

Emergency contraceptive pills

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Emergency Contraceptive Pills The purpose of this paper is to address two questions pertaining to emergency contraceptive pills (ECPs) The format that this paper will utilize is to first identify the question and then give commentary using relevant references.

For this first part of this paper the focus will be on whether or not ECPs should be in the available in the cabinet of every childbearing woman? It is my contention that ECPs should not be in everyones cabinet for a multitude of reasons. The reasoning behind this is largely owing to health and moralistic consequences.

In regards to health consequences, it has been identified by Harris (2010) that there are serious medical side effects to taking the ECP Ella, such as headaches, nausea, abdominal pain, severe menstrual cramps as well as dizziness and fatigue. These side effects represent only the short term medical consequences of taking these medications, and there is probably a likelihood of there being serious consequences of a person taking this drug repeatedly on a long-term basis. It could be argued that if ECPs are only available by prescription and not kept in the household that this would most likely reduce the risk of an individual from over consuming this drug on a long term basis.

One second consideration as to why ECPs should not be kept in the household was argued by the National Post (2007). The article identified that that a common perception of having ECPs so readily available would encourage people to more frequently engage in high risk sex, which would carry with it an increased risk of STD exposure. Although there may not be any empirical evidence to back this claim up, it represents a risk that can be easily reduced if ECPs were only made available by prescription.

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As a final point, special consideration will be made regarding how women choose between the methods of birth control? It is likely that a women would choose a method of birth control that they feel best accommodates their needs or based on advice from a medical practitioner. For example, if an individual is looking for a contraceptive to diminish the risk of STD infection that it is likely that she would opt for a barrier style contraceptive. Moreover if the individual is interested in a hormonal based contraceptive based on its probability of preventing ovulation than this choice would be best suited.

References

Harris, G (2010) F. D. A. Approves 5-Day Emergency Contraceptive. The New York Times [online] Available at <http://www.nytimes.com/2010/08/14/health/policy/14pill.html> Accessed on September 15th

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National Post (2007) Feelings Mixed on Emergency Contraception. [online] Available at <http://www.nationalpost.com/opinion/columnists/story.html?id=bf383d76-52d0-476c-88c2-c618af183a71> Accessed on September 15th

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