FAMILY PLANNING AND THE MEDICAL PROFESSIONAL PLEA

(WITH SPECIAL REFERENCE TO INDIA)

Dr. P. C. BHATLA ★

It is, indeed, a paradox—that while the need for control of population is supreme, the will to take effective measures to do so has been lacking of late. The vital aspect of this will is political backing to social compulsions. It is heartening, however, to note that a veiled approach has now been thought of under the name of Family Welfare, it is futile to go into the meaning of this welfare planning since it involves the whole gamut of ensuring general welfare and that includes nutrition, communication, education, vocational training, housing and jobs. There is need for correcting this misgiving by suitably modifying programme, getting co-ordinated programmes going, ensuring continued looking after of children of families which adopt small family norm, and making the people feel that more the population, more the demand on the community resources resulting in fewer and fewer amenities for all.

We have reasons to believe that newer thinking has emerged taking these new constraints in the stride and still marching on to achieve the goal. It would need revolutionizing of the otherwise so far fixed ideas, that only Government agencies could do the job. It is futile to make suggestions if their implementation is not guaranteed. It is futile to process each suggestion to workable project only to be told that no funds are available. It is indeed a misfortune of the country that while the Central Government has earmarked 100 per cent financial assistance, its utilization in the State is wanting in the real terms of the programme. Administrative staff and structures take away the maximum out of the financial outlay leaving little for the actual implementation of the programme. It is worthwhile going over the

★ *B Sc , M.B.B. S., F. C. G. P. (India), F. R.C. G. P. (Australia), F. A. M. S.*

PAST PRESIDENT, INDIAN MEDICAL ASSOCIATION

DEAN, IMA COLLEGE OF GEN. PRACTITIONERS

(Residential Address : D - 1017, New Friends Colony, New Delhi - 110014)

whole programme on a war footing with centralised agency to plan, implement and supervise through staff seconded by the States. Only then the co-operation of the States will be utilized rather than the funds diverted to other needs of the States. A workable plan to administer the policies in the States is the answer, so that a uniformity is maintained in efficiency at different levels, is capable of being monitored and thereafter outlay in resources is adequately provided where deficiencies exist. The State Governments must come forward with effective programme to support such projects.

Voluntary agencies have to be "roped-in" to the maximum by affording them all assistance and encouragement. After all, they are supplementing Government effort and why should they be scape-goats for failures, when no notice is taken of failures in Government Institution, etc.

The medical profession owes a duty to the nation both in the field of education and in the field of providing technical know-how and services. The profession in the Government employment in providing medical and health services has been engaged and are overworked there only. To expect them to be involved fully again in this family planning programme, will mean less performance in both spheres. Why then rely on them only? A mobilisation of the entire profession has become a necessity. Compulsory National Service Ordinance or Act was in operation a few years back and if it is not in force now a new such measure can be thought of. We can utilize the 12,000 and odd Interns, 3,000-4,000 House Surgeons (or residents) all the time as well as draw on the private general practitioners who are specially suited for their nearness to the people. A sizable number out of these can be drafted at one given time say 5,000 or so on such terms as are mutually agreed upon. A force of 20,000 doctors qualified and trained for Family Planning work could be an asset if we use these to our advantage. A scheme to involve these doctors on a planned schedule will be worthwhile an exercise. Any financial expenditure on these trained personnel will bring dividends far superior to all exercises otherwise done so far.

Interns and House Staff residents cost nothing extra than what their stipends/emoluments are. The general practitioners can be given an honorarium.

Among the duties these doctors would perform, would include:

- (a) Motivation—holding of lectures on health education, family life education, population

dynamics etc. sex education and marriage counselling.

- (b) Education— all possible promotive and preventable diseases education lectures and details about the various methods of population control.
- (c) Providing of services at various centres in the cities/districts/rural areas (utilization of doctors in semi-rural areas and of interns during their rural postings must be ensured).
- (d) Production of suitable literature in local languages.
- (e) Training of other health personnel and paramedicals.
- (f) Running School Health Services or Well Baby Clinics or Mothers, Clinics, etc.

It shall be necessary to have a small administration cell at the voluntary organisation at the State level to be in direct communication with each of these doctors in private practice. The interns could easily be under supervision of the teaching faculty. It is in the fitness of things that a scheme to administer the above is prepared and a methodology identified so that the work done by each of these 15,000–20,000 doctors is put on a graph and a progressive assessment made on the implementation of the project. It is not difficult to devise a workable proposition provided we have the will and commitment to do so.

Important decisions were made a few years back for very effective co-ordination between Indian Medical Association (IMA) (and the members of the profession) and the State Family Planning officials.

1. General practitioners would give motivation programme, distribute conventional contraceptives and keep a record to be forwarded to IMA at regular intervals. They, in turn, would receive literature and supplies of conventional contraceptives.
2. Sterilization done free at private clinics/nursing homes would be tabulated for which incentive would be given to the doctor and the acceptor.
3. The doctor will only give a factual rectual return (without names) of sterilizations done on private patients by doctors at their own clinic where fees are charged.
4. Private doctors get opportunity to work in Government and other clinics for providing F. P. services.
5. Doctors will be supplied literature, pamphlets, etc., etc. There was a genuine attempt at monitoring the performance by the General Practitioner.

A doctor is an integral part of the community where he resides and develops confidence in the community and vice versa. It is the trust and the faith that the community reposes

in the doctor that they are able to confide in him all their feelings, shortcomings, illness—whether physical or psychological. The doctor, as such, is the best Public Relation man, and his contact with the families puts him on a high pedestal so far as implementation of any national welfare programmes are concerned, of which he becomes an integral factor in the fulfilment of the goals of that particular programme. It is correct, therefore, that his involvement in the family planning programme has to be assured and duly recognised.

In India, the Medical Council has recognised Special Diploma in Family Planning, and so has the National Board of Examinations, considering that Family Planning is a specialised subject and needs in depth, study of knowledge and skills, if it is expected that the doctor will be involved in providing services throughout his professional career. We, therefore, need teachers who should be thoroughly trained in this discipline, and who should be well conversant with reproductive biology, family planning devices and whose contribution in the ever continuing research in the subject is to be assured.

There have been vast advances in Science, in general, and Medicine, in particular. The field of fertility and infertility has to receive due equal attention. Basic research in these would be needed if we have to produce specially trained staff for imparting training throughout the length and breadth of this country not only to the medical profession but also to the paramedicals.

While some persons would be receiving advanced and intensive training, every doctor has to be fully informed and must possess a knowledge of standard that he can satisfactorily answer all questions concerning birth control measures, allaying the fears and removing doubts in the minds of the people.

An M. B. B. S. is a basic education in breadth, and the subject of Family Planning is taught as a part and parcel of every other discipline. There may be about thirty to forty thousand such doctors who have graduated during the last four to five years, who may have an insight into this discipline. Yet the majority of the profession numbering over 1, 30,000 may not have devoted enough time to this study. This has resulted in the communication gap between the profession and the people, resulting in reluctance on the part of the doctors to be fully involved in the national programme.

They need brushing up their knowledge by Refresher and repeated Re-orientation courses to bring them up-to-date. This is a necessity which has to be provided to ensure

knowledge about hormones, pills, prostaglandins and about conventional contraceptives and their proper use, as well as about surgical skills in giving IUCD, M. T. P. or performing sterilizing operations (vasectomy, tubectomy) for which skills have to be attained so that such trained doctors become fully competent to tackle the problems on community level.

K. A. P., that is, Knowledge, Attitude and Practice studies among the profession will be essential to bring in the doctors to devote time for self-learning as well as for providing community services in this field. It is believed by one and all that an integrated approach will be necessary to propagate family planning in association with M. C. H., nutrition, immunisation, ante-natal, natal and post-partum care programmes. The doctors' role in running Well-Mothers' Clinics, and Well-Babies' Clinics or conducting Health Education programmes in schools and colleges and organised industrial or other establishments, imparting information about the safety of the various birth control methods and getting involved in the after-care programmes as constituents of the Public Hospitals and Institutions, etc. are some of the duties from which the profession cannot shirk.

In the past, the Indian Medical Association has done lot of exercises in the matter of training doctors in this discipline through twelve Orientation courses at its Headquarters and scores of courses at the State level, where over three to four thousand doctors had been made well-versed in all matters pertaining to population control. It is unfortunate that although in the beginning it was thought to utilize their services in public hospitals, etc, none of these trained doctors were given any opportunity for being involved in community hospitals, and whatever little they could do has remained with them without an assessment having been made of their performance or its impact in the community where they have been serving. Two very important conferences have been held by the Indian Medical Association: an International Conference on Family Planning in the year 1972, and the other on a national level on Population Control in the year 1976. Hundreds of doctors have been oriented, motivated through the educational and academic programmes conducted by the Indian Medical Association at various levels.

In India, there are over 10 million eligible couples (between 15-44 years of age) who need to be sterilized at one time or the other and in addition to this number, 4 to 5 million more are entering the Reproductive Age every year, while only .5 to .7 million are getting off the stage. This shows that the permanent measure, that is, sterilization, has got to be

augmented, its pace accelerated and involvement of all trained personnel made sure with the social workers conducting the motivation, and proper and adequate referral services established as that every eligible couple could be charted and progress on him maintained so that they ultimately get sterilized after they have raised a family of 2-3 children.

Marriage yet is not a registerable requirement and all marriages, if registered under law could become the starting point for the educational programme through issue of family cards with family records and instruction about the adoption of small family norms, by the young couple with the advice to them to consult the doctor/doctors in their area for any matter concerning fertility/infertility. The doctors could issue these cards which could be the requirement for the Marriage Registration Certificate. Statistics could be compiled, and the performance of every doctor could thus be monitored at every place.

Private Hospitals and Nursing Homes are ideal places for this type of monitoring, since they have about 1,00,000 beds in the country whose records could be well maintained. These beds are in addition to the 1,50,000 (or so) beds maintained in the public hospitals. What is needed is a little encouragement, a closest liaison as well as a working project to involve these private hospitals in the National Programme.

In order to help the Family Planning Programme and in monitoring of performance by the doctors as well as the paramedicals, the following are suggested :

1. A marriage-card to be issued to every young couple who register for marriage. Marriage registration should be made compulsory and it is only then that this type of record can be maintained and all future details of the marital status, number of children, their spacing, family planning measures adopted, etc. can be recorded;
2. A health card could be maintained as a social obligation which will involve a full record of the various health measures combining it with the family history, etc. details of which have been discussed earlier ;
3. There are at one time over 12,000 interns (doing compulsory rotating internship in different disciplines,) working in the Teaching Hospitals, who must be mobilised in a planned and a systematic manner for propagation of small family norm and for providing services in the programme. Every year 12,000 Graduates pass the M. B. B. S. Examination, and

as per requirement of the Medical Council of India have to serve during their compulsory period of internship three to six months in rural postings and it is during this time that they could be fully geared into implementation of the National Family Planning Programme. The details of schemes could be worked out by the Indian Medical Association in conjunction with the Medical Colleges ;

4. Mobilisation of Private Doctors and private Hospitals throughout the country should be ensured, and all encouragement, both administrative and financial, be given so that the records could be maintained and follow-up of all eligible couples could be assured ;
5. Doctors working in the Voluntary Organisations have to have their performance monitored by those Organisations and periodically supplied to the authorities as a part of collecting vital statistics in the field ;
6. Such types of details could also be collected from other doctors, and the role of Auxiliaries and social workers can be a very important means of contact with such doctors. In times of epidemic, all doctors are generally contacted by the Health Authorities to collect the number of cases seen by them which are all checked and necessary preventive measures undertaken in the areas or in the families where there is excessive morbidity shown ;
7. Need for Public Relation work is most important and for this the doctors have to be mobilized. Facilities of the mass media, like Radio, Television, Dailies and Weeklies, etc., and all that, has to be afforded to them so that they can regularly participate at fixed hours in the programmes on the Mass Media. Specially drawn-out lectures and talks have to be produced in different languages and telecast on mass communication channels (e.g , there is a fixed programme on Radio and on TV for Krishi Darshan on Agriculture);
8. Voluntary organisation like IMA should have a Family Planning cell well-staffed and well-equipped under the guidance of a very senior medical man who could produce and direct educational programme, and arrange their implementation and keep a follow-up of the same, and

9. A National Implementation Commission has to be instituted which should have representatives of the main Voluntary Organisations engaged in F. P. work, the medical profession (through the Indian Medical Association) and public men who are fully committed to this programme. This would prove that there is full commitment by the Government at various levels in the National Programme as well as full use of the machinery at the disposal of the Government, to gear both the profession and the workers into this programme.