

## Family Planning Services Other than Contraception: Exploring the Components of Family Planning, Cameroon, Africa

David Ayem, Mary Bi SuhAtanga

Faculty of Health Sciences, University of Bamenda, Cameroon

### ABSTRACT

Despite the enormous benefits of family planning services, the uptake of the service still remains low in Sub-Saharan Africa. This has resulted into high rates of unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities in Sub-Saharan Africa of which Cameroon is no exception. Family planning is one of the ways through which maternal deaths can be reduced. The interval between pregnancies can be prolonged by providing family planning services for postpartum women and this can help protect their health and that of their newborns. Strengthening family planning services is crucial to improving health, human rights, economic development, and slowing population growth. The objective of this review is to expose the available family planning services which should be offered by healthcare providers in order to improve its uptake by the clients. Research indicates that family planning, including planning, delaying and spacing pregnancies, is linked to improved birth outcomes for babies, either directly or through healthy maternal behaviors during pregnancy. The provision of all the components of family planning services and with greater awareness campaign will improve uptake and therefore solve problems such as mortality/morbidity, unwanted pregnancy/complications and sexually transmitted infections can be prevented.

**Keywords:** Family Planning as opposed to contraception; Components; Uses

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**\*Corresponding author:** Mary Bi SuhAtanga, Faculty of Health Sciences, University of Bamenda, Cameroon, E-mail: maryatanga@gmail.com

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### INTRODUCTION

A large and growing body of literature explores the health benefits related to services received at family planning clinics. Research indicates that family planning, including planning, delaying and spacing pregnancies, is linked to improved birth outcomes for babies, either directly or through healthy maternal behaviors during pregnancy. Providers of family planning services offer pregnancy testing and counseling services as part of core family planning services, in accordance with recommendations of major professional medical organizations, such as the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).

Women who are not pregnant and who do not want to become pregnant at this time are offered contraceptive services. Contraceptive methods have a range of benefits other than their primary purpose of pregnancy prevention. Contraception reduces pregnancy-related morbidity and mortality, reduces the risk of developing certain reproductive cancers, and can be used to treat many menstrual related symptoms and disorders.

Access to effective contraception has resulted in far-reaching and profound consequences, changing the landscape of American society, gender dynamics and trends in family formations. Perhaps most notably, it fundamentally altered the way that women were perceived in society at large, as they were now able to pursue more education and participate in the workforce with greater duration and consistency, ultimately leading to greater financial and social equality with their male peers.<sup>[1]</sup>

Preconception health services are provided to female and male clients in accordance with CDC's recommendations to improve preconception health and health care. Preconception health services are beneficial because of their effect on pregnancy and birth outcomes and their role in improving the health of women and men. Preconception health-care services for women aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes through prevention and management. In addition, providers offer STD services in accordance with CDC's STD treatment and HIV testing guidelines. A client using or considering contraceptive methods other than condoms should be advised that these methods do not protect against STDs. Providers encourage a client who is not in a mutually monogamous relationship with an uninfected partner to use condoms. Patients who do not know their partners' infection status are encouraged to get tested and use condoms or avoid sexual intercourse until their infection status is known. Some methods also reduce the risk of developing several reproductive cancers, prevent HIV and other sexually transmitted infections (STIs), and help to treat women who experience negative effects of menstruation.<sup>[2]</sup>

A range of other health services, including screening and treatment for STIs, HPV vaccinations and Pap tests for cervical cancer screening. Patients also often receive a range of other tests, including those to detect high blood pressure, anemia and diabetes. These tests can lead to early detection, preventative behavior change and treatment.<sup>[2]</sup> Other related preventive health services include; Medical History, Cervical Cytology, Clinical Breast Examination, Mammography and Genital Examination. This write up focus on family planning services other than contraception and the objective is to expose the components of family planning. Table 1 shows the client condition and necessary steps taken.

**Table 1:** Client condition and necessary steps often taken.

Condition of client	Necessary step taken
If the pregnancy test is positive	Clinical visit would include an estimation of gestational age so that appropriate counseling can be provided
If a woman is uncertain about the date of her last normal menstrual period	Pelvic examination might be needed to help assess gestational age. Also clients should receive information about the normal signs and symptoms of early pregnancy, and should be instructed to report any concerns to a provider for further evaluation.

If ectopic pregnancy or other pregnancy abnormalities or problems are suspected	Provider would either manage the condition or refer the client for immediate diagnosis and management. Referral to appropriate providers of follow-up care should be made at the request of the client, as needed. Every effort should be made to expedite and follow through on all referrals. For example, providers might provide a resource listing or directory of providers to help the client identify options for care
Depending upon a client's needs	Provider may make an appointment for the client, or call the referral site to let them know the client was referred. Providers also assess the client's social support and refer her to appropriate counseling or other supportive services, as needed.
For clients who are considering or choose to continue the pregnancy	Initial prenatal counseling is provided in accordance with the recommendations of professional medical associations, such as ACOG. <sup>[3]</sup> The client should be informed that some medications might be contraindicated in pregnancy, and any current medications taken during pregnancy need to be reviewed by a prenatal care provider. In addition, the client should be encouraged to take a daily prenatal vitamin that includes folic acid; to avoid smoking, alcohol, and other drugs; and not to eat fish that might have high levels of mercury. <sup>[3]</sup>
If there might be delays in obtaining prenatal care	Client should be provided or referred for any needed STD screening (including HIV) and vaccinations.

### Clients Who Want to Become Pregnant

Providers should advise clients who wish to become pregnant in accordance with the recommendations of professional medical organizations, such as the American Society for Reproductive Medicine (ASRM) (American Society for Reproductive Medicine, 2008). Providers ask the client (or couple) how long she or they have been trying to get pregnant and when she or they hope to become pregnant. If the client's situation does not meet one of the standard definitions of infertility, then she or he may be counseled about how to maximize fertility (Table 2).

**Table 2:** Key points for clients who want to become pregnant

<p>✓ The client should be educated about peak days and signs of fertility, including the 6-day interval ending on the day of ovulation that is characterized by slippery, stretchy cervical mucus and other possible signs of ovulation. Women with regular menstrual cycles should be advised that vaginal intercourse every 1–2 days beginning soon after the menstrual period ends can increase the likelihood of becoming pregnant.</p>
<p>✓ Methods or devices designed to determine or predict the time of ovulation (e.g., over-the-counter ovulation kits, digital telephone applications, or cycle beads) should be discussed.</p>
<p>✓ It should be noted that fertility rates are lower among women who are very thin or obese, and those who consume high levels of caffeine (e.g., more than five cups per day).</p>
<p>✓ Smoking, consuming alcohol, using recreational drugs, and using most commercially available vaginal lubricants are discouraged as these might reduce fertility.</p>

### Sexually Transmitted Disease Services

Providers offer STD services in accordance with CDC's STD treatment and HIV testing guidelines (CDC, 2012) as on Table 3.

Table 3: Sexually Transmitted Diseases and Management

Disease	Management
Chlamydia	It is important to test for chlamydia annually among young sexually active females
Gonorrhea	Routine test among all sexually active females at risk for infection because they can cause tubal infertility in women if left untreated.
Syphilis, HIV/AIDS, and Hepatitis C	Testing for syphilis, HIV/AIDS, and hepatitis C should be conducted as recommended. <sup>[4]</sup>
Human papillomavirus (HPV) and hepatitis B	Vaccination for human papillomavirus (HPV) and hepatitis B are also important parts of STD services and preconception care. <sup>[5]</sup>
All STDs	Providers should refer to CDC's STD treatment guidelines when caring for clients with STD symptoms. STD services include the following steps, which should be provided at the initial visit and at least annually thereafter.

### RELATED PREVENTIVE HEALTH SERVICES

Table 4: Criteria and recommended Management Strategy

Criteria	Recommended Management strategy
For women and men of reproductive age	Family planning service site is their only source of health care; therefore, visits should include provision of or referral to other preventive health services. Providers of family planning services that do not have the capacity to offer comprehensive primary care services should have strong links to other community providers to ensure that clients have access to primary care.
If a client does not have another source of primary care	Priority should be given to providing related reproductive health services or providing referrals, as needed.
For clients without a primary care provider	Following screening services should be provided, with appropriate follow-up, if needed, while linking the client to a primary care provider. These services should be provided in accordance with federal and professional medical recommendations cited below regarding the frequency of screening, the characteristics of the clients that should be screened, and the screening procedures to be used
Medical History	women be asked about family history that would be suggestive of an increased risk for deleterious mutations in BRCA1 or BRCA2 genes (e.g., receiving a breast cancer

	diagnosis at an early age, bilateral breast cancer, history of both breast and ovarian cancer, presence of breast cancer in one or more female family members, multiple cases of breast cancer in the family, both breast and ovarian cancer in the family, one or more family members with two primary cases of cancer, and Ashkenazi background).
Cervical Cytology	Providers should provide cervical cancer screening to clients receiving related preventive health services. Providers should follow USPSTF recommendations to screen women aged 21–65 years with cervical cytology (Pap smear) every 3 years, or for women aged 30–65 years, screening with a combination of cytology and HPV testing every 5 years (Grade A) (US Preventive Services Task Force, 2012). Providers should also follow ACOG and AAP recommendations that a genital exam should accompany a cervical cancer screening to inspect for any suspicious lesions or other signs that might indicate an undiagnosed STD. <sup>[6]</sup>
Clinical Examination Breast	ACOG recommends annual examination for all women aged >19 years. ACS recommends screening every 3 years for women aged 20–39 years, and annually for women aged ≥40 years. <sup>[7]</sup>
Mammography	Providers should follow USPSTF recommendations (Grade B) to screen women aged 50–74 years on a biennial basis; they should screen women aged <50 years if other conditions support providing the service to an individual patient. <sup>[8]</sup>
Genital Examination	For adolescent males, examination of the genitals should be conducted. This includes documentation of normal growth and development and other common genital findings, including hydrocele, varicocele, and signs of STDs. <sup>[9]</sup> Components of this examination include inspecting skin and hair, palpating inguinal nodes, scrotal contents and penis, and inspecting the perianal region (as indicated).

## CONCLUSION

Providers of family planning services offer pregnancy testing and counseling services as part of core family planning services, in accordance with recommendations of major professional medical organizations, such as the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP). Women who are not pregnant and who do not want to become pregnant at this time are offered contraceptive services.

Providers of family planning services offer preconception health services to female and male clients in accordance with CDC's recommendations to improve preconception health and health care. Preconception health services are beneficial because of their effect on pregnancy and birth outcomes and their role in improving the health of women and men. Preconception health-care services for women aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes through prevention and management.

Providers offer STD services in accordance with CDC's STD treatment and HIV testing guidelines. A client using or considering contraceptive methods other than condoms should be advised that these methods do not protect against STDs. Providers encourage a client who is not in a mutually monogamous relationship with an uninfected partner to use condoms. Patients who do not know their partners' infection status are encouraged to get tested and use condoms or avoid sexual intercourse until their infection status is known. For many women and men of reproductive age, a family planning service site is their only source of health care; therefore, visits should include provision of or referral to other preventive health services.

### Recommendation

Providers should advise clients who wish to become pregnant in accordance with the recommendations of professional medical organizations, such as the American Society for Reproductive Medicine. A female client might wish to include her partner in the discussion; however, if a client chooses not to involve her partner, confidentiality must be assured.

In a family planning setting, all women planning or capable of pregnancy should be counseled about the need to take a daily supplement containing 0.4 to 0.8 mg of folic acid, in accordance with the USPSTF recommendation. Providers of family planning services that do not have the capacity to offer comprehensive primary care services should have strong links to other community providers to ensure that clients have access to primary care. If a client does not have another source of primary care, priority should be given to providing related reproductive health services or providing referrals, as needed. Referral to appropriate providers of follow-up care should be made at the request of the client, as needed. Every effort should be made to expedite and follow through on all referrals. When screening results indicate the potential or actual presence of a health condition, the provider should either provide or refer the client for the appropriate further diagnostic testing or treatment in a manner that is consistent with the relevant federal or professional medical associations' clinical recommendations.

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