

CONTRACEPTIVES



اعداد مجموعة من طلاب المرحلة الرابعة

-علي حيدر حسين
-غادة توفيق حسن
-حسن علي عبد الحسن
-غادة محسن عبد الامير
-زينب ناظم عبدالله
-نبراس خليل جليل
-شفق مؤيد عبد الواحد
-حيدر صباح هادي
-ذوالفقار علي كاظم
باشراف / د.حنان خضير حسين

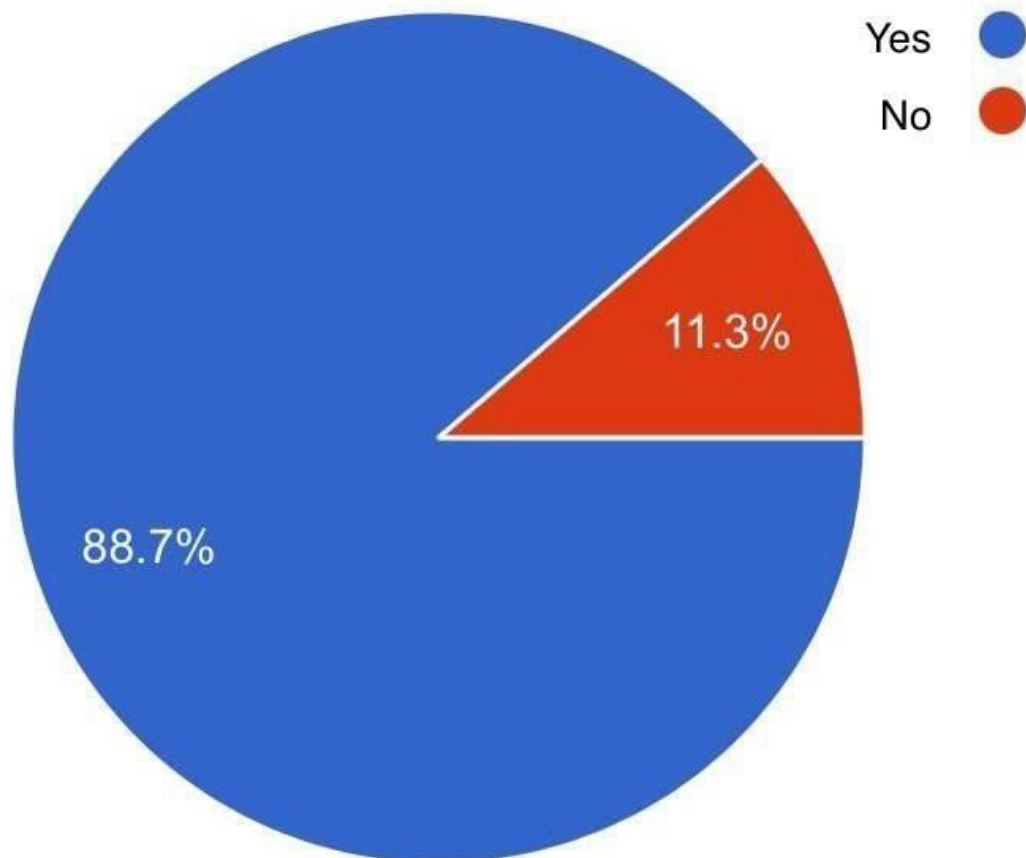
Introduction

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).

We asked 503 married women about using contraceptives and all the results will be mentioned:

Do you use contraceptions ?

503 responses



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.

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%.

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.

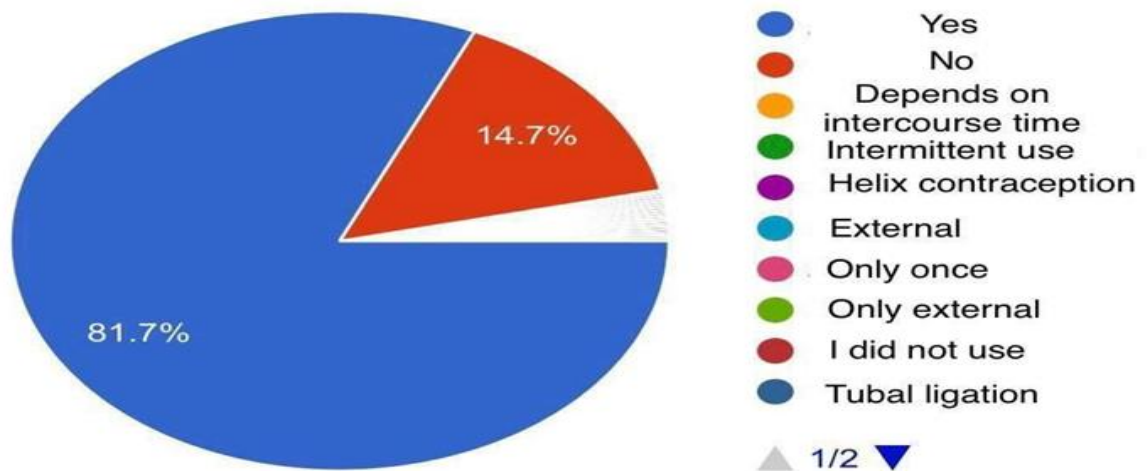
Also semen contains higher concentration of virus than the woman's sexual secretions. Thus, men are twice more effective as transmitters of STIs than women.

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. 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. This increases their susceptibility to infection up to six times compared to their adult counterparts, particularly gonorrhoea, chlamydia and HIV.

Do you use them regularly ?

503 responses



Methods

We took samples from 503 married women; we found that 446 of these women use contraceptive methods for period of their reproductive life:

72 of these women used CPs for less than 6 months (14%)

113 of these women used CPs 6months-2years (22%)

150 of these women used CPs for 2-5 years (30%)

112 of these women used for more than 5 years (22%)

12% of these women didn't use any CPs.

The descriptive study was conducted in 2022. The study samples included 446 women using common contraceptive methods as LD pills, IUD (intrauterine devices), condom, and withdrawal. The data collection tool was an online forum. In order to determine the validity and reliability of the questionnaires, the inclusion criteria included as the following: all the married women aged 15-49 years

We found that the most common method that the women use is Oral pills contraception is 268 (53.3%). 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. 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.

***Injectable** 20(4%) These inhibit ovulation and also increase the viscosity of the cervix secretions to form a barrier to sperms. It is a 99% effective, easily administered method, suitable during lactation too. It has non-contraceptive advantages. Menstrual cycle may become irregular. 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.

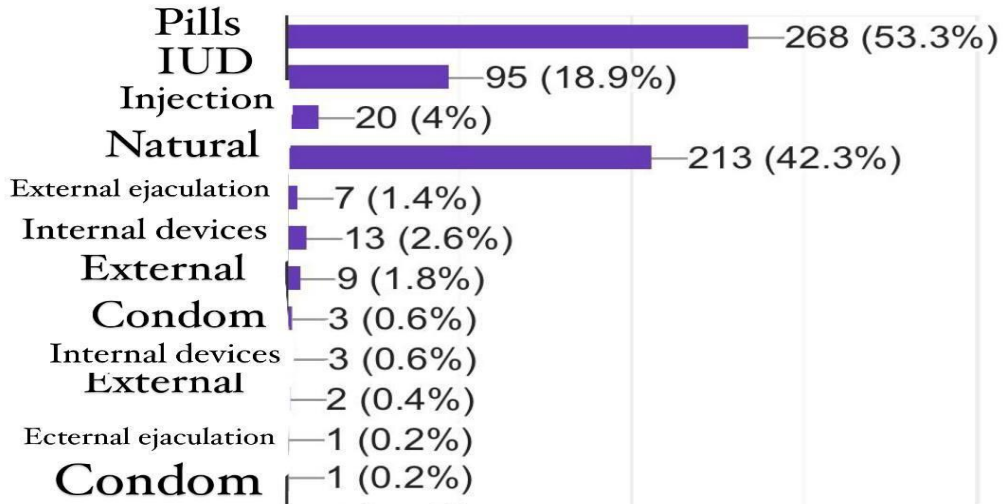
Women used IUD (intrauterine devices) is 95(18.5%). IUD metallic 3(0.6%). IUD copper 13(13.6%). * Intrauterine Devices (IUDs) A small flexible, plastic device, usually with copper, is inserted into the womb by a qualified medical practitioner, after menstruation, abortion, or 4-6 weeks after delivery. 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.

***Hormonal therapy** is 20 (4%) . natural ways is 213(42.4%). condom 3 (0.6%) 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.* Female Condom This is a vaginal pouch made of latex sheath, with one ring at Leach end. The closed end ring is inserted inside the vagina and works as the internal anchor. Outer portion covers and protects the external genitalia.

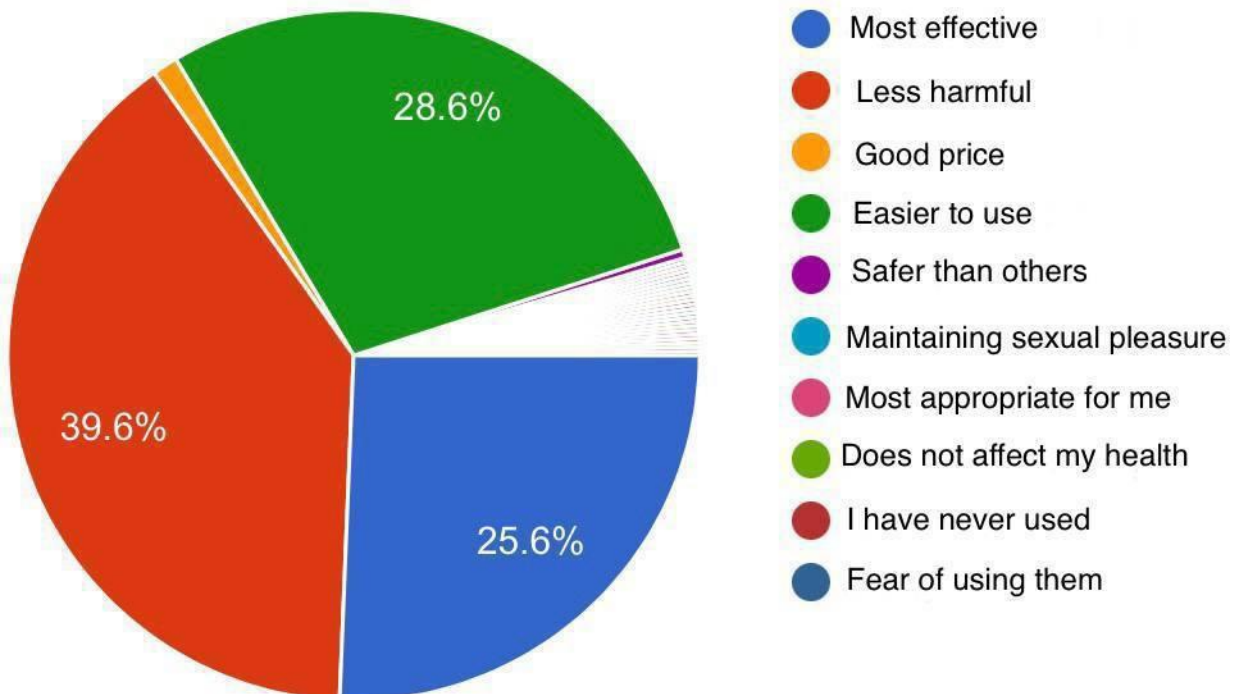
Others: contraception are subcutaneous slice 1(0.2%) .Vaginitis suppositories 1(0.2%).ovary necklace 1(0.2%)

What type of contraceptive have you used ?

503 responses



We wondered what makes these women use this method specifically and the result shows what they think or what they heard not scientifically:



Natural method

Lactational Amenorrhea Method

For women who have recently had a baby and are breastfeeding, the Lactational Amenorrhea Method (LAM) can be used as birth control when three conditions are met: 1) amenorrhea (not having any menstrual periods after delivering a baby), 2) fully or nearly fully breastfeeding, and 3) Less than 6 months after delivering a baby. LAM is a temporary method of birth control, and another birth control method must be used when any of the three conditions are not met.

Emergency Contraception

Emergency contraception is NOT a regular method of birth control. Emergency contraception can be used after no birth control was used during sex, or if the birth control method failed, such as if a condom broke.

Copper IUD-Women can have the copper T IUD inserted within five days of unprotected sex.

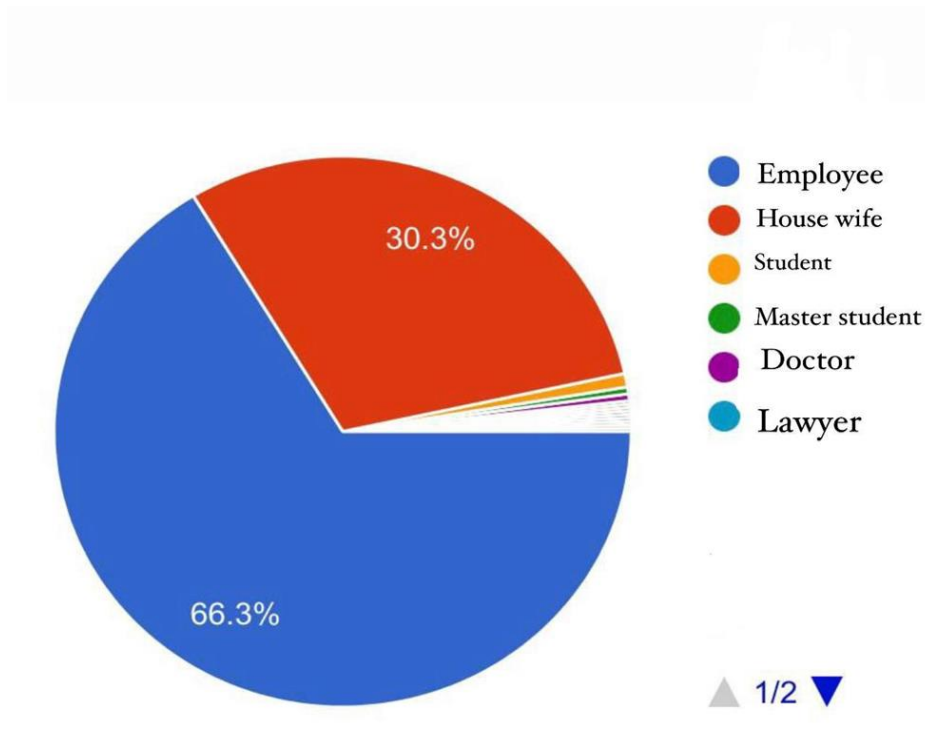
Emergency contraceptive pills—Women can take emergency contraceptive pills up to 5 days after unprotected sex, but the sooner the pills are taken, the better they will work. There are three different types of emergency contraceptive pills available in the United States. Some emergency contraceptive pills are available over the counter.

Permanent Methods of Birth Control

Female Sterilization—Tubal ligation or “tying tubes”— A woman can have her fallopian tubes tied (or closed) so that sperm and eggs cannot meet for fertilization. The procedure can be done in a hospital or in an outpatient surgical center. You can go home the same day of the surgery and resume your normal activities within a few days. This method is effective immediately.

Male Sterilization—Vasectomy-This operation is done to keep a man’s sperm from going to his penis, so his ejaculate never has any sperm in it that can fertilize an egg. The procedure is typically done at an outpatient surgical center. The man can go home the same day. Recovery time is less than one week. After the operation, a man visits his doctor for tests to count his sperm and to make sure the sperm count has dropped to zero; this takes about 12 weeks. Another form of birth control should be used until the man’s sperm count has dropped to zero.

And we also asked about the work and activity of women that using contraceptives and we found:



Correcting Misunderstandings

LNG-IUDs

Can be used by women of any age, including adolescents.

Can be used by women who have had children and those who have not.

Do not increase the risk of contracting STIs, including HIV.

Do not increase the risk of miscarriage when a woman becomes pregnant after the IUD is removed.

Do not make women infertile.

Do not cause birth defects.

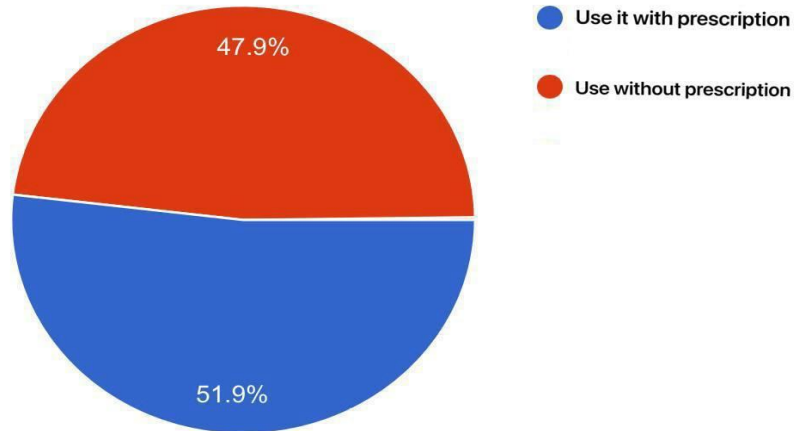
Do not cause cancer

Do not move to the heart or brain.

Do not cause discomfort or pain for the woman or the man during sex.

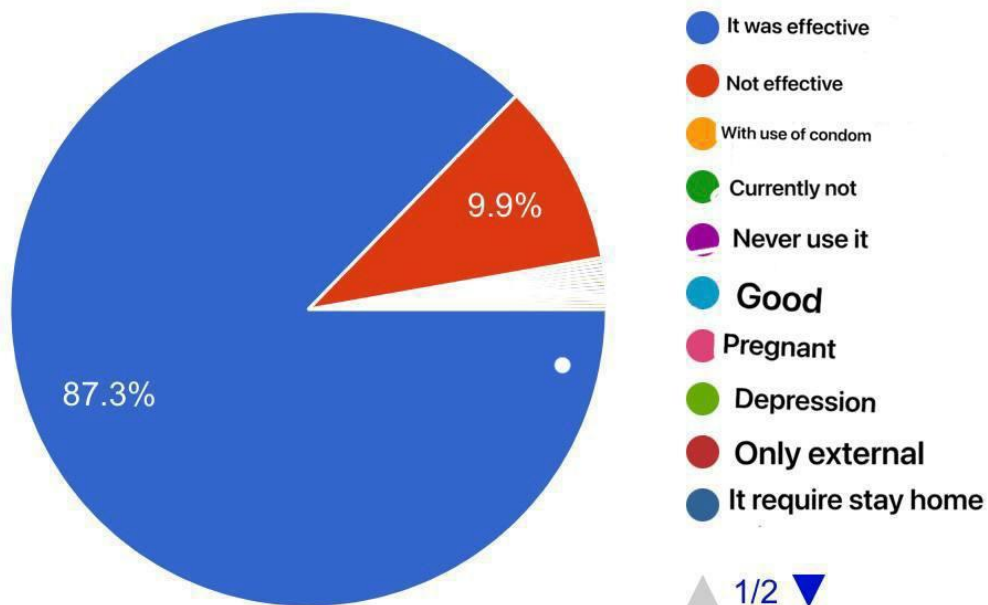
Did you use it after a prescription or after consulting a doctor?

503 responses



Was it effective or did pregnancy occur despite its use?

503 responses



Side effects

As we took 446 women samples and asked them if they suffered from any side effect;

254 of these women (approximately 57% of these women) didn't have any visual side effect.

Common side effects of contraceptives include: intermenstrual spotting, nausea, breast tenderness, headaches, weight gain, mood changes, missed periods, Backache.

We'll look at each of these side effects in detail below.

1. Intermenstrual spotting

Approximately 20% of people using the pill experience vaginal bleeding between expected periods – also known as breakthrough bleeding– most commonly within the first 3 months of starting to take the pill.

2. Breast tenderness

Birth control pills may cause breast enlargement or tenderness. This side effect tends to improve a few weeks after starting the pill, but anyone who finds a lump in the breast or who has persistent pain or tenderness or severe breast pain should seek medical help.

Reducing caffeine and salt intake can decrease breast tenderness, as can wearing a supportive bra.

3. Headaches

Approximately 11% of people using the pill, The sex hormones have an effect on the development of headaches and migraine. Pills with different types and doses of hormone may result in different headache symptoms. Some studies have previously suggested that headaches are least likely to occur with pills that contain low doses of hormones.

4. Weight gain

About 24% of people taking the pill report experiencing some weight gain

Fat cells can also be affected by the estrogen in birth control pills, although the hormone causes the cells to become larger rather than more numerous.

5. Mood changes and Nervousness

People with a history of depression are recommended to discuss this with their medical provider, as about 59% experience depression or other emotional changes while taking the pill. Anyone experiencing mood changes during pill use should contact their medical provider.

6. Irregular menses

There are times when, despite proper pill use, a period may be skipped or missed. Several factors can influence this, such as stress, illness, travel, and hormonal or thyroid abnormalities.

If a period is missed or is very light while on the pill, a pregnancy test is recommended prior to taking the next pack of pills; if further periods are missed or are very light, seek medical advice its about 87% of people taking the pill.

7. Backache

Approximately 16% of people using the pill experience low back pain. These hormones trick the body into thinking that it is pregnant; thus, no eggs will get released because "one is already in the oven." During pregnancy, the supporting ligaments of the pelvis and low back start to relax and loosen in order to allow the baby to pass through the birth canal. Relaxin is the hormone responsible for this ligamentous laxity.

Others (PCOS, fluid retention, raised blood pressure, infections, skin diseases, nausea) occur in 7% of patients.

Conclusion

The availability of hormonal contraceptives spawned changes in the social relations between men and women and enabled revolutionary changes in the roles of women in society. The contribution of hormonal contraception to improving the status of women worldwide is difficult to overestimate. Studies that have established the magnitude of risks and benefits of hormonal contraception have been instrumental for developing policies regarding hormonal contraception and for providing information that helps individuals and couples to make informed choices about childbearing.

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