

# ***FAMILY PLANNING***

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## **WHO defines family planning as :**

“A way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the family group and thus contribute effectively to the social development of a community”.

- A program to **regulate no and spacing of children** in a family through practice of contraception or other methods of birth control
- Programs or services designed to assist the family in controlling reproduction by either improving contraceptive use or by diminishing fertility there by limiting the no of child born
- A health service that helps couples decide when to have children n if so how many

## **Family planning refers to practices that help individuals or couples to attain certain objectives:**

- To avoid unwanted births
- To bring about wanted births
- To regulate the intervals between pregnancies
- To control the time at which births occur in relation to the ages of the parents
- To determine the number of children in the family

# Scope of family planning services

- Premarital consultation and examination
- Marriage counseling
- Carrying out pregnancy test
- The preparation of couples for the arrival of their child
- Providing services for unmarried mothers
- Teaching home economics and nutrition
- Providing adoption services

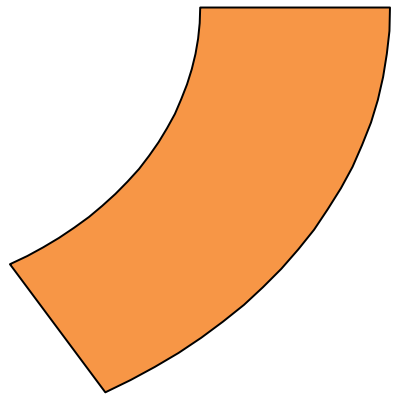
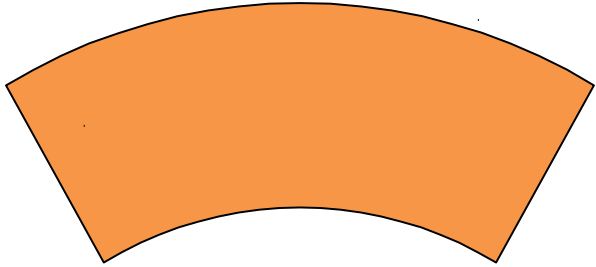
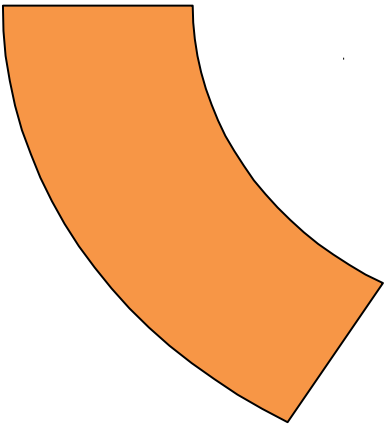
- The proper spacing and limitation of births
- Advice on sterility
- Education for parent hood
- Sex education
- Screening for pathological conditions related to the reproductive system
- Genetic counseling

# HEALTH ASPECTS OF FAMILY PLANNING

**WOMEN  
HEALTH**

**FETAL  
HEALTH**

**INFANTS  
AND CHILD  
HEALTH**



# WOMEN'S HEALTH

- Pregnancy can mean serious problems for women
- Health risk is 10-20 times greater in developing countries
- Risk Increases As:
  - mother grows old
  - With no of children
- Maternal morbidity, morbidity of women of child bearing age group, nutritional status, preventable complications of pregnancy and abortion





# LIMITING NO OF BIRTHS

- Repeated pregnancies may cause mortality and morbidity due to
  - Rupture of uterus
  - Toxemias of pregnancies
  - Placenta previa
  - Eclampsia
  - Severe anemia

# TIMING OF BIRTHS

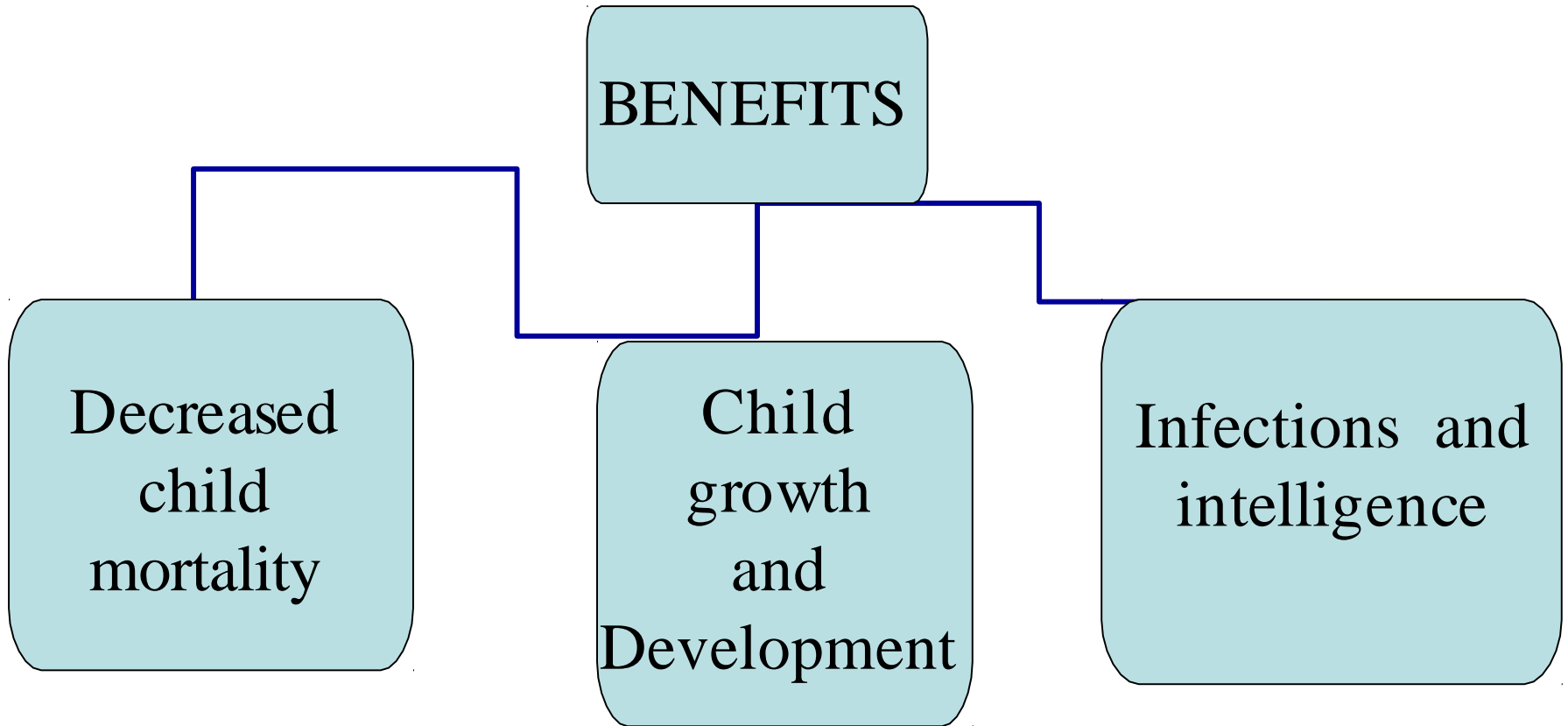
- Risk of death is increased in < 20 and >35 years of age



# FETAL HEALTH

- A no of congenital anomalies are associated with advancing maternal age
- Quality of population can be improved by avoiding completely unwanted births, compulsory sterilization of all the adults who are suffering from certain diseases like leprosy and psychosis

# CHILD HEALTH



# ELIGIBLE COUPLES

- An “*Eligible couple*” refers to a currently married couple where in the wife is in the reproductive age, which is generally assumed to lie between the ages of 15 and 45 years.
- These couples are in need of family planning services.
- On an average 2.5 million couples are joining the reproductive group every year.
- Eligible couple register is a basic document for organizing Family Planning work

# TARGET COUPLES

- In order to pin point the couple who are the priority groups within the broad definition of “eligible couples” the term target couple was coined
- *“Target couples”* are the couples who have two to three living children, and family planning was largely directed to such couples.
- The definition of target couples has been gradually enlarged to include families with one child or even newly married couples with a view to develop acceptance of the idea of family planning from the earliest possible stage.

# COUPLE PROTECTION RATE

- Its an indicator of prevalence of contraceptive practice in the community
- It is defined as % of eligible couples effectively protected against child birth by one of the standard or approved methods of contraception.
- CPR is a dominant factor in reduction Net reproduction rate





# SMALL FAMILY NORM

- Small difference in family size will make big difference in birth rate.
- In 1970 slogan was “DO YAA TEEN BAS”
- In 1980 it was revised to 2 child norm

# THE CURRENT EMPHASIS IS ON

1. SONS OR DAUGHTERS 2 WILL DO
2. 2<sup>nd</sup> child after 2-3yrs
3. Universal immunization

Two Years Apart Is Baby Smart



# IDEAL CONTRACEPTIVE

- Safe
- Effective
- Acceptable
- Inexpensive
- Reversible
- Simple to administer
- Independent of coitus
- Long-lasting
- Little or no medical supervision.



# CAFETERIA CHOICE

The present approach in family planning programs is to offer all methods from which an individual can choose according to his needs and wishes and to promote family planning as a way of life.



***“Success of any contraceptive depends on its effectiveness and rate of continuation”***

Issues regarding *choice of contraceptive method* in individuals are

- Age
- Efficacy required
- Ease of use
- Smoking status

# TOPICS TO COVER FOR EACH METHOD

- ✓ Efficacy
- ✓ Individual suitability
- ✓ Absolute contra-indications
- ✓ Side effects
- ✓ Advantages other than contraception
- ✓ Mode of use
- ✓ Onset of action

- ✓ Follow-up arrangements
- ✓ Timing of return to fertility
- ✓ Existing medical problems
- ✓ Regular medication
- ✓ Family history
- ✓ Menstrual history
- ✓ Obstetric history
- ✓ Previous contraceptive use



- Often too much for one consultation
- Useful to have packets and coils to show
- Comparative leaflets

**“SHOULD AIM FOR A JOINT DECISION”**

# ***CONTRACEPTIVE METHODS***

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graph TD; A[CONTRACEPTIVE METHODS] --> B[SPACING METHODS]; A --> C[TERMINAL METHODS]
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**SPACING  
METHODS**

**TERMINAL  
METHODS**

# ***SPACING METHODS***

- BARRIER METHODS
  - a) PHYSICAL METHODS
  - b) CHEMICAL METHODS
  - c) COMBINED METHODS
- INTRA-UTERINE DEVICES
- HORMONAL METHODS
- POST-CONCEPTIONAL METHODS
- MISCELLANEOUS

# ***TERMINAL METHODS***

➤ MALE STERILISATION

➤ FEMALE STERILISATION

# BARRIER METHODS

- Barrier or occlusive methods, suitable for both men and women are available.
- **Aim:** to prevent live sperm from meeting the ovum.
- These methods require a high degree of motivation on the part of user.
- In general they are less effective than either the oral or the loop .They are only effective if they are used consistently and carefully.
- Pregnancy rates vary from 2-3 per100 women.

# A- PHYSICAL METHODS

## 1- CONDOM

- This is considered as the simple spacing method without side effects and prevents both male and female from sexually transmitted diseases.
- This prevents the semen from being deposited in vagina.
- The effectiveness of a condom may be increased by using it in conjunction with a spermicidal jelly inserted in the vagina before intercourse.

# Advantages

- Easily Available
- Safe and inexpensive
- Easy to use, do not require medical supervision
- No side effects
- Light, compact and disposable
- Provides protection not only against pregnancy but also against STD

# Disadvantages

- It may slip off and tear during intercourse due to incorrect use
- Interfere with sex sensation locally about which some complain while others get used to it.



# Female Condom

- This is a pouch made of polyurethane, which lines the vagina.
- An internal ring in the close end of pouch covers the cervix and an external ring remains outside the vagina. It is pre-lubricated with silicon and a spermicide need not to be used.
- It is an effective barrier to STD. Failure rate may vary from 5-21 per 100 women.
- High cost and acceptability are major concern.

## 2- DIAPHRAGM

- This is a vaginal barrier.
- It is a shallow cup made of synthetic rubber or plastic material. It ranges in diameter from 5-10 cm.
- The diaphragm is inserted before sexual intercourse and remains in place for not less than 6 hours after sexual intercourse.
- A spermicidal jelly is always used along with the diaphragm.



## **Advantages:**

- Primary advantage is the total absence of risks and medical contraindications.

## **Disadvantages:**

- Initially a trained person or physician is needed to demonstrate insertion
- After delivery it can only be used after the involution of uterus is completed.
- If left in vagina for extended period of time a remote possibility of toxic shock syndrome may occur.

## 3- VAGINAL SPONGE:

- Sponge soaked in vinegar or olive oil is used. It is 5 cm x 2.5 cm, saturated with spermicidal .
- Failure rate in multipara women is 20-40 per 100 and in nulliparous about 9-20 per 100 women.

# B-CHEMICAL METHODS

- Before the advent of IUDs and oral contraceptives, spermicides (vaginal chemical contraceptives) were widely used.
  - **Foams:** foam tablets, foam aerosols
  - **Creams, jellies and pastes:** squeezed from a tube
  - **Suppositories:** inserted manually
  - **Soluble films:** C-film inserted manually

# Disadvantages

- High failure rate
- Must be used almost immediately before intercourse and repeated before each sex
- Must be introduced in those regions of vagina where sperms are likely to be deposited.
- May cause mild irritation or burning, besides messiness
- Spermicides are not recommended by professional advisers, they are best used in conjunction with barrier methods.