

Reproductive Decisions Making in Contraception: Dilemma or Miracle

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Abstract

The World Health Organization states that every couple has the fundamental right to procreate. It encompasses the freedom to make choices about reproduction free from violence, coercion, and discrimination, as well as the right to the best possible quality of sexual and reproductive health. Everyone should have an equal opportunity to exercise their freedom to procreate by making the correct decisions. Depending on the availability, accessibility of the legislation, services, competence, and other considerations such underlying medical problems, the choice about contraception will either be a difficulty or a miracle. Because it includes individuals with their own opinions, convictions, emotions, and expectations, it is not that straightforward. It is a marvel that the couples are satisfied with their choice of contraception. However, family medicine practitioners will have a challenge if the individual desiring the contraception has an underlying medical condition. Additionally, the practitioners may have seen a certain set of patients who are dissatisfied with any strategy and create justifications for using other approaches for a variety of reasons. It will provide a challenge to both physicians and patients. The best way to handle this sort of situation is to be patient, understanding, compassionate, and discreet.

Keywords: Reproductive right, reproductive decision, contraception

Introduction

Contraception, family planning, abortion, assisted reproductive technology, and genetic testing are all included in the broad phrase "reproductive decision." Depending on how reproductive rights are defined. The World Health Organization (WHO) claims that: "Reproductive rights are based on the understanding that every couple and individual has the fundamental right to make an informed and responsible decision about the number, spacing, and timing of their children, as well as the right to the best possible sexual and reproductive health. They also include everyone's freedom to make reproductive choices free from violence, coercion, and discrimination. [1]

This article will concentrate on the reproductive choice in the area of contraception, including whether it is a miracle or a conundrum and how to overcome the difficulty.

Literature Review

According to WHO, 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern contraceptive methods. WHO also revealed the possible reasons causing the unmet needs of contraception.

Unmet need for family planning is defined as the percentage of women who do not want to become pregnant [delay in the next 2 years] or stop child bearing but are not using contraception. In other words, unmet need for contraception is the discrepancy between a woman's stated desire to limit or space childbearing and her actual use of contraceptives. [2]

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- users and providers bias
- gender-based barriers.

Fig.1. Reasons for unmet needs in reproductive decision from WHO

Unmet need is a dilemma in reproductive decision process. It happens in certain groups who are adamant that they do not want to get pregnant but, reject every method of contraception without any particular health problems. They are not keen to use any of the available methods but wants to avoid the pregnancy. The truth about the contraception is all methods may not be competent enough to fulfill one or more of the ideal method criteria. The method will change according to their circumstances, with different partners and at various stages in their lives. The criteria for ideal contraceptive are shown in Fig. 2.

- would be 100% effective
- carry no risk to health
- be free from any side-effects
- be independent of sexual intercourse or be fun to use
- possibly have aphrodisiac properties
- be equally effective if used after sex
- be readily available and preferably free
- require no planning or preparation
- need no visit to a doctor or clinic
- involve no medical examination or procedure whether painful or not
- protect against STI
- be acceptable to all cultures and religious groups
- be immediately reversible.

Fig.2 Criteria for ideal contraceptive [3]

It is like a challenge to the latest technological advances as ideal contraceptive has perhaps never been invented. It is a dilemma as we are like asking for the impossible to become possible.

Discussion

In terms of reproduction, the majority of patients who seek contraception seem to be in good health. Nevertheless, we are unable to use the technique of comparing and contrasting the relative costs, difficulties, and failure and success rates of each method of contraception. In women who seem healthy, this kind of service could be suitable, but in those who have underlying co-morbidities, the judgement might be different. As the successors of Hippocrates, doctors must recognise and strive to have all the training, knowledge, and abilities they need. In order to get the greatest results, we must take into account the sentiments, opinions, worries, and preferences of the people we work with. Additionally, the reproductive choice must be carefully considered in light of the

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patient's co-morbidities, underlying concepts and knowledge, beliefs, cultures, and expectations.

In most cases, physicians choose the best course of action after a complete evaluation and careful inspection to get an accurate diagnosis. The patients will participate in the decision-making process to choose their own course of treatment, and the most recent and significant advancements in contemporary medicine are vital. (A patient-centered method) The advice on contraception is no different. There will be a wide range of efficient family planning techniques available in the modern world. When choosing a method of contraception, the most crucial factor is that the individual must use it regularly, joyfully, and pleasantly. For her, it should be a remarkable decision. There are young, seemingly healthy couples who are really driven to utilise contraception. We really hope that they will discover a workable solution and that it will be a miracle. Throughout the process, a number of variables will be crucial in influencing her choice of technique, including the couples' personal preferences, the stage of their relationship, their sexual life patterns, how dependable they want their method to be, cultural and ethical issues, and more. [2] Family physicians' job is to discuss the benefits and drawbacks of each method of contraception, not to choose the best one for the patient. Following receipt of the full and comprehensive knowledge, the patient will make her own decisions. Certain situations, such as those involving underlying medical conditions, learning disabilities, etc., will restrict the patients' options for reproduction and provide a problem. Effectively managing these patients will undoubtedly need much more than simply knowledge. The practitioners should have the necessary knowledge and effective abilities to address this conundrum.

Every family medicine clinic physician has dealt with couples who are dissatisfied with various approaches. They can't dispute that contraception is a practical need for family life and family health, even when they refuse to use it. They assert that there isn't a way that works for them. They will provide justifications for every approach that is offered, but to no use, leaving practitioners in a difficult situation. The physicians will grow impatient as the conversation drags on, and the dispute will become hot. The prescription will keep changing since both parties are dissatisfied and irritated. The customers will be devastated if she is returned with a variety of unread informational pamphlets or condoms that are stored in drawers unused. In order to overcome this problem phase, both the physicians and the clients must agree. Four areas are involved in the process of selecting any type of contraception. They are patients, physicians who are competent in their profession, accessible facilities, policies, and services. These days, the majority of nations strive to develop the necessary infrastructure and reproductive laws in accordance with their own cultures and ideologies. The majority of nations make every effort to encourage convenient public access to family health clinics. Additionally, the government stresses the accessibility of contraceptive devices. In order to practise effectively, physicians must possess exceptional talents. Additionally, WHO created the publications and guidelines required for practitioners to standardise treatment and management. Since 1996, the WHO has issued medical eligibility requirements for the use of contraception. There are three types of patients: spacers (who want to practise birth-spacing), delayers (who don't want to get pregnant right now), and limiters (who don't want to get pregnant anymore). Despite differences in the timing of getting pregnant, all patients make reproductive decisions at least once in their lifetime. [4] The four domains should be in the right sequence to prevent problems while making reproductive decisions. The roles of physicians and patients are often the only two realms that are dynamic. In order to tackle issues with patients who have co-morbidities, are incompetent, or have learning disabilities, doctors will need to be trained to have exceptional, guaranteed knowledge. In order to properly advise patients on reproductive decisions, they must meet their patients' expectations with a great deal of interest and expertise. Linda Egdell said that in order to arrive at a diagnosis, one need set aside time to listen to the actual issue. A comprehensive history of contraception also produces an unexpected outcome. The contraceptive history should include information on the kind of contraceptive used in the past, the reason for stopping it, the length of time used and any adverse effects experienced, adherence to the technique and compliance with it, thoughts on the method selected, and concerns about future usage with expectations. [5] In addition to the investigation, family physicians should provide all relevant, pertinent, and comprehensive information, such as non-contraceptive benefits, long-term benefits and drawbacks, and other solutions.

When it comes to reproductive decision-making, good counselling involves looking into the client's past, sharing information to uncover the hidden agenda of the current life event, assessing the client's relationship to the problem, taking into account cultural beliefs, partner and family influence, and assisting the client in choosing the

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best course of action. This strategy will improve communication, build rapport between practitioners and clients, increase trust, and help make the best decisions.

Conclusion

In summary, the process of making reproductive decisions is delicate and delicate. Both parties will either experience a miracle or a problem as a result. The "hard and fast rule" cannot always be used when making reproductive decisions. The carer and caretaker should be in harmony. Patients should be fully informed about any adverse effects and problems, and their anxieties should be allayed. Expectations and beliefs should be taken into account while making a choice. In the end, it is satisfying for us to realise that one may really get the assistance they most need when the right delicate approach is used with patience and love.

References

Chapter from Contraception in practice: : London, Martin Dunitz Ltd. (2000) P. 241-251.

[1]World Health Organization website (<http://www.who.int/reproductivehealth/publications>)

Basu. S., Kapoor. A; Knowledge, attitude and practice of family planning among tribes. The Journal of Family Welfare. (2004) Vol. 50 (1). PP 24-30.

Egdell, L; Couples whom nothing seems to suit,

Cates, W; Stanback, J; Maggwa, B; Global family planning metrics — time for new definitions? Contraception(2014) 90 PP. 472–475. Availbale from <http://dx.doi.org/10.1016/j.contraception.2014.06.037>

Killick, S.; Contraception in practice : London, Martin Dunitz Ltd.; 2000.