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आरोग्यम् सुखसम्पदा

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AWARENESS AND PRACTICE OF INFECTION CONTROL AMONGST DOCTORS AND NURSES IN TWO ICUs OF A TERTIARY CARE HOSPITAL IN DELHI

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ABSTRACT

With the objective of assessing the awareness and practices of Hospital Acquired Infection (HAI) control measures amongst doctors and nurses, this study was undertaken in an Intensive Care Unit (ICU) of Dr. Ram Manohar Lohia Hospital, New Delhi, a tertiary care hospital. The sample population comprised 26 doctors and 55 nurses, and the study used a questionnaire-based approach combined with in-depth interviews to achieve the objectives. Overall, the findings showed that although there was a high level of awareness of hospital-acquired infection control measures amongst doctors (79.81%) and nurse (79.55%); infection control practices were found to be lower amongst them, 70.43 per cent for doctors and 63.86 per cent for nurses. Overall, the p value for awareness versus practices amongst the doctors was found to be significant (p-value = 0.02239 and 0.0432 for doctors and nurses respectively) at 95 per cent confidence interval. It was also found that proper protocols related to hospital management were not adhered to, and staff responsible for the lack of correct practices despite high awareness amongst doctors and nurses. It is evident from the study findings that several other factors are also responsible for low infection control practices in hospital settings despite high awareness amongst doctors and nurses. HAIs need to be notified and records should also be maintained for surgical site infections, catheter-associated urinary tract infections, ventilator associated pneumonia, blood stream infections and pyrexia of unknown origin. Infection-control guidelines should include standard operating procedures (SOPs) for management of common HAIs. Authors have the view that standard operating procedures and guidelines for management of surgical site infections, device related infections, ventilator associated pneumonia, blood stream infections, sterilization procedures, visitor precautions, periodic trainings, no-antimicrobial use policy, isolation practices, practices for dealing with outbreaks, bio-medical waste management were not readily available. Mandatory trainings on infection control, which are not found in the ICUs of the hospital, are a must for all ICU staff irrespective of whether they are contractual, temporary or full-time. Hence, it must be made mandatory to have such procedures and guidelines to contain and minimize all types of hospital acquired infections.

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NEED OF A POLICY ADVOCACY FOR STABILISING POPULATION IN INDIA

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ABSTRACT

This paper describes how the issue of over-population is an irrelevant issue for the political class in India; as well as for the sorry state of affairs, it is critical of the bureaucrats and technocrats. At the same time, the paper narrates why and how 'stabilized-population' is the most important and an indispensable crucial issue for the overall socio-economic and technological development of India. It says that almost all the problems of India such as environment, housing, food, illiteracy, transportation, water, mass migration or unemployment, and so on; are the products or by-products of uncontrolled spiraling of population. It weighs the impact of 'spill-over population' on agriculture, food security, employment, housing, education, electricity, poverty, water, economy, etc. The paper briefs the importance of 'population' in Five-Year Plans. Information, Education and Communication (IEC) has a lion's share in the paper with the logic how policy advocacy at all levels such as political, legislative and executive; could make this issue of spiraling-population a peoples' movement and how every citizen could be a 'change-agent' in this endeavour, what kind of 'policy-changes' are indispensable for 'stabilising-population.' The paper mentions that family-welfare communication has been a neglected area in India, though it is the first-ever country to have a nation-wide family welfare programme. It adds that there is a yawning gap between planning and implementation of population-welfare programmes in the country that demands professional expertise from communication-chemists with maverick ideas to make the things click. It also includes a developmental communication-model which could be applied for bringing the desired-changes for stabilizing population.

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REGIONAL VARIATIONS IN UNMET NEED OF FAMILY PLANNING IN RAJASTHAN

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ABSTRACT

The objectives of this study were to assess the extent of regional variations in unmet need of contraception among married women of reproductive age group in Rajasthan and to study the factors influencing unmet need for contraception using the District Level Household Survey (DLHS-3) data. The state has been divided into four regions as per NFHS classification. Age group, caste, religion, place of residence, women education, wealth index, media exposure, death of the children are found to be significantly affecting the unmet need. The findings of the study also show that southern region has a lower unmet need and the north-eastern region has the highest unmet need of family planning in Rajasthan. It was found that 99.2 per cent of the currently married women in the age group of 15-49 years knew any kind of modern method of family planning in the state. The contraceptive prevalence rate (CPR) for any method had changed marginally by 6.6 per cent points from 40.3 to 46.9 per cent from DLHS-1 to DLHS-2 and it has increased by 17 points to 58.1 per cent in DLHS-3. Unmet need for spacing is 17.3 per cent among the younger women in the 15-24 years age group while for limiting, the figure is 6.1 per cent; it means older women are not interested to get pregnant may be due to social taboos. It is seen that the mean age at marriage in the north-eastern region is 17.4 years, and nearly 42 per cent of the marriages occurred below the legal age of marriage. It is observed that age of women, their place of residence, religion, education level, wealth index, media exposure, number of live-births, and experience of child-loss were significantly associated with the unmet need of family planning across the state and among the regions. Muslim women have the highest (23.9%) unmet need than other religions in Rajasthan. Illiteracy was high among Muslims in the state. Due to availability of health care facilities and services including private facilities in the urban areas, there is a low unmet need in the urban areas in comparison to rural areas. The gap between unmet need for spacing and limiting is very large in cases of women who are illiterate while gap is less among women with education of 5-9 years, 10 years and above. Total unmet need in Rajasthan is 16.8 per cent among the women without exposure to media, while it is 14.5 per cent only those having media exposure. The means of possible solution to meet the unmet need of family planning services advocated by the authors include delay the age at marriage, identifying all pregnant women in the population and offer them the basic desired health care services.

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UTILIZATION OF IMMUNIZATION SERVICES IN TWO DISTRICTS OF HARYANA: BENEFICIARIES' PERSPECTIVES

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ABSTRACT

Universal immunization was introduced in India in 1985 following a successful start under the global expanded programme on immunization in 1975. This descriptive study was conducted in two districts of Haryana viz. Gurgaon and Faridabad. The sample comprised 400 mothers having children of 12-23 months old. Confidential in-depth interview method was used to collect data from the sample respondents. It was observed that out of total 400 children, 70.5 per cent are fully immunized, 26.00 per cent are partially immunized and 14 (3.50%) are non-immunized in both the districts of Faridabad and Gurgaon. On probing further to find out the utilization of immunization services, it was found that 282 (65.96%) were males and the rest 34.04 per cent were females. Out of the total partially immunized children, a majority of 104 (60.58%) were males and 39.42 per cent were females. Distribution of immunization status by the religion of the mothers of the infants show that out of 386 children who were fully or partially immunized, 75.4 per cent of the Hindu children were fully immunized in comparison to 54.54 per cent of the children belonging to other religions. Similarly, out of the 386 children, 48 belonging to general category, 140 SC, 7 ST children and 87 OBC children were fully immunized whereas 7 general category children, 58 SC children, 1 ST child, and 38 OBC children were partially immunized. The researchers have noted that out of 400 children in the age group of 12-23 months in the two districts, overall 70.5 per cent had received immunization under the universal immunization programme while 14 (3.5%) children were not immunized at all. It is also seen that more males (74.7%) had received any vaccination in comparison to their female counterparts (70.1%) which reflects that people are less concerned about the well-being of the girl children.

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MALE INFERTILITY WITH SEMINAL HORMONES

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ABSTRACT

Male infertility is a multi-factorial disorder. With the progress in infertility management, newer technologies such as in-vitro fertilization (IVF) came into existence. It became more relevant to study the factors which might interfere the IVF process in any way. Immunological factor is one such factor, present in male or female genital tract fluid or in blood plasma; and they are found to be interfering with the processes in IVF by inhibiting the steps in successful fertilization. Immunological factor is found to be present in approximately 10 per cent of the male patients and it generates anti-sperm antibodies either systemically in blood or locally in seminal plasma or cervical mucus. These antisperm antibodies can impair the fertilizing capacity of human spermatozoa, acting negatively on sperm motility and cervical mucus penetration and at the level of in-vitro gamete interaction. In the Andrology Out-patient Clinic of the National Institute of Health and Family Welfare, test for presence of anti-sperm antibodies is done in the patients with either abnormal post-coital test, auto-agglutination of sperm in ejaculates or in case of asthenozoospermia. The span of the current study is over 7 years and the immunological factor is tested in blood and semen of the male partners of the infertile couples. The researchers then tried to establish a relation of the presence of anti-sperm antibodies with that of hormonal levels present either in blood or semen such as testosterone, progesterone, estradiol and cortisol. The findings of the research reflect the presence of higher percentage of anti-sperm antibodies in the semen is associated with the altered seminal hormonal levels.

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HUMAN RESOURCE MANAGEMENT IN PRIMARY HEALTH CARE SYSTEM

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ABSTRACT

Qualified and motivated human resource (HR) is essential for a qualitative and robust health care delivery. Understanding the constraints and difficulties of health managers is essential for effective and efficient management of health care services. The present study is aimed at understanding the various constraints and difficulties of human resource management (HRM) in the public health sector. A descriptive study was carried to assess the views and opinion of the Mission Director- NRHM, Directors Health Services, Director Family Welfare, Chief District Medical Officers (CDMO) and primary health care (PHC) providers through a semi-structured interview schedule. Findings revealed that planning for regular vacancies is not done at the district level. Only the contractual staff is hired at the district level by the district health societies. Policy makers believe that contractual staff delivers relatively better under pressure, and the principle of 'hire and fire' works better as far as contractual staff is concerned. Other important findings are that present central civil services rules, recruitment methods, appraisal system, reward and punishment, etc. are not sufficient to handle the management issues related to human resource. Managing HR requires the urgent attention of the policy makers enabling an organizational culture for optimal use of the potentials of the human resource. Adopting good practices of human resource management would motivate health personnel for effective health care delivery system. A differential human resource policy is suggested to manage the problems of discontentment and low motivation among the regular and contractual staffs.

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