

AN APPROACH TO FAMILY PLANNING THROUGH MCH/FP ACTIVITIES IN A.R.E.

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PREFACE

It is a pleasure for me to introduce this brief paper on Maternity-Centered/Family Planning activities in Egypt. I believe that the problem of unchecked population growth is as urgently important as any facing mankind today. Until recently I believed an even graver problem was the control of nuclear weapons. However, there is a justifiable hope that the use of these weapons can be prevented, but there is no hope that we can escape a tremendous growth in world population.

Therefore, it becomes a central task of our time to stabilize this growth soon enough to avoid its smothering consequences.

In this respect Maternity/Child Health Family Planning project have an important role to play. This work can thus be a major factor in the success of national family planning programs upon which rest the hopes of many countries for economic survival and for the well-being of their people.

In Egypt the integration of Family Planning and Maternal/Child health programs plays an important role in the progress of the national program as manifested by :

1. The national population and Family Planning project in Egypt in relation to the utilization of Maternal/Child Health services.

2. Pilot Projects in Egypt for study of integration of Maternal/Child Health Services with Family Planning.

(a) Beheira Project.

(b) Post-Partum Project.

3. New Services :

(a) Maternity home.

(b) Village pioneers.

I. *The National Population and Family Planning Project in Egypt in Relation to the Utilization of MCH Health Services :*

The family planning Board depends on the integration of Maternal/Child Health services, with Family Planning services. In the coming table you can find that 77% of the family planning units are linked to Health service units that carry Maternal/child health services.

II.—*Pilot Projects Manifested in Egypt for the Study of Integration of Maternal Child Health Services with Family Planning.*

A.—**Beheira Project for A Maternal Child Based Family Planning 1973—1977 Supported by UNFPA :**

Objectives :

The essential objectives of the proposed project in Beheira governorate is to demonstrate the effectiveness of the integration of MCH and FP in an area that simulates the whole of Egypt (500,000—600,00 population).

1. To obtain a noticeable reduction in pre-natal and infant mortality rates. It is assumed that a palpable reduction in infant mortality rates will contribute to reduction of fertility.

2. To improve Maternal and Child health by a better and more systematic delivery of services directed towards these 2 categories of the population.

These objectives are achieved through :

1. Providing minimal services to all pregnant women and their children during the first two years of life. The project studies means by which this can be achieved and the reduction in morbidity that may result.

2. From the stand point of family planning, the project will examine the relative effectiveness of the gradual but repeated law-key introduction of the family planning idea through a continuum of routine antipartum, postpartum care and regularly scheduled child health visits. The plan is thus quite different from those programs based on general appeals to eligible couples for family planning alone.

3. In order to provide information for future of the MCH/FP, in general, the project is so designed as to test the value of MCH/FP in general. Also to provide answers to many subsequent questions on how to organise such services. For example employeet of particular categories of workers, their duties, and responsibilities, type of public

TABLE (1)
Users, Acceptors (O.P. use) and number of I.U.D.'s inserted by type of unit May 1973

Type of Unit	Active Units			Users			New acceptors			Loops		
	No.	%	No.	%	Aver- age	No.	%	Aver- age	% to users	Active Units	No.	Aver- age
M.C.H.	201	6.4	104324	22.1	519	3474	23.3	17	3.3	180	2900	16
H.B.	575	8.8	110675	23.4	402	2892	19.8	11	2.6	—	—	—
R.H.C.	585	18.7	45045	9.5	77	1477	10.1	3	3.2	260	166	1
R. Units	1307	41	55409	11.7	42	2231	15.3	2	4.0	86	136	2
Hospitals	218	7.0	34946	7.4	160	1013	6.9	5	2.9	169	1184	7
M.S.A.*	408	13.0	92733	19.6	227	2624	18.0	6	2.8	113	2168	19
P.U. Others	137	4.4	29412	6.2	215	896	6.1	7	3.0	136	622	5
Total	3130	100.0	472544	100.0	151	4607	100.0	5	3	950	7176	8

* Units under supervision of Ministry of Social Affairs.

N.B. (1) R.H.C. Units are considered as Rurals M.C.H.

(2) The F.P. Units in hospitals are lined to the Ob. Gyn. Section.

education and the need for particular physical facilities such as rural health centres or hospitals.

The information and experiences gained through the project will, accordingly, permit us to set up similar projects in other areas, to a well defined and tested model.

One of the aims of the project will be to make a cost benefit analysis which can be utilized to rate for comparative studies with other projects in the field of health and family planning or in other areas related to family planning with the aims of establishing priorities in the national program.

Now after two years study the area of the project was selected and the Plan of Operation was decided.

B.—Pos-Partum/Family Planning Project :

Manifested in :

- Mehalla Kobra : Misr Spinning and Weaving Co.'s Hospital.
- Alexandria : El-Shatby Hospital.
- Cairo : El-Gallaa Maternity Hospital.
El Azhar Hospital and El Hussein Hospital.

Objectives :

1. Bring F. P. to the attention of recently delivered women usually through the institution's post partum facilities. That the immediate post partum periods the point of highest motivation for family planning and hence the most opportune time for the efficient spread of information and services.

2. Testing the effectiveness of providing family planning in connection with the act of delivery on a substantial scale.

I have had the privilege of visiting a number of the hospitals that are participating in this program and have been particularly impressed with the quality of the personnel involved and the results achieved.

It is essential that this concept be implemented as rapidly as possible in all hospitals of the world in both developed and underdeveloped countries.

In this way post partum family planning will contribute increasingly to the stabilization of population growth and hence to enrichment of life, to human dignity and to the alignment of the individual's full potential.

TABLE (2)
Statistics for six months Jan.—June 73

Location	New Accep- tors	new users Total No.	%	Pills	Loop	Users C. Cap	Con- doms	Steri- lisation	Total	%		
1. <i>During pregnancy</i>												
—Anti-natal clinic			107	28	26.1	65	13	1	—	79	73.9	
2. <i>Labour</i>												
—Deliveries in hosp.			121	98	80.9	12	4	—	1	6	23	73.9
3. <i>Post-Partum</i>												
—Out patient clinics			145	46	31.7	74	23	1	1	—	99	68.3
—In patient clinics			25	3	12	20	1	1	—	—	22	88
<i>Domiciliary</i>												
a. in town			282	199	70.5	75	8	—	—	—	83	29.5
b. in village			236	320	95.2	16	—	—	—	—	16	4.8
Vaccination and Ped. clinic			312	298	95.5	14	—	—	—	—	14	4.5
—During abortion (in patient clinic)			105	61	67.6	32	1	—	1	—	34	32.4
—After abortion (out patient clinic)			32	1	3.1	30	1	—	—	—	31	96.9
Total			1465	1064	72.7	338	51	3	3	6	501	27.3

Misir Co. Hospital-Mehalla Kobra

III. NEW SERVICES

A. An Approach to Family Planning Through A New Service «The Maternity Home»⁽¹⁾

A NEW SERVICE/THE MATERNITY HOME

This project, proposed for experiment, aims to attract the pregnant Egyptian woman out of her home and the inadequate services of a non-qualified daya (indigenous midwife), into a situation where she will be delivered under adequate medical care and satisfactory sanitary conditions. It has been developed in relation to a specific demographic determinant, viz, that high fertility is consequent on high infant mortality (which is very high in Egypt, 118 per thousand).

(1) This part is written by Dr. A. Bindary, chairman of the Executive board for family planning, Egypt.

Considerations :

(1) More than 90% of deliveries take place in private homes and are attended mainly by dayas.

(2) Present hospitals and maternity clinics are not within easy reach of the rural population.

(3) In present rural society, the social functions of the dayas cannot be replaced by the activities of doctors or trained midwives. Attempts to replace dayas by trained midwives have not been successful. So also have attempts to up-grade the standard of work of the dayas which is the person closest to pregnancy and its outcomes, trained or not she is widely deployed, knowledgeable of who is pregnant, trusted by village women and financially interested in high fertility. She can be an important force either for or against family planning. She should become an ally of the program through appropriate momentary incentives.

These considerations will be taken into account in the elaboration of project, adapting the latter to present social patterns.

Objectives :

(1) To lower perinatal and maternal mortality rates by improved maternal care, particularly at delivery.

(2) To up-grade the dayas, until they are ultimately replaced by physicians or trained midwives.

(3) To create better methods for individual and group motivation, particularly of the mothers.

(4) To ultimately improve infant and child health care in the formative years.

(5) Integrating family planning education and motivation with the services performed. This activity should be directed towards dayas and doctors as well as patients.

This is a project related first of all to pre-natal and peri-natal MCH care. The solution to the problem of child care remains very complex, especially in relation to 1—4 age group which registers the highest mortality rate. Present day approaches by means of health education, vaccination and curative treatment appear insufficient. Child mortality are closely related to the vicious circle of malnutrition, infection, infestation within an unsatisfactory sanitary environment, i.e. the problem of community conditions. Activities with a view to remedy this problem will eventually have to be worked out in that connection the proposed scheme for Maternity Homes will be extended.

B.—Village Pioneers

Which will be link between the MCH/FP Health Service Units and the population.

The program is manifested in several Governorates.

The village pioneer is a secondary educated girl receiving six months training in MCH, FP and other general health duties beside training in nutrition, social work, nursing, occupational health, environmental health and public health.

ACKNOWLEDGEMENT

I wish to express my appreciate for the collaboration of :

Dr. A. Bindary

Dr. M. El Samaa

Mr. E. El Bakry

in the preparation of this document.