

Family Planning at the Reproductive Extremes

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ABSTRACT

Different methods of family planning methods are available, but not all types are appropriate for all age groups. The best method of contraception depends upon an individual's overall health, age, frequency of sexual activity, number of sexual partners, desire to have children in the future, and family history of certain diseases. We need to ensure access to all their preferred contraceptive methods as per their requirement and other associated conditions,

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INTRODUCTION

Contraception is an important part of women's health to avoid unwanted pregnancies. Different age groups have different needs when choosing contraception, be it adolescent and reproductive age group women. Adolescent contraception India has the largest generation of adolescents and more young individuals with sexual and reproductive health needs. It is a fact that sexual debut and activities start for them before acquiring knowledge & skills in self-protection against sexually transmitted infections and pregnancy. It is a fact that the majority of sexually active teenagers may not use any contraception and this is an area of potential unmet need. A very alarming 30% of new HIV infections are acquired in adolescence. Some of the reasons for poor health-seeking

behaviour for adolescents are the fear of being judged for relationship decisions, lack of information, accessibility and affordability of contraceptive methods. At times the unexpected/unplanned nature of sexual activity leaves the couple exposed to the risk of unprotected sexual intercourse especially if there is no awareness regarding emergency contraception¹. As providers we need to ensure that the young person and the partner are 18 years and inform them that sexual activity before 18 years of age is a criminal offence in our country. Developing rapport and gaining confidence is most important. Identify sexual health & contraceptive needs, and assess compliance and affordability of the young person. Assess the risk of sexual exploitation, coercion, abuse, frequency of intercourse, partners and steadiness of relationships. Avoid time constraints & distractions during sessions. Offer the young person or couple the basket of choice of contraceptives and help towards choosing a contraceptive and provide method-specific counselling. Always offer dual protection against pregnancy and STI. Some examples are condoms plus oral contraceptive pills, condoms plus injectable methods, condoms during safe periods and willingness to use emergency contraception when needed and so on. There are often doubts in the minds of practitioners regarding the relative safety of methods in younger women.

All contraceptive prescriptions must follow the medical eligibility criteria by WHO 2015. It is well established that all spacing methods are as safe as in adults including the intrauterine devices.² At any given time

the basket of choices must offer barrier contraceptives, safe period and other natural methods, coital dependent methods e.g.: spermicides and foam tablets, short-acting methods like hormonal and non-hormonal contraceptive pills, the hormonal methods are the combined estrogen and progesterone contraceptive pills/rings/ injections/ patches, progesterone only pills, long-acting methods like IUDs, LNG-IUD, injectable (Depot Medroxy Progesterone Acetate) contraceptive, etonogestrel implant and of course emergency contraceptive pills. Structured counselling efforts will help in clearing myths and misconceptions and also increase the uptake of modern methods.

At all times we must also highlight the benefits of methods beyond contraception,³ e.g., the non-contraceptive benefits of combined oral pills in this age group are: regular menstrual periods with less bleeding and so less anaemia, relief of dysmenorrhea and arrest progress of endometriosis. Fewer symptoms of premenstrual syndrome, in women with PCOS the definite relief of features of hyperandrogenism: acne, hirsutism and prevention of future metabolic syndrome.

Some method-specific disadvantages of OCP and other hormonal contraceptives must be known: no protection against sexually transmitted diseases, and need to be taken daily therefore, high compliance is needed. Irregular menstrual pattern (breakthrough bleeding) from lower dose pills and POP is a known fact and sometimes there can be headaches/depression. Also, the increased risk of cervical ectopy and chlamydial cervicitis: may be due to the sexual behaviour profile of pill users. Breast tenderness, nausea and vomiting can be experienced occasionally. We must take care in cases with a history of arteriovenous thrombosis, hypertension, breast cancer and liver disease.

Contraception for the Perimenopausal Woman

The contraception needs of a

perimenopausal woman are complex for several reasons because at this age motivation to use a method becomes low as women have less libido, a false notion that advancing age protects from pregnancy, professional career challenges at maximum and a decline in energy accounting for poor health-seeking behaviour. They also become prone to non-communicable diseases especially cardiovascular disease and gynecologic neoplasia and the choice of a safe method will require individualisation. Women who marry late also go through phases of contraception and family planning need ambivalence and remain unsure of seeking care on the matter. Nonetheless, the unmet need at this age requires an effective method, with minimum metabolic or endocrine effects, protects against all STIs, and preferably has favourable effects on bone health and menopausal symptoms.

In women with no independent cardiovascular risk factors, obesity, smoking, hypertension, diabetes, previous DVT etc, low-dose combined oral contraceptive pills may be offered with good benefits beyond contraception, to regularize cycles, relief of vasomotor symptoms if any and prevention of cancers. In women with the above medical risks and to eliminate user compliance issues, the LARC methods of injectable hormones, LNG-IUS, etonogestrel implants and Copper IUDs can be offered with high conviction for safety profile and efficacy, in some methods especially LNG-IUS is especially useful for prevention of endometrial hyperplasia and treatment of related heavy menstrual bleeding. A good example of such a woman is an obese, type 2 DM who has heavy menstrual bleeding.⁴ The biochemical characteristics of the premenopausal woman will play a role in her reproductive choices. The presence of irregular, heavy bleeding, climacteric symptoms, risk of osteoporosis and osteopenia and the fact that there is an increased risk for Bone demineralization, cardiovascular diseases and gynecologic neoplasia In women of this age, who are not

particular about fertility and are reluctant about family planning, their need to be protected from unintended pregnancy is very high. They have high domestic responsibilities with adolescent children and have to care for ageing senior citizens in the family. Working women may have professional career challenges at maximum and suffer a decline in energy. Let us not forget the same age is susceptible to professional burnout and depression. The majority likely have to face the challenges of loss of sexual desire and other menopausal symptoms and thoughts about pregnancy will be very far from their minds. We need to alert them that the rising FSH values in response to declining follicular reserve in the ovaries can result in occasional ovulation and an accidental unintended pregnancy.

To be precise the Contraceptive for a Premenopausal woman must have the following characteristics;5 effective, safe (no or minimal health risk), protect against STI and HIV, independent of compliance, no weight gain or negative metabolic effects. Preferably these should have additional benefits like climacteric symptoms, heavy menstrual bleeding, bone demineralization, perimenopausal depression etc.

Matching some of the methods to the above needs, we can easily identify the following benefits and nuances of the prescription of certain methods in this age group:

COMBINED ORAL CONTRACEPTIVES

It is very effective and is a good choice for women who have had no risk factors for cardiovascular disease or thromboembolism, and who need additional benefits from climacteric symptoms, heavy menstrual bleeding, protection against bone demineralization, perimenopausal depression and protection against endometrial and ovarian cancer. However, the decision to continue for a long period must be revisited periodically as it causes an age-dependent increase in thrombotic risk.

PROGESTERONE ONLY PILLS

This is one very versatile and effective but less used method, that can be used in women for whom estrogen is contraindicated e.g. the woman with cardiovascular risk. There are additional benefits for climacteric symptoms and heavy menstrual bleeding. On the downside may lead to irregular bleeding and requires structural counselling for continuation, with no major health risks.

COPPER IUD

It is a long-acting reversible contraceptive and independent of compliance. It is suitable for women with cardiovascular risk / who wish for long-acting methods, and no additional needs, for eg, have no significant menopausal symptoms. IMPLANON Also a long-acting reversible contraceptive and independent of compliance. Suitable for women with cardiovascular risk who wish for a long-acting, efficient method with no weight gain or negative metabolic effects with additional benefits of protection against ovarian and endometrial carcinoma, and relief of dysmenorrhea. It may cause irregular bleeding in 20 % of acceptors who need skilled counselling and no cardiovascular risks.

DEPO PROVERA

It is a long-acting reversible contraceptive and no compliance is needed. Suitable for women with cardiovascular risk who wish for long-acting and have no risk factor for osteoporosis. Additional advantages are irregular bleeding, weight gain is reversible and reduction of bone mineral density can happen though it is reversible.

LNG- IUD

This is a long-acting reversible contraceptive and independent of compliance. Can be given to a woman with or without cardiovascular risk who wishes for a long- acting, effective method and doesn't require compliance. It has additional benefits in heavy bleeding (can even reverse endometrial hyperplasia), and

menstruation-related symptoms and may cause attenuation of climacteric symptoms, which is still debatable. Irregular bleeding is a side effect.

CONCLUSION

Women in all age groups who are sexually active and not ligated or hysterectomised, do require birth control and must continue to use the method till one year after menopause as the risk of pregnancy persists till such time. Many women in all age groups have an unmet need for contraception which must be explored and understood and accordingly, the service should be provided.

Declaration by Author

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