

The Use Of Oral Contraceptives In 18-30 Year Olds In The City Of Lipjan

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Abstract

Introduction – This study investigates the use of oral contraceptives among individuals aged 18-30 years in the urban areas of Lipjan. The research is structured around six main chapters that aim to comprehensively understand various aspects of oral contraceptive use in this demographic. **Understanding Oral Contraceptives** delves into the mechanisms, types, and modes of action of oral contraceptives, providing a basic knowledge base for subsequent analysis. **Patterns of oral contraceptive use** examine the prevailing trends, frequency, and consistency of oral contraceptive use among the target population, shedding light on adherence and compliance behaviors. **Health Impacts and Risks** explores the potential health impacts associated with oral contraceptive use, including beneficial effects and risks such as hormonal imbalances and cardiovascular complications. **Factors Influencing Use Decisions** investigates the multifaceted determinants that shape individuals' decisions to adopt or refrain from using oral contraceptives, including sociocultural norms, accessibility, and personal beliefs. **Challenges and Barriers** identifies and analyzes the barriers and difficulties individuals face in accessing and using oral contraceptives, such as affordability, stigma and side effects. **Policy and Advocacy** evaluates existing policies, initiatives, and advocacy efforts related to oral contraceptive provision and education in Lipjan, assessing their effectiveness and suggesting potential areas for improvement. The study concludes with future directions, proposing recommendations for improving oral contraceptive access, education and support services, and advocating for policy reforms to address identified challenges and promote informed decision-making among youth in Lipjan.

Keywords – Oral contraceptives, Young adults, Reproductive health, Lipjan, Contraceptive behavior, Family planning

INTRODUCTION

In recent years, oral contraceptive use has become increasingly prevalent among women aged 18 to 30, shaping reproductive choices and health outcomes. This study delves into the specific context of Lipjan, a city where the use of oral contraceptives requires a comprehensive examination. Understanding the dynamics surrounding the adoption, patterns, and implications of oral contraceptives in this demographic is essential for informing health care policy, improving access, and promoting reproductive health.

Before delving into the intricacies of using oral contraceptives in Lipjan, it is essential to understand the basic mechanisms, types and functions of oral contraceptives. This chapter provides a comprehensive overview of oral contraceptives, explaining their mechanisms of action, the types available, and the role they play in preventing unwanted pregnancies. Understanding the pharmacology and physiology behind oral contraceptives lays the foundation for analyzing their use patterns and related health implications.

Exploring trends and prevailing patterns of oral contraceptive use among women aged 18 to 30 years in Lipjan is done by examining factors such as frequency of use, adherence to prescribed regimens and reasons for initiation or discontinuation, insights into behaviors and preferences of contraceptive users. Additionally, an exploration of sociocultural influences on patterns of use sheds light on the complexity underlying contraceptive decision-making processes.

The use of oral contraceptives carries various health implications and risks that require thorough consideration. From alleviating menstrual irregularities to managing hormonal imbalances, oral contraceptives offer a spectrum of health outcomes, in addition to potential risks such as thromboembolic events and cardiovascular complications. Understanding these health implications is vital to promoting informed decision-making and maintaining women's reproductive health.

A number of factors influence women's decisions about starting, continuing, or discontinuing oral contraceptive use. From individual-level factors such as knowledge, attitudes, and beliefs to socioeconomic determinants and access to health care, a nuanced understanding of these influences is necessary for tailoring interventions aimed at increasing contraceptive uptake and adherence.

Despite advances in contraceptive technologies and health care services, many challenges and barriers persist in the use of oral contraceptives among women in Lipjan. By elucidating these challenges, this study aims to inform targeted interventions and policies aimed at overcoming barriers and improving contraceptive access and use.

Policy frameworks and advocacy efforts play a key role in shaping the landscape of contraceptive access and use. By assessing policy gaps, advocating for comprehensive sexual and reproductive health rights, and fostering multi-sectoral collaborations, this study aims to advance policy agendas conducive to increasing contraceptive access, education, and affordability.

From innovative contraceptive technologies to community-based interventions and policy reforms, identifying and prioritizing future directions is crucial to advancing the reproductive health equity and empowerment agenda among women aged 18 to 30 in Lipjan.

I. LITERATURE REVIEW

1.1. Understanding oral contraceptives

Oral contraceptives, commonly known as birth control pills, are a form of hormonal contraception used to prevent pregnancy. They contain synthetic versions of the hormones estrogen and progesterone (or just progesterone) and work by interfering with the body's natural hormonal regulation of the menstrual cycle. (G. Juhn, (1994), p. 5).

Here is an overview of their mechanism of action, types, effectiveness and safety:

1.3 Mechanism of Action

Oral contraceptives, commonly known as birth control pills, work primarily by preventing ovulation, which is the release of an egg from the ovary. They contain synthetic versions of the hormones estrogen and progesterone (or progestin, a synthetic form of progesterone). These hormones work together to suppress the release of follicle-stimulating hormone (FSH) and luteinizing hormone (LH) from the pituitary gland. Without the LH surge, ovulation does not occur. In addition, oral contraceptives cause changes in the cervical mucus, making it thicker and harder for sperm to penetrate, and they change the lining of the uterus, reducing the likelihood of implantation if fertilization occurs. (R.A.Bronson, (1981)).

1.4 Types of oral contraceptives

Oral contraceptives, commonly known as birth control pills, come in several types, which can be categorized based on their hormonal composition and dosage schedule. Here are the main types: (K.Holland, (2023)).

1.5 Types of oral contraceptives

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1. Combined pills: these contain two hormones, estrogen and progestin, and are the most common type of oral contraceptives prescribed. Combination pills come in different formulations:

- Monophasic: each active pill in the pack has the same dose of hormone.
 - Biphasic: the hormone dose changes once during the cycle.
 - Triphasic: the hormone dose changes three times during the cycle to more closely mimic the natural menstrual cycle.
2. Progestin-only pills (minipills): unlike combined pills, minipills contain only progestin. They are suitable for women who cannot take estrogen or prefer progestin-only contraception.
 3. Extended Cycle Pills: These pills allow women to have fewer periods per year by extending the time between periods. Examples include 91-day pill packs.
 4. Low-dose pills: these contain lower amounts of estrogen and/or progestin than traditional combined pills. They may have fewer side effects but still provide effective contraception.
 5. Emergency contraceptive pills (ECPs): sometimes referred to as the "morning-after pill," ECPs are used to prevent pregnancy after unprotected intercourse. They usually contain a higher dose of hormones than regular birth control pills and are taken within 72 hours of intercourse.
 6. Phasic pills: these pills contain different levels of hormones during the menstrual cycle, mimicking natural hormonal fluctuations.

Effectiveness and safety

Oral contraceptives, commonly known as birth control pills, are very effective at preventing pregnancy when taken correctly. They contain synthetic hormones, usually a combination of estrogen and progestin or progestin alone, which work by suppressing ovulation, thickening the lining of the cervix to prevent sperm from reaching the egg, and thinning the lining of the uterus: (A.Edelman, (2021)).

- Effectiveness: when taken consistently and correctly, oral contraceptives are over 99% effective in preventing pregnancy. However, actual effectiveness may vary depending on factors such as compliance with the prescribed regimen and individual differences in metabolism.
- Safety: in general, oral contraceptives are considered safe for most women. However, they may not be suitable for everyone and there are some potential risks and side effects associated with their use. It is essential that individuals considering oral contraceptives discuss their medical history and any concerns with a health care provider before starting them. Some possible risks and side effects include: (R.Kakaiya, (2017)).

II. METHODOLOGY

The research methodology for the study on the use of oral contraceptives in the 18-30 age group in the city of Lipjan is an organized process that is used to conduct research, collect and analyze data to reach stable conclusions. This approach includes several key elements of research methodology.

1. Research Objective:

- The study analyzes the use of oral contraceptives among women in the age group of 18-30 years in the city of Lipjan and identifies the factors that influence their use.

2. Selection of Participants:

- The participants were chosen randomly, where the number of respondents was 40 people from the population of the city of Lipjan. The selection was made by ensuring that all respondents are female and in the age group of 18-30 years.

3. Type of Research:

- This research is quantitative in nature and aims to collect numerical data to analyze the use of oral contraceptives in the specific age group.

4. Data Collection Instrument:

- Survey method was used to collect data. The questionnaire used contains demographic data for the respondents such as their age, education, and experience, as well as includes specific questions about the use of oral contraceptives.

5. Sample Selection Method:

- In order to ensure a more representative sample and to guarantee external validity, the selection of participants was done randomly, selecting respondents who match the given age group.

6. Survey Application Process:

- The respondents were informed about the purpose of the research and were asked about their consent to participate in the study. The questionnaire was applied devoting sufficient time to complete and ensure quality data.

This structured methodology ensures that the research has a systematic and appropriate approach to reach reliable and accurate results.

III. PRESENTATION AND ANALYSIS OF THE RESULTS

Table 1: Age of the respondent.

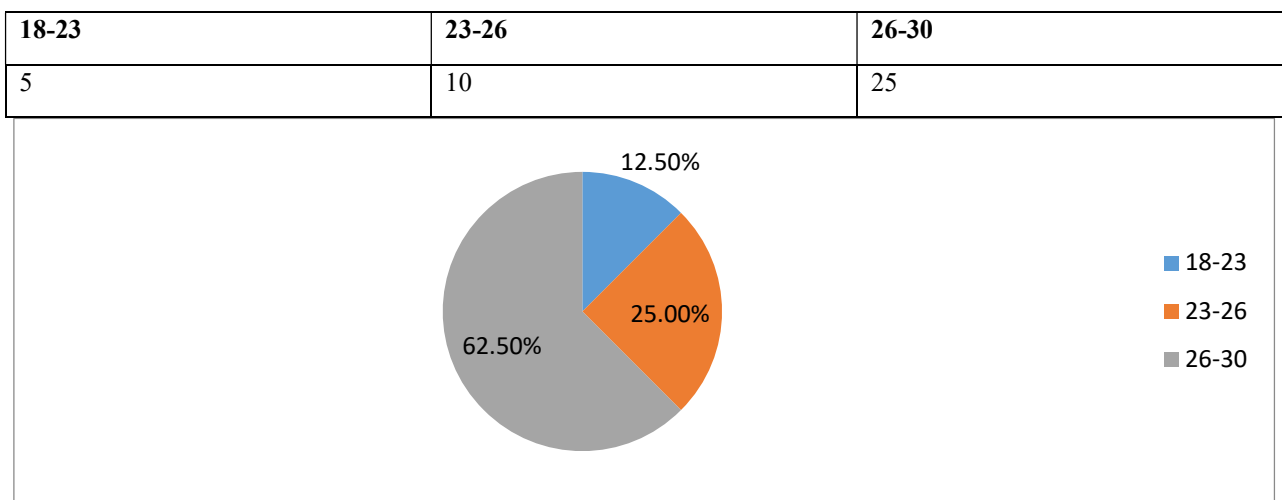


Table 2: Education of the respondent.

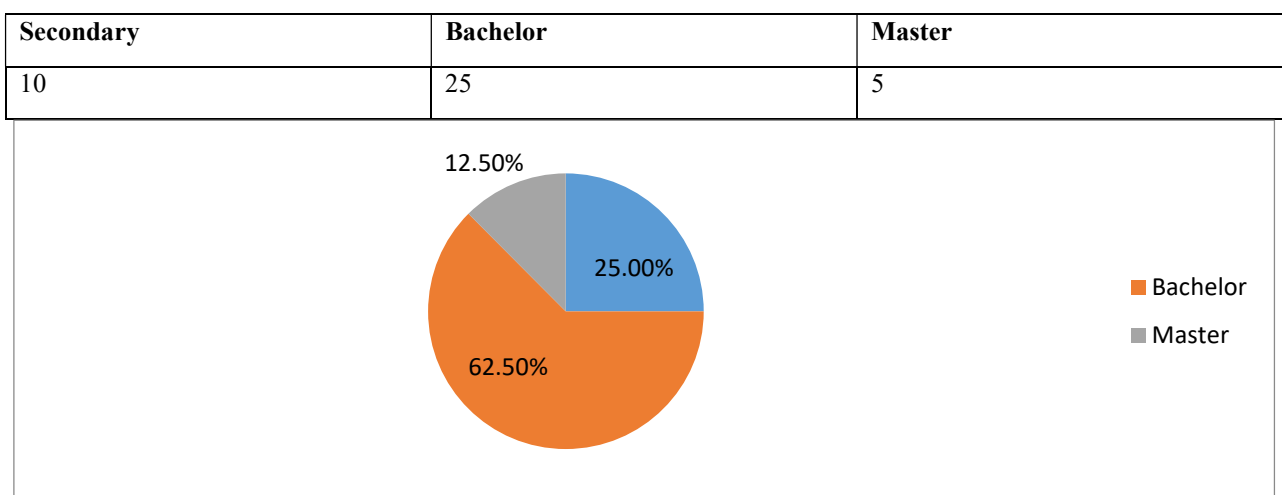


Table 3: How often you use oral contraceptives for birth control.

Always	FREQUENTLY	ever	Never
4	28	8	

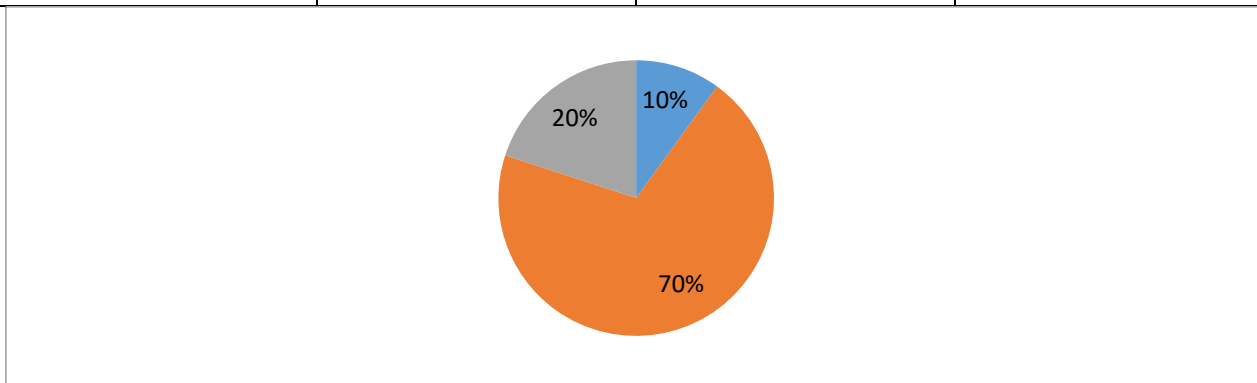


Figure 3: How often you use oral contraceptives for birth control. To the question: How often do you use oral contraceptives for birth control, respondents answered: always 10%, often 70% and sometimes 20%.

Table 4: Have you ever consulted a health care provider about the use of oral contraceptives.

Always	FREQUENTLY	ever	Never
9	21	10	

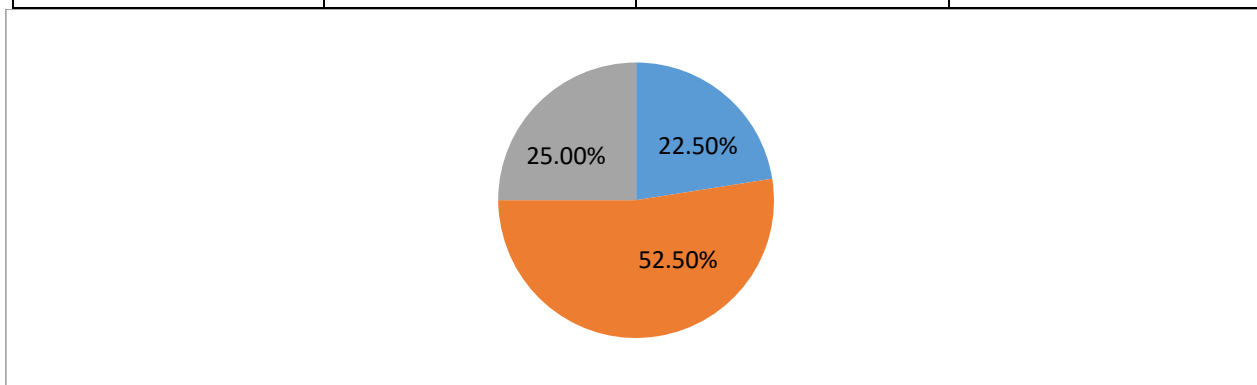


Figure 4: Have you ever consulted a health care provider about using oral contraceptives.

To the question: Have you ever consulted a health care provider regarding the use of oral contraceptives, respondents answered: always 22.50%, often 52.50% and sometimes 25.00%.

Table 5: How often do you encounter challenges in accessing oral contraceptives in Lipjan.

Always	FREQUENTLY	ever	Never
6	12	12	10

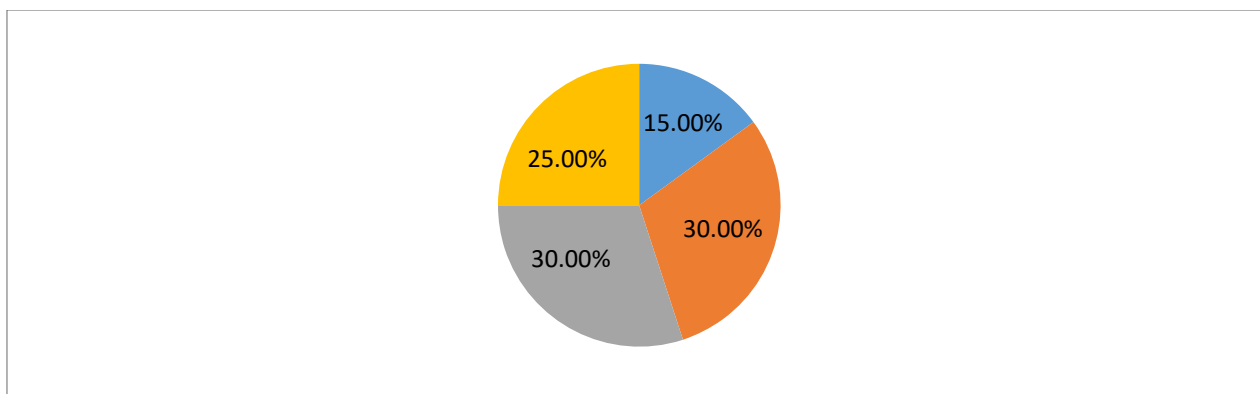


Figure 5: How often do you encounter challenges in accessing oral contraceptives in Lipjan.

To the question: How often do you encounter challenges in accessing oral contraceptives in Lipjan, the respondents answered: always 15%, often 30%, sometimes 30% and sometimes 25%.

Table 6: Do you feel well informed about the different types of oral contraceptives available.

Always	FREQUENTLY	ever	Never
22	13	5	

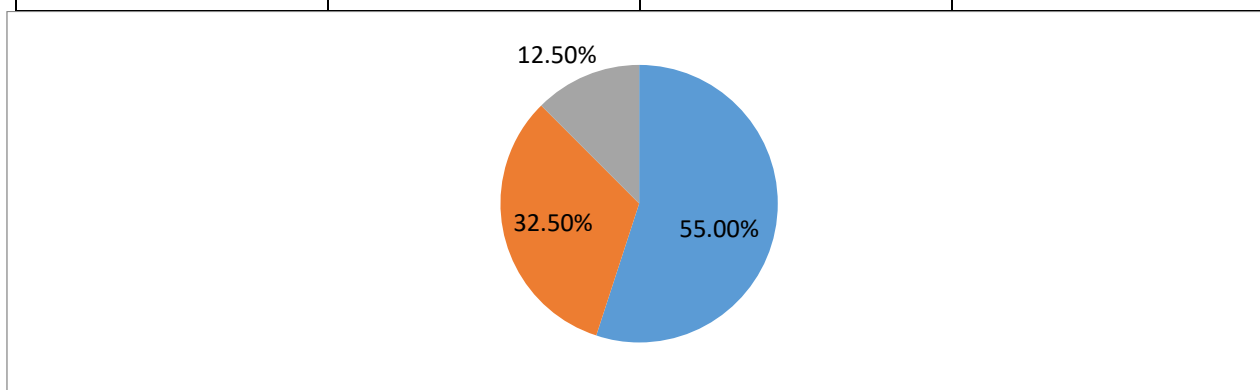


Figure 6: Do you feel well informed about different types of oral contraceptives in relation.

In the questions: Do you feel well informed about different types of oral contraceptives in information, the respondents answered: always 55%, often 32.50% and happens 12.50%.

Table 7: Have you ever experienced side effects from using oral contraceptives?

Always	FREQUENTLY	ever	Never
	8	23	9

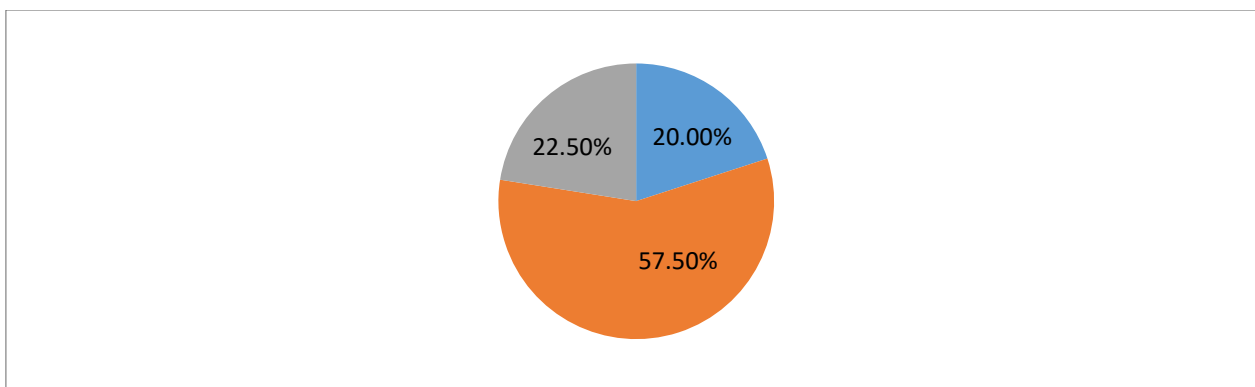


Figure 7: Have you ever experienced side effects from using oral contraceptives?

To the question: Have you ever experienced side effects from the use of oral contraceptives, the respondents answered: often 20%, sometimes 57.50% and never 22.50%.

Table 8: How often you adhere to the prescribed schedule for taking oral contraceptives.

Always	FREQUENTLY	ever	Never
35	5		

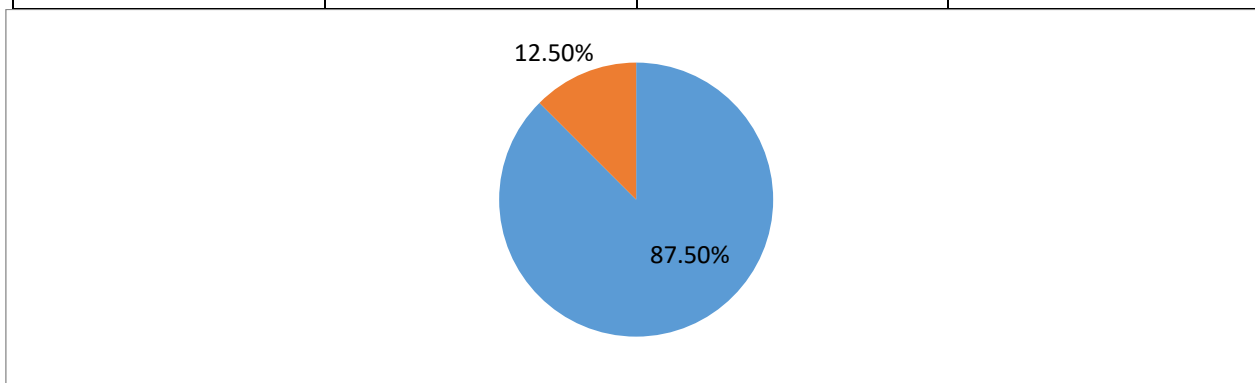


Figure 8: How often you adhere to the prescribed schedule for taking oral contraceptives.

In the question, How often do you adhere to the prescribed schedule for taking oral contraceptives, the respondents answered: always 87.50% and often 12.50%.

Table 9: Have social or cultural beliefs influenced your decision to use oral contraceptives.

Always	FREQUENTLY	ever	Never
2	15	10	13

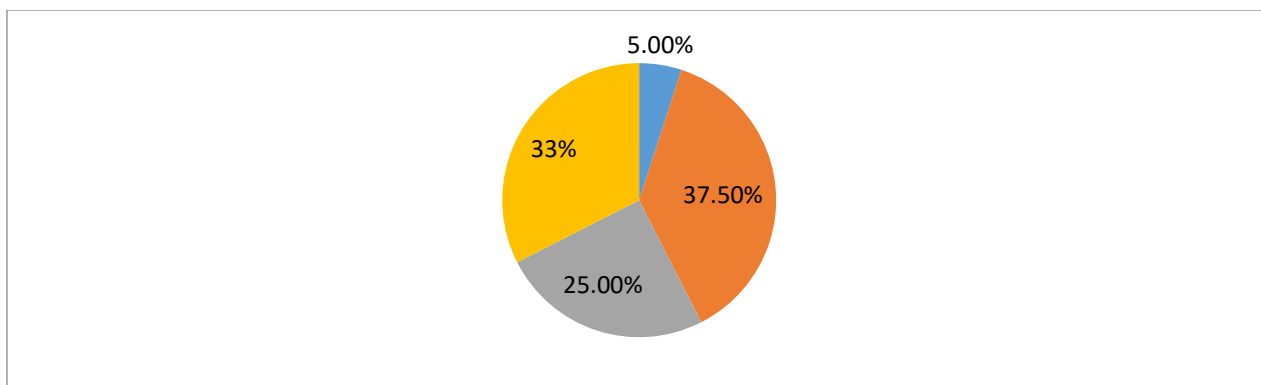


Figure 9: Have social or cultural beliefs influenced your decision to use oral contraceptives.

To the question: Have social or cultural beliefs influenced your decision to use oral contraceptives, respondents answered: always 5%, often 37.50%, sometimes 25% and never 32.50%.

Table 10: How often you discuss contraceptive methods with your sexual partner.

Always	FREQUENTLY	ever	Never
40			

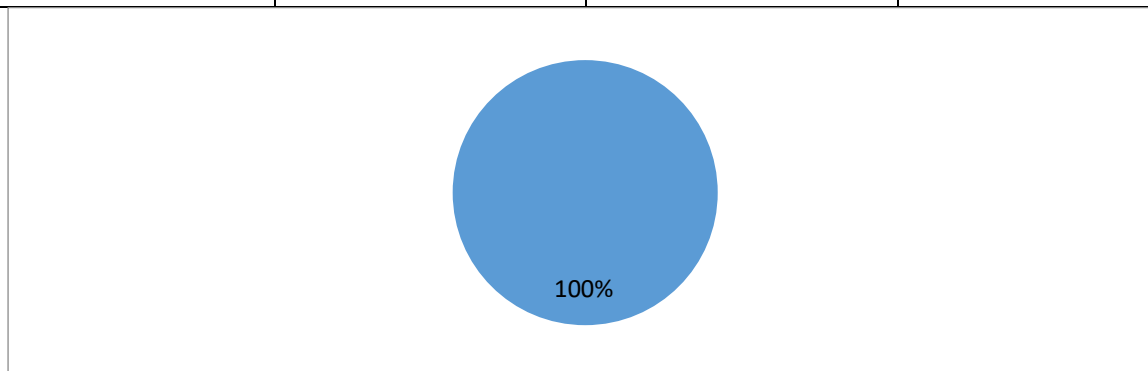


Figure 10: How often do you discuss contraceptive methods with your sexual partner.

To the question: How often do you discuss contraceptive methods with your sexual partner, respondents answered: always 100%.

Table 11: Have you ever faced challenges in obtaining accurate information about oral contraceptives?

Always	FREQUENTLY	ever	Never
		20	20

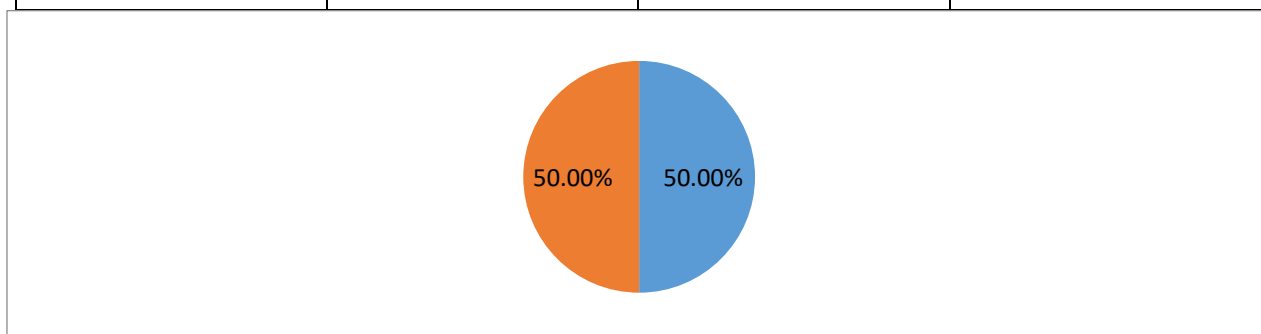


Figure 11: Have you ever faced challenges in obtaining accurate information about oral contraceptives?

To the question: Have you ever faced challenges in obtaining accurate information about oral contraceptives, respondents answered: sometimes 50.00% and never 50.00%.

Table 12: How often you feel satisfied with the effectiveness of oral contraceptives in preventing pregnancy.

Always	FREQUENTLY	ever	Never
35	5		

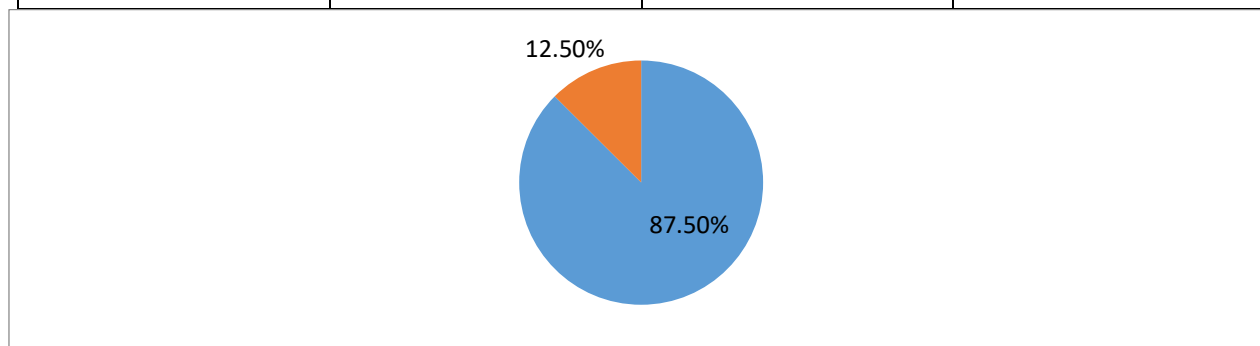


Figure 12: How often you feel satisfied with the effectiveness of oral contraceptives in preventing pregnancy.

To the question: How often do you feel satisfied with the effectiveness of oral contraceptives in preventing pregnancy, the respondents answered: always 87.50% and often 12.50%.

IV. CONCLUSIONS AND RECOMMENDATIONS

Research on the use of oral contraceptives among individuals aged 18-30 in Lipjan has shed light on various critical aspects including their meaning, patterns of use, health implications, influencing factors, challenges and the policy landscape. Based on the knowledge gathered from the previous chapters, the following conclusions and recommendations have been formulated:

V. CONCLUSIONS

Understanding of oral contraceptives: it is clear that there is a wide range of knowledge levels about oral contraceptives among the target demographic in Lipjan. While some individuals have a comprehensive understanding, others exhibit gaps in awareness, particularly regarding mechanism of action, efficacy, and potential side effects.

Patterns of oral contraceptive use: patterns of use vary considerably between populations, influenced by factors such as socio-cultural norms, access to health care services and individual preferences. However, there is a widespread trend towards the use of oral contraceptives as the primary method of birth control within the specified age group.

Health implications and risks: despite the benefits offered by oral contraceptives in preventing unwanted pregnancies, it is essential to recognize the associated health risks and possible adverse effects. Factors such as hormonal imbalances, cardiovascular complications and mental health concerns require careful consideration and monitoring.

Factors influencing use decisions: the decision-making process regarding oral contraceptive use is multifaceted, influenced by personal beliefs, socioeconomic status, family attitudes, and peer influences. Understanding these determinants is imperative for designing targeted interventions aimed at promoting informed decision making.

Challenges and barriers: several challenges and barriers prevent optimal use of oral contraceptives, including limited access to health care services, financial constraints, stigma around reproductive health discussions, and misconceptions about contraceptive methods. Addressing these barriers is essential to increasing contraceptive uptake and adherence.

Policy and Advocacy: the existing policy landscape regarding reproductive health and contraceptive services in Lipjan plays a key role in shaping patterns of access and utilization. Strengthening advocacy efforts and implementing evidence-based policies can facilitate improved access to comprehensive reproductive health care services, including contraceptive counseling and provision.

VI. RECOMMENDATIONS

Enhanced education and awareness campaigns: launching targeted educational initiatives aimed at increasing awareness and knowledge about oral contraceptives, their benefits, risks and appropriate use can empower individuals to make informed health decisions. their reproductive

Accessible health care services: improving access to and affordability of health care services, including contraceptive counseling and provision, through the establishment of community-based clinics, mobile health units and outreach programs can address existing gaps in providing services.

Comprehensive reproductive health programs: implementing comprehensive reproductive health programs that integrate contraceptive services with broader initiatives addressing sexual health, family planning, and gender equality can foster a supportive environment for informed decision-making and contraceptive uptake.

Targeted support for vulnerable populations: tailoring interventions to meet the unique needs of vulnerable populations, including adolescents, low-income individuals, and marginalized communities, by providing subsidized or free contraceptive services, eliminating financial barriers, and providing culturally sensitive counseling can promote equal access. for reproductive health care.

Policy reform and advocacy efforts: collaborating with policymakers, health care providers, community leaders, and advocacy groups to advocate for policy reforms aimed at expanding contraceptive access, ensuring insurance coverage for contraceptive methods, and promoting rights reproductive health can create a favorable environment for improving reproductive health. results.

Research and evaluation: investment in research initiatives to continuously monitor and evaluate patterns of contraceptive use, assess the effectiveness of interventions, and identify emerging trends and challenges is essential to inform evidence-based decision-making and guide efforts next program.

REFERENCES

- [1]. A.E. Sharma, B. F. ((2018)). Community Education and Engagement in Family Planning: Updated Systematic Review. *Am J Prev Med*, 747–758.
- [2]. A.Edelman, S. a. ((2021)). Contraception Selection, Effectiveness, and Adverse Effects. *JAMA*, 2507-2518.
- [3]. A.Muhammad Shah, K. L. ((2021)). Exploring Readiness for Birth Control in Improving Women Health Status: Factors Influencing the Adoption of Modern Contraceptives Methods for Family Planning Practices. *Int J Environ Res Public Health*, 1-20.
- [4]. A.Silumbwe, T. M. ((2020)). Facilitating community participation in family planning and contraceptive services provision and uptake: community and health provider perspectives. *Reproductive Health*, 1-23.
- [5]. A.Takyi, M. S. ((2023)). Factors that influence modern contraceptive use among women aged 35 to 49 years and their male partners in Gomoa West District, Ghana: a qualitative study. *Tropical Medicine and Health*, 1-12.
- [6]. ASPIVIX. ((2022), Gushtë 22). *5 Common Myths About Contraceptives*. Qasur në Dhjetor 01, 2023, from (Online): <https://www.aspivix.com/5-common-myths-about-contraceptives/>
- [7]. Burkman, R. ((1990)). Modern trends in contraception. *Obstet Gynecol Clin North Am*, 59-74.
- [8]. D.Eeckhout. ((2017), Tetor). *Young People and Contraceptive Access*. Qasur në Dhjetor 10, 2023, from (Online): https://www.rhsupplies.org/uploads/tx_rhscpublications/Youth-Handbook-2017.pdf
- [9]. Dickey, R. ((2021)). *Managing Contraceptive Pill Patients*. New York: Emis Medical Publishing.
- [10]. G.Juhn. ((1994)). *Understanding the Pill: A Consumer's Guide to Oral Contraceptives*. New York: CRC Press; 1st edition.

- [11]. H.Ernst. ((2018), Gusht 03). *What Are the Side Effects of Birth Control Pills?* Qasur në Tetor 30, 2023, from (Online): <https://www.healthline.com/health/birth-control-side-effects>
- [12]. J.C Konje, O. L. ((1999)). Barriers to uptake and use of modern methods of contraception in developing countries. *International Journal of Gynecology & Obstetrics*, 287-294.
- [13]. K.Diep, M. a. ((2023), Tetor 27). *Oral Contraceptive Pills: Access and Availability*. Qasur në Nentor 10, 2023, from (Online): <https://www.kff.org/womens-health-policy/issue-brief/oral-contraceptive-pills-access-and-availability/>
- [14]. K.Holland. ((2023), Prill 26). *Your Guide to Birth Control Pills: Types, Effectiveness, and Safety*. Qasur në Tetor 01, 2023, from (Online): <https://www.healthline.com/health/how-to-lose-weight-on-birth-control#other-birth-control-side-effects>
- [15]. L.M.Calhoun. ((2022)). Perceptions of peer contraceptive use and its influence on contraceptive method use and choice among young women and men in Kenya: a quantitative cross-sectional study. *Reprod Health*, 1-12.
- [16]. M.P.Vessey, M. T. ((1989)). Patterns of Oral Contraceptive use in the United Kingdom. *Rheumatology, Volume XXVIII, Issue suppl_1*, 46-47.
- [17]. M.W.ROEDERER, P. J. ((2006)). Risks and Benefits of Combination Contraceptives. *FROM THE FAMILY PRACTICE INQUIRIES NETWORK*, 1915-1916.
- [18]. National Academies Press . ((1989)). *Contraception and Reproduction*. Washington: National Research Council (US) Committee on Population.
- [19]. Norris, D. P. ((2012)). Significant Risks of Oral Contraceptives (OCs). *Linacre Q*, 41-56.
- [20]. Peasah, S. ((2022)). Twelve month oral contraceptive pill prescriptions: Role of policy mandates on utilization. *Explor Res Clin Soc Pharm*, 1-5.
- [21]. R.A.Bronson. ((1981)). Oral contraception: mechanism of action. *Clin Obstet Gynecol*, 69-77.
- [22]. R.E Nappi, M. A. ((2023)). Overcoming barriers to oral contraception in Italy an expert opinion to empower women. *Gynecological Endocrinology*, 1-6.
- [23]. R.Kakaiya, L. L. ((2017)). Women's perceptions of contraceptive efficacy and safety. *Contracept Reprod Med*, 2-6.
- [24]. U.R Loi, B. M.-D.-A. ((2019)). Abortion and contraceptive use stigma: a cross-sectional study of attitudes and beliefs in secondary school students in western Kenya. *Sex Reprod Health Matters.*, 20-31.