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Bulent E*

Department of Internal Medicine, University of Afyon Kocatepe, Afyonkarahisar, Turkey

*Corresponding author: Bulent E, Department of Internal Medicine, University of Afyon Kocatepe, Afyonkarahisar, Turkey, Tel: 902722281092; E-mail: elitok1969@hotmail.com

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Editor Note

Female health is second to none in the greater scheme of things in healthcare. Maintenance of proper reproductive health and use of contraception would go a long way in restricting disease flow and unintended pregnancy in much of the world. The Journal of Reproductive Health and Contraception is a leading journal in the field of reproductive biology. The current issue of the Journal of Reproductive Health and Contraception presents some very pertinent studies on contraceptive use, contraceptive laws, and HIV in the background of pregnancy.

Tubal ligation or tubectomy is a contraceptive surgery wherein the fallopian tubes are separated and fixed, or clasped and blocked, thereby preventing the eggs from getting implanted in the uterus. This type of surgery commonly requires the patient to undergo general or spinal anesthesia. Women with a background of bladder disease are suggested not to undergo this process. Kanes [1] has authored a review on the procedure of tubal ligation, its contraindications, and its significance in the broader perspective of contraception and female health.

The dual problems of unplanned pregnancies and sexually transmitted diseases represent one of the most important public health challenges, especially amongst the youth in Sub-Saharan Africa. Though the concomitant use of two contraceptives, i.e., dual method contraception (DMC), is very effective in preventing these issues, the understanding of DMC is restricted to developing countries alone. Buraimo et al. [2], investigated the use of DMC amongst the youth in Nigeria. The results revealed that only 5.4% of respondents were regular DMC users. Furthermore, the multivariate analysis revealed that older age at first sex and intention to avoid pregnancy were the most significant reasons for DMC use amongst the Nigerian youth.

Finlay and James [3] examined the effect of laws detailing access to contraception using various means such as: pill, IUD, and sterilization, on contraceptive use in Sub-Saharan Africa. The authors found that countries with more liberal laws regarding contraception exhibited higher rates of contraceptive use. Furthermore, the authors also found that colonial origin was also a determinant of contraceptive use,

with former French colonies having stricter contraceptive laws as compared to the British colonies. Therefore, the current contraceptive laws in the African continent were found to be a legacy of the contraceptive laws which had been framed at the time of the country's independence.

In addition to the disadvantages, male circumcision is associated with some advantages such as: decrease in the risk of sexually transmitted diseases, lowered genital infections, and easier genital hygiene. In this report, Lakshmi [4] has presented the case for male circumcision in controlling cervical cancer, HIV, and other genital infections.

Women living with human immunodeficiency virus (HIV) infection are at a high risk of transmitting the infection to their child. Mitiku et al. [5], investigated the prevalence of contraceptive use among HIV positive women undergoing antiretroviral therapy at the Mizan-Tepi teaching and referral Hospital, Ethiopia. The results revealed that women who were ≥ 35 years old, muslims, widowed/separated, with a monthly income ≥ 1500 birr, and not having a discussion with their partner regarding family planning were less likely to utilize modern contraceptives. Whereas, women with educated partners were at a higher probability of using modern contraceptives.

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