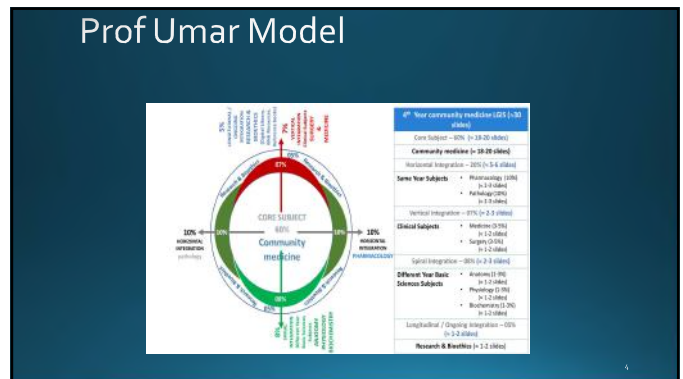




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4

### Reproduction and Population medicine (module 4) 4<sup>th</sup> year MBBS

Family planning (Population Control, Approach and Practices)  
Dr. Afifa Kalsoom (Assistant Professor)  
Dr. Narjis Zaidi (APWMO)

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### Sequence of lecture

- Introduction 1slide
- Learning objectives 1slide
- Core component 22slides
- Research 1 slide
- Ethics 1slide
- Family medicine 1slide
- End of lecture assessment 1slide

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### Vision & Mission of RMU

1. To impart evidence based research oriented medical education
2. To provide best possible patient care
3. To inculcate the values of mutual respect and ethical practice of medicine



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### Learning outcomes

By the end of this lecture, students will be able;

- To identify the need and requirements for an informed decision-making process on contraceptive choice
- To characterize the principles of reproductive rights and gender issues related to family planning
- Identify the scope of family planning
- Appreciate health aspects of family planning
- Understand the terms of small family norms and eligible couples & target couples
- Calculate the couple Protection rate of a given population

**Core subject**

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## FAMILY PLANNING

Core subject

- A way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitudes 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 country (WHO Expert Committee 1971)

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 <b>POPULATION WELFARE DEPARTMENT</b> Government of The Punjab		
Population Profile Punjab		
Indicators	Pakistan	Punjab
Total Population	<b>207.8 Million</b>	110 Million
Population Growth Rate	2.4%	2.13%
Population Density (per sq. km)	236 Persons	536 Persons
Urban Population	75.6 Million	40 Million

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## OBJECTIVES OF FAMILY PLANNING

- To avoid unwanted births.
- To plan wanted births.
- To regulate intervals between pregnancies.
- Plan births in relation to the ages of the parents.
- To determine number of children in the family



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## Basic human right

Core subject

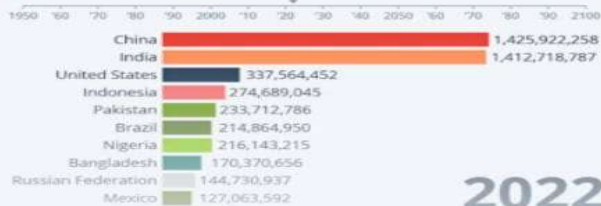
- The United Nations conference on human rights At Teheran in 1968 recognized family planning as a **BASIC HUMAN RIGHT**.

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## The World's Most Populous Countries

Estimated/projected total population on January 1 of the respective year\*



\* The names and composition of geographical areas follow the latest revision

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## BASIC HUMAN RIGHT

Core subject

- The World Conference of the International Women Year 1975 declared;
- "The right of women to decide on the number and spacing of their children and to have access to the information and means to enable them to exercise that right."

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Type of Indicator	SDG target	Proposed Indicator	Core subject
Impact	3.1	Maternal mortality	
	3.2	Under-five mortality	
	3.2	Neonatal mortality	
	3.7	Adolescent birth rate	
	3.9	Mortality due to unsafe water, sanitation and hygiene, Mortality due to air pollution (household and ambient)	
Coverage	3.1	Births attended by skilled health personnel.	
	3.2	Family planning coverage	
	3.8	HUC/RMNCH 3 tracers (family planning, antenatal and delivery care, full immunization coverage, health-seeking behavior for suspected child pneumonia)	
	37 (22)	Model life table systems	
Risk factors/determinants	2.2	Child stunting, child wasting, child overweight	
	6.1	Access to safely managed drinking-water source	
	6.2	Access to safely managed sanitation	
	7.1	Clean household energy	
	11.5	Ambient air pollution	
	Other	Part of targets in goals on poverty, education, gender etc.	

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### Informed decision making process in contraceptive choice

Core subject

- Informed choice means that the clients select the method that best satisfies their personal, reproductive and health needs based on a thorough understanding of contraceptive options.
- Anyone seeking family planning services has the right to be fully informed on benefits, potential adverse effects and available alternatives by a trained personnel.

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### COUNSELLING AND INFORMED CHOICE IN FAMILY PLANNING

Core subject

- Counselling is a two way process in which unbiased information is given to the clients about all available methods so that they can make a free, well informed decision.
- During late pregnancy, after delivery and after an abortion, it is important that different methods are discussed with the couple and they are helped to make a decision.

MS1

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4 KEY STEPS IN DECISION MAKING PROCESS		
Step	New Clients	Continuing Clients
Understanding personal circumstances	Discuss client's reproductive goals Review client's medical history Review client's contraceptive experience Discuss client's personal situation	Review client's experience with method Check that client is using Method correctly
Provide information of all available methods	Offer accurate information Narrow down options Teach about the Preferred methods	Remind client about side effects Discuss client's ability to Tolerate side effects Teach about alternative methods
Choosing the best option	Weigh pros and cons of Preferred methods for client Explore client's reason for choice Examine provider's Influence on the decision	Weigh pros and cons of Continuing vs. switching Explore client's reason for choice Examine provider's Influence on the decision
Implementing the decision	Teach how to use the method Give directions for check-ups Or resupply Instruct how to respond To problems	Reinforce instructions About method use Provide additional supplies Schedule future visits or Further counseling

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### Rights of family planning clients

Core subject

- Right to information
- Right to access
- Right of choice
- Right to safety
- Right to privacy
- Right to confidentiality
- Right to dignity
- Right to comfort
- Right of opinion

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## Reproductive rights

Core subject

- Twelve Human Rights Key to Reproductive Rights

The right to live

The right to liberty and security of person.

The right to health including sexual and reproductive health.

- The right to decide number and spacing of children.
- The right to consent of marriage and equality in marriage.

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## The “gather” approach of counselling

Core subject

- **G**=Greet
- **A**=Ask and assess client's knowledge, needs, experience with previous methods and feelings.
- **T**=Tell the client about all available FP methods with leaflets, charts and brochures.
- **Help**= Help the client to choose a method. If its not suitable suggest her to use another method.
- **E**=Explain the client about the use of method , its duration, effectiveness, advantages, possible side effects and limitations.

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Core subject

- The right to equality and non- discrimination.
- The right to be free from practices that harm women and girls.
- The right to not to be subjected to torture or other cruel ,inhuman or degrading treatment or punishment.
- The right to be free from sexual and gender based violence.
- The right to access sexual and reproductive health education and family planning information.

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## Contd.....

Core subject

- **R**= Return for follow up. At the follow visit, inquire if the client still using the method. If the answer is “yes” ask if there are any problems and Also confirm if the method is being correctly used. If there are any side effects the change of method should be considered.

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Core subject

- The right to enjoy scientific progress.
- Right to privacy.

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## CONTD....

Core subject

- Counselling can be divided into three phases:
- **Initial counselling:** All available methods are explained to the client and helped to choose a suitable method.
- **Method specific counselling**
- **Follow up counselling**

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## Gender issues related to family planning

### Core subject

- In Pakistan the Family planning programme was started In 1953 as an NGO, The Family Planning Association of Pakistan. At that time the population of Punjab was 20.54 million .

Commonly known as Lady health workers programme , the the National Programme for Family Planning and Primary Health Care was launched in April 1994

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- Men often fear that women will become promiscuous if they use contraceptive methods.
- Men usually avoid going to health facility if it primarily provides service to females therefore group discussions of men can be arranged by male staff of family planning deptt.

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## Contd....

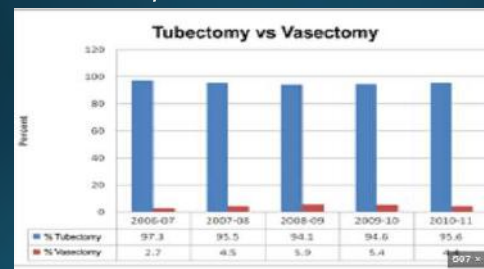
### Core subject

- Understanding gender and gender roles:
- Gender is not same as the sex.
- Sex simply refers to the biological and physical differences between men and women.
- Gender refers to the economic, social, political, and cultural attributes, opportunities and constraints associated with being a woman or girl, man or boy.

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## Graphical representation of BTL and vasectomy in India



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## Contd.....

### Core subject

- **Counselling Men:**
- Men have special counselling needs and they should receive special attention from health care providers so that they are able to make reasonable decisions regarding reproductive health practices.
- Men are often less informed about family planning practices and they very rarely visit family planning centres.
- Men often have serious misconceptions and concerns that family planning methods will negatively affect their sexual pleasure.

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## Research

[https://www.who.int/health-topics/contraception#tab=tab\\_1](https://www.who.int/health-topics/contraception#tab=tab_1)

According to 2017 estimates, 214 million women of reproductive age in developing regions have an unmet need for contraception. Reasons for this include:

- limited access to contraception
- a limited choice of methods
- a fear or experience of side-effects
- cultural or religious opposition
- poor quality of available services
- gender-based barriers.

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## Ethical issues related to contraception

- <https://americanpregnancy.org/unplanned-pregnancy/birth-control-pills-patches-and-devices/ethical-questions-about-birth-control/>

How contraceptives work, specifically, the contraceptive methods that involve the changing of the lining of the uterus to prevent implantation from occurring create an ethical or moral issue for some people. Most people believe that life begins at conception, whereas others believe it begins at implantation. The ethical issue develops for individuals who believe that life begins at conception. When contraceptive methods fail to prevent ovulation or fertilization, the changing of the uterine lining is used to prevent the fertilized egg or "life" from implanting in the uterine wall. It is this action that leaves people believing they have crossed an ethical boundary.

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- [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7981166/#:~:text=4-,Informed%20choice%20emphasizes%20that%20clients%20select%20the%20method%20that%20best,thorohhttps://services.sindhhealth.gov.pk/healthRest/upload/documents/family\\_planning/family\\_planning\\_Chapter\\_2\\_152448591781.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7981166/#:~:text=4-,Informed%20choice%20emphasizes%20that%20clients%20select%20the%20method%20that%20best,thorohhttps://services.sindhhealth.gov.pk/healthRest/upload/documents/family_planning/family_planning_Chapter_2_152448591781.pdf)
- <https://www.un.org/development/desa/pd/data/sdg-indicator-371-contraceptive-use#:~:text=%E2%80%99CBY%202030%2C%20ensure%20universal%20access,coverage%20of%20family%20planning%20Repro%20Rights%20Are%20Human%20Rights%20FINAL.pdf>
- <https://oxfamlibrary.openrepository.com/bitstream/handle/10546/613846/rr-barriers-family-planning-pakistan-170616-en.pdf?sequence=11&isAllowed=y>
- [family\\_planning\\_Chapter\\_2\\_152448591781.pdf](https://services.sindhhealth.gov.pk/healthRest/upload/documents/family_planning/family_planning_Chapter_2_152448591781.pdf)

34

34

## Family medicine aspect related to informed consent

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6322130/>

### The Principle of Informed Consent

Go to:

Informed consent means that a provider has communicated the risks and benefits of a treatment plan and that the patient (or surrogate) understands and agrees. There are two types of informed consent. Simple or implied consent is satisfactory for many procedures such as an X-ray or lab work where there is minimal risk of complication from the procedure. Explicit or formal informed consent is required for procedures or treatments that are not simple or carry significant risk of complication or side effect. This type of informed consent should be documented in the medical record (Hall et al., 2012).

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## End Of Lecture Assessment

Family Planning department was started in Pakistan as an NGO IN 1953. The National Programme of Family Planning and Primary Health Care was established in :

- 1985
- 1990
- 1994
- 2000
- 2005

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## Reference book

- K.Park
- 25<sup>th</sup> edition
- Chapter 9 Demography and Family Planning

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## Key

- Option iii

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