

## Family Planning Needs and Contraceptive Use in Female Psychiatric Outpatients

Kadriye Pehlivanoglu<sup>1</sup>, Ozlem Tanriover<sup>2</sup>, Nesrin Tomruk<sup>1</sup>, Nesrin Karamustafalioglu<sup>3</sup>, Evrim Oztekin<sup>1</sup>, Nihat Alpay<sup>1</sup>

<sup>1</sup> MD, Bakirkoy Neuropsychiatry Hospital, Department of Psychiatry, Istanbul, Turkey

<sup>2</sup> Assist. Prof. Dr., University of Yeditepe Faculty of Medicine, Department of Family Medicine, Istanbul, Turkey

<sup>3</sup> Assoc. Prof. Bakirkoy Neuropsychiatry Hospital, Department of Psychiatry, Istanbul, Turkey

### Abstract

**Background and aim:** Despite the importance of reproductive behaviours of patients with mental illness, there are only few studies concerning the family planning needs and contraceptive use of psychiatric patients. The aim of this study is to assess family planning needs and contraceptive use in female psychiatric outpatients.

**Methods:** The study was conducted in the outpatient clinic of Bakirkoy Neuropsychiatry Hospital, Istanbul, Turkey. Schizophrenic, bipolar and unipolar depressive patients in remission (50 patients in each group) were compared with a control group of 50 healthy individuals. A semi-structured questionnaire was used for sociodemographic characteristics, family planning needs and contraceptive use.

**Results:** Of schizophrenic patients only 26.6% and of bipolar patients only 37.5% had gynecological examination during the last three years compared to 56% in healthy individuals. Of schizophrenic patients only 40% discussed family planning issues with partner and of bipolar patients only 50% compared to 90% in controls.

**Conclusion:** Schizophrenic and bipolar female patients' awareness and attitudes on family planning and contraceptive use were unsatisfactory. Both psychiatrists and family physicians should be aware of the needs of psychiatric outpatients on contraceptive counseling.

**Key words:** family planning, psychiatry, schizophrenia, bipolar, mood disorder.

*Pehlivanoglu K, Tanriover O, Tomruk N, Karamustafalioglu N, Oztekin E, Alpay N. Family Planning Needs and Contraceptive Use in Female Psychiatric Outpatients. TJFMPC, 2007;3:32-35.*

### Introduction

The reproductive behaviors of women who have mental illness have not been the focus of much systematic investigation. There are only few studies available about the sexual and reproductive behaviors of patients with mental illness, despite the importance of such behaviors in determining biopsychosocial and emotional well-being. These behaviors also affect the need for health care services that are focused on sexually transmitted diseases, family planning, and childbearing<sup>1-3</sup>.

The psychiatric patients may have difficulty in accessing information and methods of contraception. Some evidence suggests that, compared with women without mental illness, women with schizophrenia are more likely to have a higher number of lifetime sexual partners and unwanted pregnancies<sup>2</sup>.

The rate of unwanted/unplanned pregnancy and abortion was high; and they did not discuss the issue with psychiatrist.<sup>2-8</sup> They did not follow periodic gynecological examinations and they did not have adequate partner support.<sup>4,9,10</sup> The necessity for family planning in female patients with chronic mental disorders is important.<sup>1-3</sup>

Our study compared the family planning and contraceptive use reported by women who have mental illness with those by matched comparison groups from the general population. The aim of this study was to assess family planning needs and contraceptive use in female psychiatric outpatients.

### Methods

The study was conducted in Bakirkoy Neuropsychiatry Hospital Psychiatric Outpatient Clinic in August 2004-July 2005. Patients diagnosed using DSM-IV diagnostic criteria as schizophrenia, bipolar disorder and unipolar depression and a control group of 50 healthy females were included. The criteria for selection in the schizophrenia group was at least two years of illness duration, for the

#### CORRESPONDING AUTHOR

Assist. Prof. Dr. Ozlem Tanriover  
Yeditepe University Faculty of Medicine  
26 Agustos Yerlesimi Kayisdag cad.  
Kayisdag Erenkoy Istanbul 34755  
Phone: 216-578 05 25  
Fax: 216-578 05 75  
E-mail: [otanriover@yeditepe.edu.tr](mailto:otanriover@yeditepe.edu.tr)

Submitted date: 09.05.2007

Accepted date: 18.07.2007

bipolar disorder (BPD) and unipolar depression groups at least two previous episodes and being free from any disability (impaired sight or hearing, mental retardation). Female psychiatric outpatients aged 15-49 years were interviewed by four members of the research team for eligibility for the study. Of 189 patients referred, five patients with schizophrenia, seven patients with unipolar depression and 15 patients with bipolar disorder were not in remission. Eight patients with schizophrenia and four patients with bipolar disorder refused to participate. Fifty patients were selected for each group and 50 for control group with the same sociodemographic characteristics. The patients were interviewed face to face. A semi-structured questionnaire was used for sociodemographic characteristics, family planning needs and contraceptive use. .

All patients gave consent for the study. The study was approved by ethical committee of Bakirkoy Neuropsychiatry Hospital .

#### *Statistics*

Data was analyzed using "SPSS for windows version:11.5" statistical package program. Chi-square, one-way variance analysis (one-way ANOVA), Kruskal-Wallis and Wilcoxon tests were used. The limit for significance was accepted as  $p \leq 0.05$ .

### **Results**

#### *Contraception knowledge*

The choice "I have no knowledge" was the most frequent answer in the patient groups especially in schizophrenia group. "I have enough knowledge" choice was comparable in depression and control groups but was significantly less in schizophrenia group ( $p=0.004$ ).

#### *Contraceptive methods*

The patient in the schizophrenia group had less information on all contraceptive methods. Depressive and BPD patients' level of knowledge was similar to controls. The best known methods were oral contraceptives, intrauterine devices (IUD), condom and tube ligation. Patients had little information on parenteral contraceptives (Table 1).

There was no significant difference between patient and control groups (except the fact that condom use was more frequent in depression group) in the preferred contraceptive method. Coitus interruptus was the most common method in all groups, followed by IUD, pill, and condom. Parenteral contraceptives were not known adequately, especially in patient groups. Calendar method, foam-cream-gel and diaphragm were among the least known methods.

#### *Opinion on sterilization*

Schizophrenics had significantly less (55.2%) favorable opinion on sterilization compared to BPD (72.0%), depression (75.55%) and control (70%) groups. "I don't know" was a common reply (34.0 %) in schizophrenics, and unfavorable opinion was more frequent in depressive patients (20.4%) than others ( $p=0.003$ ).

#### *Contraception use during the last intercourse*

Of BPD patients 60.5%, of depressives 75.5%, of schizophrenics 68.6% and of control 81.4% of patients reported use of contraception during the last intercourse ( $p=0.185$ ).

#### *Talking on contraception and family planning with partner*

Talking on contraception and family planning with partner was more frequent in depression and control groups (60%, 90%, respectively). It was significantly lower in schizophrenics (60% no; 40% yes) and BPD patients (50% no; 50% yes) ( $p=0.001$ ).

#### *Last pelvic examination*

Pelvic examination during the last three years was highest (76%) in depressive group. It was significantly less in schizophrenia group (26.6%) and BPD group (37.5%). It was 56% for control group. "Never" and "more than three years ago" were higher in schizophrenia group (73.4%) and BPD group (62.5%). It was 24% in depressive and 44% in control group ( $p=0.001$ ).

#### *Admission to family planning clinic*

The rate of admitting to family planning clinic during the last three years was 16% for all groups. Depressive patients had higher rate (29.2%) ( $p=0.027$ ).

#### *Information given by the doctor*

Discussing contraception with psychiatrist was low in all patient groups (schizophrenics (89% no; 11% yes) and BPD patients (87% no; 13% yes). Of patients, 88.1% had received no information from their doctors

#### *Demand for a family planning center*

Of schizophrenic patients, 22.9% said they did not know, 29.2% said they did not ask for a center, whereas, BPD, depression and control groups had demand for such a center (approximately 87% in all groups) ( $p=0.001$ ).

#### *Preference for the gender of family planning consultant*

Of patients, 59.9% preferred a consultant of the same gender. Of BPD patients 48.9%, of depression cases 37.5%, of schizophrenics 20% and of control group 36.4% had no preference ( $p=0.002$ ).

There was no significant difference between patient and control groups in number of pregnancies, births, abortions, miscarriages, and the number of children. (Table 2).

#### *The source of information*

The first source of information was friends and neighbors in all groups. Information from media was the most frequent used source in the BPD group. Information from health professionals was significantly less in BPD and schizophrenic patients compared to controls and depressive patients

#### **Discussion**

It was reported that sexually active female patients in reproductive ages do not use contraception.<sup>1-13</sup> In a study, David showed that patients with non-psychotic depression may have a sexual life and family planning just like healthy individuals. However, this was not the case in schizophrenics, since they may be forced to sexual intercourse exposing them to unwanted pregnancies and risk of Sexually Transmitted Diseases (STDs).<sup>13</sup>

Turkish Population and Health Survey 2003 showed that almost all married women have heard about modern contraceptive methods. The least known method was female condom which is a novelty in Turkey and morning-after pill. Of women, 98% knew at least one traditional method. Coitus interruptus was the most common traditional method (94%). Implants are also quite new in Turkey and only half of women heard of them.<sup>14</sup> Our rates of known contraceptive methods in BPD, unipolar depression and control groups were similar to this national survey. Schizophrenic patients' lack of knowledge about all methods gets even worse with newer methods. This result was attributed to the fact that cognitive and social impairment may lead to inadequacy following and learning new information.

Coitus interruptus is still the most common contraceptive method (63%) followed by IUD (43%), condom (38%) and contraceptive pill (35%) in Turkey. Vasectomy, implants, female condom, morning-after pills are scarcely used methods.<sup>14</sup> Tubal ligation is not as common as other Western countries. In several studies, this rate of sexual intercourses without contraception is reported to vary between 33% and 73%, and lack of contraception methods in patients with serious mental disorders is emphasized.<sup>2,6-8,12,13</sup> Our finding is concordant with those of other studies.

Coverdale reported that psychiatric patients in his study had not have pelvic examination during the last 3 years.<sup>7</sup> In our

society, women tend to neglect their gynecological examinations. Our finding supports this.

The difference in the obstetric history of our patient groups may be due to tendency to deterioration of schizophrenic patients' marriages and probable decrease in sexual activity and chance of pregnancy. BPD is a disorder with intermittent course and remissions resulting in the increase in the number of children along with the disease. Depression occurs later in life. Symptoms such as loss of interest makes child care more difficult leading to a decrease in the number of pregnancies, decrease in intention to have a child and increase in the number of miscarriages and abortions.<sup>4,5,8,11</sup>

The high rate of unwanted, unplanned pregnancies in schizophrenic women is reported to be highly problematic in various articles. When compared to women without a history of mental disorder, the mean number of pregnancies in schizophrenic patients was similar to normal women, but the rate of unplanned and unwanted pregnancies was higher.<sup>2,8,11,12</sup>

Our result of low access to attend family planning clinics emphasized the importance of increasing the number and service quality of family planning centers. Family planning and contraception centers may be best located in psychiatric hospitals since these hospitals are the most visited health facilities by this group.

It is reported that psychiatrists do not talk family planning issues with their patients.<sup>9,13</sup> In Hales study, findings suggest that it is important for health professionals to have accurate information on "safe sex".<sup>15</sup>

The finding that schizophrenic patients were more reluctant in family planning issues compared to other patient and control groups, may be explained by negativism, social isolation and withdrawal symptoms.

#### **Conclusion**

Female patients with mental disorders need information and service for family planning and contraception. Schizophrenic and bipolar female patients are more prone to be affected from inadequate family planning and contraceptive services. Both psychiatrists and primary care physicians should be aware of the needs of psychiatric outpatients and consider the contraceptive counseling in the early phase of their treatment.

## References

1. McCullough LB, Coverdale J, Bayer T, Chervenak FA. Ethically justified guidelines for family planning interventions to prevent pregnancy in female patients with chronic mental illness. *Am J Obstet Gynecol* 1992;167:19-25.
2. Miller LJ. Sexuality, reproduction, and family planning in women with schizophrenia. *Schizophr Bull* 1997;23:623-35.
3. Coverdale JH, Turbott SH, Roberts H. Family planning needs and STD risk behaviors of female psychiatric out-patients. *Br J Psychiatry* 1997;171:69-72.
4. McLennan JD, Ganguli R. Family planning and parenthood needs of women with severe mental illness: clinicians' perspective. *Community Ment Health J* 1999;35:369-80.
5. Barkla J, McGrath J. Reproductive, preconceptual and needs of women with schizophrenia. In: Castle DJ, Mcgrath J, Kulkarni J (editors), *Women and Schizophrenia*, First edition, Cambridge, 2000; 67-78.
6. Grunebaum HU, Abernethy VD, Rofman ES, Weiss JL. The family planning attitudes, practices, and motivations of mental patients. *Am J Psychiatry* 1971;128:740-4.
7. Coverdale JH, Aruffo JA. Family planning needs of female chronic psychiatric outpatients. *Am J Psychiatry* 1989;146:1489-91.
8. Miller LJ, Finnerty M. Sexuality, pregnancy, and childrearing among women with schizophrenia-spectrum disorders. *Psychiatr Serv* 1996;47:502-6.
9. Coverdale J, Aruffo J, Grunebaum H. Developing family planning services for female chronic mentally ill outpatients. *Hosp Community Psychiatry* 1992;43:475-8.
10. Abernethy V, Grunebaum H, Clough L, Hunt B, Groover B. Family planning during psychiatric hospitalization. *Am J Orthopsychiatry* 1976;46:154-62.
11. McEvoy JP, Hatcher A, Appelbaum PS, Abernethy V. Chronic schizophrenic women's attitudes toward sex, pregnancy, birth control, and childrearing. *Hosp Community Psychiatry* 1983;34:536-9.
12. Abernethy V. Sexual knowledge, attitudes, and practices of young female psychiatric patients. *Arch Gen Psychiatry* 1974;30:180-2.
13. David HP, Morgall JM. Family planning for the mentally disordered and retarded. *J Nerv Ment Dis* 1990;178:385-91.
14. [The 2003 Turkey Demographic and Health Survey \(TDHS-2003\)](#). Hacettepe University Institute of Population Studies. Turkish Republic Ministry of Health. Mother and Child Health and Family Planning General Directorate, Ankara, 2003.
15. Hales H, Romilly C, Davison S, Taylor PJ. Sexual attitudes, experience and relationships amongst patients in a high security hospital. *Crim Behav Ment Health* 2006;16(4):254-63.