pros and cons of this system, it will be evident that this is the most suitable pattern of mental health service for a developing country.

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NMA Academics

FAMILY PLANNING FOR THE INDIVIDUALS*

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The title of to-day's Symposium reads Social & Medical Aspect of Family Planning. There is no doubt that we achieve improvement in our standard of living if we plan our family. The benefits we receive, as I understand, are social (i.e. happiness in the home) and medical (which means health to the family). The topic I chose to speak upon to-day is the *relation of the individual to family planning*.

It is fascinating to hear and know many varying aspects of family planning. We learn about it from radio, learned people, newspapers and posters. But it means different things to different people. To a mother who had troubles during repeated deliveries, family planning means an escape from it all. To a working mother, to have fewer children is to find it easier to manage. To other people the truth is that children can have a better education and standard of living when they are fewer in number. Some newly married and other couples may wish not to have children for a length of time till they are well settled. But to the people dealing with the family planning service (the organiser and medical and para-medical personnel) there is much more, to it because in addition to achieving fertility control for medical

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or social reasons we are responsible for their health and happiness, once they come to us. To achieve this, the assessment of the individual for different types of contraceptives is very important, which means using special knowledge in the service. If we fail in this, failure will be all round as may be seen with a few examples.

Say a lady has mild vaginal infection which has not troubled her. By putting in a loop, we are making a passage for that infection to go into the uterine, then the pelvic, cavity. Certainly she will be sick with it. Not only the patient but we ourselves will want to take the loop out to make her feel better. So here instead of fertility control, there is ill health to the mother. This is what I call a "failure all round." To prevent this, whenever any such or like mishap occurs in field work, all the personnel concerned should discuss the case so that one person's experience may be beneficial to other. Solution may be sought so that such mishap may not be repeated. Here comes the important role of organisation. The workers must have opportunity to talk about their work among themselves and if necessary with people who they feel might help them. After the initial assessment follow up should be as good. We can't have a rule of thumb to say she should be seen after so long. An individual case must be followed up according to the need of the case. Taking an example, if we don't see to it the loop may disappear from the place. Suppose it drops out not much harm done, at the worst she might get pregnant, the likelihood being 5-7%. But in multigravida the loop can easily make its way into the peritoneal cavity. We must remember that the loops are casually put in just after the periods, when the uterus is quite soft. If the tip of the introducer rests in the uterine wall, once it has gained a foot into it, the loop can easily make its way through the wall. I don't think many cases of loop disappearance result this way, some of them might go through the Fallopian tubes, because in the 2 loops I have removed from the abdominal cavity, there was no scar in the uterine wall. One had a recent perforation, must have occurred during the time we tried to remove it through vagina. In another case I felt after dilatation of the cervix that the loop was in the uterus itself but attached to the uterine wall. Instead of persisting in manouevres to remove it through vagina, laparotomy was performed and found that the loop was nearly perforating the posterior wall of the uterus, so I made a nick in the anterior wall and removed the loop gently. Though this is not fatal, in these cases certain amount of morbidity is there. If we had better facility of following up the cases, the disappearance could have been detected earlier & people helped and perhaps laparotomy avoided. Thus the mother's health could be salvaged.

The other aspect of the topic is family happiness. Say a young boy of 21 years has one son aged 1½ years and a week ago he became the father of a baby girl. He is happy because this is the size of the family he wanted so he comes to have vasectomy done. If we have no criteria for vasectomy he may be given what he has asked for. Well the wife is sorry that she cannot have further children but accepts it and convinces herself that it is for the happiness of the family. A few weeks later when one or the other child gets sick, the relation between the partners becomes tense. Both of them are too anxious that this may develop into something serious and they are aware of the high infant mortality rate of

our country. Later on the ordinary situation relating to the children becomes an object of argument and discord in the family. So this is just the opposite of what one would have liked the Family Planning Service to bring to the family. It is not possible to enumerate the various aspects of the topic, these are just a few. These are the bitter truths I have to put in front of my friends in the profession and the truth also is that these are the experiences of many of them.

To summarise, the criteria for the use of contraceptive methods and good selection of the cases and their follow up should be planned. It means a better organisation, facility for the personnel to think and find solution to their working problems. Let the health and happiness of the family be the first interest of the people serving them. Let us not forget that it may be the first time in that woman's life to have an opportunity to be seen by a doctor or para medical personnel. So on examination we may find something which needs more immediate attention than fertility control in that particular case. If we make it a policy of "we have to give, when we can, what a person asks for" we are going to miss many ailments in the person and perhaps our service may do more harm than good, such as the loop in a case of septic or incomplete abortion, pills to a patient with history of liver disease or thrombophlebitis and fibroid uterus etc. We can apply this all over the country; let us have a pilot programme whose results may be used as a guide line for our national plan. I agree the result in a selected group of population may not apply to other sectors but we have to have a base line: the finding above or below this line, may be dealt with accordingly. Finally allow me to say that medicine is a dynamic science, the opinion on different methods of contraception is divergent, such as the hormones; one group uses microdoses while another uses high dose injection, for one & same purpose i.e. fertility control. The ideas about the selection of case and management of different complications have undergone marked change in recent years and these may be modified in future as a result of newer techniques like renal dialysis, organ transplantation etc. Let us pray that our service may be able to achieve desired success in bringing the health and happiness to the needy families in Nepal through family planning.