



CONTRACEPTION: AWARENESS TO MODEREN SOCIETY

Dr. Vinod Kumar
Associate Professor
Govt. College Kanina

Dr. Hariom
Govt. College Kanina
Assistant Professor

Abstract

Objectives Conditional Contraception is the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures. An effective contraception allows a physical relationship without fear of an unwanted pregnancy and ensures freedom to have children when desired. The aim is to achieve contraception in maximum comfort and privacy, with minimum cost and side effects. Some methods, like male and female condoms, also provide twin advantage of protection from sexually transmitted diseases. The burden of unsafe abortion lies primarily in developing countries. Here, contraceptive prevalence is measured among currently married women of reproductive age, and levels have not yet reached those that exist in developed countries.

Conclusion

In countries like India, there is a high need for contraceptive methods to be more women friendly, accessible and provide adequate privacy. Providers also need to be sensitive to special needs of adolescents as they are at a critically vulnerable segment in the society.

Keywords

Contraception, Condoms, Vasectomy, Tubectomy, STDs

Introduction

Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures. Thus, any device or act whose purpose is to prevent a woman from becoming pregnant can be considered as a contraceptive. In any social context effective contraception allows a couple to enjoy a physical relationship without fear of an unwanted pregnancy and ensures enough freedom to have children when desired. The aim is to achieve this with maximum comfort and privacy, at the same time minimum cost and side effects. Some barrier methods, like male and female condoms, also provide twin advantage of protection from sexually transmitted diseases (STDs).

Need for Contraception

Protection Against Unwanted Pregnancy A growing number of women and men of reproductive age wish to regulate their fertility and have fewer children. It will regulate the hormonal balance in the body.

Between the ages of 21 and 45, a fertile, sexually-active woman is potentially capable of giving birth about 10 times, even if she breastfeeds each baby for 1 year. To avoid the need for an abortion, she has to successfully practice birth control for 16–20 of her roughly 25

childbearing years. Couples are faced with conflicting goals of achieving satisfying sex life and keeping a small family, failure to do so results in unwanted pregnancy and abortions. When abortion seeking is risky, late or in the hands of unsafe providers or unhygienic conditions, it can lead to both reproductive morbidity and maternal mortality. World over, if contraception is accessible and used consistently and correctly by women wanting to avoid pregnancy, maternal deaths would decline by an estimated 25–35%. In India, the surveys suggest that abortions are responsible for 10–20% of all maternal deaths. There is a need for awareness regarding effective contraceptive methods, their correct and consistent use. Need for Protection Against Sexually Transmitted Diseases The transmissibility of several STIs and HIV/AIDS is greater from infected man to uninfected woman than the reverse. The vagina offers a large mucosal surface exposed to the partner's sexual secretions and a more conducive environment for microbial growth than the penile surface in men, therefore biologically, women are more vulnerable to STIs than men. Since the infected semen stays in the vagina for a while, a man can infect the woman more effectively. Semen also contains higher concentration of virus than the woman's sexual secretions. Thus, men are twice more effective as transmitters of STIs than women.

Contraceptive Methods

Known methods of contraception include the following:

Traditional Methods

Coitus Interruptus or Withdrawal Involves withdrawal of penis from the vagina just before ejaculation, thus preventing semen from entering the woman. This is perhaps the oldest contraceptive method known to man, but it depends on the cooperation of the male partner. This is not a reliable method and may fail if semen escapes before ejaculation or is left on external sex organs. Man needs good self-control, both emotionally and physically, for this method to succeed.

Lactational Amenorrhoea Method Nursing women secrete hormones that prevent conception for about 6 months. It prevails if there is no menses and full breast-feeding day and night is maintained. This is more a myth as, breast-feeding is irregular, 60% women start menstruating by the third month. Not reliable in instances where baby sleeps through the night, or in case of sore, cracked or inverted nipples and breast abscess. Many unsuspecting women conceive during this period before return of menstruation.

Rhythm Method This method requires predicting ovulation, the period when the woman is most fertile, by recording the menstrual pattern, or body temperature, or changes in cervical mucus, or a combination of these (symptom-thermal method). Intercourse is avoided on fertile days. Although a large number of people claim knowledge of this method, only a small proportion can actually identify the fertile period of the month. It cannot be used by women who have irregular periods, or after childbirth, or during menopausal years. Intercourse is limited to some days of the month only

Modern Methods

Male Condom

In this, a thin rubber or latex sheath (condom) is rolled on the erect penis before intercourse. It prevents semen (sperms) from entering the woman. The method is 95% effective if used correctly. It can be used by all age groups, safely. No prior medical examination is required and is easily available without prescription. It serves as the most effective method in providing twin protection of contraception and STI disease. The major drawback in this method is related to compliance, inconsistency and incorrect use. Total use by men in India varies from 2 to 14% in Punjab and 18% in Delhi. There are disadvantages intrinsic to this method, as it may tear or slip if not used properly. Expired or perforated condoms should not be used. Extra supply should be maintained in readiness whenever required.

Female Condom This is a vaginal pouch made of latex sheath, with one ring at each end. The closed end ring is inserted inside the vagina and works as the internal anchor. Outer

portion covers and protects the external genitalia. It is reliable, hypo-allergic with high acceptance in test groups although its cost could be a major deterrent to use. It is a female controlled method and protects from both unwanted pregnancy and STDs. Size and hardness of inner ring may be uncomfortable to some users. Extensive promotion and persuasion among female users are required to make it popular.

Oral Contraceptive PillsThe combined pill consists of two hormones: oestrogen and progesterone. This is to be taken every day orally by the woman. The pill works by preventing the release of the egg, thickening of cervical mucus and by altering tubal motility. It is to be prescribed after a medical check-up. Almost 100% effective if taken regularly. It is an easy and convenient, woman-controlled method and does not interfere with love-making. There is regular monthly cycle often with reduced pain and bleeding. Can be discontinued when pregnancy is desired. The pills must be taken regularly and do not work when consumed later than 12 h. The pills are unsuitable for women over 35 years or those with family history of heart, liver diseases, hypertension, diabetes or unexplained vaginal bleeding. Failure rates are higher in younger, less educated women. Adolescents are less likely to take pills correctly and consistently.

InjectablesThese inhibit ovulation and also increase the viscosity of the cervical secretions to form a barrier to sperms. It is a 99% effective, easily administered method, suitable during lactation too. It has non-contraceptive advantages, like recession of ovarian cysts or breast lumps. Menstrual cycle may become irregular, spotting or cease altogether as long as the injectables are used. There may be gain in weight and return to fertility may take time. Subsequent injections should not be delayed more than 2 weeks from the prescribed date. Counselling and support are needed for women when this method is chosen.

Emergency Contraceptive PillHere, two doses of the pill, separated by 12 h, are taken within 3 days (72 h) of unprotected intercourse. Depending on the time of menstruation it is taken, it can prevent ovulation, fertilization or implantation of the fertilized egg. It is available without prescription. Its uses include-prevention of pregnancy after condom tear/slips, when two oral pills are missed in succession, when an intra-uterine device is expelled and there is fear of conception, in case injectables are delayed by more than 2 weeks.

Intrauterine Devices(IUDs) A small flexible, plastic device, usually with copper, is inserted into the womb by a qualified medical practitioner, after menstruation, abortion, or 4-6 weeks after delivery. It prevents the fertilized egg from settling in the womb. Copper ions have spermicidal activity. It is 95–98% effective, does not interfere with love-making and can be removed when pregnancy is desired. It may cause heavy bleeding in some women. Pelvic inflammation in women, especially those exposed to STDs, may occur. Sometimes the IUD loosens and detaches and hence should be checked periodically. It may increase risk of ectopic pregnancy. It is unsuitable for women with cervical or pelvic infection, uterine fibroids, heavy menstruation, or unexplained vaginal bleeding.

Surgical Methods

Female Sterilization(Tubectomy) This is a permanent surgical method in which the fallopian tubes are cut and ends tied to prevent the sperms from meeting the eggs. It is a very reliable method and avoid conception surely.

Male Sterilizationand Other Methods(Vasectomy) A permanent surgical method in which, the vasa differentia which carry the sperms from the testes to the penis, are blocked or tied. This prevents the sperms from being released into the semen at the time of ejaculation. It is a simple and reliable method not requiring hospitalization. Contrary to popular belief, it does not affect health or sexual vigour, neither does it interfere with intercourse. Methods Available in Many Developed Countries Diaphragm and Spermicides (Barrier/Chemical Method) A soft rubber cap is fitted into the vagina shortly before the intercourse, to cover the cervix, thus preventing sperms from entering the uterus. It must be left in place for at least 6 h

after intercourse. The method is much more effective, when used in combination with a spermicidal cream to inactivate the sperms. It does not interrupt love-making and can be used a few hours before intercourse. Insertion and removal are simple, once learnt from the doctor and there are no complications after use. The user must use additional spermicides if more than 3 h elapse between insertion and intercourse. The cap must be inserted before every intercourse. Different sizes suit different women and a correct size should be used. Size may change after childbirth or if there is weight gain or loss of more than three kilograms and so, must be checked every 6 months. Medical assistance is necessary to select right size and learn how to insert and remove it. Implants-Hormonal the Norplant capsule is implanted below the skin by minor surgery. It suppresses ovulation, creates thick cervical mucus which prevents sperms from entering the cervix and also creates a thin, atrophic endometrial lining. It is not related to coitus. It is suitable for women seeking continuous contraception. Its effect lasts for approximately 5 years and therefore it becomes a long-term birth spacing method. When the capsule is removed using minor surgery, fertility is restored in 2–4 months. The woman must visit the clinic 2–3 times a year for periodic check-up. Not suitable for women with threatened malignancy of breast,

Hormonal Contraception for Men Hormonal approaches, which employ formulations of testosterone administered in combination with other hormones, have shown considerable promise in clinical trials, and they are currently at the forefront of research and development. However, the long-term effects of using hormones throughout a male's reproductive life for contraception are unknown, and it may take time before this information becomes available.

Conclusion The above discussion has come to the fact that contraceptive usage is often biased towards female sterilization. Women are forced to rush child bearing and seek the terminal method once family target is achieved. One can utilize the example of Africa and promote injectables or educate women on oral pills like in developed nations. Better usage of government promoted condoms and pills is called for. The facilities need to be more women friendly, accessible and provide adequate privacy. Also, providers need to be sensitive to special needs of adolescents as they are at a critically vulnerable segment. In the present scenario of blast of population, it be better to manage small families and educated families. It will not only improve family health but will also provide prosperous society and nation. All this will surely help in nation building.

References

1. The Alan Guttmacher Institute (AGI). Sharing responsibility: women, society and abortion worldwide. New York: AGI; 1999.
2. Maternal mortality in 2005; Estimates Developed by WHO, UNICEF, UNFPA and The World Bank, WHO, Geneva 2007.
3. Lule E, Singh S, Chowdhury SA. Fertility regulation behaviour and their costs: contraception and unintended pregnancies in Africa and Eastern Europe and Central Asia. Washington: World Bank; 2007
4. Chhabra R, Nuna C. Abortion in India: an overview. New Delhi: Veerendra printers, Ford Foundation; 1994.
5. Washington AE, Cates W, Wasserheit J. Preventing pelvic inflammatory disease. JAMA. 1991;266(4):2574–80.
6. Blanc AK, Tsui AO, Croft TN, et al. Patterns and trends in adolescents' contraceptive use and discontinuation in developing countries and comparisons with adult women. In Prospect Sex Reprod Health. 2009;35(2):63–71.
7. Dehne KL, Riedner G. Sexually transmitted infections among adolescents: the need for adequate health services. Geneva: World Health Organization; 2005.