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Paramedics In Family Planning

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THE recent technological developments in fertility regulation include the currently used methods, such as IUD, oral pills, sterilization injectables menstrual regulation etc. and the new methods under experiment, such as subdermal implants, Quinacrine pellet, prostaglandin, contraceptive vaccine etc. All these require different degrees of medical knowledge and clinical skills. This is unlike the need several decades ago when our contraceptive range included only Azl (withdrawal) breast feeding rhythm, condom, foams and diaphragm. But shortage of physicians in our country and for that matter in similar other developing countries, has already caused serious limitation in our health care and family planning programmes. The estimated number of doctors available in Bangladesh is around 8,500 one doctor to a population of about 10,000. The situation is even worse in rural areas where the doctor and population ratio is about 1:100,000.

The critical shortage of medical manpower has led to the concept of using paramedics or para-professionals for various family planning services The use of paramedics for family planning services is not unique. The practice of using nurses and auxiliaries in health services is formally recognized everywhere. The nurse-midwives in Europe and barefoot doctors of China are well known. In Bangladesh an estimated four-fifths of medical care is being provided by indigenous medical practitioners, traditional healers and compounders. About 95% of the child births take place outside hospitals and maternity centres, at home in the hands of elderly relatives or traditional birth attendants. The use of paramedics for health service is therefore a necessary and socially acceptable proposition.

The level of professional and quality medical care must vary between developed and developing countries. In U.S.A simple penicillin tablets cannot be purchased without the prescription of a qualified and registered medical practitioner. If we want to apply the same standard in Bangladesh we would only deprive a large majority of our people of medical treatment by this drug. Therefore, in many developing countries the conventional system of using drugs for treatment by paramedics has developed spontaneously and has been accepted socially as a viable way of providing medical care.

The use of paramedics in family planning programmes is a logical extension of what has been practised in health care for a long time. Thus the central focus of the issue is not if we need to use paramedics, but how to utilize them more effectively. We can improve services rendered by paramedics and optimize the quality of services by recognizing the conventional systems, differentiating categories of paramedical personnel, defining their roles and institutionalizing their training programmes. In order to do so we will need to identify the services to be rendered by paramedics with reasonable efficiency.

Paramedics can be used to provide a wide range of services. A listing of these beginning from simple to more complex methods are: (a) Advise on traditional methods Azl (withdrawal) rhythm, breast feeding etc., (b) Distribution of conventional contraceptives such as condoms and foam. (c) Distribution of oral pills; (d) Administering Injectables; (e) Inserting Intra Utrine Device (IUD) (f) Performing Menstrual Regulation (MR); and (g) Performing sterilization (ligation and vasectomy). Obviously, providing various services would involve different levels of basic education and degrees of specialized training and supervision.

In Bangladesh paramedics were formally used for family planning during the mid-sixties. The family planning programme in the early sixties envisaged a large-scale use of IUD. However the acute shortage of clinical personnel for insertion of IUD became the limiting factor. For this reason the course of LFPV (Lady Family Planning Visitor) was designed primarily to prepare matriculate girls for insertion of IUD. This training programme subsequently passed through a series of evolutionary changes, mostly directed towards broadening the scope of training in maternal and child health (MCH) primary health care and family planning conventional and clinical services Ganasha:tha Kendra (People's Health Centre) at Savar, near Dacca, trained even illiterate but intelligent women to do M.R. and sterilization under supervision of physicians. The experiment has been highly successful. After an evaluation by a distinguished team of physicians and surgeons the Government accepted the concept as a part of the national family planning service delivery.

Paramedics of various categories are now providing services in the major areas of family planning activities. They will however require different degrees of training skills development and supervision.

(1) FAMILY WELFARE VISITORS (FWV): This cadre was created by merging the erstwhile cadre of LFPV and Lady Health Visitor (LHV). There are about 2,100 FWV's trained for 18 months in the eleven FWV Training Institutes. The target is to train 7,500. Main clinical functions included in their job specifications are: (i) Advise on traditional (Azl, rhythm, breast feeding etc). and conventional (pill, foam condom etc) contraceptives; (ii) Conduct child deliveries; (iii) Insert IUD; (iv) Administer Injectable; (v) Perform M.R. and (vi) Provide immunization shots and treat mother and child for simple ailments.

Selected FWVs and some paramedics of voluntary organizations are being given training in M.R. procedure and sterilization under doctors supervision. So far about 140 FWVs have been trained most of them in M.R. procedure and only a few in sterilization. The FWV's are posted in clinics and Union Family Welfare Centres.

(2) MEDICAL ASSISTANTS: Government plans to train initially 4,500 Medical Assistants throughout the country. So far about 200 have been trained. Although their main role will be in health care it is proposed that they be trained to provide family planning conventional and clinical services particularly vasectomy.

(3) THE NATIONAL DOCTORS are being trained in family planning services including vasectomy procedure through a special project. (4) UNION FAMILY PLANNING ASSISTANT (Male) AND WARD FAMILY WELFARE ASSISTANT (Female) have been trained in traditional and conventional contraceptives. They are now being trained to assist in clinical services and provide treatment of simple ailments of mother and children.

FUTURE PLAN: (1) TECHNICAL SUPERVISION: The Family Planning programme has started appointing one doctor in each thana as Thana Medical Officer MCH and Family Planning (TMO MCH-FP) with the responsibility of providing technical guidance and supervision for the overall MCH and Family Planning clinical Programme in the thana. So far 135 doctors have been appointed. Government has decided to appoint in the Family Planning Programme 50% of all the doctors currently passing out from the Medical Colleges for one year as TMO (MCH-FP). To fill up the interim gap it has been decided to employ senior FWVs with additional training for the purpose of technical supervision of FWVs posted in rural Family Welfare Centres.

(2) PARAMEDICS TO PERFORM STERILIZATION: As stated earlier a committee appointed by the Government comprising eminent medical professionals recommended that paramedics with adequate training may be allowed to perform sterilization. It is now recognized by the medical profession that repetitive procedures like a vasectomy ligation or even a post partum tubal ligation can be carried out safely by nursing or other health personnel such as Medical Assistants or FWV's after a closely supervised training course. The Government has allowed M.R and sterilization by paramedics under the direct supervision of doctors. The result of Ganasthastha Kendra and a number of other hospitals and clinics in the country is highly encouraging.

(3) USE OF FAMILY WELFARE ASSISTANTS (FWAs The Government has appointed about 13,500 Family Welfare Assistants (FWAs) for family planning motivation and service delivery, one in each ward of the Union they are now being trained in addition for MCH, primary health care and treatment of simple ailments. The FWA's are mostly high school graduates. Initially they are given one month's training. Nineteen FWA Training Centres one in each district have so far been established for retraining and improving their para-professional skills, including conventional and clinical family planning services. MCH primary health care and treatment of simple diseases. They are the main link with the secluded rural women. They are supervised and supported by male Union Family Planning Assistants who are also being trained in the same centres.

(4) THE USE OF TBA's: A trained Traditional Birth Attendant (TBA) is also a folk paramedic. The TBA's are performing most of the child deliveries which is considered a job requiring considerable clinical skills. Since Government does not have resources to institutionalize all child delivaries particularly in the rural areas, possibilities of improvements in the quality of child delivery services lies in the improvement of the knowledge and skills of the TBA's The Government, therefore has undertaken a programme of training 67,000 TBA's in 6 years. This training is sure to have a favourable influence on the overall maternal and child health in the country. The present extremely high annual rate of maternal mortality an estimated 25,000-30,000 and infant mortality 142 per thousand, could be lowered substantially by the trained TBA's and other paramedics.

Bangladesh has undertaken a bold new approach towards maternal and child health primary health care and family planning service delivery by adding services of an array of trained paramedics. These paramedics are being prepared for their expanded responsibilities by training and retraining providing equipment, supplies and medicines and through supervision and support by the higher level professionals. In Bangladesh when demands for MCH and family planning services are high and shortage of doctors is so acute the use of paramedics is the only alternative and complementary way of providing such services People have generally accepted this approach as a cheaper and surer way of getting MCH primary health care and family planning services particularly in the rural areas. Under this approach the highly valued medical doctors in short supply would be spared from para-professional tasks to enable them to concentrate more on higher professional and complex curative and clinical activities. Thus the nation will benefit by utilizing its scarest human resource more optimally.

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