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## CONTRACEPTION AND ITS MECHANISM OF ACTION

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### Annotation

Most women who use contraception are fit and healthy. However; some health conditions may be associated with real or theoretical risks if a particular contraceptive method affects the health condition. In an attempt to produce a set of international norms for providing contraception to individuals with a range of medical conditions that may contraindicate a contraceptive method, the World Health Organization (WHO) developed medical eligibility criteria for contraceptive use.

**Keywords:** contraceptive, prevent pregnancy, preventing ovulation, oocyte.

Contraceptive methods prevent pregnancy by targeting one or more key reproductive processes or sites in the male or female reproductive tract. None of the existing methods of contraception is 99% effective at preventing pregnancy. The effectiveness of a method depends on both its mechanism of action and correct and consistent use. Compliance depends on the acceptability of the method to the user and tolerability with any untoward effects that they experience related to use of the method. Many women who present with an unintended pregnancy have used a contraceptive method, but it is usually a method of low effectiveness (e.g. condom) or a method that has been used incorrectly or inconsistently (e.g. missed oral contraceptive pills). The uptake of existing methods is limited by their acceptability and, for many methods, discontinuation rates are high.

An individual's choice of contraception is just as likely to be based upon information from the media, friends and family as from a healthcare professional. The most



effective methods of contraception are long-acting reversible contraception (LARQ methods, such as the copper intrauterine device (Cu-IUD), levonorgestrel intrauterine device (LNG-IUD) and progestogen-only implant. Unfortunately/myths and misconceptions among both the general population and healthcare professionals surrounding the use of LARC are major factors that limit their uptake. Education, dispelling myths and promoting the Significant non-contraceptive benefits of LARC methods could improve uptake a continuation and could have the potential to prevent many more unintended pregnancies for more women.

The current available methods of contraception work in the following ways:

preventing ovulation – this is the mechanism of action of the following methods: combined hormonal contraception (CHC: pill, patch and vaginal ring), the progestogen-only injectable, the progestogen-only implant, oral emergency contraception (EC) and lactational amenorrhoea

preventing sperm from reaching the oocyte, that is, female sterilization and male sterilization (vasectomy)

preventing an embryo from implanting in the uterus – this is a mechanism of action of the Cu-IUD and LNG-IUD

allowing sperm into the vagina but poisoning them – this is the mechanism of action of spermicides

allowing sperm into the vagina but blocking further passage – this is the mechanism of action of the diaphragm and cap, and is also one of the mechanisms of action of progestogens through their effect on the cervical mucus.

preventing sperm from entering the vagina – this is the mechanism of action of: male and female condoms, avoiding sex during the fertile time of the cycle, fertility awareness-based method.

All in all, the efficacy of a method depends on its mechanism of action. However effectiveness depends on compliance and continuation with the method. Compliance is influenced by the route of administration. Continuation with a method depends on the acceptability to the user. The most effective method for any woman, therefore, is a method that will be used correctly and consistently. The length of action of currently available contraceptives has an influence on the acceptability



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