

Patterns of Contraceptive Methods Among Egyptian Female in Rural Areas

Thesis

Submitted for the complete fulfillment of Master Degree in
Gynecology and obstetrics

By

Mohamed Hassan Ma'amoon

M,B.B.Ch, 2001
Alazhar, university

Supervised by

Prof. Mohamed Salem Ahmed Reda

Professor of Gynecology and obstetrics
Faculty of medicine
Cairo, university

Dr. Hamdy El-Sayed Samy Azab

Ass.Prof. of Gynecology and obstetrics
Faculty of medicine
Cairo, university

Dr. Ahmed Mohamed El-Lithy

Lecturer of Gynecology and obstetrics
Faculty of medicine
Cairo, university
2009

Faculty of medicine
Cairo, university
2009

ACKNOWLEDGMENT

First and foremost thanks to god the most beneficial and most merciful.

I wish to express my sincere appreciation and deepest gratitude to prof . Mohamed Salem Ahmed Reda, Professor of Gynecology and obstetrics, Faculty of medicine Cairo, university

For his continuous supervision and constructive encouragement .

I am deeply grateful to prof. Hamdy El-Sayed Samy Azab Ass.Prof. Of Gynecology and obstetrics, Faculty of medicine, Cairo university for his support, and advice in this work and in other aspects of my career.

I am greatly honored to express my endless gratitude to Dr.Ahmed Mohamed El-Lithy Lecturer of Gynecology and obstetrics, Faculty of medicine, Cairo University for his support, advice in this work and encouragement.

I would like to express my deep gratitude to all workers in the health unit of dahashor for their great help and generous Cooperation.

Mohamed Hassan Ma'amoon

Abstract

our study was cross sectional and studied for 1000 females attending to family planning clinic in health units of Dahashor their age ranged from 17-44 years and discuss the method used there side effect and degree of satisfaction for each method

Key word: **Patterns** **Contraceptive** **Rural Areas**

TO my family

Contents

Item	pages
List of abbreviation	I
List of table	III
List of figure	IV
Review of literature	1
Introduction & aim of work	2
Chapter 1. traditional methods	6
Coitus Interruptus	7
Post Coital Douche	8
The lactational Amenorrhea	9
Periodic Abstinence	12
Chapter2 .Barrier Methods	14
Male Condom	15
female Condom	18
vaginal diaphragm	19
The Cervical Cap	22
Spermicides	24

Chapter3.Hormonal Methods	26
The Combined Oral Contraceptive Pill (COCP)	27
Progestin-only pill	38
Injectabl Contraceptive	41
Implantable Contraceptives	48
Vaginal Ring	57
Transdermal Contraceptive	60
Chapter4. IUCD	62
Chapter4 .Emergency Contraceptive	71
Chapter 5. Permanent Sterilization	77
Patient & methods	81
Results	85
Discussion	89
Summary& recommendations	105
References	108
Arabic summary	۱

List of Abbreviations

ACOG	The American College of Obstetricians and Gynecologists
AIDS	Acquired immunodeficiency syndrome
BBT	Basal body temperature
BMI	Body mass index
COCP	Combined oral contraceptive pills
DES	Diethylstilbestrol
DMPA	Depot medroxy progesterone acetate
DVT	Deep venous thrombosis
EC	Emergency contraception
ECPs	Emergency contraceptive pills
EE	Ethinyl estradiol
EHC	Emergency Hormonal contraceptive
FDA	Food and drug administration
FFPRHC	Faculty of Family Planning & Reproductive Health Care
FSH	Follicular stimulating hormones
HIV	Human immunodeficiency virus
HWY	Hundred women per year
IUCD	Intrauterine contraceptive device
IUD	Intrauterine device

LAM	Lactational amenorrhea
LH	lutinising hormone
LNG-IUS	Levanogastrol releasing intrauterine system
MPA	Medroxy progesterone acetate
NET-ET	norethisterone enanthate plus -estradiol valerate
NSAIDS	Non steroidal anti inflammatory drugs
OCs	Oral contraceptive pills
PID	Pelvic inflammatory disease
POP	Progesterone only pills
RCOG	Royal College of Obstetricians and Gynecologists
STD	Sexually transmitted disease
STIs	Sexually transmitted disease
TSS	Toxic shock syndrome
UK	Urinated king doom
US	United state
USA	United stat of America
UTI	Urinary tract infection
VET	Venous thromboembolism
WE	weight gain
WHO	World health organization

List of tables

Table. No	Item	Page
Table 1a	The percentage of methods used and number of patients.	86
Table 1b	Age groups and its percentage.	87
Table 2	Percentage of methods using in groups.	88
Table 3a	The relation between education level and used methods.	90
Table 4	Female response for used methods.	91
Table 5	Injection method and their side effects for different age categories.	93
Table 6	POP method and their side Effects for different age categories.	94
Table 7	IUCD method and their side effects for different age categories.	96
Table8	COCP method and their side Effects for different age categories	97

List of figures

Figure. NO	Item	Page
Figure A	Merina.	66
Figure B	The Paragard T 380	66
Figure1b	The percentage of methods used and number of patients.	86
Figure1b	Age groups and its percentage.	87
Figure 2	Percentage of methods using in groups.	88
Figure 3a	The education level in sample.	89
Figure 3b	The relation between education level and using methods.	90
Figure 4a	F Female response for used methods	91
Figure 4b	Age groups and its relation to degree of satisfaction.	92
Figure 5	Injection method and their side effects for different age categories.	93

Figure .No	Item	Page
Figure 6	POP method and their side Effects for different age categories.	94
Figure 7	IUCD method and their side effects for different age categories.	96
Figure 8	COCP method and their side Effects for different age categories.	97

Review of literature

Introduction & Aim of work

Introduction

Decision making concerning choice of contraceptive methods is a deeply personal and sensitive issue (**Burkman.2002**). Because a wide variety of an effective methods is currently available, none is completely without side effects or without danger. Contraception posses less risk than does pregnancy. In fact for most women it is safer to use contraception than it is to drive a car (**Hatcher.2004**). Despite the introduction of modern contraceptives, un-intended pregnancies continue to be a major problem which has social and economic ramifications. Many women and couples are inadequately motivated to use contraception that side effects may be problematic for some, that access may be an issue for others, or that some methods may be difficult for women to use correctly (**Trusslly and vaugnon .1999**). Contraception is practiced by most couples for personal cause to space their children or to limit their family size. Others desire to avoid pregnancy because of the effect of pre-existing medical illness and due to the problem of over population, some countries , especially developing one promote contraception in an effort to curb undesired population growth (**Kubba,et al.,2000**).

Health care providers are obliged to provide all persons

requesting contraception with detailed information about use of methods and its benefits, risks and side effects, so that the patient can make an informed choice relative to particular method. Signed consent forms that outline the information discussed and the patient's understanding of it may reduce potential legal issue should a problem occur (**Kahn,et al.,1998**).

Contraceptive methods:

The available method of contraceptive can be classified into many ways:

- Traditional methods (coitus interrupts – post coital Douche – lactational amenorrhea – periodic Abstinence).
 - Barrier methods (condom (male/female) – vaginal Diaphragm – cervical spong – spermicides).
 - Hormonal methods (oral – injection – implant transdermal-vaginal ring).
 - Intra uterine contraceptive device (IUCD).
 - Emergency contraception (post coital).
 - Permanent surgical sterilization (tubal ligation)
- (burkman.2002)**