National Population Policy Programme — FOGSI's Role

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On 11th May, 2000, India reached the 1 Billion mark in total population. On the same day Honb'le Prime Minister, Shri Atal Behari Vajpayee announced the formation of the National Population Commission with the release of a historical document called, National Population Policy (NPP-2000). After 3 years of untiring efforts and discussion with academia, public health professionals, socials scientists, women's representatives and the demographers-the draft was finally approved by the Cabinet of Ministers of Government of India, in November, 1999.

The main objectives of NPP-2000 are: -

1. Immediate objectives — To address the unmet needs a) for contraception, b) health care professionals c) health personnel. To provide integrated service delivery for basic reproductive and child health care
2. Medium term objectives — To bring TFR to replacement levels by 2010 (TFR in 1997 is 3.3)
3. Long term objectives — Stable population by 2045.

It is needless to say that Maternal & Child Health are an integral part of the NPP — 2000. It is also needless to say that the role of the members of FOGSI are of paramount importance for maternal & child health in India. Govt. of India agrees that "FOGSI has been actively involved in various programmes & interventions focused on improvement of maternal & child health in India". Appreciating that our deliberations & input "will be immensely valuable", we were invited by Health & Family Welfare Dept. at the meeting for National Consulation with professional bodies to discuss maternal & child health, on 27th June, 2000. FOGSI's input was very well appreciated by all including the Honble Health Minister, Govt of India. I as the FOGSI President said, we the 15000 FOGSI members committed to improve the women's health in India, hereby offer our services to reach the goal of improved maternal and child health. The manpower and other infrastructural resources we have in India, should be utilised to the fullest extent and for this we need well organised coordinated and clear policy for the action plan. For improved maternal health we need coordination between data collectors, primary health workers (female), midwives, medical officers of F.R.U, local government and the community, for the implementation of quality Emergency Obst Care (EOC). The specific proposals are —

1. We develop a group of women health workers in each village, to act as primary contact with the women at home and give the feed back on births, deaths, marriages, contraceptive need, pregnancy, neonatal/infant feeding and development and immunisation. These village women workers should act as basic health workers with remuneration. They need proper training to effectively implement these ideas and FOGSI members are willing to train them particularly on contraception and maternal health. The current population profile could have introduced this system.

2. We should have a large number of trained midwives in the rural areas to look after the antenatal, intranatal and postnatal periods of the pregnant population. Let us not confuse them with untrained Dai. Dramatic fall of maternal mortality

to irreducible minimum in the Western world is due to thousands of trained midwives coupled with emergency Obst. Care. FOGSI members can surely train them and update them any time and anywhere. These midwives should be regarded as one of the main pivots of the whole system of maternal and child health. They should decide who and when to be referred to FRU i.e. screening high risk pregnancy. Each member of the village, particularly those families having a pregnant woman, must know the real geographical situation of the FRU, how far away, and how long it takes to go there.

3. EOC- it is needless to say that today it is proved beyond doubt that survival during any obstetric crisis depends on the availability of quality EOC. This is proved not only in the Western world but also in middle-east, where education and empowerment of women is much below than that of our standards and where fertility control hardly exists, but MMR is far below in these countries than in ours.

This is because of well organized EOC, available at all referral units. We do not require Postgraduate Obst. & Gynae. specialists but we need MBBS doctors with basic training (Housemanship) in Medicine and Surgery (6 months in each discipline) followed by 6 months extensive training in Obst. & Gynae et al at Medical College/District Hospital. We promise, we can train them well to deliver quality maternal health care. It is futile to appoint a doctor to PHC. with training only in opthalmogy or orthopaedics. They must be trained in Obst. & Gynae. anaesthesia before posting in PHC. We request the Health Dept. both at the Centre and at all states, to rigidly implement this protocol immediately.

4. FOGSI's Role-we can undertake the entire teaching programme along with our colleagues from IAP for all primary health workers, midwives and the M O. before they join the health care centre. It will be our pleasure to conduct these teaching workshops on a regular basis.

Today we are conducting, 25 workshops per year for the medical graduates only. I recommend that Govt. of India start separate workshops for midwives and primary health care providers. FOGSI will be too willing to take the lead role here as well.

We, the FOGSI members are rendering our services in two states i.e. Maharashtra and Gujrat.

5. FOGSI's plan-Our theme for 2000, is "Women's Health-our Commitment". We the FOGSI members, are committed and dedicated to women's health which encompasses maternal and child health as well. Apart from Govt. sponsored 25 workshops, we have also organized more workshops during this year on maternal and child health. FOGSI is also organizing a World-congress on Women's Health from 10th to 12th November, 2000 at Calcutta. We are proud and honoured that Department of Health & F.W., Govt. of India has extended support and are happy to be associated with this congress. I, as President of FOGSI extend all of you a warm welcome to this congress where we will formulate recommendations on 12 Policy Making Topics-which will be done in conjunction with Govt. of India, U.N. Agencies, NGO's, Women's Groups, opinion leaders and medical professionals. I hope that these well thought recommendations will be examined critically by Govt. of India and will be implemented to benefit our women.

We are ready at any time and at every time to serve and help the women of our country. Just call us and we will be with you.

I was delighted to know that I have been made a member of the prestigious "National-Commission on Population" along with "Who is Who" of India. At its first meeting on 22nd July, 2000 The Prime Minister in his inaugural speech rightly suggested the strategies to achieve population stabilisation by - Reducing Maternal & Infant Mortality and Meeting unmet needs for Contraception.

The main item on the agenda for discussion was "Issue relating to Population Stabilization" focusing on among others "Initiatives to Meet Unmet

Need". On behalf of FOGSI, I made the following observation: -

Issue Relating to Population Stabilisation

Initiatives to meet the unmet need

Definition — unmet need is the gap between the woman's reproductive intentions and their contraceptive usage, either for limiting or for spacing births. In developing countries it is > 100 Million women, of which India's contribution is > 31 million (highest)

(source : Population Reports, June, 1997)

Why unmet need is so high in India?

a) Difficulty in accessibility-due to distance, time required, travel cost.
b) Lack of quality FP service & supplies
c) Concern about the side effects of any contraceptives.
d) Lack of proper & correct information on contraception
e) Opposition from the husband (highest influence in all family matters), other women members of the family & the communities.
f) Poor knowledge on the risks of repeated pregnancies.
g) Uncertainty about the couple's, reproductive intentions.
h) Lack of education & empowerment, specially among the rural women.

Three approaches should be part of any initiative: -

I. Maximize access to good quality service.
II. Emphasize communication to dispel myths surrounding contraceptives.
III. Involvement of men.

Improved access to good quality service

Wider range of methods-through supply of all contraceptives, including the injectables, centchroman, longer lasting IUD.

Expanding social marketing.

Expanding community based distribution system.

Training of providers for quality service.

Providing privacy is mandatory.

Reducing clients waiting time.

Improved communication & knowledge

Data collectors (both men & women) collect the contraceptive needs of the clients.

To address all the health concerns including the side effects.

Training the providers to manage the side effects.

Helping the clients to switch methods as & when necessary-wider choice.

Testimonials from the satisfied customers.

Public meetings during community events.

To dispel myths-electronic media to take the lead role.

Involvement of men.

- Correct information increases the knowledge.
- Continuous correct information may change the attitude of men towards fertility control, change their behavior to practice male methods regularly, to practice safe sex and to accept the responsibility in reproductive lives of the couple.

Involvement of men is one of the main keys to the success of population stabilisation in India.

Issue of Quality of Care: -

Client centered Care-we must realize that the clients (both men & women) expect: -

- Understanding
- Accuracy of Information
- Respect
- Competence
- Fairness
- Convenience
- Safety
- Desired Effectiveness

Three Sides of Quality Care- All Equally Important

a) Quality design — Clear Objectives, reasonable resources, maximize access & clients satisfaction.
b) Quality Control — Monitor all programmes, staff performances, ensure objectives are met.
c) Quality improvement — to raise the level of care from the present level.