Original
articleContraceptive needs of women attending a
genitourinary medicine clinic for the first time

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Objective: To assess the need for, and potential uptake of, a contraceptive service within a genitourinary medicine (GUM) clinic.

Methods: 544 women, median age 17 years (range 13–54) including 142 teenagers, attending the Fife GUM clinics serving a semirural population of 350 000 for the first time in the 12 month period from 1 September 1995 to 31 August 1996 were interviewed.

Results: Contraception was required by 353, of whom only 5% (29) were at risk of unplanned pregnancy, although half (15) of these were teenagers. 23 of 29 (79%) stated that they would access contraception at a GUM clinic if it were available. Of women using contraception, 67% (217/324) were taking the oral contraceptive pill (OCP), of whom 177 obtained supplies from their general practitioners and were happy with this. However, 92/177 (52%) stated that they would access the OCP at GUM clinics if it were available. Overall, of the 243 women who stated that they would access contraception at the GUM clinic, 23 of whom were currently at risk of an unplanned pregnancy, the demand was principally for condoms and the OCP.

Conclusion: The majority of women attending GUM clinics for the first time are using contraception, or have deliberately chosen not to do so. Only 5% were at risk of unplanned pregnancy. In general, the women using contraception were happy with their current source of contraception, but about two thirds would use a contraceptive service at GUM clinics if it were available at the time they were attending the clinic. It was found that teenagers accounted for half of those women at risk of unwanted pregnancy. However, the majority of teenagers requiring contraception would consider obtaining it from GUM clinics.

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Keywords: sexual health; genitourinary medicine; contraception

Introduction

There has developed a view recently that genitourinary medicine (GUM) clinics become providers of a more holistic service for sexual health.¹ An ideal sexual health clinic would provide advice, testing, and treatment for sexually transmitted infections (STI) including HIV, comprehensive contraceptive services, pregnancy advice, counselling for psychosexual and menopausal problems, and perhaps colposcopy and erectile dysfunction clinics. It has been shown that the provision of contraception within GUM clinics is welcomed by patients, many of whom may be infrequently using adequate contraception or have had a previous termination of pregnancy.^{2–3} However, it has also been suggested recently that more teenagers seem to be seeking contraceptive advice from their own general practitioners.⁴

Within the Fife GUM service, based in two district general hospitals serving a population of 350 000, the current contraceptive provision is limited to emergency contraception and the issuing of condoms. Nursing and medical staff perceived a need for a fuller contraceptive service principally for young women who persistently did not access the local youth advisory service of the well woman and family planning service.

A prospective 12 month survey was conducted to quantify both the need for, and the potential uptake of, a contraceptive service within GUM clinics in Fife, Scotland.

Patients and methods

All first time female attenders at GUM clinics during the 12 months following 1 September 1995 were interviewed by a clinic nurse or health adviser. Age, parity, current contraceptive use, from where it was obtained, and whether that was satisfactory to the patient were noted. If contraception was not being used, the reason for this was ascertained. Past contraceptive use was also noted, and finally patients were asked if contraception would be sought from GUM clinics if it were available, and in what form—oral contraception, either combined or progesterone only (OCP), injectable, cap or diaphragm, condoms, intrauterine device (IUD), or implant. If there were any doubts about the effectiveness of, or the patient's compliance with, the chosen method this was discussed with her by the nursing staff.

Results

During the study period there were 581 first time attenders, of whom 544 provided data (see table 1) with a median age of 17 (range 13–54) years, including 142 teenagers. No women were presenting primarily for contraception. Overall, 191 (35%) women had no current need for contraception for the following reasons: not currently sexually active, wanting to conceive, known to be infertile, post-menopausal, had had a hysterectomy, were themselves sterilised or their partner was sterilised.

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Table 1 Current contraceptive method of 544 women attending genitourinary medicine clinics

	Aged under 20	Aged 20 and over	Total
Not required	27	164	191
Condoms only	22	38	60
Oral contraceptive pill	71	146	217
IUD	2	18	20
Cap/diaphragm	0	2	2
Injectable	5	18	23
Implant	0	2	2
None—at risk of unplanned pregnancy	15	14	29
Total	142	402	544

Table 2 Potential uptake of contraception at genitourinary medicine clinics by 243 women stating they might use this facility (some stated more than one method)

	Aged under 20	Aged 20 and over	Total
Condoms only	20	31	51
Condoms in addition to another method(s)	8	7	15
Oral contraceptive pill	51	80	131
IUD	0	10	10
Cap/diaphragm	0	3	3
Injectable	7	12	19
Implant	1	2	3
Method not specified	10	19	29
Total	97	164	261

Of the remaining 353, 324 were currently using contraception resulting in 29 (5%) at risk of an unplanned pregnancy. The median age of women at risk of unplanned pregnancy (17 years) was the same as that of the group as a whole and 15/29 were teenagers (11% of all teenagers attending). Twenty three of 29 (79%) stated that they would access contraception at GUM clinics if it were available.

The majority of women using contraception (217/324 (67%)) were taking OCP, of whom 177 obtained supplies from their general practitioners and were happy with this. However, 92/177 (52%) stated that they would access the OCP at GUM clinics if it were available.

Of the 243 women who stated that they would access contraception at GUM clinics, 23 of whom were currently at risk of an unplanned pregnancy, the demand was principally for condoms (which are already provided) and the OCP (table 2). A small number of women stated they would like injectable, cap/diaphragm, IUD and/or implant to be provided at GUM clinics. Fitting of cap/diaphragms is relatively easy and can be done by appropriately trained nursing staff, as can the administration of injectable contraception. Insertion of IUDs is technically more difficult and requires a trained doctor who is fitting sufficient numbers to maintain his/her expertise. Women attending a GUM clinic might be perceived as being at a higher risk of pelvic infection from IUD insertion, and therefore it is not advocated that IUD insertions should be performed in GUM clinics unless an STI screen is negative. The insertion of implants also requires specific training, and given the limited demand within this clinic for either IUD or implant, insertion

of these would be best carried out in family planning clinics, as the GUM clinic staff would not be inserting adequate numbers to fulfil their training needs.

One hundred (70%) teenagers were using contraception at the time of the survey and 92/142 had either current or past experience of non-barrier contraception, of whom the majority (74%) had obtained their contraceptive advice from their general practitioners. This did not vary with age. However, none of the 22 condom users stated that they had obtained condoms from their general practitioners, but from a friend/partner (five), shop/chemist (seven), family planning clinic (seven), GUM clinic (one), unknown (two). Given that condoms afford some protection against the acquisition of STIs and HIV, all practitioners should be encouraged where possible to provide condoms in addition to the more reliable OCP or injectable contraception to any teenagers consulting about contraception.

Discussion

The majority of women attending GUM clinics for the first time were using contraception or had deliberately chosen not to do so. Only 5% were at risk of unplanned pregnancy. In general the women using contraception were happy with their current source of contraception, but about two thirds would use a contraceptive service at GUM clinics if it were available at the time they were attending the clinic.

Teenagers are a group at which contraceptive advice and provision should be targeted in an effort to reduce the rate of unwanted teenage pregnancies. It was found that teenagers accounted for half of those women at risk of unwanted pregnancy. Also, the majority of teenagers requiring contraception would consider obtaining it from GUM clinics.

This study therefore supports the concept of a holistic sexual health service for GUM clinics in Fife, offering contraception in the form of condoms, OCP, injectable, and cap/diaphragm, in addition to advice about STIs, genital problems, and HIV. In view of the limited demand, it is recommended that women wishing IUD (even for emergency contraception) or implant insertion should be referred to the local family planning clinic.

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