CHAPTER EIGHT

SUMMARY OF FINDINGS, CONCLUSIONS AND SUGGESTIONS
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This chapter brings out the summary of findings, conclusion suggestions and limitations of the study. The suggestions comprise of strategies needed to strengthen the family planning programme.

Summary of Findings

The present study was carried out to know the status of GMPs in relation to population control programme, to know their social sensitivity and technical expertise while advising contraception; to document their perceptions towards commonly used contraceptive methods; and to evolve strategies to improve the access of family planning services through GMPs.

It is found in the study that 92 percent of the GMPs discuss with their clients on some or the other occasions regarding use of contraceptives and related problems. This includes guiding at their individual capacities and referring to the specialists in certain cases.

The summary of the observations of the present study is divided into seven different sections which is presented as follows:-

STATUS OF KNOWLEDGE OF PRINCIPLE OF DIFFERENT CONTRACEPTIVE METHODS:

It is essential for GMPs to have accurate knowledge of principle of every contraceptive methods. Otherwise they are unable to guide the clients properly, which in turn can affect the quality of population control programme adversely. They have a desire to strengthen the status of their knowledge, which would suit their requirements in the middle of their busy practice. It is therefore, important to assess the status of knowledge about principles of different contraceptive methods.

Regarding permanent methods viz Tubectomy and Vasectomy, the status of knowledge of principles amongst GMPs is
satisfactory. Ninety percent GMPs know the correct principle of both Tubectomy and Vasectomy.

Amongst the temporary methods, the knowledge regarding Condom was the best; eighty five percent GMPs knew that Condom acts as barrier method (In fact, all the hundred percent GMPs must know this principle). It is observed that the status of knowledge of Oral pills was not satisfactory. Only 65 percent GMPs knew that OC pill act by suppression of ovulation. The exact duration of Safe period was known to only thirty six percent of GMPs. The status of knowledge of principle of very widely advised and accepted method- CuT, was poor. Only twenty four percent GMPs knew the correct principle of CuT.

The less commonly advised method, “To-day” is a spermicidal agent- acts by killing the sperms but this known to only eleven percent of the GMPs.

With regard to qualifications of GMPs, overall knowledge about the principle of different methods was better in MBBS than is non-MBBS practitioners.

In relation to experience and status of knowledge there is marginal difference between junior and senior practitioners on commonly used methods like, Condom, CuT and OC pills.

There are GMPs who advised particular method routinely in a particular social situation also lack accurate knowledge there are variations in their knowledge from one method to another. For example, twenty five percent of the GMPs advise OC pills without knowing how it acts. Little more than fifty percent of GMPs who actually, routinely advise “Safe period” do not know the exact duration of Safe Period.
Regarding the some of the less widely used methods, only a few GMPs (12 percent) know about centchroman and only forty percent about LAM.

An envisaged in the Fourth five year plan, the injectable contraceptive must be made known to people and used whenever warranted. Despite the fact that we are entering Ninth five-year plan now and, injectable contraceptive is not known to many GMPs. Only sixty seven percent GMPs are aware of this method; out of then very few could name the injectable contraceptives. It cannot be imagine how many years it will take for active use of injectable contraceptives by GMPs.

**BASIS BEHIND ADVISING A METHOD**

Condom, CuT and OC pills are commonly used temporary methods of contraception. More often it is the temporary nature and the reversibility of these methods remain the chief basis behind advising these methods. It has been observed that most of the GMPs tend to advise a method (especially, Condom, CuT and OC pills) according to what is chosen by the couple. By doing so, the GMPs think that they would be favoring their clients to earn additional goodwill. Such attitudes on the part of the GMPs have to be changed. Being medical experts, they should be in a position to influence the clients on what is the best contraception choice rather than advising according to the choice of the couples. Often it is possible that the choice of the clients may be erroneous due to lack of knowledge. In fact, the basis of advising contraception should be built after giving much thought to different aspects viz-economic, educational, health status etc. of the couple. It is observed in the present study that the GMPs to not follow this norm while advising Condom, CuT and OC pills. While advising each one of these commonly advised methods approximately, twenty to thirty percent GMPs leave the selection of method as per choice of the couple. Unsuitability for other method forms another main basis before advising a particular contraceptive
method. For example, a GMP advises Condom because methods like CuT and OC pills are not suitable, or another GMP advises CuT because other methods like Condom and OC pills are not suitable. The proportion of GMPs advising a method on this basis ranges from 20 to 30 percent, maximum being while advising OC pills (33.92 percent). Some of the practitioners (12.09 percent) advise Condom without any basis. A few of the GMPs (10 percent) consider "economic status" of the couple. That means if the economic status is lower, Condom is less preferred choice. Before advising CuT, about 21 percent of the GMP look for the health status of women. A few GMPs are found to consider "desire for further child bearing" before advising CuT. Suitable health status of a woman is the most important factor to be considered before advising OC pills but it is found that less importance has been given to this factor, instead, they gave more importance to the choice of the couple and unsuitability for other methods etc.

Practicing "Safe Period" as a method of contraception involves multiple factors. It involves abstaining from intercourse during the risky period of the menstrual cycle and therefore demands the control over sexual urges of the partners. Moreover, in this method, female partners are expected to remember the calendar of the menstrual cycle. It is essential to ascertain the regularity of the menstrual cycle of the woman before advising Safe period. It is therefore, educational status and emotional status of the couples become the chief factors behind advising Safe period. In the present study, 60 percent of practitioners are in favor of ascertaining the educational status or the ability of the couple to abstain from sex (emotional status) to practice this method effectively. Another important basis considered while advising Safe period is to those in whom all the other methods are either not suitable or to those who do not want to use any other contraception. Very few are of the opinion that this method should be advised to only those who ask for it. Almost 22 percent of GMPs are in favor of not advising this method at all. The percentage of the
GMPs who are in favor of not advising this method at all is much more than the percentage of the GMPs who do not advise Condom, CuT, OC pills. This implies that GMPs do understand that advising Safe Period is more risky than advising Condom, CuT or OC pills, as regards to failure rate of a methods.

Advising vaginal method – Today is less common. Little more than 85 percent GMPs either do not know this method or even if they are aware they do not advise this method at all. Lack of awareness and less experience of use of this method appear to be main reasons for the tendency of not advising this method at all. The potential of this method is totally ignored and therefore, there is much scope for popularising this method.

Regarding Tubectomy, it is observed in the present study that, maximum number of GMPs (90 percent) advise Tubectomy on the basis of whether family is completed or not.

Approximately one third GMPs do not advise Vasectomy at all. This tendency is seen more amongst the non MBBS and junior doctors. The most probable reason being, they have not seen Vasectomies being performed, leave apart doing themselves. About twenty percent GMPs advise Vasectomy depending upon whether the family is completed or not. Some of the GMPs leave it to the choice of couple. About 20 percent GMPs advise Vasectomy, the basis being varied, such as health status of wife, willingness of husband, cooperative nature of husband, mutual understanding between the partners’ etc.

ADVISING CONTRACEPTION AT DIFFERENT SOCIAL SITUATIONS:

Appropriate advice regarding contraception at different social situations influences the quality of population control programme. For instance, advice of contraception for newly married couples is key factor in shaping the family. In relation to the use of contraceptives,
social situations of the couples are many and of varied nature. For the convenience of analysis, these situations are classified as “newly married “, “couples with one child” and “couple with two children “ (with and without a male child). Looking into the available range of contraceptives, observing Safe period and use of Condom are the approximate choice for the newly married couples. However, in our study only 13 per cent preferred to advice the contraceptive “Safe period and Condom” method. Most of them (42 percent) were in favour of advising Condom alone. Condom was first choice of the all GMPs irrespective of their qualifications. The basis behind advising Condom was to avoid disadvantages of other methods (like CuT or Oral pills) whose use in newly married period may create problems when they desire for pregnancy.

CuT as it ought to be, was the last choice in newly married. Unlike in newly married, CuT was the first choice of contraception for the women having given birth to her first child. Almost two third of the GMPs were in favour of CuT. In this situation, the main basis being safety and convenience of CuT. This is how the change in the attitude of both the couple and doctor occurs after birth of one child. This choice of CuT amongst the GMPs is independent of their qualifications. As regards sex of GMPs., more number of female doctors are in favour of CuT than male doctors. This shows confidence of the female GMPs on the utility of CuT even though it is a device to be used by women having potential hazards. OC pills, Condom and rest of the other methods make it to the remaining one-third choice of GMPs for the couples with one child.

Little more than 80 percent GMPs are in favor of Tubectomy as a method of choice after two children. This choice is influenced by the age of the woman, ages of the existing children and sex of the children. A few prefer to advice CuT after two children considering the factor of reversibility in case of CuT use as compared to practically irreversible method- Tubectomy. Choice of Tubectomy after two
children is again independent of qualifications. Tendency of GMPs of advising Tubectomy after two children is dependent on tendency of people who wish to go for permanent method (usually Tubectomy) after having desired number of children. They wish to avoid temporary contraceptive methods. Instead of advising in accordance with the tendency of couples and advising them Tubectomy GMPs can certainly have the capacity to motivate the people in favor of use of contraception which suits the couple most.

KNOWLEDGE OF COMMON PROBLEMS ASSOCIATED WITH CONTRACEPTIVES

No contraceptive method is hundred percent effective and without problems. Each method is associated with certain limitations. The GMPs are expected to possess necessary skills to counsel the couples whenever they come across problems arising out of use of contraceptives. If a GMPs able to satisfy the doubt and solve the common problems associated different method, it would be increase the confidence of the users and possibility of its continuous use can be increased.

Condom:

Even though, condom is so widely used contraceptive method, its use is associated with several problems. The most common ones are a) Sex displeasure b) tearing of Condom during intercourse and c) disposal of Condom after use. When the couple approach GMPs above said problems, GMPs are excepted to give an appropriate advice.

In the present study, sex displeasure is stated to be the most common problem with use of Condom. Tearing of Condom during intercourse was the second common problem. Disposal of used Condom was third common problem. On all these problems, GMPs hardly had a convincing explanation to their clientele. According to twenty percent GMPs there are no problems at all with the use of Condom. The concept of use of emergency contraception as a tool to
deal with tearing of Condom situation was known to very few GMPs (less than 5 percent GMPs). In fact, the awareness of emergency contraception in general was known to only ten percent of the GMPs. Some GMPs blamed to the quality of Condom for tearing, instead they were excepted to advice emergency contraception in such situation.

CuT:

Like Condom, CuT is also widely accepted method of contraception but not without problems. Bleeding irregularities during menstrual cycle, low back pain with white discharge, pain in lower abdomen and expulsion of CuT are some of the common problems, arise out of use of CuT.

Along with bleeding irregularities of menstrual cycle, low back pain with white discharge was most commonly observed problems in the present study. Pain in abdomen being next in the list. Expulsion / Displacement of CuT is also a problem as viewed by very few GMPs.

Usually, CuT is removed if woman complains, irregular and more than average amount of bleeding during menstrual cycle with or without pain in lower abdomen, persistent low back pain with or without white discharge or if she desired further child bearing. Only two third of the GMPs in the present study were knowing when to remove CuT. More percentage of female practitioners were knowing when to remove CuT than male practitioners. About thirty percent of GMPs carry a misunderstanding that use of CuT can cause discomfort to a male partner during sex. Such GMPs can really be responsible for decreasing the acceptance of CuT by misguiding the people. Use of CuT does not affect breast feeding adversely. Awareness of the GMPs regarding this fact was satisfactory. Eight percent of the GMPs in the present study were aware of this problem in relation to CuT use. The use of CuT is not contraindicated in a woman who has undergone one caesarian section but almost one third of the GMPs in the present study were not in favor of advising
CuT to a woman who has undergone one caesarian section. If so many GMPs carry such wrong impression regarding CuT they can contribute in reducing the acceptance of CuT and looking in to the increasing incidence of caesarian section in the society many women are likely to be misguided. Male GMPs, usually, do not possess the skill of inserting CuT, they only advise to use CuT. But, only advising CuT and referring such women to consultants for the insertions is not enough. There can be many doubts in the minds of women before and after CuT insertion, which a GMP either male or female, can satisfy, provided he / she has adequate knowledge and confidence in dealing with CuT problems. The user of CuT, for every minor doubt can not afford to go to consultant and spend time and money. To have of enough knowledge on the part of GMPs relation to common problems associated with CuT use will help in continued use of CuT. Otherwise the woman will insists for removal of CuT for even three table complications of CuT such as occasional pain in lower abdomen, low back pain etc.

**OC Pills**

Problems can arise out of OC pills use also. Some woman can not tolerate the pills in initial period of its use and are likely to complain nausea (vomiting sensation) giddiness, heartburn, symptoms suggestive of hyperacidity etc. Other health problems which arise out of long term use of OC pills in some women are hypertension (increase in blood pressure) Diabetes Mellitus, obesity etc. Problem of to take a pill every day can also trouble some women, leading to irregular bleeding there by creating a fear in their minds regarding use of pills. The GMPs are aware of such problems and have ability to deal with them, would select appropriate client while advising OC pills and treat the common problems effectively.

Knowledge of common problems with use of OC pills was satisfactory with most of the GMPs but the ability to deal with the problems was not satisfactory. For example, about one fourth of the
GMPs were not knowing that she must immediately take the forgotten pill and continue with the same pack if a woman comes after missing a pill. MBBS practitioners were better placed than non-MBBS in this regard. Regarding the correct knowledge of the effect of the OC pills on the fertility capacity of a woman, pills do not make the woman permanently sterile. In our study about 40 percent of the GMPs were of the opinion that OC pills can make the woman permanently sterile, which is wrong understanding. This proportion includes all the GMPs who do not know any thing in this regard.

If a woman consumes pills accidentally while she is pregnant, it does not harm the foetus. Only 36 percent of the GMPs were knowing this fact. Therefore, most of the GMPs are likely to frighten and misguide such woman resulting into unnecessary MTPs.

Whenever a woman starts taking first pack of OC pills, it is advise that she should abstain from sex or use barrier method (Condom) for two weeks. This condition is not applicable for subsequent packs. Very few (less then 5 percent) of the GMPs were knowing this fact. If most of the GMPs are not considering this important aspect while advising OC pills, they are likely to contribute in increasing the failure rates of this particular contraceptive. Ninety two percent of GMPs were not knowing the difference both Mala-D and Mala-N.

**Safe Period:**

Accepting Safe period as a method of contraception would mean either abstaining from intercourse during fertile period (nine to nineteenth day of cycle) of menstrual cycle or using barrier method (usually Condom) during the said period. This is possible only in women having regular menstrual cycle. Avoiding intercourse for longer time (almost for ten days) at a stretch during each menstrual cycle is a common problem in practicing Safe period. About sixty percent GMPs in our study were aware about this problem. According to about fifteen percent of the GMPs there is no such problem in
accepting this method. Another ten percent GMPs do not have any idea about such problem related to Safe period.

**Vaginal Method: TO-DAY**

Vaginal method- To-day is less commonly advised and accepted method of contraception. Most of the GMPs do not know that To-day acts by killing the sperms. This is one method of contraception which can be used immediately after child birth. This aspect of To-day as expected was not known to eighty percent of the GMPs.

**Tubectomy and Vasectomy:**

Tubectomy is most popular method of permanent contraception. Both Tubectomy and Vasectomy are practically irreversible methods. In extra ordinary circumstances when a recanalization of this operation is desired it is difficult to reverse procedure and beyond the reach of common man. When performed by experts also the results are not satisfactory. Therefore, even though Tubectomy is widely accepted method, associated irreversibility factor with this method is viewed as a disadvantage of this method. According to about 50 percent of the GMPs in this study, there are absolutely no disadvantages of Tubectomy. Only about 25 percent of the GMPs consider the irreversible nature of this operation as a disadvantage of Tubectomy.

There can be a possibility of menstrual cycles becoming irregular after Tubectomy in few cases but Tubectomy per se does not make the woman either weak or fat. According to about twenty percent of the GMPs the woman can either become weak or fat after Tubectomy. This opinion on the part of GMPs can influence the acceptance of this method adversely. Very few GMPs (less than five percent) are of the opinion that menstrual cycles become irregular after Tubectomy.
When a woman reports with the complaints of amenorrhoea (stopping of menses / missing a period) after Tubectomy any time after her menopause, pregnancy must be ruled out in every such case, but it was found that only sixty percent of the GMPs know this approach. MBBS GMPs have better knowledge in this regard than non-MBBS GMPs.

Vasectomy though according to about seventy percent of the GMPs has no disadvantages; its advice and acceptance is less as compared to Tubectomy. According to about twenty percent GMPs the disadvantage of Vasectomy is that this method practically irreversible. Vasectomy is male oriented procedure and males being the decision-makers, avoid undergoing a minor surgery in the pretext of being the breadwinners of the family.

Perceptions of GMPs: On Contraceptives and Antenatal Sex Determination.

Perception about a particular method of contraception plays a vital role when a practitioner advises contraception. A positive or negative perception about the method would determine how frequently the method is advised. Unfavorable perception about a particular method of contraception would not only reduce its use but can send an adverse message in the society about that method. Some of the GMPs had positive or favorable perception but along with some reservations while advising contraception. Such reservations or conditions before advising contraception, on some of the occasions appeared to be a world of caution for its use.

As regards Tubectomy, 92 percent of the GMPs perceived it to be the best method of contraception followed by CuT (56 percent) and Condom (47 percent) only eight percent of the GMPs expressed favorable remarks regarding Vaginal method-To-day.

About 35 percent and 29 percent of the GMPs did not have favorable perception regarding Safe period and OC pills respectively.
according to them these two methods are risky. Most of them had unfavorable remarks about these two methods however, for each of these two methods the GMPs had the own reservations. The reservations regarding OC pills were mainly because its side effects. Regarding Safe period it was related to difficulty in its practicability. The proportion of GMPs having such reservations was 40 percent for both the methods.

About twenty-four percent of the GMPs stated that Condom is not a good method.

A perception regarding vaginal method; as many as eighty five percent stated that they do not have any experience about the use of this method.

Regarding Vasectomy, about two third of the GMPs were of the opinion that “we advise people but for different reasons they do not accept Vasectomy”. Since Vasectomy involves a surgery in male reproductive system, male as decision taker in the male dominated society, exhibit restraint from this method. Moreover, Vasectomy is an irreversible method and accompanied by the fear of becoming weak or impotent.
Perceptions of the GMPs on different contraceptive methods are summarised as under:

<table>
<thead>
<tr>
<th>Methods</th>
<th>PC</th>
<th>PC with R</th>
<th>NC</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tubectomy</td>
<td>92%</td>
<td>06%</td>
<td>01%</td>
<td>01%</td>
</tr>
<tr>
<td>CuT</td>
<td>56%</td>
<td>25%</td>
<td>17%</td>
<td>02%</td>
</tr>
<tr>
<td>Condom</td>
<td>47%</td>
<td>23%</td>
<td>24%</td>
<td>06%</td>
</tr>
<tr>
<td>OC Pills</td>
<td>26%</td>
<td>40%</td>
<td>29%</td>
<td>05%</td>
</tr>
<tr>
<td>Safe Period</td>
<td>17%</td>
<td>39%</td>
<td>35%</td>
<td>09%</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>14%</td>
<td>65% (we advice but people don’t do)</td>
<td>DKN.</td>
<td></td>
</tr>
<tr>
<td>To-day</td>
<td>08%</td>
<td>05%</td>
<td>02%</td>
<td>85%</td>
</tr>
</tbody>
</table>

The figures are in the descending order of positive perception of each method.

PC: Positive comment / favorable opinion

PC with R: Positive comment / favorable opinion with reservations

NC: Negative comment / unfavorable opinion

ANTENATAL SEX DETERMINATION: ATTITUDE OF GMPs:

Extraordinary desire to have a male child is one of the biggest hurdles in implementing population control programme. Some of those who have one or two daughters go for antenatal sex selection and if they find it to be a female fetus, they opt for MTP / Abortion. Some take such chances once or twice and a few for many more times till they get a male child. Such antenatal sex determinations and then female feticide is not only condemned ethically but also illegal. It is a male dominated society. Extraordinary desire supercedes the provisions in the law. Society demands doctors’ advise to go for it, some doctors actually determine the sex and some carry out the MTP if it is a female child.

It is important to examine the attitude of GMPs towards this problem. It has been observed that many as seventy-eight of the GMPs were not in favor of ASD in general context. There was no much difference in this view as regards qualification, experience and sex of the practitioners. In particular situation; example after one or
two daughters it was observed that some of the GMPs are in favor of Antenatal Sex Determination after one daughter and many more after two daughters.

MEDICAL TERMINATION OF PREGNANCY AND GMPs:

Abortion is theoretically defined as termination of pregnancy before the foetus becomes viable. MTP is a deliberately induced legal abortion. It is not a birth control method. People use different methods of contraception to prevent pregnancy, failure of any method of contraception results in to unwanted pregnancy, which can be terminated under MTP law. Ever since the law has come into existence in India, MTP can be done practically on demand. It is essential on the part of the GMPs to be aware of some legal and a few technical aspects of MTP. It is observed in the present study that maximum number of GMPs were not knowing that law permits to carry out MTPs up to 20 weeks of pregnancy. According to about seventy five percent of GMPs, MTP can be carried out up to 12 week of pregnancy. The percentage of such incorrect information was more with non-MBBS (80 percent) as compared to MBBS (46.67 percent) practitioners.

Many GMPs, particularly female practitioners perform MTPs. Emcredil instillation is carried out to terminate pregnancy after 12 weeks up to 20 weeks. The rational behind asking this question was to know whether the GMPs are careful enough to remember pharmacological name of a drug, which they use routinely. Ninety two percent of the GMPs do not know that Ethacredil Lactate is the name of the drug, which is used in Emcredil. Amongst those who know it, the percentage of female doctors is more than males.
Conclusions

The onset of privatization policies is pervading each and every sector of social welfare in the country, in recent times. Health care services and services related to population control programme are also coming under the purview of these policies. In India, as it is already well documented that private medical practitioners have emerged as major service providers to the health care needs of the population and enjoy the faith of the public for their quality service as compared to the public sector service providers. This holds good to the GMPs who cater their services to the general health problems to the significant portion of the society. As reflected in the present study, the GMPs along with extending curative health services have been playing an important role in advising regarding contraception for their clients. The scenario reflected in the present study brings two prominent issues for contraception, which are:

1. To acknowledge and recognize the GMPs as, the potential agency in the promotion of population control programme and
2. To improve their capacities as basic health care providers especially in the use of contraception.

The later issue needs greater emphasis in the light of present study, because the GMPs are already involved in advising regarding to their patients to some degree but their potential is much more. The potential is neither explored by the government or by the practitioners themselves so far, there by resulting into wastage of medical manpower as regards Family Welfare Programme/Reproductive and Child Health Programme. Basically, the GMPs do not consider social factors like educational status, economic status, and health status of the couple before selecting a particular method of contraception. Moreover, they have a tendency to leave it to the choice of the couple. Their skill, knowledge, awareness and perception about the use of contraception are of various kinds.
QUALIFICATION OF GMPs

There is diversity among GMPs in terms of their educational background, training as well as comprehension about the subject, which deals with contraception and related problems. The study has brought out a clear distinction between two streams of medical practice viz. MBBS (Allopathy) and non-MBBS (non-Allopathy). In large majority of the situations, the comprehension about the science of contraception seems to be more accurate in case of MBBS than non-MBBS GMPs which is worth noting here. Such inaccuracies and miscomprehension, particularly about non-MBBS (who are in large number than MBBS), would lead to social and health related problems amongst the vast clientage who receive services from such GMPs and the anomalies would lead to loss of trust on population control programme.

The above aspects are clearly reflected in the preceding chapters with regards to various parameters such as knowledge about the principles, basis behind advice, understanding and dealing the related problems and the perceptions in relation to various contraceptive methods. In all these respects the performance of MBBS practitioners is observed to be better than non-MBBS. In the available range of contraceptive methods no Ayurvedic or Homeopathic medicine is used and no other way of observing contraception is included which has purely Ayurvedic or Homeopathic base. This has resulted into lack of proper orientation about the contraceptive methods, on the part of non-MBBS practitioners. Those very few Ayurvedic graduates who become medical officers get chance to undergo training and can improve their ability regarding overall understanding of contraception. Majority of the non-MBBS doctors after getting the necessary qualification work with different allopathic consultants for some time to gain 'workable' knowledge/experience and start their own clinic as General Medical Practitioner. Then for years together, they are hardly exposed to an event, which would update their technical knowledge to add to their
quality as a practitioner in general and as a messenger of family planning in particular. In fact, GMP must be involved as one of the basic units of the population control programme. This calls in for a uniform and standardized modules related to RCH programme particularly for non-MBBS practitioners either as a co-curricular or extracurricular training.

IMPROVING ACCESS THROUGH GMPs

The issue of access to information and services relating to contraception is of serious concern with regard to a) accomplishing the national goal of stabilizing population growth and b) the nature of society like India where social inequalities persist. In the context of private health services becoming more and more popular, the gaps in the access to family planning services could be plugged by calling in the services of GMPs into family planning programme. This is reflected in the present study by way of GMPs extending their services and providing family planning services and it depicts the potential role of GMPs in ensuring access for different contraceptive methods to the service seekers.

As regards improving access, the role of GMPs appears more important than any public sector centre for family planning, as a) they are already providing health care facilities to a large segment of population b) they are more proximate to people as in almost every colony of the city there are at least couple of GMPs having their clinics c) the time schedule of GMPs is more suitable to people as compared to public sector centre. d) Along with the guidance related to contraception, GMPs actually can provide some of the contraceptive methods from their clinics. e) Above all GMPs more faith of the public as compared services provided by government. Thus, GMPs stand as better option. In other words, ensuring access for different contraceptive methods to a large section of the population appears to be vital and realistic. Some of the aspects related to improving access through general medical practitioners are
already well reflected in the Draft of National Health Policy, 2001. (See the text-Policy Scenario)

SEX OF THE GMPs

Role Of Female GMPs : More Vital

The present study brings out another important conclusion that the performance of female practitioners is better than males. Female GMPs can prove better than males in providing family planning services mainly because, except for condom and vasectomy most of the contraceptive methods are female oriented, for example, CuT, OC Pills, Safe Periods, Lactation Amenorrhoea Method (LAM), injectable contraceptives etc. Therefore women who desire for contraception feel free to discuss about these methods with female GMPs than with males.

Participation of Males

In society like ours, where male dominance is predominant, effective participation of males in population control programme is of utmost importance and GMPs have capacity to improve the same. Over a period of many years of practicing career GMPs, especially male practitioners, not only earn the faith of the people in the society but also eventually become their friends. Thus, this doctor friend later on becomes a family member, whose opinion is sought in some of the non-medical developments in the family, for example, in advice regarding educational/professional career of son or daughter, in arranging marriages etc. A male practitioner in this way can make use of this extra power of friendship and motivate the males in the society on issues like accepting the concept of small family norm, use of male oriented methods of contraception (Condom and Vasectomy), helping the males to limit their families without a son. The GMPs can motivate the males in the society in advising against antenatal sex determination.
QUALIFICATION AND SEX OF THE GMPs: NON-MBBS MALE PRACTITIONERS

As stated earlier, irrespective of the qualification, the status of the female GMPs and as regards qualification, the status of the MBBS GMPs is observed to be better in extending family planning services. It is the non-MBBS and male practitioners who need to be motivated more energetically for their effective involvement in population control programme. In the present study, little more than fifty per cent (55 per cent) of the GMPs, belong to this group, for whom a still better training programme must be designed.

Fertility control is the nation's top priority today. The population explosion needs to be tackled on a war footing. Understanding the status of the GMPs in relation to population control programme, would go a long way in designing new strategies to reduce fertility.

Suggestions

The rapidly growing population had been a major concern for health planners and administrators in India since independence. India is the first country to have taken up the family planning programme at national level. This programme has become the proximate goal of the development policy. There is rationality in population control to achieve socio-economic development. The population size has not been reduced despite large scale involvement of both public and private sector. One of the primary reasons for the low acceptability of family planning is the relatively large gap between the perception of planners, decision-makers and the implementers and the perceptions of the users. An alternative approach would be to design microprogrammes with goals and strategies which include the approach to the people based on the perceptions and needs of the users. The potential of General Medical Practitioners in this regard as grass route level agents has not been explored so far satisfactorily. Innovative strategies and new delivery system of contraceptives or new contraceptives that make better use of the prevailing socio-
economic situation could signal and significant breakthrough in the programme. (Dorairaj k. 1982)

IMPORTANCE OF INVOLVEMENT OF GMPs.

It is essential to know the background of GMPs, before discussing the importance of their involvement in population control programme.

To implement innovative strategies and new delivery system of contraceptives, active involvement of GMPs in population control programme is necessary. In a situation where more importance is given to the contribution of private sector and better access of the contraceptives for the people, GMPs play a key role. Irrespective of their qualification, GMPs start their profession by way of running ‘for profit’ clinics. Along with curative services they are already extending family planning services. They realize the importance of population control programme and have desire to gain more knowledge related to contraceptive methods. But Indian Govt. so far has not come out with a programme which is exclusively designed for the GMPs there by they would feel that population control programme is their programme too and they too are part of it for being close to the people they serve. The gap between their desire and actual active involvement is large. Their potential needs to be explored and involved in the programme.

'A Health Education Program suited to people's perception practices and needs must be evolved. Only then it will succeed. Based on the findings of this study, the following measures are suggested to strengthen the involvement of GMPs in the population control programme to make the programme more effective.

PROPOSED PLAN OF ACTION

GMPs should be recognized by the Dept. of Health as grass root level promoters of family planning and they should be issued certificates/l cards to promote population control.
• Organization of a district level committee in respect of involvement GMPs is important. A steering committee should be constituted under the chairmanship of Hon. Collector, with the involvement of Civil Surgeon, District Health Officer, Chief Medical Officer of Municipality/Corporation, District president of IMA, (Indian Medical Association) District president of NIMA, (National Integrated Medical Association) the president of OBGY Society, etc. is essential.

• A representative of the committee, preferably the DHO/Civil Surgeon, initially must visit the clinic of the GMP, requesting for his/her more active involvement/contribution in the RCH Programme. A motivation workshop should be organized for GMPs to sensitize their involvement and due recognition should be endowed upon them by issuing official letters. All GMPs must feel that they are being honorably made part of the programme.

Training
1. Counsel the counselor: Initially the GMPs must be counseled in such a way that they would feel that it is their duty too, to contribute for population control programme. They must be made aware of the magnitude of the problem of population explosion. The role of GMPs in population control programme, a programme of national importance, should specially be emphasized. It is the need of the time to tell about the importance of population control repeatedly.

2. Training should be given based on the moduled, short duration workshops specially organized for GMPs to assume this new role. Unlike the present approach of Health Dept., the training schedule must be a regular and consistent feature.

3. The training cum orientation programs should be organized preferably in small groups of GMPs (not more than ten at a time) so that they will not hesitate to discuss some of the practical difficulties they are facing in relation to contraception use. They have a desire to gain the knowledge but feel uncomfortable for the
fear of being exposed for inadequate knowledge, in a larger group especially in presence of their own colleague practitioners. One to one approach at the end of each training session would eliminate this problem totally.

4. The design of the training programme should be similar to every group of GMPs. It must be modified according to the needs of the social conditions of the area and requirement of the GMPs. For example, a GMP practicing in a Muslim dominated area must be trained more for advising and dealing with problems of injectable contraceptives rather than training him/her for Tubectomy. It is said that Muslims are less inclined to accept permanent method of contraception because such Muslims may not be allowed for the all-Important 'Haaj Yatra'

5. The training package should be broad based and complementary to existing practice so that the GMPs need not hold any fear of loosing their productive practice time. Since the programme is not limited to only family planning but also includes broad based approach referred to as Reproductive and Child Health Programme, which comprises of issues like problems of adolescent girls, care of pregnant mothers immunization to the child etc., the GMPs have added advantage to their practice. Any increase in the professional skills, after undergoing such training, would definitely fetch more income and therefore, GMPs can work with better motivation.

6. The actual teaching programme should begin with topics like Reproductive Physiology, some of the aspects of sex education, so that the GMPs would find the training programme, having more practical value. Later on topics related to contraception can be introduced. Accurate knowledge of Reproductive Physiology will help the GMPs to understand the principles of different methods of contraception. Scientific information in relation to sex education will be of practical value to the GMPs in the patients' management.
7. The importance of advising different contraceptive methods at different social situations should be covered in this training programme, for example, advising contraception to newly married couples etc.

8. The technical competence of the GMPs can be improved by imparting them knowledge of principles of different contraceptive methods and ways to deal with the common problems arising out of use of contraception. This should not be limited only to the methods, which are included in the National Family Planning Programme, but the less commonly used and the latest methods, viz. injectable contraceptives, emergency contraception etc. must also be included to strengthen their ability and to improve the range of contraceptive choice at GMP level.

9. After training the GMPs must be issued with a certificate of training undergone.

10. The end result of such training programme should be in cultivation of habit of discussing about contraception and related aspects with clients, whenever and wherever they get the opportunity. For example, a mother bringing her 4 months old child for the treatment of fever and cough can be asked regarding her status of use of any contraception. If it is found that she is not protected, the GMP must utilize such opportunity to discuss and advise contraception either immediately or in the follow up visit of child’s health preferably along with husband.

**Increasing Awareness**

There is a wide scope for improvement in increasing the awareness regarding hazards of population explosion and the measures being taken world wide to control population must be communicated to every GMP in different ways. Every GMP must receive a small booklet or some sort of literature, which would in easy language, reminds him/her regarding various developments on population front. For example, as observed in the present study, awareness of Emergency Contraception amongst the GMPs is poor.
It was never told to them any time and the planners expect that people should practice emergency contraception. How? The GMPs are readymade agents available who must be made aware and then the pace of awareness would definitely increase in the society.

Less use, no use and irregular use of contraception results into unplanned pregnancies, which usually follow the path of MTPs. As found in the study, a considerable proportion of GMPs do not know about the provisions of MTP Act. Though at present there is no provision in the MTP Act for non-MBBS practitioners to carry out MTPs, all the GMPs irrespective of their qualification, at least be made aware of the existence of MTP Act, which governs about who, when and where MTPs are carried out. This would enable the GMPs to guide the needy patients accordingly and create an additional pressure to popularize contraceptives to avoid unplanned pregnancies.

As observed in the present study, majority of the GMPs, irrespective of their qualification, sex and experience are in favour of antenatal sex determination, especially to those couples having two daughters. It is well-accepted fact that extraordinary desire for male child is one of the big hurdles in population control programme. The GMPs must be made aware of existence of law which does not allow antenatal sex determination and female foeticide, there by they can guide the couple for curbing the extraordinary desire for male child.

Another method can be tried for increasing awareness. Medical Representatives from different pharmaceutical companies meet all the consultants and GMPs regularly, once in a month, to promote their products; on the same basis a representative of population control programme must call exclusively all GMPs on regular basis to remind the activities related to population control programme. A small gift and/or some literature related to contraception, preferably in simple but catchy language, must be left
on the table of each GMP, which would maintain their interest in the programme.

For networking and organisational strategies and to develop synergy into the population control programme, the lessons can be drawn from 'Pulse Polio' and 'National Literacy Campaign' which are the highly successful government programmes. In the campaign of these two programmes popular film stars and Health Minister usually take lead; they talk to the people through television. On similar lines such personalities must be involved in population control programme.

**Improving Access Through GMPs.**

Clinics run by the GMPs can be used as centres for free counseling on contraception use can be started using a prominent display board to catch those who are interested.

Every clinic must be provided with different contraceptive methods. The stock should include not only Condoms, CuT or OC Pills but vaginal method like ToDay, nonhormonal method like Centchroman, injectable contraceptive etc. should also find place in the available range of contraceptive methods with the GMPs.

**Incentives**

Performance based incentives can be introduced by the district authorities for those, GMPs who promote contraceptives and the message of population control programme. This could be in the form of presentation of the momentos, citation in the local newspapers etc.

**GENERAL SUGGESTIONS**

- A representative of District Health Officer at village level and of Health Officer, Municipality at city level must attend every marriage ceremony and offer a gift package to the newly married couple on behalf of the govt. which would include samples of Nirodh, OC Pills and a small booklet containing important
information which would prove useful for the newly married couple.

- There must be some financial provision to those couples who have lost their children after undergoing sterilization. People in the society will more readily accept sterilization because of the financial security in future.

- 'Ashrams for the old' can be started exclusively for those who have limited their families after one or two daughters and did not take chance for having a male child. People are ready to limit their families without a single male child but are scared with the thought of their lifestyle in future, after the marriage of their daughters, when there would no 'son' to look after them. Provision of such 'Ashrams for the old' would help people in accepting and strengthening their decision of limiting their family without a son.

- Those couples who have limited their family after one or two daughters should receive a card, for example, FP Card/ Green Card. The card will give them a different identity in the society for having taken such a bold decision. The cardholders must be given priority for different reasons, for example, for getting bus/train reservations, for getting petrol etc. The atmosphere in the society is created in such a way that rest of the people should feel the 'difference.'

- Population Control and Advertisement: Appropriate advertisement of this programme is one of the key factors in increasing the awareness. Television is a powerful media. The present advertisements related to population control programme do not seem to convey the dreadful effects of population explosion to the society. They should be more meaningful to inform the magnitude of the problem. The govt. can think of putting such advertisement in between two overs of a live cricket match.
Limitations of The Study

Even though the population control programme encompasses a broad based approach referred to as Reproductive and Child Health Programme, the present study focuses on one specific component that is the role of private medical practitioners in relation to contraception. The other components have not been dealt with in the present study, which is the major limitation. The other limitation being, the ‘issue of access’ has not been adequately covered in the study since such exercise involves the generation of appropriate primary data from the clients and the private practitioners as well which can be a separate study by itself. The study however can be viewed as a ‘beginning’ in the direction of forming a perfect blend of both medical and social aspects which is of paramount importance, in achieving the goal of Population Stabilization.