

MODERN CONTRACEPTIVE METHODS: CRITERIA FOR SELECTION BASED ON  
AGE AND INDIVIDUAL CHARACTERISTICS

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**Abstract:** Modern contraceptive methods not only protect against pregnancy but also play roles in preserving women's health, regulating hormonal balance, and correcting menstrual disorders. This article analyzes the types of contraceptive methods and the criteria for their selection based on age, physiological condition, chronic diseases, reproductive plans, and personal preferences.

**Keywords:** contraception, hormonal methods, age-appropriate selection, reproductive health, personalized approach

Contraceptive methods are a set of medical and hygienic means used to prevent unplanned pregnancy. They play an important role in maintaining reproductive health, reducing the number of abortions, and controlling the burden on a woman's body.

Today, contraceptive methods include a wide range: hormonal, mechanical, chemical, biological, and surgical methods. Selection must consider each woman's age, menstrual cycle, health, childbearing plans, physical activity, and psychological condition.

This article discusses the advantages, disadvantages, and personalized selection criteria of modern contraceptive methods.

- Guidelines from WHO, CDC, ACOG (2020–2024);
- Analysis based on medical histories and contraceptive choices of 50 women;
- Literature selected from PubMed, UpToDate, Medscape databases (over 30 articles).

Assessment criteria:

- Types of contraceptive methods;
- Age, BMI, chronic diseases;
- Reproductive plans (short or long term);
- Side effects and individual indications.

The following table briefly presents contraceptive types and their age-appropriate recommendations:

Contraceptive Type	Recommended For	Notes
Combined Oral Contraceptives (COCs)	Healthy women aged 18–35	Normalizes menstrual cycle, reduces acne
Progestin-only pill (mini-pill)	Lactating women, women 35+	Estrogen-free, lower risk of thrombosis
Injections (DMPA)	New mothers, long-term protection	Every 3 months, caution if high BMI
IUD (hormonal/non-hormonal)	Any age	5–10 years protection, caution if nulliparous

Contraceptive Type	Recommended For	Notes
Subcutaneous implants	Young women, nulliparous	Effective up to 3 years, invasive method
Barrier methods (condoms)	Any age	Protects against STIs, high personal control
Sterilization (surgical)	Women 35+, completed childbearing	Irreversible, permanent protection

Results from observations on women:

- Among 50 women, 32% chose hormonal oral contraceptives (OCs);
- 24% used IUDs (intrauterine devices), 20% barrier methods, and 8% injections;
- 10% used natural methods (calendar, ovulation monitoring).

In choosing contraceptive methods, a woman's age, health, reproductive plans, and psychological state are critically important. Each method has its own advantages and limitations that require individualized assessment.

Age is one of the key criteria in selecting contraceptive type. During youth (18–30 years), combined hormonal contraceptives are widely used because they regulate the menstrual cycle and alleviate acne and other hormonal disorders. However, these methods should be used cautiously in women with cardiovascular diseases or high BMI. For middle-aged and older women, long-acting methods such as IUDs, implants, or injections are preferable, especially when pregnancy is not planned in the near future.

Health status, especially chronic endocrine or cardiovascular diseases, may limit the choice of estrogen-based methods. For example, women with hypertension or a history of thrombosis are better suited for estrogen-free (progestin-only) methods. Also, during lactation, only progestin-based methods are recommended as they do not adversely affect milk production.

Psychological factors also play a significant role in selection. Some women prefer full control over their reproductive health, making barrier methods or daily pills suitable. Others prefer long-term methods that do not require daily attention, such as implants, IUDs, or injections.

Side effects and ease of use are also considered. Combined OCs may cause breast tenderness, nausea, or emotional changes. IUDs may increase menstrual bleeding in some women, while hormonal IUDs may reduce or stop menstruation. Injections may lead to weight gain.

Overall, contraceptive choice should be made jointly with a healthcare provider, considering the patient's health, needs, and lifestyle. Such an approach ensures not only contraceptive effectiveness but also improves the woman's general health and quality of life. Personalized approach is one of the key factors in maintaining reproductive health.

Proper selection of contraceptive methods is important for women's health, reproductive plans, and psychological well-being. The choice must be based on personalized approach considering each woman's age, health, and lifestyle.

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## Recommendations:

- Each woman's contraceptive method should be chosen based on individual consultation.
- Estrogen-free methods are preferable for older women and those with chronic diseases.
- For long-term protection, IUDs and implants are recommended.
- Medical professionals should provide regular education and counseling on contraception.

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