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REVIEW ARTICLE **OPEN ACCESS**

Making Decisions Together When Choosing a Family Planning Method

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ABSTRACT
In a shared decision-making process, the patient offers expertise on his or her personal beliefs and preferences while the healthcare professional is accountable for offering their medical knowledge. The patient and the physician work together to reach the objective of the patient making a choice that is most in line with their preferences. According to several research, women who participated in shared decision-making during contraceptive counselling were more likely to be pleased with their family planning experience. According to research, male decision-making and marital communication can have a good impact on the use and maintenance of family planning. There are, however, few research that examine the dynamics of this communication and how they affect family-planning choices. Female research participants' partners and pants. The findings confirm that communication is a key element of effective treatments to boost male engagement in family planning. The study's findings, which improved marital communication, increased frequency of communication, and enhanced joint decision-making, were positively correlated with participants' use of family planning. A lot of the time, this effect was mediated by more understanding or a decline in male hostility to family planning. Additional investigation into communication and decision-making processes indicated changes in gendered communication norms that enhanced marital relationships and increased use of contraceptives. This study presents an effective framework for including men in family planning, demonstrating that interventions may and should promote marital communication and shared decision-making. Shared decision approaches may be utilised with any type of family planning strategy.
***Key words**: Shared Decision, Family Planning, Counselling*

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INTRODUCTION

In 2019, there are 1.9 billion women in the globe who are of reproductive age (15–49), of which 1.1 billion demand a need of contraception. Among these, 842 million use contraceptive methods, and 270 million still have unmet needs for contraception. Globally, from 2015 to 2020, the percentage of the need for contraception addressed by contemporary techniques (SDG indicator 3.7.1) remained stable at almost 77% [1]. Man might be a possible initial point to enhance the use of contraceptives among couples and lower the unmet demand of them since there was shown to be an unmet need for family planning that exclusively affected husbands. A National Program for Family Planning was first introduced in 1952 in India, making it a first in the world. In terms of policy and programme implementation, the programme has evolved throughout the years, and it is currently being redefined to not only meet population stability goals but also to promote reproductive health and lower mother, new-born, and child mortality and morbidity [2].

IMPORTANCE OF FAMILY PLANNING [3]

- ✓ **By giving women control over the timing and spacing of** their pregnancies, family planning helps to improve maternal health. This autonomy to decide when or not to have children considerably lowers her chance of experiencing severe health repercussions and passing away, and gives her the much-needed time to recover from previous pregnancies. The optimal time to start a family can also be better planned for and prepared for by women who suffer from chronic conditions.
- ✓ The long-term health and wellbeing of new-born children are supported by family planning. Infant mortality rates are greater in societies with more frequent, untimely, or closely spaced pregnancies and deliveries, according to studies. Family planning assists women to have safe, healthier deliveries and better-nourished new-borns by promoting maternal health.

- ✓ It provides women total control over their reproductive health and behaviours, enabling them to postpone getting pregnant whenever they want or need to. So, family planning lessens the demand for surgical abortions.
- ✓ Financially, families might benefit from family planning. It considers the parents' capacity to meet the present and future requirements of their children, including the costs of pregnancy and delivery as well as the child's education, food, clothing, and other necessities. Based on their present income and lifestyle, couples may then decide how many children they can have.
- ✓ Using contraceptives like male and female condoms helps family planning stop the spread of HIV/AIDS and other sexually transmitted diseases (STDs). Additionally, family planning gives men and women with HIV/AIDS and STDs access to the medical treatment they require to avoid unintended births.
- ✓ Family planning informs couples and young people about their sexual and reproductive health, empowering them to use contraceptives wisely and plan pregnancies successfully.
- ✓ Adolescent and teenage pregnancies, which are more likely to result in premature birth, low birth weight, and neonatal death, are decreased by family planning. Pregnancy at a young age also has a detrimental impact on the mother's health and has long-term effects on both the mother and the child, including stopped formal schooling and less social chances.
- ✓ Family planning helps with population management, which promotes healthy community growth, efficient resource allocation and conservation, more jobs, an adequate supply of schools, healthcare facilities, and other economic and environmental advantages.
- ✓ The family unit benefits from family planning in terms of interpersonal relationships. A moderate family size makes it possible for parents to devote enough time and attention to each kid and to one another. The children's unique requirements will also be promptly and appropriately fulfilled.

Factors Affecting Adoption of Family Planning Method [4]

- ➢ Women strongly favour traditional techniques over contemporary contraception, and males aren't involved in family planning decisions very often.
- ➢ Barriers to the use of contemporary contraceptives related to healthcare
- ➢ As a provider of family planning services, you have the power to affect how well the counselling process goes by using your technical expertise, abilities, attitudes, and behaviours.
- ➢ Cultural and religious restrictions prevent some people from using contemporary contraceptives.
- ➢ Lack of sufficient and accurate information is a significant impediment.
- ➢ The client's choice may be influenced by their level of comprehension and information.
- ➢ Programmatic factors: In most developing nations, including Ethiopia, access to family planning programmes and reproductive health care in general is restricted.
- ➢ Availability: Is the procedure accessible without a prescription, a doctor's appointment, or, in the case of minors, parental consent?

TYPES OF CONTRACEPTIVE METHODS

LARC - Long-acting reversible contraception- It endures for quite some time. Once a LARC is implanted, you are not need to remember to take contraception daily or monthly. LARC comes in two types: IUCD with a lifespan of three, five, or ten years & the implant has a lifespan of five years.

Hormonal Birth Control [5]

Hormones are used in these contraceptives to prevent pregnancy. The pill is more than 99 percent successful at preventing conception when taken as directed. Either a progestin alone or an oestrogen plus a progestin combination will be present. For the majority of hormonal birth control options, a prescription is required. Both hormones prohibit an egg from being released by an ovary during a woman's monthly cycle. They accomplish this by influencing how much of other hormones the body produces. Progestins thicken and make sticky the mucus that surrounds a woman's cervix, helping to stop sperm from reaching the egg. There are several hormonal birth control options, such as: Birth control pills may just include progestin or may also contain oestrogen. Implants are little rods are inserted under the skin. To stop ovulation, they continuously deliver a hormone dosage. Injections of progestin, such as Depo-Provera, given once every three months into the muscles of the upper arm or buttocks. The skin patch, like Ortho Evra, is applied to a body part such as the shoulder or buttocks. It continuously releases hormones. A flexible vaginal ring, like the NuvaRing, is around 2 inches (5 cm) wide. It goes within the vagina. Estrogen and progestin are released by it. Over-the-counter emergency contraception is available at your local pharmacy without a prescription.

Intrauterine Device (IUD): A woman's healthcare professional inserts the IUD, a tiny plastic or copper device, into her uterus. Progestin is released in trace levels by some IUDs. Depending on the particular IUD being used, it may be remained in place for three to ten years. IUDs are safe and effective, and they may be inserted nearly whenever. IUDs that release progestin may be used to treat excessive menstrual flow and

alleviate cramping because less than 1 in 100 women may become pregnant each year while using an IUD. Additionally, they could make periods altogether cease.

Emergency birth control

The emergency contraceptive pills and copper IUCD are the two methods of emergency contraception available. ECP is safe to use for three days following unprotected sex. The ECP has a 98 percent effectiveness rate for people of ordinary weight. The EC Pills is not as much of successful and a copper IUCD is suggested if you consider more over 70 kg. If you decide to use ECP and weigh more than 70 kg, you should determine whether taking a double dose is the best course of action for you. Using ECP as your go-to method is not a good choice.

Barrier methods [6] - Using barriers, sperm cannot enter the vagina. A condom can stop unwanted pregnancy and HIVs/STDs. The two barrier techniques are: In-built condoms, diaphragm & Vaginal Sponge.

Condom - A thin latex or polyurethane sheath serves as a condom. The erect penis is encircled by the male condom. Before sexual contact, the female condom is inserted into the vagina. When having sex, it must always be worn to avoid becoming pregnant. The majority of drug and grocery stores sell condoms. Free condoms are provided by several family planning clinics. To purchase condoms, no prescription is necessary.

Diaphragm and cervical cap: A flexible rubber cup known as a diaphragm is filled with spermicidal cream or jelly. Before sexual activity, it is inserted into the vagina above the cervix to stop sperm from entering the uterus. After sexual activity, it should be remained in place for 6 to 8 hours. A woman's provider must prescribe diaphragms. The healthcare practitioner will choose the ideal diaphragm type and size for the patient. Using this procedure properly, 5 to 20 pregnancies happen every 100 women over the course of a year. A cervical cap is a similar, smaller item.

Vaginal sponge: Soft vaginal contraceptive sponges are filled with a substance that "disables" or kills sperm. Before having sex, the sponge is wet and placed within the vagina to cover the cervix. Without a prescription, the vaginal sponge may be purchased at your local drugstore.

Permanent contraception [7]

Permanent contraception, also referred to as sterilise, stops all future conceptions. Reversing is extremely difficult or impossible. A vasectomy or a tubal ligation are both forms of permanent contraception.

Withdrawal Method - In an effort to avoid conception, coitus interrupts attempts to keep sperm outside of the woman's body.

Calendar technique or rhythm method: The couple avoids pregnancy by refraining from sexual activity or by using a condom during the first and last days that are believed to be fertile.

Basal body temperature (BBT) method Prevents conception by refraining from unprotected vaginal intercourse during fertile days using this method.

The Lactational Amenorrhea Method (LAM) -It stops the ovaries from releasing eggs (ovulation)**.**

GATHER Technique for Family Planning Counselling [8]

G- Greet them politely and introduce yourself. Inform them that you won't spread what they say to others.

A - Ask about their requirements, uncertainties, worries, and any possible questions. Keep the question clear and simple**.**

T - Tell about the effective options. Find out the methods they are interested in and what they already know about them. Give a brief explanation of each method of interest, including how it functions, its benefits and drawbacks, and any potential adverse effects.

H - Assist them in selecting a contraceptive method. Start with the current circumstance if they are unsure about the future. Find out what the spouse or partner like and intends to utilise.

E- Once a technique has been selected, describe how to apply it. Specify any potential adverse effects and warning indications, and instruct them on what to do in the event that they appear.

R- Check in again at the follow-up appointment to see if there have been any side effects and reassure the client(s) about mild adverse effects. In the event of serious adverse effects, seek medical attention. Enquire about any questions the client may have.

Partner's Participation in Family Planning [9]

In order to avoid unwanted births and improve family planning strategy and provision of programmes, it is crucial to comprehend the role that male partners play in the uptake and use of contraception. A male partner able to:

- Support a woman's decision to use COC pills
- Assist in remembering in her medication respectively every day and to begin a new packet on time
- Demonstrate compassion and support if she experiences side effects
- Assist in making sure she has ECPs on hand in case she forgets to take her medication or starts a new packet
- Use condoms constantly in adding to COCs if he has a STI

Actions Taken by Government [10]

- Enhancing Post-Partum IUCD (PPIUCD) services in facilities with a high case load; Hiring specialized counsellors at facilities with a high case load:
- At all high case load facilities, RMNCH+A counsellors are being hired in order to offer counselling services
- IUCD introduces fixed day services (FDS):
- States are given assistance to guarantee set days for IUCD insertion services at the SC and PHC levels (at least two days per week).
- In places where the operation of normal fixed day static services in sterilisation takes more time, the camp method to sterilisation services is continued.
- Placement of qualified professionals in peripheral facilities for the

CONCLUSION

Achieving many of the Sustainable Development Goals requires family planning. Governments and partners all around the world have given family planning methods' accessibility and adoption a high priority when allocating funding. The government have worked hard to raise awareness of, supply for, and accessibility to modern contraceptives. There is a considerable gender disparity in contraceptive use among Indian couples. Typically, women are seen as having sole responsibility for family planning. Male participation in the use of contraception remained minimal, especially when it came to permanent techniques [11]. If family planning professionals played a more active role in contraceptive counselling, they could improve the quality of women's decision-making about contraception. For instance, they could help clients weigh the benefits and drawbacks of different contraceptive options and relate information about specific methods to the clients' individual situations. One of the top ten contributions to public health in the 20th century was family planning. The availability of family planning services enables people to have the number of children they wish and the appropriate birth spacing, which improves the health of new-borns, kids, mothers, and families.

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