

A CROSS SECTIONAL STUDY ASSESSING THE ATTITUDE, AWARENESS AND PUBLIC PRACTICE RELATED TO COMBINED ORAL CONTRACEPTION AMONG FEMALE POPULATION

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ABSTRACT

Introduction: Combined oral contraceptive (COC) pill, often referred to as the birth control pill or colloquially as "the pill". It is a birth control method that includes a combination of an estrogen (estradiol) and a progestogen (progestin). Oral contraceptives have been marketed in the United States since 1962(1). COC prevention of ovulation is considered the dominant mechanism of action, with the combination of the 2 steroids creating a synergistic effect that greatly increases their antigonadotropic and ovulation-inhibitory effects. These contraceptives also alter the consistency of cervical mucus, affect the endometrial lining, and alter tubal transport. (2) Birth control pills only work well if the woman remembers to take her pill daily without missing a day (3). There was study focused on the Contraceptive failure in the United

States the result was in the typical use the rate of failure is 9% and 0.3% in the perfect use (4). COCP may cause many side effects. These include: Changes in menstrual cycles, no menstrual cycles, extra bleeding, nausea, Breast tenderness and weight gain, heart attack, high blood pressure and Stroke (5). **Method:** This is a cross sectional study conducted between February 2016 and May 2016 in Alahsa city at Kingdom of Saudi Arabia. An electronic questionnaire is used to collect the data included three sections. Section 1: population demographic data includes level of education, age and social status, the second part which evaluates the awareness of the participants regarding to risk, benefits and there general information about COC and the third part which evaluates the behavior of participants during using COC. **Result:** A total of 200 women participate in this study. More

than 92% of participants were married. Most of participants 70% have university degree. For the second section 77% of the participants think that COC required prescription, 19% of them think that no need for prescription. Regarding to the safety of COC during breast feeding 55% of them think it is not safe. Regarding to the measurements that should be done before COC using 72% for pregnancy test, 38% for weight measurement, 34% for blood pressure measurement and 13% for breast examination. For the harms and benefits of COC 86% think it is harmful and 51% think it has some benefits (**figure4**). Regarding to healthcare providers counseling (missed doses, drug interaction) 61.2% didn't receive clear picture. **Conclusion:** According to our study results, women in alahsa have insufficient knowledge about what to do if they missed a dose. Also they have limited information regarding the side effects of coc pills.

INTRODUCTION

Combined oral contraceptive (COC) pill, often referred to as the **birth control pill** or colloquially as "**the pill**". It is a birth control method that includes a combination of an estrogen (estradiol) and a progestogen (progestin). When taken by mouth every day, these pills inhibit female fertility. Oral contraceptives have been marketed in the United States since 1962. The dose of sex steroids has declined significantly in the past 40 years. Prior to 1992, the estrogenic component of oral contraceptives consisted of either ethinyl estradiol or mestranol.^[1] COC Prevention of ovulation is considered the dominant mechanism of action, with the combination of the 2 steroids creating a synergistic effect that greatly increases their antigonadotropic and ovulation-inhibitory effects. These contraceptives also alter the consistency of cervical mucus, affect the endometrial lining, and alter tubal transport.^[2]

All women who take COC need a check-up at least once a year. Birth control pills only work well if the woman remembers to take her pill daily without missing a day.^[3] There was study focused on the Contraceptive failure in the United States the result was in the typical use the rate of failure is 9% and 0.3% in the perfect use.^[4]

COCP may cause many side effects. These include: Changes in menstrual cycles, no menstrual cycles, extra bleeding, nausea, Breast tenderness and weight gain. Rare but dangerous risks from taking birth control pills include: Blood clots, heart attack, high blood pressure and Stroke.^[5]

OBJECTIVE

To measure the attitude, awareness and practice related to combined oral contraception and its risk among married women.

We will collect data from married women in Alahsa and we will ask them about their attitude, awareness and practice related to combined oral contraception and its associated risks.

METHOD

This is a cross sectional study conducted between February 2016 and May 2016 in Alahsa city at Kingdom of Saudi Arabia.

An questionnaire distributed electronically is used to collect the data. It is consists of three sections. Section 1: population demographic data includes level of education, age and social status, the second part which evaluates the awareness of the participants regarding to risk, benefits and there general information about COC and the third part which evaluates the behavior of participants during using COC.

RESULT

A total of 200 women participate in this study. Of these participants, 68.2% were under 40 years old and the remaining were equal or more than 40 years old(**figure1**). More than 92% of participants were married. Education was also associated with attitude of using COC pill. Most of participants 70% have university degree, 24% of them have secondary education, have intermediate education and the remaining have elementary education. For the second section 77% of the participants think that COC required prescription, 19% of them think that no need for prescription and the remaining don't know. Regarding to the safety of COC during breast feeding 55% of them think it is not safe, 35% don't know and the remaining think it is harmful. 56% of participants have the experience of using COC, 72% of them take it after physician consultation and 11% after family member consultation and 10.5% of them receive it after pharmacist consultation. Regarding to the measurements that should be done before COC using 72% for pregnancy test, 38% for weight messurment, 34% for blood pressure measurement and 13% for breast examination(**figure2**). For the harms and benefits of COC 86% (**figure3**) think it is harmful and 51% think it has some benefits (**figure4**). Regarding to healthcare providers counseling (missed doses, drug interaction) 61.2% didn't receive clear picture. Finally, about the behaviors of participants in missing doses (**figure5**).

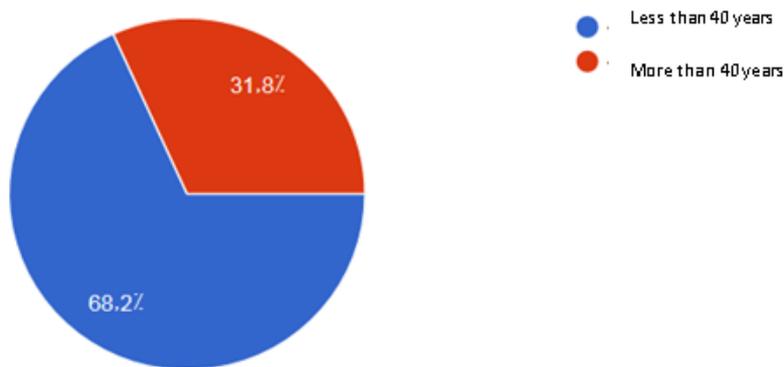


Figure 1: Age distribution.

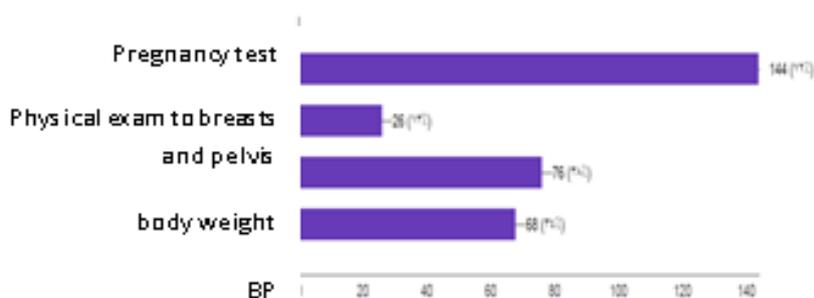


Figure 2: The measurements that should be done before COC using.

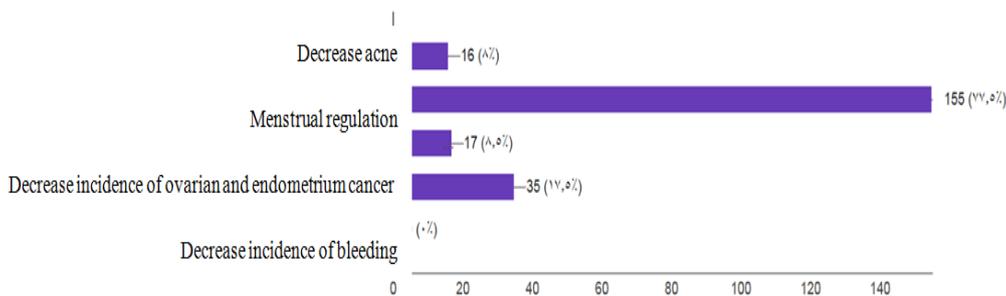


Figure 3: COC benefits.

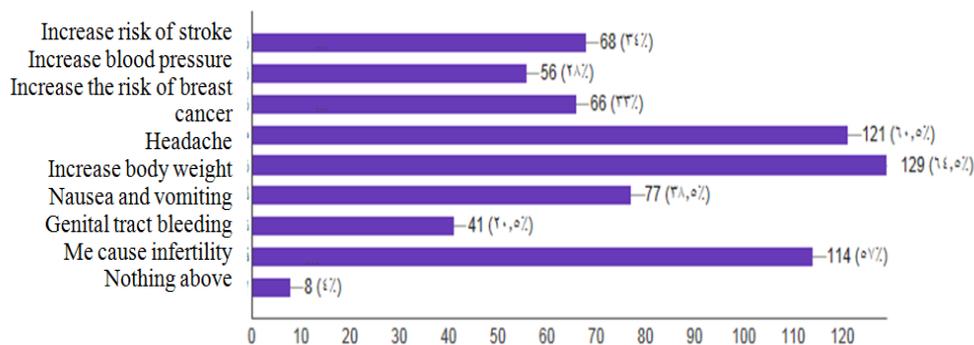


Figure 4: COC side effect.

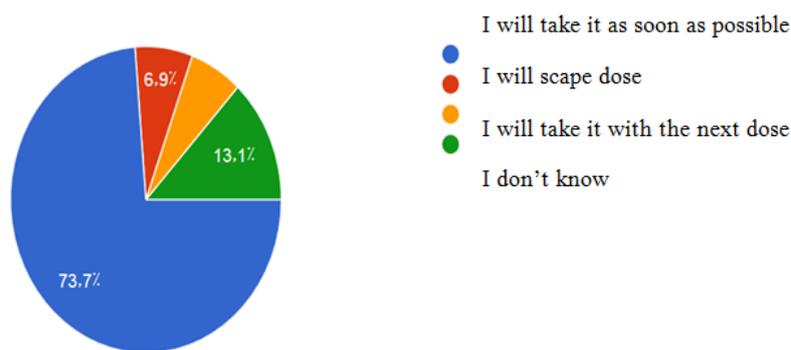


Figure 5: Participants behavior if they miss one dose of COC.

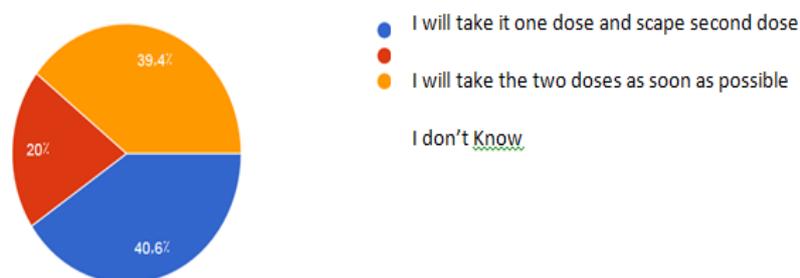


Figure 6: Percentage of participants behavior if they miss two doses of COC.

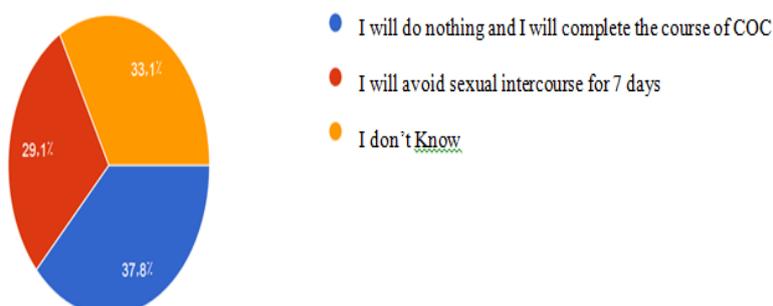


Figure 7: Participants behavior if they miss more than two doses of COC.

DISCUSSION

Most of participants were below 40 years old. The level of education for most of them was university degree and most of them was married.

Most of the women think that the COC should be dispensed with prescription and they use it after physician consultation and this reflect high participants awareness regarding to the COC use in the other hand some of them receive it after pharmacist and family members

consultation. About the measurements that should be done before using COC. There was a good education toward pregnancy tests and weak education toward blood pressure measurement, breast examination and weight measurement. Regarding to the risks and benefits most of the participants think that COC is harmful and most of them think that COC cause headache, infertility and weight gain and there is poor awareness of the GI side effects, increasing blood pressure, increasing risk of stroke and breast cancer. In the other hand half and most of them aware of COC in menstrual regulation but they not fully educate to the about the COC benefits in decrease incidence of bleeding, acne, and ovarian and endometrium cancer. Regarding to the level of participants education ii using COC. The result shows inappropriate patient education (uses, missed dose, two doses or more).

CONCLUSION

According to our study results, women in alahsa have insufficient knowledge about what to do if they missed a dose. Also they have limited information regarding the side effects of coc pills.

Recommendations

We recommend to organize educational campaign about coc pills to increase the knowledge of female population in Alhasa region.

Also we recommend to organize workshops for the community pharmacist about how to counseling female patients using coc pills.

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