



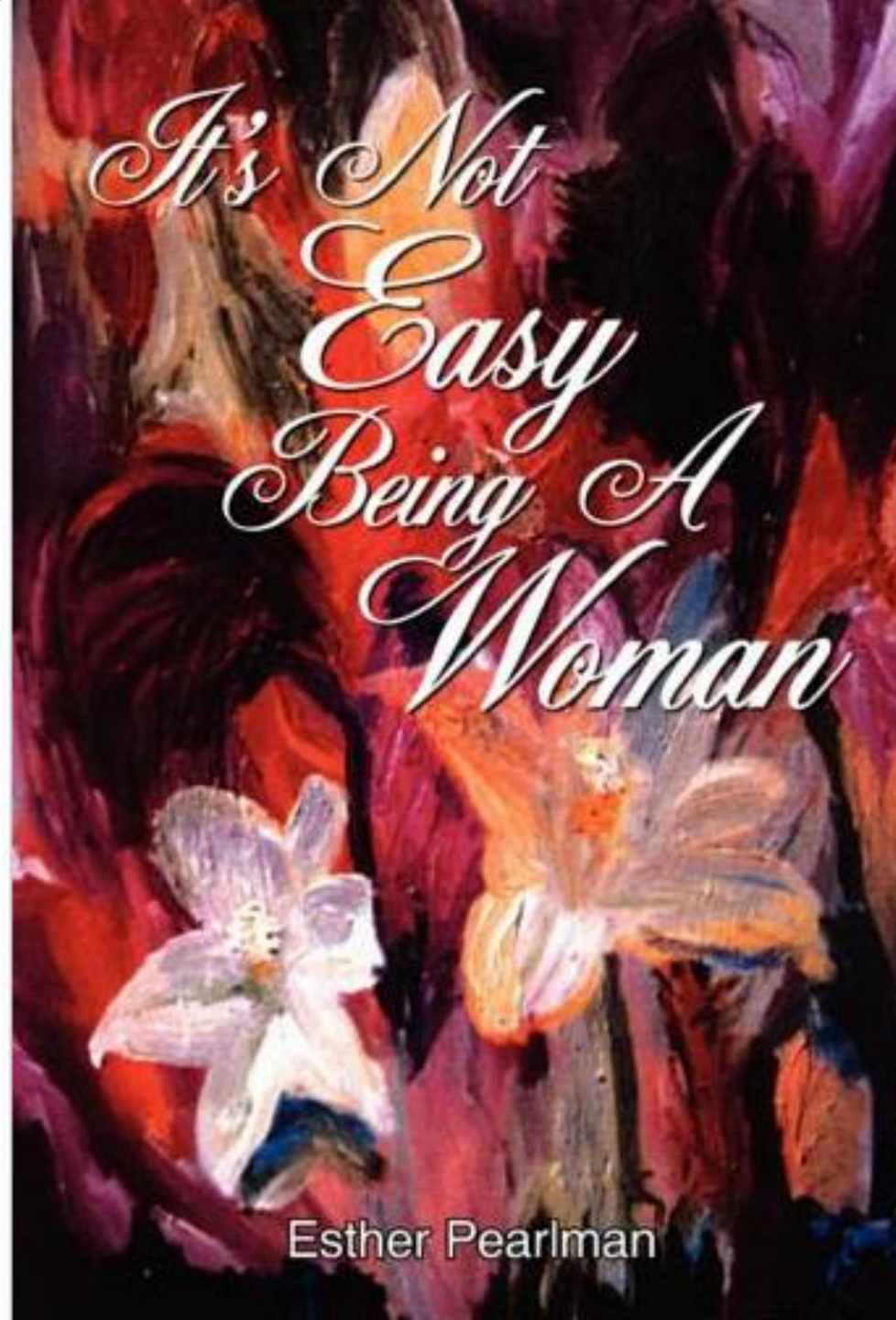
Women's Health & Well-being

Lay Public slides
DELHI





**It is not easy being a
woman**



Esther Pearlman



As you reach for the stars...

**Sometimes your body
stands in your way**





Next 30 mins

We'll help you take better care of your body..
So, it never stands in the way of your aspirations again



Stages in a Woman's life

Puberty



Reproductive years



Menopause

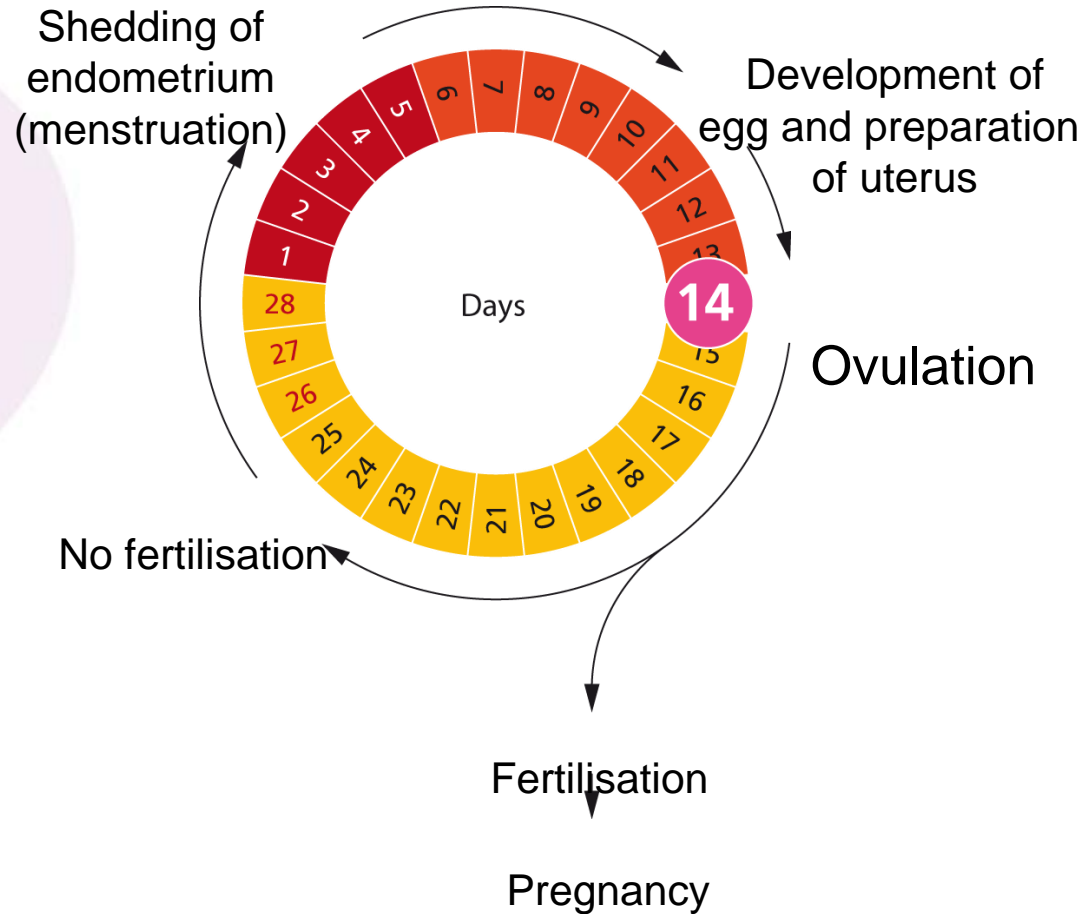


Menstrual irregularities

The menstrual cycle and cycle disturbances



History/ Clinical examination
Investigations
medication



Menstrual irregularities means that women do not properly develop and release a mature egg every month as they normally should. Because all women respond differently, menstrual irregularities can occur in different forms.



Types of menstrual irregularities

- **Absence of periods (Amenorrhea)**
- **Cramps or painful menstruation (Dysmenorrhea)**
- **Diminution of the flow (Hypomenorrhea)**
- **Abnormally heavy and prolonged menstrual period (Menorrhagia)**





Causes menstrual irregularities

- **Natural causes**
 - Puberty
 - Pregnancy
 - Lactation
 - Pre-menopausal
- **Pathological causes of menstrual irregularities**
 - Hormonal Imbalance
 - Disorders of the reproductive system eg: PCOS
 - Obesity and unhealthy lifestyle



Clinical features of Polycystic Ovary Disease (PCOD)

- PCOS is a syndrome of ovarian dysfunction
- Features - hyperandrogenism and polycystic ovary morphology
- Clinical manifestations may include menstrual irregularities, obesity and signs of androgen excess e.g. hirsutism, acne
- Insulin resistance may be observed

Hirsutism



Acne





Infertility?

The inability to conceive after 12 months of having regular, unprotected, well-timed sexual intercourse

Approximately, 1 in 10 healthy couples of reproductive age will experience fertility problems

**192 million couples are estimated to be in reproductive age-group (15-49 yr)
According to estimates of the WHO, 13-19 million couples in India are infertile**



Known and Unknown Causes

- Known causes
 - Female Problems
 - Tubal - blocked fallopian tubes
 - Hormonal – an ovulation
 - Polycystic ovary syndrome (PCOS)
 - Male Problems
 - Sperm quality
 - Not enough sperm
- Unknown causes
- The HFEA Guide to Infertility

Excessive alcohol, tight clothing, pollution can damage sperm





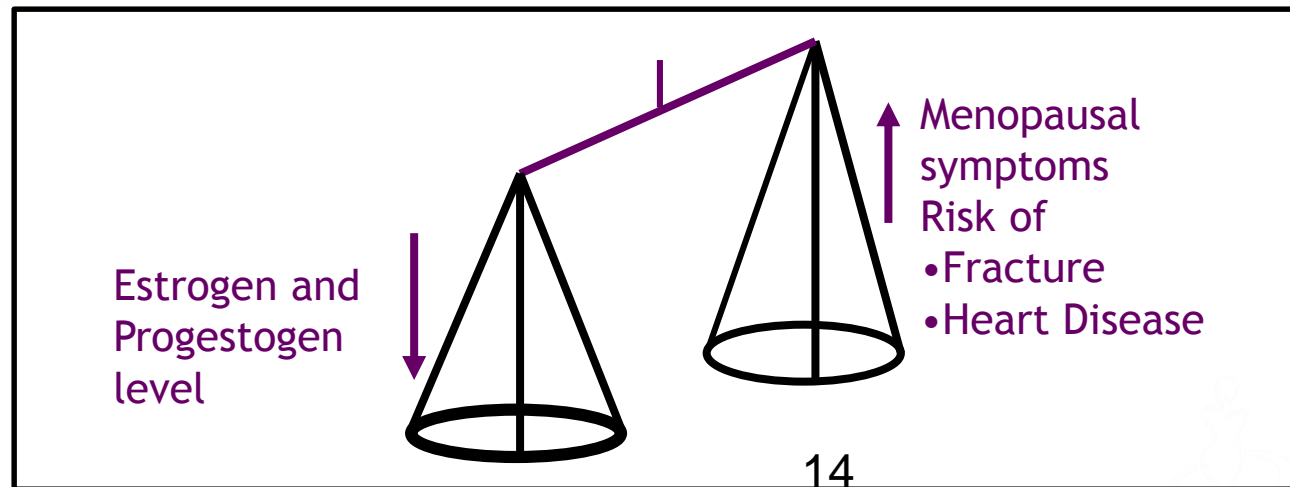
Menopause is not a pause, It's beginning of new life...

Menopause

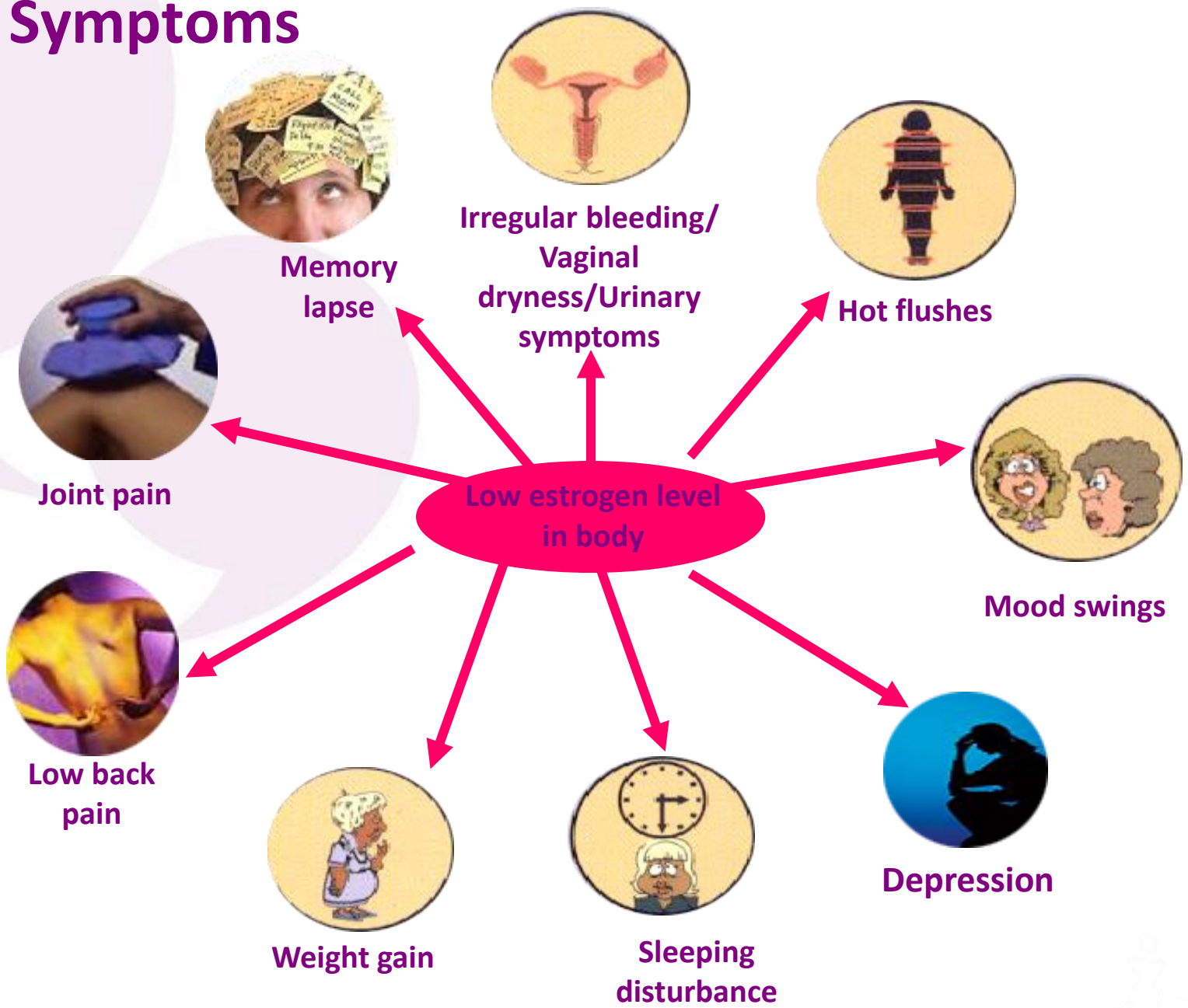


What happens at Menopause ?

- In a woman's 40s, estrogen production declines
- Symptoms of early menopause (peri-menopause) appear and may last for 5 years
- Eventually estrogen production stops, menstrual cycle stops and woman enters menopause
 - Average age to enter menopause is 51 (US and Britain)
 - In India it is 48 years



Symptoms





Another important part of a woman's life...





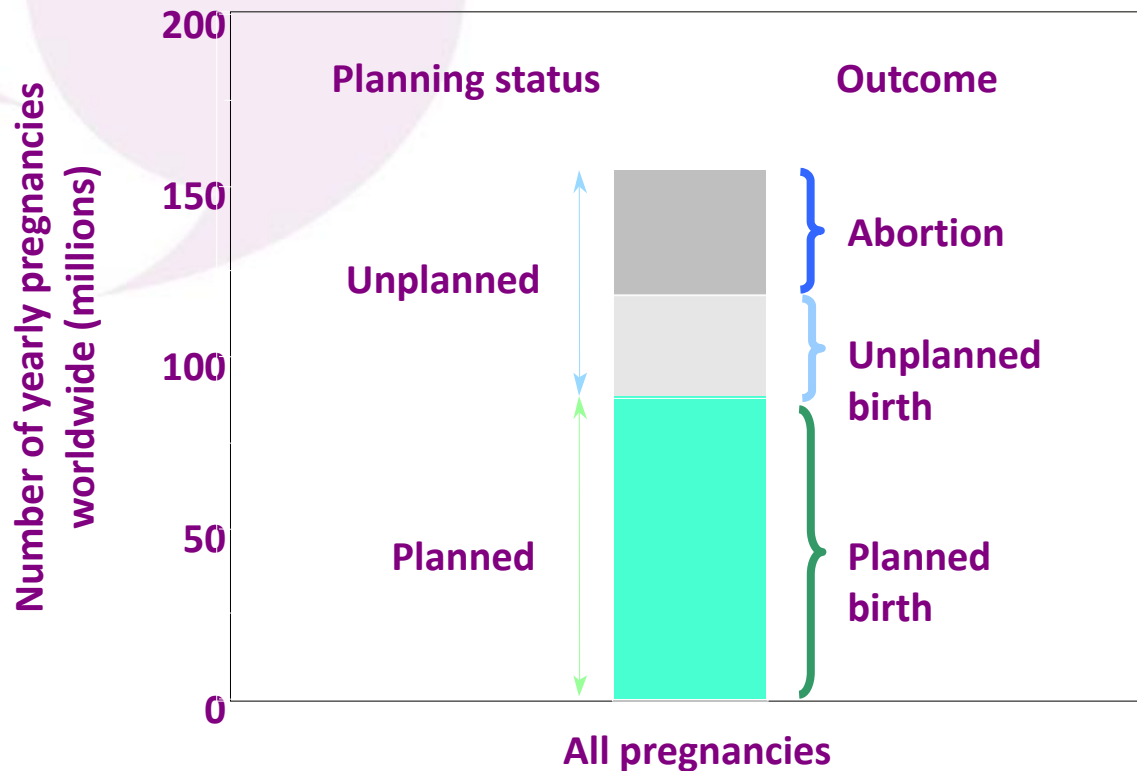
Contraception

- Natural methods
- Barrier methods
 - Condoms
 - Vaginal diaphragm (It is a round rubber dome that fits inside a woman's vagina.)
 - Spermicidal jelly (negate the effect of the sperms) and tablets
- Oral contraceptive pills
- Intra Uterine Contraceptive Devices (IUD's)
- Injectables
- Permanent sterilization for male and female



Unwanted pregnancy

- Unprotected intercourse or failure of contraception is often dealt with medical abortion
 - Women spend about three-quarters of their reproductive years trying to avoid pregnancy.





Abortions lead to complications

- Infection
- Bleeding
- Severe pain in the bone supporting the lower limbs
- Infertility

Hence abortion is not a recommended option
to contraception

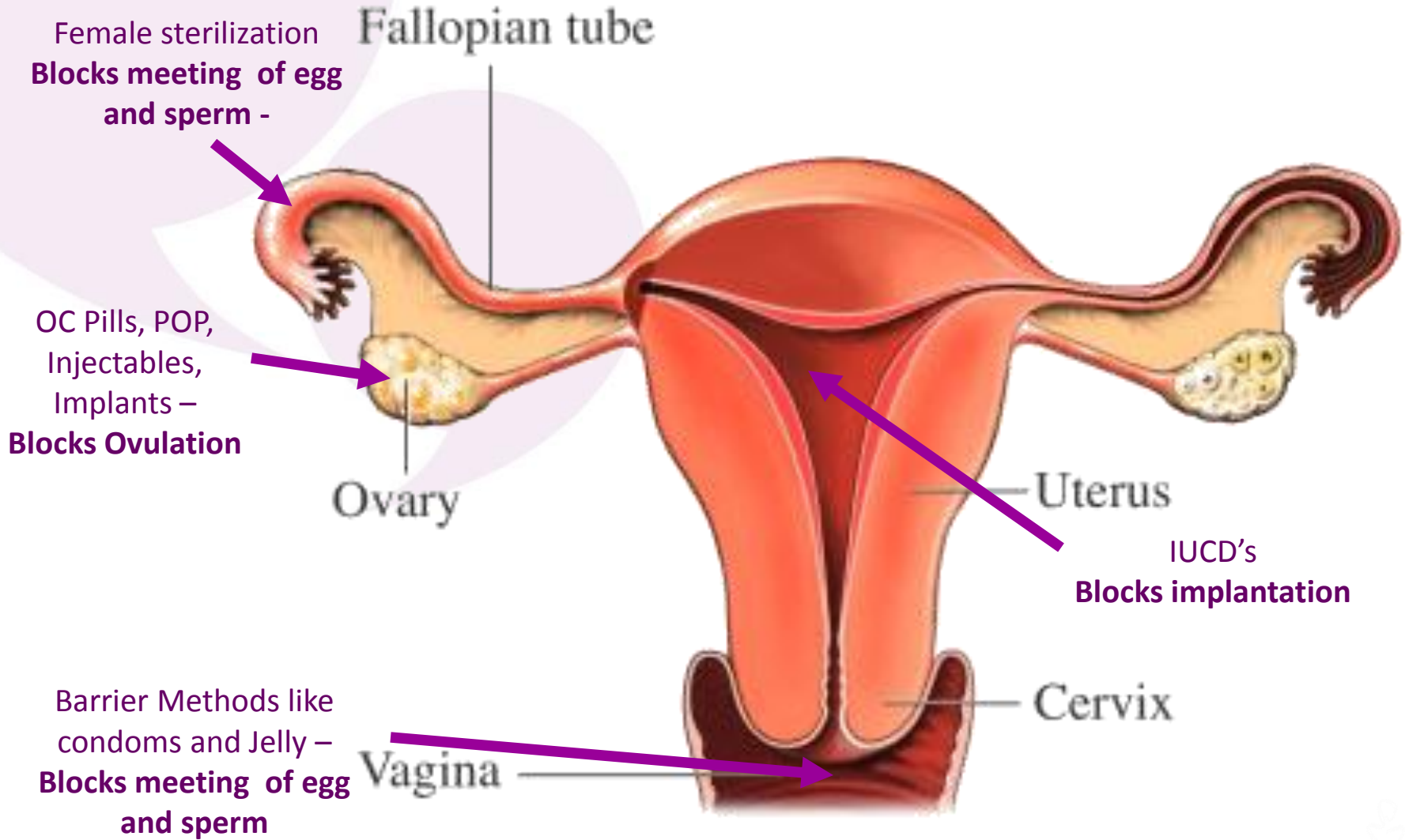




Prevention is always better



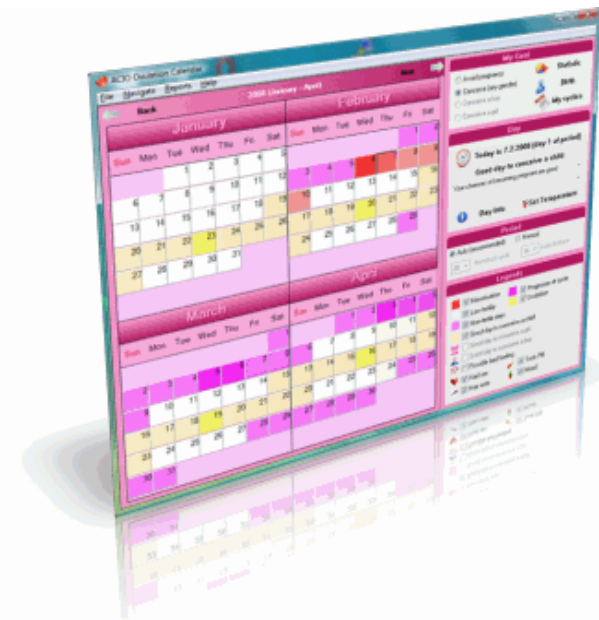
Mechanism of various contraceptives



Natural methods

- Refrain from sexual activity
- Withdrawal method
- Fertility Awareness based methods (FAM)
 - Rhythm or calendar method - based on fertile period
 - Cervical mucus method - cervical secretions to identify ovulation
 - Basal body temp. (BBT) method –
At the time of ovulation the body temperature rises by 0.2 to 0.5°C

Least reliable method



Condom

- Barrier method
- Protect against Sexual Transmission diseases STDs (HIV, Hepatitis B)
- Failure rate: 2 – 15%
- Economical
- Easy availability





Injectable

- *To be administered every 3 month interval*
- *Failure rate : 3% (typical usage)*
- *Alteration in bleeding pattern*
- *Option for estrogen sensitive women (e.g. lactating mothers)*





The pill

*“This little hormone tablet temporarily prevents pregnancy, yet its introduction transformed lives of many women. **Nothing else in the century – perhaps not even winning the right to vote – made such an immediate difference in women’s lives.**”*

Ladies Home Journal - 1990



The pill – benefits

- Helps to be in control
- Success rate: More than 99% if used correctly
- Require good compliance
- Does not protect against Sexual Transmitted diseases (STDs)
- Protection throughout the cycle
- Can be taken for extended period of time





In addition has non - contraceptive benefits

- Regularizes periods
- Reduces bleeding and hence prevents anemia (decrease in red blood cells)
- Less painful periods
- Protection from benign breast diseases
- Protection against: uterine, ovarian and intestinal cancers; ovarian cysts (small fluid-filled sacs in a woman's ovaries)





**Non compliance may lead to
problems leading you towards...**



A photograph of a woman in a white top covering her face with her hands, appearing distressed. A man is sitting next to her, looking at her with a concerned expression. The scene is set in a bright, indoor environment, possibly a bedroom.

Emergency contraceptives

Ideally to be used incase of Emergency ONLY

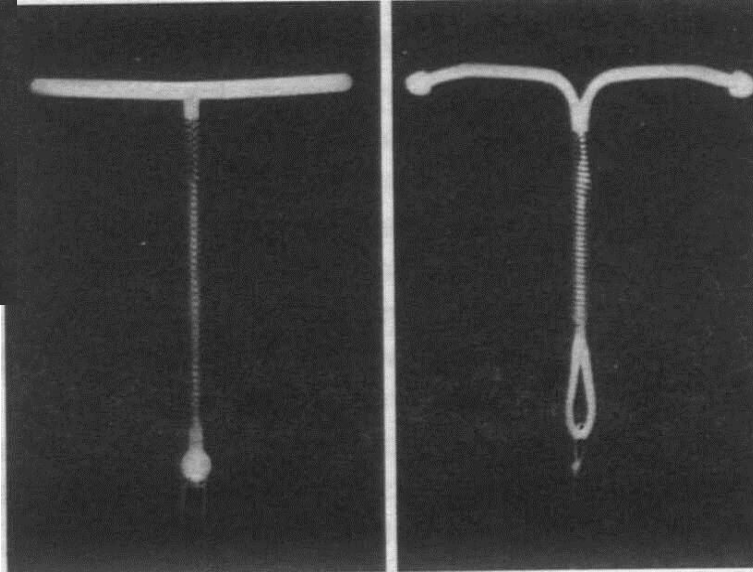
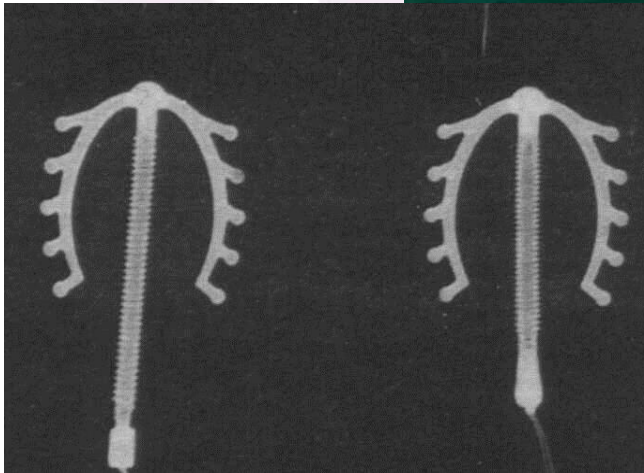
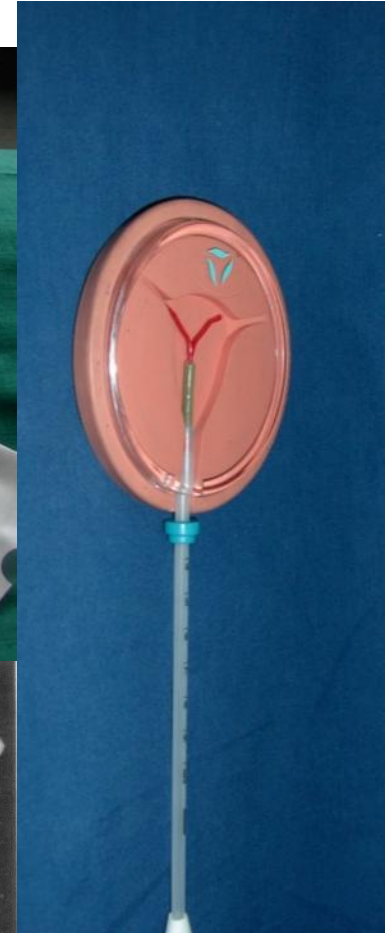
Emergency contraception – the fact

- To be considered as an emergency situation (generally up to 72 hours and maximum up to 120 hours)
- It is more effective the sooner it is taken after sex
 - Treatment initiated within 72 hours after unprotected intercourse reduces the risk of pregnancy by at least 75%.
 - Prevents implantation (prevents the fertilized egg to attach the uterine wall)
- Types
 - Pill containing only progesterone (male sex hormone)
 - Pill containing estrogen (female sex hormone) and progesterone
 - Intra Uterine Contraceptive Devices (IUD)
- Contains high dose of hormone OCP and hence may cause nausea and vomiting



Intra Uterine Contraceptive Devices (IUD's)

Types: non-hormonal (copper) or hormonal





Intra uterine contraceptive devices (IUD's): Copper

Advantages

- Effective : immediate and Inserted usually after one childbirth
- Long acting: Once inserted, protects for 3-10 years depending on type of IUD
- Easy to insert and remove
- No link with coitus
- No tablets to remember

Disadvantages

- Does not protect from Sexual Transmitted Infections (STDs)
- Occasionally causes heavy and painful periods,
- Possibility of expulsion and perforation



Vaginal Ring Contraceptive



New ring contraceptive

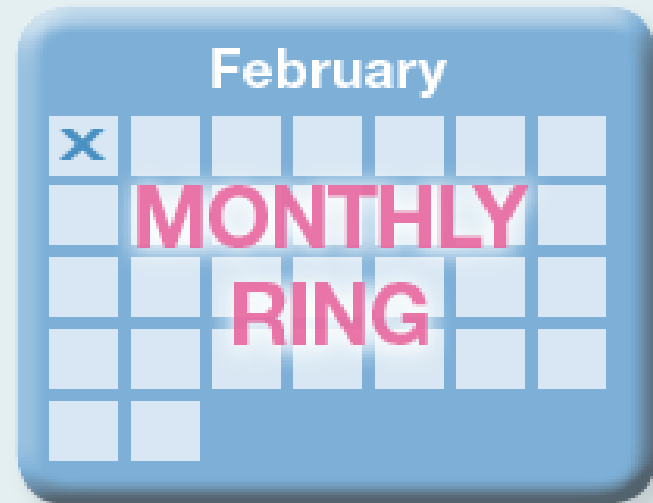
- Key attributes
 - Once monthly: One ring per cycle - 3 weeks ring-in; 1 week ring-free
 - Delivers low-dose of hormones (estrogen- female sex hormone)
 - Good cycle control
 - Rapid return to fertility once removed





Convenience at its best

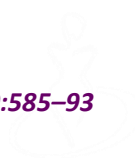
RING – 3 WEEKS CONTINUOUS USE – 1 WEEK RING – FREE PERIOD





Contraceptive Ring user acceptability

Ease of insertion and removal





Reasons for liking contraceptive Ring

- The 3 most frequently mentioned responses were:
 - Do not have to remember anything (43%)
 - Easy to use (28%)
 - Effective method (10%)



Summary: Vaginal Ring Contraceptive

- Good contraceptive efficacy
- Good cycle control
- Low incidence of subjective side effects
- Neutral effect on body weight
- Easy insertion and removal
- Well accepted to users





Effectiveness frequently depends on the user

Method	% of unintended pregnancies within first year ¹	
	Typical use	Perfect use
Withdrawal*	27	4
Condom	15	2
COC/POP	8	0.3
Ring	8	0.3
3-month injectable	3	0.3
Copper IUD	0.8	0.6
Levonorgestrel IUD	0.2	0.2

*Fertility awareness based methods

Emergency Contraceptive Pills: Treatment initiated within 72 hours after unprotected intercourse reduces the risk of pregnancy by at least 75%.

Lactational amenorrhea method: LAM is a highly effective, temporary method of contraception.





Contraceptive needs are different for different women and at different stages of life



In a nutshell

Comparing "typical" effectiveness of contraceptive methods

Most effective
(Pregnancies / 100 women
in 1 year)

**about 1
or fewer**

3

8

NA

15

21

25

27

32

Least effective



Female Sterilisation



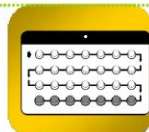
Vasectomy



IUDs



Injectable (progesterone only)



Pills (Combined & Progesterone only)



Vaginal Ring



Lactational amenorrhea method (LAM)



Male Condoms



Female condom



Withdrawal



Fertility awareness based method /
safe period



Spermicide

How to make your method most effective?

One time procedure, nothing to do or remember

IUDs may have to be reinserted after 3-10 years depending on lifespan of IUD

Need repeat injection every 3 month

Must remember take a pill every day or insert a ring every month

LAM is a temporary method and highly effective provided following criteria are ensured
1. Amenorrhoea; 2. Fully or nearly fully breastfeeding; and 3) < 6 months postpartum.

Must use every time you have sex

Requires partner's cooperation; must abstain or use condom on fertile (unsafe) days

Must use every time you have sex

Source : Adapted from World Health Organization. Medical Eligibility Criteria for Contraceptive Use. 4th. Geneva: WHO, 2009



For every stage of women's life
there is a specific and
reliable.....

Contraceptive Method







Questions ?????





Thank you

