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CONSULTATION REPORT ON
SURGICAL AND HORMONAL CONTRACEPTION
IN PAKISTAN

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During The Period:

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CONSULTATION REPORT ON
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I. INTRODUCTION

At the request of the Pakistan Population Planning Division, Drs. Howard Balin and Louise Tyrer visited nine medical training institutions in Pakistan during the period January 31, and February 11, 1977. The purpose of these visits was to discuss advances and new techniques in contraception, focusing on hormonal contraception, including both orals and injectables, and on surgical contraception for both males and females.

In spite of the busy work itinerary, planned to permit the consultants to lecture and visit with the staff and students at as many medical schools as possible, the consultants requested and were permitted the opportunity to also meet with the staff of Welfare Visitors and Field Motivators training sites in a number of locations.

The following sections of this report describe the day-by-day itinerary, identifies the officials contacted, and gives a summary of the impressions and recommendations of the consultants. Perhaps this assignment is best summarized by Dr. Tyrer in her letter to Mr. Badruddin Zahedi, Secretary, Population Planning Division, following her return. She said, "The trip was very tightly scheduled, and quite strenuous, but the responsiveness of those we met provided such great rewards that it more than compensated for any fatigue or rigors experienced along the way." (Appendix A)

II. ITINERARY

January 31, Islamabad

Arrived Rawalpindi-Islamabad at 1000 hours. Informal meeting was held with Dr. Andrew Haynal, Population Officer, USAID/Islamabad. The schedule for the proposed visits to medical training institutions was reviewed and orientation given to the family planning programs in Pakistan.

February 1, Islamabad

Met with Mr. Badruddin Zahedi, Secretary Population Planning Division, Ministry of Health, Population and Social Welfare; Col. S. A. Malik, Director General, P.P.D.; Dr. Shawwim Apzal, Deputy Director General, P.P.D.; Dr. Sajida Samad, Deputy Director General, P.P.D.; Dr. Andrew Haynal, Population Officer USAID/Islamabad; and Dr. Rifad A. Ismail, Office of Population and Health, USAID/Islamabad, and others.

Orientation of Secretary was that the oral contraceptives were to be particularly encouraged in contradistinction to surgical forms of contraception (sterilization). Dr. Haynal at a later date encouraged efforts towards better M.D. acceptance of the oral contraceptives. Problems of population accepting oral contraceptives, distribution of the oral contraceptives and a discourse of new methods of implementation and distribution of the oral contraceptives by local women field workers was also discussed. The Secretary was particularly interested in including Lady Health Visitors in the lecture sessions, either at the training centers, when feasible, or in lectures at the medical schools. Arrangements were included to plan meetings with these workers in addition to the lectures on contraception and sterilization scheduled for the medical schools.

We later met with Col. S. A. Malik and his staff to discuss specifics of this tentative schedule which included lectures at ten different institutions (Medical Colleges and Hospitals) over ten days. As some of the in-country (Pakistan) airline schedules had been changed, altered accommodations (flights) between nearby cities - alternative travel by train and car was arranged. The number of cities versus days was discussed. After several suggested alterations, the same schedule (with the addition of visits to Regional Training Centers) was for the most part set into motion. An in-country tour leader - Dr. Azziza - was assigned. Dr. Azziza had visited the institutions and cities to make advance arrangements. Following the meeting we returned to the USAID Mission where details of in-country travel arrangements were discussed and implemented.

We lunched at Dr. Haynal's home with Mr. Zahedi and his staff and members of the staff of the USAID Mission. We later met with Mr. Joseph Wheeler, Director of the USAID Mission, and exchanged thoughts of a potential extension of female (and male) sterilization programs for Pakistan. Mr. Wheeler informed us of the potential for this form of population planning throughout Pakistan. In particular, he commented on

the number of Pakistani physicians trained in the U.S. and U.K. who had gained expertise in laparoscopic and "Mini-Laparotomy" forms of female sterilization by conventional methodologies, electro-coagulation, and silastic "banding" (Falope-Ring) approaches. The problem of oral contraceptive and IUD acceptance in Pakistan was also discussed.

We later visited the out-patient medical dispensary of the U. S. Embassy to complete necessary inoculations and orientation. Dinner with Dr. and Mrs. Haynal was mixed with additional briefing about oral contraceptive acceptance in Pakistan.

February 2, Rawalpindi Medical College, Rawalpindi

Met with Dr. Lalif Quselbi, Principal; Dr. Jamil, Professor of Pathology; Dr. Cheema, Professor of Pharmacology; Dr. Naeran, Assistant Professor of Hematology; Dr. Samia Janjoe, Gynecologist Poly Clinic; and Dr. Iffat Qazi, Principal, Lady Family Planning Welfare Visitors School, and others.

- 1). Film on Current Aspects of Oral Contraceptives (at request of USAID). (L.T.)*
- 2). Followed by Discussion, and Question and Answer Session. (L.T.)
- 3). Discussion of IUD and Injectable Steriod Contraceptives (L.T.)
- 4). Slide presentation and lecture (H.B.)* on Surgical Approaches to Sterilization in the Female.
- 5). Lady Health Visitors attended the sessions given in the Medical School by Drs. Tyrer and Balin. Met with the principal of Lady Family Planning Welfare Visitor's School, Dr. Mrs. Iffat Qazi.
- 6). Discussion and Question and Answer Session -

Comments - There were 300 to 400 in the audience. Many good questions on oral contraceptives and injectables from students. Medical School has 2 Ob/Gyn's doing surgical sterilization procedures by Endoscopy and Mini-Laparotomy. Staff position on oral contraceptives is one of concern about side effects and risks.

February 3, Khyber Medical College, Peshawar

Met with Dr. Raza, Principal; Dr. Zarfa Minhas, Professor; Dr. Muntaz Khattak, Professor; Dr. Shafecq, Associate Professor Ob/Gyn; and Dr. Wazeer Ali, Principal, Lady Family Planning Welfare Visitors School, and others.

- 1). Lecture on Surgical Sterilization of the Female (H.B.)
- 2). Lecture on O.C.'s, Injectables, and IUD's (L.T.)

*L.T. Louise Tyrer, H.B. Howard Balin

3). Discussion and Question and Answer Session.

Comments:- There were approximately 500 in attendance. Students and staff excellent perception of "the problem." Several on the staff trained in surgical sterilization of the female. Good questions about O.C.'s. Concerns expressed by the audience about risks of oral contraceptive and IUD usage.

4). Met with the Principal of the Lady Family Planning Welfare Visitors' School, Dr. Mrs. Wazeer Ali, the staff, the Welfare Visitors and the field motivators for discussions as outlined in the section covering this topic (See Section III-B). (L.T.)

February 4, Peshawar

Defense Day (Pakistan) and Religious Holiday. No lectures or hospital tours scheduled by Pakistan Government or USAID.

February 5, Lady Wellington Hospital, Lahore - (Training Hospital for King Edward Medical College.)

Met with Dr. N. A. Seyal, Gynecologist, Lady Wellington Hospital; Dr. Bilquis Fatima, Principal and Professor of Ob/Gyn, Fatima Jinnah Medical College; Dr. Fakhar Uanisa, Gynecologist; Dr. Nasir Uddin, Registrar Ob/Gyn, Lady Wellington Hospital and Dr. Bushra Rasheed, Principal, Lady Family Planning Welfare Visitors' School, and others.

- 1). Lecture on Sterilization of the Female (H.B.)
- 2). Lecture on Management of problems with oral contraceptive usage and the IUD (L.T.)
- 3). Discussion, Question and Answer Session.

Comments - There were about 50 in the audience. (Mostly graduate staff because medical students were on vacation). King Edward Medical College and Lady Wellington Hospital are well advanced in surgical techniques of female sterilization. They expressed concerns about vasectomy and oral contraceptives. Many good questions on O.C.'s.

4). Met with the Principal of the Lady Family Planning Welfare Visitors' School, Dr. Bushra Rasheed, the staff, the welfare visitors and the field motivators for discussion as outlined in the section covering this topic. (See Section III-B). (L.T.)

February 7, Nishter Medical College, Multan

Met with Dr. Zafar Hayat, Principal; Dr. Rashid Latif, Professor of Ob/Gyn; and Dr. Sabeha Tanweep, Principal Regional Training Center for Lady Family Planning Welfare Visitors, and others.

- 1). Lecture on Surgical Methods of Sterilization (conventional, Minilap, Laparoscopic - by electrocautery or by "Falope Ring" techniques) (H.B.)
- 2). Discussion of oral contraceptives, IUD's, Injectables and Male Sterilization (L.T.)
- 3). Movie on Vasectomy (L.T.)
- 4). Discussion, Question and Answer Period.

Comments - There were about 500 in the audience. In-depth expertise evidenced in all techniques covered. Excellent, aggressive staff and student body.

- 5). Met with the Principal of the Regional Training Center, Dr. Sabeha Tanweep, the staff, the welfare visitors and the field motivators for discussion as outlined in the section covering this topic (See Section III-B). (L.T.)

February 8, Liaquat Medical College, Hyderabad

Met with Dr. Ibraheem, Principal; Dr. A. M. Memon, Chief Gynecologist; and Dr. Qul Raslida, Principal Training Institute Lady Family Planning Welfare Visitors, and others.

- 1). Lecture - Surgical Sterilization of the Female (H.B.)
- 2). Film on Vasectomy (L.T.)
- 3). Lecture - O.C.'s, Injectables and IUD's (L.T.)
- 4). Tour of Hospital and College (H.B. & L.T.)
- 5). Interview with students (L.T.)

Comments - 750 to 1,000 in attendance. Staff familiar with all procedures and methodologies - appear conservative and concerned about potential side effects and risks of all methods.

- 6). Dr. Tyrer met with the Principal and Director of the Institute of Training, Dr. Qul Raslida, members of the staff, trainees, Welfare Visitors and field motivators for discussions as outlined in the section covering this topic (See Section III B). (L.T.)

February 9, Peoples Medical College, Nawabshah

Met with Dr. Karim, Principal; and Dr. Q. Hose, Principal, Regional Training Center Lady Family Planning Welfare Visitors, staff, and trainees, and others.

- 1). Oral contraceptives, IUD, Injectable Contraceptives (L.T.)
- 2). Surgical Sterilization of the Female (H.B.)

Comments - There were about 300 in the audience. This is an all female Medical School. Students in this "emerging school" only up to the third year. Their "basic science" faculty seemed well informed in the area of female reproductive biology. Their Dean (an Anatomist) was searching and participated actively in our dialogue with his students. He admittedly has his own stated deep reservations about "orals" (O.C. contraceptives) which he communicated to the students during the discussion period. He indicated that the "natural methods of Family Planning" were ones he favored and were more physiological. He wishes to incorporate the local Family Planning Training Center into the Medical School. Such would help bring the Medical School and Family Planning Group closer together and might be feasible, if he can be more accepting of the most effective methods of reversible contraception.

February 10, Chandka Medical College, Larkana

Met with Principal and staff of the Chandka Medical School. Also met with Dr. Bilqia Malik, Gynecologist; Assistant Professor of the School; and Dr. Matlrooki, Principal, Regional Training Center, Lady Family Planning Welfare Visitors and trainees, and others.

- 1). Lecture - Surgical Sterilization of the Female (H.B.)
- 2). Lecture - O.C.'s, IUD's, and Injectable Contraception (L.T.)
- 3). Movie on Vasectomy (L.T.)
- 4). Interview by students for press (L.T.)

Comments - There were 750 to 800 in the audience. Excellent turnout of students and staff - (third and fourth year students present). Lady Health Visitors attended the lectures given in the Medical School. Keen interest in the vasectomy film with many questions, both in the session and afterwards. Lunch with Principal and members of the Ob/Gyn Dept. who helped pioneer laparoscopic sterilization in Pakistan.

February 11, Jinnah Medical Center (Post-Graduate School), Karachi

Met with Dr. Mahmud Saced, and staff.

- 1). Surgical Sterilization of the Female (H.B.)
- 2). Lecture - O.C.'s, IUD's and Injectable Contraception (L.T.)
- 3). Movie on Vasectomy (L.T.)

Comments - There were about 50-75 in the audience. Audience consisted of professors, residents, and House Staff of the Medical Center. They are knowledgeable concerning all methods of Fertility Regulation. They expressed great interest in regard to the management of side effects and complications of O.C.'s, Injectables and the IUD.

February 12, Dow Medical College, Karachi

Met with Dr. Abdul Qahid, Principal; Dr. Zubeda Qziz, Professor OB/Gyn; Dr. Noor Jehau, Professor Ob/Gyn; Dr. Muchleg Harim, Professor of Medicine; Dr. Saleh Memon, Professor of Medicine; Dr. S. H. Naqii, Professor College of Family Medicine; and Dr. Hassan, Professor of Ophthalmology, and others.

- 1). O.C.'s, Injectables, IUD's (L.T.)
- 2). Surgical Sterilization of the Female (L.T.)
- 3). Movie on Vasectomy (L.T.)

Comments - There were about 750 in the audience. Very bright, knowledgeable and aggressive student body, with many insightful questions which stimulated lively discussion. Much more accepting of reversible contraception and surgical sterilization for the female than any other group encountered. Great reservations about male sterilization.

- 4). Regional Training Center for Lady Family Planning Welfare Visitors and Field Motivators. (L.T.)
- 5). Dr. Tyrer met with the principal of the Lady Family Planning Visitors School, staff, Welfare Visitors, trainees, and Field Motivators for discussions as outlined in the section covering this topic (See Section IIIB)

III. SUMMARY AND RECOMMENDATIONS

A. Lectures in Medical Schools and Hospitals.

1. Summary of Comments: In all institutions, we were warmly welcomed by the principal of the Medical School. The professional audience consisted of the Professors of all Departments of the Medical School, their house staff, and third and fourth year medical students. At sites where Lady Health Visitor Training Centers were located, their faculty also attended the lectures and participated in the discussions. Audiences were large, sometimes as many as 750 attending the lectures. Professional interest appeared to be high as evidenced by the excellent turnout wherever we lectured, by an excellent dialogue initiated by the faculty and students, and small discussion groups crowding around for answers to their individual questions at the close of the session. Most of the questions pertained to the safety of oral contraception. There were a few questions about the safety and side effects of the IUD and injectable hormonal contraception.

Considerable emphasis during the lecture was placed on the following areas:

- a. We were invited guests of their government, lecturing at the request of the Pakistanian Government's Office of Population Planning.
- b. The need to reduce their high maternal and infant mortality rates through safe and effective means of birth control.
- c. The advantages and benefits of oral contraceptives in child spacing.
- d. Management of side effects of oral contraception, IUD, and injectables.
- e. Logical steps in family planning.
 1. Postponing the first birth
 2. Planning and limiting family size
 3. Appropriate intervals for child spacing
 4. Adoption of sterilization by female or male upon completion of family size.
- f. There was a particularly high level of interest in a 10-minute movie on the Technique of Vasectomy, followed by many small group questions and answers at the close of the session.

B. Outline of Content of Discussions held with Lady Family Planning Welfare Visitors and Field Motivators.

Dr. Tyrer met with Lady Family Planning Welfare Visitors and Field Motivators. At all sites listed, Dr. Tyrer discussed the health

related benefits of oral contraceptives usage and the IUD and responded to questions about side effects and management of same.

1. Concerns Identified with OC Usage

- a. Breakthrough Bleeding - Because of cultural unacceptability, this problem causes a high discontinuation rate. It was suggested that either the Norinyl 1/50 be increased to the 1/80, or the dose of 1/50 be doubled on the days that spotting is seen. An alternative is to double the dose of the 1/50 pill for the first 3 months. This latter approach may be preferable, as there is a great tendency to forget to take the pill particularly during the first few months of use. Therefore, by taking 2 pills a day during the first months, the hormone level will not drop so low as to result in as much breakthrough when occasionally forgotten.
- b. Fluid Retention, Bloating, Dizziness, Heart Palpitations and Chloasma - These are the next most common side effects accounting for complaints among users. These pseudo-pregnancy symptoms, they were assured, are not serious and would usually subside with continuing use. Also discussed the likelihood that unrelated chronic disease may be present accounting for symptoms, and referral should be made for a medical evaluation.
- c. Fear of Cancer - The unfounded concern that oral contraceptive usage is associated with the development of cancer and that the minor side effects discussed under 1 & 2 are symptomatic of this occurring emerged as a major block to pill usage.

2. Concerns Identified with IUD Usage

- a. Bleeding - Again the problem of irregular bleeding between cycles emerged as the greatest concern. In addition, the problem of heavier menstrual periods in women who are bordering on anemia because of their nutritional state is a serious one.
- b. Fear of Cancer - Again the unfounded fear that the IUD may be causing cancer in the uterus as manifested by the bleeding, pain and discharge that commonly occurs is a major impediment to IUD acceptance.

C. Recommendations.

1. Special Training Needs By Type of Institution.

The level of sophistication of the medical institutions visited, and the grade level of the medical students addressed (certain

schools - 3rd year students only) made flexibility in the presentations mandatory. The newer medical colleges need the training the most. Inclusion of these schools, even though not so convenient to reach, is mandatory in achieving the goal of greater dissemination of family planning knowledge to the medical schools and physicians of the country.

2. Suggested Curriculum Expansion.

Most medical schools had very little, or no lectures built into their curriculum on methods of fertility control, its impact on health, demography and population. The government can impact on this by developing and implementing a model curriculum to be put in place in medical schools. A sample curriculum is as follows:

- a. First Year - Population dynamics and Fertility Control Methods.
- b. Second Year - Family Life, Sexuality and dynamics of Fertility Control, Physiology of Reproduction.
- c. Third Year - Benefits and Risks of Methods of Fertility Control; Field experience in prescribing methods of Fertility Control.
- d. Fourth & Fifth Year - Supervision of Field Contraceptive Programs; Management of side effects of methods of Fertility Control; Instruction in techniques of male and female sterilization (including surgical experience with Vasectomy and Mini-Laparotomy Female Sterilization.)

3. Utilization of the Team Approach in Education.

Special training in consultancy lecturships in methods of Fertility Control should be provided to certain Pakistani physicians, population demographers and Family Health Visitors. In this way, a lecture team can travel throughout the country giving lectures to political leaders, civic groups, professional groups, and communities on the benefits of the available methods of conception control. By training and utilizing indigenous authorities not only will they have greater credibility with their own people, but will be able to deal most effectively in impacting to change traditional blocks to the acceptance and utilization of fertility control.

4. Expansion of Services Provided by Lady Health Visitors and Motivators.

These services need to be expanded so that they can be located in every village. The field motivator should be the most mature and respected woman in the community. Thus her dedication to the health care of the women in her community will

give the necessary credibility to the program.

5. Training Program for Indigenous Dais.

These untrained women are providing less than optimum care to the village women. They are a constant contact point at the village level. In other developing countries programs have been successfully instituted to upgrade their skills, and enlist them as allies in a community based distribution program in contraception. Models for this training have been developed by the WHO and are available. These women should be trained, however minimally, and integrated into the health care system.

6. Specific Recommendations Regarding the OC Program.

- a. Management of Breakthrough Bleeding - Breakthrough bleeding is unacceptable to the women of Pakistan, largely related to their Moslem faith. There is a relatively high incidence of breakthrough bleeding in the first few cycles with the Norinyl 1/50 pill, being in the range of 15-25% in the first cycle and 5% in the second cycle when taken correctly. To reduce the occurrence of breakthrough bleeding, I recommend that at least for the first month the women take two Norinyl 1/50's daily. This should ensure better continuation rates. In addition, with the higher hormone level while she is forming the pill-taking habit, forgetting to take her pills on one day will be less likely to result in breakthrough bleeding.

Once the woman has gone beyond the first three months with a double dose, she may reduce to one tablet daily. She should then be advised to take two pills on any day she sees breakthrough bleeding. This again will raise the hormone level sufficiently to minimize this problem. The other alternative is to go back to Ovral which enjoyed considerably more success based on less breakthrough bleeding.

- b. Change to the 21-Day Packaging of Pills - In conversations with the Lady Health Care Visitors, I ascertained that one of the commonest errors in pill-taking is that the woman often does not follow the arrows on the package, taking all of the hormone pills in the first 21 days. Many women, in error, take the pills up and down. Thus they take a placebo every 4th day, with resultant breakthrough bleeding and reduced efficacy. This problem can be readily eliminated by changing to the 21-day packaging.

Implementing these two changes in the Oral Contraceptive Program is critical. I have discussed these recommendations with Dr. Richard Dickey, who served as a medical consultant at the initiation of the community-based distribution program. He concurs with me that implementing these recommendations regarding changes in the oral contraceptive program is most important.