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SEQUENCE OF LECTURE

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REPRODUCTION AND POPULATION MEDICINE (MODULE IV) 4TH YEAR MBBS

FAMILY PLANNING(POPULATION CONTROL ,APPROACH AND PRACTICES)

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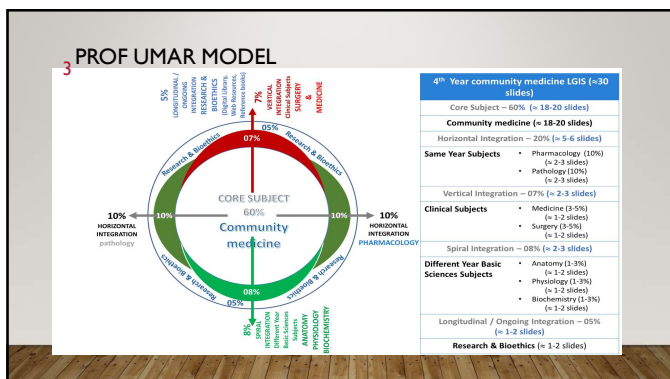
DR. NARGIS ZAIDI (APWMO)

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LEARNING OBJECTIVES

• Explain national population policy
• understand the concept of unmet need of family planning
• Classify fertility regulating method
• comprehend barrier method
• classify natural methods of fertility control
• explain sterilization and its complication

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7 MODERN SCOPE OF FAMILY PLANNING SERVICES

Core subject

1. Proper spacing and limitation of births.
2. Advice on sterility.
3. Education for parenthood.
4. Screening for pathological conditions related to reproductive system.

7

10 HEALTH ASPECTS OF FAMILY PLANNING

Core subject

Women's Health

- Maternal mortality
- The avoidance of unwanted pregnancies
- limiting the number of births and proper spacing
- Timing the births particularly the first and the last, in relation to age of the mother.
- Morbidity of women of child bearing age
- Prevent complications of pregnancy and abortion

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8 MODERN SCOPE (CONTD.)

Core subject

5. Genetic counseling
6. Premarital consultation and examination.
7. Pregnancy tests.
8. Marriage counseling
9. The preparation of couples for the arrival of their first child

8

11 FAMILY PLANNING AND HEALTH

Core subject

FETAL HEALTH

- FETAL MORTALITY.
- Health of the newborn at birth.
- Abnormal development.

INFANT AND CHILD HEALTH

- Neonatal, infant and preschool mortality.
- Child growth, development and nutrition.
- Vulnerability to diseases.

11

9 MODERN SCOPE (CONTD.)

Core subject

- 10- Sex education
- 11- Teaching home-economics and nutrition .
- 12- Providing adoption services.
- 13- Providing services for unmarried mothers .

9

12 BARRIERS TO FAMILY PLANNING

Core subject

- Religious beliefs and Low literacy rate
- Fear of side effects
- Fear of being infertile
- Lack of knowledge and Lack of motivation
- Lack of support from inlaws
- Lack of communication among married couples over this topic
- Limited supplies of contraceptives

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13

Core subject

16 **TARGET COUPLE**

- Are the couples who 2 or 3 children and family planning is more directed towards them.
- The term target couple has lost its meaning and Eligible couples is more in use to develop acceptance of family planning at a very early age.

16

Core subject

14 **RELEVANT DEFINITIONS**

ELIGIBLE COUPLES

- currently married couple
- wife is in the reproductive age which is generally assumed to be between 15 to 45years.

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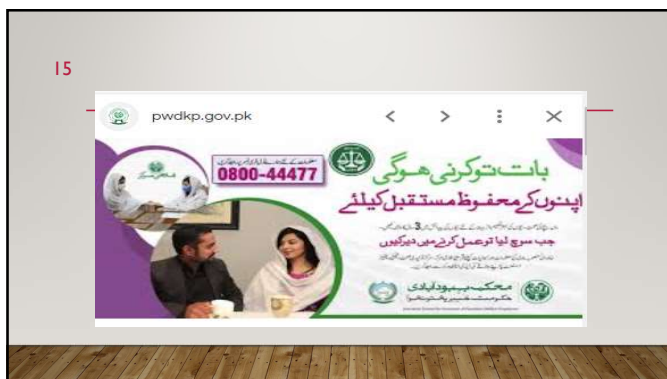
Core subject

17 **RELEVANT DEFINITIONS (CONTD.)**

- COUPLE PROTECTION RATE (CPR)**

% eligible couples effectively protected against childbirth by one or the other approved methods of family planning.

17



15

Core subject

18 **CONTRACEPTIVE PREVALENCE RATE**

Percentage of women of reproductive age (15-49) who are using (or whose husband is using) a contraceptive method at a particular point in time.

In Pakistan CPR is almost 30-35% and the aim is to increase it to 50% by 2030.

18

19 TOTAL FERTILITY RATE

Core subject

Total number of children a woman would have by the end of her reproductive period if she experienced the currently prevailing age-specific fertility rates throughout her child bearing life.

The highest fertility rate is of Niger which almost 7 followed by Mali.

The total fertility rate of Pakistan is almost 3.2 births per woman.

19

22 WHO RECOMMENDATIONS FOR HTSP

Birth spacing after a live birth:

The recommended interval before attempting a next pregnancy is at least 24 months in order to reduce maternal, perinatal and infant outcomes.

Birth spacing after miscarriage or induced abortion:

The recommended minimum interval to next pregnancy should be at least six months in order to reduce risks of adverse maternal, perinatal and infant outcomes.

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20 HTSP (HEALTHY TIMING AND SPACING OF PREGNANCY)

- Healthy timing and spacing of pregnancy is an intervention to help women and families to delay or space their pregnancies to achieve healthiest outcomes for women, newborns, infants and children within the context of free and informed choice.

20

23 CONTD....

Core subject

- Delay timing of First Pregnancy until age 18 years to reduce risks of adverse maternal, perinatal and infant outcomes.

23

• Birth to pregnancy interval:

Time interval between start of pregnancy and previous birth.

Birth to Birth Interval: Time interval between a birth and next birth.

21

24 FACTORS FOR SELECTING AN APPROPRIATE CONTRACEPTIVE

Core subject

1. Woman's age, parity and age and gender of her children.
2. Couples' desire for further pregnancies.
3. Duration of birth spacing required.
4. Previous obstetric history.

24

25

FACTORS FOR SELECTING AN APPROPRIATE CONTRACEPTIVE

Core subject

5. Status of breastfeeding currently.
6. Menstrual history especially regarding menorrhagia.
7. Associated medical conditions such as diabetes.
8. The couple's compliance potential.

25

28 ETHICAL APPROACH TOWARDS CONTRACEPTION IN PAKISTAN

- <https://www.sciencedirect.com/science/article/abs/pii/S0277953619301534>

Despite this global research precedent, more work is needed to disentangle how individuals negotiate their religious beliefs and fertility practices in Pakistan. Drawing on ethnographic fieldwork in Khyber Pakhtunkhwa, Pakistan, this article describes how individuals, in what is stereotyped as a religiously conservative society both within and outside of Pakistan, negotiate their belief that family planning is a sin with a desire to control family size via controlling their fertility.

28

26 ATTRIBUTES OF AN IDEAL CONTRACEPTIVE

Core subject

- Safe.
- Effective.
- Acceptable.
- Inexpensive.
- Reversible, Long lasting
- Simple to administer.
- Requiring little or no medical supervision.

26

29 FAMILY MEDICINE

- <https://blogs.einsteinmed.edu/why-family-planning-must-be-mandated-in-family-medicine-programs/#:~:text=Birth%20control%2C%20and%20family%20physicians,primary%20care%20and%20preventive%20medicine.>

Birth control, and family physicians' knowledge of contraception and options counseling, are critical to caring for families. Family doctors need to be competent in providing comprehensive family planning; it is the bread and butter of primary care and preventive medicine.

Let's get real: birth control is an issue that affects everybody. Unintended pregnancy is one of the major public health issues of our time. Almost half of all pregnancies in the United States are unintended which is one of the highest rates in the industrialized world.

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27 RESEARCH

The failure rates of contraceptive methods are higher with normal use compared to consistent and correct use.[7] Most of the unintended pregnancies can be attributed to inconsistent and incorrect use of a contraceptive method or not using any contraception.[8] In a study conducted across 36 countries by World Health Organization (WHO), it was found that almost two-third women who wanted to space or limit the pregnancies, discontinued contraceptive use due to fear of side effects, health concerns or inconvenience of use. This resulted in 25% of total pregnancies being unintended.[9] It has been estimated that about 74 million unintended pregnancies occur in developing countries annually and approximately 30% of them can be attributed to failure of traditional or modern contraceptives.[10] The failure can be due to either due to failure of a method to work as expected or due to incorrect and inconsistent use of a method.[11] Harmful consequences of unintended pregnancies are innumerable and can span generations.[9]

27

REFERENCE BOOKS

- K.Park
- 25th edition
- Chapter 9 Demography and Family Planning
- ILYAS ANSARI
- 8th edition
- Chapter 52
- Family Planning and Child spacing

30

End Of Lecture Assessment

Which of the following is a sensitive indicator of family planning achievement

- a) General fertility rate
- b) Birth rate
- c) Age specific fertility rate
- d) Total fertility rate
- e) Birth rate

THANK YOU

31

34

KEY

- Option d

32

- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7981166/#:~:text=4-,Informed%20choice%20emphasizes%20that%20clients%20select%20the%20method%20that%20best,thorhttps://services.sindhhealth.gov.pk/healthRest/upload/documents/family_planning/family_planning_Chapter_2_152448591781.pdf
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- <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

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