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CONTRACEPTIVE USE AND ITS EFFECT ON WOMEN'S HEALTH

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Abstract:

Women all over the world are choosing for fertility by choice not by chance. Contraceptive use has an immense effect on women's health. The capability to regulate and control fertility is a basic component of health, positively defined as a state of physical, mental and social well-being. Contraception is saving the lives of women around the world from the hazards of unwanted pregnancy. Optimal childbearing is also contributing to infant and child survival. Contraception has a complex relationship to sexually-transmitted diseases. Contraceptive safety is a major public health concern. The risk/benefit assessment will differ for different populations, for different individuals, and even for the same individual at different periods of life. The family planning movement started as a movement by women for women. Women's perspectives and women's concerns should guide the future of contraceptive research and development.

From the experience of several years, in a relatively large local health department in Pakistan, this paper introduces a conceptual framework for community engagement in public health. It presents the Community Participation in the most common public health issues both traditional and emerging public health issues. It offers suggestions to help other local health departments enhance their own activities.

Keywords: *contraceptive, fertility, sexually-transmitted diseases, community engagement.*

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INTRODUCTION:

In the constitution of the World Health Organization, health, is defined as a state of complete physical, mental and social well-being. While this ideal may not be readily attainable, it serves to remind us that health is not merely the absence of disease or infirmity [1]. The relation of contraception to women's health should be viewed in this broad context of the definition of health [2]. The ability to regulate and control fertility is a basic ingredient in the positive definition of health for women. Women who are unable to regulate and control her fertility cannot be considered in a state of complete physical, mental and social well-being. Women's health was considered to comprise only issues of childbirth and reproductive health [3]. Gender-specific medical research has revealed major differences between the way male and female physical systems develop and handle diseases. Moreover, to physical differences, men and women face different challenges in getting and paying for medical services [4]. Economic status, health insurance coverage, a women's role as caregiver equally affect a women's health. Contraception is abstaining from pregnancy by different methods other than avoiding coitus or hysterectomy, whereas contraceptives are preventive methods to help women avoid unwanted pregnancies: they include all temporary and permanent measures to prevent pregnancy resulting from coitus [5]. The contraceptives method may be broadly grouped into two classes-Spacing methods and Terminal methods. Spacing methods are of four types; Barrier methods, Hormonal methods, Intra-Uterine Devices and Natural Family Planning methods. There are two types of terminal method; Male sterilization and Female Sterilization. Pregnancy and contraceptive methods both have important health effects that include risks and benefits [6]. The net effect of contraception on women's health has not been reported previously. Every method of contraception dominates nonuse in most clinical settings. Less effective methods will improve health and reduce costs by increasing the use of more effective methods even modestly at the expense. Method that require action by the user less frequently than daily are both less costly and more effective than methods requiring action on a daily basis [7]. Effectiveness of a contraceptive is determined by attribute of both user and contraceptive method. Assisting the women and giving her a brief lecture for an understanding and careful assessment of these factors which meets the required needs of women. Life stage, socio-economic status, education, responsibilities, and work schedule are among the variables a provider needs to assess before recommending a specific contraceptive method to a client [8]. Health concerns, religious and cultural beliefs, past experience with contraception play an important role in selecting and effectiveness of any contraceptive methods. Family planning saves women's and children's lives and improves the quality of life for a substantial number of women [9]. It is one of the most effective investments for helping to ensure the health and well-being of women, children, and communities, and is a key component of quality reproductive health services. Contraceptive use makes better a women's health by allowing women to avoid undesirebale and unwell pregnancies. It also assists to empower women by allowing them to decide the number and spacing of their children; this, in turn, provides them increased opportunities for participation in educational, economic and social activities [10]

Women all over the world are progressively taking control of their fertility. Three major factors account for this development [11]. Women are looking beyond a domestic and reproductive role, into playing a productive role in their societies. A technological riot has introduced a range of effective contraceptive methods that are convenient to use. Governments and the international community perceived that allowing women to control their fertility and to minimize the number of births is critical for checking rapid population growth and for speeding up the stabilization of world population, and are providing and promoting the necessary information and services [12]. The wide and increasing contraceptive prevalence among women makes the relation of contraception to women's health an important public health issue. Currently, more than 50% of married women in the childbearing age are using a form of contraception. This contraceptive prevalence varies widely between countries, ranging from 1% to 75% [13]. The trend for increasing contraceptive use is, however, universal in developing countries. The number of contraceptive users in all developing countries has increased from 31 to 381 million, in East Asia from 18 to 217 million, in Latin America from 4 to 44 million, in South Asia from 8 to 94 million, and in Africa from 2 to 18 million [14]. Most of these users are women. Worldwide, the number of male users of contraceptive methods is only one third of the number of female users.

CONTRACEPTION SAVES LIVES

An unplanned pregnancy can have serious physical, mental and social consequences for the woman. These results would vary widely for individual women and in different societies, but they account for a lot of avoidable suffering and avoidable deaths in the world today [15]. Pregnancies that are too early, too close, too late or too many carry extra hazards for the health of the woman as well as the child. Based on World Fertility Survey data, it has

been estimated that if women decide and are enabled to modify their childbearing pattern to avoid these high-risk categories [16]. The extent of the physical hazards of unwanted pregnancies depends largely on two factors: the availability of efficient and accessible maternity services to deal with complications of pregnancy and childbirth; and the availability of safe pregnancy termination services. However maternal deaths have become rare events in industrialized countries, they are still a major cause of death for women of childbearing age in developing countries. The World Health Organization has recently estimated that over 500 000 women continue to die each year from causes related to pregnancy and childbirth [17]. A woman in Eastern, Middle or Western Africa who becomes pregnant is 75 times more likely to die as a result than a woman in Western Europe. In countries where the risk is highest, such as Somalia or the Gambia, the difference is 100-fold. A recent study based on analysis of data from 15 populations drawn from all major continents and from a wide range of development levels, estimates the average total unmet need for contraception at 17% of currently married women.6 Based on this estimate, the total number of couples or unmarried individuals in the third world with an unmet need for contraception could therefore be close to or in excess of 100 million. With a worldwide estimate of 36-53 million induced abortions performed each year,7 the magnitude of unwanted pregnancy can be appreciated, although not all women with unwanted pregnancy would resort to induced abortion, particularly in developing countries where services are not widely available or are not permitted by the legal system. According to World Health Organization estimates, between 125 000 and 170 000 women lose their lives each year in their attempt to terminate unwanted pregnancy through unsafe abortion services [18]. Lives of infants and children can also be saved. Data from the World Fertility Survey provided a rich source of information on the impact of childbearing patterns on the survival of infants and children in developing countries [19]. Short spacing between births raises the average chances of dying in infancy by about 60-70% and the chances of dying before the age of 5 years by about 50%. An infant bom to a teenage mother is 24% more likely to die in the first month of life than is an infant born to a mother aged 25-34 years; the excess mortality is 37% for the remainder of the first year of life and 33% in early childhood.

SEXUALLY TRANSMITTED DISEASES (STDs) DISCRIMINATE AGAINST WOMEN

One of the most disappointing aspects of medicine during the past 25 years has been the great increase in the incidence of infections caused by sexually transmissible agents. STDs are now the most common group of reported infectious diseases in most countries. The World Health Organization's minimal estimate for yearly incidence of bacterial and viral STDs (excluding HTV infection) is 130 million. "> STDs, by definition, affect both men and women. However, most STDs have more serious sequelae in women than in men [20]. One reason is that early detection and hence early treatment are easier in the male. The lesions are often hidden, and may be asymptomatic, in women. Another reason is that ascending infection is much more serious in women and is more likely to occur, leading to pelvic inflammatory disease (PID), permanent infertility and risk of ectopic pregnancy. Even cancer of the cervix can be a late consequence. Another consideration is the transmission to the fetus of several pathogens of STDs. It is also not sufficiently realized that the transmission risk is more from man to woman [21]. The social stigma for STDs is more in the case of the woman. The current effective barrier method for protection against STDs is the male condom. Female barrier methods currently available such as the diaphragm are more effective for the prevention of pregnancy than for the prevention of STDs [22]. It can be postulated that the availability of contraception may encourage casual sexual relations. Although the postulate has never been proven, it explains the restrictive attitudes in some societies toward contraceptive availability to adolescents and unmarried individuals. It can also be postulated that the availability of the more convenient systemic methods of contraception may have decreased reliance on the coitus-related barrier methods that offer protection against STDs. In' developed countries, there was an apparent time coincidence among the sexual revolution, the contraceptive revolution, and the explosive epidemic of STDs. This may have been a reason for postulating a link. In developing countries, on the other hand, there is no such correlation [23]. African countries with high incidence of STDs have the lowest prevalences of contraceptive use. The People's Republic of China, with one of the highest prevalence of contraceptive use, does not seem to have STDs as a major public health problem.11 The course of STDs can, however, be modified by specific contraceptive methods, particularly in relation to the development of pelvic inflammatory disease (PID).

CONTRACEPTIVE SAFETY

In view of the major worldwide expansion in the use of modern methods of contraception by healthy women over prolonged periods of time, safety has become an important issue in women's health. In developed countries, where the number of women using contraceptives is much larger than the

number of those who are pregnant, and where maternal mortality rates are very low, reproductive mortality attributable to contraceptive use assumes a relatively large dimension [24]. In developing countries, reproductive mortality attributable to contraceptive use is still insignificant compared with maternal mortality. Evaluation of the safety of a contraceptive method is not simply a matter of assessment of the health hazards associated with its use. These hazards have to be weighed against effectiveness and against potential non-contraceptive health benefits. The assessment of this risk/benefit ratio will also differ for different populations, for different individuals, and even for the same individual at different periods of life [24]. Since different methods of contraception carry different risks to different users, a limited choice of contraceptives can result in more people using methods that are not optimal to their safety requirements. Making a wide range of methods available will help to ensure that methods and users are better matched to improve safety. The importance attached to effectiveness in the risk/benefit assessment depends on the level of health risk associated with the pregnancy that contraception is meant to avert. Where maternal mortality and morbidity risks are high, as is the situation in most of the developing world, contraceptive failure can carry a significant risk. On the other hand, if quality services for safe termination of an unwanted pregnancy are available and accessible, the use of a less effective contraceptive would not carry a significant health risk.

The risk of PID in IUD users has received a lot of publicity. The relationship has recently been examined in the WHO international data base of 22 908 IUD insertions and 51 399 woman-years of follow-up [25]. The findings indicate that the occurrence of PID in IUD users is most strongly related to the insertion process and to background STD risk and suggest that PID is an infrequent occurrence after the insertion period. Mortality among oral contraceptive users was investigated in a 20year follow-up of 17 032 women in a cohort study . The findings contained no significant evidence of any overall effect of oral contraceptive use on mortality. Because only small numbers of deaths occurred during the study period, a significant adverse or beneficial overall effect might still emerge in the future. Interestingly, the mortality from circulatory disease associated with oral contraceptive use was substantially less than that found in previous studies. The relationship between oral contraceptives (OCs) and neoplasia has been recently reviewed by a WHO Scientific Working Group. The beneficial effects in reducing the risk of ovarian cancer, endometrial cancer, and biopsy-proven benign breast diseases were confirmed. OCs increase the risk of benign liver tumors, but fortunately this is a very rare complication. Long-term use of OCs has also been reported to increase the risk of liver cancer in populations where this disease is rare. With regard to cervical and breast cancers, most studies suggest no overall association, but there are still issues that need to be resolved because some studies have found weak associations between long-term oral contraceptive use and the risk of either cancer among various subgroups of women. The WHO Scientific Group recommended that there be no change to family planning policies concerning the use of oral contraceptives in developing or developed countries. The relationship between the injectable contraceptive depomedroxy progesterone acetate and breast cancer has been a health concern because of findings in experimental beagle dog studies. A WHO participated in 5 different study centers in Kenya, Mexico and Thailand and came up with guarantee that women who have used DMPA for a long time and who started its use many years previously are not at increased risk of breast cancer.

WOMEN'S PERSPECTIVES

From women's perspectives, contraceptives for the 21st Century should include a broader range of choice to satisfy diverse consumer needs, more methods that are user-controlled, new strategies to target the reproductive process in systemic contraception without affecting other body systems (vaccines offer such a promise), improved female methods that offer protection against STDs, and more methods for male participation.

Conclusion

The pregnancy and contraceptives methods both have important health impacts that include risks and benefits. Health conditions, minimize the safety and effectiveness of any method. The productiveness of a method depends on its correct and consistent use. Incorrect and inconsistent use leads to several health problems and failure of contraception. Literature shows that less educated people with low economic status have more children then educated and economically stable people. So contraception is due to incorrect and inconsistent use of contraceptives so it consistent and correct use should be made possible by counseling and guidance.

ROLE OF COMMUNITY:

Community engagement involves dynamic relationships between community members and local health department staff, with different degrees of community and health department involvement, decision-making and control. In public health,

community engagement refers to promote a mutual exchange of information, ideas and resources between community members and the health department. While the health department shares its health expertise, services and other resources with the community through this process, the community can share its own wisdom and experiences to help guide public health program efforts. "Community" may include individuals, groups, organizations, and associations or informal networks that share common characteristics and interests based on place-, issue-, or identity-based factors.

CONCLUSION:

These communities often have similar concerns, which can be shared with the health department to help create more relevant and effective health programs. Community engagement is not a new strategy in public health. It has played an important role over the last century, in public health practice and population health issues to address them.

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