

Contraception counselling and compliance

Rita Luthra^a

The editorial on inequality and unwanted fertility in developing countries in February's *Bulletin*¹ reminds us all that maybe this is the time to achieve the goal – all pregnancies should be intended, consciously and clearly desired at the time of conception.

Unwanted pregnancies are not only the major cause of maternal mortality and morbidity, but are also a great social and financial burden on societies and countries. According to WHO statistics there are an estimated 200 million pregnancies around the world each year, and a third of these, 75 million, are unwanted. Unintended pregnancy also is a major health problem in the United States of America. In the 2002 National Survey of Family Growth assessment, 1.22 million, or 31%, were reported as unintended. When abortions were included, unintended pregnancies increased to 2.65 million, or 49% of all pregnancies.

These pregnancies contribute to women's health problems in two ways. First, unwanted pregnancy can threaten a woman's health or well-being because she may have existing health problems or lack the support and resources she needs to have a healthy pregnancy and raise a healthy child. Second, where women do not have access to safe abortion services, many resort to unsafe procedures that can lead to their death or disability. It is estimated that nearly 80 000 maternal deaths and hundreds of thousands of disabilities occur around the world because of unsafe abortions. Due to the political nature of women's health care, implementation of healthy public policy has been most difficult to achieve. Appropriate preventive, curative and community care have central roles in the pursuit of the health-for-all targets.

Availability, accessibility and perspectives towards contraception are complex social, political and economical issues. Contraception is a women's health issue. It is about choices and human rights, not fear, guilt and shame. The negative images and concepts perceived regarding family planning and contraception in some religious and social arenas are the major factors responsible for noncompliance and meagre usage of birth control methods in many areas of the world. A fundamental tenet in ethical, female-centred care is that women have a right to participate in their choice of contraceptive method. A woman who has actively chosen a method is more likely to use it consistently and correctly. Responsible sexual behaviour and family planning should be part of men's health checks as well. This will increase users' compliance with various birth control methods. It takes two people to conceive.

With such a wide range of contraceptive options available, health-care providers face the challenge of matching each patient with the method that is best for her. Proper evaluation of the woman's individual reproductive desires, medical complications and other health concerns is a necessary first step. Consideration should also be given to lifestyle issues and patient preferences regarding form and route of administration. Ultimately, education is the key to compliance, long-term use and success. Women's contraceptive needs change throughout the reproductive life-cycle and must be re-evaluated over time. It is important to address specific concerns of young women to promote compliance. Counselling is essential to provide accurate information about the mechanisms, efficacy and safety of available options. Understanding the needs and characteristics of the individual patient can help the health-care provider to direct her towards the method that will best suit her needs in terms of efficacy, safety and ease of use.

There is no magic pill or quick-fix solution to the population explosion. Governments, health-care providers and religious leaders, working together, can contribute substantially towards a healthy future for families around the world. As women live longer than men, the quality of their longer life becomes of central importance. Women and men have different circumstances, challenges and health concerns as they age. Enhancing health potential depends on preventing and reducing premature mortality, morbidity and disabilities. We are slowly learning one of life's most important lessons: not just how to live longer; but also how to stay longer in good health with less dependence on others. The desire for a healthier and better world in which to live our lives and raise our children is common to all people and all generations. ■

References

1. IH Shah, V Chandra-Mouli. Inequalities and unwanted fertility in developing countries. *Bull World Health Organ* 2007; 85: 86-.

Affiliations

- a. Women's Health & Education Center, 300 Stafford St. Springfield, MA 01104, USA.