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ORGANIZATION**



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REGIONAL SEMINAR ON DEVELOPMENT OF  
FIELD TRAINING AREAS, THEIR NEEDS AND  
ADVANTAGES FOR THE TEACHING OF MCH AND  
FAMILY PLANNING TO HEALTH PERSONNEL

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INTRODUCTION, OBJECTIVES AND PROGRAMME

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I INTRODUCTION

1. Historical

The history of medicine is almost as old as human history, and stretches back into the long dim unrecorded period. However, some of the ancient magical and superstitious practices of the past which denied direct observation and defied logic and rationalization, still tend to rub shoulders with the scientific mystique of modern medical technology. Whereas the ancients were frequently the victims of their own fantasies, thus losing track of reason and relevance, the modern health workers are not infrequently side-tracked by undue pursuit of detail and by isolated efforts of treating the sick, out of context of the latter's family and natural environment. This caution has been sounded many times since the time of Hippocrates and by many of our contemporaries, and various remedial measures have been adopted, some of which need wider emulation.

While trying to remove the cobwebs of superstition from around the disease epilepsy, Hippocrates said "Every disease has its own nature and arises from external causes"<sup>1</sup>. He is famous for viewing disease with the eye of a naturalist and for studying the entire patient in his environment; and for laying emphasis on observation, logic and reason. His most famous book "Air, Water and Places" is a treatise on human ecology. He is thus credited for laying the foundations of scientific medicine, which was built upon by great physicians and "wise men"

who followed him, such as Galen, El-Razi, Avicenna (Abu Ali Ibn-Sina)\*, and others down to our times.

## 2. Institutional Versus Community Oriented Medicine

However, during the last hundred years or more medicine and its practice has become more and more institutionalized, partly of necessity because of the growing need for laboratory investigations and the increasing demands of medical technology, and partly because the medical profession tends to be traditional and conservative, seeking refuge or glorification in the ivory towers of hospitals and other specialized institutions. Medical education has generally tended to follow in these footsteps, but the refreshing breeze of skeptic counter-current has picked up for some time, and hopes for achieving a balanced approach seem to be well founded.

## 3. MCH and Family Planning Aspects

Another aspect of the conservatism of the health professions in general and the medical profession in particular, is the fact of their insufficient involvement in the health aspects of family planning. This is partly due to the cultural value systems and notions about family planning of those societies within which the health professions exist, and with characteristic high regard for their reputation they tend to accept change of attitude on this subject more slowly than their parent cultures. In this connection Dr Taba, in a message to a national seminar in another country of this Region said:

"While the problems and treatment of infertility on the one hand and of venereal disease on the other have been readily accepted as health related responsibilities, the needs of contraception, birth control and other sex-related aspects have been side-stepped for long. The time has come now to meet these health related needs of society lest insufficiently trained personnel step in to supply the services." 2

It is therefore, intended that this meeting will address itself to the above-mentioned twin problems of insufficient community orientation of students of health professions in general and medical students in particular, and their insufficient involvement in the teaching and learning of MCH and family planning, during their basic professional education.

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\* It is interesting to recall that almost 950 years ago, the great Avicenna, Prince of Physicians as he was later called in the West, arrived in this famous city of Isfahan to spend the remaining most fruitful fourteen years of his life; the teaching and practice of medicine had not yet retreated behind closed doors.

4. Previous Recommendations

Although the emphasis of this meeting is on the teaching of MCH and family planning and to help establish and use FTAs for this purpose, the first step of locating suitable communities and developing them as FTAs in affiliation with respective health training institutions has to be taken first, and this implies integrated teaching of MCH and family planning with other subjects such as preventive medicine, public health nursing, preventive paediatrics, domiciliary midwifery and others.

There have been previous recommendations on the subject of community oriented teaching, but the results in the countries of our Region are so far patchy, with considerable room for more initiative and efforts.

The CENIO Conference held in Shiraz (1961)<sup>3</sup> on Teaching of Preventive Medicine recommended field training for medical students; the Second WHO Conference on Medical Education in this Region, held in Teheran (1970)<sup>4</sup> recommended community oriented teaching; and more recently the WHO Group Meeting on the Teaching of MCH and Family Planning held in the Eastern Mediterranean Regional Office (1973)<sup>5</sup>, while suggesting various steps in the role of respective departments, recommended the following under the heading of "Other activities":

"Series of learning experiences at both pre-clinical, clinical and internship stages would be highly desirable. Students should be familiar with crucial health problems and their consequences in the local context through performing health and demographic surveys; by analyzing and resolving community health problems and by planning for total community health care. This would include clerkships and internships in community health with residential assignments and responsibilities to communities and the regular health service staff."

II OBJECTIVES

1. Long-term Objective

The ultimate objective, subsequent to the establishment of Field Training Areas in support of medical schools and other health professional institutions, is to help improve the community orientation of the members of health team and coordination among themselves, with a view to provide balanced preventive, curative and promotional health care services to the community.

2. Immediate Objectives

The following are the immediate objectives of the meeting:

- (a) to provide the participants with an opportunity for exchanging views

and holding detailed discussions on the needs and advantages of field training areas for the teaching of population dynamics, MCH, family planning and related subjects to medical and other health professions' students;  
(b) to establish recommendations for developing field training areas for the teaching of population dynamics, MCH and family planning and the teaching of community aspects of medicine generally.

### 3. Behavioural Objective

It is expected that after going through the experience of the meeting, specially the experience of field visits, group discussions, individual readings and some group work, all the participants will be able to make their own assessment of the need for developing field training areas for supporting and supplementing the teaching and learning process of students, and to make outline plans for establishing FTAs, as appropriate.

This meeting is intended to provide yet another link in the chain of supporting events being assisted by the WHO Regional Office towards strengthening of teaching MCH and family planning in this Region. Previously, national seminars on the subject have been held in 3 or 4 interested countries in collaboration with respective national authorities, followed by a Regional Group Meeting. Currently an exchange of professors of Preventive Medicine, Obstetrics and Gynaecology, and Paediatrics among medical faculties of at least three countries has been started, to participate in the teaching of MCH and family planning in host institutions along with host colleagues to help strengthen the integrated teaching of these subjects.

## III PROGRAMME AND METHODS

### 1. Nature of the Meeting

The meeting is intended to be both in the form of a seminar with presentations and discussions during the first half, and also in the form of a brief workshop comprising mainly the last two or three days, which will include small group discussions, when individual participants will be in a position to put down their own thoughts in the form of summaries and outlines, and after discussing them in small groups would be able to arrive at agreed joint group efforts. The views and suggestions of these sub-groups will then be presented one after another to the whole group, either repeatedly on given and selected topics for consolidating them and arriving at the meeting's recommendations, or alternatively, presentations by the sub-groups on all the given and selected topics can be made in one long session towards the end of the group discussions and then consolidated into the meeting's report and recommendations.

## 2. Programme

Copies of the Provisional Programme (revised) are available and it is to be noted that the programme is quite flexible, and therefore needs the whole group's involvement to fill in the intentionally left out gaps, so that it could become tailor-made to the group's felt needs. Presentations on the first and third days, after the regional and country situation presentation today, are mostly in the form of panels, and in fact the second panel on the third day is not yet identified by names, as it is intended to have individual participants volunteer themselves, according to how much they are provoked and encouraged to speak and inform others on the subject, and to have the entire group select a panel of six persons. It is sincerely hoped that participants will not be hesitant to volunteer themselves as panel-speakers simply because of the formality implied in the selection. It is very much hoped that, in the first two days of interactions, they would have become fairly well acquainted with one another, and the main criterion of volunteering oneself should be the feeling of need to communicate ideas to the group. Of course, the entire group will be interacting during the substantial discussion time, with comments, suggestions and new ideas.

It is also to be noted that during the first field visit, two important presentations will be made by respective speakers, first on the pioneering efforts of the Population Council's international programme of Comprehensive MCH-based Family Planning; and second, on the innovations and experiences of the West Azarbaijan project in Iran, with special reference to the training of front-line workers. It is hoped that the field visit setting (probably in a convenient health centre, after working hours) for these two presentations will be supportive and helpful and not a hindrance in getting them across to the participants. Alternatively, they could be made in our usual meeting place, if considered more practicable.

## 3. Methods

It is suggested that the sub-groups would be constituted by countries with one or two WHO consultants/advisers or other participants joining them as resource persons, so that no sub-group should be larger than five persons. Thus, participants from Iran might like to divide into two sub-groups to facilitate better group dynamics and more opportunity for individual group members to present views and interact with others. Of course, these two groups could also come together for comparing notes rather than repeating the discussions.

It is proposed that the field visits of the second and fourth days should be able to provide opportunities for stimulating thoughts and some information as concrete even though incomplete examples to be able to keep orientation and discussions down to earth and on a realistic plane. However, the details of the

field visits are to be worked out in consultation with the National Preparatory Committee and will be announced later on the first day, and third day respectively. Of course, the respective country-oriented sub-groups will be using their own data and country-context for group discussions and work-sessions.

It is suggested that a steering committee should be constituted, comprising about seven persons, five members being nominees from and by respective country groups, and two from among the WHO consultants/advisers. This committee will be expected to suggest some specific topics and precise objectives for the sub-group discussions and work sessions. These topics and objectives will be first presented to the entire group for any comments, suggestions and modifications, as appropriate.

#### 4. Reading Material

The priority reading material is suggested to be that comprising basic documents, namely the working papers prepared by WHO Consultants and Temporary Advisers, and information contributed by participants in response to a survey questionnaire in February 1975. A description of a recently started FTA in Ethiopia, and a description of a well-established and functioning FTA in Turkey (Etimesgut Rural Health District), both of which were specially requested for this meeting, would be useful and interesting reading. In addition, three relatively small chapters from a book on the subject (Doctors for the Villages) under print, have been specially made available for the meeting by one of the authors (Dr Taylor, our Consultant) and are highly recommended reading. It is urged that at least the above mentioned reading material may be carefully reviewed in the first and second days of the meeting, in addition to the presentation of its high-lights by respective speakers.

The background material, comprising a rather long list of WHO publications may be read selectively, and used more as pertinent reference material.

#### IV CONCLUSIONS

1. The sub-group discussions are proposed to be focussed on respective country needs where the participants have come from, with group members generally representing complementary faculty disciplines (mainly medical and some nursing), with one or two health services administrators to help bring in the service objective point of view for future strengthening professional training. The generalizations that can be gathered together from the country oriented sub-groups' discussions and outline proposals would become the whole meeting's conclusions and recommendations, while the country proposals themselves (in brief and clear outline), could well become appendices of the report.

2. The problems and difficulties in relation to already functioning FTAs described by some participants would seem to require considerable review and discussion in the sub-groups, and more so in the whole meeting when the sub-groups come together, from time to time or once towards the end, according to the preference and decision by all the participants. These issues of problems and difficulties should be identified in terms of their general applicability as distinct from rare or unique country situations, and perhaps suggestions made for solving them.

3. With regard to the preparation of outline proposals by sub-groups for establishing FTAs, special attention seems to be required for refining the objectives, followed by review and identification of available resources and facilities as well as deficiencies and constraints, and using some papers giving descriptions of existing FTAs and the outline of headings and sub-headings given in previously distributed survey-questionnaires, for patterning the outline-proposals. However, it seems fair to emphasize that the outline proposals should be extremely brief, covering salient features in form of points rather than descriptions, and should not exceed 3 or 4 pages in double-spaced typing.

#### References

1. Encyclopaedia Britannica (1974) Macropaedia Vol. II, "History of Medicine", page 827.
2. A. H. Taba, Message to National Seminar on Teaching of Family Planning and Maternal and Child Health in Medical Colleges and Post-graduate Nursing Schools, Karachi, 11 - 15 October 1971.
3. CENTO 1961, Teaching of Preventive Medicine, Conference, Shiraz, Iran, May 1961. (Shiraz, Iran, Office of U.S. Economic Coordinator for CENTO Affairs).
4. WHO, Second Medical Education Conference in the Eastern Mediterranean Region, Teheran, December 1970 (WHO, EMRO, Alexandria).
5. WHO, Group Meeting on the Teaching of MCH and Family Planning in Medical and Nursing Institutions, Alexandria, February 1973, page 22 (WHO, EMRO, Alexandria).