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**DEPARTMENT:** ANATOMY

**COURSE:** PHS 204

**QUESTION: WRITE ON CONTRACEPTION THE TYPES OF CONTRACEPTION**

**DEFINITION**

Contraception (birth control) prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. There are different kinds of birth control that act at different points in the process. 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. Between the ages of 20 and 44, a fertile, sexually-active woman is potentially capable of giving birth about 12 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 [[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR1)].

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% [[2](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR2), [3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR3)]. In India, the surveys suggest that abortions are responsible for 10–20% of all maternal deaths [[4](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR4)]. 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 [[5](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR5)]. 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. Also semen contains higher concentration of virus than the woman’s sexual secretions. Thus, men are twice more effective as transmitters of STIs than women.

**Vulnerability of Adolescents**

Usually younger women, married or unmarried, are less likely to be using contraception than older women, even in countries where contraceptive prevalence rate (CPR) is high [[6](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR6)]. At macro level, laws, regulations and social policies that determine the access to contraception, affect adult and adolescent women alike in terms of the types of contraceptives that are permitted for distribution or prescription. But at the micro level, there are differences between adolescents and adult women, in fertility level, maturity, knowledge, negotiation in sexual relations and experience, coupled with social expectations affecting their behavioral patterns, as they relate to contraceptive acceptance and use. This increases their vulnerability to unprotected sex and its adverse consequences manifold.

Early sexual debut for adolescent girls means that chances of exposure to infections begin even before completing the process of physiological maturation. Though the systems have begun to function, the defense mechanisms are still evolving, particularly of the cervix. The cervical mucus acts as non-specific barrier for various ascending organisms in adult women. Adolescents do not have the benefit of this mucosal defensive mechanism till several years after menarche [[7](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR7)–[9](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR9)]. This increases their susceptibility to infection up to six times compared to their adult counterparts, particularly gonorrhoea, chlamydia and HIV [[10](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR10)].

**TYPES OF CONTRACEPTIVES**

#### 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 [[11](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/#CR11)]. 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 is required to make it popular.

#### Oral Contraceptive Pills

The combined pill consists of two hormones: estrogen and progesterone. This is to be taken everyday 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.

#### Injectables

These 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. Counseling and support are needed for women when this method is chosen.

#### Emergency Contraceptive Pill

Here, 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.

#### 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 requiring only 1 day of hospitalization and can be performed anytime, preferably after last child’s birth. Rarely, the tubes may join and fertility may return. A few women tend to have heavier periods after this method. Though this is a permanent method, the operation can be reversed, though the results may not be always successful. Hence the couple should be firm about their decision before opting for this method.

#### Male Sterilization (Vasectomy)

A permanent surgical method in which, the vasa deferentia which carry the sperms from the testes to the penis, are blocked. 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.

REFRENCES:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307935/>