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Counseling Prior Contraception: Is It a Provider Failure or Patient Failure?

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Abstract

Unintended pregnancy is not only a major health problem, but are also a great social and financial burden on societies and countries. There are about 75 million unwanted pregnancies per year according to WHO statistics. When abortions were included, unintended pregnancies increased to 2.65 million, or 49% of all pregnancies. Counseling prior contraception is a mandatory or a must to prevent these unintended pregnancies and their related risks. Unfortunately counseling is a deficient process in third world countries and usually made by young medical staffs or sometimes by paramedical personnel or not present at all. In this perspective, issues for deficient counseling and how patients select the method of contraception are addressed.

Keywords: Pregnancy, WHO, Contraception, Maternal

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Introduction

Unintended pregnancies had many health related problems affecting women when no proper counseling was done either at the time of delivery or later at time of contraceptive method selection [1].

Unintended pregnancy threaten woman's health as patient may have existing health problems aggravated or poorly controlled during pregnancy. Moreover, lack of support and financial resources affect proper antenatal care to achieve healthy pregnancy and raise a healthy child. Another serious issue to be addressed which is the unsafe abortion, as most of these patients opt to abortion to terminate the nightmare she and her family feel every day. Unsafe abortions had many morbidities and maternal mortality was found to be very high due to these unsafe procedures [2].

Appropriate prevention is the magic cure in all aspects. Prevention comes and starts by appropriate counseling at contraceptive clinics. Unfortunately, this issue is neglected or underestimated in third world countries posing more economic, social and health burdens [3].

The wide range of contraceptive methods, advantages and disadvantages, suitability and effectiveness of each method for each patient is a major task for the health care providers. It is important to consider patient choices and human rights, not obligations and oppression to use one method only. It is well known that when patient share in selection of a method, she is motivated to use it consistently and correctly. It is the counseling,

where the health care provider discusses all available methods, price, application, side effects, efficacy, and the best method for each patient according to age, medical condition and pregnancy desire [4].

An important issue to be put in mind that some religious and social areas had negative images and concepts regarding family planning and contraception. These issues need to be addressed and solved by both community religious leaders and health care provider. These are not negligible issues, as they affect compliance and continuation of birth control methods in many areas of the world [5].

Another ethical issue is that promotion of health care provider to one method for other methods. This is an important issue in third world countries, due to economic and financial constraints [6].

Patients mostly know about contraceptive methods from previous experience and compliance with previously tried methods, her relatives, her neighbors, and from social media. The husbands more or less share in counseling by relation of method selected to sexual behavior and men's health checks as well. This will enforce users' compliance with birth control methods [7].

Unfortunately, counseling is underestimated in low socio-economic countries and provided by low experience personnel or even non experienced ones provide such important issue [8].

All the previously mentioned issues make the counseling a real challenge in front of health care providers and patients equally.

Success of counseling to match each for certain allocated method is considered provider success. This success never be complete unless the patient was motivated and use the method in the best way correctly and concisely [9].

Patient's culture, education and social state are common determinants for patient's success or failure and are the key to compliance and efficacy. 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 [10].

Conclusion

Counseling prior contraception must be given more attention in low socio-economic countries. Counseling is a great challenge to both health care provider and patient as well. Sharing woman in decision of a specific method potentiate and motivate women for more compliance and success of such method.

Conflicts of interest

No conflicts of interest are present.

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