

The unwanted second line: Unmet needs of contraception

T Muthu Kumar , T K . Raja

Shri Sathya Sai Medical College and Research Institute, Chettinad Hospital & Research Institute

Sir,

About 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using a modern contraceptive method.¹ These women are at risk of getting a second line (Positive) in a urine pregnancy test (UPT). Family planning refers to practice that help individuals or couples to avoid unwanted birth, to bring about wanted births, to regulate the Intervals between pregnancies, to control the time at which births occur in relation to the ages of the parent and to determine the number of children in the family.² It is achieved through use of contraceptive methods and the treatment of infertility. A woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. By reducing rates of unintended pregnancies, family planning also reduces the need for unsafe abortion.

Globally, there has been a rise in the use of modern contraception of 2.4% in the last 15 years. Contraception use has increased in Asia and Latin America, but continues to be low in sub-Saharan Africa. In Asia the proportion of women aged 15- 49 reporting use of a modern contraception has slightly increased from 60.9% to 61.8%.² Use of contraception by men makes up a relatively small subset of the above prevalence rates. The modern contraceptive methods for men are limited to male condoms and sterilization (vasectomy). The unmet need for contraception remains too high. This inequity is fuelled by both a growing population, and a shortage of family planning services.² The unmet need for modern contraception is high in Africa (24.2%) followed by Latin America and Caribbean (10.7%) and Asia (10.2%).³

There are totally eighteen modern contraceptive methods available, but still more than 200 million women in the developing countries who want to avoid pregnancy are not using a modern contraceptive method. Reasons for this

include limited choice of methods, limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users and provider's bias and finally gender-based barriers. Since the benefits of family planning includes preventing pregnancy, reduces health risk, reduces IMR, helping to prevent HIV/ AIDS, empowering people & enhancing education, reducing adolescent pregnancies and slowing population growth, all the countries should work together and help countries introduce, adapt, implement and promote family planning services to meet peoples need.

References:

1. Family planning and contraception. World Health Organ. Available at : <http://www.who.int/mediacentre/factsheets/fs351/en/> [accessed on 21.09.2017]
2. World Health Organ Tech Rep Ser. Family planning in health services. Report of a WHO Expert Committee. 1971;476:1-65.
3. United Nations, Department of Economic and Social Affairs, Population Division (2015). Trends in Contraceptive Use Worldwide 2015 (ST/ESA/SER.A/349). (2017). [online] Available at: http://www.un.org/en/development/desa/population/publications/pdf/family/trends_ContraceptiveUse2015Report.pdf [Accessed 21 Sep. 2017].

How to cite this article. Muthu Kumar T , Raja TK. The unwanted second line: Unmet needs of contraception. J comprehensive Health 2018;6(1):54

Corresponding author: Dr. T. Muthukumar,,
Community Medicine, Shri Sathya Sai Medical College and Research Institute,
Kancheepuram,- 603108.E mail: muthu.spartans@gmail.com

Received: 21.09.2017

Accepted: 18.11.2018