



1

Sequence of lecture

- ▶ Introduction 1slide
- ▶ Learning objectives 1slide
- ▶ Core component 10 slides
- ▶ Horizontal integration 4 slides
- ▶ Vertical integration 16 slides
- ▶ Research 1 slide
- ▶ Ethics 1slide
- ▶ Family medicine 1slide
- ▶ End of lecture assessment 1slide

4

Reproduction and Population Medicine (Module iv)4th year MBBS

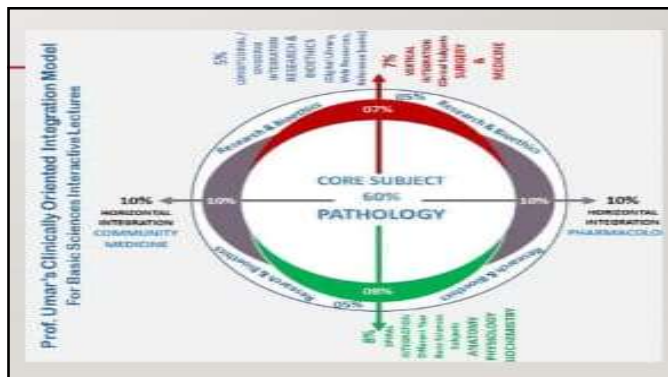
Family planning(National Population Control Policy ,Issues and Challenges)
 Dr. Afifa Kalsoom(Assistant Professor)
 Dr. Nargis Zaidi (APWMO)

2

Learning Objectives

- ▶ characterize the following contraceptive methods based on mechanism of action, indicators of effectiveness, side effects, non-contraceptive benefits, eligibility criteria and interventions for certain problems during use:
 - ▶ Combined oral contraceptives
 - ▶ Progestin only pills
 - ▶ Injectable contraceptives
 - ▶ Hormonal implants
 - ▶ Tubal ligation and vasectomy
 - ▶ Intrauterine contraceptive devices
 - ▶ Emergency contraception
 - ▶ New contraceptive technology
- ▶ Identify the methods for family planning evaluation

5



3

VISION

Core subject

- ▶ The **National Population Control Policy** was adopted on world population day 11th July 2002
- ▶ The overall vision of national population policy is to achieve population stabilization by 2020 through the expeditious completion of the demographic transition that entails declines both in fertility and mortality rates

6

GOALS

Core subject

The Population Policy seeks to:-

- ▶ Attain a balance between resources and population,
Within the broad parameters of the ICPD paradigm.
(international conference on population development)
- ▶ Address various dimensions of the population issue,
within national laws, development priorities while,
remaining within our national social and cultural norms.
- ▶ Increase awareness of the adverse consequences of,

7

Cont

Core subject

- ▶ Strengthen contribution to population activities by civil society players, particularly NGOs and media.
- ▶ Expand the role of the private sector by making contraceptives accessible and affordable of contraceptives through social marketing of contraceptives and through local manufacture of contraceptives.
- ▶ Decentralize program management and service delivery to provincial and district levels.
- ▶ Built strong partnerships with concerned line ministries, provincial line departments particularly health, NGO'S and Private sector.

10

GOALS

Core subject

Rapid population growth at the national level ,provincial ,distt and community level.

- ▶ Promote family planning as an entitlement based informed and voluntary choice.
- ▶ Attain a reduction in population.
- ▶ Reduce population momentum through a delay in the first birth , changing spacing patterns and reduction in family size desires.

8

Areas of policy focus

Core subject

- ▶ This policy was developed and co ordinated through a multisectoral strategy towards population issues, So the main areas of focus along with their privisions are:

1) service delivery expansion and improvement of quality

It will specifically include:

- ▶ Strengthening community based services
- ▶ Linkages with institutional service delivery system
- ▶ Public private partnerships
- ▶ Male involvement

11

STRATEGIES

Core subject

- ▶ Develop and launch advocacy campaigns to address special groups, such as, policy makers, opinion leaders, youth and adolescents.
- ▶ Increase ownership of population issues by the stakeholders and strengthen their participation in the processes of service delivery and program design.
- ▶ Reduce unmet need for family planning services by making available quality family planning & RH services to all married couples who want to limit or space their children.
- ▶ Adopt a shift from target oriented to people-centered needs and services.
- ▶ Ensure the provision of quality services especially to the poor, under-served and un-served populations in rural areas and urban slums.

9

Contd...

Core subject

2)Advocacy

3)Training and Capacity building:

- a) Family Planning Training and supervision of family planning institutes
- b) Human Resource Development

4) Decentralization

12

5) Coordination

Core subject

The Policy recognizes that population is a crosscutting issue, which cannot be addressed in isolation and warrants an **institutionalized coordinating mechanism**. Coordination is required at all levels within the government and outside and with all stakeholders. This function rests with the Population Welfare Division.

6) MONITORING MECHANISMS

The following interventions would be critical for an effective monitoring and evaluation mechanism:

- Management Information System
- Logistic Management Information System
- GIS /Mapping
- Research in Population and Development
- Funding

13

CLASSIFICATION OF CONTRACEPTIVE METHODS

Vertical integration

- (i) Spacing Methods
- (ii) Terminal Methods

Spacing Methods

1. Barrier Methods.
 - (a) Physical Methods.
 - (b) Chemical Methods.
 - (c) Combined Methods.

16

Unmet need of family planning

Core subject

- The married women who are in reproductive age and want to do birth spacing but not using any method of contraception (also their husbands are not practicing any method). These women are considered to have an unmet need of family planning.
- It poses a challenge to family planning department to reach several millions of such women who want to use contraceptive methods but are not using due to some reason.

14

CLASSIFICATION (contd)

Vertical integration

2. Intra uterine Devices (IUCD).
 3. Hormonal Methods.
 4. Post conceptional Methods.
 5. Miscellaneous.
- Terminal methods :
- i. Male sterilization (Vasectomy)
 - ii) Female sterilization (BTL)

17

Contd....

Core subject

- Unmet need for family planning is higher in rural areas than urban areas and it is also affected by education and socioeconomic status of married couples.
- The most common reasons for unmet need are inconvenient or unsatisfactory services, lack of information, fears about side effects and opposition from husbands and family members

15

BARRIER METHODS/ OCCLUSIVE METHODS

Horizontal integration

AIM: to prevent live sperm from meeting the ovum.

Physical Methods

- Condom (polyurethane)
- Diaphragm / Cervical cap
- Vaginal sponge

Female condom (Intra-vaginal Pouch)

18

Cervical cap

Horizontal integration



19

CHEMICAL METHODS (contd.)

Horizontal integration

They comprise four categories

- Foamy cream, Foam tablets, foam aerosols
- Creams, jellies and pastes
- Suppositories
- Soluble Films

Vaginal Contraceptive Film

DISADVANTAGES

- They have a high failure rate.
- Local irritant action.
- Create a mess.
- Has to be introduced in all those regions of vagina where sperms may reach.

22

► Male condom



Diaphragm



Horizontal integration

20

Miscellaneous Methods Of Contraception

Vertical integration

1. Abstinence
2. Coitus interruptus
3. Safe period (Rhythm or Calendar method)
4. Natural family planning methods
5. Breast feeding
6. Birth control vaccine

23

BARRIER METHODS

Vertical integration

Advantages

- Absence of side effects
- Protection from STDs
- Protection from PID.
- Protection from cervical cancer

Disadvantages

- Require high degree of motivation
- Less effective than either the pill or the IUDs.

21

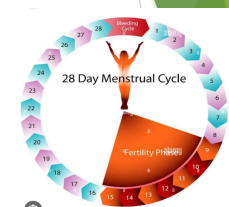
Natural Methods Of Contraception

Vertical integration

- The term natural family planning is applied To three methods:

- (i) Basal body temperature
- (ii) Cervical mucus method
- (iii) Symptothermic method

Above three methods are directly related to Two phases (follicular and leuteal phase) of Menstrual cycle.



24

Basal Body Temperature

Vertical integration

- ▶ The BBT method depends upon the identification of a specific physiological event i.e., the rise of BBT at the time of ovulation, because of an increase in the production of progesterone.
- ▶ The rise of temperature is very small 0.3-to-0.5-degree C.
- ▶ The major drawback of this method is that abstinence is necessary for the entire pre-ovulatory period and some females have irregular cycles also.



25

25

Calendar Method (Rhythm Method)



- ▶ This method was described by Ogino in 1930. Since ovulation occurs from 12 to 16 days before the onset of menstruation. The days on which conception is likely to occur are calculated as follows:
- ▶ The shortest cycle minus 18 days gives the first day of the fertile period. The longest cycle minus 10 days gives the last day of the fertile period.

28

Billings Method (Cervical Mucous Method)

- ▶ This method is based on the observation of changes in the characteristics of cervical mucous. At the time of ovulation, cervical mucous becomes watery clear resembling raw egg white, smooth, slippery and profuse.
- ▶ After ovulation, under the influence of progesterone, the mucus thickens and lessens in quantity. However, this method is difficult to practice.

26

26

Vertical integration

E.g., if a woman's menstrual cycle varies from 26 to 31 days, the fertile period during which she should not have intercourse would be from the **8th day to the 21st day** of the menstrual cycle.

Drawbacks: This method is practically very difficult because the couple has to practice abstinence for almost half of the month and secondly some females have irregular cycles so fertile period is very difficult to determine.

29

29

Symptothermic Method

Vertical integration

- ▶ This method combines the BBT, cervical mucus method and calendar method for identifying the fertile period.
- ▶ If the woman cannot clearly interpret one sign she can "double check" her interpretation with the

27

Lactational amenorrhea method

Vertical integration

- ▶ The **lactational amenorrhea method** is based on three simultaneous conditions:
- ▶ (1) the baby is under 6 months
- ▶ (2) the mother is still amenorrhic
- ▶ (3) she practices exclusive breastfeeding on demand, day and night.

30

30

Terminal Methods (Sterilization)

- Male Sterilization
- Female Sterilization

Vertical integration

• Advantages

- * One time method.
- * Does not require sustained motivation.
- * The most effective protection.
- * The most cost effective method.

31

31

FEMALE STERILIZATION

Vertical integration

- Bilateral tubal ligation: It can be done as an interval procedure, post partum or at the time of abortion.
- Two procedures are commonly used

* LAPAROSCOPY

Ligation is done through specialized instrument called Laparoscope. The fallope rings are applied to occlude the tubes.

* MINILAP OPERATION

conducted under local anesthesia.

Safe, efficient and suitable for post partum sterilization.

34

34

MALE STERILIZATION VASECTOMY

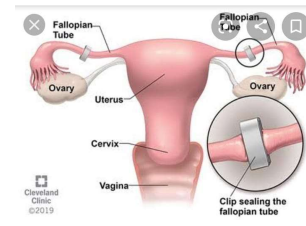
Vertical integration

► PROCEDURE

Under local anesthesia and aseptic conditions, piece of vas deferens (about 1 cm) is removed. The ends are ligated and then folded back.

32

32



35

35

COMPLICATIONS

Vertical integration

- Pain
- * Hematoma
- * Local infection
- * Spermatic granules
- * Spontaneous re canalization
- * Autoimmune response
- * Psychological

33

33

References:

Punjab Population Welfare Department. (n.d.). Population Policy 2002. Retrieved April 26, 2020, from <https://www.easy-sol.com/profile/population/pages/policy.html>

suggested readings:
K.Park 25th Edition
Demography and Family Planning

ILYAS ANSARI
Chapter 52 and Child Spacing
Family planning

36

Research

<https://health-policy-systems.biomedcentral.com/articles/10.1186/s12961-022-00950-y#:~:text=Pakistan%20is%20the%20fifth%20most,at%20around%2030%E2%80%9335%25>

Background

Pakistan is the fifth most populous country in the world, with a population that is growing at 2.4% annually. Despite considerable political will, including a national commitment that was endorsed by the president to raise the contraceptive prevalence rate (CPR) to 50% by 2025, it has stagnated at around 30–35%. Much of the dialogue on raising CPR is hypothetical and revolves around percentage point change rather than an actual number of women that must be served.

37

End Of Lecture Assesment

- ▶ National population policy was adopted on world population day in 2002 with the vision to achieve population stabilization by 2020.
- World population day is celebrated on:
 - ▶ (i) 7th April
 - ▶ (ii) 31st May
 - ▶ (iii) 14th June
 - ▶ (iv) 11th July
 - ▶ (v) 24th Sep

40

Ethical issues related to family planning

▶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4569791/>

Furthermore, the PDHS 2012-13 documents a significant unmet need for contraception at 20% [2]. According to an estimate, 890,000 induced abortions occur annually in Pakistan whereby one in seven pregnancies is terminated by induced abortion often performed in clandestine conditions [7] and abortion being used as means to control fertility and an outcome of failed contraception [7]. Out of the total fertility rate (TFR) of 3.8 in Pakistan, one birth is unwanted [4]. There are a number of structural and sociocultural issues that pose a challenge to improving maternal and newborn health (MNH) status in Pakistan. Lack of money, transportation, denial of family permission, or/and distance from health facility are some of the critical problems the majority of women face in Pakistan [2].

38

KEY

Option iv

41

Role of Family Physicians Towards Contraception

▶ <https://pubmed.ncbi.nlm.nih.gov/850664/>

Family planning has become an important issue in modern life. The physician must be prepared to advise patients on the advantages and risks of both old and new methods and to determine which method is most acceptable and will therefore be most effective.

PIP: A 1-page problem-oriented medical record covering medical history, physical findings, and laboratory observations can be used to provide a complete base of clinical information and documentation for the physician. Current information and guidelines for selecting oral contraceptives are discussed. Decisions for recommending IUD use should be based on 4 criteria: depth of uterine cavity, previous pregnancy experience, previous IUD experience, and presence or absence of contraindications. The management of infection and pregnancy during IUD use is discussed. Diaphragm use is contraindicated in uterine prolapse and pelvic relaxation. Both female and male sterilization is effective and relatively safe; however, the latter is less risky. Abortion is safest when performed early in pregnancy. Factors determining the method of family planning are effectiveness, safety, convenience, cost, reversibility, life-style, and ethics. The physician rarely needs to override the patients' decision as to method.

39

Thank You

42