

Demography & Family planning

Demographic cycle, fertility, family planning, contraceptive methods, behavioral methods, natural family planning method, chemical method, mechanical methods, hormonal contraceptives, population problem of India

Demography-Definition

The scientific study of human populations, including their sizes, compositions, distributions, densities, growth and other characteristics, as well as the causes and consequences of changes in these factors

Demographic Processes

Five demographic processes are considered in the study of the human population -

- **FERTILITY**
- **MORTALITY**
- **MARRIAGE**
- **MIGRATION**
- **SOCIAL MOBILITY**

Demographic Cycle

The history of world population since 1650 suggests the existence of a demographic cycle of 5 stages, through which each nation passes:

- 1. First Stage: (High stationery):** In this stage there is high birth rate and a high death rate. In this stage the population remains stationery. (India was in this stage till 1920)
- 2. Second Stage: (Early Expanding):** In this stage the death rate begins to decline, while the birth rate remains unchanged.
- 3. Third Stage: (Late Expanding):** The death rate declines still further in this stage and the birth rate tends to fall. The population continues to grow because births exceeds deaths.(India has entered this phase)
- 4. Fourth Stage: (Low Stationery):** In this stage the there is low birth rate and low death rate. As a result the population becomes stationery.
- 5. Fifth Stage:(Declining):** The population begins to decline because the birth rate is lower than death rate.(Germany is experiencing this stage)

FAMILY PLANNING

DEFINITION according to WHO:

Family Planning is defined as 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 and thus contribute effectively to the social development of a country.

OBJECTIVES OF FAMILY PLANNING :

- 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 parent
- To determine the number of children in the family

The right time to have children

- **When a woman is between 20 and 35 years of age**
- **When an woman has not been pregnant for the last 2-3 years**
- **When a woman has fewer than 2-3 children**
- **When a woman has no illness that would place herself or her baby in danger**
- **When a couple wants to have a child**

SCOPE OF FAMILY PLANNING SERVICES

Family planning is not synonymous with birth control; it is more than mere birth control. According to WHO family planning includes :

- 1. The proper spacing and limitations of births**
- 2. Advice on sterility (Infertility)**
- 3. Education for parent hood**
- 4. Sex Education**
- 5. Screening for pathological conditions related to reproductive systems(e.g Cervical Cancer)**
- 6. Genetic counseling**
- 7. Premarital Consultation and examination**
- 8. Carrying out pregnancy tests**
- 9. Marriage counseling**
- 10. The preparation of couples for the arrival of their first child**
- 11. Teaching home economics and nutrition**
- 12. Providing adoption services**

**HERE ARE SOME SAMPLE RESPONSES TO COMMON MISCONCEPTIONS
ABOUT BIRTH CONTROL METHODS:**

MISCONCEPTION	RESPONSE
Using artificial birth control methods can lead to permanent infertility.	Only the surgical methods are considered permanent. All the others have temporary contraceptive effects, although the duration of action varies.
Hormonal methods cause cancer.	Extensive studies on the hormonal methods do not show that they cause cancer. On the contrary, use of combined oral contraceptive reduces the risk of developing endometrial and ovarian cancer.
Hormonal methods can cause a woman to become either obese or very thin.	A small degree of water retention may be experienced which will cause a slight increase in weight, but obesity or thinness cannot be attributed to the hormonal methods.
The pill causes congenital abnormalities in children conceived after stopping it.	The hormone in the pill is excreted from the body within 24 hours. It has no permanent effect on the woman or her future children.
The IUD can leave the uterus and travel around the body.	The IUD cannot travel around the body or leave the uterus except through the vagina. Very rarely, perforation of the uterus happens during insertion, in which case the IUD should be removed by a trained person.
The condom cannot serve as protection against HIV infection (AIDS), because the virus can pass through it.	The HIV(AIDS) virus and even the much smaller hepatitis virus cannot pass through latex and polyurethane condoms.

The benefits of contraception

- it saves mothers' and children's lives.
- it helps clients plan their pregnancies to protect their health and that of their babies.
- it helps a couple provide a better life for themselves and their children.
- it improves quality of life by removing the fear of an unwanted pregnancy.

EFFECTIVENESS OF VARIOUS CONTRACEPTIVE METHODS

Very Highly Effective	Highly Effective	Effective	Less Effective
<ul style="list-style-type: none"> • Tubal ligation • Vasectomy • Combined injectable contraceptive (CIC) • Subdermal implant • Progestogen injectable contraceptive (PIC) 	<ul style="list-style-type: none"> • Lactational Amenorrhoea Method (LAM) • Intrauterine device • Combined oral contraceptive (COC) 	<ul style="list-style-type: none"> • Progestogen oral contraceptive • Condom • Diaphragm 	<ul style="list-style-type: none"> • Cervical cap, foams, creams, jellies and vaginal suppositories • Natural methods



WOMEN WHO HAVE HEALTH PROBLEMS REQUIRE VERY EFFECTIVE METHODS TO ENSURE THAT THEY DO NOT BECOME PREGNANT.

SUITABILITY OF METHODS BASED ON THE WOMAN'S REPRODUCTIVE STAGE

AGE	MOST SUITABLE	SUITABLE	LESS SUITABLE
If menstruation is not fully established yet	<ul style="list-style-type: none"> • Condom • Combined oral contraceptive (COC) • Combined injectable contraceptive (CIC) 	<ul style="list-style-type: none"> • Progestogen oral contraceptive (POC) • Progestogen injectable contraceptive (PIC) • Implant • Vaginal methods • Lactational Amenorrhoea Method (LAM)** 	<ul style="list-style-type: none"> • IUD • Natural methods • Surgical methods
To delay first child	<ul style="list-style-type: none"> • Combined oral contraceptive (COC) • Combined injectable contraceptive (CIC) • Progestogen oral contraceptive (POC) • Progestogen injectable contraceptive (PIC) • Implant • Condom • Vaginal methods • Natural methods 	<ul style="list-style-type: none"> • IUD 	<ul style="list-style-type: none"> • Surgical methods*

* Appropriate only if the couple does not want to have children in the future.

** Appropriate only if used within 6 months postpartum.

Methods are not arranged according to degree of importance.



THE RISK OF IUD EXPULSION IS HIGHER IN VERY YOUNG WOMEN AND THOSE WHO HAVE NOT BORNE A CHILD YET.

Combined oral contraceptive (COC)

ACTION:

Stops ovulation and thickens the cervical mucus, which prevents sperm from entering the uterus.

DESCRIPTION	ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none">contains two hormones, oestrogen and progestogen, in different proportions and brands, comes in 20-21 or 28-pill packs and is swallowed daily	<ul style="list-style-type: none">highly effectivereduces dysmenorrhoea and menstrual blood loss and therefore can reduce or prevent anaemiareduces the risk of developing endometrial and ovarian cancerprotects against pelvic inflammatory disease in women with sexually transmitted diseases	<ul style="list-style-type: none">not appropriate for women above 40 years of age, and those with hypertension or diabetesreduces the quantity of breast-milkrequires daily pill-taking

Combined oral contraceptive (COC)

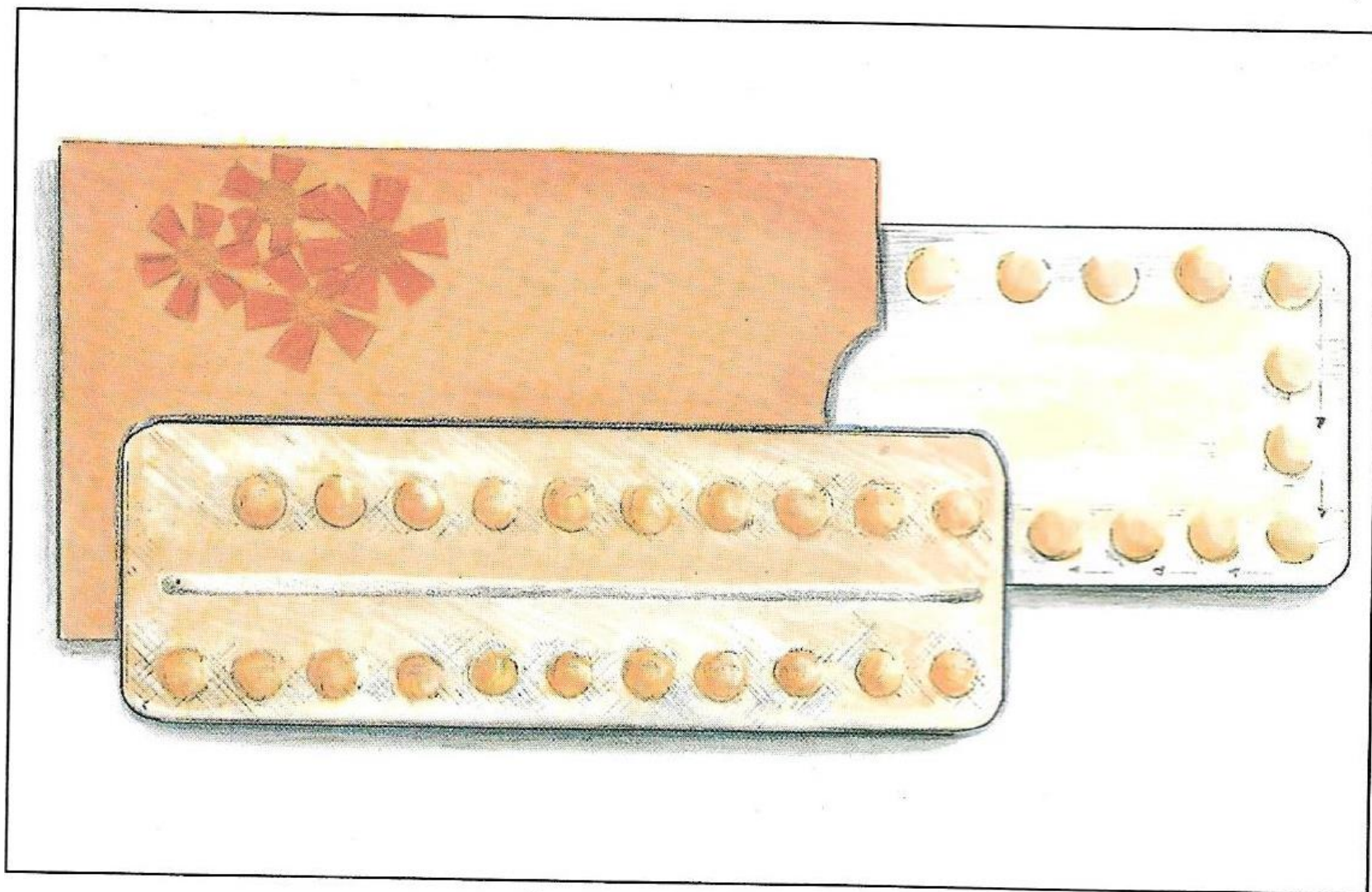


Figure 6. Combined oral contraceptive

Combined injectable contraceptive (CIC)



Figure 7. Combined injectable contraceptive

Progestogen oral contraceptive (POC)

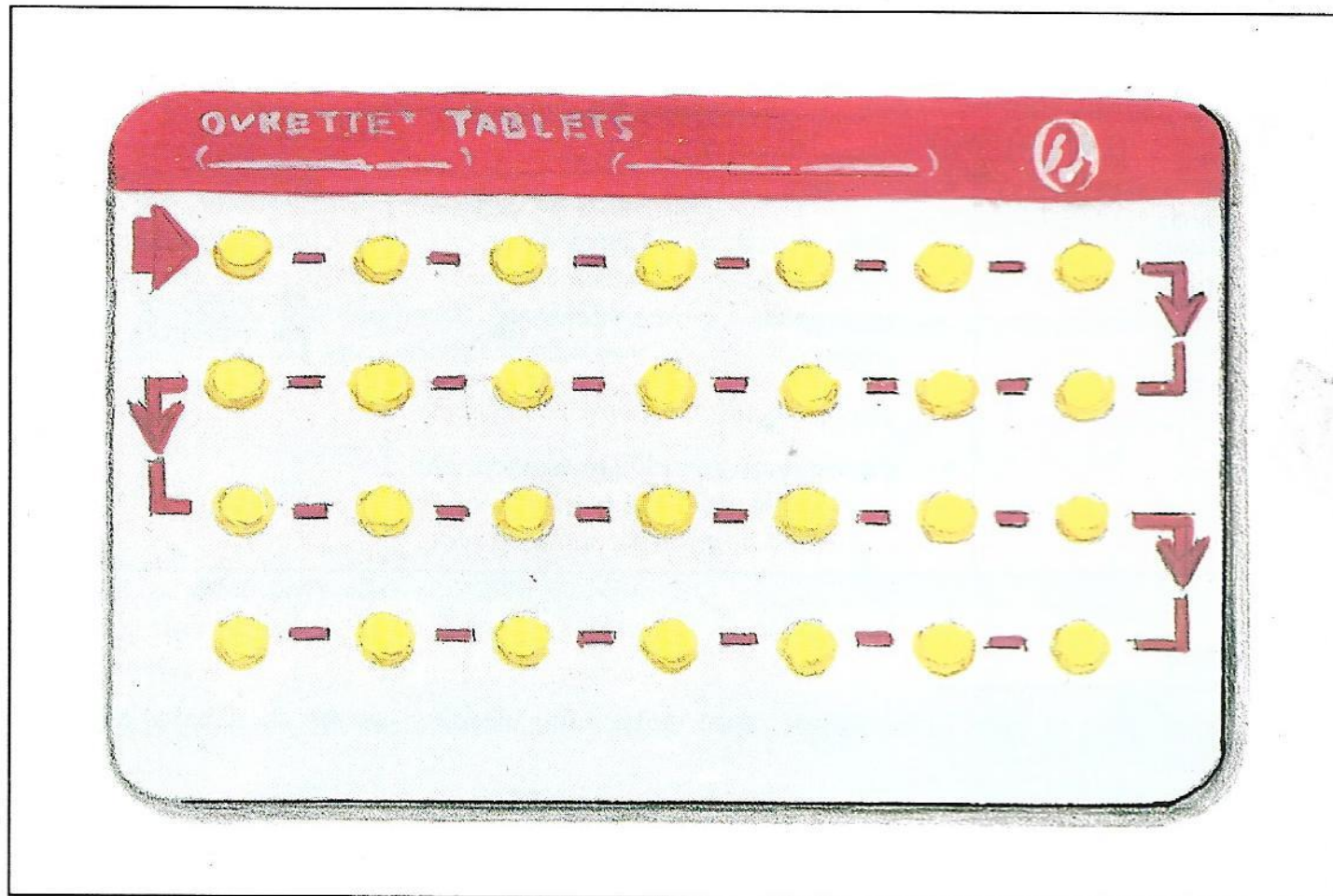


Figure 8. Progestogen oral contraceptive (POC)

Progestogen injectable contraceptive (PIC)



Figure 9. Progestogen injectable contraceptive

Subdermal implant (Norplant)



Figure 10. Subdermal implant

2.2 Intrauterine device (IUD)

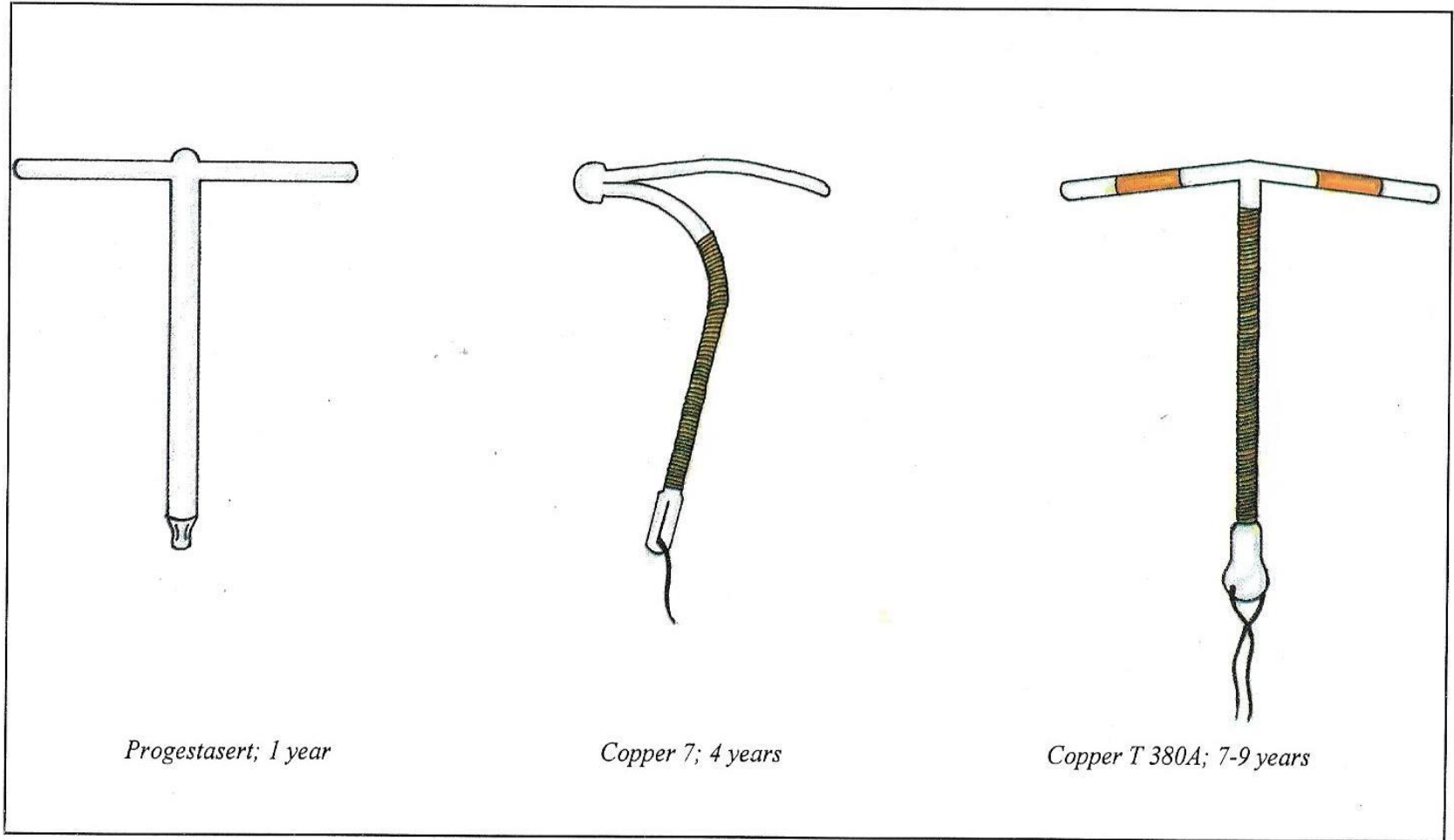


Figure 11. Types of IUD and corresponding life spans

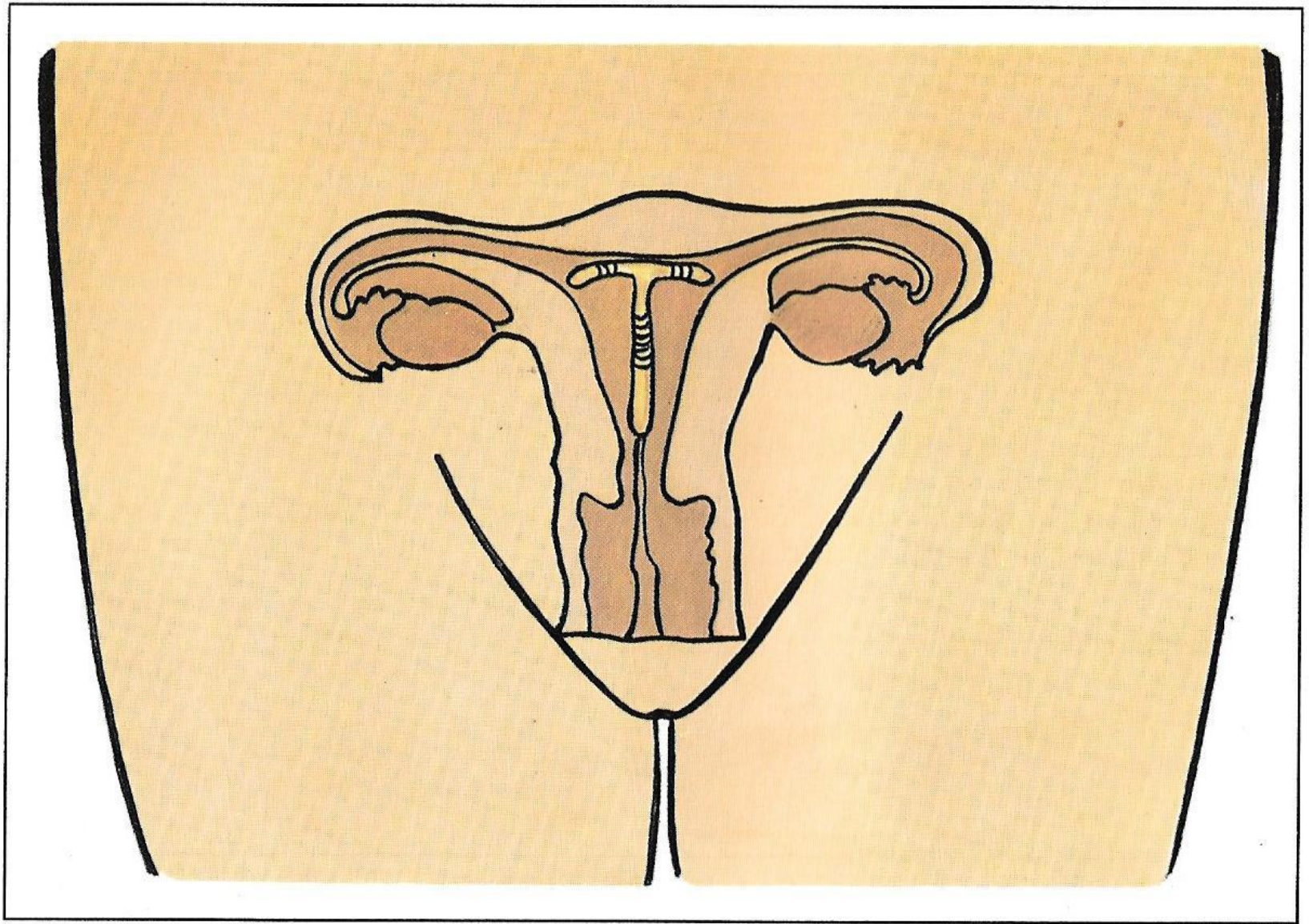


Figure 12. Copper T in utero

3 Barrier methods

Male condom

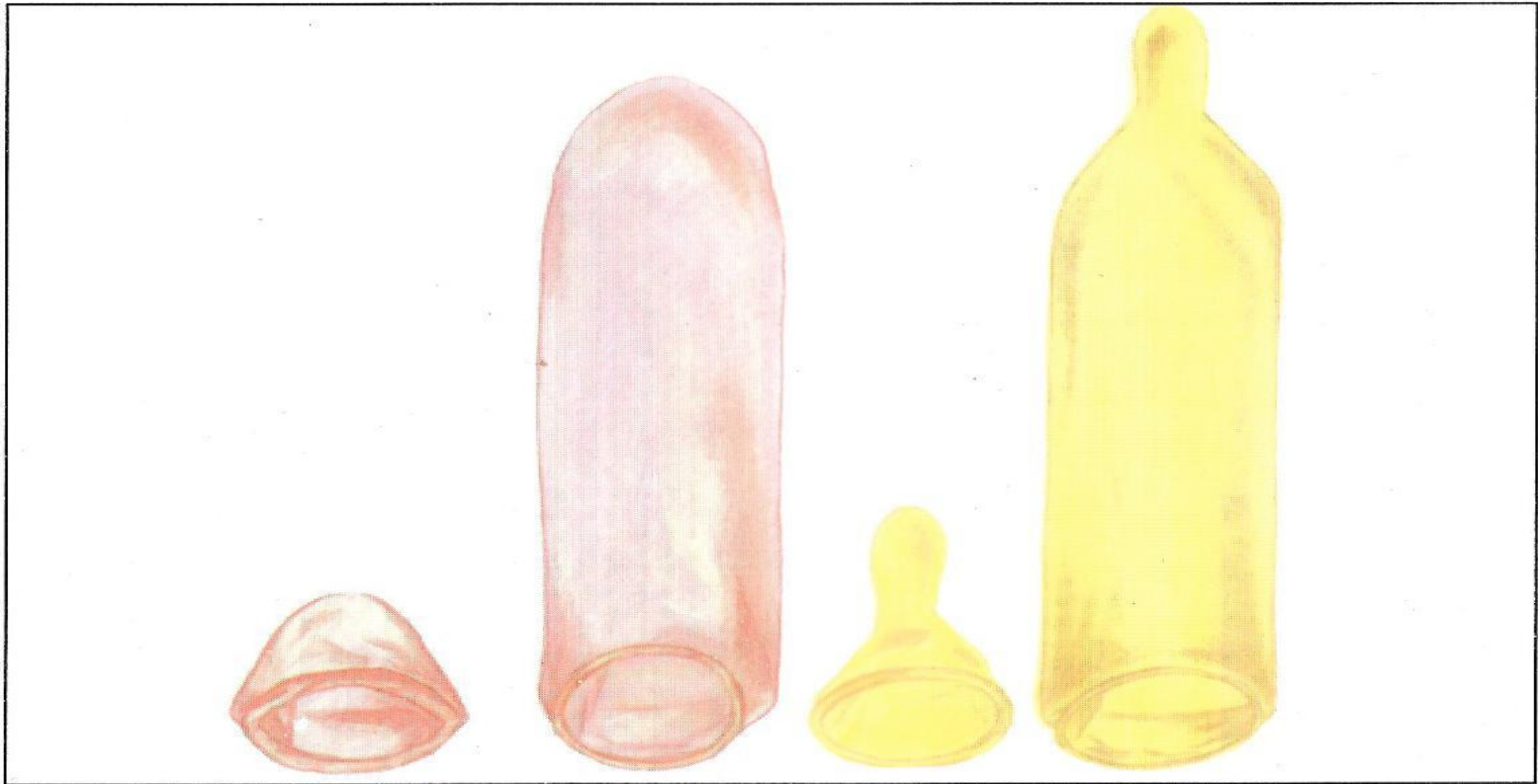


Figure 13. Male condom

Female condom

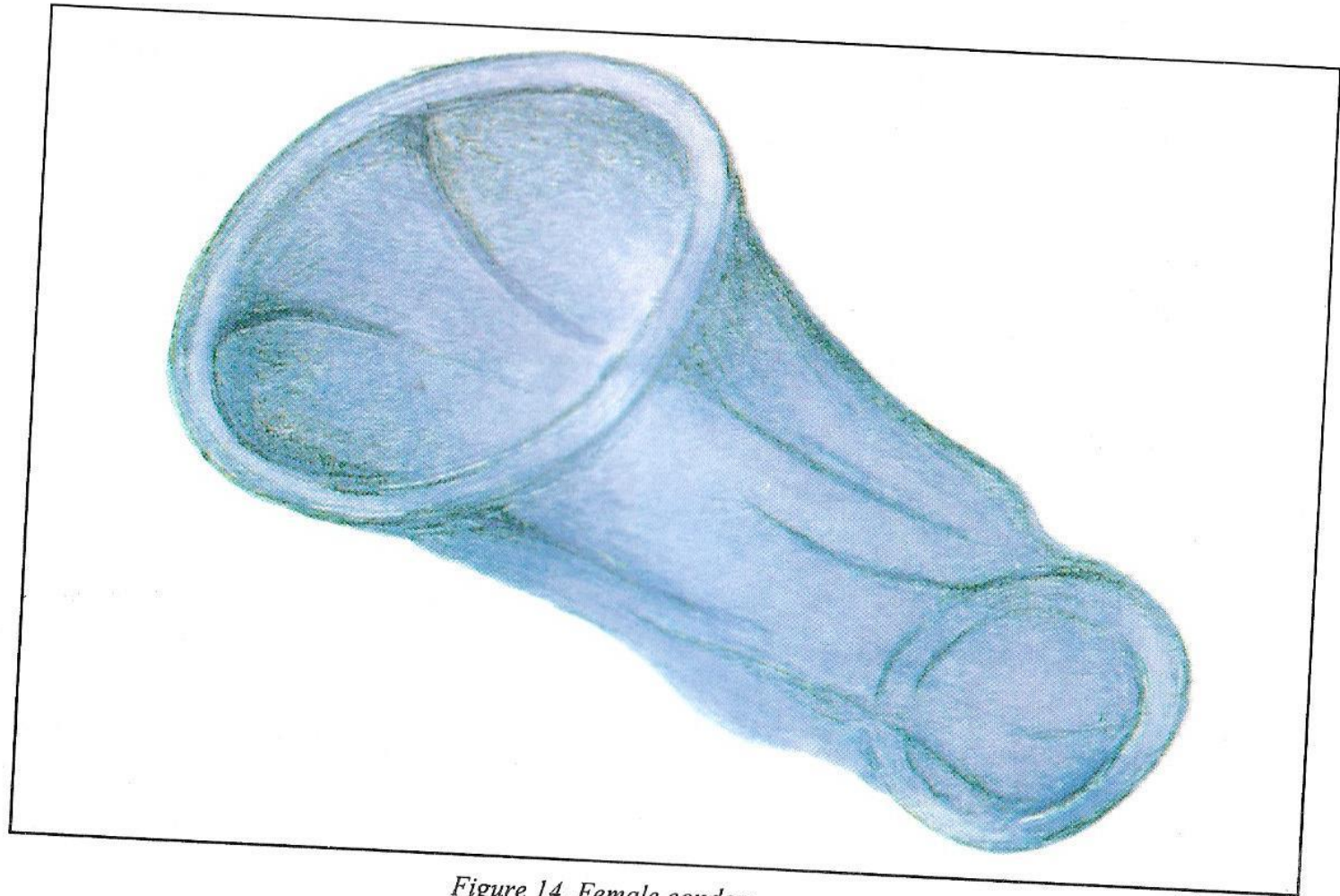


Figure 14. Female condom

Diaphragm and cervical cap

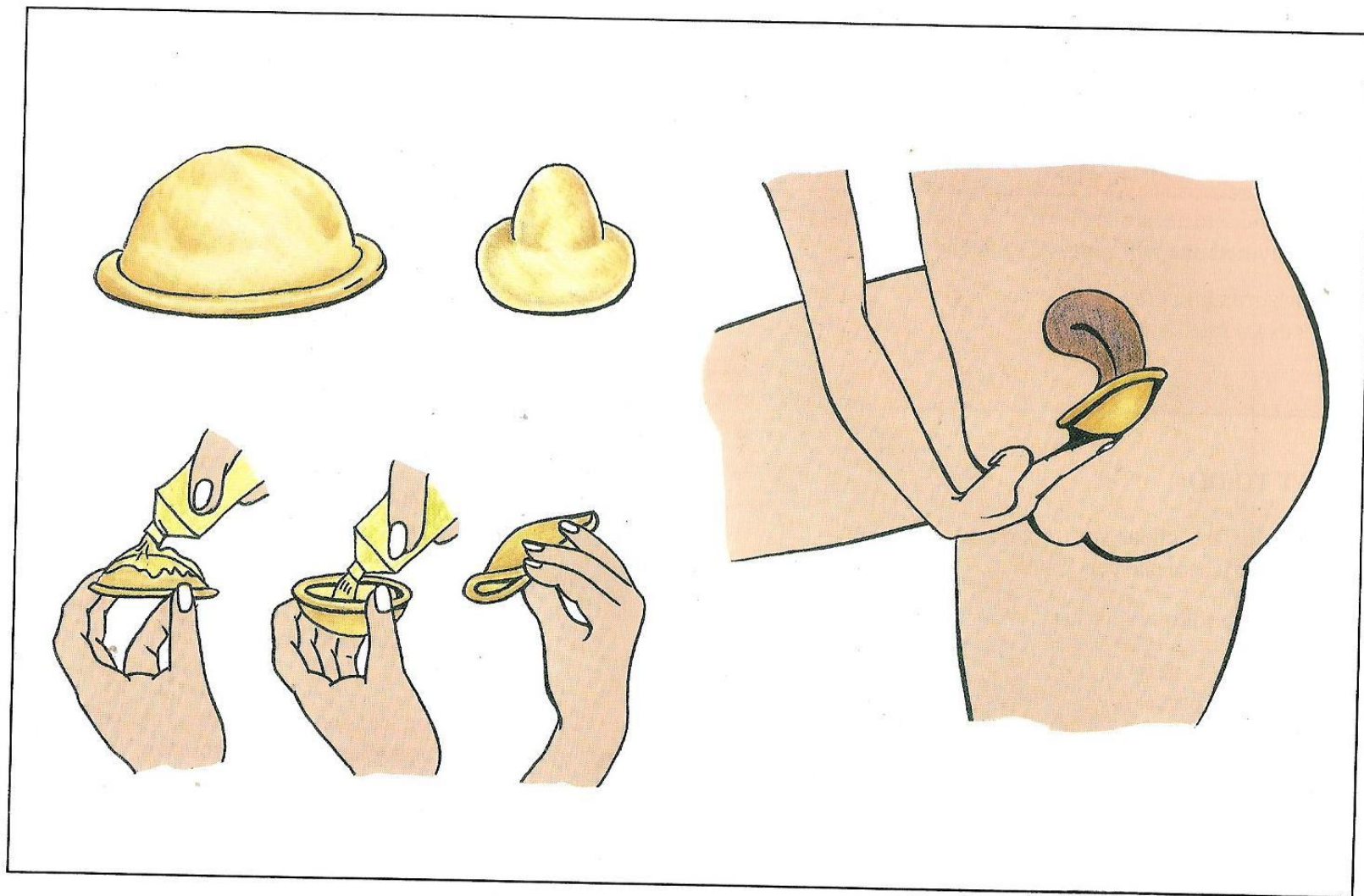


Figure 15. Diaphragm and cervical cap

Spermicide

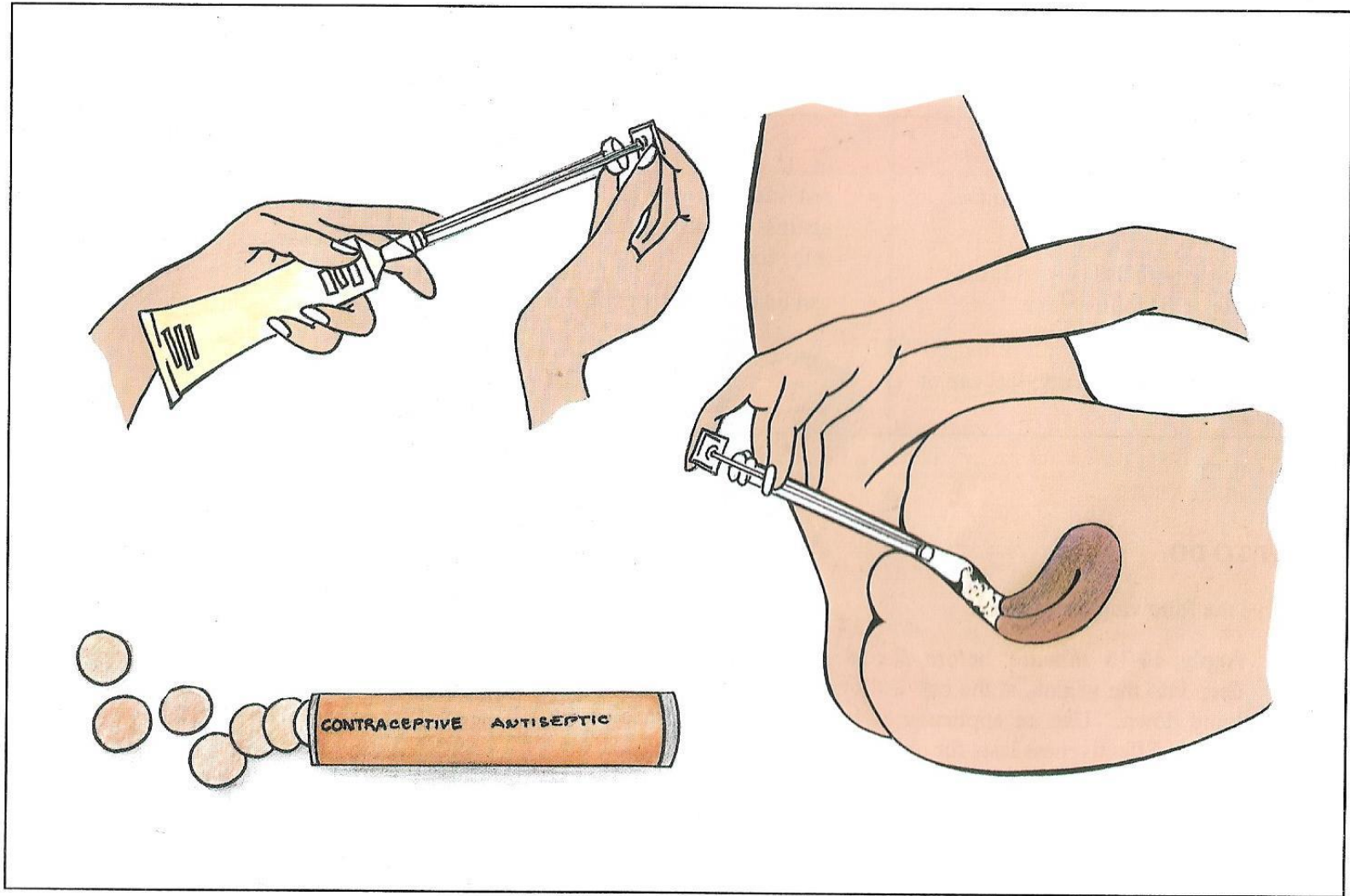


Figure 16. Applying the spermicide with an applicator

2.4 Lactational Amenorrhoea Method (LAM)



Figure 17. Lactational Amenorrhoea Method (LAM)

SURGICAL CONTRACEPTION

Vasectomy (Male sterilization)

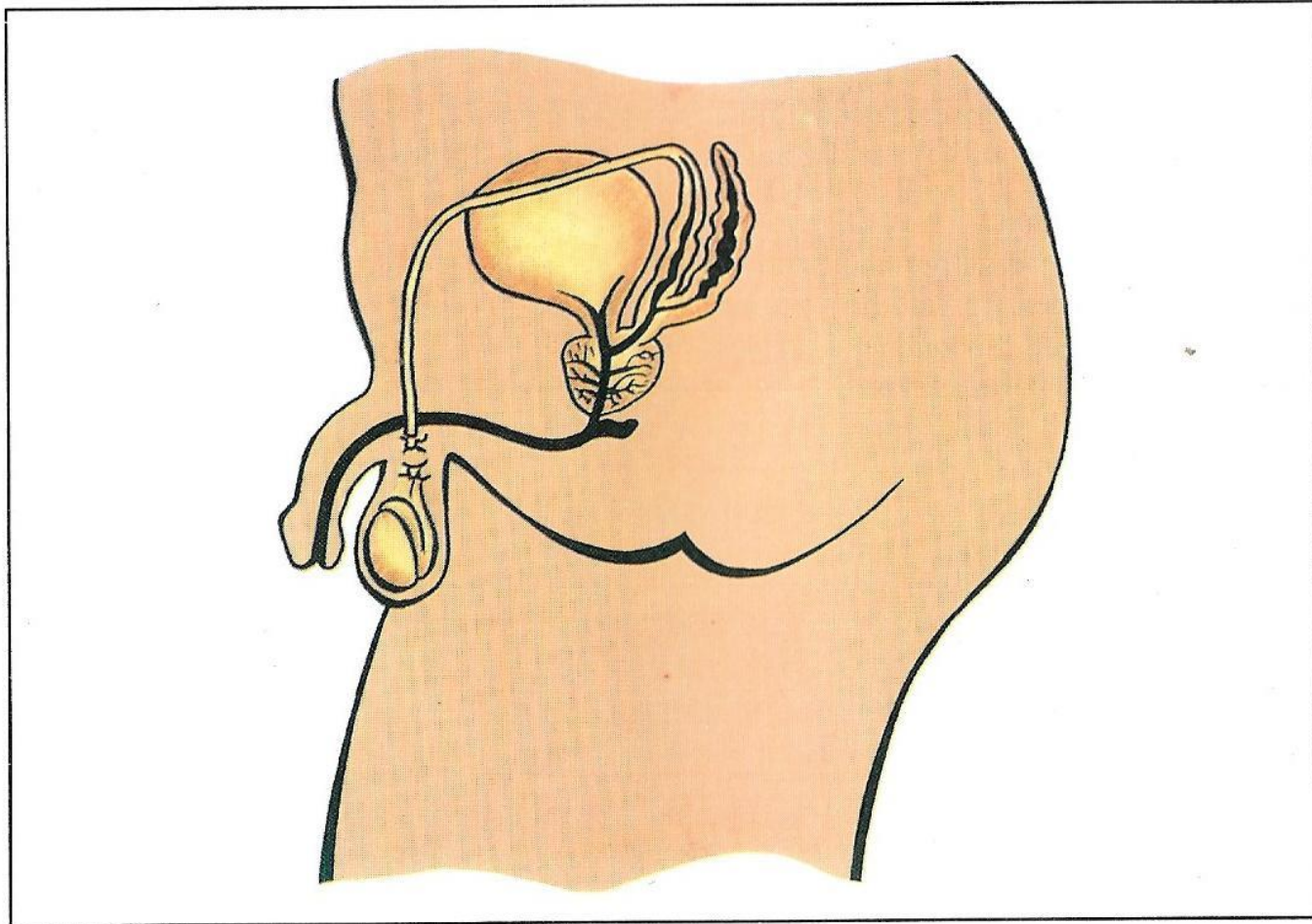


Figure 24. Vasectomy

Bilateral tubal ligation (BTL)

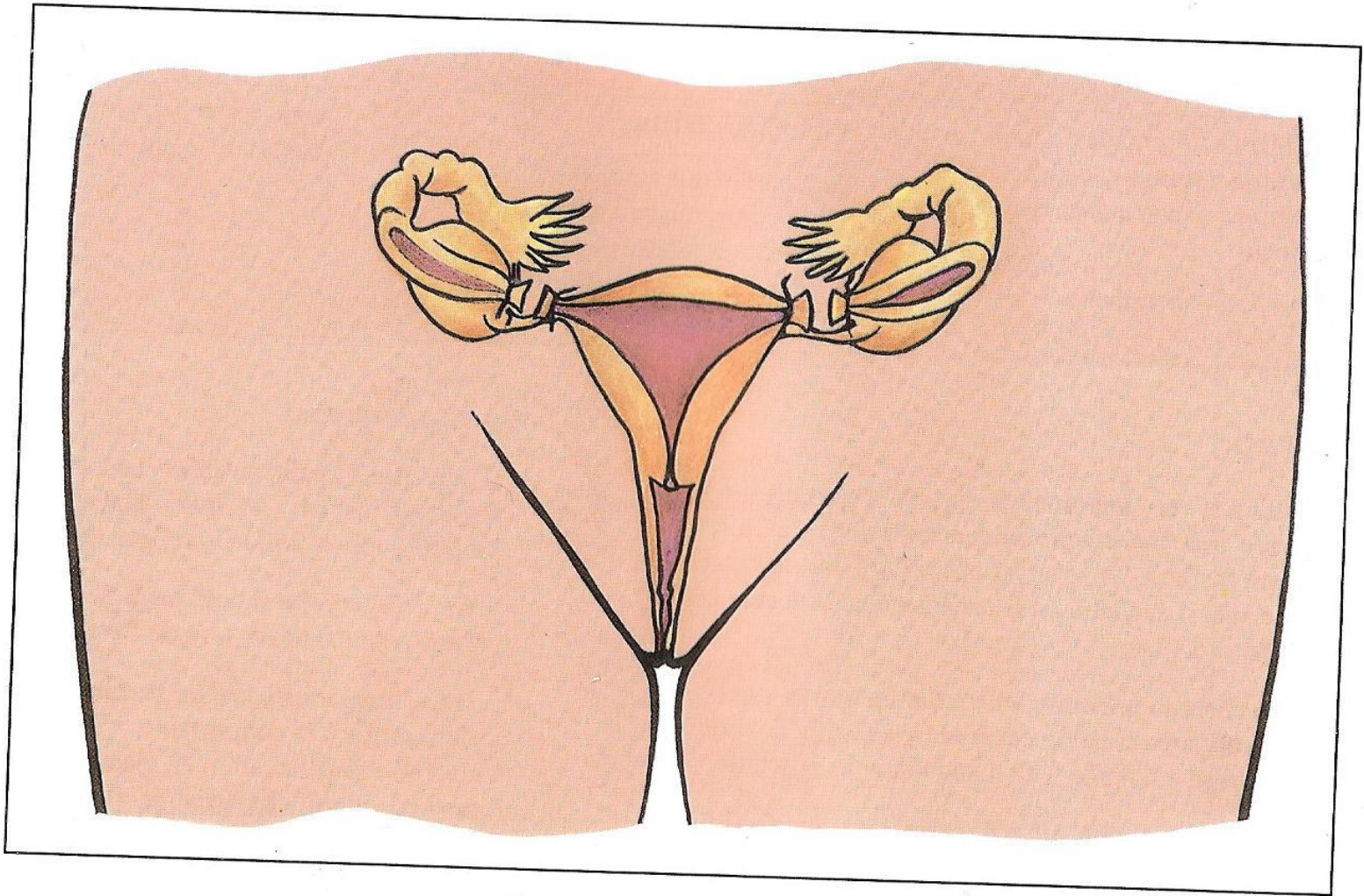


Figure 25. Tubal ligation

SUITABILITY OF METHODS BASED ON THE WOMAN'S REPRODUCTIVE STAGE

REPRODUCTIVE STAGE	MOST SUITABLE	SUITABLE	LESS SUITABLE
To space children	<ul style="list-style-type: none"> • IUD • Combined oral contraceptive (COC) • Combined injectable contraceptive (CIC) • Progestogen oral contraceptive (POC) • Progestogen injectable contraceptive (PIC) • Implant • Lactational Amenorrhoea Method (LAM) ** • Condom • Vaginal methods • Natural methods 		<ul style="list-style-type: none"> • Surgical methods*

* Appropriate only if the couple does not want to have children in the future.

** Appropriate only if used within 6 months postpartum.

Methods are not arranged according to degree of importance.



SURGICAL METHOD IS CONSIDERED PERMANENT. REVERSAL OPERATION MAY NOT BE SUCCESSFUL.