Should Emergency Contraceptives Continue to be Available as Over the Counter Drugs?

Anupama Sukhlecha, M. P. Shah Medical College, India
Dinesh M. Parmar, M. P. Shah Medical College, India

ABSTRACT

Women have been victims of sexual abuse and rape since time immemorial. Many times these have led to unintended pregnancies, forcing many of them to undergo illegal abortions. Most of these abortions were without any aseptic techniques that many times led to morbidity or even death of the victim. A rise in use of emergency contraception (EC) is good, as it will prevent a lot of unwanted births and unsafe abortions. On the other hand, the increasing use of ECs has led to increased sexual activity amongst youngsters. There has been a rise in sexually transmitted diseases following EC use because of multiple sexual partners and avoidance of barrier method of contraception. Hence, there is a need to encourage EC, but this calls for a need for safe sexual practice and awareness campaigns so that ECs are not misused.

Keywords: Abortions, Awareness Campaigns, Emergency Pills, Safe Sex, Sexually Transmitted Diseases

BACKGROUND

An article entitled “As pill replaces condom, sexually transmitted diseases (STDs) on rise” was recently published in the Hindustan Times. It stated that many young girls who had unprotected sex were tested positive for human papilloma virus which is a precursor for cervical cancer. Most girls took emergency contraception (EC) and encouraged their partners to leave the condom. In recent times, STDs have shot up immensely in adolescents, young men and women. Nearing 30% of India’s AIDS victims are between the ages of 15 and 24 years. The increasing casualness about sex and multiple partners also worsens the problem. Infections that appear mild to begin with, can lead to infertility if they involve the fallopian tubes. There are about 7 million abortions are carried out in India annually and about 20,000 women die of septic abortions following unprotected intercourse and a fear of unintended pregnancy. Many Indian women also fear the social stigma...
of seeking an abortion, and therefore go to un-
certified abortionists (Khan, 2009; Rao, 2008;

INTRODUCTION

Since time immemorial, women have become
victims of sexual abuse and rape. Women also
were often a victim of unintended pregnancies
for which they needed to undergo abortion. Most
of these abortions were without any aseptic
techniques that many a times led to death of
the victim. Low contraceptive use in India has
contributed to high rates of unintended pregnan-
cies, which have contributed to heavy reliance
on induced abortion - an estimated 7 million
abortions annually (Ministry of Health and Fam-
ily Welfare, 2008). Abortion is legal in India, but
safe procedures remain relatively inaccessible.
In a study, unsafe abortion constitutes 11.6% of
total abortion cases (Bhattacharya Mukherjee,
Mistri, & Pati, 2010).

EC can play a critical role in reducing un-
intended pregnancy from all the above causes.
Emergency contraception is defined as the use of
any drug or device after unprotected intercourse
to prevent an unwanted pregnancy. The concept
of an emergency contraception has been known
since long, and has been practiced from time
immemorial. In ancient times, women used to
douche themselves with potion, liquid and eat
different types of food so as to abort a potential
pregnancy. Present day women have modern
ways of preventing pregnancy with birth pills,
emergency pills, etc. Emergency contraceptive
has also been labeled as a morning after pill or
postcoital pill (Nair, 2008).

Through this article, we look into the vari-
ous advantages and disadvantages of EC as an
over the counter drug and, finally come up to
a conclusion whether EC should be available
over-the-counter or not.

Available Methods for
Emergency Contraception

The oral contraceptive (OC) pills were intro-
duced way back in 1960s as a new method of
birth control. Thanks to medical science that,
with the use of contraceptive pills, now, women
can now bring pregnancy under their control.
They can also plan when to get pregnant and
henceforth plan their activities accordingly
(Tripathi, 2008). Most of the older contracep-
tives dealt with interference with intercourse
like condoms, diaphragms, CuT, etc. However
the newer method of OC relieved the women
from such barriers. The dose of older OC pills
was high, leading to lots of adverse effects and
hence was unacceptable to many. However, the
newer oral contraceptives have a very low dose
and hence almost negligible adverse effects.

Emergency contraceptives brought much
more relief to women who had unprotected
intercourse but were not desirous of pregnancy.
Amongst the several approaches to EC, the
copper-bearing intrauterine device (IUD) is the
most effective method; its widespread use is lim-
ited due to logistic and medical reasons. Yuzpe
introduced a regimen consisting tablets of 0.1
mg ethinylestradiol and 0.5 mg levonorgestrel
(LNG), given within 72 hours of intercourse
and repeated after 12 hours (Yuzpe & Lancee,
1977). Another method to take tablet LNG 0.75
mg, repeated after 12 hours or as a single dose
of 1.5 mg, has been shown to be associated with
lower rate of side effects and higher efficacy
than the Yuzpe regimen (WHO Task Force on
Postovulatory Methods of Fertility Regulation,
1998; Von Hertzen, Piaggio, & Van Look, 1998;
Raymond, Taylor, Trussell, & Steiner, 2004).
Although mifepristone (mid or high doses)
has higher efficacy than LNG, the potential
for mifepristone EC is limited due to social
and political reasons since it can be used as an
abortifacient if combined with a prostaglandin
analogue. To date, mifepristone in low doses
(10, 25 or 50 mg) for EC is available only in
China (Cheng, Gülmezoglu, Piaggio, Ezcurrea,
& Van Look, 2008). Recently, ulipristal acetate,
a novel selective progesterone receptor modu-
lator, developed for emergency contraception,
has been approved by the European Medicines
Agency (EMA) in May 2009 and by the U.S.
Food and Drug Administration (FDA) in August
2010 (EMEA, 2009; FDA, 2010).
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