

Reproductive Decisions Making in Contraception: Dilemma or Miracle

Myat San Yi^{1*}, Khin Than Yee¹, Soe Lwin¹

Medical Lecturers, University Malaysia Sarawak, Malaysia.

ymsan@unimas.my

**Corresponding Author:* Dr. Myat San Yi, Obstetrics and Gynaecology Department, University Malaysia Sarawak, Kota Samarahan, 94300. Kuching, Malaysia.

Abstract

According to World Health Organization, reproductive rights are the basic rights of all couples. It includes the right to attain the highest standard of sexual and reproductive health with the right to make decisions concerning reproduction free of discrimination, coercion and violence.

Everyone should receive a fair and square chance to exercise the reproductive right by doing the proper decision making. The decision on contraception will end up in dilemma or miracle depending on the availability, accessibility of law, service, expertise and other factors like underlying medical illnesses. It is not thus simple as it involves people who have their own views, beliefs, feelings and expectations. The choice of contraception will suit the couples and they are happy with that- it is a miracle. However, if there is an underlying medical illness in the person requesting the contraception, it will be a dilemma for the family medicine practitioners. Some more, the practitioners may have had experienced of seeing one group of patients who make excuses to different methods for various reasons and not satisfied with any methods. It will be a dilemma for both doctors and the clients. The best approach to resolve this kind of dilemma is attentive, sympathetic and tactful approach with patience and understanding.

Keywords: Reproductive right, reproductive decision, contraception

INTRODUCTION

Reproductive decision is a very wide scope of term which includes the areas like contraception, family planning, abortion, assisted reproductive technology and genetic testing. It depends on the definition of reproductive right. According to World Health Organization (WHO):

“Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.” [1]

In this article, we will focus on the reproductive decision on the field of contraception, whether it is a dilemma or a miracle and how to resolve the dilemma.

LITERATURE REVIEW

According to WHO, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern contraceptive methods. WHO also revealed the possible reasons causing the unmet needs of contraception. Unmet need for family planning is defined as the percentage of women who do not want to become pregnant [delay in the next 2 years] or stop child bearing but are not using contraception. In other words, unmet need for contraception is the discrepancy between a woman's stated desire to limit or space childbearing and her actual use of contraceptives. [2]

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- users and providers bias
- gender-based barriers.

Fig.1. *Reasons for unmet needs in reproductive decision from WHO*

Unmet need is a dilemma in reproductive decision process. It happens in certain groups who are adamant that they do not want to get pregnant but, reject every method of contraception without any particular health problems. They are not keen to use any of the available methods but wants to avoid the pregnancy. The truth about the contraception is all methods may not be competent enough to fulfill one or more of the ideal method criteria. The method will change according to their circumstances, with different partners and at various stages in their lives.

The criteria for ideal contraceptive are shown in Fig. 2.

- would be 100% effective
- carry no risk to health
- be free from any side-effects
- be independent of sexual intercourse or be fun to use
- possibly have aphrodisiac properties
- be equally effective if used after sex
- be readily available and preferably free
- require no planning or preparation
- need no visit to a doctor or clinic
- involve no medical examination or procedure whether painful or not
- protect against STI
- be acceptable to all cultures and religious groups
- be immediately reversible.

Fig.2 *Criteria for ideal contraceptive [3]*

It is like a challenge to the latest technological advances as ideal contraceptive has perhaps never been invented. It is a dilemma as we are like asking for the impossible to become possible.

DISCUSSION

In the field of reproduction, most patients requesting the contraception are apparently healthy. Still, we cannot apply the approach of compare/contrast the failure and success rates, complications and relative costs of each contraceptive method and provide any one of them. It may be appropriate to consider this kind of provision in apparently healthy women but those with underlying co-morbidities, the decision may not be the same. Doctors, Hippocrates' descendants, must realize and try themselves to be fully equipped with necessary training, expertise and skills. As we deal with human beings who have their own feelings, views, concerns and preferences, we must consider of their aspects in management options to get the best outcome. Furthermore, the reproductive decision needs to be laid out carefully in terms of patients' factors like co-morbidities, underlying ideas and knowledge, beliefs, cultures and expectations.

Generally, doctors decide the optimal treatment after careful and thorough assessment as well as meticulous examination to get a proper diagnosis. The current and advanced changes in modern medicine is essential and crucial in the decision- making process and the patients will be a part of this process to make their own choices of treatment. (Patient- centered approach) The same goes for the contraceptive advice.

In today world, there will be a huge variation of effective family planning methods. The most important thing in reproductive decision for choice of contraception is the person needs to apply this method consistently, jubilantly and contentedly. It should be a miraculous choice for her. There are couples who are highly motivated to use the contraception practice and are apparently young and healthy. We do hope it will not be difficult for them to find a suitable method and it can assume as a miracle. During the process, a range of factors will be important to influence her decision on the choice of method like own preferences of both couples, the stage of relationship, the pattern of their sexual lives, how reliable they wish their method to be, cultural and ethical considerations, and so on. [2]

The role of family medicine practitioners here is not to determine the best method of the contraception for the patient but in explaining the advantages and disadvantages of each method. After getting the

complete and thorough information, the patient is the one who will decide for herself. There will be some scenarios like cases with underlying medical illness or learning disability etc...in which the choice of reproductive decision is limited and it will become a dilemma for the patients. How to deal effectively with these patients will definitely demand a far wider expertise than just a mere knowledge. To resolve this dilemma, the practitioners should be equipped with adequate knowledge and proper efficient skills.

Every doctor from family medicine clinics will have had experienced with the couples who are not satisfied with any methods. They refuse to use the contraception but they cannot deny the fact that contraception is a practical necessity in family life and family health. They claim that there is no suitable method for them. They will make excuses to every presented method with no avail making the practitioners in dilemma. The discussion will last longer leading to impatience of the doctors and argument will become heated. Both sides are not satisfied, frustrated and the prescription will change again and again. The clients will be in despair as she is sent back with varieties of information leaflets which are left unread or condoms are kept unused inside the drawers. The clients as well as the doctors will have to agree to resolve this dilemma phase.

While considering how to decide to choose any methods of contraception, four domains are involved in this process. They are service and policy; accessible facilities; patients; and doctors with competency in their work. Now most countries aim to build up the appropriate infrastructure with reproductive law according to their culture and beliefs. Most countries try their best to promote the easy public access to family health clinics. The government emphasizes on the availability of contraceptive appliances as well. The doctors have to be equipped with efficacy with excellent skills in their practice. WHO also established the necessary guidelines and publications for the practitioners to standardize the care and management. WHO medical eligibility criteria for the use of contraception has published since 1996. For the patients, there are three types such as spacers (who would like to practice birth-spacing), delayers (who not consider to get pregnant now) and limiters (who do not want to get pregnant anymore) and although there are variations in timing of getting pregnancy, all will go through the reproductive decision process at least once in their life time. [4]

To avoid dilemma in reproductive decision, the four domains should be in correct order. In most of the cases, only two domains not static are the role of doctors and patients. Doctors will need training to be equipped with excellent guaranteed expertise to resolve the problems on the patients with co-morbidities or incompetent patients or those with learning disability. They have to fulfill their patients' expectation with great interest and adequate experience to give a proper guidance in reproductive decision.

According to Linda Egdell, she advised to find time to listen to the real problem and formulate a structural approach to get to the diagnosis. A thorough contraceptive history also yields a surprising result. The contraceptive history should be informative with the type used in the past, the reason to stop it, duration of use and any side effects during its use, compliance with the method and adherence to it, idea on the chosen method, and concern for future use with their expectation. [5] Apart from the exploration, the family medicine practitioners should give necessary, appropriate and complete information like alternative options, non-contraceptive benefits, long-term advantages and disadvantages.

Good counseling in reproductive decision includes exploration from past history, information sharing with discovering the hidden agenda on the current life's event, level of relationship with its problem, cultural beliefs, partner and family's influence and helping the clients to decide for his or her most suitable method. This approach will smoothen the communication, strengthen the rapport between the clients and practitioners, escalate the trust and assist in the right decision-making process.

CONCLUSION

In conclusion, the reproductive decision-making process is a sensitive and gentle area. It will end up in miracle or dilemma for both parties involved. We cannot apply the "hard and fast rule" all the time in reproductive decision making process. It should have harmony between the care giver and care taker. The side effects, complications should be informed wholly and reassured the concerns of the patients. The decision should consider the beliefs and expectations. In the end, with the proper tactful approach with patience and kindness, it is rewarding for us to realize that one may actually get the help they need most.

Reproductive Decisions Making in Contraception: Dilemma or Miracle

REFERENCES

- [1] World Health Organization website (<http://www.who.int/reproductivehealth/publications>)
- [2] Basu. S., Kapoor. A; Knowledge, attitude and practice of family planning among tribes. The Journal of Family Welfare. (2004) Vol. 50 (1). PP 24-30.
- [3] Egdell, L; Couples whom nothing seems to suit, Chapter from Contraception in practice: : London, Martin Dunitz Ltd. (2000) P. 241-251.
- [4] Gates, W; Stanback, J; Maggwa, B; Global family planning metrics — time for new definitions? Contraception(2014) 90 PP. 472–475. Availbale from <http://dx.doi.org/10.1016/j.contraception.2014.06.037>
- [5] Killick, S.; Contraception in practice : London, Martin Dunitz Ltd.; 2000.

Citation: Myat San Yi, Khin Than Yee, Soe Lwin. *Reproductive Decisions Making in Contraception: Dilemma or Miracle. Archives of Reproductive Medicine and Sexual Health . 2018; 1(2): 26-29.*

Copyright: © 2018 Myat San Yi, Khin Than Yee, Soe Lwin. *This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.*