



Woman's Health and Birth Control

Franjic S*

Faculty of Law, Independent Researcher, Bosnia and Herzegovina

***Corresponding author:** Sinisa Franjic, Independent Researcher, Bosnia and Herzegovina,
Email: sinisa.franjic@gmail.com

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Abstract

Birth control is the management of one or more actions, devices, or medications that follow a specific order to intentionally prevent or reduce the possibility of pregnancy. There are three main ways to prevent or terminate a pregnancy: contraception, contraigestion, and chemical or surgical induction of abortion. In frequent use, the term "contraception" is also used for contraception and contraigestion. Birth control is often used in family planning. A woman's health is sometimes a reason to think carefully about pregnancy.

Keywords: Pregnancy; Contraception; Birth Control; Health

Abbreviations: PCOS: Polycystic Ovary Syndrome; NYHA: New York Heart Association; ART: Assisted Reproductive Technology; HELLP: Haemolysis Elevated Liver Enzymes Low Platelets.

Introduction

Early identity with parents, siblings, and others encourages us to assume that our life cycle awaits its development [1]. But we live in a changed world. Along with feminism, the availability of effective contraception has promoted greater empowerment for women. We are now free to decide when, with whom, how, and whether or not to do so.

Trusting in our fertility and the power of technology, many westernized women resort to abortion when an unplanned pregnancy occurs and leave their children absent to keep their families small. I like. Some people postpone having a baby until they are emotionally, professionally, financially, and / or socially ready (as menopause approaches). As a result, the number of first-time mothers over the age of 40 has almost doubled in 10 years. This reflects this tendency for women to delay becoming mothers until they build their careers. Nevertheless, many people cannot become

parents even if they donate eggs. Postmenopausal mothers make up only 2 percent of all births. Since the birth of the world's first IVF babies in 1978, more than 3 million babies have been born using in vitro fertilization and other assisted reproductive technology (ART). However, availability varies widely from country to country, and success rates vary by age group and even among fertility clinics in the same city.

The illusion of reproductive control convinces us that once contraception is complete, conception will occur as planned. But unfortunately, motivation does not always give birth to a baby. Infertility is common. In the meantime, the arrival of each period ridicules that the couple has been using contraception for a long time to avoid exactly what they are now very eager to seek. And ironically, the increase in infertility problems today is due not only to the reduction in infertility due to delayed childbirth, but also to the iatrogenic effects of certain types of contraception.

Natural contraception information is presented with a set of restricted value of biological functions of women such as sexuality and pregnancy, but women's roles and family roles in society will strengthen natural birth control [2]. Alternatively, this information can be presented only as a contraception method that does not include physical

side effects and medical interference. However, it was not possible to challenge the suppressive assumption built to the development of these methods in the development of these methods. Alternatively, this information can be used as a SelfHelp tool to expand the options available to women and to expand their organs and our ability to manage our reproductive life. Choose whether the child is an integral part of this control. However, it is difficult to make these decisions if the means to make these decisions are not readily available. Safe and effective contraception, access to abortion regardless of economic situation, and freedom from forced sterilization and medical experiments are required. Every woman must have a decent income, quality health care, childcare as needed, and the freedom to define her sexuality. In this sense, natural contraception, like any other technique, helps control and release women.

Contraception is the common name for many different procedures, the purpose of which is not only to prevent the conception of a child, but also to prevent the birth of an already pregnant fetus [3]. The most commonly used method for this purpose is called contraception. The term abortion, on the other hand, refers to the physical removal of the fetus and refers to the process of fetal death. Contraception is a controversial issue around the world for social, religious and national reasons. Attitudes toward these issues vary widely around the world, and there is still intense debate about these issues today. In any case, these are topics that will be discussed a lot in the future.

Contraception

The presumption that contraception, or abstinence, is the only rational choice for young women illustrates how young women are expected to sacrifice any desire to become mothers until later [4]. The meaning of 'later' will vary. It could be until after marriage, following successful post compulsory education, or after a career has been established, depending on other prevailing cultural and structural ideas in which women are situated. Both abstinence advocates and birth control advocates use the discourse of choice for young women; they disagree on whether the right choice is chastity or contraception. For the chastity campaigners, young women should sacrifice sexual desires until marriage and dependency on a husband have been established. Whereas for birth control advocates young women should sacrifice any desires for motherhood until they are older and preferably financially independent, or at least a reduced risk of cost to the state. However, neither accepts that young women could legitimately choose early motherhood (although for the Christian right, this is still preferable to abortion). Consequently, although their particular positions are different, ideas of good motherhood and the desirability of sacrificing individual desires until specific conditions have

been achieved underpin the logic of both of their positions. As well as the shared rhetoric of choice, they also both reaffirm the responsabilization of women in promoting their particular position on preventing births.

Birth Control Pills

When used correctly, contraceptives are very effective in preventing pregnancy and the risk of pregnancy and childbirth far outweighs the risk of oral contraceptives, especially for women and teenagers in developing countries [5]. Oral contraceptives regulate and control a woman's menstrual cycle. This has many benefits, especially in reducing iron deficiency anemia caused by severe menstrual bleeding. Iron deficiency anemia is a problem for women around the world, but women in developing countries are less likely to receive comprehensive medical care and therefore less likely to be treated for this problem. In developed countries, women with excessive menstrual bleeding are often able to replace the iron lost due to dietary changes and iron supplements, but this is not always possible for women in developing countries.

Oral contraceptives also provide protection against some types of cancer, especially endometrial cancer and epithelial ovarian cancer. There is also evidence that oral contraceptives provide some protection against colon cancer. Taking oral contraceptives also provides protection against bone density loss, ovarian cyst development, and benign breast disease.

Oral contraceptives are frequently prescribed for adolescent ladies and younger girls as a way to alter menstrual periods. Many youngsters and younger girls be afflicted by abnormal or absent menstrual periods. Others have a trouble known as polycystic ovary syndrome (PCOS), a situation resulting from a hormonal imbalance. Symptoms encompass abnormal menstrual periods, intense acne, and extra hair growth. Birth manage capsules also are prescribed for adolescent ladies whose ovaries do now no longer produce sufficient estrogen, both due to anorexia nervosa (an consuming disorder), immoderate exercise, or the consequences of chemotherapy or radiation used in advance to deal with a youth cancer.

Stress

Childbirth is an intense event that is of emotional, social, and cultural significance as well as involving great physical stress [6]. Physically, women have to cope with acute changes and a high degree of pain as the uterus contracts, the cervix dilates, and the baby and placenta are born. Emotionally, labour and the birth of the baby may involve both intense positive and negative emotions. Interpersonal dynamics between the woman, her (birth) partner, and maternity staff

may be supportive or may increase stress if birth attendants are perceived as unhelpful, dismissive, or even abusive. Culturally, birth and motherhood are associated with many cultural expectations and norms, as commonly childbirth is considered a merely positive life event.

Symptoms of posttraumatic stress were first identified in relation to war experiences. However, in contrast to previous diagnostic criteria, triggers are not considered anymore to be restricted to events that are outside of the range of 'usual human experience' such as war, rape, or road traffic accidents. Indeed, for many years clinicians have been aware that also health-related events such as heart attacks, stroke, miscarriage, stillbirth, or childbirth may act as precipitants for posttraumatic stress responses. This comprises a peculiarity of PTSD following childbirth, because – as mentioned above – childbirth is typically associated with positive connotations (opposed to other potential traumatic events such as war or sexual/physical abuse). Also, in the Western world, births normally take place within the context of regular medical care, which actually represents the helper system (as opposed to crimes rated as criminal acts). Further, pertaining to PTSD following childbirth, at least two individuals must always be considered: The mother and the child. This can be challenging for the mother, as her role is to care for her baby who may be a strong reminder of the traumatic event.

Regarding posttraumatic stress responses in the context of childbirth, it is important to distinguish whether a woman suffering from PTSD following childbirth already suffered from PTSD during pregnancy, or whether the disorder has occurred only as a result of birth. Traumatic memories such as previous sexual abuse may be triggered by child movements as well as vaginal delivery and can lead to an actualisation of trauma symptoms. Clinical experience shows that in case of prior traumatisation, flashbacks may occur during childbirth triggered by a feeling of loss of control. They may also be the result of other trigger stimuli such as physical sensations (eg pain, birth injuries, bleeding) or sentences such as 'it's over soon', reminding the woman of the perpetrator's language that refers to earlier trauma. Women who have suffered from childhood abuse appear to have an increased risk of dissociation during delivery (especially in the context of additional risk factors). In addition to previous biographical traumatisation, women may also live under present adverse conditions such as domestic violence which may increase their risk of suffering from PTSD already during pregnancy.

Mental Health

Mental health is a time period that refers to biopsihosocial fitness, improvement and wellbeing at some stage in all intervals of reproductive age of ladies in addition

to their kids and partners [7]. The number one intention is prevention, identification, expertise and remedy of diverse emotional and mental challenges, in addition to obstetrical and gynaecological issues, from infertility, being pregnant to menopause. When we speak approximately emotional and mental problems then we consider a feel of lack of confidence and loss, worry, sadness, problems in companion relationships, parenting problems, however mental problems because of gynaecological issues (menopause, amenorrhea, etc.). If we study the trouble from the attitude of obstetrical and gynaecological problems, then can seem continual pelvic pain, lack of being pregnant, perinatal loss, infertility, etc., and every of this issues has some of mental changes.

Many health and welfare specialists perceived a near hyperlink among being pregnant, childbearing, and toddler elevating on the only hand and intellectual contamination at the other: the occasions and obligations related to motherhood have been believed in a few instances to precipitate a intellectual attack [8].

But health and welfare specialists now no longer handiest involved approximately the struggling that intellectual situations may purpose their sufferers, additionally they feared that sufferers' intellectual ailments or retardation may make them bodily damage their kids. In fact, some of sufferers did threaten their kids's protection or critically forget about or abuse them.

Mental fitness is an indispensable a part of health. According to the World Health Organization, health is in trendy described as 'a nation of entire bodily, intellectual and social wellbeing, and now no longer simply the absence of ailment or disability' [9]. Although historically intellectual mental health and contamination had been the area of psychiatrists and psychologists, no medical doctor today, of something speciality, might deny the significance of mental elements each withinside the direction and the remedy of maximum diseases. It is unlucky that scientific education and exercise frequently provide the medical doctor neither the capacity nor the possibility to look at extensive the mental and social, in addition to the bodily components of individuals who are seeking for their help. However, if we look at latest traits each in scientific schooling and in fitness services, we word that there was a chronic fashion closer to integrating bodily and intellectual fitness and bridging the distance among bodily and mental health services.

Those responsible for mental health have been faced with major difficulties in their efforts to organize and implement successful programmes of primary prevention. Most mental health workers would agree that prevention of mental illness is still an elusive goal. It is not lack of knowledge of the causes of mental illness that makes prevention difficult.

We already know of many factors that contribute to mental illness, about which little or nothing is being done. There is now, for example, widespread agreement that one of the major factors contributing to mental illness is emotional and intellectual deprivation among children, which in turn is often the result of poverty, ignorance and family breakdown. Such conditions cannot be ameliorated by a single health program, even in community mental health programs. At best, psychiatrists can use all available resources to influence some family relationships. A fundamental factor affecting a child's intellectual and emotional development, i. e. their social, economic and cultural environment can be changed only slightly by medical services.

One of the concrete ways medical services can improve the lives of families is to help people plan and plan their children. Comprehensive family medical services, including family planning, can make important contributions to the prevention of illness and the promotion of general health, especially mental health.

Diabetes

For diabetic women and their partners, contraception can be used when planning a pregnancy to give the woman the time she needs to control her blood sugar levels as much as possible [10]. This reduces the risk of birth defects in the baby and keeps the woman healthy before pregnancy. Despite these important reasons for using contraception, the percentage of unplanned pregnancies in diabetic women is 76 percent. This high rate of unwanted pregnancies is influenced by myths and misunderstandings about diabetes, pregnancy and contraception. A common myth is that diabetic women cannot think of or use contraception. Both myths are wrong, and women and their partners have many contraceptive options. Contraceptive options are not off limits for women with diabetes just because she has diabetes. These options include non-hormonal and hormonal methods. Non-hormonal therapy includes natural methods such as abstinence, extravaginal ejaculation, fertility recognition, as well as barrier methods such as the diaphragm, cervical cap, male and female condoms, and certain intrauterine devices. It will be. Hormone therapy includes contraceptive implants, injections, and pills.

Cardiac Conditions

Heart disease has been one of the main reasons of dying for child-bearing girl's within the UK during the last decades, and presently it's been diagnosed that the numbers of girls with cardiac sickness are growing, because of advances in scientific/surgical remedy and way of life issues [11].

Cardiac situations can commonly be divided into structural anomalies (each congenital situations undiagnosed or formerly repaired and harm attributable to sickness which includes rheumatic fever) and received, in large part ischaemic, situations, which increase over the years and are typically related to way of life issues. Whereas formerly girls with congenital cardiac situations won't have lived beyond infancy, with new surgical operation and capsules they'll now attain child-bearing age in an inexpensive country of health. This organization is the biggest within the maximum latest file from the European Registry of Pregnancy and Cardiac Disease. In comparison, fewer kids within the UK at the moment are left with the lifelong legacy of rheumatic coronary heart sickness (RHD). However, RHD stays not unusual place with inside the resource-bad areas of the sector and is regularly visible within the immigrant populace with inside the UK. Heart sickness this is received thru genetic predisposition and way of life, which includes coronary artery sickness, is now turning into an increasing number of generic in girls of reproductive age.

The accelerated being pregnant fee for girls with coronary heart sickness has led to midwives seeing many extra girls with this probably life-threatening circumstance. A development in diagnostic capabilities, tracking strategies and capsules, in addition to an accelerated know-how of cardiac function – each regular and in being pregnant – has brought about higher control of being pregnant in girls with coronary heart sickness. Midwives want now no longer best expert know-how however additionally regular midwifery capabilities to take care of those girls effectively.

Pregnancy final results commonly relies upon at the form of coronary heart sickness and the way it impacts the female bodily whilst she isn't always pregnant, even though a few situations, such Marfan's syndrome, can be asymptomatic till being pregnant. Functional reputation is frequently assessed through the Modified WHO class of maternal cardiovascular danger or the New York Heart Association (NYHA) Criteria. Although comparable in design, each being divided into companies I to IV, the WHO class considers precise cardiac situations, permitting sickness-precise dangers to be diagnosed. The use of class tables offers an normal indication of danger, however final results may be very lots depending on the character female's reputation.

Blood Pressure

Hypertensive disorders complicate 10–15% of pregnancies, making them the most common medical condition affecting pregnancy [11]. They are generally classified into three types: chronic or pre-existing hypertension, gestational hypertension and preeclampsia (PET).

Chronic hypertension currently complicates 1–5% of pregnancies, although with the increase in obesity and the tendency to delay child-bearing, the incidence is likely to rise. A woman with chronic hypertension has greater risk (20–30%) of developing superimposed pre-eclampsia compared to a woman with normal blood pressure. Preeclampsia, the most significant of the range of hypertensive disorders in pregnancy, contributes to increased maternal and perinatal morbidity and mortality.

Complications or variations of pre-eclampsia include eclampsia, HELLP (Haemolysis, Elevated Liver enzymes, Low Platelets) syndrome and acute fatty liver disease of pregnancy. Much of antenatal care in the second and third trimester centres on the early detection of this unique complication of pregnancy.

Measurement of blood pressure, assessment of proteinuria and identification of symptoms underpin diagnosis in hypertensive disorders, although it is important to remember that PET is a multi-system disorder that can have a varied presentation and can present initially with normal blood pressure. Despite the frequency of PET in pregnancy, many women are unfamiliar with the condition. The midwife should take opportunities to discuss the symptoms of PET such as severe headache, visual disturbances and epigastric pain, and ensure the woman knows how to access help as required. This is particularly important for those women at increased risk. A detailed knowledge of the pathophysiology of PET and other hypertensive disorders will help midwives make effective assessments of women and enable timely recognition and referral.

Conclusion

Birth control is a general term for a number of different procedures for the purpose of preventing the conception of a child or preventing the birth of an already conceived fetus. The mechanisms used to prevent conception are commonly referred to as contraception, which is different from the term abortion which represents the removal of an already conceived embryo or fetus that causes its death. Birth control is a highly controversial topic in many parts of the world, caused by customary or religious reasons. There are different degrees of opposition to birth control, so there are views that any kind of control is unnatural, to views that oppose only abortion or violent termination of life already conceived.

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