Coitus Interruptus in Female Patients Seeking Services at Obstetrics and Gynecology Department in Rajavithi Hospital

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Objective: To study the using rate and demographic characteristic of female patients attending in Rajavithi Hospital who used coitus interruptus (CI) as a contraceptive method.

Material and Method: Two hundred sexually active, reproductive age (15-44 years) female patients attending family planning, postpartum or gynecologic clinic in Rajavithi Hospital between March 1, 2004 and May 31, 2004 were interviewed to obtain demographic data and CI using designed questionnaires.

Results: One hundred and forty out of 200 women were using CI as a choice of contraception (70%). The mean age of the CI groups was 27 years. Most were occupied as private sector employees (49.3%). Friend was the most common route for obtaining information about CI (46.4%). The women and their partners were satisfied with CI 68.6% and 34.3%, respectively.

Conclusion: Seventy percent of the female patients seeking services at Obstetrics and Gynecology Department in Rajavithi Hospital used CI as a choice of contraception. Friends were the most common route for obtaining information regarding this contraceptive method (46.4%).

Keywords: Coitus interruptus, Female patient, Sexually active

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Coitus interruptus (CI) is one of the common contraceptive methods used, as people believe that it is reliable, healthier, easier or more convenient than other methods(1). However, failure of CI can occur for two reasons 1) some inexperienced men do not withdraw the penis soon enough before ejaculation 2) sperm spillage from the urethral glands of Littre and Cowper’s gland before orgasm and ejaculation(2).

The authors planned to conduct a cross-sectional descriptive study to find out the using rate and demographic characteristic of female patients seeking services at the Obstetrics and Gynecology Department in Rajavithi Hospital who used CI compared with those who did not use CI as a contraceptive method.

Material and Method
The present study recruited female patients attending family planning, postpartum or gynecologic clinics in Rajavithi Hospital between March 1, 2004 and May 31, 2004. The inclusion criteria were reproductive age 15-44 years, sexually active, the use of CI with/or without other contraceptive methods. Each case was interviewed by one of the researchers using the same questionnaires. The patients were not divided into two groups at the first time because their CI using status could not be known before. Information obtained was recorded in the questionnaires. The questionnaires were tested for reliability and validity by three experts from the Department of Epidemiology, Faculty of Public Health, Mahidol University. The hospital ethics committee approved the present study and written informed consent was obtained from the patients. The data were analyzed using percentage, arithmetic mean, range and standard deviation.

Definition

Coitus interruptus
A contraceptive method used by male where one withdraw the penis before ejaculation. This method is independent of frequency, duration of using and combination with other contraceptive methods.
Results

Two hundred female patients were interviewed and 140 cases met the inclusion criteria. Seventy percent of the patients were using CI as a contraceptive method. Some data of the non-coitus interruptus using group (NCI) were recorded. The mean age and SD of the CI were 27 and 6.5 years while those of the NCI groups were 29 and 6.4 years, respectively. The most common marital status was marriage in both CI and NCI groups (95.7% and 96.7%, respectively). The mean family income was 12,666 baht and 10,528 baht in CI and NCI groups, respectively. Table 1 shows the occupation of the CI and NCI groups. In both the CI and NCI groups, 49.3% and 63.3%, respectively, were employees in the private sector. Ninety-five percent in CI group and 96.7% in NCI group were married. Buddhism was the most common religion in both groups (96.4% and 98.3%, in CI and NCI groups, respectively).

Secondary school (30%) and primary school (38.3%) were the most common school levels in CI and NCI groups, respectively (Table 2). Information from a friend was the most common route in the CI group (46.4%) (Table 3).

The women and their partners were satisfied with this method in 68.6% and 34.3%, respectively. The oral contraceptive pill, condoms, safety period, and other contraception were the combined contraception used by these female patients (42.9%, 20%, 13.7%, and 1.3%, respectively). Twenty-two percent used CI alone and 28.6% of all women used CI regularly. The failure rate of CI alone and/or combined with other contraception was 11.5%. Fifty percent of the patients knew that sperm could come out from the urethral opening before orgasm and ejaculation.

Discussion

The prevalence of CI user varied from 25-42% in some Islamic countries such as Turkey and United Arab Emirates and 5-60% in some Christian countries such as Romania, Czech Republic, Sri Lanka, Mauritius, Brazil, Columbia, Greece, the Philippines, Trinidad and Tobago, Zimbabwe, Spain, Italy, the former Yugoslavia, and Bulgaria.

The women in developed countries used CI more than those in developing countries (18% vs. 9%)7). In Thailand, among married women of reproductive age, CI is currently used by only 0.9% with 5.7% ever having used this method8). The high CI using rate (70%) in the present study could not be calculated as a prevalence as the authors did not interview all the female patients of reproductive age (15-44 years) and sexually active who visited Rajavithi Hospital during the study period. The validity of CI prevalence data was questioned because of marked underestimates of usage. Many women used more than one method, mixing contraceptive pill use with periodic abstinence or CI as they did not regard CI as a contraceptive method2).

There was no male side effect such as testicular pain and decreased libido as in Ghazal-Asward S, et al's

<table>
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<th>Table 1. Occupation of the female patients in this study</th>
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<td>Occupation</td>
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<tr>
<td>Housewife</td>
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<td>Private sector employee</td>
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<td>Other</td>
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CI = coitus interruptus

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<th>Table 2. Education of the female patients in this study</th>
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<td>Education</td>
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<td>Primary school</td>
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<td>Secondary school</td>
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<td>Bachelor degree</td>
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<td>Other</td>
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CI = coitus interruptus

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<th>Table 3. Routes used for obtaining information about the use of coitus interruptus by female patients in this study</th>
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<tr>
<td>Routes used for obtaining information about CI (n = 140) (n = 60)</td>
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<tr>
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<tr>
<td>Friend</td>
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<tr>
<td>Relative</td>
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<tr>
<td>General practitioner</td>
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<tr>
<td>Obstetrician-Gynecologist</td>
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<tr>
<td>Mass media (paper)</td>
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<tr>
<td>Mass media (television + internet)</td>
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<tr>
<td>Know by themselves</td>
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CI = coitus interruptus


study (37.5%)\(^4\). It was postulated that only female patients were interviewed in the present study while the couple were interviewed in those study\(^4\).

Therefore, underreported of male side effects could be discovered if their male partners came together in the present study. Usually

\[
\text{failure rate} = \frac{\text{number of accidental pregnancies}}{100 \text{ woman-year}} \times 100\% \tag{12}
\]

There was high variation in failure rate of CI, ranging from 7% to 37% of 100 woman-years of using CI as a contraceptive method\(^9\)\(^-\)\(^12\). However, most are retrospective have severe methodological weaknesses. The quite low failure rate of CI in the present study (11.5%) can be explained by a high rate of combination of other contraceptive methods with CI (78%). Additionally, the definition of failure rate in the present study was quite different to the standard definition\(^12\) because patients almost always forgot the exact year when they started using CI as a contraceptive methods. Therefore, the authors could not evaluate number of woman-years of observation (using CI).

\[
\text{So in the present study failure rate} = \frac{\text{number of accidental pregnancies}}{\text{number of woman of observation}} \times 100\%
\]

“The presence of sperm in pre-ejaculatory fluid makes CI an ineffective method of contraception” were generally accepted concept without adequate evidence based data supported\(^2\).

Zukerman et al\(^13\) in 2003 concluded that pre-ejaculatory fluid secreted at the tip of the urethra from Cowper’s gland during sexual stimulation did not contain sperm and therefore cannot be responsible for pregnancy during CI. Only 12 cases including five cases (premature ejaculation), three cases (increased secretion during foreplay), and four normal cases were enrolled in their study. However, nowadays it is generally suggested that CI should not be used as an appropriate contraceptive method.

Sexual health education should be promoted via a variety of media such as television, radio, newspaper and internet to provide the correct knowledge of CI as it can be seen that a friend, more than any other, was the most important source of information of CI (46.4%). Fifty percent of the cases knew that sperm could be transported from the penis to the vaginal canal before orgasm and ejaculation but they still used CI for contraception. Attitude, cheapness, and comfort were suggested as the reasons for this.

The authors believe that the very high CI rate (70%) revealed in the present study indicates the need for further investigation with a larger scale research conducted in the community to ascertain the exact prevalence rate of CI in Thai women. All the data in the present study was not statistically tested because the study design was only descriptive study.

In conclusion, 70% of female patients seeking services at the Obstetrics and Gynecology Department in Rajavithi Hospital used coitus interruptus as a choice of contraception. Half of them (35%) knew the risks of using CI as a contraceptive method. Friends were the most important source of information about CI (46.4%).

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The authors wish to thank Dr. Sukawadee Kanchanawat, former Head of Department of Obstetrics and Gynecology, Rajavithi Hospital, for the permission to carry out this study and Dr. Manas Wongsuryrat, Head of Department of Obstetrics and Gynecology, Rajavithi Hospital for the permission to report this study and Dr. Tanit and Melanie Habanananda for their English editing.

References

การคุมกำเนิดโดยวิธีให้ฝ่ายชายหลั่งน้ำกามภายนอกช่องคลอดในผู้ป่วยสตรีที่มาตรวจรักษาที่กลุ่มงานสูตินรีเวชศาสตร์โรงพยาบาลราชวิถี

เอกชัย โคควาวิสารัช, ปริญญา สงวงศันต์

วัตถุประสงค์: เพื่อศึกษาถึงการใช้และลักษณะประชากรศาสตร์ของผู้ป่วยผู้ป่วยที่มาตรวจรักษาที่โรงพยาบาลราชวิถีที่ใช้การคุมกำเนิดโดยวิธีให้ฝ่ายชายหลั่งน้ำกามภายนอกช่องคลอด

วัสดุและวิธีการ: ผู้ป่วยสตรีวัยเจริญพันธุ์อายุระหว่าง 15-44 ปี ที่ยังมีเพศสมพันธุ์อยู่ที่มาตรวจรักษาที่คลินิกวางแผนครอบครัว คลินิกหลังคลอด เว็บไซต์ โรงเรียนาเรชวิทยา ระหว่างวันที่ 1 มีนาคม พ.ศ. 2547 ถึงวันที่ 31 พฤษภาคม พ.ศ. 2547 ใช้วิธีสัมภาษณ์โดยใช้แบบสอบถามเกี่ยวกับการคุมกำเนิด โดยใช้วิธีคุมกำเนิดโดยฝ่ายชายหลั่งน้ำกามภายนอกช่องคลอด

ผลการศึกษา: ผู้ป่วยทั้งหมด 140 ราย 其中有 80 ราย ใช้วิธีการให้ฝ่ายชายหลั่งน้ำกามภายนอกช่องคลอด พื้นที่เฉลี่ย 70 ผู้ป่วยที่ได้รับการดูแลรักษาในคลินิกวางแผนครอบครัว 27 ปี อายุที่มากที่สุดคืออายุ 49.3 รายละ 50 มีความรู้ที่อยู่อาศัยที่ว่ามีสุขภาพดี เต็มใจที่จะเลือกใช้การดูแลรักษา โดยผู้ป่วยกลุ่มน้อยสูงหลักสูตรสูงสุดคลอดชายเพื่อให้เกิดการหลั่งน้ำกามภายนอกช่องคลอด เพื่อให้บุคคล 68.6 และ 34.3 ตามลำดับ

สรุป: ผู้ป่วยที่ใช้วิธีการหลั่งน้ำกามภายนอกช่องคลอดในผู้ป่วยสตรีที่มาตรวจรักษาที่โรงพยาบาลราชวิถี ที่มีป่วย รายละ 70 ได้รับข้อมูลที่เกี่ยวกับวิธีการที่เพื่อนมากที่สุดเท่ากับ prevalance 46.4

Obstetrician-gynecologists, commonly referred to as OB/GYN, involved interrelated specialties devoted to pregnancy, childbirth, and women's health issues. The fields of obstetrics and gynecology are distinct but invariably interlinked, in part to ensure a continuity of care if and when a woman becomes pregnant. Obstetrics involves care during preconception, pregnancy, childbirth, and the weeks following childbirth. Obstetrics and Gynaecology Guidelines. All guidelines must be read in conjunction with the Disclaimer. New and Updated Guidelines. Clinical guidelines under review remain the current endorsed clinical guideline until the review is complete. Pressure Injury - see Department of Health WA: WA Pressure Injury Prevention and Management Clinical Guideline & WNHS Pressure Injury Policy (Healthpoint only). Preterm Birth Prevention: High Risk women. Preterm Birth Prevention: Low Risk women. Ronald McDonald House: Accommodation - refer to Patient Flow Unit Healthpoint hub page (access to WA Health employees through Healthpoint).

Coitus interruptus, also known as withdrawal, pulling out, or the pull-out method, is a method of birth control in which a man, during sexual intercourse, withdraws his penis from a woman's vagina prior to ejaculation and then directs his ejaculate (semen) away from the vagina in an effort to avoid insemination. This method of contraception, widely used for at least two millennia, is still in use today. This method was used by an estimated 38 million couples worldwide in 1991. Coitus interruptus does... The Gynecology Department at Lis Maternity and Womenâ€™s Hospital treats gynecological conditions including uterine fibroids, ovarian cysts, adnexitis, cervical erosion, oncological diseases, pelvic infections, and menstrual disorders. It also provides special therapies for sexual dysfunctions, including psychotherapy. Lis Maternity and Womenâ€™s Hospital provides the gamut of womenâ€™s healthcare requirements in a state-of-the-art facility, where excellence and compassion pervade every service. At Lis leading national and international experts care for patients with incomparable professionalism. So come and join the our satisfied Lis patients. FAQ. I am not sure about receiving treatment in a foreign country. How can I find out more about it? Coitus interruptus in female patients seeking services at Obstetrics and Gynecology Department in Rajavithi Hospital. E. Kovavisarach, Parinya Saringcarnan. Medicine. Journal of the Medical Association of Thailandâ€¦ 1 December 2010. OBJECTIVE To study the using rate and demographic characteristic of female patients attending in Rajavithi Hospital who used coitus interruptus (CI) as a contraceptive method. Material and methodâ€¦ Expand. 6.