Letters to the Editor

Family planning and contraception in Tongoleleka village, Kingdom of Tonga (PHD 4(1) 1997)

I must thank this fellow for his interest to conduct this study in this tiny village of Tongoleleka. Apparently, he had a large study sample for Tongaleleka village only, but it seems the weakness of the study lies with the sample design and method of selection of the sample, but not the sample size. Also, there was inconsistency in the method of the study where "..questionnaire was given to any potential respondent..", and "..the spouse was interviewed if the head of the 'apikolo was absent." There is lack of standardization on the method of data collection.

Even though there may be very few prior specific studies on family planning in Tonga as mentioned, the author had not quoted any reference to any of the Ministry of Health's reports on Family Planning, nor any oral communication with those people managing the MCH/FP program in Tonga. This program is one of the few well-run program in the Kingdom by the Ministry of Health's Maternal, Child Health/Family Planning section (MCH/FP). It is an UNFPA funded program since early 1970s. During the period of this study, November 1991-February 1992, radio programs on contraceptive methods have been actively aired every week from Nuku'alofa for the whole of Tonga, including Tongoleleka village. Tongoleleka does not have its own radio station, not even the whole of Ha'apai for that matter. Therefore, what the author referred to under the section 'Source of contraception information' that "information on family planning or contraception are rarely disseminated through mass media or through informal sources like friends or relatives" is total absurd. Perhaps, the author stayed too long with what Wolff stated 20 years ago to date of study and came to do the study with that preconceived ideas in mind. This could also be highlighted by the fact that even the record of the contraceptive methods used by clients in the record book of MCH/FP section of the Ministry of Health, Ha'apai was not used for comparison with what came out of the author's study, and not even just to mention whether the author sighted the record.

Of course, the messages concerning contraception and related issues have to be planned, worded and presented in the most appropriate manner using culturally sensitive language, and is best presented by someone who has authority of the subject especially in small communities like Tonga where everyone may have some idea of who is who. The emergence of HIV/AIDS further enhance the concept of condom usage as not only as a contraceptive but a protective shield from being infected from sexually transmitted diseases. Health talks on these and related issues have broken up the so-called 'tabu' in many areas and create open dialogue on issues never thought possible before. In Tonga, including Tongoleleka, the Ministry of Education includes Health as a compulsory subject in the mainstream curriculum up to Form 2 level at the time of the study. Communicable diseases, including HIV/AIDS, is a part of it.

Throughout the paper there are many single case description. This reader finds some of these cases unnecessarily detailed as of urinating/douching after sexual intercourse.

Painstaking explanation of some of the outcome of the study leads on to a confusing tangent, and perhaps if more tables were constructed, a lot of those explanations will not be needed. However, this reader considers that the value of these single description lies more with strengthening of health education and promotion, counseling and recounseling to help solve individual problems. For example: responsibility over contraceptive information should be shared, and men should be more involved; attitude of women to having children until they are menopause, and leaving it to the Almighty to control should be changed. Also, practicing non dependable methods of contraception like withdrawing, urinating and douching after sexual intercourse, should be discouraged, and emphasis should be on more modern and scientifically proven methods, either temporary or permanent.

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I suppose the use of term 'turnover' in the section of "Turnover of contraceptive usage" refers to usage. However, the author stated that 'the methods with least turnover for women are abstention and ovulation, whereas breast-feeding and withdrawal feature for men'. This is contradictory in the sense that men do not breast-feed, and maybe the author meant not for the usage but for knowledge that breast-feeding be a contraceptive method. Also, the same question is raised when observing Table 2: Turnover in contraceptive usage among Tongoleleka respondents, in the column for Male respondents, and method used included breast-feeding, pills, loop, injection (/depoprovera), and ovulation. The table could have been better understood, more informative, and may be more comparative if the concept of every user, never user and current user was adopted. That would also give us the contraceptive prevalence rate, even the discontinuation rate of each method. To

find the reasons for discontinuation of a contraceptive method will also provide information for health education and promotion purposes.

The reader does not agree with the author saying that the 'size of the family in the village was declined' in comparison to the KAP study in 1970. The 1970 KAP study to which this study was compared to was a national study while this one was for Tongoleleka only. However, I may tend to think that perhaps Tongoleleka's family size may be truly decreased considering factors like the strong emphasis on family planning practices since the beginning of the 1`970s. The same argument applies to the average age at first childbirth of Tongoleleka women as older (24.4years) compared to Tongans in 1970 (21.8 years). They cannot be directly compared.

In the conclusion, the author stated that 'the full potential of the service is not realised by the Government...', but this Tongoleleka study does not justify that statement unless the full potential of the service refers only to the family planning service in Tongoleleka only. The MCH/FP service needs emphasis on couples, and not just females only. This emphasises the general need to groom men of this generation to be more sensitive towards their women in issues pertaining to their welfare.

Family planning is no longer just a distribution of contraceptives and their usage. It should be an opportunity for couples, particularly women, to determine their fertility and improve their reproductive health. It is the duty of health personnel to educate and make people realise that the responsibility to overcome the obstacles and the difficulty in the use of contraceptive methods lies with realising their objectives.

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Endoscopy and Heliobacter in Tonga

In 1997, at the Vaiola National Hospital in Tonga, only seven upper endoscopies were performed, and no biopsies were taken. The prevailing opinion amongst doctors was that peptic ulceration was largely due to excessive use of non-steroidal anti-inflammatory drugs. It was common practice to treat patients who presented with epigastric discomfort or gastrointestinal bleeding with H2-antagonists.

However, during the nine month period from February to October 1998, the author performed 42 endoscopies with biopsies for Helicobacter pylori when indicated. Helicobacter was detected using a half Gram stain and direct microscopy. A summary of this experience is presented in Tables 1 - 3.

Table 1. Indication for endoscopy

Pain	32
Gastrointestinal bleeding	7
Pain and vomiting	3
Total	**42**

Table 2. Endoscopic diagnoses

Duodenal ulcer (DU)	11
Gastric ulcer (GU)	1
DU & GU	2
Stomal ulcer (previous gastrectomy)	1
Gastritis	2
Oesophagitis and/or hiatus hernia	4
Other*	6
Normal	15
Total	**42**

** Oesophageal varices, pyloric stenosis (malignant), pyloric spasm, gastroparesis, small bowel obstruction, old blood (source not seen)*

In addition, 8 patients without visible ulcers were biopsied because of a strongly suggestive clinical history. Of these, 2 had Helicobacter present.

Although the numbers are small, this data suggests that Helicobacter is a major cause of peptic ulcer disease in Tonga, as elsewhere. Recent work in Samoa has produced the same findings[1]. Previous experience with endoscopy in Tonga[2] and peptic ulcers[3] would support presumptive teeatment of Helicobacter.

When Helicobacter is present, a two week course of triple therapy is given, consisting of Amoxicillin 500mg tds, Metronidazole 400mg tds, and De-Nol (Bismuth) 2 tablets tds. Tetracycline may be used instead of Amoxicillin if there is a known allergy to penicillin. These drugs are readily available in the Pacific and are not expensive.

When endoscopy is not available and there is a strong suspicion of peptic ulcer disease on clinical grounds, it is reasonable to prescribe triple therapy. Obviously other aetiological factors must be identified and managed accordingly, and differential diagnoses such as gastric cancer and oesophageal varices must be considered, depending on the presenting problem. Also, the serological test for Helicobacter may be an option for those in remote areas where there is no endoscopy, but the cost-effectiveness of this approach is yet to be determined.

Table 3. Helicobacter in ulcer patients

	Number	Number biopsied*	Helicobacter present
DU	11	8	6
DU & GU	2	2	2
GU	1	1	1
Stomal ulcer	1	1	1
Total	15	12	10

**3 patients with DU not biopsied due to biopsy forceps problem.*

In summary, Helicobacter does exist in the Pacific and local doctors should know how to treat it.

Thanks to Dr. Siale 'Akau'ola who performed the histological examination.

References

1. Watson K, Asaua M, Dean S. Upper gastrointestinal endoscopy in Samoa and a changed protocol for peptic ulcer. *Pacific Health Dialog*, 1999, 6(1). 35 - 38

2. McFie A, Finau SA. Endoscopy in Tonga. *Tonga Public Health Newsletter*, 1979; 3(1):26-32

3. Puloka D. Peptic ulcers in Tonga. *Tonga Public Health Newsletter*, 1977, 2(2):10-20

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PHD March 1999 (Vol. 11). The paper 'An Evaluation of the Functioning of the Fiji National Drug Policy '. The authors were **A. A. Azam, M. C. E. Bailey, B. P. Ram, D. Saunders.** The last three authors were inadvertently left out. We regret this omission and apologise unreservedly.