Community Health Nursing II — Unit 4: Population and its Control

Population Growth

Meaning

- **Population growth** is an increase in the number of people living in a defined area over time.
- Births and immigration add people, while deaths and emigration reduce the population.
- **Population explosion** describes very rapid growth that places heavy pressure on available resources and services.
- A large population and a rapidly growing population are different concepts and should be examined separately.

Causes of Rapid Growth

- Falling mortality, improved survival and a large number of people entering reproductive ages can increase population size.
- Early marriage, early childbearing, closely spaced pregnancies and unmet need for contraception can contribute to high fertility.
- Limited education, gender inequality, poverty and preference for sons may restrict a woman's ability to make reproductive choices.
- **Population momentum** means continued growth after fertility falls because a large younger generation is entering childbearing ages.

Effects on Development

1. Individual and Family

- Frequent pregnancies may increase nutritional strain and reduce opportunities for education, paid work and recovery after childbirth.
- A household may struggle to provide adequate food, housing, healthcare and education when dependants increase faster than its resources.
- Outcomes also depend on fair access to services and income, so population size alone does not explain poverty.

2. Community

- Rapid growth can increase demand for water, sanitation, schools, transport, employment and healthcare.
- Overcrowding and poorly planned settlements can increase infection exposure and make service delivery difficult.
- Migration may separate families from support networks and interrupt continuity of treatment.

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3. Country

- Governments must expand infrastructure and employment while protecting natural resources and the environment.
- A large working-age population can support development when people are healthy, educated and able to find productive employment.
- This potential benefit is called the **demographic dividend** and does not arise automatically.

Population Stabilisation

Definition

- **Population stabilisation** means population growth moving towards zero so that the total population becomes approximately constant over time.
- Births and inward migration then approximately balance deaths and outward migration.
- Reaching replacement-level fertility does not stop growth immediately because a large young generation can continue entering the reproductive ages.
- This population momentum explains why stabilisation can follow fertility decline only after a delay.
- The policy aim is to support a sustainable balance between population size, resources and wellbeing while protecting reproductive choice.

Purpose

- Family welfare aims to improve health and enable people to decide freely whether and when to have children.
- Services must respect informed choice and must not use pressure, discrimination or compulsory family-size targets.

Measures Supporting Informed Choice

1. Women's Empowerment

- Ensure access to education, employment, property rights, financial services and participation in household decisions.
- Support women who experience violence, reproductive coercion or restrictions on seeking healthcare.
- Involve partners when the woman wishes while preserving her privacy and individual consent.

2. Social and Economic Development

- Improve child survival, nutrition, social protection and access to good-quality healthcare.

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- Support secure livelihoods and care for older people so that family security does not depend only on having many children.
- Reach remote, migrant, poor and otherwise underserved families without blaming them for population growth.

3. Education and Delayed Childbearing

- Provide age-appropriate information about puberty, consent, pregnancy prevention and healthy relationships.
- Prevent child marriage and support continuation of girls' education.
- Under the Prohibition of Child Marriage Act, a male below 21 years and a female below 18 years are children for marriage purposes.
- The legal minimum marriage age is not a recommendation that everyone should marry or become pregnant at that age.

4. Accessible Family Planning

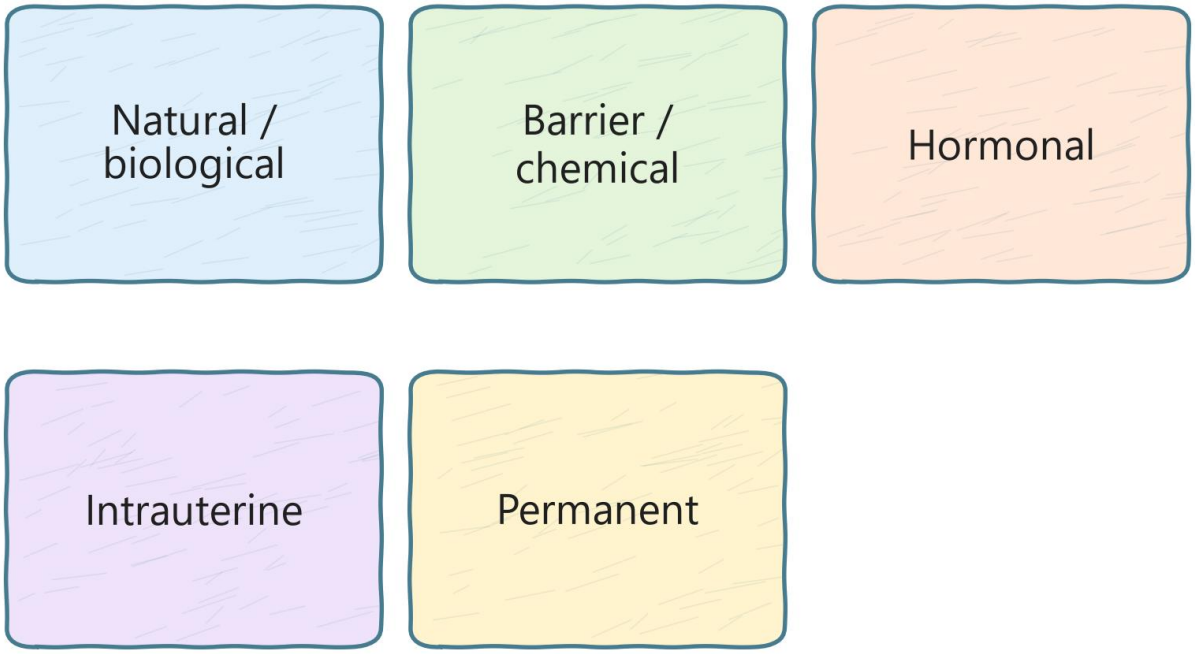
- Offer a range of affordable methods, reliable supplies, trained providers and prompt management of side effects.
- Support healthy spacing and a family size chosen by the individual or couple.
- Include male responsibility, postpartum contraception and services after abortion as part of routine care.

Family Planning

Definition

- **Family planning** enables people to plan the number and spacing of pregnancies through information and voluntary use of suitable methods.
- **Contraception** is prevention of pregnancy by a method used before, during or after intercourse as appropriate.
- Spacing methods are reversible, while permanent methods are intended for people who do not want future pregnancies.

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Main contraceptive approaches

Method Selection

- Ask about reproductive goals, breastfeeding, recent pregnancy, menstrual history, medicines, medical conditions and risk of sexually transmitted infections.
- Check whether pregnancy can be reasonably excluded before starting a method that requires this assessment.
- Explain effectiveness with usual use, correct use, expected bleeding changes, warning signs and return to fertility.
- The best method is medically suitable, acceptable to the client and practical for continued use.
- Condoms help reduce sexually transmitted infection risk and can be combined with another effective contraceptive method.

Main Groups

1. Natural and Behavioural Methods

- These methods depend on avoiding intercourse during fertile periods or avoiding deposition of semen in the vagina.

2. Biological Method

- Lactational amenorrhoea uses the temporary suppression of ovulation associated with frequent breastfeeding under defined conditions.

3. Barrier and Chemical Methods

- Barriers prevent sperm from entering the reproductive tract, while spermicides act on sperm locally.

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4. Hormonal and Non-steroidal Methods

- Pills, injections and implants alter reproductive processes to prevent pregnancy through method-specific mechanisms.

5. Intrauterine Methods

- A device placed in the uterus provides long-acting reversible contraception.

6. Permanent Methods

- Female sterilisation and vasectomy interrupt the passage of gametes and are intended to be permanent.

Natural and Biological Methods

Methods

1. Fertility-awareness Methods

- **Fertility awareness** identifies days when pregnancy is more likely using cycle dates, cervical mucus or temperature changes.
- The client avoids vaginal intercourse or uses a suitable barrier during the identified fertile interval.

1. Calendar-based Methods

- Menstrual records help estimate the fertile window using the rules of the particular method.
- The standard days method is intended for cycles usually lasting 26 to 32 days and treats days 8 to 19 as potentially fertile.
- Irregular cycles, recent childbirth and difficulty following the method reduce reliability.

2. Cervical Mucus Method

- Increasingly clear, slippery and stretchy cervical mucus suggests approaching ovulation.
- The client learns the method-specific fertile-day rules with a trained counsellor.
- Infection, semen and some medicines can make mucus interpretation difficult.

3. Basal Body Temperature Method

- **Basal body temperature** is the resting temperature measured after sleep and before getting up or becoming active.
- A small sustained temperature rise after ovulation helps identify that ovulation has probably occurred.
- The client follows taught method-specific rules rather than assuming a single higher reading proves a safe day.

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