Village volunteers boost Thai family planning

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Photo: Neill McKee

Village children in Thailand. The project aims to make it easier for the rural people to control the size of their families.

What can be done about family planning in a village having no physician, no resident or itinerant health worker, no place to buy contraceptives? Such villages are numerous in developing countries; in Thailand, for example, only one-in-ten villages is covered by a health worker.

Could one possible answer to the lack of health and family planning services be found in local volunteers cooperating with the government's health staff? An ideal third party on the team might be the villagers themselves.

This was the approach envisaged by Dr. Debhanom Muangman, the dynamic young Dean of the School of Public Health at Mahidol University in Bangkok. Displaying a sensitive awareness of rural community well-being, the University had earlier conducted an action research project which found that selected traditional midwives could be effectively involved in family planning activities. Now Dr. Debhanom focussed on another need, namely, how to make contraceptive supplies readily available to villagers at a minimum cost.

Then too there were other health needs than contraceptive supply if national family planning goals were to be reached. Who was there to discuss with husbands and wives the questions about contraceptive methods now used, or where were the nearest services for sterilization or IUD insertion?

Backed by a representative committee of the University's health and social sciences faculties and the government's family planning authorities, Professor Debhanom got approval to launch his plan for community contraceptive distribution. As the village headmen and local health workers were to play a key role, the project invited and received the endorsement of both the Ministry of Public Health and the key Ministry of the Interior, the ministry responsible for the government structure from the village headmen up.

Meeting Dr. Debhanom is to know a first-class administrator who has his project organized to the last detail — from record forms and budget keeping to field staff training and interview schedules. Of the survey team's experiences, the Director noted in his initial report: "The main obstacles to our work were heavy rainfall, bad roads, and cobras. As the heavy rains had flooded their holes, the snakes came up for air. We killed cobras almost every day."

Some 120 kilometres out of Bankok in Angthong Province, lies the district of Po-Thong (population 52,000) which was selected as the project site. In order to obtain a pre- and later post-profile of the villagers, the project team conducted a detailed baseline survey in May 1975 of nearly one thousand families. The aim was to obtain data on the characteristics of the families the project hoped to serve, family planning including supply sources, attitudes to proposed village volunteers, local means of travel, frequency of radio listening, etc.

A major task was the selection of village volunteers — one for every village without a health centre. Cooperating in this task last summer were appropriately the local health workers, whose job it would be to supervise the volunteers, and the village headmen. Last December, 28 local health workers and 92 village volunteers (mostly married persons) attended their second training course — together. Half the volunteers are farmers, the others mainly shopkeepers. Few dropouts had occured since recruitment.

Having already distributed condoms and pills to current acceptors, volunteers were now trained to carry out the much more serious job of prescribing oral contraceptives to new acceptors and to make referrals. This is the first time that the Thai Ministry has issued certificates for this service to non-health workers.

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A district health officer checks contraceptive supplies with village storekeeper who acts as a distributor.

How is the scheme financed? It is a three-way shared operation with participation by the Ministry of Health, Mahidol University and the IDRC. Out of the Centre grant, which goes mainly toward research activities and training, the volunteers receive a small incentive over the two-year project. However, their main income, again very modest, is from the sale of oral pills (the worker receives 1 baht, or 5 cents Canadian out of the 5 bahts per pill cycle) and 1 baht of the 6 bahts which is the price of a dozen condoms. Incidentally, the health workers who are employees of the Ministry, are also permitted to sell contraceptive supplies at the health centres.

Dr. Debhanom's reports to date cover the first eight months of the two-year project. Already, some tentative results on activities in Po-Thong district are emerging. Foremost is the initial success of involving the villagers themselves in selecting their volunteer and in the activities of distributing contraceptives. They can say with confidence that the volunteer is "one of us, and his services are next door".

Another result which health administrators will note with interest is the project's low cost per acceptor — Canadian $1.67 — compared with the current $8 to $9 national figure. Thirdly, the rate of acceptance has increased. During the August to December period, the volunteers registered 700 new pill acceptors (out of say a total potential of 6,000 women). Condom sales also rose appreciably. Also, there has been the successful collaborative arrangement between the Ministry of Health and the University, with project supervision by both, as well as the co-opting of the Ministry of the Interior (a departure from usual health services) which has assured strong policy approval for the pilot project.

Two other objectives of the project that will require study in the months ahead are continuation rates for acceptors, and the effectiveness of various types of village volunteers.

Of primary importance is the replicative factor. Will the government be able to afford this pattern of distribution? Can the enthusiasm of villagers be sustained in such a scheme? Can the conscientious direction the project now enjoys be assured for other selected areas in which the Ministry may choose to extend these trials?

In the end, it may come as no surprise that most of these and other questions may be answered in the affirmative. After all, the Po-Thong project demonstrates that it is efficiently providing a social service the villager urgently needs. In deliberately involving one of the villagers as a volunteer, in gaining the support of the headman, and in enjoying the cooperation of the health worker — these are relationships that assure commitment. What approach could be better? □

BRIEFS

More food, better food, lower cost

The food science program in Asia forged ahead with sustained momentum during the first quarter of 1976. The Advisory Group of Asian Food Scientists set itself to organize working groups in the areas of food quality control, fats and oils processing and processing of fruits and vegetables by early 1976 in addition to the already operational working groups on rice postharvest technology, legume processing and fish processing.

Through a series of three workshops held in these areas from February to April in Singapore, Malaysia and Indonesia, a nucleus of scientists who will form the specific working groups has been identified. Research priorities have been mapped out to serve as a general framework in future program development.

In the field of food quality control, the working group will look into improved food handling practices at the hawkers and vendors level and into maximised utilization of the mobile training laboratory donated by the Canada Plus-One Project to provide services to the food processing industry. The working group on fats and oils processing will seek to improve processing technologies on the three most important sources of edible oils in the region namely oil palm, rice bran and coconut.

The recommendations made by the fruits and vegetables working group include detailed studies of the total marketing system taking into consideration the physical, biological and economic factors; development of improved packages with initial reference to the bamboo basket; and training at all levels — practical technology, research and management. There was also mention of the need for basic research on postharvest behaviour of tropical produce and of the possible application of solar dehydration.

The overall objective of these three program areas is to reduce wastage, increase both the quality and the quantity of food available to the consumer at a reasonable cost.

With this momentum food science projects in the region will likely more than double in number before the end of 1976, and the credit goes to none other than the food scientists of the region themselves.

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