

Sexual Health

CONTRACEPTION

MODULE CODE:BMHP5013

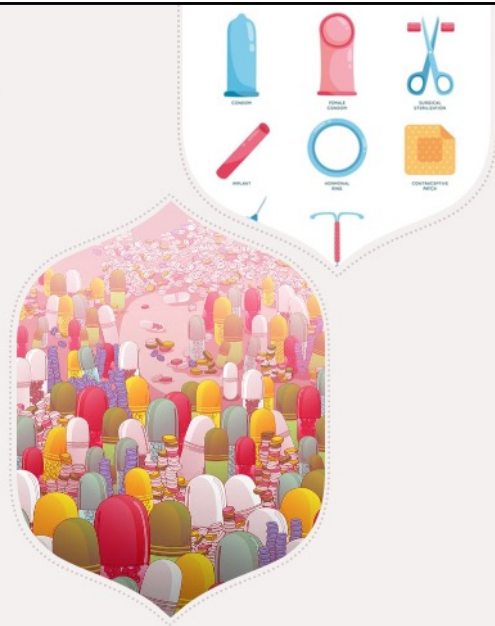
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What is Sexual health and contraceptives?

Sexual health is the learning of the anatomy, psychology and behavioural aspects related to human reproduction

In the other hand contraceptives are sexual methods of avoiding many sexual diseases and unplanned pregnancy.

“Sexual health is fundamental to the overall health and well-being of individuals, couples and families, and to the social and economic development of communities and countries”

WHO 2021

In the other hand contraceptives are forms of avoiding many sexual diseases such as HIV, AIDS and many other more.

“AIDS (acquired immune deficiency syndrome) is the name used to describe a number of potentially life-threatening infections and illnesses that happen when your immune system has been severely damaged by the HIV virus.”

“There's currently no cure for HIV, but there are very effective drug treatments that enable most people with the virus to live a long and healthy life. “ *NHS, overview, AIDS & HIV) April 22, 2021*

Effectiveness of contraceptives in preventing an unplanned pregnancy.

- It is known that contraceptives can be used to avoid transmission of sexual illnesses and unplanned pregnancy.
- The most common contraceptive method use for both gender is condom.
- There are a small range for male contraception. There are only 2 methods of male contraception.



The most common contraceptive method use for both gender is condom, but is good to remind that there are a variety of method of contraceptives such as:

- Combined pill
- Female condoms
- Implant
- Injection
- Male condoms (male contraception)
- Vaginal Ring
- Vasectomy (male contraception)
- Emergency pill (next day pill)
- Birth controls can be also found in your local pharmacy where a pharmacist will be able to help you and advice you what is the best and suitable. "Always use condoms that have the BSI kite mark and the CE mark on the packet. This means they've been tested to high safety standards"

- NHS 7 November 2020 [Last accessed 12 December 2021]

Effectiveness of contraceptives in preventing an unplanned pregnancy.

- There are no method of female contraception that is 100% effective, this is the main reason why woman do end up having an unplanned or undesired pregnancy

“According to 2017 estimates, 214 million women of reproductive age in developing regions have an unmet need for contraception. Reasons for this include:

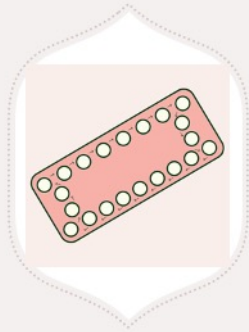
- limited access to contraception
- a limited choice of methods
- a fear or experience of side-effects
- cultural or religious opposition
- poor quality of available services
- gender-based barriers”

WHO, 2021



Most of the contraceptives are 80 to 99% effective which can be reliable. Keeping in mind that in 4 in 100 woman still do get pregnant.

World Health Organization, Kantorová V, Wheldon MC, Ueffing P, Dasgupta ANZ (2020) Estimating progress towards meeting women's contraceptive needs in 185 countries: A Bayesian hierarchical modelling study. *PLoS Med* 17(2):e1003026. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1003026> [Last accessed 10 December 2021]



Key facts of Contraceptives

Most woman from 15 years old to 44 years old use contraception, even though younger females are less likely to use contraception.

Pill is popular is not made for everyone

Patches and vaginal rings are much easier to stick with

Latex male condom is. The only method that protects against some sexual transmitted infection.

Everyday Health Newsletter

Method	How it works	Effectiveness: pregnancies per 100 women per year with consistent and correct use	Effectiveness: pregnancies per 100 women per year as commonly used
Combined oral contraceptives (COCs) or “the pill”	Prevents the release of eggs from the ovaries (ovulation)	0.3	7
Implants	Thickens cervical mucous to blocks sperm and egg from meeting and prevents ovulation	0.1	0.1
Male condoms	Forms a barrier to prevent sperm and egg from meeting	2	13
Male sterilization (Vasectomy)	Keeps sperm out of ejaculated semen	0.1	0.15
Emergency contraception pills (ulipristal acetate 30 mg or levonorgestrel 1.5 mg)	Prevents or delays the release of eggs from the ovaries. Pills taken to prevent pregnancy up to 5 days after unprotected sex	< 1 for ulipristal acetate ECPs 1 for progestin-only ECPs 2 for combined estrogen and progestin ECPs	

Here’s a table that represents the “Effectiveness of methods is measured by the number of pregnancies per 100 women using the method per year. Methods are classified by their effectiveness as commonly used into: Very effective (0–0.9 pregnancies per 100 women); Effective (1–9 pregnancies per 100 women); Moderately effective (10–19 pregnancies per 100 women); Less effective (20 or more pregnancies per 100 women)” *World Health Organization, [last accessed 10 December 2021]*

World health organization- Family Planning: A Global Handbook for Providers. 2018
World Health Organization and Johns Hopkins Bloomberg School of Public
Health. <https://apps.who.int/iris/bitstream/handle/10665/260156/9780999203705-eng.pdf?sequence=1> [last accessed 10 December 2021]



Policies on contraceptives

- NHS Family Planning Act Were accepted in 1967 by parliament which allow that local health authority- funded family clinics to give contraceptive advice to unmarried women either for medical or social reasons.
- The Abortion Act 1967- Legalised abortion under certain requirements.

For abortion to be legal, the Act required 2 doctors to explain it ,

-If the mother wants to continue pregnant it will cause risk to her life;

-If the pregnant women wants to stop the pregnancy would prevent permanent damage physical or mental to the woman.

- There was a high risk for the mother that gives birth to the baby it can suffer from serious physical or mental abnormalities.

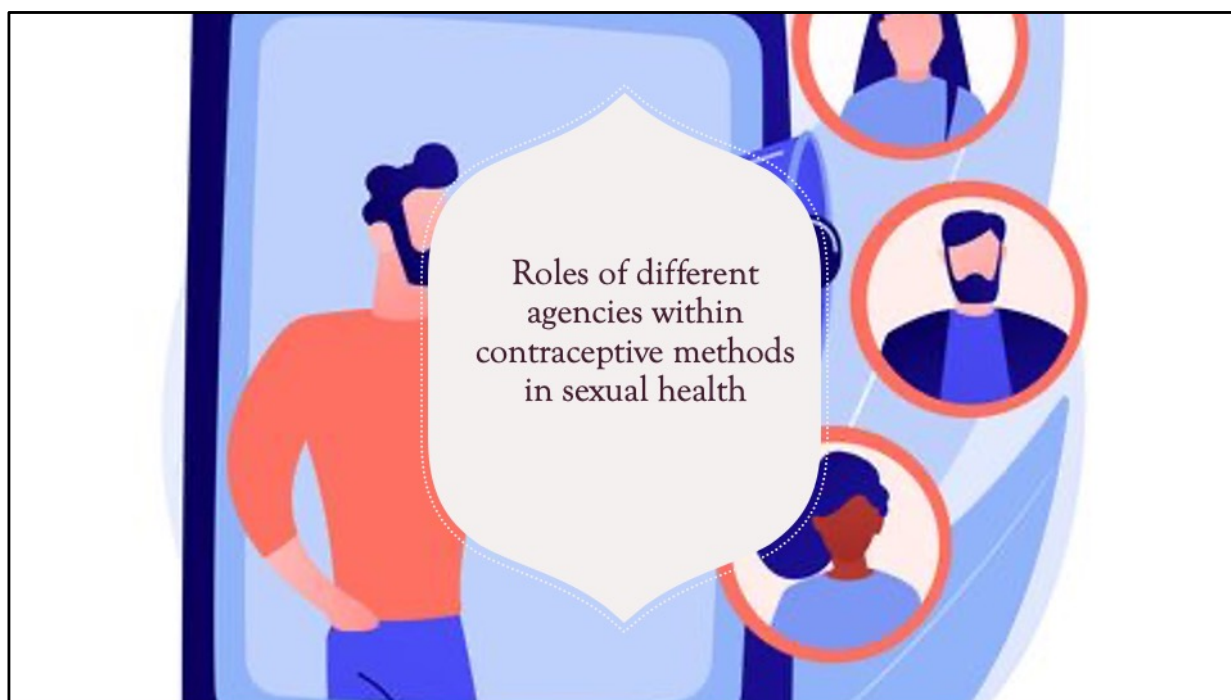
(Health Foundation 2021)



Impact of social policies on contraceptives

- According to the research on BBC News in 1961 the women were married with an early age and expected to stay at home take care of the family but only the Men could go to work.
- In Nowadays women have a choice either to have children, continue education or career, not only the women but the Men also can use contraception, the pill was the contraceptive that changes women 's life.
- The pill was introduced by the NHS and prescribed just for older women who already had children and did not want more.
- "Now, according to the latest prescribing review two million women take it in England and Wales. It is estimated that 70% of all women in Britain have used the pill at some stage in their lives". (BBC,2021)





Social and public health policies

- Contraception is a core public health issue. It has the potential to reduce family size and improve birth spacing, leading to better health outcomes for infants, children, and women. It also provides women with choices to pursue their education, participate in the labour force, and contribute in economic and other ways to the lives of their families and communities. For all these reasons, ensuring access to contraception and family planning services is recognized as a policy decision that will facilitate economic development. (Who, 2018).
- The choice to take contraception is one that both women and men make in private. Several variables influence this choice, including the nature of the sexual partnership and the availability of and access to contraceptive services. Family planning programmes have played a critical role in the advancement of individual and national development interests in the decades following the Tehran conference. (Un, 1968)
- By the time of the 1984 Mexico city summit, several governments of developing countries had shown strong support for family planning and population programmes. Some countries (for example, China and India) promoted population policies that stressed the demographic imperative of reducing national birth rates. Individual reproductive health and rights, on the other hand, were reinforced during the 1994 Cairo conference, which placed more emphasis on respecting individual reproductive health rather than meeting population objectives. (Jain, 1998)

Contraception is a critical public health problem that must be addressed. Family size may be reduced and birth spacing can be improved, which can lead to improved health outcomes for newborns, children, and mothers. Furthermore, contraception gives women the option to continue their education, engage in the job sector, and make contributions to their families and communities in a variety of ways, both economically and otherwise. Aside from these benefits, various contraceptives, such as male and female condoms, may protect against not just unexpected pregnancy, but also against sexually transmitted diseases (STIs), such as the human immunodeficiency virus (HIV) (WHO, 2018). All of these considerations lead to the recognition that providing access to contraception and family planning services is a sound public policy choice that will aid in economic growth.

Although women and men make their decisions about whether and when they want to have children in secret, the choice to take contraception is one that both women and men make in private. Several variables influence this choice, including the nature of the sexual partnership, including power dynamics; the availability of and access to contraceptive services; the larger family environment; and broader socioeconomic and cultural considerations. On the basis of the 1968 International Conference on Human Rights in Tehran, which recognised that men and women have the

fundamental human right to choose freely and responsibly the number and spacing of their children, family planning organisations have worked to promote access to contraceptives (UN, 1968). Individual rights and family planning programmes have played a critical role in the advancement of individual and national development interests in the decades following the Tehran Conference. Three decennial World Population Conferences (Bucharest, 1974; Mexico City, 1984; Cairo, 1994) have reaffirmed this central role (UNFPA, 1974, 1984, 1994).

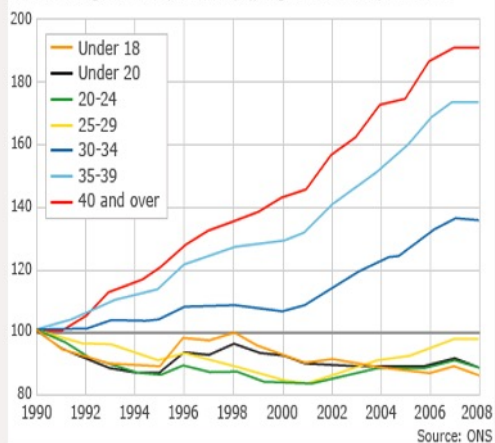
As a result, government-sponsored family planning programmes in many developing nations started to aggressively advertise and offer contraceptive services to their population as a result of this development. (392nd page) By the time of the 1984 Mexico City summit, several governments of developing countries, as well as certain donor countries, had shown strong support for family planning and population programmes, although with varying degrees of commitment to their implementation tactics. Instead of promoting programmes that encourage individuals to plan their families, some countries (for example, China and India) promoted population policies that stressed the demographic imperative of reducing national birth rates, causing concern about potential state regulation of individual reproductive decisions and behaviours (Jain, 1998). Individual reproductive health and rights, on the other hand, were reinforced during the 1994 Cairo conference, which placed more emphasis on respecting and defending individual reproductive health and rights than on meeting population objectives. In addition to the Fourth World Conference on Women in Beijing in 1995, other global policy frameworks such as the Sustainable Development Goals (SDGs) and Family Planning 2020 (often referred to as FP2020) have continued the trend of framing reproductive health and family planning within the context of human rights, including the right to health, in order to achieve greater equality for women and girls. Despite this acknowledgement, there remains to be a conflict in the attempt to strike a balance between individual rights and well-being and population and public health objectives.

Target market

While women of reproductive age may be the primary target audience for family planning , attention should be given to other groups whose knowledge, values, and attitudes may have a significant impact on a woman's beliefs and behaviours.

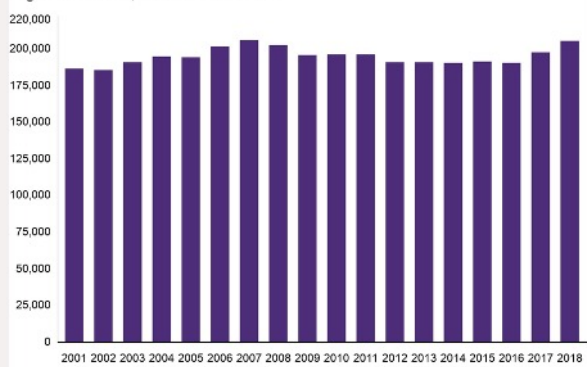
Women of reproductive age are the most likely to access contraceptive methods , the target market should be broadened and focus mostly on teenagers due to the high number of teen pregnancies and abortions . (gov.UK, n.D.)

Conception rates - rising for older women, falling for the young
Relative changes in conception rate (%), England and Wales, 1990-2008



Number of legal abortions

England and Wales, non-residents included



(What are the UK's laws on abortion?, 2019)

Conclusion

We got into conclusion that not all contraceptives are 100% effective.

Woman get more pressure into being on contraceptive methods to avoid pregnancy or/and sexual diseases more than man.

As previously seen, man have at least 2 contraceptive methods which one of them is common to woman (condom).

Contraceptives are free and accessible from your local GP, through NHS.

In regards to target market we could also conclude that the main target is woman. "Woman of reproductive age are more likely to have access to contraceptive methods, the target market should be broadened and focus mostly on teenagers due to the high number of teen pregnancies and abortions . (gov.UK, n.D.)"



We could conclude that most of the contraceptives are not 100% effective and that young females do still get pressure from the outside world to start contraception from early age which still is important as well as a young male to get and to be in contraception. It is crucial to educate young people in how important it is to take precautions with their sexual health. We also could conclude that contraceptives more easily accessible from local pharmacies, General practices do offer contraception's such as male and female condoms. For other female contraception is recommended to visit your local GP to get advice, in which your doctor will recommend the suitable female contraception. Also at the very end we could conclude that the main target are woman.

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