

THE ROLE OF CHILD HEALTH IN RELATION TO THE FAMILY PLANNING PROGRAMMING IN NEPAL☆

by

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Introduction

Most of the distinguished speakers before me have expressed their views and experiences regarding the various aspects of Family Planning. While appreciating their views and admiring their experiences from the point of view of Family Planning in general I take this opportunity, with humility, to point out the discordant elements present in the conception, programming and the execution of Family Planning in Nepal.

Family Planning

Family Planning as such may or may not be useful in a given country. This may be useful—in fact wonderful—in relation to an individual, economy-wise so that he may “cut his coat according to his cloth” or disease-wise so that the hereditary diseases may be prevented from further transmission to his progenies; which means prevention of much misery and ill-health. It may be sometimes very useful in relation to a nation as well. For instance in such a country like India where the population has reached 530 millions, where every year 21 million babies are born, yielding a birth-rate of about 41 per 1000 per year, where the net annual addition to the existing total population is of the order of 13 million (*more than the entire population of Nepal*), where at the current rate of an annual increase of 2.5% the population is likely to double by the end of this century and reach more than a billion or a 1000 million,—in such cases the Family Planning does contribute significantly in the economic programming of a country.

There is no evidence however—at least to my knowledge—which proves that such population explosion is causing trouble in our country. The 1961 Census show that the total population is about 10 million; and there is enough land available to till. The non-availability to people, however, is due firstly to unequal distribution of land to the people, and secondly to the inadequate or ineffective use of modern agricultural facilities.

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It is clear that the answer to this lies in the hands of administrators, politicians and economists rather than in the hands of poor doctors like us.

In my opinion therefore Family Planning in our country *should be utilised only in an individual-personal merit instead of a national basis.*

Child Health

According to the H.M.G. Bureau of Statistics the childhood population of Nepal aged 0-14 yrs. comprise about 50% of the total population; another 25% being the females. Thus about 75% of the total population comes under the jurisdiction of Maternity and Child Health Project, which is naturally a big job.

Further:

- I) the I.M.R. (Infant Mortality Rate) of Nepal is 244 per 1000 live-births. Compare this to that of U.K. where I.M.R. is 24/1000.
- II) Most of the deaths in the childhood population occurs in between 0-4 yrs. of age than in between 0-14 yrs. of age, and
- III) the total deaths in 0-14 yrs. of age exceed the total deaths between 15-60 yrs. of age or above, as shown by the following table.

TABLE

Age of Dead	Total	Male	Female
0-4 yrs.	53,988.	28,277.	25,711.
5-14 yrs.	12,528	6,679.	5,849.
0-14 yrs.	66,516.	34,956.	31,560.
15-60 yrs. or above	55,934.	27,958	27,936.

I very well remember some mothers who have born as many as 14 children but only 2 or 3 of them surviving later on. In such instances clearly the Nature has already done her own Family Planning, exemplifying the LAW of NATURAL SELECTION which means that Family Planning per se, without preventing or decreasing the IMR by means of preventive and curative aspects of Maternity and Child Health Project becomes just superfluous.

Naturally the big QUESTION arises: What then is the solution to the problem? The ANSWER lies in reviewing the programme of the Family Planning, reorientation of the programme, in giving less emphasis in the Family Planning and more stress in the Maternity and Child Health Programme,

THE MATERNITY AND CHILD HEALTH PROGRAMME: should, naturally, consist of TWO divisions:

I) Preventive division and II) Curative division.

The Preventive division should consist of the following:

- 1) Antenatal Care Clinic—comprising primarily of Obstetrician, Mothers' Physician, and Children's Physician.
2. *Toddlers' Clinic* – which should be held in the same premises under the same roof just adjacent to the antenatal clinic.
3. *Well Baby Clinic*, held under the same roof preferably on separate days. I am glad to mention that the present M.C.H. Clinic is doing some good work. Such clinics have spread over certain parts of the country in the Hospital premises one or two days in a week. It also distributes certain amount of Vitamin pills and milk and such other things so kindly offered by UNICEF. But I am afraid such clinics have become Milk and Vitamins distributing centres rather than the Well Baby Clinics because in addition to the general Medical check-up and treatment for minor illnesses there is no provision for the MILK ROOM or KITCHEN, FEEDING ROOM, IMMUNIZATION CLINICS, etc. for their respective purposes.
4. *Immunization Clinic* should preferably be a separate entity although this could be held under the same roof and at the same as the Well Baby Clinic and the Toddlers' Clinic. The present system of issuing a card for a baby and advising immunization verbally is simply useless. Because Immunization is probably one of the most important means by which a doctor in an underdeveloped country (like Nepal) can prevent many diseases which are the primary causes of ill-health, life-long disability and deaths.

By Immunization one can stop Tuberculosis the first class killer of people in this country; the trinumvirate of Diphtheria, Tetanus and Whooping Cough could probably be slayed; Poliomyelitis could have been wiped out; and last but not the least Small-pox and the Measles might not be able to kill or maim our children.

At the moment one just wonders whether or not even the doctor who is on duty in the M.C.H. Clinic knows when or how to immunise. Well, this is because it appears that the M.C.H. Project has no fixed immunisation Time-table, probably no Advisory Committee, and so no card showing definite fixed time-table. The present regime of immunising against Small-pox and Tuberculosis soon after birth is naturally available only for those lucky ones who happen to be born in hospitals—which of course is of very modest value when the vast majority of "expected" mothers can not dream of admission in the hospital for delivery: An alternative scheme therefore should be worked out immediately.

While radios, pamphlets, posters and papers are singing the praises of Family Planning ad nauseum one just never has a chance in his life-time to listen to the importance of immunisation except the "very sweet" one concerning the Small-pox.

5. School Health Service:- to ensure and sustain the sound health in the school life and thereafter.

6. Training of Medical and Paramedical Personell

This also does not seem to keep pace with the M.C.H. Programme. One fails to see even a handful of doctors going abroad for higher studies and training in Child Health. And one never sees a Mobile M.C.H. Clinic working anywhere in the country.

The Curative Division:- is the next effective organ of M.C.H. Programme. It should consist chiefly of i) *Children's Department in a General Hospital*, ii) *one separate big research-orientated Children's Hospital* and iii) *Mobile Clinics for Children* to cover the out-lying child population.

The Children's Department within the premises of a General Hospital should be the focal point for the treatment of the sick children. This should be the aim because primarily the facilities for investigative procedures eg. Radiology, Pathology etc; the relative availability of nursing staff in reasonably workable number; and an easy access of the patients and their parents to the hospital or vice versa are most important for the efficient care of children. Needless to say that such a Children's Dept. must be large enough to serve the local childhood population. The local Nursing School should introduce a separate course or an additional period of training for senior nurses going for child-nursing. Better still if UNICEF and WHO could establish a RESEARCH CENTRE in the Children's Dept. or a specialised Children's Hospital. It is rather embarasing not to have any such institution in the whole of Nepal.

CONCLUSION:-

1. Family Planning Project is doing useful bit of work. BUT Maternity and Health Project must play the principal role in the Health Services of Nepal.
2. Family Planning Project should play a subsidiary role, and should primarily be utilised for individual and personal reasons.
3. M.C.H. Project with its preventive and curative counterparts must grow like mushrooms without any further delay; and spread widely throughout the country.

References

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