

## NATIONAL STRATEGY FOR ACTION PRESENTED AT THE FIRST NATIONAL SEMINAR ON "PHYSICIAN AND POPULATION CHANGE"

by

B. N. PURANDARE, M.D., F.R.C.S.E., F.C.P.S., F.I.C.S., F.R.C.O.G., F.A.M.S.

On the basis of the International Conference on "Physician and Population Change" held in Stockholm in 1974 followed by the Bangkok seminar to frame the strategy of action by the physicians in South East Asia it was decided to hold national seminars to modify if necessary the strategy as per national requirement and encourage the physicians to play a prominent role in implementation of the programme. To fulfil the obligation the present National Seminar on "Physician and Population change" was held.

On the basis of the paper presented and followed by the discussions by the experienced educationalists, I have attempted to prepare a draft of strategy. It runs thus:

1. In expanding the existing total health care delivery system, and since our country has been the foremost amongst the developing countries in Asia to have its population policy, it is urged that every attempt be made to utilise all available medical and paramedical manpower for Family Planning and maternal and child health services. If there are different sets of personnels for these two avenue of action, attempts should be made for co-ordinative and co-operative teamwork. A physician should be the leader of the team because of his influence and prestige in the community.

### *Medical Associations and Government*

2. Since the physician plays a prominent role as a teacher, adviser, technician

and motivator in introducing socio-cultural and behaviour patterns in the society, National Medical Associations of General Physicians, Pediatricians, Obstetricians and Gynaecologists should have an opportunity to express their opinion by having adequate representation on the policy making bodies before the details of the policy are finalised.

3. In order to avoid the practical difficulties in the implementation of the Family Welfare and Family Planning programme, the Central and the State Implementation Committees in the countries should have adequate representation on these National Medical Bodies. Such comprehensive implementation committees should be framed at the District and Village Panchayat levels and their work should be published from time to time for the information of the public with the idea of further motivation and getting them actively involved in the programme of Family Planning and Family Welfare.

4. The different branches of national medical associations and academic bodies should be encouraged to frame their standing committees on Family Health to promote such policies and concrete actions so as to involve all the members of the associations, societies, medical colleges in enhancing the programme of Family Welfare and Family Health in the country and make it easily available also to the rural areas.

5. The various medical associations and the faculties in the country should be

encouraged and supported by the Governmental and non-Governmental agencies to hold frequent meetings, seminars, panel discussions and refresher courses on Family Welfare with special emphasis on maternal and child health.

#### *Institutions for Medical Education*

6. In order to produce a physician competent enough to take part in the implementation of Family Welfare programme the existing curriculum for the undergraduate and postgraduate medical education should be modified to suit the requirements and services in the rural areas.

7. In order to give integrated training in maternal and child health and family planning during undergraduate, internship and postgraduate education, a cell or unit consisting of obstetricians, gynaecologists, pediatricians and social medical teachers should be established in every medical college under one who is interested and capable to lead the team in training programme in institutions and collaborating rural Centres.

8. Sufficient weightage to family planning and maternal and child health measures be given in the undergraduate and postgraduate medical examinations.

9. A diploma in "Family Medicine" be established in the universities to encourage the practicing general physicians, obstetricians and physicians in state medical service to enrich their knowledge in the maternal and child welfare and social medicine. They will be available to guide the interns and paramedical persons during their rural training.

10. There should be continued medical education in the practical aspect of family planning for both practicing physician and specialists to make them conscious in their leading roles in the national

family planning programme. This continued education can be organised by medical colleges, medical associations, specialists associations or in State Family Welfare Training Centres with additional appropriate teaching staff. This should be supplemented by periodic distribution of literature on Family Planning or Family Planning News Bulletins.

#### *Community Action*

11. Physicians should be encouraged to hold dialogues on family life education, family welfare, using their influence within the community. The physicians should co-ordinate with other community leaders in carrying out the national development programme strategies designed to improve the quality of life of the people.

In holding such dialogues—sex education and sex behaviour knowledge should be spread in the community and student world.

12. In areas where there is paucity of the practicing physicians, the interns, postgraduate students and the auxillary nurses should be utilised under supervision in the family planning procedure.

13. The medical colleges, medical institutions and the medical associations should be encouraged to adopt the rural primary health Centres to offer their medical services to the rural people and the Government should provide the necessary financial assistance and full co-operation to the rural institutions.

14. Every effort should be made to reduce the neonatal and infant mortality rate so as to prepare psychologically the couple to accept the family planning measures and family planning norms of 3 to 4 even in the rural areas.

15. Environmental improvement by better hygiene, sanitation and water supply in the rural areas to reduce the

morbidity and mortality in the community will lead to the more acceptance of family planning measures. The physician in charge of the primary health centre and district health officer should be encouraged to take maximum interest in this direction.

16. Psychological problems affect the acceptability of the various family welfare programmes, especially vasectomy or M.T.P. The physician should be made well acquainted with these aspects so as to make him capable of motivating the masses in the right direction and training the paramedical personnel and social workers in that direction.

17. Private maternity beds are available in the country. Since the female sterilization operation still remains most acceptable, these beds should be utilised by the Government as was done before for M.T.P. and sterilization procedures.

#### *Research and Evaluation Training*

18. The contraceptive technology has made so many advances and as its application to our country differs from the experience in the other countries, clinical and operational research and evaluation

of the Family Planning programme should be encouraged and more facilities should be provided by the Government for processing the collected data. The results of the evaluation should be given more publicity and circulation in the medical institutions and medical associations.

19. Researches should be encouraged and supported by the Government on indigenous and traditional methods of birth control.

20. In the teacher's teaching courses, sex education and sex information should be included in their curriculum so as to make it possible for them to give correct information in a proper way while teaching in the schools.

21. In the training of the medical teachers, the managerial services and management research be included in the curriculum and such training should be organised.

22. Social scientist should be in the Faculty of Medical Colleges and the subject of Demography and statistics should be included in the medical curriculum by appointing the appropriate staff for teaching these subjects.