

Quality of life of couples taking contraceptive pills referred to health centers

Maryam Modares¹, Parvin Rahnama², Fatemeh Rahmati Najarkolaei³, Mahdi Moshki⁴

Journal of Research & Health
Social Development & Health Promotion
Research Center
Vol. 4, No.2, Summer 2014
Pages: 694-698
Original Article

1. MSC in Midwifery, PhD Student in Medical Education, Lecturer of Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran

2. **Correspondence to:** PhD in Health Education, Assistant Professor of Midwifery, Department Faculty of Nursing and Midwifery, Shahed University, Tehran, Iran

Tel/Fax: +98 21 66418580

Email: prahnama@shahed.ac.ir

3. PhD in Health Education, Assistant Professor of Health Education, Health Research Center, Baqiyatallah University of Medical Sciences, Tehran, Iran

4. PhD in Health Education, Associate Professor of Public Health, Department School of Health, Social Development & Health Promotion Research Center, Gonabad University of Medical Sciences, Gonabad, Iran

Received:

Accepted:

How to cite this article: Modares M, Rahnama P, Rahmati Najarkolaei F, Moshki M. Quality of life of couples taking contraceptive pills referred to Tehran University of Medical Sciences health centers. *J Research Health* 2014; 4(2): 694-698.

Abstract

Birth control pills are the most effective, common and reversible contraception method, and if taken consistently, reduce pregnancy rate down to 2-3%. This study was conducted with the aim to determine and compare dimensions of quality of life (physical, psychological, social, and sexual dimensions) in women using these pills and in their spouses. In this study, in which 60 couples referred to health centers for family planning services were randomly selected. The world health organization quality of life questionnaire was used as data collection tool. Validity and reliability of the questionnaire had been previously confirmed. Questionnaires were completed and data were collected with the help of interviews conducted by trained interviewers. Data were analyzed using descriptive and analytical statistics and the t-test. Couples' quality of life score in psychological, social, sexual and physical dimensions was 3.22, 3.31, 3.65 and 3.52, respectively. Total score of quality of life was not significantly different between men and women, and mean quality of life score was higher in men, but this difference was not statistically significant. Study results showed that there is a significant difference in terms of psychological and sexual dimensions of life between men and women, and in these dimensions, women had lower quality of life compared to their husbands. Counseling, before and while taking contraceptive pills, could play an important role in long-term and regular use of these pills to reduce psychological and sexual problems.

Keywords: Contraceptive, Methods, Quality of life

Introduction

Family planning programs aim to enable couples and individuals to make free and responsible decisions about number of children, birth spacing, obtaining adequate information and the means to ensure making informed choices, and providing effective and safe contraceptive methods [1]. According to the international conference on population and development act, the objectives of family planning programs include helping couples and individuals to

achieve their reproductive goals, with respect for everyone's rights, preventing unwanted and high-risk pregnancies and deaths caused by them, providing high quality family planning services, improving quality of counseling and family planning services, and promoting male participation in family planning programs [2]. One of the consequences of not using contraceptives is unwanted pregnancy. In a study, 16% of unwanted pregnancies in Iran lead to abortions [3]. Unwanted pregnancy

is the most important cause of abortion. An eighth of maternal deaths are due to abortion and its complications, and 90% of them occur in developing countries. Use of contraceptive methods and therefore preventing unwanted pregnancies has an important role in partially preventing these deaths. Family planning also helps preserving children's lives. Children of poor families who have lost their mothers are extremely exposed to risk of death. If birth spacing in the world is two or more years, child mortality rates in developing countries will reduce by 25% [4]. One of the most common pregnancy prevention methods is the oral contraceptive pill that is used by over 70 million women worldwide [5]. According to a report by the Ministry of Health, oral pills are the most common temporary contraception method among Iranian married women aged 15-45 years, and 18.4% of women use this method [6]. Besides its effectiveness, other benefits of using contraceptive pills include reduced rate of bleeding, anemia, iron deficiency, ovarian functional cysts [7], risk of ovarian cancer by 40% and endometrial cancer by 50% compared to those not using this method [8], which can affect people's quality of life [9]. Because any medical intervention can affect an individual's quality of life [10], using relevant quality of life data, health care providers can provide referrals with necessary information about different and appropriate treatment methods and choices [11]. There are different dimensions to quality of life including physical, psychological, social, and sexual dimensions [12]. Study of quality of life has an important role in assessment of healthcare system, and leads to closer doctor/patient and healthcare providers' communication. Assessment of quality of life is a tool for obtaining necessary statistics, policy making, and planning social and clinical objectives. Assessment of quality of life is important in a wide range of decisions [13]. Quality of life is measurable in women of reproductive age and those with normal fertility. Results of quality of life assessment are important in government policies and healthcare NGO's

[14]. In order to develop family planning activities in different countries, it is necessary to pass through 4 stages. Since Iran is in the 4th stage, therefore, the principle mission revolves around quality promotion and improvement, as well as ensuring continued investment in this field [15]. Because quality of life has different dimensions, and is considered a valuable indicator in evaluation of health status in health and medical studies, preliminary studies about quality of life and its various dimensions in specific groups should be conducted. Based on the results obtained, appropriate intervention programs, in line with enhancing couples' quality of life, must be developed. Conducting such studies can have an important role in proper and continued use of contraceptive pills. Thus, the present study was conducted with the aim to determine different dimensions of quality of life in women using contraceptive pills and their spouses.

Method

This was a cross-sectional study. Study population included couples that had been referred to the health centers affiliated to Tehran University of Medical Sciences to receive family planning services. Study inclusion criteria were being Iranian, monogamous (for men), with more than one child, married for at least 2 years, no anti-depressant drug use, and no physical or psychiatric diseases. Based on these inclusion criteria and written consent, 60 couples that used contraceptive pills were selected for participation in the study in simple random method. Sampling lasted 8 months and 4 health centers were studied for the purpose of data collection. The World Health Organization Quality of Life (WHOQOL) questionnaire was used as the data collection tool. Reliability of the questionnaire was confirmed in a preliminary study conducted on 15 couples using test-retest method with one week interval, and was found 0.85. To assess content validity, the questionnaire was presented to 14 experts, and their views were implemented in the questionnaire. Data

were collected through interviews conducted by trained interviewers, and questionnaire was completed for men and women separately. After collection, data were analyzed in SPSS-16 software using descriptive, analytical statistic with paired and independent t tests.

Results

Results obtained showed that 60% of women were 20-30 years old, and 56.7% of their spouses were aged 31-40 years. In terms of education, 58.3% of women, and 40% of men had high school diploma. 55% of women and 58.3% of husbands reported good quality of life. Mean score of couples' quality of life was 3.22±0.53 in psychological dimension, was 3.31±0.42 in social dimension, was 3.65±0.31 in sexual dimension, and was 3.52±0.41 in physical dimension. It can be seen from table 1 that there was no significant difference in the overall quality of life score between men and women. Yet, mean quality of life score was higher in men compared to women (men 14.25±1.42, and women 12.17±1.82). Statistical tests revealed no significant difference in physical and social dimensions between men and women. Results indicated a significant difference in the psychological (P=0.01) and sexual (P=0.09) dimensions of quality of life between women and their spouses. In these two dimensions, women had a lower quality of life compared to their spouses (Table 1).

Discussion

No significant difference was observed in the overall score of quality of life between women and men, yet mean quality of life score was higher in men compared to women. In other studies also, women had lower quality of life than men [16]. In the present study, there was a significant difference in psychological dimension between couples. Although reduced fear of pregnancy following contraceptive pill use can reduce psychological stresses, results of studies have shown that use of oral pills can lead to psychological and psychiatric effects in women that reduces people's tolerance and acceptance of the pills [17]. Also, the most common reason for discontinuation of the pill is mood swings and sexual problems [18]. Other study results indicate a significant difference in mean score of sexual dimension of quality of life between couples. Results of a study by Slap showed that women that used oral contraceptive pills had reduced libido [19]. In a study by Raymond et al. (2004) in China, using WHOQOL questionnaire, no change was reported in the level of quality of life and sexual satisfaction due to contraceptive pills, and no correlation was found between use of oral contraceptives and quality of life [20]. However, in a study by Ernest in 2002 in Germany using quality of life-sexual satisfaction and enjoyment questionnaire (Q-LES-Q) in women taking contraceptive pills, quality of life had improved in all

Table 1 Comparison of mean and standard deviation of scores of 4 dimensions of quality of life in couples, and overall scores of selected couples

| Quality of life dimensions | Women | | Men | | P-value |
|----------------------------|-------|--------------------|------|--------------------|---------|
| | Mean | Standard deviation | Mean | Standard deviation | |
| Physical | 3.50 | 0.40 | 3.57 | 0.39 | 0.19 |
| Psychological | 3.08 | 0.60 | 3.37 | 0.41 | 0.00 |
| Social | 3.30 | 0.42 | 3.31 | 0.42 | 0.98 |
| Sexual | 3.59 | 0.32 | 3.71 | 0.29 | 0.00 |
| Overall score | 12.1 | 1.82 | 14.2 | 1.42 | 0.56 |

dimensions, especially in sexual dimension []. In a study by Khosroshahi, mean quality of life score in contraceptive pill users (LD) was 14.55, which was higher than women's score

and similar to men's in the present study []. It appears, privacy of sexual relationships, and religious and cultural limitations that influence talking about sexual issues along with mood swings and psychological disorders following

use of the pill could explain differences between the present study and previous ones [23]. Because only a small proportion of people experience such disorders while using oral contraceptive pills with low dose of estrogen, perhaps, hereditary factors also have a role in occurrence of these differences. Also, other reasons for the difference between this and previous studies could be due to the difference in tools used. According to results of a study by Lotfi, quality of life is influenced by goals in life, attitudes, mental perception of the person. Specific social and cultural characteristics of the study population also have a role in incidence of these differences [24]. Therefore, wrong beliefs and attitudes in the society toward oral contraceptive pills and its consequences can also affect results of the study [25,26]. The present study was limited in number of subjects. Thus, it is recommended that this study be conducted much more extensively.

Conclusion

Use of the pill affects some dimensions of quality of life, and counseling before and during use of contraceptive pill, to reduce psychological and sexual problems in women, can have an important role in regular and long-term use of this contraceptive method. These results beget more sensitivity of health policy makers and planners for more social support of women.

Contribution

Study design: RF,FR,MM

Data Collection and analysis: PR,FR,MM

Manuscript Preparation: MM,FR

Acknowledgements

This article was the result of a research project approved by Tehran University of Medical Sciences, and authors wish to express their gratitude to members of the research council, School of Nursing and Midwifery, Tehran University and Tehran University of Medical Sciences for their support.

References

- 1- Park JP, Park k. Principals and methods of epidemiology. Demography and health statistics. Shojaii H, translator 5 ed. Gilan University of Medical Sciences publication; 1994. [In Persian]
- 2- Bruce J. Quality of Care: Fundamental Elements of the Quality of Care: A Simple Framework. *Stud Fam Plann* 1990 March- April; 21(2):61-91.
- 3- Malek Afzali H. Estimates of abortions resulting from unwanted pregnancies. *Family Health* 1997; (2): 2-7. [In Persian]
- 4- Ministry of health and medical education. Reported a population's reproductive health, family and organization of the Islamic Republic of Iran, Tehran: UN population fund; 2000. 5. [In Persian]
- 5- Cunningham F, Gant N, Leveno k. Williams Obstetrics. New York: Mc Grow- hill; 2001.
- 6- Iran demographic and health survey (IDHS). Iran: results from the demographic and health survey. Tehran: Ministry of Health and Medical Education; 2000: 25-7.
- 7- Vessey MP, Lecture J. An overview of the benefits and risks of combined oral contraceptives. In: Michal F, ed. Safety requirements for contraceptive steroids. cambridge university press; 1989: 2-16.
- 8- Speroff L, Darney PD. Oral contraception. A clinical guide for contraception (4th Ed). Philadelphia: lippincott williams & wilkins, 2005. 21-138.
- 9- Kurtun E. Life style factors affecting quality of life in adulthood. *J Control Dis* 2002; 28: 231-235.
- 10- Guggenmouse I, Bloomfield H, Brenne KH. Quality of life and health: concepts methods and application. Berlin/wien : Blackwell . Winesschafts-Verlag; 1995.
- 11- Wikuland I. Methods of assessing the impact of climacteric complains on quality of life; *Maturitas* 1998; 29(1): 41-50.
- 12- Parse RR. Quality of life: Sciencing and living: the art of human becoming .*Nurs sci Q* 1994; 17: 16-21.
- 13- Kats S. The science of quality of life. *J chronic Dis* 1987; 40 (6): 459-63.
- 14- Irvin EJ. Quality of life. *Nurs Sci Q* 1999; 44 (4): 450-52.
- 15- Population information program, Center for communication programs. Strategic management population reports, the Johns Hopkins School of Public Health, Series A, 1994 22(2): 76-81.
- 16- Amini R, Shojaei H, Haghani H, Masoumi M, Hosseini Davarani H. Physical injuries and quality of life in blind war survivors: a cross-sectional study. *arch Iranian Med* 2010; 13(6): 504-8.
- 17- Schanzer K. Psychosomatic Aspects of Oral Contraception. *Genecol* 1991; 51(12): 955-8.
- 18- Asaduzzaman Khan M. Factors associated with oral contraceptive discontinuation in rural Bangladesh. *J Health Policy Plann* 2003; 18(1): 101-8.
- 19- Slap GB. Oral contraceptives and depression. *J Adolesc Health Care* 1981; 2: 53-64.
- 20- Raymond HW. Sue ST. Dawn KG. Impact of common contraceptive methods on quality of life

and sexual function in Hong Kong Chinese Women. *Contraception*2004; 70: 474-482.

21- Ernest U, Baumgartner L, Bauer U, Janssen G. Improvement of quality of life in women using a low dose desogestrel – containing contraceptive. *Eur J Contracept Reprod Health Care*2002; 7: 238-243.

22- World health organization. Quality of life measurement instruments: WHO-QOL- 100: Medical Outcome; 2004. Available at URL: [http://www.who.int/mental_health/media/68.pdf.]

23- Egarter C, Topcuoglu MA, Imhof M, Huber J. Low dose oral contraceptives and quality of life. *Contraception*1999; 59: 287-291.

24- Lotfi S. The Concept of urban Quality of life: definitions, dimensions, measuring in urban planning. *J Hum Geogr*2009; 1(4): 65-80 .[In Persian]

25- Rahnema P, Hidarnia A, Amin Shokravi F, Kazemnejad A, Ghazanfari Z, Montazeri A. Withdrawal users' experiences of and attitudes to contraceptive methods: a study from Eastern district of Tehran, Iran. *BMC Public Health*2010; 10: 779.

26- Rahnema P, Hidarnia A, Amin Shokravi F, Kazemnejad A, Oakley D, Montazeri A. Why Iranian married women use withdrawal instead of oral contraceptives? A qualitative study. *BMC PUBLIC Health*2010; 10: 289.