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The Cut and Dump Approach: Inhuman Tubectomy Camp

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Organising camp for providing contraceptive services to a large number of people at one place has been a significant feature of the family planning programme. Table 1 would make the thrust of the camps very clear.

Table 1: Share of Tubectomies to Total Sterilization

Sterilization	1978-79	1984-85	1989-90	1990-91	1991-92	1992-93
Vasectomy (in lakhs)	3.9	5.5	3.4	2.6	1.7	1.5
Tubectomy (in lakhs)	10.9	35.3	38.5	38.7	39.2	40.9
Total (in lakhs)	14.8	40.8	41.9	41.3	40.9	42.4
%age of tubectomies to total sterilization	73.3	86.5	91.8	93.8	95.7	96.5

Source: Annual Report 1993-94, Ministry of Health and Family Welfare, Govt. of India, p.64-A.

One can see from the above table that tubectomy (female sterilization) has outstripped vasectomy (male sterilization). But this should not give the impression that tubectomy is resorted to more because it is conducted meticulously. The reality is not so.

I witnessed very recently a camp for "Tubectomy operation" in rural Bihar. The camp was jointly organized by community health centre and a reputed local NGO. The place selected was an abandoned old school building, which was not only in a dilapidated condition but seemed to collapse any movement. The building obviously had broken windows; the room was not well ventilated and was also not properly lighted.

At first glance it appeared to like a mela on the middle of the field with young boys peeping through the window and witness the 'tamasha' in the building. It soon became apparent that women were being registered by a paramedic and were kept standing with small children in their arms, waiting for their turn for tubectomy.

On inquiry I was informed that the head of NGO and chief medical officer have able to gather 34 women for this camp and it seemed half of them had already more than three living children.

Entering the room, to my horror, it appeared that surgical instruments were being sterilized in an ordinary oven and the same oven was being used for preparing snacks for community health staff. Women were made to lie down on a high level cot (which was rather very uncomfortable). There were four cots in a row with hardly any space in between. There was no curtain of any sort to cover the women undergoing operation. The surgeons performing did not seem to be bothered at all for violating "asepsis Technique during surgery. As there was dearth of cots, women had to get up quickly as the operation was complete. They were made to sit on the floor. And soon the next "prized catch" was placed on the cot.

On inquiry it also appeared that there was no provision of to transport the targets of tubectomy. These women went to their homes on foot. The distance they had to had to trudge soon after tubectomy to reach their homes was anywhere between 4 and 6 km. This is in nutshell the overall picture of a family planning camp now going on in the country.

The rural folk, especially women, are silently being subjected to this sort of "inhuman treatment" in the name of "Family Planning Programmes" It is truly a coerce-coax, careless, cut and dump approach. At the end of 20th century when one talks about "high-tech Medical Interventions" to reach Health for All by the year 2000 A.D. this is a shame. We can only hope that better sense would prevail tomorrow.