



Family Planning and Public Health

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THE concept of health includes physical, mental and emotional health. In our society, emotional mal-adjustment is a major cause of social as well as personal and physical malfunctions.

Content and emphasis of Public Health has greatly changed during the past 50 years with increasing emphasis on problems of health, air pollution, accident prevention and diseases of ageing. The world's most pressing public health problem today is population increase and many of the other problems in Public Health are directly related to lack of Family Planning.

Political, Social and Spiritual leaders and the people themselves in many areas are recognising the need for specific action instead of relying on other developments to solve their population problem.

The goal is not just fewer people, it is to give a great opportunity to all for a fuller life, a chance for freedom from hunger, disease, ignorance and poverty, for development of their own innate capacities and for helping their children. Many people want smaller families in order to achieve these goals. While effective methods are available, their widespread application depends to a greater endeavour on the motivation.

The role of sex is basic to the marital relationship. That in itself is the fundamental basis of our society as it is presently constituted. The role must be studied and understood and factors identified and developed for support. One such supporting factor is CONTRACEPTION, which should be regarded as the servant of marriage and never

as an end in itself.

It is a fact that over half of our married women complete their desired family size well before they reach the age of 30. Almost fifty per cent. of them have married too young. Most of the socially and economically least favoured have had one pregnancy after another, in the face of which it has been quite impossible for husband and wife to develop healthy family life. What are these couples to do for the next 15 years of the women's fertility age?

The one great and most intimate right of a woman, is her right to progeny. This right goes beyond such adjuvant consideration as economic, social or health conditions and should not, in fact, depend upon these for validity. This right of a woman should be recognised.

Thus it is not sufficient to recommend or demonstrate a method of contraception to a given family, but must assess the family's desire to carry out the recommendation and family must be advised accordingly to assure the continued correct use of the method. Before prescribing a contraceptive method the general concept of home condition, social and religious backgrounds should be kept in mind.

In public health practice there are four areas on which to concentrate :

1. The first is the generalised introduction during pregnancy itself of the broad concept of the regulation of pregnancies. Most women, in our experience, have at least heard about contraceptive methods and are likely to be curious about them, and this is particularly true when they are pregnant. Also when doctor and nurse repeatedly discuss contraception with the patient during the pre natal and

intra-natal periods, the patient likewise has the opportunity to learn about it.

2. The second area of concentration is at the first post-partum visit at which time the method of contraception is selected. At this point the patient who has been properly prepared during the pre-natal and intra-natal periods should have made some clear cut decision regarding the use and method of contraception.

3. The third area of concentration is the actual application of the method by the patient. With the exception of the condom and oral contraceptives, the technique selected should be carried out under supervision.

4. The last, most critical area of concentration is the follow-up period. At these visits, any problem associated with the method should be discussed and resolved. Particular emphasis should be laid upon the importance of careful and continued use of the technique. The frequency and duration of follow-up care depends largely on the ability of the patient and the spouse to accept both idea and the method.

If the motivation is strong, almost any contraceptive method will prove reasonably successful because the earnest desire to prevent pregnancy will dictate regular use. Thus successful implementation of family planning programme depends on motivation. This motivation could be done by Doctors, Nurses, Midwives, Lady Health Visitors, Sanitary Inspectors, Vaccinators, Block Health Workers, and Dais etc. Therefore, all the above categories of workers must be trained in Family Planning and short term orientation courses should be arranged to refresh their knowledge about Family Planning.

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