

# Preliminary Report on Characteristics of Women Participating in the Meeting of the Oral Contraceptive Pill Members Club at Siriraj Hospital

Manopchai Thamkhantho MD, MRCOG, MSc\*, Supanee Jivasak-Apimas PhD\*,  
Gessuda Chiravacharadej BSc\*, Jarathaporn Inthawong BA\*,  
Khanueng Butrpetch BN\*, Benjamas Harnnarong MA\*

\* Siriraj Reproductive Health Research and Training Center, Department of Obstetrics and Gynaecology,  
Faculty of Medicine Siriraj Hospital, Mahidol University, Bangkok

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**Background:** Oral Contraceptive (OC) services are not frequented a lot in Siriraj Hospital. Therefore, the OC services initiated the Siriraj OC Members Club to increase the number of OC users, develop a 'one-stop-service' clinic and a 'help line' to assist women cope with the side effects during OC use, and provide proper information.

**Material and Method:** Hospital personnel who worked at Siriraj Hospital were informed about the program of the Siriraj OC Members Club by posters, leaflets, hospital website, and word of mouth. Those who registered as members participated in the half-day meeting of the program. Questionnaire assessment was distributed to all members who attended the meeting.

**Results:** The average age of participants was 31.4 years. The lowest education level was secondary school and the highest was doctorate. Most married members have used at least one kind of contraceptive method. OC's and condoms were the most common contraceptive method used in the past. Their source for obtaining OC was drug stores. In general, most women had had irritability and depression. Almost all women expected to have more information about advantages and disadvantages of OC use to cope with fear and side effects of OC use.

**Conclusion:** Women who attended the meeting still need accurate and full information about the OC's. This program proposed to provide them with up-to-date and correct information about the OC. Furthermore, the one-stop-service will save their time and the help-line will assist them to cope with the side effects of OC use.

**Keywords:** Siriraj oral contraceptive (OC) members club, One-stop-service, OC information

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Oral contraceptives (OC's) have been the most recognized and used method of contraception among women worldwide since their introduction to the market in 1960s due to their simplicity in taking into the body. Across the globe, millions of women are using the OC's. Moreover, from many evidences, OC's are highly effective and safe for most healthy women<sup>(1)</sup>. However, not all women are able to take OC's as some women may have some medical conditions, such as hypertension, diabetes, cardiovascular risk factors,

concurrent past history of breast cancer, severe migraine attacks, uncontrolled high cholesterol, concurrent or past history of coronary heart diseases, congestive heart failure, cerebrovascular diseases or a history of venous thromboembolism<sup>(1)</sup>. In addition, extensive breastfeeding is also a contraindication for combined OC's (Oestrogen and Progestogen) use because oestrogen has an effect on lactation, which in turn may have an adverse effect on breast milk production. In such a case, women may adopt the progestin only pill, which has no effect on breast milk. In addition, taking certain anticonvulsant medications or taking antibiotics, such as Rifampicin or Griseofulvin in conjunction with OC's can reduce the efficacy of OC's in preventing pregnancy<sup>(2)</sup>.

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Correspondence to: Thamkhantho M, Siriraj Reproductive Health Research and Training Center, Department of Obstetrics and Gynaecology, Faculty of Medicine, Siriraj Hospital, Mahidol University, Bangkok 10700, Thailand. E-mail: [tmanopchai@hotmail.com](mailto:tmanopchai@hotmail.com)

In some settings, accessibility to the OC's is only through a prescription and in other settings it can be easily procured over-the-counter in drug stores or pharmacies. Appropriate screening for contraindications may not be possible if women obtain their OC's from over-the-counter. Those women may not have enough knowledge or awareness about the contraindications of the OC's, nor do they know if they are contraindicating to OC's use. Workers in the drug stores or pharmacies rarely provide accurate and appropriate information of instruction for use to those who obtain the OC's over-the-counter<sup>(3)</sup>. Moreover, they may not even have enough knowledge about the OC's as they are business oriented and not health providers<sup>(4)</sup>. In some settings, Thailand for instance, access to accurate information about the OC's use require women to visit health related or medical institutions or specific settings for this provision, such as family planning clinics. However, some of them may find this a time-consuming inconvenience and will not seek the knowledge due to a distance problem, time problem, or work leave permit problem. This may also stop potential users adopting this method. In addition, the problem of compliance in OC's use has been a long-time story in developing countries because to use OC's effectively the user must consistently have a daily intake. Many women in Thailand deserted the OC's use due to compliance difficulty<sup>(5)</sup>. Accidental or unwanted pregnancy resulting from OC's omission has been reported often<sup>(6)</sup>. Side effects during OC's use have also been reported as the main reasons for OC's discontinuation<sup>(7)</sup>. Importantly, time spent in obtaining OC's service is also one of the problems that may constraint OC's registration in settings where full and accurate information about OC's and provisional counseling during use is provided. In some settings, Sweden for instance, many women preferred to obtain the emergency contraceptive pills over-the-counter over the regular OC's as it saves time<sup>(8)</sup>. From this, it seems that women prefer to use the contraceptive method that is simple and easy to apply over the one that is more difficult and outreach for use. Siriraj OC's Members Club program, the first ever program in Thailand, was started to provide current users of oral contraceptives or potential user of this method, full and accurate information about OC's use, as well as providing counseling during use. Moreover, the program also provides women with an annual check-up including Pap smear, routine pelvic examination, and other non contraceptive benefits such as a regimen of OCs that reduces the incidence of the malignancy of

endometrium and ovary, acne or shining face<sup>(9)</sup> or elevating good mood and alleviate the depression during OC's use. The objectives of the program are to increase the number of OCs users, to develop a one stop-service clinic for OC users as well as a help line to assist OCs users for urgent help such as tackling problems with missing pills or side effects that arise during OC use.

### **Material and Method**

Information about the Siriraj OC Members Club as well as the purposes of the program was circulated to personnel of Siriraj Hospital located in the Bangkok Metropolitan by means of posters, leaflets, hospital websites and word of mouth, 2 months prior to commencement of the program. Those who were interested in the program and wanted to learn more about the program contacted members of the organizing team. Some registered as a member and some delayed it due to inconvenience to participate in the activities organized by the program. The first meeting of the OC Members Club was held in the afternoon of March 27, 2008 with 170 registered members. The activities consisted of 1 □ hrs of informative lecture on the contraceptive pill and its harms and benefits by a Gynecologic professor in charge of family planning clinic and another 1 □ hrs lecture on how cosmetics made women beautiful by a prominent make-up stylist working in a leading cosmetic company in Bangkok, Thailand. Each participating member was asked to fill in the questionnaire before the activities commenced. The questionnaire was involved with personal background, past medical history and concurrent systemic diseases, past use of contraceptive methods, history of menstrual flow, feelings of irritability and depression in general and sexual activity. One hundred fifty questionnaires were sent back to the team but only 101 questionnaires were completed for analysis.

SPSS, Version 12, was used to analyze mean and percentage of background characteristics of 101 women and cross-tabulation was looked into women's mood and depression, feeling irritability and feeling depressed with type of contraceptive use, position held and sexual activity. Chi square test was used to find the relationship between the two categorical variables. Data analysis was performed at Siriraj Reproductive Health Research and Training Center, Siriraj Hospital.

### **Results**

All women were personnel of the Siriraj Hospital who held different positions such as registered

nurses, medical technologists, para-medical personnel, practical nurses, administrative personnel and hospital workers. The members of the OC Members Club who answered the questionnaire had the mean age of  $31.4 \pm 6.25$  years with Gravida of  $0.61 \pm 0.84$ . Their mean body mass index (BMI) was  $22.3 \pm 4.19$ , and their number of living children was  $0.26 \pm 0.50$ . Very few experienced abortion with the mean of  $0.13 \pm 0.37$ , Table 1.

Many women had obtained a Bachelor's degree (60.6%), Master's degree or higher (12.1%), and lower than Bachelor's degree (26.3%). Range of age of the youngest and oldest child was 7 months to 15 years. Seventeen had systemic disease such as hypertension, diabetes, peptic ulcer, and allergy to weather and seafood, Table not shown.

Table 2 shows that OC was the most used contraceptive among these member (52.5%) and condom was used by 30.7% of women. DMPA, IUD and Implants were the least used method at 10.95% and 1%, respectively.

Thirty-nine women reported purchasing pills. Thirty-four of those women (87.2%) purchased their pills from drug stores or convenient shops while five (12.8%) obtained them from the government outlets, Table 3. A few participating members, who are hospital personnel, had used a few contraceptive methods for a while. Their main reasons for stopping or changing the contraceptive methods were because they wanted to have a child or were suffering from side effects, table not shown.

When asking about their expectation to participate in the program, a large number of women felt too shy to express their expectation or their opinion. Among 101 participating members, 43 expressed what they wanted from the program. Of these, three women (7%) wanted more information to provide to others, nearly half (46.5%) needed more information about the OC, 10 (23.3%) wanted more information to cope with fear during use of the OC and 10 (23.3%) needed to know advantages and disadvantages of the OC, Table 4.

When examining whether background variables and past use of contraceptive methods had any relationship to feelings of irritability or depression or sexuality, Table 5 shows that 68.3% of those members who worked as government officers/nurses expressed that they generally had a feeling of depression, 86.4% of the government employees said so and 73.9% of the temporary employees also admitted having depression with statistical significance,  $p = 0.039$ .

Table 6 shows that half of the participating members who completed vocational schools said that

**Table 1.** Characteristics of members (n = 101)

Characteristics of members	Mean
Age	$31.4 \pm 6.25$
Gravida	$0.61 \pm 0.84$
Number of children	$0.26 \pm 0.50$
Age of youngest child	$61.5 \pm 42.7$
Number of abortion	$0.13 \pm 0.37$
BMI (body mass index)	$22.3 \pm 4.19$

**Table 2.** Past history of contraceptive use

Past contraceptive use (n = 101)	No.	%
Oral contraceptive pills	53	52.5
DMPA	11	10.9
Implants	1	1.0
IUDs	5	5.0
Condom	31	30.7

**Table 3.** Current pill outlets

Pill outlet	No.	%
Drug store/Convenient shop	34	87.2
Government outlet	5	12.8
Total	39	100.0

**Table 4.** Expectation from the programme

Expectation	No.	%
Obtain information for giving advice to others	3	7.0
To have more information about OC's	20	46.5
Obtain more information of OC's to cope with fear of using it	10	23.3
Obtain advantages and disadvantages of OC's	10	23.3
Total	43	100.0

they generally felt depressed. The feelings of depression also had occurred among women in the other groups of education, bachelor's degree and higher at 67.3% and 90.9%, respectively with statistical significance,  $p = 0.019$ .

Interestingly, participating members who had ever used condoms had more irritability feelings in general than those members who reported no condom use,  $p = 0.000$ , as shown in Table 7.

Moreover, current users of the OC were more likely to have sexual activity than those participating members who were not using the OC with statistical significance  $p = 0.000$ , Table 8.

**Table 5.** Position held by feeling of depression

Position held	Feeling of depression						p-value
	No	%	Yes	%	Total	%	
Government officer/nurse	13	31.7	28	68.3	41	100.0	0.039
Practical nurse	4	80.0	1	20.0	5	100.0	
Government employee	3	13.6	19	86.4	22	100.0	
Temporary employee	6	26.1	17	73.9	23	100.0	
Student	0	0	2	100.0	2	100.0	
Total	26	28.0	67	72.0	93	100.0	

**Table 6.** Education by feeling of depression

Education	Feeling of depression						p-value
	No.	%	Yes	%	Total	%	
Secondary or lower	0	0	10	100.0	10	100.0	0.019
Vocational	8	50.0	8	50.0	16	100.0	
Bachelor	19	32.8	39	67.2	58	100.0	
Higher	1	9.1	10	90.9	11	100.0	
Total	28	29.5	67	70.5	95	100.0	

**Table 7.** Use of condom by feeling irritability

Condom use	Feeling of irritability											p-value	
	No		Sometimes		Often		Everyday		Once in a while		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%
Non-users of condom	12	46.2	10	38.5	2	7.7	1	3.8	1	3.8	26	100.0	0.000
Users of condom	1	3.2	30	96.8	0	0	0	0	0	0	31	100.0	
Total	13	22.8	40	70.2	2	3.5	1	1.8	1	1.8	57	100.0	

**Table 8.** Oral contraceptive use by sexual activity

Contraceptive use	Sexual activity											p-value	
	No activity		1-2/m		3-5/m		6-10/m		≥ 10/m		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.		%
Non-users of OCs	28	58.3	7	14.5	7	14.5	5	10.4	1	2.1	48	100.0	0.000
Users of OCs	4	7.5	10	18.9	26	49.1	11	20.8	2	3.8	53	100.0	
Total	32	31.7	17	16.8	33	32.7	16	15.8	3	3.0	101	100.0	

### Discussion, Conclusion and Recommendation

Hospital personnel who registered as members of the Siriraj OC Members Club and participated in the meeting of the program had an average age of 31.4 years. The lowest education level was the secondary school and the highest was doctorate. They were holding positions, such as registered nurses, medical technologists, practical nurses, administrative personnel and workers. Those married members experienced at least one type of contraceptive method. OC and Condom were the most used methods among them. It is very interesting that condom has highly been used among the participating members of the program. This should be encouraged for use concomitantly among the women to protect them against sexually transmitted diseases, STDs, during OC use. The outlets for OC's among these members were mostly drug stores and only a few obtained the OC services from the government related family planning clinics. Almost all participating members who responded to the questionnaire expected to acquire more knowledge and information about advantages and disadvantages of the OC in order to use it confidently and correctly. OC users might need counseling during method use in order to support their confidence in use as one study indicated that OC users have not yet equipped with enough knowledge of OC to use it successfully<sup>(10)</sup>. When looking at their feelings in general, many women had experienced both depression and irritability. Moreover, some women said that they had these feelings nearly every day. The newly launched OC with the Drospirenone has been claimed to benefit users on their mood, might, more or less, help lessen these feelings<sup>(11)</sup>. Moreover, the existing counseling service during OC of the presented program will also be extended to them in the future. They will also have an access to up-date information about OC from the authors' website. Moreover, the one-stop-service of the program is now being finalized and will be functioning in the near future. This will facilitate members of the program to spend less time in obtaining OC services, which in return might help prolonge the use of the OC to meet their goal of their childbearing intervals. The help line will also help them to cope with the problem of pill omission and side effects.

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รายงานเบื้องต้นวิเคราะห์ลักษณะสตรีที่เข้าร่วมประชุมชมรมสมาชิกยาเม็ดคุมกำเนิด โรงพยาบาลศิริราช

มานพชัย ธรรมคันโธ, สุภาณี จิวาศักดิ์อภิมาศ, เกศสุดา จิรวัชรเดช, จรัฏฐภรณ์ อินทะวงค์, คณิง บุตรเพชร, เบ็ญจมาศ หาญทรวงค์

**ภูมิหลัง:** การขอรับบริการการคุมกำเนิดโดยวิธียาเม็ดคุมกำเนิดชนิดรับประทาน ณ โรงพยาบาลศิริราช มีสถิติลดลง ชมรมสมาชิกยาเม็ดคุมกำเนิดโรงพยาบาลศิริราชจึงได้เริ่มก่อตั้งขึ้น เพื่อปรับปรุงการให้บริการ และเป้าหมายเพื่อเพิ่มจำนวนผู้มาขอรับบริการยาเม็ดคุมกำเนิด และพัฒนาการให้บริการไปสู่คลินิกที่ให้บริการแบบพร้อมสรรพ ณ จุดบริการเพียงที่เดียว ในขณะที่เดียวกันการจัดตั้ง “สายด่วนทางโทรศัพท์เพื่อช่วยตอบและแก้ปัญหา” แก่สตรีที่มีปัญหา หรือข้อข้องใจในการใช้ยาเม็ดคุมกำเนิดชนิดรับประทาน และผลข้างเคียงที่อาจเกิดขึ้นจากการใช้ยา รวมถึงการให้ข้อมูลเกี่ยวกับยาเม็ดคุมกำเนิด

**วัตถุประสงค์และวิธีการ:** เจ้าหน้าที่ของโรงพยาบาลศิริราช ได้รับการประชาสัมพันธ์เกี่ยวกับข้อมูลของชมรมสมาชิกยาเม็ดคุมกำเนิด ผ่านทางโปสเตอร์, แผ่นพับ, เว็บไซต์ของโรงพยาบาล และปากต่อปาก ผู้สนใจเข้าร่วมกิจกรรมของชมรม สามารถสมัครเป็นสมาชิกล่วงหน้า ณ จุดลงทะเบียนในการประชุมครั้งแรกของชมรม ซึ่งมีการประชุมแบบครึ่งวันแบบสอบถามเพื่อการประเมินผลได้มีการแจกจ่ายสู่มหาชิกผู้เข้าร่วมประชุมในวันนั้น พร้อมกับการลงทะเบียน

**ผลการศึกษา:** อายุเฉลี่ยของผู้เข้าร่วมประชุม คือ 31.4 ปี ระดับการศึกษาต่ำสุดคือ ระดับประถมศึกษาตอนปลาย และสูงสุดคือระดับปริญญาเอก สมาชิกที่แต่งงานแล้วส่วนใหญ่มีประสบการณ์ในเรื่องวิธีการคุมกำเนิดอย่างน้อย 1 วิธี ยาเม็ดคุมกำเนิด และถุงยางอนามัย เป็นวิธีที่นิยมใช้ในการคุมกำเนิด เรียงตามลำดับ การเข้าถึงในการรับยาเม็ดคุมกำเนิดมาจากร้านขายยาโดยทั่วไป สตรีผู้เข้าร่วมประชุมส่วนใหญ่มักมีปัญหาด้านอารมณ์และจิตใจ เรื่องความกระวนกระวาย และภาวะซึมเศร้า และส่วนใหญ่ตั้งความหวังจะทราบข้อมูลเพิ่มเติมเกี่ยวกับข้อดี และข้อเสียของยาเม็ดคุมกำเนิด เพื่อขจัดปัญหาเรื่องความกลัว และผลข้างเคียงจากการใช้ยาเม็ดคุมกำเนิดชนิดรับประทาน

**สรุป:** สตรีผู้สนใจเข้าร่วมเป็นสมาชิกชมรมยาเม็ดคุมกำเนิด โรงพยาบาลศิริราช และได้เข้าร่วมประชุมครึ่งวัน ในวันและเวลาดังกล่าว ยังคงต้องการข้อมูลซึ่งเกี่ยวกับยาเม็ดคุมกำเนิดที่ถูกต้อง, ครบถ้วน และสมบูรณ์ ชมรมนี้ก่อตั้งขึ้นเพื่อประชาสัมพันธ์ข้อมูลที่ต้องการและทันสมัย เกี่ยวกับยาเม็ดคุมกำเนิด การให้บริการแบบพร้อมสรรพ ณ จุดบริการเพียงจุดเดียว ช่วยประหยัดเวลา และสายด่วน ช่วยตอบปัญหาและผลข้างเคียงที่อาจเกิดขึ้นจากการใช้ ยาเม็ดคุมกำเนิดชนิดรับประทาน