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REPRODUCTION, FAMILY PLANNING AND POPULATION DYNAMICS

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HUMAN REPRODUCTION AND FAMILY PLANNING

EDUCATION AND MEDICAL PERSONNEL

SUMMARY

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The role a physician plays in Family Planning Programmes will vary with his personal interests, type of medical practice and official position held among other factors. His need for knowledge in human reproduction and family planning varies accordingly.

The chances of success of family planning programmes are better if they have the support of the medical profession. Such support requires that the physician be knowledgeable not only of the medical techniques and procedures utilized but also that he be aware of the public health, social, economic and cultural aspects of population growth.

In considering educational programmes for medical personnel at least four groups need to be recognized

- (a) the medical student
- (b) practitioners who provide family planning advice and service to their clientele
- (c) practitioners who do not provide such services
- (d) medical directors of national or regional programmes

Educational programmes in family planning include instruction in the following areas.

- (a) physiology of reproduction an understanding of the process and the opportunities for its interruption
- (b) contraceptive methods knowledge about the techniques and methods used, their indications and contra-indications, and their undesirable reactions
- (c) population dynamics and demography population growth with its social, economic and cultural implications
- (d) behavioural sciences the study of people's ideas and attitudes towards family life, family size, and other related aspects and on the ways of communicating and promoting action
- (e) health care administration planning, organization and direction of health programmes. Special attention should be paid to family planning as part of an over-all maternal and child health programme

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Medical students

Basic background information in family planning is offered by the departments of or through the teaching of physiology, obstetrics and gynecology, paediatrics and preventive medicine and public health. Clinical experience is usually offered by the department or faculty of obstetrics and gynecology, occasionally through clerkships in preventive medicine and public health. Some medical schools offer more advanced courses in human reproduction and family planning as an elective to students specially interested in the subject. These are frequently interdepartmental courses.

Practicing physicians

Continuing education programmes for physicians and other health personnel should be part of family planning programmes. Physicians in general should be familiar with public policy and public programmes in family planning and should be informed of whatever changes may take place. Physicians also should be kept abreast of the methodology of family planning, the contraceptive techniques used, their effectiveness, reactions, etc.

As mentioned before, the effectiveness of family planning programmes may be greatly enhanced by the support given by practicing physicians. Their support often depends on the knowledge they have as to what is going on.

Some practitioners (obstetricians or general practitioners) are no doubt providing their clients with family planning advice and services. These are probably keeping up-to-date with new knowledge on the methods used yet they probably would welcome assistance in their respect. It can be assumed that they are interested and will be active supporters of on-going or new programmes.

It is often desirable to carry on a survey of the practicing physicians in a community and learn about their thinking and knowledge on the subject before embarking on a continuing education programme.

Physicians engaged or to be engaged in the programme

Family planning programmes are usually organized as an integral part of the national health programme frequently as part of maternal and child health services. In some countries they have been organized as an independent population control programme. Consideration is being given in this presentation only to the first alternative. Medical personnel in family planning programmes may serve as medical directors at the national, regional or local levels or as clinicians.

Medical directors

Medical directors should have formal training or its equivalent in experience. In the United States of America and Latin America formal training designed to equip project directors to fulfil their responsibilities is being offered mostly by schools of public health. The courses lead to a master's or doctoral degree depending on its length and content.

The material covered, for the most part, is the one referred to above. Instruction includes didactic and laboratory work in addition to field experience. Students are assigned to observe on-going projects and frequently are assigned responsibilities in them.

Clinicians

Could be general practitioners or obstetricians depending on the countries manpower resources. It has been the experience that having some of the countries outstanding obstetricians engaged in family planning activities enhances the chances of success.

Clinicians should be well aware of the details of the family planning programmes in which they participate.

Pre-service and in-service training programmes can be designed to familiarize them with the available knowledge and methodology in family planning and in the promotion and protection of the health of mothers and children in general. In particular they must be familiarized with the characteristics of the population in the locality where they are serving.