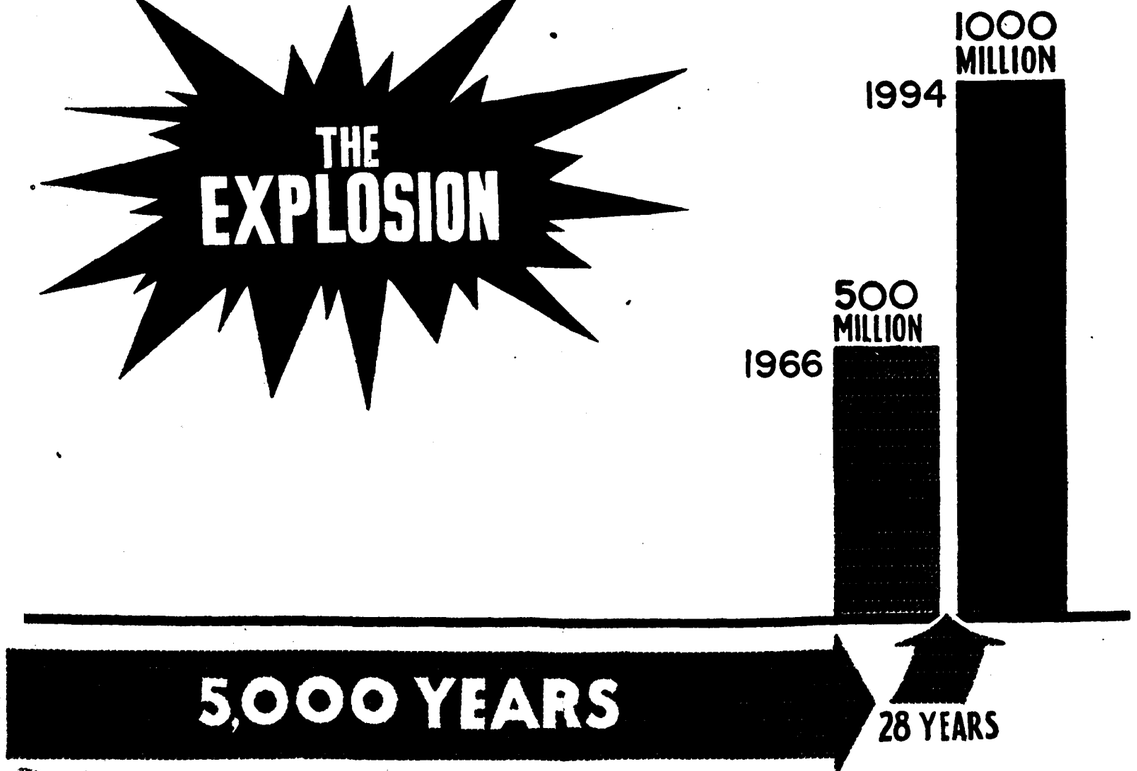
A DANGER SIGNAL

"Our population has crossed the five hundred million mark. This is a danger signal which we can ignore only at our peril."

—S. RADHAKRISHNAN

THE EXPLOSION



THIS booklet deals with India's population explosion—a threat more serious than any military invasion. It deals also with our efforts to meet this threat through our Family Planning Programme, the largest and the most difficult programme of its kind ever undertaken.

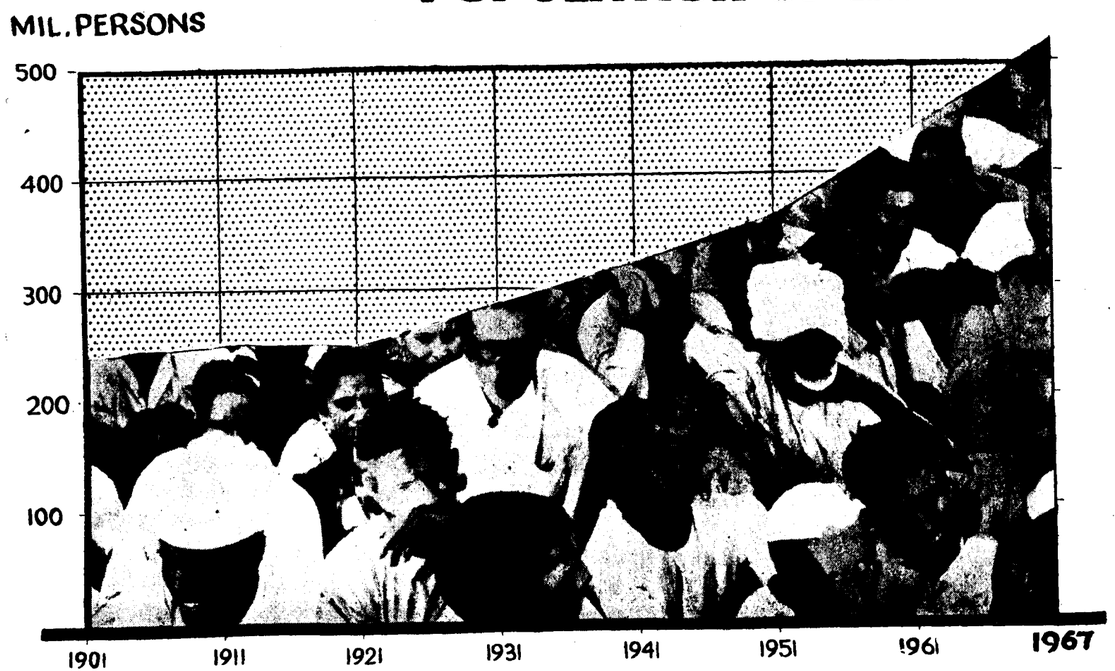
In these pages, the Ministry of Health & Family Planning has attempted to set forth the enormous dimensions of our population problem. We have tried also to reveal, with candour, the major difficulties we must overcome to ward off the possible economic and social disaster that could result if we permit the present alarming population increases to go unchecked.

Our programme is still relatively new and there is not yet sufficient awareness among us of this menace to our country's economic and social future. Our President and Prime Minister have called attention to the danger, and our Government is giving the highest priority to meeting it.

The purpose of this booklet is to explain the "danger signal," of our population problem, as our President, Dr. Radhakrishnan, has put it, and to urge that we can avoid this danger only through the greatest effort by the greatest number of us.

S. Chandrasekhar
Minister of Health & Family Planning

POPULATION OF INDIA



THE PROBLEM

OUR population problem does not consist merely in the increase in numbers of people. The real meaning, and the menace to the welfare of us all, lies in the effect of this rapidly increasing population on our ability to provide the essentials of life to everyone.

The population problem is : such limited resourses for so many people, no matter how much we progress economically.

The consequences, which may well descend upon us within the next ten years, are starvation for millions, widespread unemployment and the denial of schooling and occupation for countless number of young boys and girls.

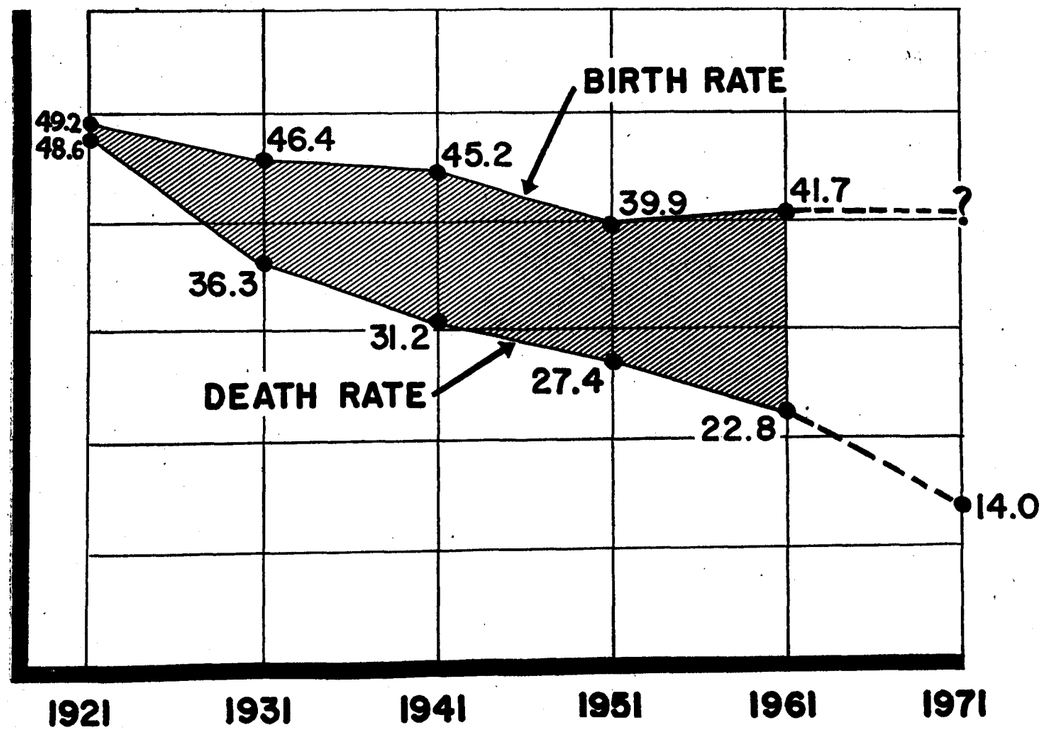
If that happens, the time will be too late for any action.

Here are the facts that are creating this critical situation :

Our population has already crossed the 500 million mark. More than 50,000 babies are born every day. We add to our population more than 12 million people every year. It took thousands of years, until 1966, for our population to reach 500 million but at the present rate of growth, our population will double itself within the next 28 years.

The main cause of this extraordinary growth in our population is not excessive births: it is our victory against death and disease. Our achievements in controlling communicable diseases and improving health services have steadily brought down the death rate, from 27 per 1,000 in 1951 to 16 today, while the birth-rate has

THE PROBLEM



remained about the same. Life expectancy at birth has risen from 32 years in 1950 to 50 years in 1966. Thus our huge population is multiplying every day. As a result, there are 20 million births a year and about eight million deaths, giving us an annual increase of about 12 million in our already huge population.

The results are obvious ; much of our effort to raise the standard of living of our people through successive Five Year Plans is being nullified.

Our achievements in various development areas have been significant. Food production increased from 55 million tons in 1951-52 to about 72 million tons in 1965. However, because of our swelling population, the amount of food available for each person decreased from 12.8 ounces in 1950-51 to 12.4 ounces in 1965-66.

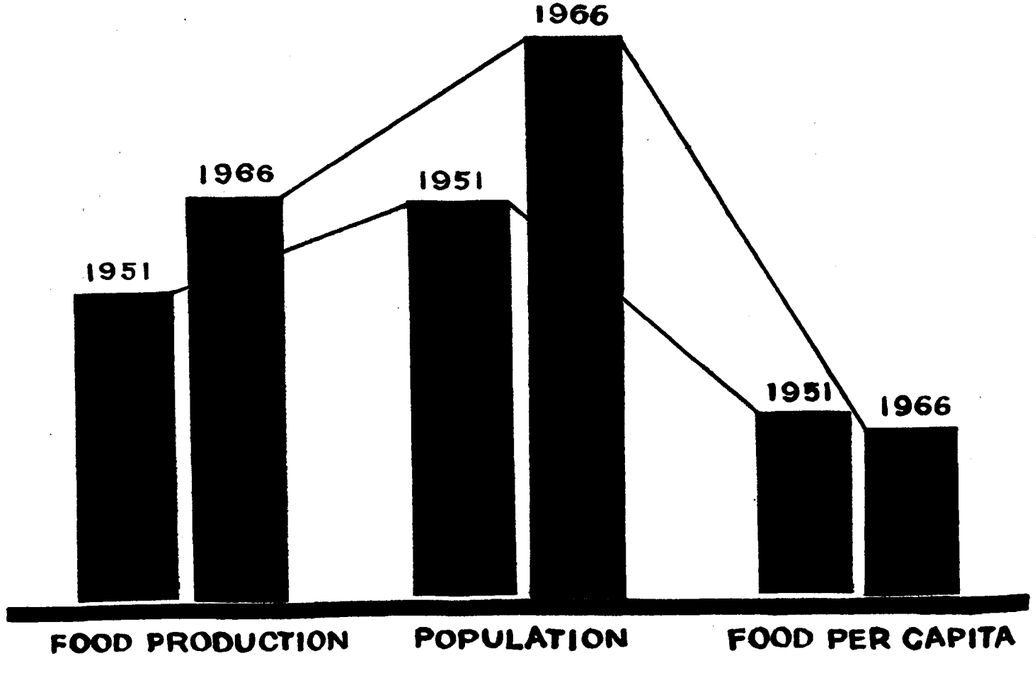
At the beginning of the First Five Year Plan our unemployment backlog was 3.5 million. In spite of 31 million additional jobs created by the end of the Third Plan, unemployment rose to nearly 10 million.

Although education facilities expanded by 300 per cent, with 67.5 million children going to schools in 1965-66, compared to 23.49 in 1950-51, there were 63.8 million children (6—11 years old) not going to school at the end of the Third Plan.

The growth of population, besides neutralising all developmental efforts, brings distress to the community, to the family and to the individual. In the words of our Prime Minister, "to plan when population growth is unchecked, is like building a house where the ground is constantly flooded."

Our health programmes are being pursued with greater effort to ensure a fuller life to our people. This will lead to a further decline in the death-rate and an even bigger population explosion. What then needs to be done ? The remedy is to reduce the number of births. This will not mean denying children to any family; it will ensure that we will have children who can be provided reasonable opportunities in life. This will not only contribute to the material betterment of the individual family, but will also enable our nation to provide greater hope and opportunity for our children.

HOW MUCH FOOD for each PERSON?



In order to stabilise the relationship between population and life's essentials, we must bring our birth-rate down from 40 to 25 as quickly as possible.

We have 90 million couples in the reproductive age group who must accept the small-family norm. To achieve our target, at least 50 per cent of them must actively practise family planning. If this happens, the number of babies born every year will decrease, and 10 to 11 million fewer children will be born by 1976.

At present, about half a million births are being prevented annually as the result of past efforts.

OUR PAST EFFORTS

WE have put in a steadily increasing effort into the Family Planning Programme.

In the First Five Year Plan, 147 Family Planning clinics were set up in the country. In all, a sum of Rs. 14.5 lakhs (1.45 million) was spent for setting up clinics and on the distribution of educational literature.

In the Second Five Year Plan, a nucleus organisation was set up at the Centre and in the States. Voluntary sterilization was introduced and distribution of conventional contraceptives was taken up. Persons in the lower income groups were supplied free contraceptives and those in the higher income brackets were provided contraceptives at subsidised rates. An amount of Rs. 2.2 crores (22 million) was spent during the Second Plan and the number of clinics increased to 4,165.

In the Third Five Year Plan the programme received a clear and emphatic recognition. The programme was reorganised, shifting the emphasis from the "clinic approach" to the "extension approach". Which means that advice and services are taken to the people, involving wherever possible, local leaders and voluntary organisations.

Full financial assistance was provided to the States for training, education, research, sterilization and publicity activities and all non-recurring expenditure. Financial assistance up to 75% was provided for other

recurring expenditures. An amount of Rs. 27 crores (270 million) was allocated for this programme in the Third Five Year Plan, and almost all of this was utilised.

Mobile units for performing sterilization in rural areas were introduced and by the end of the Plan 1.47 million operations had been performed.

Cabinet Committees on Family Planning were set up at the Centre and in some States. A Department of Family Planning was established in the Union Ministry of Health.

An intra-uterine contraceptive device, the Loop, was added to the programme in July, 1965. A factory for the manufacture of Loops and inserters was set up in the public sector at Kanpur, Uttar Pradesh. Self-sufficiency in chemical contraceptives was achieved.

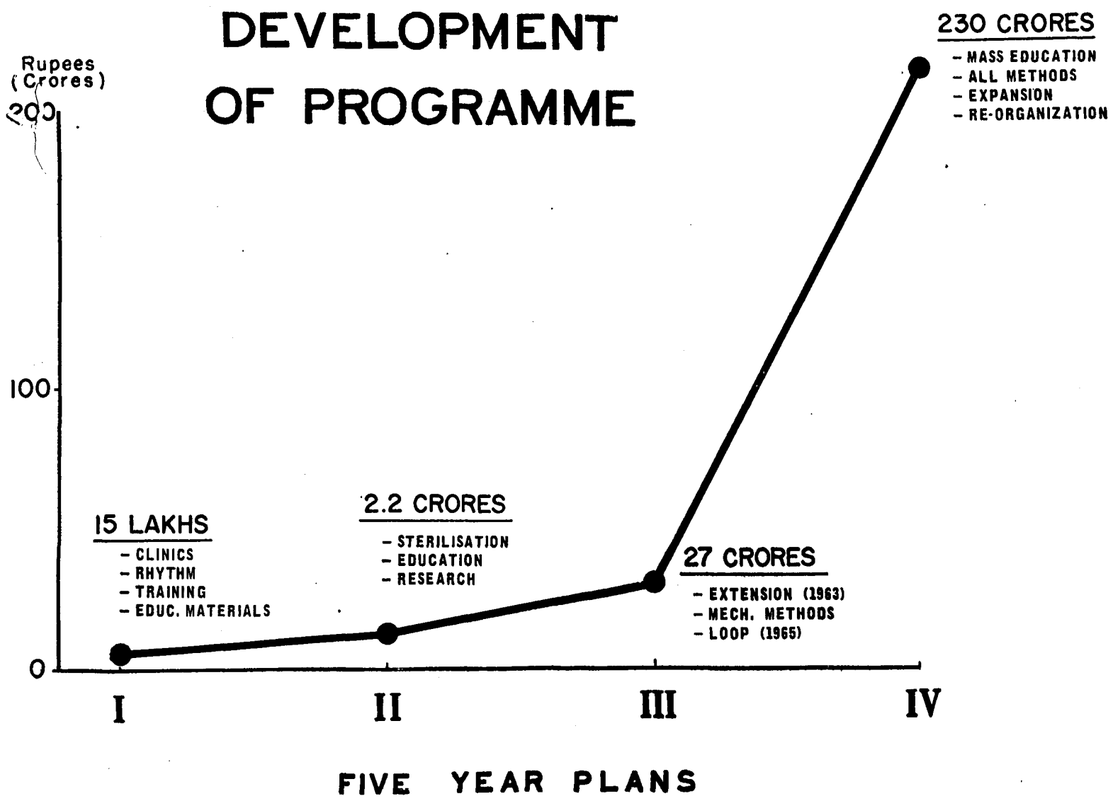
Condom manufacture was started in the private sector; in the last year of the Plan, production reached a rate of 70 million condoms a year.

Sanction was given for setting up 44 training centres in the States, but only 27 were established.

PRESENT POSITION

WITH the launching of the Fourth Five Year Plan on April 1, 1966, the Government of India have accorded "top priority" to the programme which has now been taken up on a "war footing". As against an allocation of about Rs. 27 crores (270 million) for the programme during the Third Plan, the allocation during the Fourth Plan is about Rs. 229 crores, (2,290 million) which is about eight times the allocation in the previous plan.

In view of the urgent need for population control, it has been decided that all-out efforts will be made to reduce the birth-rate to 25 per thousand as early as possible.



The first step to achieve such a challenging objective is to have a "target oriented time-bound programme", so that the progress could be assessed from time to time and remedial action taken as and when necessary.

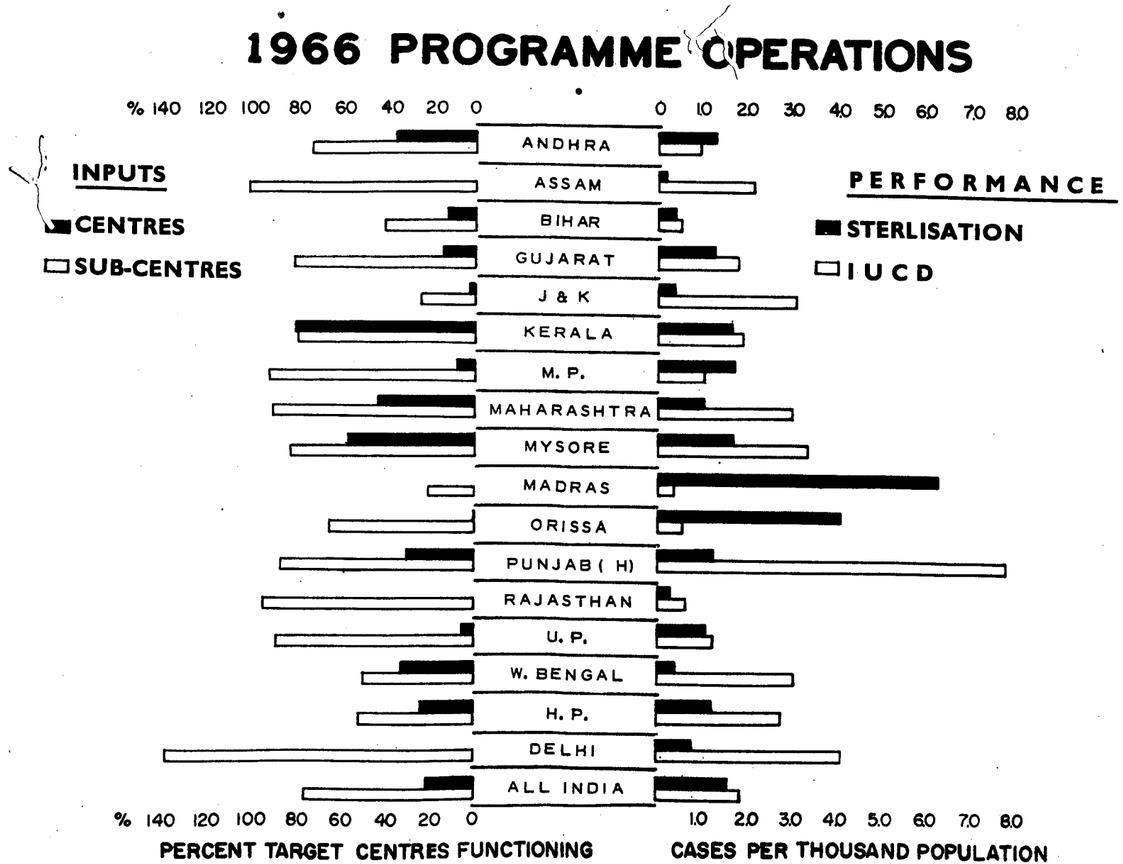
While targets have been laid down for various methods, it has also been emphasised that the programme cannot be restricted to any one or two methods. Full emphasis is, therefore, laid on all approved and known methods ranging from abstinence to sterilization, which have to be explained to the people in order to enable them to make their own choice.

It is a clear stipulation of the programme that there is no compulsion or force. It depends on the voluntary acceptance of the people. Mass education and motivation of the people, not only to accept but adopt the norm of a small family, therefore, has a very important place in it. A broad-based programme of mass education has accordingly, been formulated for the Fourth Five Year Plan.

The organisation is being strengthened at all levels for effectively meeting the administrative, services, educational and training needs of the programme. Research and evaluation are also being further intensified.

Health, including Family Planning, is a State subject and the States are autonomous in organising these activities. However, in view of the importance of the programme, Family Planning has been kept as a centrally sponsored scheme and the Central Government is providing full financial assistance for all the non-recurring and some of the recurring expenditure and 90% assistance for other recurring expenditure.

The States have also been assured that the schemes taken up during the Fourth Five Year Plan would not become the committed expenditure of the States after the plan period, but that the central assistance would continue on a long term basis, at least for the next ten years. Some of the States have already taken necessary action to strengthen the programme and have achieved good results. Others are also now catching up.



STERILIZATION PROGRAMME

THE voluntary sterilization programme originated in 1956, started gaining momentum in 1962, becoming more popular each year throughout the country.

During the first five years of the programme, a total of only 147,006 operations were performed. However, since 1962, the number in every single year has exceeded the total of the first five years.

In 1965-66, a total of 542,472 operations were performed. The data for 1966-67 is not complete, but during the twelve months ending December 31, 1966, a total of approximately 781,000 sterilization operations were recorded. Since the inception of the programme by December, 1966, about 2,098,000 operations had been performed giving a cumulative rate of 4.18 per thousand population.

About 90% of all sterilizations are male operations (vasectomy) and 10% are female operations (tubectomy). It is gaining acceptance every day, and during the last three months of 1966 the number of acceptors was greater than that for the I.U.C.D. programme.

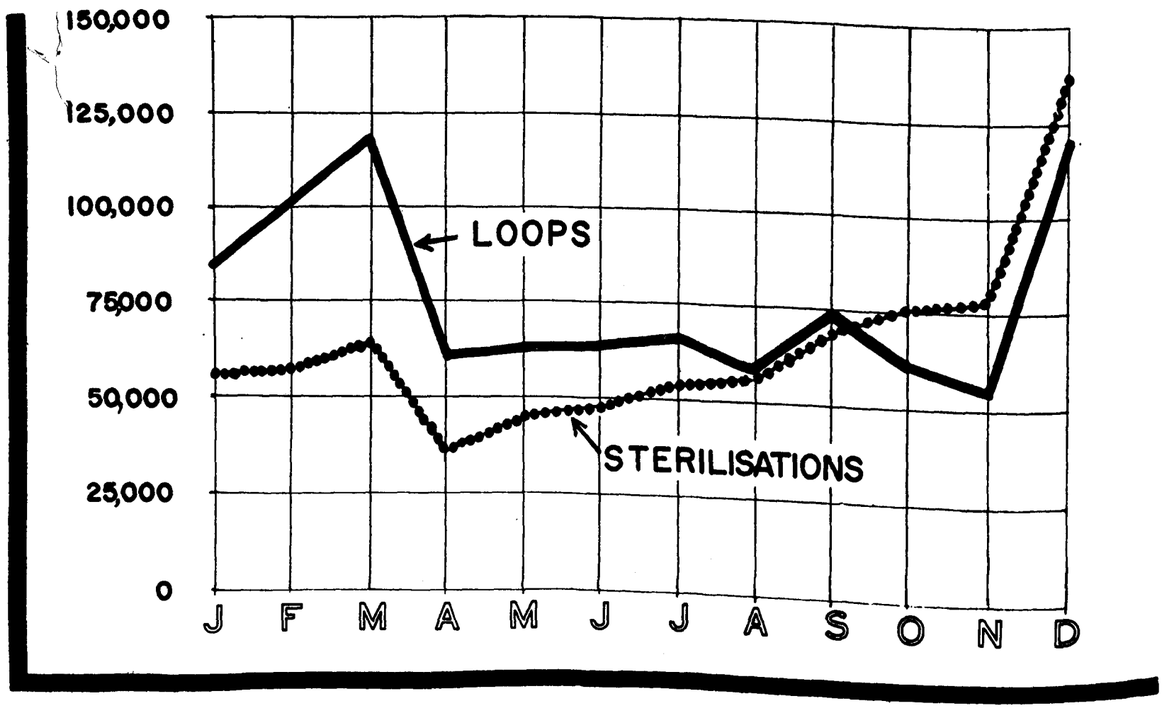
I.U.C.D. PROGRAMME

THE Intra-uterine Contraceptive Device (the Loop) was introduced as a new method of contraception only in July, 1965. It gained rapid popularity and by the end of March, 1966, more than 800,000 insertions had been performed.

During the twelve months ending December 31, 1966, approximately 952,000 women accepted the Loop, bringing the cumulative total to about 1,445,000.

The programme in 1966 received a set-back because of some adverse propaganda. However, these difficulties are being gradually overcome and the programme is regaining momentum as demonstrated by the

LOOPS & STERILISATIONS - 1966



success of the Family Planning Fortnight held in December, 1966. More than 123,000 I.U.C.Ds were inserted during that month : a new record.

ORGANISATION AND ADMINISTRATION

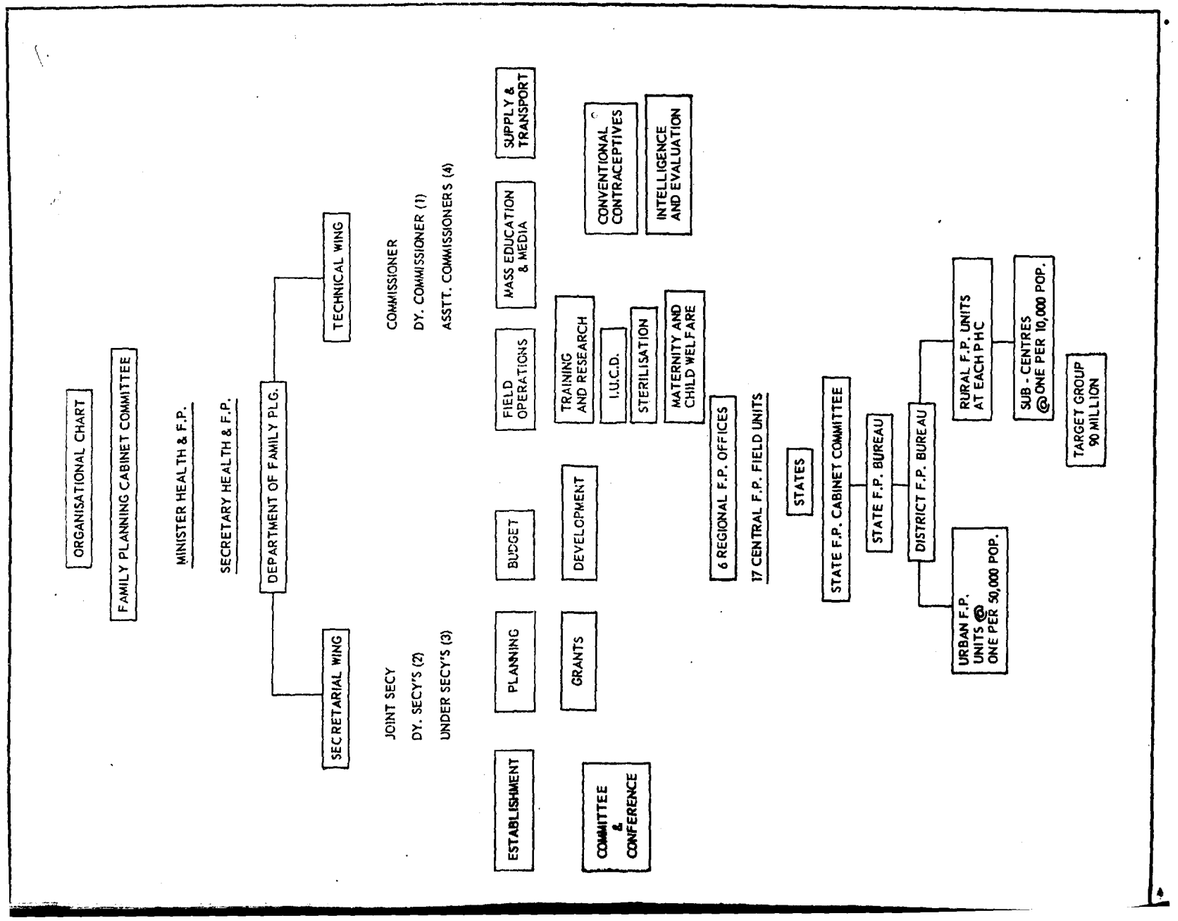
IMPLEMENTATION of a programme of such magnitude and complexity requires adequate organisational set-up, both at the Centre and in the States.

At the Centre the post of Director (Family Planning) was created in 1952 but sanction of additional staff for the growing programme was rather slow. In the Second Plan one Assistant Director and two Regional Family Planning Officers were sanctioned, but the post of Assistant Director was filled up only in the Third Plan, October, 1962. Towards the end of the Third Plan some additional posts were created at the Centre.

Similarly, although some posts were sanctioned at each State Headquarters, there was no well organised set up at lower levels. Family Planning Centres were opened in urban and rural areas without the necessary machinery for proper planning, implementation and supervision at various levels.

It is only in the Fourth Plan that a well-organised set up has been sanctioned at the Centre by the creation of a Department of Family Planning. The Secretariat Wing is headed by a Secretary and the Technical Wing is headed by a Commissioner, Family Planning.

In 1963, however, a critical review of the programme was made, and sanctions were issued for strengthening the organisation in the States. Family Planning Bureaux were created for each State, District and Primary Health Centre and for urban areas. In the rural areas the family planning programme was put into the Primary Health Centre complex and was integrated with the maternity and child health programme. For better coverage, the number of rural sub-centres was raised from 3 to 6 for each Primary Health Centre. This was later raised further to one sub-centre for every 10,000 population.



Similarly, the pattern for an urban centre was modified to provide centres in towns with less than 50,000 population.

With the introduction of a new contraceptive device, viz., the Loop, additional staff was sanctioned. Additional staff has also been sanctioned for intensifying the mass communication and education programme, both at the State and District levels. Central sanctions were issued last year but the posts have not yet been sanctioned by many State Governments. In other States some posts have been sanctioned but not yet filled.

The main difficulty appears to be the delay in sanctions by the State Finance Departments for posts recommended by the Government of India.

Another difficulty is lack of trained personnel, particularly Medical Officers, Mass Education Officers and para-medical workers like Auxiliary Nurse Midwives. One measure to meet the shortage of doctors, specially women doctors, is the creation of a "Central Family Planning Corps" by the Government. These doctors, after training at the Centre, are being made available to the States according to their requirements. The Government of India is also offering scholarships to 1,000 lady medical students in medical colleges each year on the condition that they serve in the Family Planning Programme for the period for which they avail the stipend.

TRAINING

PROVIDING good quality job-orientation training is the single most critical problem confronting the programme.

Each one of the 1.25 lakh programme personnel must himself be convinced of the urgent necessity to curb the disastrous rate of population growth. Each must be aware of his role in it and possess the skills for doing the job effectively. It is a gigantic training task.

A comprehensive training programme has been developed in consultation with the States. It provides for training of 1,500 key personnel at the State and District levels in five central institutions. The remaining 1.24 lakh field workers are to be trained at the State and District levels.

The philosophy of the Plan is that the trainers required for the various training institutions should themselves be trained first.

At present the States and Districts cannot fully take up this responsibility due to the fact that only 27 of the 46 State training centres, for which the Union Government gives full financial assistance, are functioning.

However, the existing 27 training centres have so for trained 2,680 doctors and 8,845 other workers in long term courses and 7,714 doctors and 6,012 other workers in short term courses.

The 27 State centres need 270 trained persons. Presently, however, only 91 persons are in position. Out of these, only 69 have been trained.

The key staff for the training programme at the District level consists of the Family Planning Officers and District Extension Educators. Only 63 of the required 336 Family Planning Officers and 161 of the 672 Extension Educators have so far been trained.

The Central Family Planning Field Unit assigned to each State fills the gap in the training resources at the State and the District levels. The resources of State Health Education Bureaux and medical colleges are also being mobilised.

The State Governments are imparting training in the I.U.C.D. technique to the doctors, including private practitioners, medical graduates and internees.

A basic two-year course in 299 ANM schools is organised for training Auxiliary Nurse-Midwives. Up to

the end of 1965 the total number of students under training was 9,795. Under the re-organised Family Planning Programme, the total requirement of ANMs is 54,618.

At present, 11,718 trained ANM's, including midwives, are in position in Primary Health Centres and sub-centres.

The yearly admission capacity of 5,329 is being augmented by opening more ANM training centres in the States.

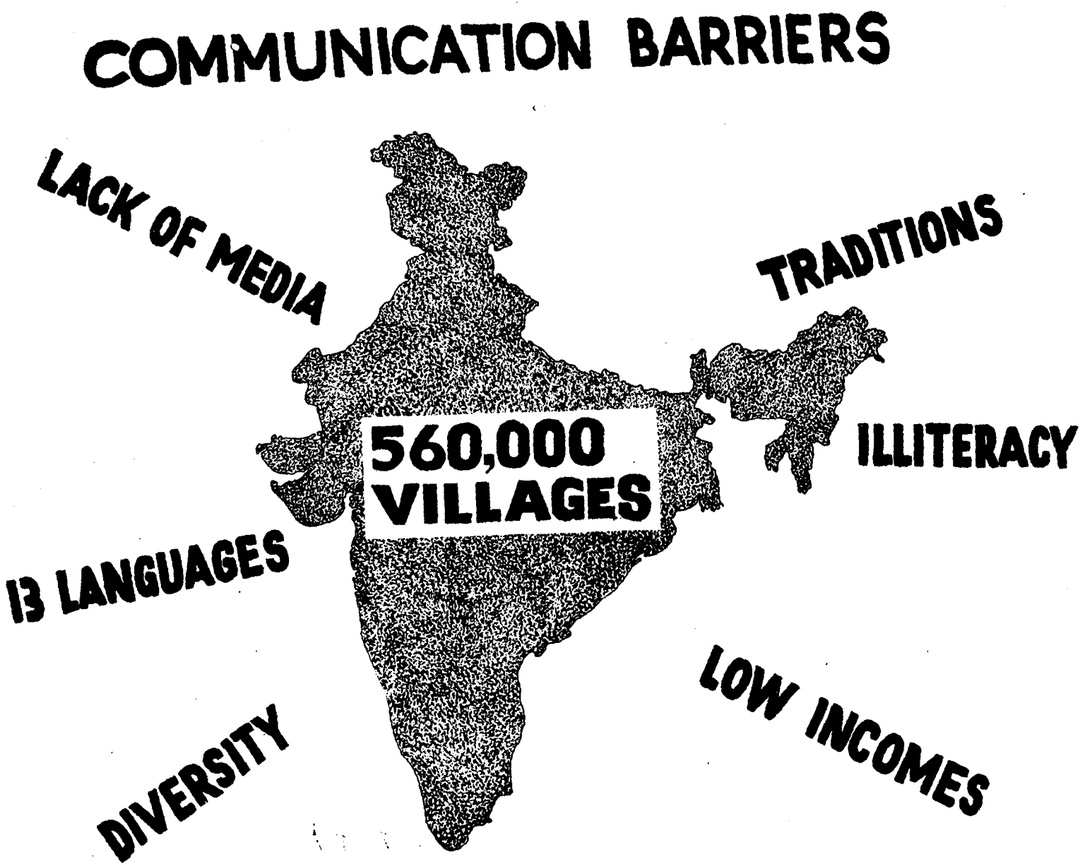
MASS COMMUNICATION AND EDUCATION

THE success of our programme will depend in great measure on the extent to which we can spread sufficient awareness of Family Planning and motivate people to practise birth control.

This communication task is extremely difficult. Information and knowledge must be made to flow throughout the country, to the cities and towns, to the 560,000 villages and to every one of the 90 million couples in the reproductive age group. In addition, a large volume of technical information must be disseminated to to all types of workers within the total Family Planning Organisation. Contact must also be maintained with political, religious and social leaders.

This job must be done through the mass media, through group communication and through face-to-face personal contact.

The communications task is made difficult by many circumstances. Above all, we lack communication channels and facilities and trained information and extension education personnel. The population is spread over 560,000 villages, and the logistics required for reaching such a vast audience are enormous. Our population is diverse in culture and language. There is wespread traditional resistance to change.



A total of approximately Rs. 10 crores is allotted during the Fourth Plan for the mass media programme alone.

For direct extension education work in the field, more than 75,000 workers have been sanctioned, plus 66,200 for supervision and technical assistance at the Block, District and State levels.

MASS COMMUNICATIONS

IMPORTANT steps have been taken to spread awareness and interest concerning family planning. All available media are being utilized, and some new approaches have been evolved.

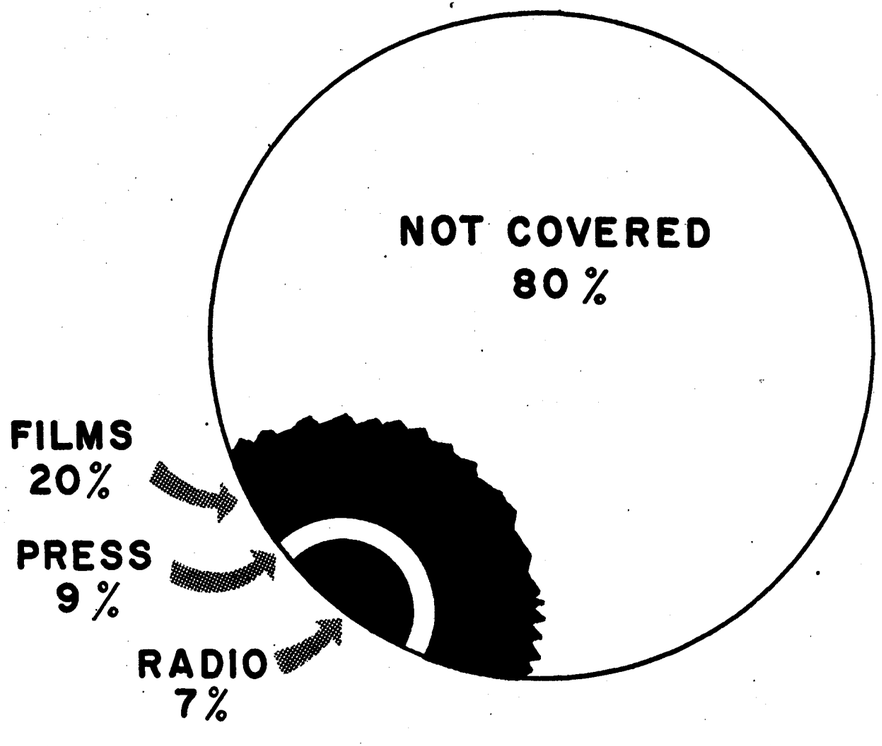
However, most of the mass media are greatly limited in effectively taking the necessary messages to the large target audience in the rural areas. Press, radio and films do not cover most of the rural areas where 80% of the population lives.

For this reason, the Department of Family Planning is seeking possible new ways to reach quickly to the villages, to make sufficient numbers of persons conscious of their own need for family planning, and anxious to utilize family planning services.

Two important decisions were made in evolving the strategy for mass communication under the existing conditions :

1. To provide effective support to the programme, the media units of the Ministry of Information and Broadcasting are being strengthened. Twentyseven per cent (Rs. 2.7 crores) of the mass education budget in the Fourth Plan is allotted for this purpose. It covers production in the Directorate of Advertising and Visual Publicity, Films Division, Press Information Bureau, All-India Radio and Song and Drama Division.

LIMITATIONS OF MASS MEDIA



2. Since the States have full responsibility for the action programme, 70% of the mass education budget is allotted to them.

The present programme of mass education comprises, among others, the following activities :

1. *Radio* — Special Family Planning cells are being established in 22 stations of All-India Radio. Family Planning Programmes have been multiplied both in regular broadcasting and through Vividh Bharati.
2. *Press* — More and more information is being disseminated through newspaper stories, commentaries and advertisements.
3. *Films* — Approximately 12 films of various lengths and themes have been produced for exhibition in commercial theatres. These are now being shown through the Field Publicity Mobile Vans of the Ministry of Information and Broadcasting and the States. For Family Planning, one van for each district has been sanctioned and efforts are being made to put them in the field as fast as possible.
4. *Outdoor Publicity* — Using basic designs and slogans developed at the Centre, the States have begun to erect hoardings and instal busboards. The Department has adopted a simple, easily recognisable and easily reproducible symbol, the Red Triangle, to help the people, mainly those who are illiterate, to identify the location of family planning facilities and to become aware of their presence. This symbol will also be used on contraceptive supplies, on vehicles, on the clothing of field workers and at contraceptive distribution depots.

EXTENSION EDUCATION

THE extension educators in the field must complete the communications task by directly motivating married couples to adopt Family Planning. These very important persons who work in rural and urban areas have a complex and difficult task.

People must be helped to appreciate the full significance of over-population as it affects their own lives

and the future of their children. Married couples in the reproductive age group must be persuaded to limit the size of their families, must be informed of methods and services that are available and must be helped to select the method best suited to meet their personal need. Before they act on their choice, many couples will require reassurance and evidence of community approval of their decision.

Once action is taken, follow-up of all acceptors is necessary to make sure instructions are understood and there are no problems.

Because of the intimate nature of the programme, emphasis is placed on individual and small group discussions, although all other methods of community education are employed, including meetings, film shows, exhibitions and other direct means of communication.

While all-out efforts are being made at all levels, success in this programme can be achieved only if it becomes a "people's programme". This requires the active cooperation and collaboration of all social and voluntary organisations and leadership groups — social, political and religious leaders and others.

All-out efforts are being made to enlist the support and active participation of the voluntary organisation and leadership groups at all levels. Full financial assistance is being provided to all voluntary organisations for promoting the Family Planning Programme. Special efforts are being made to secure the participation of the leadership groups. The scheme of honorary education leaders has been re-organised and strengthened. It is now proposed to have one honorary education leader in every State, every District and every Block. Besides, part-time group leaders are also proposed for areas where intensive programmes are to be launched. At the village level, provision is made for one *Parivar Kalyan Sahayak* and one *Sahayika*. These leaders are actively participating in the programme at different levels and assisting in creating the desired climate for accepting the programme.

Good results are being obtained in localities where a full complement of well-trained staff are in position and adequate supervision is given.

The places where a sustained all-out educational effort is made are still too few in number to begin to effect a decline in the birth-rate.

In some States, financial sanctions have not yet been given for all personnel that are required, while in others there is delay in recruitment.

SERVICES AND SUPPLIES

SERVICE

IN the rural areas 5,400 Rural Family Planning Centres, mainly attached to Primary Health Centres, have been opened to provide contraceptive services and information.

In addition, 8,500 sub-centres of the Primary Health Centres and 8,400 medical facilities of various types have been involved in distributing conventional contraceptives and motivational work.

In urban areas, 1,260 Family Planning Centres are functioning. These are run by State Governments, local bodies and voluntary organisations.

About 800 other medical institutions are offering Family Planning services. These, however, do not have special staff.

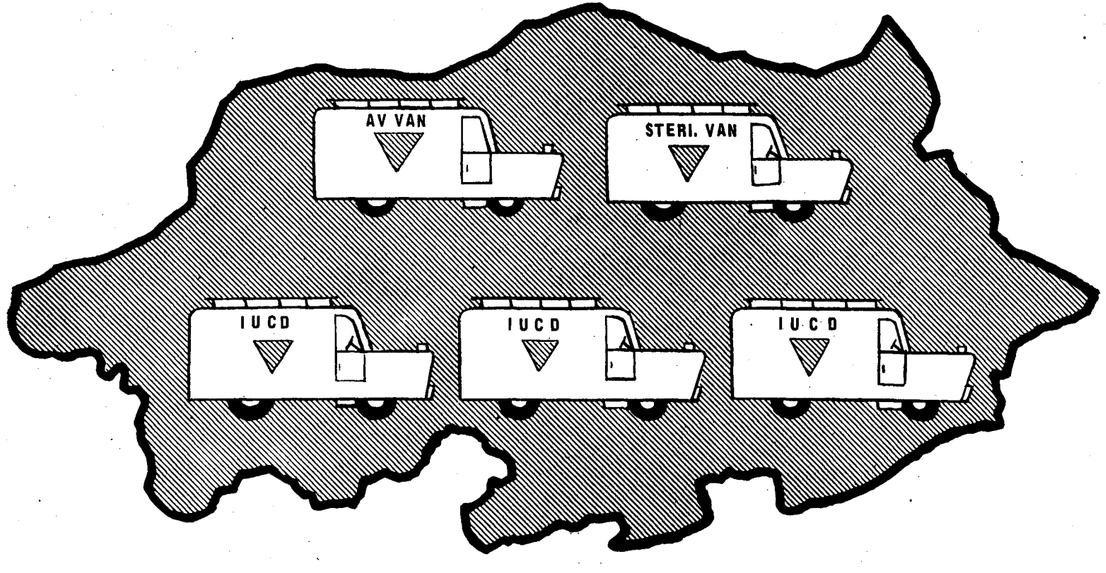
Steady progress in increasing the number of centres is being made. Their effectiveness is increasing as sanctioned staff is recruited, trained and posted. The target number of centres is 7,200 compared with the present total of 5,500 now functioning in both the urban and rural areas.

The target number of sub-centres of Primary Health Centres is 41,000.

Naturally, it will take some time before these facilities are established and become effective.

VEHICLES

AV VAN - ONE // STERILISATION - ONE // IUCD - THREE



One DISTRICT = 5 VANS

335 DISTRICTS = 1675 VANS

SUPPLIES

EXCEPT for procurement of vehicles and condoms, provision of supplies presents no serious problem.

The I.U.C.D. factory in Kanpur is performing well and ample stocks of I.U.C.D. and inserters are available throughout the country. Surgical instruments, supplies and required medicines are, with exceptions, available indigenously in required quantities and qualities.

The same is not true for major items of audio-visual equipment. Though film projectors, small generators and tape recorders are being manufactured in the country, these are not of the required quality.

Vehicle procurement deserves special mention because the Loop and Sterilisation programmes have been seriously hampered by the shortage of vehicles at the District level.

The situation will ease soon, as sanctions have been issued for providing in each District for every 5 to 7-1/2 lakhs population one van for sterilisation, one for publicity work and one for I.U.C.D. insertions.

Conservative estimates of future potential demand indicate that, given necessary promotional stimuli and the expansion of the distribution network, the consumption of condoms will multiply many times over the present low level of about 30 million pieces per year.

Steps are now being taken to develop this potential by greatly expanding present programmes and adding new ones.

These steps will sharply increase condoms supply requirements over the next few years. Fortunately, indigenous production will largely meet this demand at least after two or three years.

Four factories have been recently established in the private sector. So far only one of these has been able to produce condoms of consistently good quality in appreciable quantities. This firm is now

in the process of increasing its capacity from 37 to 112 million pieces a year. The other units, which are much smaller, are now importing modern testing equipment which will enable them to produce good quality condoms also. The combined output can thus be expected to reach 150 million pieces a year before long.

This supply will be supplemented, beginning at the end of 1968, with the output of the public sector enterprise, Hindustan Latex Limited. This factory, now under construction at Trivandrum, will produce 144 million pieces a year initially. The factory is being built to quickly double the production. Land is available for further expansion, if necessary. As a result of this scheme, the nation will be self-sufficient in condoms within about three years, even if the most optimistic forecast of future demands materialises.

In the short run, the import of condoms must continue, and even be increased to match the rising demand. To this end, through a global tender floated some time back, a contract for 21-1/2 million condoms was placed with a Japanese firm and the first lot of nearly 3 million pieces is expected to arrive shortly. Another indent for 50 million pieces is now being processed by the DGS & D.

As a result of all these actions, the Department has ensured that there is no shortage of condoms at any time.

RESEARCH AND EVALUATION

INDIA, being the first country to launch a government sponsored programme of such a vast magnitude, had to find answers to innumerable questions.

Research in different aspects of the Programme—bio-medical, demographic, communication, social and operational—has been supported since the inception of the programme.

The overall strategy of the programme has been influenced continuously by major research findings.

Research, during the First Five Year Plan was reviewed and coordinated by the *Research Programmes and Policy Committee* set up by the Government of India and consisting of eminent scientists. Subsequently, three high powered committees—The Demographic Research Advisory Committee, The Communication Action Research Advisory Committee and The Technical Advisory Committee and The Technical Advisory Committee of the Indian Council of Medical Research—were set up to coordinate research in the respective fields.

At present, there are nine demographic research, nine communication action research and eight bio-medical research centres in the country.

We have already assembled some valuable information from Indian studies on the methodology in demographic research. Subsequently, a standard fertility survey manual was developed to make comparable the findings of various studies carried out anywhere in the country.

A pilot study on the direct mailing of printed material carried out by the Central Family Planning Institute, New Delhi, has shown that direct mailing can break the barriers of illiteracy and holds great potentialities.

A number of attitude surveys carried out in different parts of the country indicate that about 60 per cent of the population are favourably inclined towards the 'small family norm'.

Some studies have been carried out to determine the influence of various social factors on the acceptance or otherwise of the programme.

The bio-medical research began with the setting up of the contraceptive testing unit in Bombay. Various other laboratories have also undertaken study of existing contraceptives and development of new ones.

It was on the basis of careful studies carried out under the auspices of the Indian Council of Medical Research that the I.U.C.D. was accepted for mass use. Currently, further I.U.C.D. studies relating to size, long-term effects, mode of action, measures to counteract bleeding, etc. are in progress.

A study is also in progress in regard to oral contraceptives.

A study has been carried out by the Central Family Planning Institute in Meerut District to find out the practical possibilities of promotion and distribution of condoms through normal trade channels. Results obtained so far are promising.

The national programme has grown because of the continuous feeding of research findings into programme operations. An allocation of Rs. 53 million has been made for research in the Fourth Five Year Plan.

While the ultimate success of the programme lies in lowering the birth-rate to 25 per 1000, it is necessary to assess periodically the pace and direction of the programme. Such measurements are made from examinations of fertility rate, number of sterilizations, Loops inserted and contraceptives distributed, numbers of persons trained, changes in knowledge, attitudes and practices, and other factors.

Necessary statistical staff has been sanctioned for the Block, District and State Family Planning Bureaux for collection and analysis of data. Periodic returns from these different levels in regard to insertions, sterilizations and offtake of conventional contraceptives provide a measure of progress.

Pilot studies indicate changes in knowledge and attitudes of the people.

The sample registration scheme of the Registrar General keeps track of changes in fertility in the community.

A comprehensive evaluation was undertaken by the Family Planning Programme Evaluation and Planning Commitee during the Third Five Year Plan. This Commitee's report pointed out the strengths and weaknesses of the existing programme and suggested further line of work.

LOOKING AHEAD

AT this stage of the Family Planning programme, it would not be possible to predict with certainty that we will reach our goal of 25 per thousand population birth-rate in time.

At the present rate of progress and with the existing resources, there is a possibility that we may fall far short of our target. At the same time, we can expect a substantial natural increase in momentum as we pass the early stages of personnel recruitment, training and build-up of supplies and facilities.

Still there is validity in the argument that we have thus far been reaching only those couples who were already strongly motivated to adopt birth control measures. For example, the magnitude of the vast and difficult communications and motivation task still to be performed indicates that the methods and resources sanctioned may not be sufficient to accelerate the programme to the desired pace.

The Department of Family Planning is fully conscious of the programme deficiencies described in this booklet and is giving full attention to rectifying them. It is also constantly seeking to introduce innovations in the technology and management of the programme.

A new, safe and semi-permanent contraceptive method — such as a lasting injection or pill — could dramatically speed the programme to its goals. There are other possibilities which the Department is already considering :

1. Liberalisation of the abortion law to permit families to limit the number of their children without legal difficulty or physical risk.
2. Legislation to increase the age of marriage.
3. Cautious introduction of the oral contraceptive pill in accordance with the recommendations of the Indian Council of Medical Research in cases where the Loop does not suit the user.

4. Involvement of the country's private practitioners in the programme through a system of Government subsidy for their services.

5. A modern automatic system of direct mailing of family planning information to approximately two million of the country's opinion leaders including legislators, politicians, teachers, Government officers, industrialists, businessmen, merchants and village leaders.

6. Far-reaching distribution and promotion of condoms through our centres, depot holders and also commerical channels.

7. The fullest possible use of existing vehicles from other development programmes, and from all possible other sources, to give needed mobility to the clinical and communications services, to reach directly to the villages, rather than to establish a multitude of clinics.

The Family Planning Programme has wide suppport among the country's political, religious and social leaders. The Government has declared total war on the population explosion, to stave off the disastrous effects on our economy and our general welfare.

It is the largest programme of its kind in the world. The task is enormous and difficult. Our stake in its success is too great. It therefore deserves the fullest support and participation of the people.

POSITION REGARDING TRAINING CENTRES

States	Sanctioned by Centre	Sanctioned by States	Functioning	Staff Needed	Staff in Position
Andhra Pradesh	4	4	1	40	4
Assam	1	1	1	10	3
Bihar	5	5	2	50	16
Gujarat	2	2	5	20	15
J & K	1	-	-	-	-
Kerala	2	2	2	20	7
Madhya Pradesh	3	3	2	30	10
Madras	3	3	3	30	13*
Maharashtra	4	4	2	40	6**
Mysore	2	2	2	20	
Orissa	2	2	1	20	
Punjab	1	1	1	10	3
Haryana	1	1	1	10	
Rajasthan	2	2	1	20	6
Uttar Pradesh	7	4	2	70	6
West Bengal	4	2	1	40	5
Himachal	1	-	-	-	-
Delhi	1	1	-	-	-
	46	39	27	430	94

Designed and produced by the Directorate of Advertising and Visual Publicity, Ministry of I. & B., Government of India, for the Ministry of Health and Family Planning and printed by The Caxton Press Private Limited, New Delhi-1.

7/26/66 P-III English 5,000 April, 196