



Community Medicine

# Summary

Slide # 8 part 2

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# Family Planning Services

family planning: educational, comprehensive medical or social activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.

## Goals of Family Planning services

- Enable women and men to limit family size
- It safeguards individual health and rights
- Preserves our planet's resources
- Improves the quality of life for individual women, their partners, and their children
- Prevent unwanted or risky pregnancies
- Decreases incidence of congenital abnormalities
- Decreases Maternal and infant mortality rates (most important)
- Control the world population size
- Improves all aspects of life standards economical, educational, and health psychological

## things should consider when choosing a method of birth control

- Personal consideration
- Effectiveness
- Safety
- Cost

Counseling a) Great b) Reassure c) Explain d) Answer e) Therapy/Rx.

## Counseling on Family Planning:

- A detailed history
- Information on all available methods
- All practical points related to the use of the selected method must be discussed in detail

Contraceptive efficiency: It is the measurement of unplanned pregnancies even after the use of contraceptive measures.

## Contraceptive Methods

### 1) Traditional or Natural Methods

### 2) Hormonal methods

### 3) Chemical methods

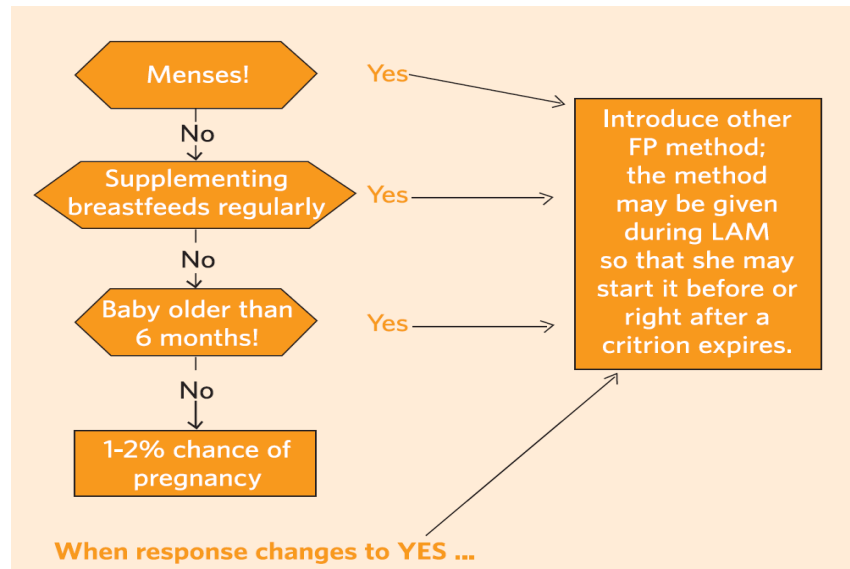
### 4) Terminal methods

### 1-Traditional or Natural Methods

- ✓ Abstinence : not having sexual intercourse
- ✓ Withdrawal ( Coitus interrupts ): pulling out
- ✓ Fertility Awareness Method (FAM) : basal body temperature (BBT)
- ✓ Breast Feeding LAM (Lactation Amenorrhea Method).

- Risk of pregnancy is 1.8% at the end of 6 months after delivery in women who exclusively breast-feed & who have not yet started to menstruate.

- Cheap method
- No side effects
- Many other advantages of breast feeding.



Abstinence : Safe Period

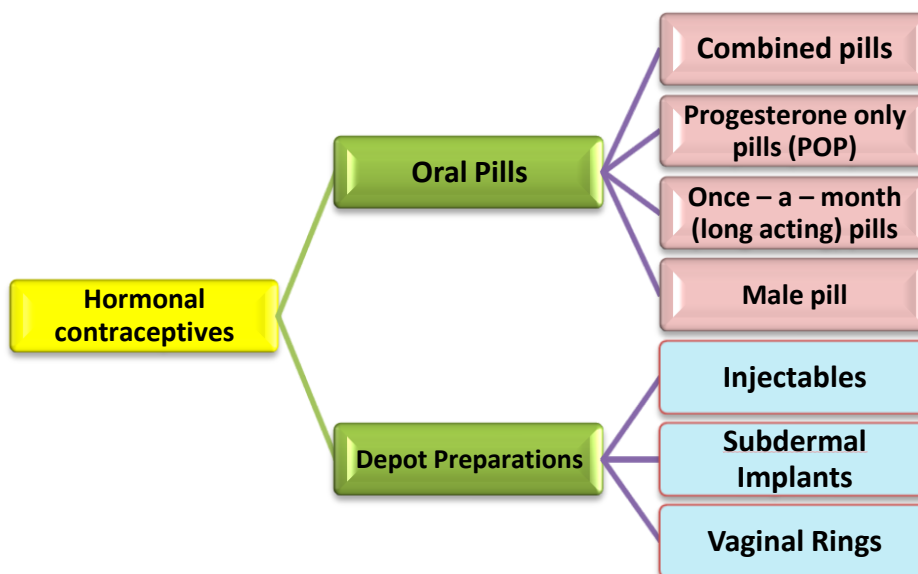
Drawbacks:

- Irregular cycle so difficult to predict
- Only for educated and responsible couples
- Programmed Sex

High Failure rate

Complication: Embryonic Abnormalities, Ectopic Pregnancy

## 2-Hormonal methods



☒ Oral pills

	Combined pills	Progesterone only pills (Minipill or Micropill)
Composition 1960	100-200mg Oestrogen 10 mg Progesterone	
Composition now	30-35 mg Oestrogen 0.05-0.15mg Progesterone	Low dosage of progesterone, mainly Norgestrel 0.075mg
Failure rate	0.1	0.5/HWY
Efficacy	100% in correct user	96-98%
Use	from 5 <sup>th</sup> to 25 <sup>th</sup> day of menstrual cycle, followed by a break of 7 days (withdrawal bleeding).	One tab daily throughout the menstrual cycle
Mechanism of action	<ul style="list-style-type: none"> <li>Prevents ovulation</li> <li>Prevents implantation</li> <li>Makes cervical secretions thick</li> </ul>	<ul style="list-style-type: none"> <li>Makes cervical mucosa thick – action starts in 2-4 hrs last for 24hrs.</li> <li>Decreases the motility of Fallopian tubes.</li> <li>Prevent pregnancy without preventing ovulation, as ovulation occurs in 20-30% women.</li> </ul>
Suitable for		<ul style="list-style-type: none"> <li>Lactating women</li> <li>Smokers above 35 yrs old</li> <li>Estrogen sensitive women</li> </ul>
risk of neoplasia	Lower	Higher

\*\*\* Side note

\*Combined pills In the past Greater side effects

\*Progesterone only pills It is mainly given in older women in whom combined pills are C/I as in CVDs , Disadvantages: Poor control of cycle.

Beneficial Effects with Combination Oral Contraceptives	Untoward Effects with Combination Oral Contraceptives
100% effective in correct users.	Cardiovascular effects: <ul style="list-style-type: none"> <li>hypertension in 5% users</li> <li>myocardial infarction</li> </ul>
Beneficial effects on menorrhagia (anemia), dysmenorrhea, ovulatory pain, acne and hirsutism	Stroke ; ischemic or haemorrhagic

Lower the risk of endometrial, ovarian- (30-50%) and possibly colon cancer	DVT's especially smokers >35, overweight and sedentary
Preserves bone mineral density	Cancers (increase risk of): *Breast * hepatocellular * cervical
May reduce the risk of ovarian cysts, rheumatoid arthritis, benign breast disease & Ectopic preg.	Endocrine and metabolic effect, impairs glucose tolerance and responses to glucose challenge
May have protective effect against atherosclerosis	Breast tenderness, Weight gain, Headache and migraine

#### Contraindications to OCP Use(Combined\_bille )

Absolute Contraindications	Relative Contraindications
Cancer of breast and Genitals	Age above 40 yrs.
H/O venous thromboembolism	Smoking and age above 35 yrs
Vascular disease- CAD or CVD	HTN with SBP>160, DBP>99
Liver disease ( i.e. Viral hepatitis, cirrhosis)	Chronic renal diseases
Pregnancy	Epilepsy , Migraine
Congenital hyperlipidaemia	Hyperlipidemia LDL>160
	DM with secondary complications
	Infrequent bleeding, Amenorrhoea.

☒ Depot preparations

#### **a) Injectable**

#### Side effects:

- Disruption of normal menses
- Amenorrhoea

### Contraindications:

- Breast cancer
- Genital cancer
- Undiagnosed uterine bleeding
- Suspected malignancy
- Lactating women

Failure rate: 0.3/HWY

### **b) Subdermal implants**

#### Norplant

For long term contraception. Has 6 capsules containing 35mg each of norgestrel.

Norplant R2 – contains rods of norgestrel. Contraception is achieved in 24hrs & lasts for 5-6 yrs

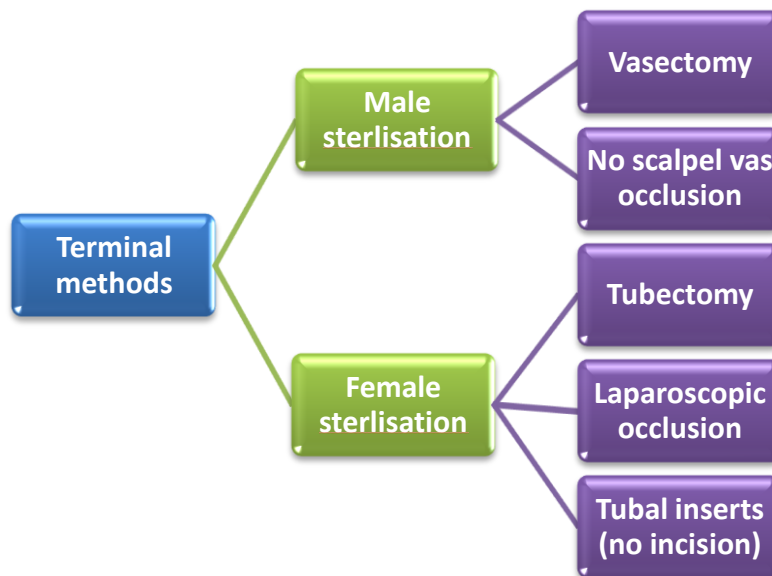
#### Disadvantage:

Surgical procedure

Failure Rate: 0.1/HWY

### **c) Vaginal rings**

### **3) Terminal methods**



Failure Rate: 0.15/HWY (due to mistaken identification of vas)

### COMPLICATIONS:

- Operative
- Sperm granules
- Spontaneous recanalisation
- Autoimmune response
- Psychological response

#### 4) Mechanical Methods

	<u>Intrauterine Device</u>	<u>Condoms</u>
Definition	Plastic T – shaped piece, covered with copper, inserted in the uterus	Rubber pouches which prevent the ejaculation from reaching the vagina
Efficacy	1/100 women/year	
Failure rate:		2-3%
Advantage	<ul style="list-style-type: none"> <li>• Safe, Effective, Reversible</li> <li>• Inexpensive</li> <li>• High continuation rate</li> </ul>	<ul style="list-style-type: none"> <li>• No side effects whatsoever</li> <li>• Effective in prevention of STD transmission</li> <li>• Does not affect lactation</li> </ul>
Disadvantage	<ul style="list-style-type: none"> <li>• Heavy bleeding and pain</li> <li>• Pelvic Inflammatory diseases</li> <li>• Ectopic pregnancy</li> <li>• May come out accidentally if not properly inserted</li> </ul>	<ul style="list-style-type: none"> <li>• Chances of slip off and tear off</li> </ul>
	<u>IDEAL IUD CANDIDATE:</u> <ul style="list-style-type: none"> <li>• Who has borne at least 1 child</li> <li>• Has no history of PID</li> <li>• Has normal menstrual periods</li> <li>• Is willing to check IUD tail</li> <li>• Has an access to follow up and treatment of potential problems</li> <li>• Is in monogamous relationship</li> </ul>	<u>Contraindicated</u> in cases of sensitivity to latex

#### Religions veiw

Religions look at family planning as moral good, a responsible choice, and a basic human right. As well as it helps build strong families, protect the health of women and children

According to survey research, 83% of the Islamic religious leaders in Jordan believe that family planning is permitted under Islam

Jordan start of family planning services in the late of 1970 ‘

Why Family planning is needed In Jordan ? because Befor 1970

- Jordan was considered one of the world's fastest growing young population
- Jordan suffers from a severely limited financial, energy, water, and other natural resources
- the Government of Jordan (GOJ) recognizes that population increase hinders further socioeconomic progress

\*\* the 2009 fertility rate of 3.8 children per woman----->> the GOJ has set the goal of reduce the fertility rate less than 3 children per woman in 2020 by promoting Family planning in Jordan

According JPFHS (Jordan Population and Family Health Survey)

fertility rate 1976 ---- 7.4 children/women

fertility rate 1990-----5.6 children/women

fertility rate 2012 ---- 3.5 children/women

fertility rate in 2012, 50% lower than fertility rate in 1976

fertility rate is fluctuating between 3.5 and 3.8 between 2002 and 2012.... All this because of family planning

- ☒ Effective family planning is increasingly seen as an important part of Jordan's overall development strategy.
- ☒ In contrast to several years ago, such programs are openly discussed and rarely encounter public opposition

Information from the graph in slide 42... Decrease of infant and child mortality/1000 live birth with decrease of fertility rate

Per 1000 live children	Infant mortality rate	Mortality of children less than 5
1990	34	39
2012	17	21

#### Population growth averaged

- 4.8 % during the period 1961-1979,
- 4.4 % between 1979 and 1994,
- 2.6 % between 1994 and 2004,
- 2.2 % between 2004 and 2012

\*\*\*\* Jordan is one of the most modern countries of the Middle East with a population that has grown from 2.1 million to reach 6.3 million in 2012.

The high rates of growth have been due to:

- 1 the influx of immigrants to the east bank from the west bank,
- 2 the inflow of large numbers of foreign workers,
- 3 and the return of about 300,000 Jordanians from the gulf area as a result of the 1990 gulf war.

The rapid increase in the population has created several problems for the country such as

- 1) food shortage
- 2) water
- 3) housing
- 4) and employment.



### Birth Control and Current Use of Contraceptives:

The level of current use of contraception is one of the indicators most frequently used to assess the success of family planning activities

Contraception Prevalence Rate according to JPFHS ( Jordan Population and Family Health Survey.)

Year	1990	1997	2002	2007	2009	2012		
Women use C.S method	40%	53%	56%	57%	59%	61%		
							modern	traditional
							42%	19%

Modern method	Traditional method
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method	IUD	pill	male condom	female sterilization	LAM	injectables	Withdrawal	rhythm
usege	21%	8%	8%	2%	1%	1%	14%	4%

The sources of contraceptive methods also vary by the method used:

\*\*JAFPP(Jordanian Association of Family Planning and Protection

\*\*government maternal and child health (MCH) centers

Method	Pill		Condoms		IUDs		female sterilizations		injectables	
Sources	Pharmacies	35 %	Pharmacies	39 %	Private hospitals and clinics	22%	Government hospitals	54 %	Government health centers	63 %
					government health centers	19%	Royal Medical Services	24 %	(MCH) centers	18 %
					JAFPP	19%	private hospitals	20 %		

Country	Jordan	Egypt	Lebanon	Saudi Arabia	India
TFR	3.2	3.1	1.60	2.78	2.50

Table 1 The fertility rate

*THE END*  
*GOOD LUCK*