

**Family planning in India : a review of the progress in family planning programme, April 1956-November 1958 / [Directorate General of Health Services, India].**

**Contributors**

India. Directorate General of Health Services.

**Publication/Creation**

New Delhi : The Directorate General, [1959]

**Persistent URL**

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# FAMILY PLANNING IN INDIA



DIRECTORATE GENERAL OF HEALTH SERVICES,  
MINISTRY OF HEALTH, GOVERNMENT OF INDIA,  
NEW DELHI

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# FAMILY PLANNING IN INDIA

A review of the progress in family planning  
programme

*April 1956—November 1958*



DIRECTORATE GENERAL OF HEALTH SERVICES,  
MINISTRY OF HEALTH, GOVERNMENT OF INDIA,  
NEW DELHI

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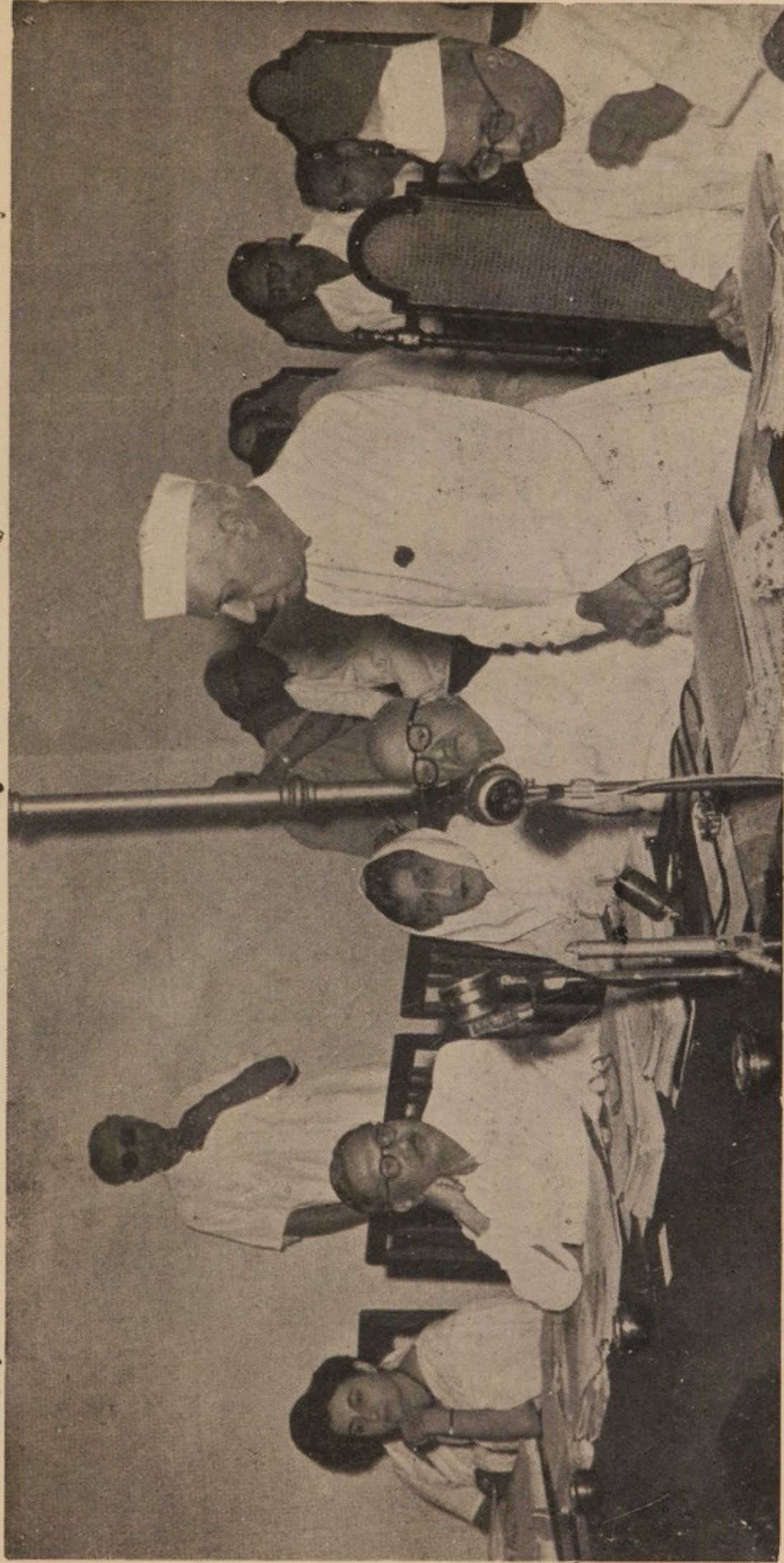
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## APPENDICES



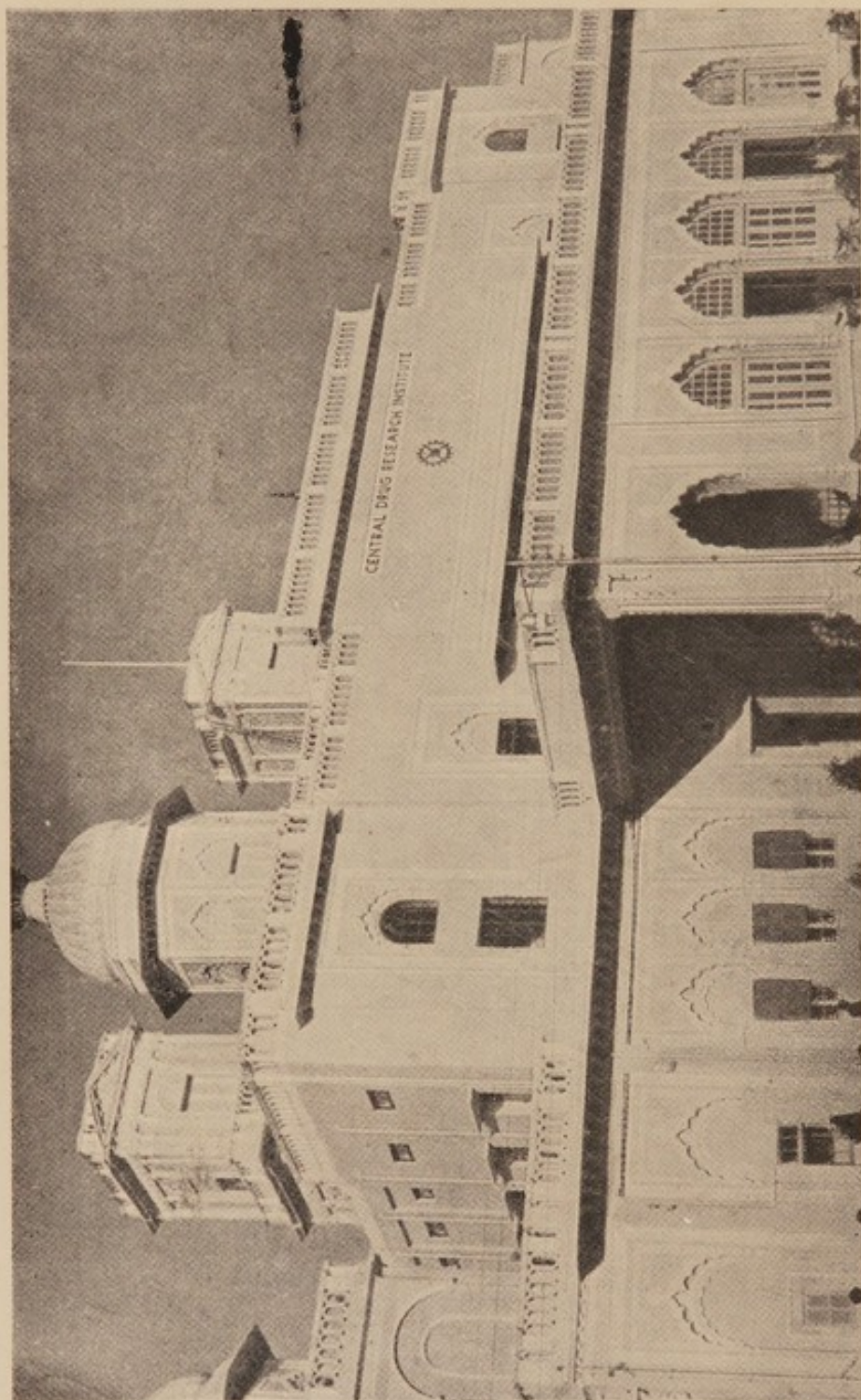
Shrimati Indira Gandhi, Dr. J. C. Ghosh, Rajkumari Amrit Kaur, Shri V. T. Krishnamachari, Shri Jawaharlal Nehru and Shri D. P. Karmarkar, at the second meeting of the Central Family Planning Board.



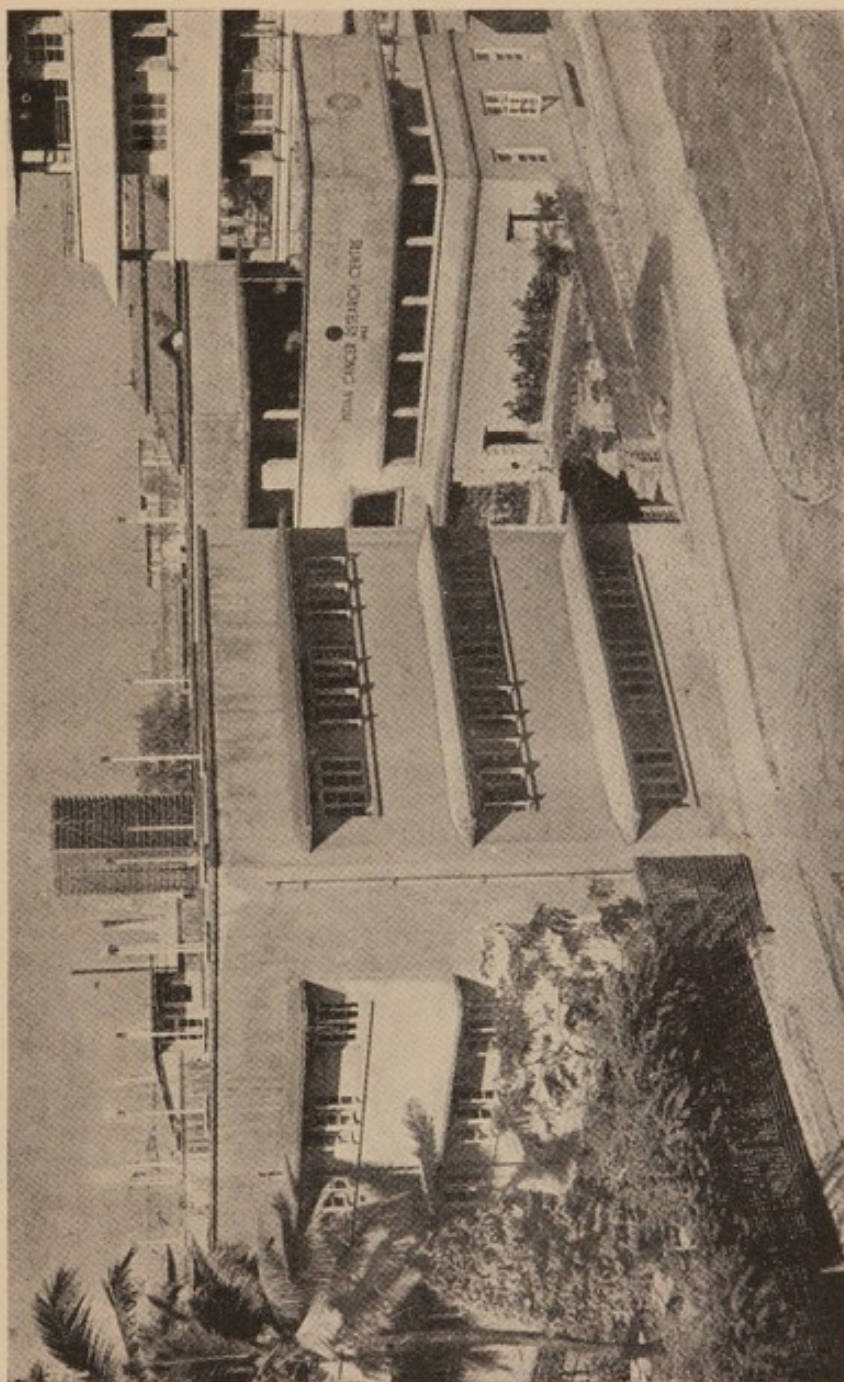
Shri V. K. B. Pillai, Chairman, Standing Committee of the Central Family Planning Board distributing certificates to family planning trainees at the end of a four week orientation training course.



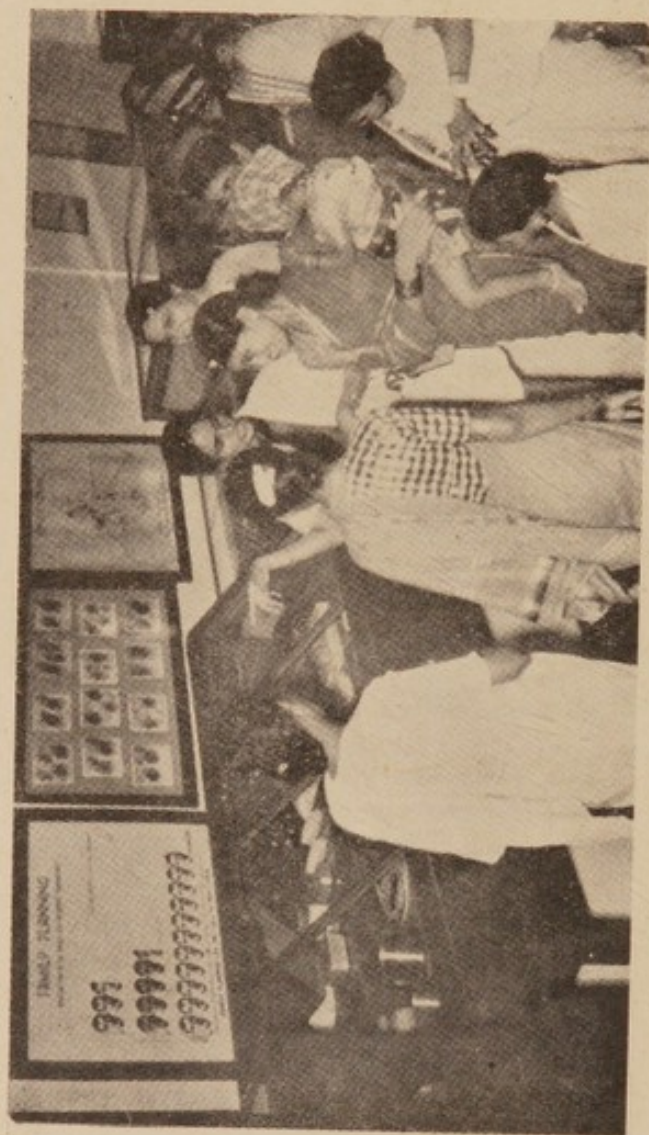
*All-India Institute of Hygiene and Public Health, Calcutta, where research on oral contraceptive is being carried out.*



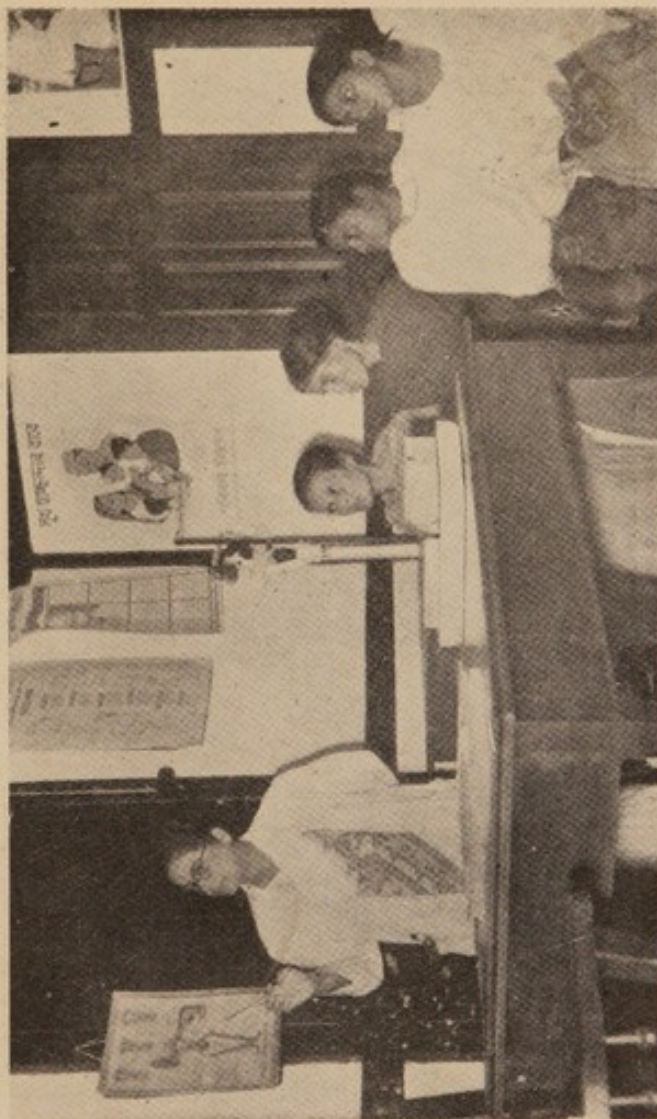
Central Drug Research Institute, Lucknow, where investigations on contraptives are also undertaken.



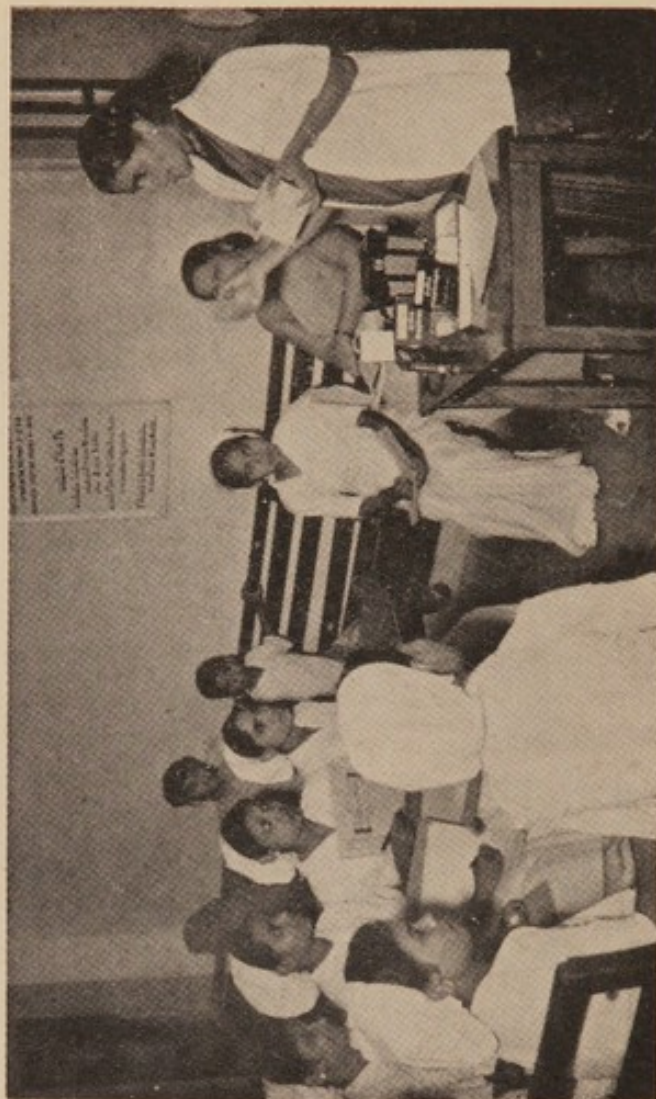
*Indian Cancer Research Centre, Bombay, where Contraceptive Testing Unit is located.*



*A family planning stall in an exhibition.*



Educating a group of women in family planning.



*Family planning training for nurses.*

## FOREWORD

For a number of years, voluntary organizations, in spite of their limited resources, were sponsoring family planning programme and a number of people in and outside legislature had advocated action by the State. The National Planning Committee of the Indian National Congress and the Health Survey and Development Committee appointed by the Government of India had suggested measures for giving advice on family planning. With the advent of Independence, momentous decisions were taken to raise the standard of living of the people. One of these important decisions included the policy to stabilize the population to suit the resources of the country.

On the recommendation of the Planning Commission, the Population Policy and the Family Planning Programmes and Research Committees were appointed and family planning programme was launched by the Government of India. During the First Five Year Plan period, the programme was started with caution and we devoted a great deal of attention to research. The family planning scheme during the Second Five Year Plan emerged as a vigorous action-*cum*-research programme.

The Central Family Planning Board was established on the 1st September, 1956. The Board had the advantage of the experience of the commendable efforts made in the past. It was obvious that without a sound Central Organization with its extensions in the States, the progress was not likely to be rapid. An Officer on Special Duty (later designated as Director, Family Planning) was appointed by the Government of India on the 26th September, 1956 and Central assistance was offered to State Governments to appoint State Family Planning Officers. This led to the formation of Family Planning Boards and appointment of Family Planning Officers in States. The first meeting of the Board was held on the 27th October, 1956 under the chairmanship of my distinguished predecessor, Rajkumari Amrit Kaur. Administrative and financial procedures were simplified. The rules for giving grants to voluntary organizations were liberalised. Contraceptives were offered free

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and at subsidised rates. Medical teaching institutions were urged to incorporate training in family planning in their normal courses of training. Research programmes for development of contraceptives, including oral contraceptives, and population problems were intensified. Emphasis was laid on training, education, co-operation of voluntary agencies and people's participation. Attempts were made to take advantage of all facilities, governmental and non-governmental, to implement the programme.

Family Planning was not conceived in the narrow sphere of conception-control. It was repeatedly emphasised that the term 'Family Planning' was broadbased and covered all measures that were conducive to the health and happiness of the family and the community, and family limitation being a major problem at present the emphasis was being laid on family size and family limitation. Development of family welfare services around family planning clinics was encouraged.

The following pages review the progress made during 1956—59. Contributions made in the past have also been included in order that assessment of current achievements can be made in a balanced perspective.

During the First Five Year Plan period, 21 rural and 126 urban clinics were established. Under the Second Five Year Plan (up to 30-11-1958) 473 rural and 202 urban clinics were started. The programme is being extended to the railway employees, to those covered by the Employees State Insurance Scheme, industrial labour and the armed forces.

A Family Planning Training and Research Centre at Bombay and a Family Planning Training, Demonstration and Experimental Centre at Ramnagaram in Mysore State have been established. A touring team also conducted training courses. *Ad hoc* training courses were also held. During the First Plan period, 67 persons were trained and during the Second Plan period (up to 30-11-1958), 2121 persons have been given instructions in family planning. The Medical Council of India has recommended incorporation of family planning in the courses of medical institutions.

A Contraceptive Testing Unit has been established at the Indian Cancer Research Centre, Bombay. Research in contraceptives is being carried out at the Contraceptive Testing

Unit (Indian Cancer Research Centre), Bombay, the All India Institute of Hygiene and Public Health, Calcutta, Central Drug Research Institute, Lucknow, the Pharmacological Department of the Lucknow University, the Institute of Post-Graduate Medical Education and Research, Calcutta, S.S.K.M. Hospital, Calcutta and Bacteriological Institute, Calcutta. A foam tablet has been developed at the Indian Cancer Research Centre, Bombay. Research on oral contraceptives has shown encouraging results. Manufacture of some of the contraceptives has been started in India.

A Demographic Training and Research Centre at Bombay and three Demographic Research Centres, one each at Calcutta, Delhi and Trivandrum have been established. The Indian Council of Medical Research have started medical and biological research on human reproduction.

The progress has been mainly due to the dynamic realistic approach, and support of the Planning Commission and a number of organisations and Ministries, growing co-operation of the State Governments, and acceptance of the programme by the people.

With the expansion of the family planning programme new problems seem to arise. Scientific developments and progress often lead to consequences beyond its immediate objectives. Anxiety has been expressed in some quarters about the cultural and moral side effects of the family planning programme. During dissemination of the philosophy of family planning in India, great care is taken that moral and cultural values are not affected. Proper general education, discretion in the manner in which sex education is imparted and careful selection of the personnel entrusted with the actual implementation of the family planning programme may safeguard these values. The family planning programme is essentially a health and welfare programme. Political, religious and ideological controversies are, therefore, avoided. The point of view of conscientious objectors to family planning is respected and appreciated. Family limitation advice is given on voluntary basis to those married couples who ask for it.

The very nature of family planning programme is such that the workers must carry out their duties unostentatiously. Education programme is mainly conducted by personal contacts individually and in groups by social workers. To make

family planning a way of life of the people requires a large number of voluntary social workers in organised groups at all levels—State, District, Tehsil and Village. A great deal of effort is required for this purpose. Some difficulties are inherent in all pioneering work. The progress made is commendable and I take this opportunity of expressing my appreciation of all workers in this field, especially of those in the remote parts of India who are working under obvious handicaps and difficulties. This is just the beginning. With hard work and missionary zeal I have no doubt that the programme will extend expeditiously.

*D. P. Karmarkar*

**[D. P. KARMARKAR]**

**Minister for Health, Government of India.**

# CENTRAL FAMILY PLANNING BOARD

## CHAIRMAN

Shri D. P. Karmarkar, Union Minister of Health.

## MEMBERS

Shri B. Gopala Reddy, Minister for Revenue and Civil Expenditure.

Shrimati Durgabai Deshmukh, Chairman, Central Social Welfare Board.

Shrimati M. Chandrasekhar.

Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India.

Shrimati Savitri Nigam, Member, Rajya Sabha.

Shrimati Renuka Ray, Member, Lok Sabha.

Shrimati Soundaram Ramachandran.

Shrimati Shakuntala Paranjpye.

Dr. J. C. Ghosh, Member, Planning Commission.

Prof. P. C. Mahalanobis, Hony. Statistical Adviser, Government of India.

Dr. S. C. Sen, Ex-president, Indian Medical Association.

Shri V. Sahai, Secretary, Planning Commission.

Shri V. K. B. Pillai, Secretary, Ministry of Health.

Shri O. V. Ramadorai, Deputy Financial Adviser, Ministry of Health.

Lieut.-Colonel Jaswant Singh, Director General of Health Services.

## SECRETARY

Lieut.-Colonel B. L. Raina, Director, Family Planning.

## FUNCTIONS

The Central Family Planning Board advises the Ministry of Health on the following matters:

- (i) Research and studies on interrelationship between economic, social and population changes on reproductive patterns, attitudes and motivations affecting the size of the family.
- (ii) Educating public opinion on matters of family planning.
- (iii) Advice and necessary service in family planning as an integral part of the public health activities through hospitals, health centres and clinics.

- (iv) Facilities for the training of personnel in family planning.
- (v) Formulation of schemes for the improvement of the health of mothers and children and for bringing about better conditions of family living.
- (vi) Research on, and production of contraceptives.
- (vii) Literature and periodicals in furtherance of the objectives of the scheme.

# STANDING COMMITTEE OF FAMILY PLANNING BOARD

## CHAIRMAN

Shri V. K. B. Pillai, Secretary, Union Ministry of Health.

## MEMBERS

Shri O. V. Ramadorai, Deputy Financial Adviser, Ministry of Health.

Lieut.-Colonel Jaswant Singh, Director General of Health Services.

Chief of Health Division, Planning Commission.

Lieut.-Colonel Barkat Narain, Adviser, Health programmes, Ministry of Community Development.

Shrimati Durgabai Deshmukh, Chairman, Central Social Welfare Board.

Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India, Bombay.

Shrimati Renuka Ray, Member, Lok Sabha.

## SECRETARY

Lieut.-Colonel B. L. Raina, Director, Family Planning.

## FUNCTIONS

The Committee undertakes the scrutiny of various proposals relating to family planning and deals with other cognate matters on behalf of the Board.

# DEMOGRAPHIC ADVISORY COMMITTEE

## CHAIRMAN

Dr. V. K. R. V. Rao, Vice-Chancellor, Delhi University.

## MEMBERS

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Shri P. J. Thomas, Member, Rajya Sabha.

Shri Ashok Mitra, Registrar General, India.

## SECRETARY

Lieut.-Colonel B. L. Raina, Director, Family Planning.

## FUNCTIONS

The Demographic Advisory Committee:

- (i) advises on research and studies on interrelationship between economic, social and population changes on the reproductive pattern, attitudes and motivation affecting the size of the family;
- (ii) advises on programmes of training and research keeping in view that such training and research will assist the Government to take economic and social action and thereby facilitate the sound national programme of reconstruction.
- (iii) co-ordinates demographic research schemes receiving financial assistance from the Government of India;
- (iv) reviews progress made in the centres receiving financial assistance from the Ministry of Health, and
- (v) examines and recommends proposals which may be received by the Ministry of Health for financial assistance for conducting demographic research.

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## SECRETARY

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## EARLY EFFORTS

The Family Planning Programme launched by the Government of India is the culmination of efforts of several centuries to improve the standard of living of the people and to ensure health and happiness of the families.

The anxiety about over-population does not seem to be unknown to the most ancient civilization. The growth of population was mainly checked by high death-rates. The progress in science and technology and the spirit of humanism checked these forces. People started to strive to increase their resources and to improve the standard of their living. The advances in technology offered the hope of considerable development of resources. But the natural increase of population offset these efforts and it seemed imperative to stabilize the population at a level, consistent with the requirements of the national economy. Family, as a primary unit of society, was also gradually rediscovered. It was realised that social environments to remove socio-economic handicaps of parents and children and a variety of facilities for families should be provided including assistance to adjust family size. The term family planning emerged as a service to cover all measures conducive to health and happiness of the family and the country. Family limitation being the major problem in India emphasis was laid on this aspect.

The basic facts, like qualitative and quantitative aspects of population problem, unlimited potentialities of reproduction, possibility of increasing resources but limitation of such efforts, and necessity of balance between the two for civilized existence; abortions, ill-health and even deaths of mothers and children in unplanned motherhood; emotional stability in removing the fear of uncontrolled pregnancy; nature's correctives of famine, flood and disease; family happiness inherent in getting children when they are wanted; importance of sex education and marriage counselling and guidance, were soon obvious.

A number of persons and organisations urged that the practice of birth control was necessary. In 1916 Sri Pyare Kishen Wattal published his book *The Population Problem in India* advocating family limitation. In 1925, Prof. Raghunath Dhondo Karve opened the first birth control clinic in Bombay. The Neo-Malthusian League was formed in Madras a few years later. On the 11th June, 1930, the Mysore Government issued orders to open the first Government Birth Control Clinic in the world. In 1932 the Senate of the Madras University accepted the proposal to give instructions on contraceptives and in the following year the Government of Madras agreed to open birth control clinics in the Presidency. In 1932, the All-India Women's Conference at its Lucknow session recommended that "men and women should be instructed in methods of birth control in recognized clinics". The National Planning Committee,

under the Chairmanship of Shri Jawaharlal Nehru, set up by the Indian National Congress in 1935, strongly supported family planning.\* At the invitation of the All-India Women's Conference, Mrs. Margaret Sanger visited India during 1935-36 and stimulated interest in the country in family planning.

On the 1st December, 1935, the Society for the Study and Promotion of Family Hygiene was formed with Shrimati Cowasji Jehangir as its first President. Dr. A. P. Pillai, a vigorous advocate for family planning, conducted training courses in 1936. In 1939 the "Birth Control World-wide" in Uttar Pradesh and Matru Sewa Sangh, Ujjain, in Madhya Pradesh opened birth control clinics. In 1940 Sri P.N. Sapro successfully moved a resolution in the Council of States for the establishment of birth control clinics. About this time Shrimati Rena Dutta toured extensively to organize birth control campaign on behalf of the Family Planning Association, London, with varying success. By 1940 the Society for the Study and Promotion of Family Hygiene had become the Family Planning Society incorporating the Bhagini Samaj Birth Control Clinic in Bombay. World War II interrupted organized activities in the field of family planning.

The Health Survey and Development Committee under the Chairmanship of Sir Joseph Bhore appointed in 1943 by the Government of India recommended provision of birth control service but mainly for health reasons.†

In 1949 the Family Planning Association of India was formed in Bombay under the Presidentship of Shrimati Dhanvanthi Rama Rau.

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\*The Committee recommended that : "In the interest of social economy, family happiness and national planning, family planning and limited number of children are essential and State should establish a policy to encourage these. It is desirable to stress as well as to spread knowledge on cheap and safe methods of birth control. Birth control clinics should be established and other necessary measures taken on this behalf and to prevent the use and advertisement of harmful methods. A eugenic programme should include sterilization of persons suffering from transmissible diseases of serious nature such as insanity and epilepsy."

†The recommendations of the Committee included :

- (i) When child-bearing is likely to result in injury to mother or infant there is every justification for use of contraceptives. In such cases, it should be the responsibility of Governments to provide instructions regarding contraceptives in all medical institutions;
- (ii) Supply of contraceptive requisites should be made free of cost, by the State to necessitous women when the practice is advocated for reasons of health ;
- (iii) State should have control over the manufacture and sale of contraceptives as in the case of food and drugs, and
- (iv) Assistance from public funds should be provided towards research for the production of a safe and effective contraceptive."

Some members of the Committee considered the giving of contraceptive advice on economic grounds to be justified. Others appreciated the importance of the relation of population to the economic resources of the country but felt that the action on promotion by the State of contraceptive practices for economic reasons which are objected to on religious grounds is only justified if supported by public opinion.

## FIRST FIVE YEAR PLAN

Soon after independence, momentous decisions were taken to raise the standard of living of the people. The Government of India appointed the Planning Commission in March, 1950\*.

On the 11th April, 1951 the Panel of Health Programmes of the Planning Commission appointed a Committee to report on population growth and family planning†. The members of the committee were: Shri R. A. Gopaldaswami, Dr. Gyanchand, Dr. A. C. Basu, Dr. Sushila Nayar and Shrimati Dhanvanthi Rama Rau.

In the meantime, Dr. Abraham Stone was invited to India under the auspices of World Health Organization by the Union Minister for Health, Rajkumari Amrit Kaur to advise on the establishment of pilot studies on the use of rhythm (or the safe period) method of family planning. The Indian Council of Medical Research also held a symposium on the 19th November, 1951 and recommended the establishment of a broad-based research committee, on medical and technical aspects of human reproduction which would work in close co-operation with the Central Government and the Planning Commission. Shri R. A. Gopaldaswami, Registrar General, had very forcefully brought out the necessity for birth control in Census Report. Dr. T. Lakshminarayana, Adviser, Health Programmes, Planning Commission, surveyed the existing conditions in the country and formulated proposals. On the 10th April, 1952 the report of the sub-committee on Population Growth and Family

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\*The Planning Commission was required to :

(i) make an assessment of the material, capital and human resources of the country, including technical personnel, and investigate the possibilities of augmenting such of these resources as are found to be deficient in relation to the nation's requirements ;

(ii) formulate a Plan for the most effective and balanced utilization of the country's resources ;

(iii) on a determination of priorities, define the stages in which the Plan should be carried out and propose the allocation of resources for the due completion of each stage ;

(iv) indicate the factors which are tending to retard economic development, and determine the conditions which, in view of the current social and political situation, should be established for the successful execution of the Plan ;

(v) determine the nature of the machinery which will be necessary for securing the successful implementation of each stage of the Plan in all its aspects ;

(vi) appraise from time to time of the progress achieved in the execution of each stage of the Plan and recommend the adjustments of policy and measures that such appraisal may show to be necessary; and

(vii) make such interim or ancillary recommendations as appear to it to be appropriate either for facilitating the discharge of the duties assigned to it ; or, on a consideration of the prevailing economic conditions, current policies, measures and development programmes ; or on an examination of such specific problems as may be referred to it for advice by Central or State Governments.

†See Appendix A.

Planning was discussed and the formulation of two committees was suggested, viz. (i) Population Policy Committee, and (ii) Population Research and Programmes Committee.

On the 7th December, 1952, the Planning Commission recommended that a programme for family limitation and population control should (a) obtain an accurate picture of factors contributing to the rapid population increase in India (b) discover suitable techniques of family planning and devise methods by which knowledge of these techniques can be widely disseminated and (c) make advice on family planning an integral part of the service of Government Hospitals and Public Health Agencies. A sum of Rs. 65 lakhs was provided for family planning programme. The programme was to include the provision, in Government Hospitals and Health Centres, of advice on methods of family planning for married persons who require such advice for health reasons; field experiments on different methods of family planning for the purpose of determining the suitability, acceptability and effectiveness in different sections of the populations; development of suitable procedures to educate the people on the family planning methods; collection, from representative sections of the population, of information on reproductive patterns and attitudes and motivations, affecting the size of the family; study on inter-relationship between economic, social and population changes; collection and studying of information about different methods of family planning and making such information available to professional workers; and research into the physiological and medical aspects of human fertility and its control.

The Population Policy Committee was formed on the 7th April, 1952. The Committee included: the Minister, Planning (Chairman), the Minister of Health; the Registrar General, the Joint Secretary, Ministry of Health; the Director General of Health Services, a Representative of the Population Research and Programmes Committee; and the Adviser, Health Programmes, Planning Commission (Secretary). The Union Health Minister, Rajkumari Amrit Kaur, had emphasised that "sufficient reliable data must be collected as also other relevant information made available before we launched out on an uncharted sea so to speak."

On the 6th May, 1953 the Family Planning Research and Programmes Committee was appointed to make recommendations to the Government of India regarding research schemes and experimental and other programmes relating to family planning to be adopted and the nature and amount of assistance, if any, to be given to existing voluntary organisations in the field of family planning after a review of their present activities.

The Family Planning Research and Programmes Committee held its first meeting in July, 1953 and emphasised that the family planning programme should not be conceived of in the narrow sense of birth control, or merely of a spacing of the birth of children. The purpose of family planning was to promote, as far as possible, the growth of the family as a unit of society in a manner designed to facilitate the fulfilment of those conditions which were necessary for the welfare of this unit from the social, economic and cultural

points of view. The functions of a family planning centre, if it works on a comprehensive basis, would include sex education, marriage counselling, marriage hygiene, the spacing of children and advice on such other measures as may be necessary to promote the welfare of families. Advice on infertility should also be a part of family planning programme. The Committee recognised, however, that for the immediate future the essential service was to be largely advice on family limitation through the spacing of children.

The Committee\* surveyed the working of the existing family planning services in the country and made recommendations for their reorganisation, for education and research and suggested the following allocation of funds:—

	Allocation for five years (Rs. in lakhs)
Subsidy to State Governments and Voluntary Organisations . . . . .	30.00
Training programme (model training centre) . . . . .	7.50
Training programmes for the interim period . . . . .	1.00
Education for family planning . . . . .	5.00
Establishment of units for the evaluation of contraceptives.	
(a) Laboratory studies . . . . . 0.60	} 2.80
(b) Studies in selected clinics . . . . . 2.20	
Research on the biology of human reproduction . . . . .	3.00
Research on attitudes and motivations affecting fertility and economic and social determinants of population trends . . . . .	9.00
Existing research centres (Lodi Colony and Ramanagaram) . . . . .	3.50
Headquarters staff including expenditure on meetings, etc. . . . .	3.20
<b>TOTAL . . . . .</b>	<b>65.00</b>

\*The Committee included: Lieut-Colonel C.K. Lakshmaran, Director General of Health Services (Chairman), Dr. K. C. K. E. Raja, Officer on Special Duty, Ministry of Health, New Delhi; Dr. C. Chandrasekharan, Director, United Nations Office for Population Studies, New Delhi; Dr. M. V. Govindaswamy, Medical Superintendent, Mental Hospital, Bangalore; Dr. B. S. Guha, Director, Department of Anthropology, Government of India, Indian Museum, Calcutta; Dr. P. K. Malkani, Professor of Obstetrics and Gynaecology, Lady Hardinge Medical College, New Delhi; Dr. S. S. Misra, Professor of Clinical Medicine, Medical College, Lucknow; Dr. K. Mitra, Asstt. Director General of Health Services, New Delhi; Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India, Bombay; Dr. Basudeva Narayana, Principal, Medical College, Patna; Prof. P. C. Mahalanobis, Statistical Adviser to the Cabinet; Dr. V. K. R. V. Rao, Director, Delhi School of Economics, Delhi; Dr. L. D. Sanghvi, Research Officer, Indian Cancer Research Centre, Bombay; Dr. Mukhta Sen, Professor of Maternity and Child Welfare, All India Institute of Hygiene and Public Health, Calcutta; Dr. T. Lakshminarayana, Adviser, Health Programmes, Planning Commission, New Delhi; Dr. C. G. Pandit, (Secretary). (Dr. C. G. Pandit resigned on the 1st October, 1953 due to his pre-occupation with the work of the Indian Council of Medical Research and Dr. T. Lakshminarayana was appointed as Secretary of the Committee.)

The Committee appointed two sub-committees, one on Socio-economic and cultural studies and the other on Biological or qualitative aspect of population\* and recommended formation of Standing Committee for regulating the testing and evaluation of contraceptives.†

A Family Planning Cell was created in April, 1952 in the Planning and Development Section of the Directorate General of Health Services. Dr. T. Lakshminarayana was placed in overall charge of this Section.

The Grants Committee was appointed on the 28th May, 1954 to scrutinise and recommend for sanction, applications for assistance for family planning work as well as research.

The pattern of financial assistance approved by the Government of India was as follows:—

Non-recurring expenditure . . . . .	100%
Recurring expenditure : . . . . .	
First Six months . . . . .	100%
Next Twelve months . . . . .	66 2/3%
Next Twelve months . . . . .	50%
Next Six months . . . . .	33 1/3%

The services of Dr. (Mrs.) Sushila S. Gore, who had considerable experience of family planning work and had conducted courses of instruction sponsored by the Family Planning Association of India, were obtained from Ministry of Defence. She was appointed on the 25th June, 1955 as Officer on Special Duty to start a training centre.

During the First Five Year Plan period the total expenditure incurred by the Central Government was Rs. 15·82 lakhs. Grants-in-aid were given to fifteen State Governments, eight Local Bodies and thirty-five Voluntary Organisations. The number of clinics opened was 147 (21 rural and 126 urban). These included 86 by State Governments, 27 by Local Bodies and 34 by Voluntary Organizations. *Ad hoc* training courses were conducted and 67 persons were trained including 30 doctors, 32 health visitors and 5 social workers. 70,000 posters and 20,000 folders were printed and distributed. Two films were produced and nine films were obtained from other sources and made available to different organisations. Medical, biological and demographic research schemes were undertaken. Dr. J. Katju in-charge of the centre in Lodi Colony, New Delhi and Dr. R. Vasantini in-charge of the centre in Mysore State were sent on deputation in August 1955 on fellowships granted by the T.C.M. for higher training at North Carolina University, U.S.A. for a period of about 12 months. During their stay abroad they studied the working of family planning clinics at various places. Both of them qualified as M.P.H. On

\*See Appendix B

†See Appendix C

their return Dr. Katju resumed charge as Medical Officer-in-Charge, Family Planning Clinic at Lody Colony, New Delhi and Dr. Vasantani as medical officer at the Family Planning Demonstration Training and Experimental Centre, Ramanagaram, Mysore State.

Provision was also made in the Drugs and Magic, Remedies (Objectionable Advertisement) Act 1954 for controlling objectionable advertisements.



## SECOND FIVE YEAR PLAN

The Planning Commission reviewed the progress of the family planning programme during the First Five Year Plan Period and observed that the programme had progressed enough to call for its further development on systematic lines, for continuous study of population problems and for a suitable Central Board (more or less autonomous in working) for family planning and population problems. The programme suggested by the Planning Commission included extension of family planning advice and service; establishment and maintenance of a sufficient number of centres for the training of personnel; development of a broad-based programme of education in family living, which would include within its scope sex education, marriage counselling and child guidance; research into biological and medical aspects of reproduction and of population problems; demographic research, including investigations of motivation in regard to family limitation as well as studies of methods of communication; inspection and supervision of the work done by different agencies, governmental and non-governmental, to which grants would be made by the Central Board; evaluation and reporting of progress; and establishment of a well-equipped central organization.

### *Family Planning Board and Family Planning Officers*

The Central Family Planning Board was formed on the 1st September, 1956.

It was felt that for expeditious implementation of the programme a whole-time officer should be appointed in the Directorate General of Health Services. Dr. P. R. Dutt was appointed as officer on special duty (Family Planning) on the 12th March, 1956 as a temporary measure. Lieut.-Colonel B. L. Raina, a regular officer of the Army Medical Corps, associated with the family planning movement for about 20 years was appointed (on deputation from Ministry of Defence) on the 26th September, 1956 as Officer on Special Duty (designated later as Director, Family Planning). He reviewed the programme and suggested its re-orientation including adequate administrative machinery at the Centre and in States, simplified procedures for giving grants, liberalised and flexible assistance to voluntary organisations, issue of all contraceptives free and at subsidised rates, extended decentralised training programme including training in all medical teaching institutions, broadbased education programme with people's participation, intensification of research, both demographic and medical, especially to solve immediate problems, acceleration of measures to produce contraceptives in India, requisite emphasis on sterilization and collaboration of all agencies Governmental and Non-Governmental.

The first meeting of the Board was held on the 27th October, 1956 under the Chairmanship of Rajkumari Amrit Kaur and subsequent meetings were presided over by Shri D. P. Karmarkar.

Amongst other recommendations the Board, in its first meeting, suggested the formation of an executive committee (a Standing Committee) and appointment of Family Planning Officers at State Headquarters. The Standing Committee with Shri V. K. B. Pillai the Secretary, Ministry of Health as Chairman was formed on the 2nd January, 1957. The Government of India also agreed to pay the entire expenditure for a period of three years for the State Family Planning Officers. The Prime Minister inaugurated the second meeting of the Board. On his suggestion the subject of family planning was discussed at the meeting of the National Development Council attended by the Chief Ministers of State. This subject was also discussed at the Conferences of Health Ministers and Administrative Medical Officers of State.

Family Planning Boards have now been formed in States of Andhra Pradesh, Assam, Bihar, Bombay, Kerala, Madhya Pradesh, Madras, Mysore, Orissa, Punjab, Rajasthan, Uttar Pradesh and West Bengal. The Family Planning Officers have been appointed in the States of Andhra Pradesh, Bihar, Bombay, Kerala, Madras, Mysore, Punjab, Rajasthan, Uttar Pradesh and West Bengal. The family planning work in other States is being supervised by the Maternity and Child Health Officers.

Although major recommendations are made by the Standing Committee of the Central Family Planning Board at its regular meetings, four members of the Committee, viz. the Chairman/Officer deputed by him, Director General of Health Services, representative of the Ministry of Finance and Secretary of the Committee are virtually in continuous session.

The administrative procedures have been simplified. The pattern of assistance has been made flexible (provided the expenditure ceiling is not exceeded) and grants to Local Bodies and Voluntary Organisations can be given six months in advance on production of audited statement of accounts, but if audited statement of accounts is not readily available 50 per cent grants can be issued on production of statement of accounts verified by a competent authority. The family planning section is being gradually developed and appointments of regional family planning officers have been sanctioned for conducting periodical inspection of the family planning clinics.

The present staff of Family Planning Section in the Directorate General of Health Services consists of a Director assisted by seven technical personnel and 12 Ministerial staff.

#### BUDGET PROVISION AND EXPENDITURE

A total provision of Rs. 497 lakhs (including Rs. 400 lakhs at the Centre and Rs. 97 lakhs in the States) was made for Second Five Year Plan period. The tentative provisions made, were: Service Rs. 373.25 lakhs, Training Rs. 15.75 lakhs, Education Rs. 50.00 lakhs and Research Rs. 50.00 lakhs.

The budget provisions approved for 1956-57, 1957-58 and 1958-59 were Rs. 30 lakhs, Rs. 25 lakhs and Rs. 46 lakhs respectively.

The budget provision and estimated expenditure are as follows:—

	1956-57		1957-58		1958-59 (up to 30-11-58)	
	Budget	Expendi- ture	Budget	Expendi- ture (estimated)	Budget	Expendi- ture (estimated)
Clinics . . .	12.00	3.05	15.07	15.29	26.15	19.01
Training and Edu- cation . . .	9.00	0.67	5.23	2.22	8.50	2.74
Research . . .	6.00	3.99	3.56	6.70	8.65	2.44
Organization . . .	3.00	0.93	1.14	0.75	2.70	0.38
	30.00	8.64	25.00	24.96	46.00	24.57

While assessing the progress and expenditure during 1956-57, it may be noted that the year was almost over by the time the Central Family Planning Board started functioning; the Director, Family Planning assumed charge on the 26th September, 1956, the meeting of the Board was held on the 27th October, 1956 and the Standing Committee was formed in January, 1957.\*

#### SERVICE

The plan provides for the opening of 500 clinics in urban and 2,000 in rural areas. Each clinic normally is required to serve a population of 50,000 in urban and 66,000 in rural areas. The grant for rural clinic provides one worker only to strengthen the staff of the unit with which it is required to function. In the absence of information on the work load and difficulties in finding doctors for rural areas provision for a doctor in rural clinic was not made. Two pilot clinics in each State have however been authorised a woman medical officer.

Provisional phasing of the clinics is as follows:†

	1956-57	1957-58	1958-59	1959-60	1960-61	Total
Rural . . . . .	100	200	300	600	800	2,000
Urban . . . . .	30	40	80	150	200	500

The grants to family planning clinics have been authorised on the following pattern:‡

	Rural	Urban
	Rs.	Rs.
<i>Non-recurring</i>		
Equipment, furniture and publicity material etc. . . . .	500	2,000
Stocking of contraceptives . . . . .	500	500
TOTAL . . . . .	1,000	2,500

\*Reports from States at Appendix D. Contributory Health Services Scheme Family Planning Clinics at Appendix E.

†Phasing of clinics in each State at Appendix F.

‡Terms and conditions of financial assistance to Local Bodies and Voluntary Organisations at Appendix I.

	Rural	Urban
	Rs.	Rs.
<i>Recurring</i>		
One Lady Doctor and one Part-time male doctor . . . . .	..	5,000
Social Worker or Health Visitor or Field Worker (Family Welfare Worker) . . . . .	3,000	3,000
One (Peon) Clinic attendant . . . . .	..	1,000
Contingencies . . . . .	500	500
Conveyance allowance . . . . .	500	..
Distribution of contraceptives . . . . .	1,500	1,500
<b>TOTAL</b> . . . . .	<b>5,500</b>	<b>11,000</b>

All contraceptives in rural and urban clinics have been authorized for free issue to those with income below Rs. 100 p.m., at half rate to those with income between Rs. 100 and Rs. 200 per month and at full rates to those with income above Rs. 200 per month. Foam tablets and sheaths are issued free in rural clinics irrespective of income. Provision for accommodation in rural areas along with Primary Health Centres has also been made.

Pattern of Central assistance to State Governments, Local Bodies and Voluntary Organisations is as under :—

	Second Plan		
	State Govts. & Local Bodies.	Voluntary Organisations	
		Rural	Urban
Non-recurring . . . . .	100%	100%	100%
<i>Recurring</i>			
First Year . . . . .	80%	100%	100%
Second Year . . . . .	70%	100%	80%
Third Year . . . . .	50%	100%	80%
Fourth Year . . . . .	30%	100%	80%
Fifth Year . . . . .	20%	100%	80%

Grants for contraceptives and for clinics in teaching institutions are given to cover the entire expenditure involved. It will be noted that Central assistance has been considerably liberalised especially in case of voluntary organizations.

Statement showing the amounts sanctioned to various organisations during 1956-57, 1957-58 and 1958-59 (up to November, 1958) for Family Planning Programme

Name of State	Amounts sanctioned during 1956-57				Amounts sanctioned during 1957-58			1958-59	
	First Plan	State Govts.	Local Bodies and Voluntary Organisations	State Govts.	Local Bodies and Voluntary Organisations	Estimated* Central Assistance to State Govts. during 1958-59	Amount sanctioned to Local Bodies & Voluntary Organisations during 1958-59 (up to 30-11-58)		
I	2	3	4	5	6	7	8		
(Rs. Lakhs)									
Andhra Pradesh	.	.	1,44,207	..	8,761	90,621	11,630	1.74	..
Assam	.	.	2,000	..	..	91,500	25,696	1.27	5,780
Bihar	.	.	68,910	..	..	38,442	9,750	1.97	..
Bombay	.	.	3,08,027	11,500	5,11,186	71,240	8,39,963	3.40	3,99,149
Kerala	.	.	21,200	..	3,000	..	46,386	1.16	26,654
Madhya Pradesh	.	.	1,469	..	..	7,000	17,000	1.27	11,853
Madras	.	.	1,11,608	14,363	15,713	36,340	38,613	3.18	..
Mysore	.	.	27,980	..	22,000	52,908	25,228	1.20	20,645
Orissa	.	.	23,772	17,000	..	..	..	0.77	..
Punjab	.	.	53,747	..	15,000	71,367	87,513	1.09	8,000

1	2	3	4	5	6	7	8
Rajasthan . . . . .	38,216	..	..	1,55,180	13,089	1.29	..
Uttar Pradesh . . . . .	1,82,310	..	9,515	600	1,48,127	3.18	12,600
West Bengal . . . . .	1,12,484	..	19,484	70,597	1,98,119	2.06	66,997
Jammu & Kashmir . . . . .	..	..	..	..	..	0.32	..
Delhi . . . . .	46,083	15,000	2,000	..	1,40,892		1,62,200
Himachal Pradesh . . . . .	..	..	..	..	..		..
Manipur . . . . .	..	..	..	..	7,750		..
Tripura . . . . .	..	..	..	..	..		..
TOTAL . . . . .	11,42,013	57,863	6,01,993	6,85,795	16,09,756	23.90	7,13,878

\*The figures indicate the estimated Central assistance which the Ministry of Finance, Government of India, have already conveyed to State Governments as the lump sum amounts which would be made available to them during 1958-59 as Central assistance for Family Planning Programme.

Against the target for 1956-59, of 600 rural and 150 urban clinics, 473 rural and 202 urban clinics have already been opened.

Sponsor	Number of clinics opened during 1956-59 (up to 30-11-58).		
	Rural	Urban	Total
State Governments . . . . .	452	134	586
Local Bodies . . . . .	..	20	20
Voluntary Organizations. . . . .	21	48	69
TOTAL . . . . .	473	202	675

Family Planning Service is likely to succeed if the clinics are associated with maternity and child health work or with centres which provide medical aid and welfare service. Therefore, it has been advised that the family planning clinics should be opened as integral part of such maternity and child welfare services. The main problem is the extension of family planning programme to the villages where 82 per cent. of the people live. National Extension and Community Development Organizations are gradually covering the whole country. In rural areas the clinics are therefore being mainly associated with primary health centres. The role of social workers and medical personnel is unique in the society by virtue of their specialised knowledge and social aims. Active assistance and co-operation of voluntary family planning organisations, social workers, medical and paramedical personnel have, therefore, been sought.

The success of the scheme will largely depend on the field workers offering the advice. The field workers in family planning both in urban and rural areas should possess certain basic qualities i.e., sincere belief in necessity of family planning, genuine interest in social work, ability to establish good human relationship, personal and professional integrity, maturity (age 25 years or over) preferably married, infinite patience, ability to understand and to impart the requisite knowledge of physiology, psychology and dynamics of human relations, accepted methods of family planning, health, economic and cultural factors affecting family life and familiarity with counselling techniques. The emphasis is laid on these qualities rather than mere academic qualifications in selection of personnel.

A medico-social field worker was required to possess M.A. Degree or Diploma in Social Science and a public health nurse B.Sc., in nursing. Sufficient number of such personnel are not available. It has now been decided that where trained workers with requisite qualifications are not available, matriculates as field workers for rural areas and graduates preferably in science as social workers in urban areas with the experience of community and social work can

## STATEMENT SHOWING THE NUMBER OF CLINICS OPENED DURING FIRST PLAN AND 1956-59

State	First Plan Period						Second Plan Period						Total					
	State Govt.		Local Body		Vol. Org.		State Govt.		Local Body		Vol. Org.		State Govt.		Local Body		Vol. Org.	
	R	U	R	U	R	U	R	U	R	U	R	U	R	U	R	U	R	U
Andhra Pradesh	.	.	.	.	6	1	8	86	7	..	..	1	87	7	86	13	1	1
Assam	.	.	.	.	..	..	1	35	8	..	..	1	36	8	35	8	1	1
Bihar	.	.	.	.	20	..	20	22	6	..	..	..	22	6	22	26	..	..
Bombay	.	.	.	.	2	..	10	44	4	..	7	5	49	28	44	6	9	5
Kerala	.	.	.	.	10	..	11	20	10	..	4	2	24	12	30	10	5	3
Madhya Pradesh	.	.	.	.	7	..	7	67	22	..	..	2	67	24	67	29	..	2
Madras	.	.	.	.	8	..	2	16	64	7	..	3	65	11	64	15	9	3
Mysore	.	.	.	.	3	..	6	12	10	..	..	2	12	12	12	13	..	5
Orissa	.	.	.	.	3	..	3	25	25	..	..	..	25	25	25	28	..	..
Punjab	.	.	.	.	..	..	1	8	5	..	..	6	14	10	8	5	6	6
Ra'asthan	.	.	.	.	6	..	6	25	5	..	..	2	25	7	25	11	..	2
Uttar Pradesh	.	.	.	.	..	..	1	10	35	7	..	..	35	14	35	7	8	1
West Bengal	.	.	.	.	7	2	11	13	9	9	..	1	12	19	16	11	1	3
Delhi	.	.	.	.	6	..	18	..	3	..	9	..	..	12	..	9	19	2
Jammu & Kashmir	.	.	.	.	..	..	..	..	2	..	..	..	..	2	..	2	..	..
Himachal Pradesh	.	.	.	.	5	..	5	..	2	..	..	..	..	2	..	7	..	..
Manipur	.	.	.	.	..	..	..	..	1	..	..	1	..	2	..	1	..	1
Tripura	.	.	.	.	1	..	1	..	..	..	..	..	..	..	..	1	..	..
Pondicherry	.	.	.	.	..	..	..	..	1	..	..	..	..	1	..	1	..	1
TOTAL	17	69	..	27	4	30	21	126	452	134	..	20	21	48	473	202	469	328

R : Rural  
U : Urban

be employed. Where workers with these qualifications even are not available, staff nurses, auxiliary midwives and candidates with educational qualifications up to eighth standard or vernacular final may be employed as field workers. The rules for recruitment of staff in family planning clinics also include that they should not be associated with commercial establishments concerned with the manufacture or sale of contraceptive appliances for profit or who have financial interest in the sale of any contraceptive appliances or product and doctors employed should be registered medical practitioners.

The methods acceptable in other countries like diaphragm and jelly do not seem to be of general application in India at present except for certain groups, in urban population. The methods must be simple, cheap, effective, harmless and acceptable. All available methods are at present offered explaining the limitations of each. There are reasons to believe that in rural areas sheaths, foam tablets and possibly also jellies may be acceptable. The safe period method also is advised when no other method is acceptable. The socio-economic pressure seems to be asserting itself and the number of people seeking a permanent method of control of conception is increasing. The reported number of male and female sterilization cases (which appears to be an under estimate) from Andhra Pradesh, Kerala, Madhya Pradesh and Mysore during 1956, and 1957 is 2790 and 4590 respectively. The Central Family Planning Board has recommended for the present that sterilization operation should be voluntary with the consent of both husband and wife, depending on the merits of each case and the operation should be performed by trained surgeons in hospitals and institutions where such facilities exist and not in family planning clinics.

It is appreciated that clinics alone for a long time will not be able to reach the entire population. Attempts are being made to disseminate the knowledge of family planning methods which do not require medical consultation, as widely as possible and to provide the advice on family planning at every hospital, dispensary, primary health centre and maternity and child health centre as soon as possible. Community welfare programmes are also being developed around each family planning centre. The aim is to impart knowledge on the subject to the maximum number of persons in the shortest time and to develop family planning as a family welfare service. To cover the whole country in this way requires a large number of voluntary social workers, in organised groups at all levels—State, District, Tehsil, and Village. Such groups, where they already do not exist, are being formed.

### TRAINING

It was obvious that a single training centre was not likely to meet the requirements. The following training programme is, therefore, being developed.

- (i) A centre for training potential instructors.
- (ii) A rural training, demonstration and experimental centre.
- (iii) Touring Training Teams.

- (iv) Developmet of selected clinics into regional training centres.
- (v) Regional training centres for family welfare workers.
- (vi) *Ad hoc* training courses of short duration wherever trained personnel and clinical material are available.
- (vii) Incorporation of family planning in normal training programme in teaching institutions for doctors and medical auxiliaries.

Stipends are given during the regular training period at the rate of Rs. 150 p.m. to doctors, Rs. 100 to social workers and public health nurses and Rs. 75 to health visitors and field workers. Travelling allowance is paid to trainees from voluntary organisations. Each trainee receiving stipends is required to execute a surety bond to the effect that after completion of training he or she will serve the State/Local Body/Voluntary Organisation for a period of at least 3 years. The applications of trainees are required to be sponsored by State Government/Local Body/Voluntary Organisation.

A Family Planning Training and Research Centre for potential instructors was established in Bombay on 15th March 1957\* (ii) Rural Training Demonstration and Experimental Centre was developed at Ramanagaram and first course of training was started on 12th August, 1957† (iii) a grant for pilot Touring Training Team was given to Family Planning Association of India, Bombay and ten additional teams will be started soon. (iv) Two Regional Training Centres are functioning one each in Madras and West Bengal, and (v) Short-term *Ad hoc* training courses are being conducted in different places wherever facilities exist.

During First Five Year Plan period 67 persons were trained.

2121 persons have been trained in family planning in varied courses during the Second Five Year Plan period (up to November 1958).

	NUMBER OF PERSONS TRAINED				Total
	Doctors	Health Visitors	Social Workers.	Others	
Family Planning Training and Research Centre, Bombay.	78	33	34	4	149
Family Planning Training Demonstration & Experimental Centre, Ramana-garam . . . . .	20	8	3	72	103
Touring Training Team. .	416	5	25	29	475
Regional Training Centres .	283	104	38	104	529
Others . . . . .	146	137	151	431	865
TOTAL . . . . .	943	287	251	640	2121

\*Details at Appendix H

†Details at Appendix I

STATEMENT SHOWING NUMBER OF PERSONS STATEWISE, TRAINED IN FAMILY PLANNING DURING FIRST PLAN  
PERIOD AND SECOND PLAN PERIOD UP TO NOVEMBER, 1958

S. No.	State	Number of persons trained during First Plan period					Number of persons trained during Second Plan period (up to 30-11-58)				
		Doctors	Health Visitors	Social Workers	Others	Total	Doctors	Health Visitors	Social Workers	Others	Total
1	2	3	4	5	6	7	8	9	10	11	12
1.	Andhra Pradesh	.	.	.	.	.	4	2	..	1	7
2.	Assam	.	.	.	.	.	281	3	3	7	294
3.	Bihar	.	.	.	.	.	..	1	..	..	1
4.	Bombay	.	.	.	.	.	70	62	67	143	342
5.	Kerala	.	11	.	.	21	36	18	1	33	88
6.	Madhya Pradesh	.	.	.	.	.	5	4	33	..	42
7.	Madras	.	.	.	.	.	151	..	11	100	262
8.	Mysore	.	.	.	.	.	23	9	5	301	338
9.	Orissa	.	.	.	.	.	3	6	..	..	9
10.	Punjab	.	.	.	.	.	4	7	..	1	12
11.	Rajasthan	.	.	.	.	.	8	..	..	..	8
12.	Uttar Pradesh	.	.	.	.	.	4	..	62	20	86
13.	West Bengal	.	.	.	.	.	305	143	51	10	509
14.	Jammu & Kashmir	.	.	.	.	.	..	..	..	..	..
15.	Delhi	.	21	5	.	46	39	29	8	3	79
16.	Himachal Pradesh	.	.	.	.	.	1	2	2	2	7
17.	Manipur	.	.	.	.	.	8	..	8	19	35
18.	Tripura	.	.	.	.	.	1	1	..	..	2
TOTAL		30	32	5	..	67	943	287	251	640	2121

In view of the great difficulty in finding social workers for rural areas a scheme to train Family Welfare Workers has been approved and grants have been issued to Andhra Mahila Sabha, Madras, and Matru Sewa Sangh, Nagpur. Proposals to give similar grants to Kamla Nehru Hospital, Allahabad and some States are under consideration.

## EDUCATION

The education programme has also been extended. The programme at present includes:

- (i) Schemes to collect detailed information of the factors which are responsible for community attitudes, beliefs and behaviour pattern;
- (ii) Identification of natural groups and natural group leaders and use of these as a channel of communication;
- (iii) Preparation and testing of basic materials and methods for
  - (a) mass communication,
  - (b) community education, and
  - (c) imparting specific technical knowledge and skills;
- (iv) Training a corps of competent workers.

The education programme is being developed at the centre with the collaboration of the Central Health Education Bureau, Directorate General of Health Services and Directorate of Advertising and Visual Publicity, Ministry of Information and Broadcasting.

Wide awareness in favour of family planning has been created. 4,60,000 copies of posters and 80,000 copies of pamphlets and 70,000 folders on family planning have so far been distributed. Films and slides have been provided. Programmes on family planning are broadcast over the radio. Grants have been sanctioned for publishing a scientific journal on family planning. Family welfare workers contact families individually and in groups and also promote community welfare activities around family planning clinics.

A proposal to hold camps of short duration, where selected number of people can be given orientation in family planning methods is under consideration. The camps are proposed to be conducted by peripatetic education teams, each team consisting of one Doctor (Asstt. Surgeon Grade I), one Health Educator and one Attendant (peon). The aim is to gradually have a group of persons in each village and town as Voluntary Family Planning Educators (Pracharaks).

It has also been decided to appoint group leaders in different States as Honorary Family Planning Education Leaders for motivating the people and mobilising opinion in favour of family planning.

## RESEARCH

Provision has been made for demographic, and medical and biological research. The latter is being mainly conducted by the Indian Council of Medical Research. Rs. 3,45,845 were sanctioned by the Indian Council of Medical Research during 1957-58 for field trials on contraceptives and research on physiology of human reproduction\*.

Rs. 9,57,477 were also sanctioned for the biological, medical and demographic research studies by the Ministry of Health during 1956-59†.

Investigations on contraceptives are being carried out at the Contraceptive Testing Unit, Indian Cancer Research Centre, Bombay‡, the All India Institute of Hygiene and Public Health Calcutta, the Central Drug Research Institute, Lucknow, the Institute of Post-Graduate Medical Education and Research, Calcutta, the Bacteriological Institute, Calcutta and the Pharmacology Department of the Lucknow University. 59 mechanical and chemical contraceptives have been tested and 22 have been found satisfactory.

A number of oral contraceptives have been investigated. Results of research on meta-xylo-hydroquinone is encouraging‡‡.

Demographic Training and Research Centre was established in Bombay on the 15th November, 1956 in collaboration with the United Nations and Sir Dorabji Tata Trust with Dr. John Mathai as Chairman of the Governing Body. This centre has been developed as a regional organization to serve the needs of other Asian Countries as well. Eight Indian and ten foreign students have been trained| undergoing training at this centre, since September, 1957\$. Three demographic training centres have also been opened one each at the Indian Statistical Institute Calcutta, (28-12-1957), the Delhi School of Economics, Delhi University (29-10-1957) and the Department of Statistics, Government of Kerala, Trivandrum (22-9-1958). The Demographic centres are still in formative stage. An Advisory Committee on Demographic Research with Dr. V. K. R. V. Rao as Chairman is being appointed.

## CO-ORDINATION

The programme is being conducted with the close co-operation of the Planning Commission, Ministries concerned, State Governments and other Governmental and non-Governmental agencies.

*Central Social Welfare Board.*—Shrimati Durgabai Deshmukh, Chairman, and Shrimati Dhanvanti Rama Rau, member of the Central Social Welfare Board are members of the Family Planning Board and its Standing Committee. There is a close collaboration between the two Boards.

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\* Details at Appendix J.

† Detail of field studies at Appendix K.

‡ Details of Contraceptive Testing Unit and Human Variation Unit at Appendices L. and M.

‡‡ Investigations on oral contraceptive at Appendix N.

\$ Further details at Appendix O.

*Ministry of Community Development.*—Lieut.-Colonel Bark Narain, Adviser, Health, Ministry of Community Development, is member of the Standing Committee of the Family Planning Board. The family planning programme is included in the courses of training conducted by the Ministry of Community Development. Under this scheme 2371 school teachers in various States have been oriented in family planning.

The following resolutions were passed by the Development Commissioners' Conference held in May, 1958.

- (a) Family Planning advice should be made available in a Primary Health Centres, sub-divisional and district hospitals;
- (b) *Ad hoc* training courses should be conducted wherever facilities for such training and instructors are available;
- (c) Education and propaganda for family planning should be included in the publicity programme for Community Development.

*Ministry of Information and Broadcasting.*—A provision of Rs. 2.68 lakhs for family planning has been made during 1958-59 by the Directorate of Advertising and Visual Publicity for preparation of posters, pamphlets, cinema slides, exhibits etc. A number of programmes on family planning including talks, discussion dialogues, interviews and radio plays were broadcast from different stations of All India Radio. A film on family planning is being produced by the Films Division.

*Ministry of Labour and Employment.*—Employees' State Insurance Corporation, Ministry of Labour and Employment, has recommended implementation of family planning programme in association with their medical benefit scheme. Under this scheme the Medical Officer of the State Insurance dispensaries will offer advice on family planning as part of his work. In the panel area the family planning programme will be carried out in medical institutions where arrangements for pre-natal and post-natal care are made. Family planning service for coal mines labour is under consideration.

*Ministry of Home Affairs.*—Ministry of Home Affairs have provided funds for family planning programme in the Centrally-Administered Areas. There are ten family planning clinics functioning under the administration of the Union territories. These include seven clinics in Himachal Pradesh, and one clinic each in Manipur, Tripura and Pondicherry territories.

*Ministry of Defence.*—Family planning in the army was introduced in 1951 when Planned Parenthood Centres were opened in Union Welfare Centres. The programme was expanded in 1954 by establishing Planned Parenthood Centres in Military Hospitals. A sum of Rs. 15,000 was sanctioned in 1956-57, to the Director General of Armed Forces Medical Services, for family planning centres in the units of Army, Navy and Air Force. In September, 1958, another grant of Rs. 1,03,200 was sanctioned for the opening of eight new family planning clinics in association with M.C.H. Centres and for

the maintenance of 64 family planning clinics already established in M.C.H. Centres.

*Ex-Servicemen.*—General K. M. Cariappa has been given a grant for family planning education amongst ex-servicemen in Coorg.

*Ministry of Commerce and Industry.*—The Ministry of Commerce and Industry lays down import policy on contraceptives and takes necessary action for development of contraceptives in the country, in consultation with the Ministry of Health.

*Ministry of Education.*—The subject of imparting sex education in educational institutions is under examination in the Ministry of Education.

*All India Women's Conference.*—The Headquarters of the All India Women's Conference circulated to their branches terms and conditions for Central assistance for family planning work. A number of branches of All India Women's Conference have undertaken to implement the programme.

*Indian Medical Association.*—The Indian Medical Association strongly supports family planning. The Journal of the Association publishes regularly information on the family planning programme. Dr. S. C. Sen, Ex-President of the Association, is a member of the Family Planning Board.

*Indian Red Cross Society.*—Some branches of the Indian Red Cross Society are providing family planning advice. The proposal to extend family planning service through all maternity and child welfare centres of the society is under consideration.

*Press.*—The support of the Press was notable and most helpful during the period. Wide publicity to the programme was given by them.

*Medical Council of India.*—The Medical Council of India in their meeting held on the 31st October, 1958 recommended that "medical students should undergo a short course of training in family planning during the period of their internship which they are required to spend in a health unit for participation in practical public health administration. Such health units should have at least one well-developed family planning centre for carrying out this training programme, the centre being under the charge of a Medical Officer trained in the Central Government's family planning training institute and with an adequate number of social workers attached to it to promote a sound system of home-visiting and follow up....and the training should consist of about 6 lecture-demonstrations at the family planning centre attached to a medical college or to a recognised Health Centre, provided that this training be undertaken during the post-examination period."

*The Indian Nursing Council.*—The Indian Nursing Council was asked to include training in Family Planning in the basic courses for nurses, midwives and health visitors. The Council approved of this proposal at its meeting held in November, 1957, and recommended it

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to all State Nurses Registration Councils. Most schools for nurses and midwives and all schools for health visitors that have the necessary facilities, have started giving instructions in family planning.

*Indian Council for Child Welfare.*—The Indian Council for Child Welfare also advocates the family planning programme. The Council has passed the following resolution at their Annual General Meeting on the 24th August, 1958.

“Considering that no child should be subjected, where avoidable, to abnormal conditions of life such as adult anxiety for survival, hunger and insecurity;

Realising that permanently handicapped persons, such as those suffering from communicable or hereditary diseases, cannot adequately fulfil their parental responsibilities;

Further realising that the absence of a dependable, healthy male parent capable of steady employment puts a grave burden of anxiety, care and work on the child;

Affirms its support for the Family Planning movement in India;

Resolves that, where no provision exists for the rearing of children away from contagion, and grave emotional disturbances, steps should be taken to encourage sterilization of cases such as cretins, mongols, those suffering from serious mental or nervous disorders and those suffering from serious communicable diseases such as leprosy, tuberculosis etc.;

Decides that a copy of the present resolution be communicated to the Government of India and the State Governments.”

All the resolutions passed by the Council have received considerable attention and the Prime Minister has recommended them for attention of the Chief Ministers of the State Governments for action.

The family planning programme provides conditions to ensure health and happiness of children and to bring them up in an environment of love and affection. Children's Day organised by the Indian Council for Child Welfare was also celebrated in family planning clinics in the country and a special poster with the slogan Planned Family Happy Home (Niyojit Pariwar Sukh Ka Adhar) was issued by the Directorate of Advertising and Visual Publicity for the Directorate General of Health Services.

*Family Planning Association of India.*—Co-operation for the implementation of the programme is sought from all well-established voluntary organisations undertaking social welfare work. All necessary help, financial and otherwise, has been extended to each organisation. The Family Planning Association of India is the national organisation specialising in family planning work and with its 18 Branches has undertaken a comprehensive programme such as opening of clinics, training of personnel (including training at its clinics as well as by a touring team) educational propaganda, and encouraging medical and sociological research. It publishes *Planned*

*Parenthood*, a monthly bulletin, and the *Journal of Family Welfare*, a quarterly journal. It supplies contraceptives at clinical rates to welfare clinics. It has organised three national and two international conferences on family planning, an International Scientific Seminar on Family Planning and Seminars on Marriage Guidance.

Shrimati Dhanvanthi Rama Rau, President of the Family Planning Association of India, is a member of the Central Family Planning Board as well as its Standing Committee.

The Branches of the Association are: Agra, Ajmer, Andhra Pradesh, West Bengal, Bombay, Delhi, Indore, Jalpaiguri, Jamnagar, Kalchini, South Kanara, Madras, Manipur, Mysore, Punjab, Tiruchirappalli, Trivandrum and Vidarbha.

Since 1954-55, grants amounting to Rs. 3,82,758 (Rs. ~~26~~5,500 in 1954-55, Rs. 65,940 in 1955-56, Rs. 77,955 in 1956-57, Rs. 1,00,842 in 1957-58 and Rs. 1,11,521 in 1958-59) were sanctioned to this Association for family planning work.

*Bharat Sewak Samaj*.—The branches of Bharat Sewak Samaj in the States of Bombay, Kerala and Uttar Pradesh have been sanctioned grants for opening of rural and urban clinics.

*Other Organisations*.—Seventy-seven voluntary organisations in different States have also been offered financial assistance for opening 27 rural and 80 urban family planning clinics.

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## APPENDIX A

### RECOMMENDATIONS OF THE COMMITTEE APPOINTED BY THE PANEL OF HEALTH PROGRAMME OF THE PLANNING COMMISSION TO REPORT ON POPULATION GROWTH AND FAMILY PLANNING.

#### I. RECOGNITION OF NEED FOR FAMILY LIMITATION

The Committee recorded that they recognise in principle :

A. That family limitation is necessary and desirable in the interests of the family—that is to say, family comprising the nation should take all suitable and practicable steps for securing that the occurrences of birth in the family are properly spaced in time and limited in number, so as to safeguard the health of mothers and children and enable an adequate share of the resources of the family being applied effectively to the care and upbringing of children;

B. That in order to assure the success of plans and programmes designed to promote the health and welfare of the people and development of the national economy, it is essential that the national birth-rate should be reduced concurrently with the National death-rate, until the population is stabilized at a level consistent with the requirements of national economy. Family limitation (defined as in A above) is necessary to secure this result also.

#### II. SPECIFIC GOVERNMENTAL MEASURES IN RELATION TO FAMILY LIMITATION

A programme of family limitation must, in our opinion, be a social movement which would call for initiative on the part of individual families and general development of public opinion. The State, therefore, can only play a limited role in this respect. Measures to secure rapid progress in education and improvement of health and living conditions would in themselves be favourable to family limitation and we consider such measures should have the highest priority in State programmes of national reconstruction. So far as direct participation by the State in a family limitation programme is concerned, its nature and extent will have to depend upon public demand. In the existing circumstances, we would like to make the following recommendations :—

(a) the State should provide facilities for sterilization or giving advice on contraceptives on medical grounds;

(b) such help and advice should not be withheld from others who seek and need it on social and economic grounds. Such services, however, should be provided to the extent that personnel in hospitals and health agencies can undertake them consistent with their other duties;

(c) the State should also, through financial aid and otherwise, assist in the establishment of Research and Information Centre organised for the following purposes *viz* :

(i) collection, study and dissemination of information based on scientifically-tested experience in our country and abroad in respect of all aspects of family limitation ; and the countering of ill-effects of incorrect information;

(ii) research necessary for the development of inexpensive, safe and efficacious methods of birth control suitable for all classes of people ; and methods of preparation of necessary appliances and materials based on raw materials available in the country.

#### III. IMPROVEMENT OF POPULATION DATA AND SYSTEMATIC STUDY OF POPULATION PROBLEMS

In view of the intimate connection which exists between the members, sex composition, age structure, physical and mental health and general quality of the people and the working of the economic and social systems and also of the need for establishing a continuous flow of accurate and complete information regarding that the interrelated

changes occurring in all these factors, it is necessary to draw up a programme of collection of demographic data and study of selected specific problems with a view to provide a basis for the formulation and execution of a positive and comprehensive programme relating to population.

It is necessary to provide and develop a permanent organisation for the purpose, but pending the establishment of such an organization, steps should be taken to use the existing agencies and personnel as effectively as possible to implement these recommendations."

One member of the Committee however did not entirely support the recommendations and in a supplementary note emphasised that the social and economic factors prove decisive in this connection, and the State should not undertake population control through furtherance of contraceptives and the first priority was education and improvement of living conditions which could create and incentive on the part of the people who would find out ways and means of limiting their families whether State offers any facilities or not and the utmost that could be asked of the State was that it should not interfere with any social agency which wishes to undertake such activities.

(Details of Area and Population of different States in India and growth of Population at Appendices P & Q)

## APPENDIX B

### SUB-COMMITTEES ON SOCIO-ECONOMIC AND CULTURAL STUDIES AND ON BIOLOGICAL OR QUALITATIVE ASPECT OF POPULATION PROBLEM

#### SUB-COMMITTEE ON SOCIO-ECONOMIC AND CULTURAL STUDIES

Dr. V. K. R. V. Rao (Convenor)

Prof. P. C. Mahalanobis

Prof. D. R. Gadgil

Dr. B. S. Guha.

Dr. K. C. K. E. Raja.

Dr. M. V. Govindaswami.

#### *Functions :*

(i) to draw up a programme of research on the high birth and death-rates in the country, especially from the point of view of the economic, social, cultural and allied factors involved ;

(ii) to select institutions and individuals for carrying out this research and to recommend sanction of the expenditure involved within the limits of the overall provision for the purposes ; and

(iii) to arrange for the co-ordination of these investigations and of the results obtained;

#### SUB-COMMITTEE ON BIOLOGICAL OR QUALITATIVE ASPECT OF POPULATION PROBLEM

Dr. K. C. K. E. Raja (Convenor)

Dr. L. D. Sanghvi.

Dr. M. V. Govindaswami.

Dr. B. S. Guha.

#### *Functions :*

(i) to summarise such information as was available regarding studies on the quality of population in other countries ;

(ii) to bring together similar material regarding such studies in India ; and

(iii) to put forward concrete proposals for investigations which would help to create a picture of existing conditions in respect of certain mental and physical defects, of basic intelligence and of other matters, which were important from the point of view of the quality of the population.

## APPENDIX C

### STANDING COMMITTEE FOR REGULATING THE TESTING AND EVALUATION OF CONTRACEPTIVES

Dr. V. R. Khanolkar (Convenor)

Dr. L. D. Sanghvi.

Dr. (Mrs) Sushila S Gore.

Dr. V. N. Shirodkar.

Dr. T. Lakshminarayana.

#### *Functions :*

to determine the procedure to be noted for testing contraceptives and recommend the approved contraceptives to the Family Planning Research and Programmes Committee.

## APPENDIX D

### REPORTS FROM STATES

#### ANDHRA PRADESH

State Family Planning Board consisting of the following was constituted on the 13th June, 1957:

#### *Chairman*

1. Shri N. Sanjiva Reddy, Chief Minister and Minister for Health.

#### *Members*

2. Shri L. N. Gupta, Secretary to the Government Health Department.
3. Maj. K. N. Rao, Director of Medical Services.
4. Dr. C. R. Naidu, Director of Public Health.
5. Dr. (Mrs.) P. M. Naidu, Superintendent, Government Maternity Hospital, Hyderabad.
6. Miss Jumna Bai, Women Welfare Officer.
7. Dr. (Mrs.) E. Maqbool Ali, Asstt. Director of Public Health (M.C.H.).
8. Shri Mehdi Nawaz Jung.
9. Mrs. N. Narothamma Reddy.
10. Mrs. Prem Lata Gupta.
11. Col. K. N. Waghray.

#### *Secretary*

12. Dr. (Mrs.) K. Janaki Subramanyam, State Family Planning Officer.

Dr. (Mrs.) K. Janaki Subramanyam was appointed as the State Family Planning Officer on the 9th December, 1957.

Amounts sanctioned to different sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		Total
	First Plan	Second Plan up to Nov. 1958	
State Government . . . . .	99,284	2,64,621	3,63,905
Local Bodies (1) . . . . .	14,197	..	14,197
Voluntary Organisations (2) . . . . .	30,726	22,791	53,117
<b>TOTAL . . . . .</b>	<b>1,44,207</b>	<b>2,87,412</b>	<b>4,31,219</b>

### Number of Clinics opened in the State

Sponsor	Number of Clinics opened					
	First Plan			Second Plan (Up to 30-11-58)		
	Rural	Urban	Total	Rural	Urban	Total
State Govt. . . . .	..	6	6	86	6	92
Local Bodies . . . . .	..	1	1	..	..	..
Voluntary Organisations ..	..	2	2	1	..	1
<b>TOTAL . . . . .</b>	..	9	9	87	6	93

The population of the State is estimated to be 34.41 million—29.30 million rural and 6.11 million urban. The State is divided into 20 districts. The rural clinics are spread over all the districts while the urban clinics are opened in nine districts of the State. Family Planning Clinics have been opened in 86 Primary Health Centres and sub-centres, 10 Medical Teaching Institutions, 3 Hospitals and 2 M.C.H. Centres.

Seven persons of the State including 4 doctors, 2 health visitors and 1 Public Health Nurse have been trained at the Family Planning Training and Research Centre, Bombay.

A Family Welfare Centre was started in 1955 in Hyderabad which offers advice on infertility and marriage counselling.

DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN THE STATE OF  
ANDHRA PRADESH

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59
1	2	3	4	5	6	7	8
1.	Government of Andhra	For F. P. Bureau . . .	15,145	10,250	..	29,051	..
-do-		For opening 5 urban centres . . .	23,000	50,889	..	..	..
-do-		For opening 7 urban clinics . . .	..	..	..	49,770	..
-do-		For F. P. Officer . . .	..	..	..	11,800	..
-do-		For F. P. Programme . . .	..	..	..	..	1,74,000
		Sub-total . . .	38,145	61,139	..	90,621	1,74,000
		<i>LOCAL BODIES</i>					
1.	Eluru Municipality, Eluru.	For opening 1 urban centre . . .	10,100	4,097	..	..	..
		<i>VOLUNTARY ORGANISATIONS</i>					
1.	F. P. Association, Hyderabad	For opening 2 urban clinics . . .	14,884	15,842	8,761	11,630	..
2.	All India Women's Conference, Andhra Branch, Madras.	For opening 1 rural clinic . . .	..	..	..	2,400	..
		Sub-total . . .	14,884	15,842	8,761	14,030	..
		Total . . .	63,129	81,078	8,761	1,04,651	1,74,000

## ASSAM

State Family Planning Board consisting of the following was formed on 27th June, 1958:

### *Chairman*

1. Shri R. N. Brahma, Minister for Medical and Public Health.

### *Vice-Chairman*

2. Deputy Minister for Medical and Public Health.

### *Members*

3. Deputy Minister, M.C.H. etc.
4. Secretary to Government, Medical Department.
5. Dr. U. C. Bardoloi, Director of Health Services.
6. Deputy Director of Health Services (Public Health).
7. Professor, Obstetrics and Gynaecology, Assam Medical College, Dibrugarh.
8. Superintendent, Ganesh Das Hospital, Shillong.
9. President, Indian Medical Association, State Branch.
10. Honorary Secretary, Indian Red Cross Society, Assam State Branch.
11. President, Assam Mahila Samiti.
12. Mrs. Pushpalata Das.
13. Chairman, State Social Welfare Board.

### *Secretary*

14. Dr. (Mrs.) Triseily Rynjah, Maternity and Child Welfare cum Family Planning Officer.

The State Family Planning Officer has not yet been appointed and the Family Planning work is looked after by the Maternity and Child Welfare Officer of the State.

Amounts sanctioned to various sponsors in the State for the implementation of the Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
1. State Government . . . . .	..	2,23,768	2,23,768
2. Voluntary Organisations (2) . . . . .	2,000	31,476	33,476
<b>TOTAL . . . . .</b>	<b>2,000</b>	<b>2,55,244</b>	<b>2,57,244</b>

*Number of Clinics Functioning in the State*

Sponsor	Number of clinics opened					
	First Plan			Second Plan (upto 30-11-58)		
	Rural	Urban	Total	Rural	Urban	Total
State Government	..	..	..	35	8 (with 6 sub- centres)	43
Voluntary Organi- sations	..	1	1	1	..	1
TOTAL	..	1	1	36	8	44

The population of the State is estimated to be 101.28 million—9.82 million rural and 0.46 million urban. There are 17 districts in the State. Family Planning Clinics have been opened in 8 districts. Clinics have been opened in 4 Medical Teaching Institutions, 18 M.C.H. Centres, 13 Primary Health Centres and 10 in Welfare Institutions.

294 persons of the State have been trained in family planning. These include 11 doctors, 3 health visitors and 1 social worker trained at the Family Planning Training and Research Centre, Bombay, and 270 doctors, 2 social workers and 7 other medical auxiliaries trained in short-term courses conducted by the Touring Training Team of the Family Planning Association of India, Bombay.

DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN THE STATE OF ASSAM

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59
1	2	3	4	5	6	7	8
1.	Government of Assam	For opening 35 rural and 8 urban centres	..	..	..	91,500	..
-do-	For 1 urban clinic and Teaching Institution	..	..	..	..	..	5,268
-do-	For F. P. Programme	..	..	..	..	..	1,27,000
	Sub-total	..	..	..	..	91,500	1,32,268
	VOLUNTARY ORGANISATIONS						
1.	Indian Red Cross Society, Assam State Branch, Shillong.	For opening 1 urban clinic	..	2,000	..	7,706	..
-do-	For opening 1 rural clinic	..	..	..	..	2,330	..
-do-	For 2 rural and 2 urban clinics	..	..	..	..	15,660	..
2.	Assam Pradesh Mahila Samiti, Assam, Shillong.	For 1 urban clinic	..	..	..	..	5,780
	Sub-total	..	..	2,000	..	25,696	5,780
	Total	..	..	2,000	..	1,71,196	1,38,048

## BIHAR

A State Family Planning Committee was formed in 1954-55. The Committee continues to function as State Family Planning Board. The composition of this Committee is as follows:—

### *Chairman*

1. Dr. B. Narayan, Vice-Chancellor, Patna University.

### *Secretary*

2. Assistant Director of Health Services (M.C.H.)

### *Members*

3. Secretary to the Governor.
4. Shri B. N. Rohatgi, Secretary to the Govt. Health Department.
5. Director of Health Services.
6. Dr. T. N. Banerjee.
7. Dr. (Miss) John, Clinical Professor, Patna Medical College, Patna.
8. Dr. S. M. Upadhyaya, Lecturer in Obstetrics and Gynaecology, Patna Medical College, Patna.
9. Shrimati Amla Mukerjee.
10. Lady Imam.
11. President, Indian Medical Association, Bihar Branch.
12. Secretary, Indian Medical Association, Bihar Branch.
13. Shri Satyendra Narain Agarwal, M.L.A.
14. Shri Mathura Pd. Mishra, M.P.
15. Shri L. N. Jha, M.L.C.
16. Shrimati Parbati Devi, M.L.A.
17. Maternity supervisor, Jharia Mines Board, Dhanbad.
18. Assistant Director of Health Services, (A).

Dr. (Miss) K. K. Padmavaty was appointed as State Family Planning Officer on 28-8-1958.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
1. State Government . . . . .	2,790	2,35,442	2,38,232
2. Voluntary Organisations (No. 4) . . . . .	66,120	12,750	78,870
TOTAL . . . . .	68,910	2,48,192	3,17,102

Twenty urban clinics were opened by the State Government during the First Five Year Plan period. During the Second Plan period 22 rural clinics have been opened in N.E.S. Blocks according to State pattern and 6 urban clinics have been opened according to Central pattern.

The population of the State is estimated to be 41.67 million—38.69 rural and 2.98 million urban. Family Planning Clinics are opened in all the 17 districts of the State. The clinics are functioning in 22 N.E.S. Blocks and 26 Hospitals.

So far only one health visitor has been trained in the Family Planning Training and Research Centre, Bombay. Arrangements are being made to get sufficient number of persons, trained in family planning in short-term courses and by the Touring Training Team.

Public meetings were held on the eve of the meetings of the State Family Planning Committee and films on maternity and child welfare and family planning were exhibited.

Rs. 47,620 were sanctioned in 1954-55 to Dr. D. N. Lal, Patna University for conducting sample survey of Patna to estimate the fertility and mortality rates. The study was completed in 1957. Another Demographic study of Abhor Hill Tribes was undertaken by Dr. B. S. Guha for which Rs. 20,500 were sanctioned. The analysis of data collected in this study is still in progress.

# DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN THE STATE OF BIHAR

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59
1	2	3	4	5	6	7	8
I.	Government of Bihar	For opening 20 urban centres.	..	2,790	..	4,026	..
-do-		For opening 6 urban centres	..	..	..	34,416	..
-do-		For F.P. Programme	..	..	..	..	1,57,000
		Sub-total	..	2,790	..	38,442	1,97,000
VOLUNTARY ORGANISATIONS							
1.	Dr. B. S. Guha.	Study of Social Customs & Sex Life of Abhor Hill tribe	18,500	..	..	2,000	..
2.	Dr. D. N. Lal, Patna University.	Sample Survey of Patna to estimate the fertility and mortality rates	47,620	..	..	..	..
3.	Matri Sadan, Jharia	For opening 1 urban centre	..	..	..	7,750	..
4.	National Plan Study and Information Association, Patna.	For holding a Seminar on Family Planning	..	..	..	..	3,000
		Sub-total	66,120	..	..	9,750	3,000
		Total	66,120	2,790	..	48,192	2,00,000

## **BOMBAY**

During the First Plan Period the Government of Bombay was not in favour of family limitation by artificial methods. On 3rd June, 1957 the State Health Minister informed the Government of India that Bombay Government had decided to implement the family planning programme recommended by the Government of India.

The State Family Planning Board was constituted on the 11th November, 1957. The composition of the Board is as follows:—

### *Chairman*

1. Shri M. S. Kannamwar, Minister of Health.

### *Vice-Chairman*

2. Shri N. N. Kailas, Deputy Minister for Health.

### *Members*

3. Dr. D. P. Settna, Surgeon General, Government of Bombay.
4. Shri T. B. Patel, Director of Public Health.
5. Shri Hari Dutta Shastri, Director of Ayurveda.
6. Shrimati Vimlabai Bagal, M.L.A.
7. Shrimati Hirabai Saleo, M.L.A.
8. Dr. J. N. Korpe, M.L.C.
9. Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India.
10. Shrimati Shantabai Bhandarkar.
11. Shri P. B. Patwari, M.L.C.
12. Dr. S. B. Anklesaria.
13. Shrimati Pushpavati Mehta, Chairman, Social Welfare Advisory Board.
14. Shrimati Shantila Trivedi.
15. Dr. (Mrs.) Parbhavati R. Dikshit.
16. Dr. (Mrs.) S. Balaraj.
17. Shrimati Vimlabai Jakkal.
18. Dr. (Smt.) V. S. Kalewar, Supervising Medical Officer (Maternity) Bombay Municipal Corporation.
19. Shrimati A. B. Wadia Hony. General Secretary, Family Planning Association of India.
20. Dr. M. V. Dharwadkar.
21. Shri S. K. Jagtap.
22. Shri Himatlal D. Desai, Hony. Secretary, Saurashtra Advisory Committee, Indian Red Cross Society.

23. Dr. V. S. Siralkar.
24. Shri Anand Rao Kalamkar, Organiser, Youth Section, Bharat Sewak Samaj.
25. Dr. K. L. Sonak.
26. Dr. (Kumari) Sarlabai Merchant.
27. Shrimati Bhadra Desai.
28. Shrimati Shakuntala Paranjpye.
29. Major General M. G. Bhandari, Retired Surgeon General, Government of Bombay.

*Secretary*

30. Dr. K. T. Chitre, State Family Planning Officer.

Dr. M. C. Mamgain was holding the charge of the post of State Family Planning Officer since 14th January, 1958 till the appointment of a full-time officer. Dr. K. T. Chitre has been appointed as State Family Planning Officer, since October, 1958.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (Rs.)		
	First Plan	Second Plan	Total
1. State Government . . . . .	14,830	4,22,740	4,37,570
2. Local Bodies (No. 11) . . . . .	5,750	95,438	1,01,188
3. Voluntary Organisations (No. 40) . . . . .	2,87,447	16,71,751	19,59,198
TOTAL . . . . .	3,08,027	21,89,830	24,97,956

*Number of Clinics Functioning in the State*

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
State Government . . . . .	..	2	2	44	4	48
Local Bodies . . . . .	..	2	2	..	7	7
Voluntary Organisations . . . . .	..	6	6	5	17	22
TOTAL . . . . .	..	10	10	49	28	77

The Governments of former Madhya Pradesh and Kutch State opened one urban clinic each in hospitals in the areas, which were transferred to the Bombay State at the time of reorganization of

States. Surat Borough Municipality was offered financial assistance for maintenance of 2 urban clinics opened in 1953. Seven urban clinics were opened during the First Plan by the Voluntary Organizations.

Soon after the State Government revised its earlier policy they launched a vigorous family planning programme. A "family planning" week was celebrated throughout the State from 14th to 21st November, 1957 when 34 rural clinics were opened. The Minister for Health, other Ministers of the State and eminent persons personally participated in celebrating the week. The State Government has so far established 44 rural and 4 urban clinics during the Second Plan period. Arrangements are being made to start additional 35 rural centres during 1958-59. In addition to these clinics 7 urban clinics have been opened by the Municipal Corporations and 5 rural and 17 urban clinics by Voluntary Organisations in the Bombay State.

The population of the State is estimated to be 54.85 million.—39.82 million rural, 15.03 million urban. Family Planning Clinics have been opened in all the 43 districts of the State. The clinics have also been opened in 37 Primary Health Centres, 5 M.C.H. Centres, and 13 Medical Teaching Institutions.

The Wai Municipality conducted 2 camps for vasectomy operations. In the first camp conducted in June, 1958 for 2½ days, more than 150 persons expressed their readiness to be operated upon but due to short duration of the camp only 50 vasectomy operations were actually performed. The Second Camp was conducted in November, 1958, for one day. Twelve vasectomy operations were performed. In order to meet the demand for vasectomy operations a proposal to conduct the operation at the level of the Primary Health Centre is under the consideration of the State Government.

*Training*—272 persons of the State including 70 doctors, 33 Health Visitors, 67 Social Workers and 102 others have been trained in Family Planning, including 26 doctors, 5 health visitors, 15 social workers and 2 Public Health nurses trained at the Family Planning Training and Research Centre, Bombay.

The seven Medical Colleges in the State will impart training in Family Planning to medical students, student nurses etc. The whole staff of M.C.H. service will receive in due course orientation training in family planning Kutumbh Kalayan Sangh, Nagpur, arranged training courses in family planning.

*Education*.—During the family planning week conducted in the State from the 14th to 21st November, 1957, an exhibition was arranged which was attended by a large number of people. Pamphlets in regional languages were distributed to public. Posters and charts were displayed at prominent places and in family planning clinics. Besides, slides on family planning were shown at cinema theatres and a number of meetings were arranged. The family planning propaganda is being carried out by all health personnel and particularly by M.C.H. Staff attached to Primary Health Centres.

Mahila Vikas Mandal, Colaba, held mass meetings on 10th September, 1958 for mothers of Montessory school children and their sewing class members. A film show was arranged by Rama Krishna Seva Mandal, Anand. 18,000 persons attended exhibitions in Jardeashwar and Visarada conducted by the Medical Officer, Rural Health Centre, Kutiyana. Kutumb Kalayan Sangh, Nagpur, issued Journal on family planning in Hindi.

3. In 1954-55, Rs. 35,000 were sanctioned to the Gokhale Institute of Economics and Politics, Poona, for conducting demographic research in six districts of Bombay State. The study has since been completed.

## DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN BOMBAY STATE]

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1.	Government of Bombay	For opening 1 urban clinic in Nagpur . . .	14,830	..	..	..	..	..
	—do—	For opening 3 rural and 3 urban clinics in Saurashtra Region .	..	..	11,500	..	..	..
	—do—	For opening 22 rural centres. . .	..	..	..	71,240	..	..
	—do—	For Family Planning Programme . . .	..	..	..	..	3,40,000	..
		Sub-total . . .	14,830	..	11,500	71,240	3,40,000	
LOCAL BODIES								
1.	Surat Municipality . .	For opening 2 urban centres. . .	..	5,750	..	3,961	..	..
2.	Poona Municipal Corporation	For opening 3 urban centres. . .	..	..	..	19,000	..	..
3.	Ahmedabad Municipal Corporation	For opening 1 urban centre. . .	..	..	..	7,750	..	..
4.	—do—	For free distribution of contraceptives at 8 M.C.H. Centres . .	..	..	..	..	12,000	..

5.	Bhavanagar Borough Municipality, Bhavanagar	For opening 1 urban centre	..	..	..	7,050
6.	Municipal Borough, Dhulia	—do—	..	..	..	4,700
7.	Thana Borough Municipality, Thana.	—do—	..	..	..	3,862
8.	Broach Borough Municipality, Broach.	For opening 1 urban centre	..	..	..	4,428
9.	Corporation of City of Nagpur, Nagpur.	For opening 3 urban centres	..	..	..	14,737
10.	Kurdwai Municipality, Kurdwai.	For opening 1 rural centre.	..	..	..	1,950
11.	Bombay Municipal Corporation, Bombay	For opening 2 urban centres.	..	..	..	16,000
Sub-total			..	5,750	30,711	64,727

## VOLUNTARY ORGANISATIONS

1.	F. P. Association of India, Bombay.	For Headquarters and Kutumb Sudhar Kendra.	16,500	19,440	36,900	77,660	39,830
	—do—	For Family Welfare Bureau.	..	20,650	14,580		
	F. P. Association of India, Bombay & F. P. Bureau.	Research on role of vitamin A in infertility.	20,200	..	..	..	..
	F. P. Association of India, Bombay.	For purchase of films	..	900	..	..	..
	—do—	For Scientific seminar	..	2,000	..	..	..
	—do—	For Planned Parenthood Conference	..	5,700	..	..	..
	—do—	For field experiments with foam tablets and Preceptin Jelly	10,000	..	..	..	..

1	2	3	4	5	6	7	8	9
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F. P. Association of India, For Third Family Planning Conference . . .

—do— For Family Welfare Journal . . .

—do— For Dr. David Mace's seminars . . .

—do— For Touring Training Team . . .

—do— For collection of data on sterilization . . .

—do— For purchase of duplicating machine . . .

—do— For supply of 800 copies of Third All India Family Planning Conference . . .

—do— For Sixth Planned Parenthood Conference . . .

For opening 1 urban centre

2. Kasturba Medical Aid and Social Welfare Society, Amravati.

3. M. C. H. Centre, Halar, Distt. Jamnagar . . .

4. Dr. Balabhai Nanavati Hospital, Bombay . . .

5. All India Women's Conference, Baroda Branch, Baroda.

5,000

1,625  
16,250 }

3,000

18,000

600

3,182

3,504

55,000

..

..

3,570

..

2,277

1,000

3,445

..

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6. Dr. L. D. Sanghvi, Human Variation Unit, I.C.R.C., Bombay.	Study on twins and rates of Consanguineous marriages in Endogamous groups	10,000	11,875	12,085	..	..
7. Dr. V. R. Khanolkar, Contraceptive Testing Unit, Indian Cancer Research Centre, Bombay.	For establishment of the Unit . . . . .	15,000	..	..	..	..
—do—	For Testing of Contraceptives . . . . .	15,000	43,457	30,000	51,900	25,950
—do—	For construction of building . . . . .	..	..	3,00,000	..	..
—do—	For development of oral contraceptive . . . . .	5,325	..	12,085	..	..
—do—	For field trials on suitable contraceptives . . . . .	..	8,810	5,000	..	..
8. Dr. V. M. Dandekar, Gokhale Institute of Economics and Politics, Poona.	For Demographic Research	35,000	..	..	..	..
9. Matru Sewa Sangh, Sitabuldi, Nagpur.	For opening 1 urban centre	..	..	5,900	8,518	3,746
—do—	For purchase of projector	..	..	..	3,000	..
—do—	For opening 1 rural centre	..	..	..	..	3,750
10. Gavlivad M.C.H. Centre, Rajkot.	For opening 1 urban centre	..	..	..	7,250	..
11. Gulabkunverba Infant Welfare Association, Jamnagar.	For opening 1 urban centre . . . . .	..	..	..	7,750	..
12. Bharat Sewak Samaj, Junagadh.	—do—	..	..	..	7,750	1,500

1	2	3	4	5	6	7	8	9
13.	Mahila Vikas Mandal, Bombay.	—do—	..	..	..	7,750	1,664	
14.	Vanitha Samaj, Amravati	For opening 1 urban centre . . . .	..	..	..	7,750	2,246	
15.	Taluq Steering Committee in Family Planning, Wani	—do—	..	..	..	3,450	..	
16.	M.C.H. Centre, Madhya Saurashtra Police Head-quarter, Rajkot.	—do—	..	..	..	4,990	479	
17.	Kutumb Kalyan Sangh, Dhantoli, Nagpur . .	For opening 2 rural and 1 urban centres . .	..	..	..	23,500	..	
18.	Gurdev Hospital, Gurukunj Ashram, Amravati.	For opening 1 rural centre	..	..	..	5,500	..	
19.	Rama Krishna Sewa Mandal, Anand.	For opening 1 rural and 1 urban centre.	..	..	..	19,000	..	
20.	Christa Sewa Mandir, Sholapur.	For opening 1 urban centre	..	..	..	13,000	..	
21.	Bharat Sewak Samaj, Kutch.	For opening 1 rural and 1 urban centre . .	..	..	..	19,000	..	
22.	Indian Council of Social Work, Aurangabad Branch.	For opening 1 urban centre	..	..	..	13,000	..	
23.	N. M. Wadia Charitable Hospital Trust, Sholapur.	For opening 1 urban centre	..	..	..	7,750	4,673	
24.	Talegaon General Hospital, Talegaon.	—do—	..	..	..	6,730	..	

25.	All India Women's Conference, Santacruz Branch.	For opening 1 urban centre	..	..	4,483	..
26.	Janta Sahakari Arogya Kendra, Sangali.	—do—	..	..	7,750	5,077
27.	Rotary Club, Barsi	—do—	..	..	3,150	..
28.	Nagrik Sangatana Samiti, Poona.	For opening 1 urban centre	..	..	..	3,710
29.	Ahmedabad Nursing Home and Child Welfare Centre, Ahmedabad.	For opening 1 urban and 1 rural centre	..	..	..	11,750
30.	Seth Sakharan Nem Chand Hospital, Sholapur.	For opening 1 urban centre	..	..	..	8,000
31.	Poona Women's Council, Cantt. Unit, Poona.	—do—	..	..	..	8,000
32.	Shri Bhartiya Arogya Nidhi, Nambadevi Tank, Bombay— 3.	—do—	..	..	..	8,000
33.	Akhil Hind Mahila Parishad Chilkhi Sakha, Bombay.	For opening 1 rural centre	..	..	..	3,150
34.	Shri Mouni Vidya Peth, Gargoti, Kolhapur.	—do—	..	..	..	3,150
35.	Seth Vadilal Sarabhai General Hospital, Sholapur.	For opening 1 urban centre	..	..	..	12,176
36.	Dhanrajgirgi Hospital Trust, Sholapur.	For opening 1 urban centre	..	..	..	6,080
37.	Hindustan Antibiotics Private Limited, Pimpri.	For stocking of contra- ceptives for sale	..	..	..	500

1	2	3	4	5	6	7	8	9
38.	Bhagini Samaj Health Centre, Khelwadi, Bombay.	For opening 3 urban centres.	..	..	..	..	14,880	
39.	Mahila Mandal, Ratnagiri	For opening 1 urban centre.	..	..	..	..	5,840	
	Sub-total	.	1,27,025	1,60,422	5,23,271	7,94,302	3,54,178	
	Total	.	1,41,855	1,66,172	5,34,771	8,96,253	7,58,905	

## JAMMU AND KASHMIR

The State Government opened 2 urban clinics during 1957-58 in the Civil Hospitals in Srinagar and Jammu. Rs. 0.32 lakhs have been provided for ways and means advances during 1958-59.

## KERALA

The State Family Planning Board was formed in August, 1957 consisting of the following.

### Chairman

1. Dr. A. R. Menon, Minister for Health.

### Members

2. Shri V. R. Krishna Iyer, Minister for Law.
3. Shrimati K. R. Gouri, Minister for Revenue.
4. Shri N. E. S. Raghavachari, Chief Secretary to Government.
5. Secretary to Government.
6. Shri T. Krishna Nair, Secretary to Government, Health Department.
7. Dr. K. Madhavan Nair, Director of Health Services.
8. Shrimati Chitra Gopalan, Assistant Director of Public Health and M.C.H.
9. Dr. C. O. Karunakaran.
10. Dr. N. Krishnan Thampi, (Retired Director of Public Health).
11. Shrimati N. Krishnan Thampi, Secretary Family Planning Association, Trivandrum.
12. Shrimati G. K. Nair.
13. Mrs. Pattom Thanu Pillai.
14. Shrimati P. Thankmama, Secretary, Mahila Mandiram.
15. Dr. R. K. K. Thampan, Professor of Obstetrics, Medical College.

### Secretary

16. Shrimati B. Kamla Ramier, State Family Planning Officer.

Dr. (Smt.) B. Kamla Ramier was appointed as the State Family Planning Officer on 28th January, 1958.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

	Amount Sanctioned (in Rupees)		
	First Plan	Second Plan	Total
I. State Government . . . . .	..	1,16,000	1,16,000
I. Voluntary Organisations (8). . . . .	21,200	76,040	97,240
TOTAL . . . . .	21,200	1,92,040	2,13,240

*Number of Clinics opened in the State.*

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
State Government	10	..	10	20	10	30
Voluntary Organisation	1	1	2	4	2	6
Total	11	1	12	24	12	36

The population of the State is estimated to be 15.75 million, of which 13.79 million is rural and 1.96 million urban. The family planning clinics are opened in all the seven districts of the State. There are clinics functioning in 17 Primary Health Centres, 4 M.C.H. Centres, 13 Hospitals and 6 Medical Teaching Institutions. 7,951 persons were given advice on family planning methods during the last one and a half years.

Permanent birth control seems to be welcomed by a majority of people especially the low income group who have more than 4 living children. Sterilization operation has been arranged in twenty major hospitals of the State, where facilities for such operation are available. People willing to undergo such operation are directed by the clinics to these Institutions in the respective districts. The number of operations performed at 7 such institutions during the period January to October, 1958 is 808.

10 doctors and 11 health visitors were trained in family planning during the First Plan. 88 persons of the State have been trained so far during Second Plan Period. These include 2 doctors and 1 social worker trained at the Family Planning Training and Research Centre, Bombay and 34 doctors, 18 health visitors, 1 nurse and 32 midwives trained in short-term courses arranged by the State Government in collaboration with the Family Planning Association, Trivandrum. The trained persons are employed in institutions to which family planning clinics are attached. Family Planning Training is included in the syllabus for the health visitors and midwives.

District committees have been formed in all districts and local committees in many of the family planning clinics for successful implementation of the programme. Message of family planning has been widely spread in the State and people have begun to realise the responsibility of parenthood. A health education officer has been appointed for organizing intensive propaganda.

Two booklets on family planning have been translated and are being printed. Two exhibitions were organized in Trivandrum, where pamphlets and handbills on family planning were distributed. 100 slides have been prepared and distributed for display in the cinema halls of all the districts.

A Demographic Centre in the Department of Statistics, Kerala State Government, started functioning since August, 1957. A pilot survey on attitudes towards family planning has been undertaken at the Centre. A field study financed by the Indian Council of Medical Research to assess the acceptability and the effectiveness of different family planning methods has also been recently started by Dr. Thampan, Gynaecologist, S.A.T. Hospital, Trivandrum.

DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN KERALA STATE

Sl. No.	Name of Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1	Government of Kerala	for Family Planning Programme	..	..	..	..	1,16,000	
2	Sub-total		..	..	..	..	1,16,000	
<b>VOLUNTARY ORGANISATIONS</b>								
1	Kasturba Memorial Nursing & Maternity Home, Quilon.	for opening 1 urban centre	..	6,200	3,000	4,400	2,617	
	—do—	for opening 1 rural centre	..	..	..	4,100	4,383	
2	F. P. Association of India, Trivandrum.	for opening 1 urban centre	..	15,000	..	5,446	..	
3	Skipko Committee, Malabar	for opening 1 rural, and 1 urban clinic.	..	..	..	11,250	4,652	
4	Bharat Sewak Samaj, Trivandrum.	for opening 2 rural centres	..	..	..	14,400	..	
5	Narayana Medical Mission, Varkala.	for opening 1 rural centre	..	..	..	6,790	3,752	
6	Swayamprakash Welfare Centre, Kulathoor, P. O. Kazakkuttan.	for opening 1 rural centre	..	..	..	..	3,750	
7	Bharat Sewak Samaj, Konni	—do—	..	..	..	..	3,750	
8	S.N.V. Women's Association, Trivandrum,	—do—	..	..	..	..	3,750	
	Sub-total		..	21,200	3,000	46,386	26,651	
	<b>TOTAL</b>		..	21,200	3,000	46,386	1,42,654	

## MADHYA PRADESH

The State Family Planning Board constituted on 1st October, 1958 includes:--

### *Chairman*

1. Shrimati Padmavati Devi, Minister for Public Health.

### *Vice-Chairman*

2. Deputy Minister, Finance and Public Health.

### *Members*

3. Secretary, Planning and Development Department.
4. Secretary, Education and Social Welfare Department.
5. Secretary, Public Health Deptt.
6. Director of Economics and Statistics.
7. Director of Social Welfare.
8. One Member of Parliament (to be nominated).
9. One member of Legislative Assembly, (to be nominated).
- 10 & 11. Two members interested in Social Work and/or Family Planning. (to be nominated).
12. Chairman, State Social Welfare Board.
13. A Representative of the State Branch of Indian Medical Association.

### *Secretary*

14. Dr. G. L. Sharma, Director of Health Services.

### *Joint Secretary*

15. Assistant Director of Health Services (Family Planning).

Full-time Family Planning Officer has not yet been appointed in the State. At present Dr. (Mrs.) L. Pandit, Officer on Special Duty, is looking after the work of family planning.

Amount sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned		Rs.
	First Plan	Second Plan	Total
State Government	1,469	1,34,000	1,35,469
Voluntary Organisations (5)	..	28,853	28,853
<b>TOTAL</b>	<b>1,469</b>	<b>1,62,853</b>	<b>1,64,323</b>

#### Number of Clinics functioning in the State

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
State Government	..	7	7	67	22	89
Voluntary Organisations	.	..	..	..	2	2
<b>TOTAL</b>	<b>..</b>	<b>7</b>	<b>7</b>	<b>67</b>	<b>24</b>	<b>91</b>

The estimated population of the State is 27.71 million—24.21 million rural and 3.50 million urban. Out of the 43 districts of the State, clinics have been opened in 39 districts. Family Planning clinics have been opened in 67 Primary Health Centres and sub-centres, 22 hospitals and 8 medical teaching institutions. A Family Planning Association has recently been formed in the State. 3,000 persons attended the 9 urban clinics during 1957-58 and 2,386 persons were given advice during the year. The number of sterilization operations conducted in the State was 583 in 1956 and 1089 in 1957.

58 persons of the State have so far been trained in family planning. These include 5 doctors, 4 health visitors and 3 social workers trained at the Family Planning Training and Research Centre, Bombay, and 46 persons orientated in Family Planning in short-term training courses.

A number of meetings were organised, film shows arranged and exhibitions conducted. Puppet shows were also arranged. Great importance is given to radio programmes for village folk,

## DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN MADHYA PRADESH

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1	Government of Madhya Pradesh.	For opening 6 urban clinics in Madhya Bharat Region.	1,119	..	..	..	..	..
2	—do—	For opening 1 urban clinic in V. P. Region	350	..	..	..	..	..
3	—do—	For free distribution of contraceptives	..	..	..	7,000	..	..
4	—do—	For Family Planning Programme	..	..	..	..	1,27,000	..
		Sub-total	1,469	..	..	7,000	1,27,000	..
VOLUNTARY ORGANISATIONS								
1	Child Welfare and Maternity Association, Seoni	For opening 1 urban centre	..	..	..	1,500	..	..
2	Mahila Mandal, Bhopal	—do—	..	..	..	7,750	..	..
3	Vanitha Mandal and Mahila Mandal, Dewas	—do—	..	..	..	7,750	..	..
4	Gwalior Mahila Mandal, Gwalior.	—do—	..	..	..	..	6,253	..
5	Maternity Home, Sagar	—do—	..	..	..	..	5,600	..
		Sub-Total	1,469	..	..	17,000	11,853	..
		TOTAL	1,469	..	..	24,000	1,38,853	..

## MADRAS

The State Family Planning Board, constituted on 18th July, 1956, includes the following.

### *Chairman*

1. Shri Manickavelu Naicker, Minister for Revenue & Public Health.

### *Members*

2. Shri R. A. Gopalaswami, Secretary to Government, Health, Education & Local Administration Department.
3. Additional Secretary to Government, Health, Education & Local Administration Deptt.
4. Dr. M. K. K. Menon, Superintendent, Raja Sir Ramaswami Mudaliar Lying-in Hospital, Madras.
5. Director of Women's Welfare Department.
6. Assistant Director of Public Health.
7. Dr. U. Krishna Rao, M.L.A.
8. Shrimati Clubwalla Jadhav.
9. President of the All-India Medical Association, Madras Branch.
10. Dr. S. Chandrashekhar, Director of Indian Institute for Population Studies, Madras.
11. Dr. (Shrimati) Soundaram Ramachandran, M.L.A.

### *Secretary*

12. Dr. V. R. Thayumanaswami, Director of Medical Services.

### *Joint Secretary*

13. Dr. N. Parthasarathy, Director of Public Health.

A Co-ordination Committee of the State Family Planning Board was constituted on 7th May, 1957 to watch the progress of the schemes in Madras City as well as training programmes.

Dr. (Smt.) P. Pankajam was first appointed as the State Family Planning Officer on 14th December, 1957. Dr. (Smt.) P. Lakshmi, took over the charge of post of State Family Planning Officer on 20th March, 1958.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (Rs.)		
	First Plan	Second Plan	Total
1. State Government . . . . .	20,630	3,68,702	3,89,332
2. Local Bodies (3) . . . . .	69,519	18,000	87,519
3. Voluntary Organisations (5) . . . . .	21,459	1,23,926	1,45,385
TOTAL . . . . .	1,11,608	5,10,628	6,22,236

The number of clinics opened in the State

Sponsor	First Plan			Second Plan		
	Ru- ral	Ur- ban	Total	Ru- ral	Ur- ban	Total
State Government . . . . .		8 (Part- time)	8 (Part- time)	64	7	71
Local Bodies . . . . .		6	6		3	3
Voluntary Organisations . . . . .	2	2	4	1	1	2
TOTAL . . . . .	2	16	18	65	11	76

The eight part-time urban clinics opened by the State Government during the First Plan Period were upgraded during 1957-58.

The estimated population of the State is 33.14 million—25.09 million rural and 8.05 million urban. Family Planning Clinics are opened in 12 of the 13 districts of the State and are attached to 4 M.C.H. Centres, 63 hospitals, 16 Medical Teaching Institutions and 11 other welfare institutions.

The main emphasis has been on sterilization. The Government of Madras have started the following schemes for this purpose:—

- (i) A scheme for payment of subsidy to selected private medical practitioners in Madras City for vasectomy operations for a period of one year. The rate of subsidy being Rs. 25 per operation for a period of 12 months from the date on which surgery is first approved for subsidy under the scheme, the rate being reviewed and revised from year to year. The subsidy is restricted to cases of operation on persons with an income of Rs. 200 and less per mensem.

Under the scheme four private medical practitioners having enough surgical experience and nursing home facilities were appointed.

- (ii) A scheme for payment of special remuneration of Rs. 2 for each operation to the canvassers and tutors in family planning who send cases to approved surgeries or Government hospitals.
- (iii) Under the "Madras City Public Employees' Family Welfare Scheme" concessions have been extended to the public employees in the Madras City, seeking the surgical methods of Family Planning. Public employees in Madras City who have attained the age of 32, in the case of men, and 26 in the case of women, and who have not less than three living children are eligible to avail of the concessions extended in the scheme. For men undergoing vasectomy operation a cash grant of Rs. 15 each and for women undergoing salpingectomy operation a cash grant of Rs. 25 each is payable. Two surgical teams have been set up, one at the Government General Hospital and the other at the Government Stanley Hospital, Madras. As salpingectomy is being performed usually immediately after delivery and as the medical unit in which such patients are admitted for confinement are performing the operation on willing patients, no separate surgical unit for salpingectomy is being set up under this scheme.
- (iv) The Director, Indian Institute for Population Studies, Madras, was directed to conduct an attitude survey of fathers under the Madras City Public Employees' Family Welfare Scheme for which a sum of Rs. 1,500 was sanctioned.

During the year 1958, 40,909 mothers were contacted; 9,185 were given advice on sterilization and the remaining on other methods of family planning. During the first ten months of 1958, 545 females and 463 males were sterilized.

262 doctors and medical auxiliaries in the State have been trained in Family Planning including 1 doctor and 1 social worker trained at the Family Planning Training and Research Centre, Bombay. A Family Planning Training Institute was started in August, 1957 in the Government Hospital for Women and Children, Egmore, Madras. So far, 150 doctors, 100 nurses, 10 social workers, and 5 batches of health visitors and public health nurses and 15 non-medical men as canvassers and tutors have been trained at this centre. It is proposed to upgrade this centre into one of the Regional Training Centres. The other training programmes in the State include:

Imparting training in family planning technique to doctors, and medical authorities during their period of training.

Training of all maternity assistants in the State employed in the mofussil medical institutions.

The training in family planning of non-medical persons who are attached to the family planning clinics and who are eager to get trained in family planning.

Rs. 90,000 have been sanctioned in November, 1958, to Andhra Mahila Sabha Nursing Home and Free Dispensary, Madras for a training centre for Family Welfare Workers.

A family planning manual furnishing details about various family planning methods has been published in English and Tamil and released for sale at 25 nP per copy. Copies of the manual are also distributed free of cost to all married non-gazetted officers and also to other deserving persons. The replies received from the records of manual to the questionnaire have been summarized in the form of a booklet called "Methods of family planning—reports of a personnel experience."

Strings of beads were distributed to mothers for guidance for making use of safe period method. The "Happy Family Planning" Calendar furnishing particulars regarding safe period method were distributed to all non-gazetted officers.

Family Planning stalls were opened in major exhibitions, like All-India Swadeshi and Khadi Industrial Exhibition, Madras, Madurai Municipal Chitrai Exhibition, Madurai and in Medical Colleges. Pamphlets explaining surgical methods of family planning and their merits as well as instructions to be observed by persons undergoing vasectomy operations were published and distributed. The State Government is considering to construct a mobile unit containing models, charts, films, etc., on family planning to educate the masses even in the interior parts of the State.

Research in sub-fertility is undertaken at the Government Hospital for Women and Children, Egmore, Madras.

DETAILS OF THE AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN MADRAS STATE

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1	Government of Madras	for opening clinics	..	20,630	14,363	14,040	..	
	—do.—	Research on Sub-fertility	..	..	..	8,277	..	
	—do.—	Collection of data on sterilization	..	..	..	600	..	
	—do.—	for F. P. Officer	..	..	..	8,613	..	
	—do.—	for purchase of projector	..	..	..	4,809	..	
	—do.—	for Family Planning Programme	..	..	..	..	3,18,000	
		Sub-Total	..	20,630	14,363	36,339	3,18,000	
LOCAL BODIES								
1	Madras Corporation, Madras	for opening 6 urban centres	29,970	39,549	..	..	..	
2	Coimbatore Municipality	for opening 1 urban centre	..	..	5,666	..	..	
3	Madurai Municipality, Madurai	for opening 2 urban centres	..	..	..	12,334	..	
		Sub-Total	29,970	39,549	5,666	12,334		
VOLUNTARY ORGANISATIONS								
1	Mathar Sangam, Trichengodu	for opening 1 urban centre	2,724	7,683	3,943	..	..	
	—do.—	for purchase of projector	..	..	..	3,000	..	
2	G. Kuppaswamy Naidu Memorial Hospital, Coimbatore.	for opening 1 urban centre	2,890	6,720	4,314	5,289	..	
3	Sivanand Saraswati Sewashram, Katuppakkam	for opening 2 rural centres	..	1,442	1,790	2,840	..	
4	Kasturba Gandhi Maternity Home, Chinnalapatti.	for opening 1 rural centre	..	..	..	5,000	..	

5. Andhra Mahila Sabha Nursing Home & Free Dispensary, Madrás	for opening 1 urban centre	..	..	..	7,750	..
—do.—	for a training centre for Family Welfare Workers.	..	..	..	..	90,000
Sub-Total		5,614	15,845	10,047	23,879	90,000
Grand Total		35,584	76,024	30,076	72,552	4,08,000

## MYSORE

The State Family Planning Board was formed on 27-8-57. The composition of the Board is as follows:—

### *President*

1. Shri K. K. Heggade, Minister for Public Health.

### *Vice-President*

2. Shrimati Mallika Ghose, President, Family Planning Association, Mysore.

### *Members*

3. Dr. S. Seshagiri Rau, Director of Public Health.
4. Dr. B. Venkata Subba Rao, Director of Medical Services.
5. Director, Social Welfare.
6. Shri N. H. Godbole, Representative of the Indian Medical Association, Bangalore.
7. Dr. Albuquerque, Representative of the Pradesh Branch of All India Women's Conference.
8. Shrimati Leelavati Magadi, M.L.A. (since resigned.)
9. Shrimati Basavarajeswari, M.L.A.
10. Shri Badrinarayan, M.L.A.
11. Shri A. N. Rama Rao, M.L.C.
12. Shrimati Prema Pai, Social Worker.

### *Secretary*

13. Dr. K. S. Nanjundiah, State Family Planning Officer.

Dr. K. S. Nanjundiah was appointed as State Family Planning Officer on 3-10-57.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
(i) State Government . . . . .	..	1,73,452	1,73,452
(ii) Voluntary Organisations ( 6) . . . . .	27,980	61,523	89,503
TOTAL . . . . .	27,980	2,34,975	2,62,955

## Number of Clinics functioning in the State.

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
State Government . . . . .	3	3	6	12	10	22
Local Bodies . . . . .	..	..	..	..	..	..
Voluntary Organisations . . . . .	3	3	6	..	2	2
TOTAL . . . . .	6	6	12	12	12	24

Sterilization operations are performed on willing persons in District Hospitals where facilities for such operations are available. The State Govt. proposes to offer a cash grant of Rs. 25 to each person, who undergoes such operation in order to cover conveyance charges and other incidental expenses.

The population of the State is estimated to be 22.08 million—17.37 million rural 4.71 million urban. Of 19 districts in the State, family planning clinics are opened in 17 districts. The clinics are opened in one M.C.H. Centre, 4 medical teaching institutions, 12 hospitals and 9 welfare institutions.

306 persons of the State have been trained in family planning. Family Planning has been included in the normal teaching programme for midwives and health inspectors. 144 midwives and 53 health inspectors have been given orientation in family planning.

The State Publicity establishment which is provided with a van and project or is also doing family planning education.

## DETAILS OF THE AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN MYSORE STATE

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1	Government of Mysore	For opening 8 rural and 14 urban clinics.	..	..	..	49,248	..	
2	—do—	For F.P. Officers	..	..	..	3,660	544	
3	—do—	For Family Planning Programme	..	..	..	..	1,20,000	
		Sub-Total	..	..	..	52,908	1,20,544	
VOLUNTARY ORGANISATIONS								
1	F. P. Association, Mysore	For opening 1 urban centre	..	18,250	5,400	5,250	4,470	
2	—do—	—do—	..	..	10,250	8,440	7,175	
3	—do—	For publicity unit	..	..	..	2,000	..	
4	Women's Hospital, Hubli	For opening 1 urban centre	..	7,550	..	..	..	
5	Rugna Sewa Mandal, Belgaum.	—do—	..	2,180	..	2,288	..	
6	Mahila Samaj, Udipi	—do—	..	..	..	7,250	..	
7	Karnatak Health Institute, Ghata prabha	—do—	..	..	..	..	8,000	
8	Gen. K. M. Cariappa	For family planning propaganda among retired soldiers	..	..	..	..	1,000	
		Sub-Total	..	27,980	15,650	25,228	20,645	
		Total	..	27,980	15,650	78,136	1,41,189	

## ORISSA

The State Family Planning Board consisting of the following was formed on the 24th April, 1958:-

### CHAIRMAN

- (1) Shrimati Basanta Manjari Debi, Minister for Health.

### MEMBERS

- (2) Shri R. N. Salvatore, Secretary to Government, Health Department.
- (3) Secretary to Government, Finance Department.
- (4) Dr. (Miss) B. Dei, the Superintendent of Medical aid to Women and Children.
- (5) Rani Shrimati Ratnapreva Devi, M.L.A.
- (6) Shri Satyananda Champati Ray, M.L.A.
- (7) Shrimati Haripriya Devi, Member, Kalyani Samiti.
- (8) Shrimati Pravahmayee Devi, Chairman, Social Welfare Board, Cuttack.

### SECRETARY

- (9) Brig. B.O. Khurana, Director of Health Services.

The State Family Planning Officer has not yet been appointed and the Superintendent of Medical aid to women and children is looking after the Family Planning Work and will continue to be a member of the Board till the appointment of a full-time Family Planning Officer.

Rs. 23,772 were sanctioned to State Government in 1954-55 for the opening of 3 urban clinics and Rs. 17,000 in 1956-57 for opening of 3 additional urban clinics. Rs. 77,000 has been allotted for the State to be released as lump sum ways and means advances during 1958-59.

25 rural and 28 urban clinics have so far been opened by the State Government, including 3 urban clinics opened during the First Plan period.

The population of the State is estimated to be 15.32 million—14.67 million rural and 0.65 million urban. Family Planning Clinics are functioning in all the 13 districts of the State. The clinics are functioning in 16 Primary Health Centres, 8 M.C.H. Centres, 26 Hospitals, 2 Medical Teaching Institutions and 1 Welfare Institution.

Seven persons of the State including 2 doctors, and 5 health visitors have been trained in family planning at the Family Planning Training and Research Centre, Bombay.

DETAILS OF AMOUNTS SANCTIONED TO THE GOVERNMENT OF ORISSA STATE

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1	Government of Orissa	for opening 3 urban clinics	23,772	..	..	..	..	
2	do	do	..	..	17,000	..	..	
3	do	for Family Planning Programme	..	..	..	..	77,000	
Total			23,772	..	17,000	..	77,000	

## PUNJAB

The State Family Planning Board was formed on the 24th July, 1958. The composition of the Board is as follows:

### CHAIRMAN

- (1) Minister for Health.

### MEMBERS

- (2) Deputy Minister for Health & Social Welfare.
- (3) Deputy Director of Health Services. (P.H.)
- (4) Planning and Development Commissioner.
- (5) Lt.-Col. R. N. Khosla, Chairman, Family Planning Association, Punjab.
- (6) Representative of the Indian Medical Association, Punjab.
- (7) Shri Gurbachan Singh Bajwa, M.L.A.
- (8) Shrimati Om Parbha Jain, M.L.A.

### SECRETARY

- (9) Dr. Asa Singh, State Family Planning Officer.

Dr. Asa Singh was appointed as the State Family Planning Officer on 14th November, 1957.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
1. State Government	2,040	1,74,782	1,76,822
2. Voluntary Organisations (6)	51,707	1,25,513	1,77,220
TOTAL	53,747	3,00,295	3,54,042

Rs. 17,600 were sanctioned to Family Planning Association of Punjab, for opening of 36 urban clinics during the First Plan period. As this amount could not be fully utilised, permission was given in 1956-57 to utilize the balance for starting a Model Clinic and a Training Centre at the Medical College Hospital, Amritsar. Additional amount of Rs. 51,277 was sanctioned to the Association in 1957-58 for starting 5 rural and 5 urban clinics.

## Number of Clinics Functioning in the State.

Sponsor	First Plan		Second Plan		Total	
	Ru- ral	Ur- ban	Total	Ru- ral	Ur- ban	Total
State Government . . . . .	..	..	..	8	5	13
Voluntary Organisation . . . . .	..	1	1	6	5	11
TOTAL . . . . .	..	1	1	14	10	24

The population of the State is estimated to be 17·23 million—13·86 millions rural and 3·37 million urban. Family planning clinics are functioning in 13 out of 18 districts of the State. The clinics are opened in 11 primary health centres, 6 M.C.H. centres, 2 medical teaching institutions, 1 hospital and 5 other welfare institutions.

12 persons of the State have been trained in family planning. These include 4 doctors, 2 health visitors and 1 public health nurse trained at the Family Planning Training and Research Centre, Bombay and 5 more health visitors trained in short-term course conducted in Delhi. A training centre at Amritsar has been sanctioned to the Family Planning Association, Punjab. Administrative approval was accorded to the State Government in July, 1958 for opening a Regional Training Centre in the Medical College, Patiala.

DETAILS OF AMOUNTS SANCTIONED IN VARIOUS SPONSORS IN THE PUNJAB

Sl. No.	Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1.	Government of Punjab.							
2.	—do—	For Family Planning for opening 8 rural & 5 urban clinics.	2,040	..	..	60,832	..	
3.	—do—	For F. P. Officer.	..	..	..	4,950	..	
4.	—do—	for Family Planning Programme	..	..	..	..	1,09,000	
		Sub-Total	2,040	..	..	65,782	1,09,000	
VOLUNTARY ORGANISATIONS								
1.	F. P. Association, Punjab.	for opening 36 urban clinics	17,600*	..	..	..	..	*All the amount could not be utilized during the 1st Plan. Permission was given in 1956-57 to utilise the balance for a model clinic and training centre at Medical College Hospital Amritsar.
	Simla.	for opening 5 rural & 5 urban clinics	..	..	..	51,277	..	
2.	F. P. Association, Chandigarh.	for opening 1 urban clinic	..	3,200	..	2,736	..	
3.	India-Harvard Population Study, Khanna.	Ludhiana Research	15,907	15,000	15,000	15,000	15,000	
4.	Philadelphia Hospital, Ambala	for opening 1 rural clinic	..	..	..	5,500	..	
5.	Council of Child Welfare, for opening 1 urban clinic	Nangal Township.	..	..	..	13,000	..	
6.	Christian Medical College, for opening 1 urban clinic	Ludhiana.	..	..	..	..	8,000	
Sub-Total			33,507	18,200	15,000	87,513	23,000	
Total			35,547	18,200	15,000	1,53,295	1,32,000	

## RAJASTHAN

The State Family Planning Board was constituted on 18th October 1957 with the following:—

### CHAIRMAN

- (1) Shri Badri Prasad Gupta, Minister for Health.

### MEMBERS

- (2) Secretary, Medical and Health Department.
- (3) Secretary, Planning Department.
- (4) Secretary, Finance Department.
- (5) Development Commissioner.
- (6) Dr. B. N. Sharma, Director of Medical and Health Services.
- (7) Deputy Director of Medical Health Services.
- (8) Assistant Director of Medical and Health Services (Plan).
- (9) Assistant Director of Medical and Health Services (M.C.W.).
- (10) Principal, Sewai Man Singh Medical College.
- (11) President, Indian Medical Association, Rajasthan.
- (12) Chairman, Social Welfare Advisory Board, Rajasthan.
- (13) & (14) Two Members of Legislative Assembly (to be nominated).
- (15) President, State Council for Child Welfare.

### SECRETARY

- (16) Dr. (Miss) H. N. Unwalla, Family Planning Officer.

Dr. (Miss) H. N. Unwalla, was appointed as State Family Planning Officer on 11-7-1957.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
State Government . . . . .	29,200	2,84,180	3,13,380
Voluntary Organizations. (2) . . . . .	9,016	13,089	22,105
Total . . . . .	38,216	2,97,269	3,35,485

## Number of clinics functioning in the State.

Sponsor	First Plan			Second Plan		
	Ru- ral	Ur- ban	Total	Ru- ral	Ur- ban	Total
State Government . . . . .	..	6	6	25	5	30
Voluntary Organizations . . . . .	..	..	..	..	2	2
Total . . . . .	..	6	6	25	7	32

The Family Planning Association, Ajmer, upgraded in July, 1957 the two existing urban clinics so as to conform to the pattern laid down by the Central Government.

The population of the State is estimated to be 17.72 million—14.52 million rural, 3.20 million urban. Family planning clinics are opened in all the districts of the State.

Eight doctors of the State have been trained including 3 trained at the Family Planning Training and Research Centre, Bombay and 5 orientated in short-term training courses. There has been acute shortage of personnel both for medical as well as social work. To meet the situation, the State Government is considering appointment of part-time workers at the Family Planning clinics and orientation of the medical auxiliaries in family planning for about two months.

Publicity Units have been established and an Assistant Publicity Officer has been appointed for carrying out family planning education.

DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN RAJASTHAN

Sl. No. 1	Sponsor 2	Purpose 3	1954-55 4	1955-56 5	1956-57 6	1957-58 7	1958-59 8	Remarks 9
1.	Government of Rajasthan	For opening 6 urban centres	29,200	..	..	..	..	
	—do—	For opening 25 rural and 10 urban clinics.	..	..	..	1,40,000	..	
	—do—	For publicity unit	..	..	..	15,180	..	
	—do—	For Family Planning Programme.	..	..	..	..	1,29,000	
		Sub-Total	29,200	..	..	1,55,180	1,29,000	
VOLUNTARY ORGANISATIONS								
1.	Rajasthan Staff Council for Child Welfare.	For opening 3 urban clinics	..	9,016	..	2,589	..	
2.	F. P. Association, Ajmer	For opening 2 urban clinics	..	..	..	10,500	..	
		Sub-Total	..	9,016	..	13,089	..	
		Total	29,200	9,016	..	1,68,269	1,29,000	

## UTTAR PRADESH

The State Family Planning Board was formed on 10th October, 1957. The composition of the Board is as follows:

### *Chairman*

1. Hon'ble Thakur Hukam Singh, Minister of Health.

### *Vice Chairman*

2. Deputy Minister for Health.

### *Members*

3. Shri L. M. Bhatia, Secretary to Government, Medical and Public Health Department.
4. Shri Satish Chandra, Development Commissioner of the State.
5. Dr. K. M. Lal, Director of Medical and Health Services.
6. Dr. G. B. Kabraji, Deputy Director of Medical and Health Services (Women Section).
7. Shri S. P. Wattal, Director of Social Welfare.
8. Dr. V. M. Samal, Superintendent K. N. Hospital, Allahabad.
9. Dr. (Smt.) J. Jayakar, Assistant Director of Medical and Health Services (M.C.W.).
10. Dr. H. N. Shivpuri, President Indian Medical Association, U.P. Branch.
11. Dr. B. M. Gupta, Representative Indian Red Cross Society, U.P. Branch.
12. Shri Sheo Raj Singh Yadav. A member of Legislative Assembly.
13. Shri Prem Chand Sharma. A member of Legislative Council.
14. Begum Ali Zaheer.
15. Dr. (Smt.) Leela Tharat.
16. Dr. (Kumari) K. Sabarwal.
17. Dr. Kaushla Nand.
18. Dr. (Smt.) Hem Sanwal.

### *Secretary*

19. Dr. (Mrs.) E. L. Talwar, Assistant Director, Family Planning.

Dr. (Mrs.) S. L. Talwar was appointed as Assistant Director, Family Planning on 21-7-1958.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
1. State Government . . . . .	..	3,18,600	3,18,600
2. Local Bodies (2) . . . . .	59,640	..	59,640
3. Voluntary Organisations( 8) . . . . .	1,22,670	1 53,484	276,154
Total . . . . .	1,82,310	4,72,084	6,54,394

#### Number of Clinics Functioning in the State.

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
State Government . . . . .	..	..	..	35	7	42
Local Bodies . . . . .	..	8	8	..	..	..
Voluntary Organisations . . . . .	1	2	3	..	7	7
Total . . . . .	1	10	11	35	14	49

The population of the State is estimated to be 68.59 million—59.10 million rural and 9.49 million urban. Family Planning clinics have been opened in 30 out of the 51 districts of the State. The clinics are opened in 36 primary health centres and Maternity and Child Health centres, 2 medical teaching institutions, 10 hospitals, 1 dispensary and 11 welfare institutions.

88 persons of the State have been trained in Family Planning. These include 4 doctors and 5 social workers trained at the Family Planning Training and Research Centre, Bombay and 57 social workers and 20 midwives orientated in short-term courses in Lucknow.

Research on the efficiency and acceptability of foam tablets was undertaken by the J. K. Institute of Sociology, Lucknow.

## DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN THE STATE OF UTTAR PRADESH

S. No.	Name of Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	Remarks
1	2	3	4	5	6	7	8	9
1.	Government of Uttar Pradesh	Collection of data on sterilization.	..	..	..	600	..	
	—do—	For Family Planning Programme	..	..	..	..	3,18,000	
		Sub-Total	..	..	..	600	3,18,000	
LOCAL BODIES								
1.	Kanpur Municipal Board, Kanpur.	For opening 7 urban centres	..	51,940	..	..	..	
2.	Municipal Board, Baharaich	For opening 1 urban centre	7,700	..	..	..	..	
		Sub-Total	7,700	51,940	..	..	..	
VOLUNTARY ORGANISATIONS.								
1.	Welfare and Family Planning Society, Dehradun.	For opening 1 urban and 1 rural centre.	8,750	8,482	982	11,550	..	
2.	Aligarh Maternity and Child Welfare Trust, Aligarh.	For opening 1 urban centre	10,400	..	8,533	..	..	
	—do—	For opening 2 urban centres	..	..	..	15,500	..	
3.	F. P. Committee, Lucknow	For a training centre	..	18,870	..	3,847	..	
	—do—	For F. P. Conference	5,000	..	..	..	..	
	—do—	For opening 4 urban centres	..	..	..	45,660	..	
	F. P. Committee, Lucknow	For purchase of projector.	..	..	..	3,000	..	
4.	Bharat Sewak Samaj, Meerut	For opening 1 urban centre	..	..	..	11,700	..	
5.	J. & K. Institute of Sociology and Human Relations, Lucknow.	For two Multi-purpose centres	20,000	26,168	..	40,112	..	

1	2	3	4	5	6	7	8	9
6.	Dr. M. L. Gujral, Lucknow University.	Study of spermicidal drugs and oral contraceptives.	25,000	..	..	..	..	
7.	Vrindaban Mahila Chikatsalya, Vrindaban.	For opening 1 urban centre	..	..	..	..	8,000	
8.	Central Drug Research Institute, Lucknow.	For testing of contraceptives prepared from indigenous products.	..	..	..	..	4,600	
Sub-Total			69,150	53,520	9,515	1,31,369	12,600	
Total			76,850	1,05,460	9,515	1,31,969	3,30,600	

## WEST BENGAL

The State Family Planning Board consisting of the following was formed on 27th August, 1957.

### CHAIRMAN

1. Minister for Food, Relief, Supplies and Refugee Relief and Rehabilitation.

### VICE-CHAIRMAN

2. Shri Ananth Bandhu Roy, Minister of Health.

### MEMBERS

3. Lt.-General D. N. Chakravarti, Director of Health Services.
4. Development Commissioner.
5. Director of Publicity.
6. Assistant Director of Health Services (Maternity and Child Welfare).
7. Dr. Narayan Ray, M.L.A.
8. Mrs. Labanya Prova Dutt.
9. Dr. (Mrs.) Sarla Ghosh.
10. Mrs. Amar Kumari Verma, Hony. Secreary Family Planning Association, West Bengal.
11. Shri Bhagirath Kanoria, Indian Exchange.
12. Superintendent, Lady Dufferin Victoria Hospital.
13. Shri S. R. Sen Gupta, General Secretary, Indian Red Cross Society, State Branch.
14. Dr. (Mrs.) Muktha Sen, Prof. Maternity and Child Welfare, All India Institute of Public Health, Calcutta.
15. Mrs. Ashoka Gupta, Chairman, Social Welfare Advisory Board, Calcutta.
16. Dr. C. L. Mukherjee, Director, Department of Obstetrics and Gynaecology, Seth Sukh Lal Karnani Memorial Hospital, Calcutta.
17. Dr. S. C. Bose, Principal and Superintendent, Medical College Hospital, Calcutta.
18. Shri B. P. Basu, Deputy Secretary, Department of Local-Self Government and Panchayats, West Bengal.
19. Dr. B. K. Das, Assistant Director of Health Services, (School Health and Health Education), West Bengal.
20. Dr. C. Chandra sekaran, Professor of Statistics, All India Institute of Public Health, Calcutta.

### SECRETARY

21. Dr. (Mrs.) A. Banerjee, State Family Planning Officer.

The following three sub-committees of the Family Planning Board have also been formed.

(i) A Sub-committee of experts in training and research.

(ii) A Sub-committee consisting of representatives of all organizations, who are carrying out family planning programme, for proper co-ordination and prevention of overlapping of schemes.

(iii) A Sub-committee for publication of literature, periodicals and preparation of other materials for health education including all requirements to promote happiness in Family Unit.

Dr. (Mrs.) A Banerjee was appointed as the State Family Planning Officer on 13th February, 1958.

Amounts sanctioned to various sponsors in the State for the implementation of Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
State Government . . . . .	..	2,76,597	2,76,597
Local Bodies (1) . . . . .	..	14,275	14,275
Voluntary Organisations (18) . . . . .	1,12,484	2,74,459	3,86,943
Total . . . . .	1,12,484	5,65,331	6,77,815

#### Number of Clinics opened in the State.

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
State Government . . . . .	7	2	9	9	9	18
Local Bodies . . . . .	..	..	..	..	1	1
Voluntary Organisations . . . . .	..	11	11	3	9	12
Total . . . . .	7	13	20	12	19	31

The population of the State is estimated to be 28·80 millions.—20·03 rural and 6·77 urban. There are 17 districts in the State and family planning clinics have been opened in 12 districts. The clinics have been opened in 16 primary health centres and Maternal and Child Health centres, 14 hospitals, 6 medical teaching institutions, and 16 welfare institutions.

The number of persons trained in family planning is 442 including 9 doctors, 4 health visitors and 3 social workers trained at the Family Planning Training and Research Centre, Bombay and 426 persons trained in the Regional Training Centre and short-term courses.

A booklet on family planning has been published for distribution to the public. A set of cinema slides are being displayed in different cinema halls. Radio talks are being arranged regularly.

## DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN THE STATE OF WEST BENGAL

S. No.	Name of Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	
1	2	3	4	5	6	7	8	9
1.	Government of West Bengal	For opening 9 rural and 9 urban centres.	..	..	..	70,597	..	..
	--do--	For Family Planning Programme.	..	..	..	..	2,06,000	..
		Sub-Total	..	..	..	70,597	2,06,000	..
LOCAL BODIES								
1.	Dum Dum Municipality, Calcutta.	For opening 1 urban centre	..	..	..	10,100	4,175	..
VOLUNTARY ORGANISATIONS								
1.	F. P. Association, Jalpaiguri	For opening 1 rural centre.	5,000	..	..	..	..	..
	--do--	For opening 1 rural centre	..	..	..	5,500	..	..
2.	C. M. O., Eastern Railway, Calcutta.	For opening 5 urban centres	10,000	..	..	..	..	..
3.	Marwari Relief Society, Calcutta.	For opening 1 urban centre	2,200	8,046	2,750	..	..	..
4.	South India Club, Calcutta	--do--	..	7,465	2,008	9,692	..	..
5.	Professor P. C. Mahalanobis, Indian Statistical Institute, Calcutta.	Analysis & tabulation of fertility data from N.S.S.	16,000	..	..	..	..	..
6.	Dr. C. Chandrasekaran and Dr. Mukta Sen, All India Institute of Hygiene and Public Health, Calcutta.	Research on Meta-xylohydroquinone as oral contraceptive.	..	32,140	..	32,070	41,000	..
7.	All India Institute of Hygiene & Public Health, Calcutta.	Rural field study of population control in Singur.	..	7,500	..	..	..	..

1	2	3	4	5	6	7	8	9
8.	Gopal Smriti Matri Bhawan, Village, Bagda P. O. Rajarampur.	For opening 1 rural centre	..	..	4,476	..	3,086	
9.	Shri Ramakrishna Matri Mandal, Pratisthan, P. O. Ariadah.	For opening 1 urban centre	..	..	7,250	5,750	3,880	
10.	F. P. Association, Bengal Branch, Calcutta.	For opening 1 rural and 6 urban clinics.	..	..	..	72,600	..	
	—do.—	For purchase of projector and accessories.	..	..	..	5,190	..	
	—do.—	For opening 2 urban clinics	8,650	15,483	3,000	10,667	..	
11.	All India Women's Conference, Central Bengal Branch, Krishna Nagar, Nadia.	For opening 1 urban centre	..	..	..	13,000	..	
12.	Indian Statistical Institute, Calcutta.	For Demographic Research Centre.	..	..	..	25,000	..	
13.	Uppendra Nath Mukerjee Hospital, Calcutta.	For opening 1 urban centre	..	..	..	5,050	1,856	
14.	Charteris Hospital, Kalimpong.	For opening 1 rural centre	..	..	..	3,500	..	
15.	Parivar Niyojan Samiti, Calcutta.	For supply of 1000 copies of booklet 'Rasthrya Yojna and Parivar Yojna'.	..	..	..	..	1,384	
16.	Dr. S. N. Sanyal, Bacteriological Institute, Calcutta.	Development of oral contraceptives for males.	..	..	..	..	7,500	
17.	Institute of Post-graduate Medical Education and Research, Calcutta.	Biological research and development of oral contraceptive 'ci rantin' by Dr. B. P. Ghosh.	..	..	..	..	4,500	
18.	Bistoo Charan Dey Memorial Maternity and Child Welfare Centre, Rampara District, Hoogly.	For opening 1 rural centre	..	..	..	..	3,750	
Sub-Total			41,850	70,634	19,484	1,88,019	66,956	
Total			41,850	70,634	19,484	2,68,716	2,77,131	

## CENTRALLY-ADMINISTERED AREAS

### DELHI

Dr. R. N. Sinha was appointed as a part-time Family Planning Officer during 1957-58 by the Delhi Administration. Subsequently with the formation of the Delhi Municipal Corporation, the health services of the area were reorganised and family planning work is being looked after by Dr. Kulandy, the Assistant Deputy Health Officer of the Corporation.

#### NUMBER OF CLINICS OPENED

Sponsor	First Plan			Second Plan		
	Rural	Urban	Total	Rural	Urban	Total
Central Ministry of Health . . . . .	..	6	6	..	3	3
Local Bodies . . . . .	..	10	10	..	9	9
Voluntary Organisations . . . . .	..	2	2	..	..	..
Total . . . . .	..	18	18	..	12	12

The 9 urban clinics opened by the Central Ministry of Health are in the Contributory Health Service Scheme Dispensaries. Of the 19 urban clinics under local bodies; 10 were opened by New Delhi Municipal Committee during the First Plan period and the remaining 9 clinics by the Delhi Municipal Corporation.

Amounts sanctioned to various sponsors in the territory for the implementation of the Family Planning Programme.

Sponsor	Amount sanctioned (in rupees)		
	First Plan	Second Plan	Total
Local Bodies (2) . . . . .	35,000	94,900	1,29,900
Voluntary Organisations (5) . . . . .	11,083	2,20,692	2,31,775
Total . . . . .	46,083	3,15,592	4,61,675

The population of the Territory is estimated to be 2.25 million—0.67 million rural and 1.58 million urban. Of the 30 centres in Delhi, 9 are attached to the Dispensaries of the Contributory Health Service Scheme 19 to M.C.H. centres and 2 to welfare institutions.

The number of persons trained is 125, including 46 trained during the First Plan period. These include 1 doctor 2 health visitors and 1 social worker trained at the Family Planning Training and Research Centre, Bombay and 58 doctors 40 health visitors 12 social workers and 30 other medical auxiliaries orientated in short-term training courses conducted in Delhi.

## HIMACHAL PRADESH

A Family Planning Board was constituted on 14th November 1957 with the following:

### PRESIDENT

1. Lieut. Governor.

### MEMBERS

2. Chief Secretary to Himachal Pradesh administration.
3. Secretary, Finance and Medical Department.
4. Lt.-Col. Pratap Chandra, Director of Health Services.
5. Chairman, Social Welfare Board.
6. Assistant Director of Health Services (M. & C. W.).
7. Dr. Y. S. Parmar, M.P.
8. Mrs. S. Aminchand.
9. Mrs. Satya Dang.
10. Principal, Medical Officer, Himachal Pradesh Territorial Council.

### SECRETARY

11. Assistant Director (M.C.W.).

Dr. (Mrs.) A. S. Parmar, Assistant Director M. & C.W. had been looking after the family planning work since 8th May, 1958 in addition to her normal duties.

Seven urban clinics are functioning in the Territory including 5 clinics opened during First Plan period. The programme is being extended to all Maternity and Child Welfare Centres in the Territory.

The population of the Territory is estimated to be 1.15 million—1.10 million rural and 0.05 millions urban. Clinics are opened in all the five districts of the Territory and are attached to hospitals and other medical institutions.

Seven persons including 1 doctor, 2 health visitors, 2 social workers and 2 public health nurses have been trained in family planning.

## MANIPUR

The population of the Manipur area is estimated to be 0.64 million—0.637 million rural and 0.003 million urban. The Manipur Administration opened one urban clinic in M.C.H. centre during First Plan period. Rs. 7,750/- were sanctioned during 1957-58 to the Family Planning Association, Manipur, for opening one urban clinic and the clinic was opened on 30th January, 1958.

Thirty-five persons including 8 doctors, 8 social workers and 19 other medical auxiliaries have been trained in family planning by the Touring Training Team of the Family Planning Association of India.

#### PONDICHERRY

One urban clinic was opened in the General Hospital, Pondicherry by the Pondicherry Administration on 8th August, 1957.

#### TRIPURA

The population of the Territory estimated to be 0.77 million—0.72 million rural and 0.05 million urban. One urban clinic was opened by the Manipur Administration in the V. M. Hospital, Agartala on 2nd March, 1956. One doctor and one health visitor have been trained at the Family Planning Training and Research Centre, Bombay.

DETAILS OF AMOUNTS SANCTIONED TO VARIOUS SPONSORS IN THE TERRITORY OF DELHI

S. No.	Name of Sponsor	Purpose	1954-55	1955-56	1956-57	1957-58	1958-59	
1	2	3	4	5	6	7	8	9
LOCAL BODIES								
1.	New Delhi Municipal Corporation.	For opening 10 urban clinics	..	35,000	..	..	..	..
2.	Delhi Municipal Corporation	For opening 9 urban clinics	..	..	..	94,900	..	..
		Sub-Total	..	35,000	..	94,900	..	..
VOLUNTARY ORGANISATIONS								
1.	Andhra Vanitha Mandali, New Delhi.	For opening 2 urban clinics	..	11,083	..	3,832	..	..
*2.	Director General, Armed Forces Medical Services, New Delhi.	For Family Planning Programme.	..	..	15,000	..	1,03,200	..
3.	Demographic Research Centre, Delhi School of Economics, Delhi.	For Demographic Research	..	..	..	36,560	59,000	..
4.	Lady Hardinge Medical College, New Delhi.	For collection of data on sterilization.	..	..	..	600	..	..
5.	Dr. B. K. Rao	For editing Scientific journal	..	..	..	2,500	..	..
		Sub-Total	..	11,083	15,000	43,492	1,62,200	..
		Total	..	46,083	150,000	1,38,392	1,62,200	..

\*For units of the Armed Forces throughout India.

## APPENDIX E

### Report of the work at the Family Planning Clinics attached to C.H.S. Dispensaries

Family Planning centres have been opened at nine of the C.H.S. Dispensaries located in Sarojini Nagar (L-152, Main Vinay Nagar), Laxmi Bai Nagar (East Vinay Nagar), Lodi Colony, Willingdon Hospital, Minto Road, Chandni Chowk, Paharganj, Karol Bagh, Subzi Mandi.

The Staff employed in these centres is as under:

1. Asstt. Surgeon Grade I (Woman) . . . . .	7
2. Medico Social Workers . . . . .	21
3. Public Health Nurses/Lady Health Visitors . . . . .	10
4. Lady Clerks . . . . .	3
5. Female attendants . . . . .	7

The C.H.S. beneficiaries visiting these clinics are given advice on planned parenthood. Free/Subsidized supply of chemical and mechanical contraceptives is also arranged for persons requiring such assistance. The progress of the work in these centres till October, 1958 is as follows:—

(i) No. of married persons contacted . . . . .	85,785
(ii) No of persons given advice . . . . .	8,117
(iii) No. of persons following advice . . . . .	5,519
(iv) Sterilization advised . . . . .	17

An attitude survey conducted among 132 females in Karol Bagh area gave the following results:—

	Number	Per cent
(i) Favourable towards Family Planning . . . . .	107	81
(ii) Indifferent attitude . . . . .	14	11
(iii) Negative attitude . . . . .	6	4
(iv) Wants child . . . . .	3	2
(v) Wants to be sterilized . . . . .	1	1
(vi) Already sterilized . . . . .	1	1
	132	100

Data collected from 270 wives in Lodi Colony indicates that the percentage of couples who were aware of family planning methods in 1957 was more than double the percentage of such couples in 1952.

## APPENDIX F

### TABLE I

*Phasing of Family Planning Clinics in urban areas during Second Five Year Plan on population basis (1 Clinic per 1.4 lakhs of population)*

State	1956 -57	1957 -58	1958 -59	1959 -60	1960 -61	Total
Andhra . . . . .	3	3	7	13	18	44
Assam . . . . .	1	..	1	1	..	3
Bihar . . . . .	1	2	3	6	9	21
Bombay . . . . .	6	9	17	33	44	109
Kerala . . . . .	1	1	2	4	6	14
Madhya Pradesh . . . . .	1	2	4	8	10	25
Madras . . . . .	3	5	9	18	24	59
Mysore . . . . .	2	3	5	10	14	34
Orissa . . . . .	1	..	1	1	1	
Punjab . . . . .	1	2	4	7	10	24
Rajasthan . . . . .	1	2	4	7	9	23
Uttar Pradesh . . . . .	4	6	11	20	28	69
West Bengal . . . . .	3	4	8	15	19	49
Jammu and Kashmir . . . . .	1	..	2	2	1	6
<b>SUB-TOTAL</b> . . . . .	<b>29</b>	<b>39</b>	<b>78</b>	<b>145</b>	<b>193</b>	<b>484</b>
Delhi . . . . .	1	1	2	3	4	11
Himachal Pradesh . . . . .	..	..	..	1	..	1
Manipur . . . . .	..	..	..	1	..	1
Tripura . . . . .	..	..	..	..	1	1
Pondicherry . . . . .	..	..	..	..	1	1
Andamans . . . . .	..	..	..	..	1	1
<b>SUB-TOTAL</b> . . . . .	<b>1</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>16</b>
<b>GRAND TOTAL</b> . . . . .	<b>30</b>	<b>40</b>	<b>80</b>	<b>150</b>	<b>200</b>	<b>500</b>

### TABLE II

*Phasing of Family Planning Clinics in rural areas during Second Five Year Plan on population basis (one clinic per 1.6 lakhs of population)*

State	1956 -57	1957 -58	1958 -59	1959 -60	1960 -61	Total
Andhra . . . . .	9	18	26	53	70	176
Assam . . . . .	3	6	9	17	23	58
Bihar . . . . .	13	25	38	75	101	252
Bombay . . . . .	12	23	35	69	93	232
Kerala . . . . .	4	8	12	23	31	78

State	1956 -57	1957 -58	1958 -59	1959 -60	1960 -61	Total
Madhya Pradesh . . . . .	8	15	23	46	62	154
Madras . . . . .	8	15	23	45	61	152
Mysore . . . . .	5	10	14	29	38	96
Orissa . . . . .	5	9	14	28	38	94
Punjab . . . . .	5	9	13	26	35	88
Rajasthan . . . . .	4	9	13	26	34	86
Uttar Pradesh . . . . .	18	37	55	110	146	366
West Bengal . . . . .	6	12	18	39	49	124
Jammu & Kashmir . . . . .	..	3	4	8	9	24
SUB-TOTAL . . . . .	100	199	297	594	790	1980
Delhi . . . . .	..	..	..	1	1	2
Himachal Pradesh . . . . .	..	1	1	2	2	6
Manipur . . . . .	..	..	1	1	2	4
Tripura . . . . .	..	..	1	1	2	4
Pondicherry . . . . .	..	..	..	1	1	2
Andamans . . . . .	..	..	..	..	2	2
SUB-TOTAL . . . . .	..	1	3	6	10	20
GRAND-TOTAL . . . . .	100	200	300	600	800	2000

Targets for 1956-58 already exceeded.

## APPENDIX G

### TERMS AND CONDITIONS REGARDING "PROCEDURE FOR FINANCIAL ASSISTANCE TO LOCAL BODIES, AND VOLUNTARY ORGANISATIONS FOR FAMILY PLANNING PROGRAMME"

#### 1. *Procedure for Submission of Applications*

The applications on prescribed form (copy attached) should be submitted (in triplicate) through the Family Planning Officer of the State concerned in which the institution is situated. Separate applications should be submitted for each project.

The State Family Planning Officer will scrutinise the application carefully and will forward the same to the Director General of Health Services, New Delhi with his/her recommendations after consulting the State Administrative Medical Officer. In making his/her recommendations the State Family Planning Officer will certify that:

- (a) the institution is of recognised competence and ability;
- (b) the estimates have been checked and found reasonable;
- (c) the institution concerned is in a position to meet its share of the expenditure;
- (d) the establishment of a Family Planning Clinic in the locality proposed is necessary.

In States where Family Planning Officers have not been appointed the applications will be sent through the Administrative Medical Officer concerned.

Each application should be accompanied by the following documents.

#### II. *Documents to be sent along with the application by Voluntary Organisations:*

##### (i) A certificate stating:

- (a) that the organisation is registered under the Registration of Societies Act, 1860 or other appropriate Act or is a regularly constituted branch of a registered organisation; (the name of the Act under which the organisation is registered should be stated.)

(NOTE—An institution which is merely affiliated to a Registered Organisation without being the branch should get itself registered separately. In case an institution is not registered at the time of the application, it should get the registration completed before the grant can be allowed to be drawn.)

- (b) that the organisation has a regularly constituted managing committee;
- (c) that the organisation does social welfare work for the public on no profit basis;

- (d) that the grant-in-aid will be utilised for the purpose for which it is sanctioned;
  - (e) that the service to the public will be provided free of charge except for the sale and distribution of contraceptives which will be according to prescribed instructions;
  - (f) that the organisation will be able to contribute their matching contribution of the total expenditure incurred according to the prescribed pattern of assistance;
  - (g) that the audited statements of accounts will be sent at the end of each financial year;
  - (h) that monthly, half-yearly and annual progress reports will be sent regularly as desired;
- (ii) That the organisation will faithfully carry out the under-mentioned and any other conditions that may be laid down by the Government of India for the efficient working of the Family Planning Programme from time to time.
- (iii) A certificate from the District Magistrate/Local Administrative Authority to the effect that statements made in the application as well as in the above certificate are correct as far as he is aware, that the bona fides of the organisation and its financial position are satisfactory and that there is nothing against the organisation or its office bearers/staff which should disqualify them from receiving financial assistance from the Government of India.
- (iv) Latest annual report and a copy of the constitution of the institution.
- (v) Copies of audited statements of accounts for the last three years.
- (vi) Any other documents which may give information on the activities of the institution and its financial position.

### III. Conditions for Sanction of Grant

- (i) The institution must be open to all citizens of India without distinction of caste, creed, area of origin etc.
- (ii) No grant for opening new clinics will normally be given if a family planning clinic already exists in the area serving a population of 50,000 (if urban) and 66,000 (if rural).
- (iii) The Family Planning clinic should be run on the lines that may be indicated by the Government of India and function under the guidance of the State Director of Health Services/Director Public Health/Director Medical Services.
- (iv) The clinic should be open for inspection by the State Director of Health Services/Director Public Health/Director Medical Services/the State Family Planning Officer or any other officer deputed or nominated by him or by the Director General of Health Services or his representative.
- (v) The Officer-in-Charge of the organisation to whom the grant is paid should send monthly, six monthly and annual reports and any other information asked by the Director General of Health Services/Director Public Health/Director Medical Services.

(vi) The staff employed will include medical officers, a family welfare worker (i.e., social worker, health visitor of public health nurse of family welfare worker especially trained for Family Planning) and clinic attendant (instead of peon) and will possess qualifications prescribed by the Government of India. Their scales of pay and allowances shall not exceed those prescribed by the State Government for similar category of posts *except* with the prior approval of the Director General of Health Services.

The staff employed should have sincere belief in the necessity of the Family Planning Programme and genuine interest in its propagation and the implementation of the scheme.

(vii) The clinic staff should give not only the Family Planning advice (*which will be the main function*) but should also give advice on home nursing ante-natal, post-natal, child welfare and other problems of the family.

(viii) The following are the prescribed qualifications for the various categories of posts sanctioned for the Family Planning Centres:

(a) *Doctors*—Registered Medical Practitioner in modern medicine.

The registered medical practitioner for this purpose means a person who holds qualifications granted by an authority specified or notified under section 3 to the Indian Medical Degree Act, 1916, (VII of 1916) or in the Schedules to the Indian Medical Council Act of 1933 (XXVII of 1933).

Scale of pay—Rs. 260-15-440-20-500 plus usual allowances as for Assistant Surgeon, Grade I.

(b) *Medico-Social Workers*—M.A./Diploma in social work from any recognised university or institution.

Scale of pay—Rs. 150-7-185-8-225 plus usual allowances *including* conveyance allowance.

(c) *Public Health Nurse*—B.Sc. in Nursing from a recognised university.

Scale of pay—Rs. 150-7-185-8-225 plus usual allowances *including* conveyance allowance.

(d) *Health Visitors*—Certificate from a recognised health school for training of health visitors under the All India Nursing Council Act.

Scale of pay—Rs. 100-5-150 plus usual allowances *including* conveyance allowance.

NOTE—If persons with the above qualifications are not available, the possibility of reducing the qualifications with a view to attracting candidates for the posts and giving suitable training in family planning may be considered.

In such cases the qualifications prescribed above may be relaxed to the following extent:

	Urban Clinics	Rural Clinics
	Social Workers	Field Workers or Health visitors.
Qualifications	Graduate, preferably in Science. Experience in social work, teaching, community or family planning services	Passed Matriculation. Experience in community work, teaching or community or family planning services. If Matriculates are not available the minimum qualification may be relaxed up to VIII Standard of any recognised institution.
Age	25 years and over (preferably married)	25 years and over (preferably married).
Pay and Allowances.	Rs. 150-7-185-8-225 plus usual allowances including conveyance allowance.	Rs. 100-5-150 plus usual allowances and free accommodation or house rent allowance in lieu thereof and conveyance allowance.

(e) The pay scale indicated above are the maximum admissible and should not generally exceed the scales of pay prescribed by the local State Government for similar category of posts.

(f) In exceptional cases, where the staff with the above prescribed qualifications are not available for employment in Urban Clinics, persons with qualifications laid down for rural clinics may be employed under intimation to the Director General of Health Services, New Delhi.

(ix) The staff of the Family Planning Clinic should be trained at the Family Planning Training Centre or by Family Planning Training team established by the Government of India or by the State Government before or immediately after their employment.

(x) Part-time doctors may be employed in clinics wherever necessary provided the expenditure does not exceed the amount sanctioned on this account. The doctors so employed will also normally be required to undergo training in family planning as mentioned above.

(xi) A number of part-time or full-time persons belonging to any category may be employed provided the expenditure does not exceed the ceiling of the amount sanctioned in the prescribed pattern for that category of post. Extra staff like part-time Clerk or Accountant, Aya or Sweeper may also be employed provided the total amount sanctioned for the staff is not exceeded.

(xii) Flexibility in employment of staff and expenditure is permissible with the prior approval of the Director General of Health Services, New Delhi, to the extent that the expenditure in the approved pattern against each item is not exceeded.

(xiii) The Family clinic should function in co-ordination with the family planning programme of the State Government and Local Bodies.

(xiv) The Family Planning Centres in the rural areas should be established in association with M.C.H. Centres/Primary Health Units and in urban areas in association with M.C.H. Centres, Maternity Homes/Hospitals/Dispensaries.

(xv) The clinic should not be established in association with a private dispensary/clinic etc.

(xvi) The staff employed should not be associated with any commercial establishment concerned with the manufacture or sale of contraceptive appliances for profit and should not have any financial interest in their sale etc.

(xvii) Contraceptives advised will be those which are included in the list of approved contraceptives issued by the Director General of Health Services and will be distributed in accordance with the instructions laid down by the Government of India.

(xviii) Subject to the acceptance of the conditions detailed above, grants-in-aid will be paid for a period of six months in advance of the anticipated expenditure. The presentation of the bill in form T.R. 42 for drawal of the amount of the grant will be construed to mean that all these conditions and those laid down in the letter of sanction have been accepted by the grantee without reservation.

(xix) The amount of the grant will be refunded to Government if the work, for which the grant is sanctioned, is not started within 4 months of the drawal of the amount, or where the State Government/Government of India have reason to believe that the affairs of the institution are not being properly managed or that the sanctioned money is not being utilised for approved purposes.

(xx) Family welfare activities will be developed around each family planning clinic.

(xxi) If the Ministry of Health or the Directorate General of Health Services requires clarification on any point not contained in the statement, the institution should supply it within the time specified, failing which the application will not be considered.

#### IV. UTILISATION OF GRANT

(i) The institution should exercise utmost economy in its expenditure.

(ii) The institution should keep separate accounts of the grant paid for family planning in a recognised bank to facilitate inspection of accounts. The accounts of the institution should be maintained properly and submitted as and when required. It should always be open to check by an officer deputed by the Government of India or the State Government.

(iii) An audited statement of accounts will be sent at the end of the each financial year (for the period April and March) giving

details of each item of expenditure sanctioned together with full particulars of:

- (a) the staff employed and their scales of pay and allowances;
- (b) the actual expenditure incurred against each sanctioned item of expenditure;
- (c) the Government of India's share thereof and of the organisation concerned according to the approved pattern;
- (d) a report of the work done should be submitted to the Director General of Health Services before the next instalment of the grant-in-aid is applied for;
- (e) report of the State Family Planning Officer/State Administrative Medical Officer.

#### V. CONTINUATION OF GRANT

(i) The applications for continuation of grant will be sent six monthly (April and October) receipt of statement of account in October countersigned by State Family Planning Officer/State Administrative Medical Officer and audited statement of accounts at the end of financial year and other documents referred to in sub-para (iii) of para IV above, and utilisation certificate by the head of the organisation to which the grant was sanctioned that the entire amount of the grant has actually been utilised for the purposes for which it was intended.

(ii) Grants will not be renewed if the progress is found *not* to be satisfactory.

(iii) If for some reason an audited statement of accounts in respect of the past expenditure against the grants sanctioned cannot be readily submitted, 50 per cent of the grant due may be sanctioned on submission of a statement of accounts countersigned by the Administrative Medical Officer or the State Family Planning Officer concerned.

## FORM OF APPLICATION FOR GRANT-IN-AID UNDER FAMILY PLANNING SCHEME

To

The Director General of Health Services,  
New Delhi.

*Through the State Director of Medical|Health Services|  
State Family Planning Officer.)*

SUBJECT: *Application for grant-in-aid under the Family Plan-  
ning Scheme.*

Sir,

On behalf of the \_\_\_\_\_  
(Name of the organisation)

I apply for grant-in-aid of Rs. \_\_\_\_\_  
for opening/maintaining \_\_\_\_\_ rural clinics and \_\_\_\_\_  
(number)

urban clinics. The necessary details of the scheme are given below:—

I. Name of State: \_\_\_\_\_

II. (a) Name of Voluntary Organisation/Local \_\_\_\_\_  
Body.

(b) Organisation Registered or not

(c) Affiliated to \_\_\_\_\_

(d) Name & address of the authority  
in whose name the grant should be sanctioned  
\_\_\_\_\_

III. Particulars of the clinic or clinics for which the grant is  
required:

Sl. No.	Location	Urban or Rural	Population to be covered	New Clinic or conti- nuation of old existing clinic	If existing clinic date when opened	Name and address of any other F.P. Clinic serving the population covered by the new clinic proposed	Distance bet- ween the F.P. Clinic already exist- ing and the clinic proposed
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IV. Equipment required \_\_\_\_\_  
showing cost of each item and total  
cost (excluding the cost of building and rent) \_\_\_\_\_

V. Details of the proposed training programme and the estimated expenditure.

VI. Proposed staff:—

Name and number of posts	Qualifications prescribed for the posts	Pay Scale and allowance per month (in Rs.)	Nature of employment. Part-time or full-time	Qualifications of persons employed in each post
--------------------------	---	--	--	---

VII. Details of other recurring expenditure per annum, if any.

VIII. Total expenditure:—

Non-recurring Rs. \_\_\_\_\_  
 Recurring p.a. Rs. \_\_\_\_\_  
 TOTAL. Rs. \_\_\_\_\_

IX. Estimated annual income and sources thereof (recurring and non-recurring separately) of the organisation during the current and the previous financial year. \_\_\_\_\_

X. Amount of central assistance required for implementing the scheme for one year (showing recurring and non-recurring items separately.) \_\_\_\_\_

XI. Additional details, if any. \_\_\_\_\_

I, on behalf of the management declare—

- (a) that the organisation is registered under the Registration of Societies Act, 1860, or \_\_\_\_\_ (The name of the Act under which the organisation is registered should be stated).
- (b) that the organisation has a regularly constituted managing committee.
- (c) that the organisation does Social Welfare work for the public on non-profit basis.
- (d) that the grant-in-aid will be utilised for the purpose for which it is sanctioned.
- (e) that the service to the public will be provided free of charge except for the sale of contraceptives and distribution of contraceptives according to prescribed instructions.
- (f) that the organisation will be able to contribute their matching contribution of the total expenditure incurred according to the prescribed pattern of assistance.
- (g) that the audited statements of accounts will be sent at the end of each financial year.
- (h) that monthly, half-yearly and annual progress reports will be sent regularly as desired.

All assets created out of the grant given by the Government will not be transferred to any person/institution without the prior concurrence of the Government of India. If at any time, the organisation/Institution ceases to exist, the property built or equipment purchased out of the Central grant will revert to the Government of India.

The accounts of the institution shall be properly maintained and may be checked by the officer deputed by the Government of India or the State Government.

If the State or the Central Government have reason to believe that the affairs of the institution are not being properly managed or the sanctioned money has not been utilised for approved purposes, the Government of India may stop payment of further instalments of grant and the management will undertake to refund such money as the Government may decide.

The institution shall exercise the utmost economy in its working especially in respect of expenditure out of the Central grant for equipment.

The Terms and Conditions laid down in the Procedure for financial assistance to Local Bodies and Voluntary Organisations are acceptable to us.

(Signature)

On behalf of the management,  
Designation. (STAMP)

Comments of District Magistrate/Local Administration Authority.

Grant is recommended. So far as I am aware, the bonafides of the organisation and its financial position are satisfactory and that there is nothing against the organisation or its office bearers/staff which should disqualify them from receiving financial assistance from the Government of India.

((Signature)

(Designation)

STAMP.

RECOMMENDATIONS OF THE STATE FAMILY PLANNING  
OFFICER/ADMINISTRATIVE MEDICAL OFFICER.

The application from————— (institution)  
is forwarded duly recommended to the Directorate General of Health  
Services, Government of India, with the following comments;

1. That the institution is a recognised one.
2. The application has been examined and it is found that it  
is covered under the scheme.
3. The scheme for which the application is being recommended  
is absolutely essential for the development/expansion of  
the Family Planning Programme.
4. That the estimates have been checked up and are found  
reasonable.
5. That the institution is of outstanding character.
6. That a senior officer of the State Government has visited  
the institution and the certificate required Part II (i) and  
(ii) are enclosed and have been checked and found in  
order.
7. The institution is in a position to meet their share of  
expenditure.

THE STATE ADMINISTRATIVE MEDICAL OFFICER, THERE-  
FORE, RECOMMENDS THAT THE FOLLOWING GRANT MAY  
BE GIVEN BY THE MINISTRY OF HEALTH:

Item	Recurring Rs.	Non-recurring Rs.
(a)		
(b)		
(c)		
(d)		

(Signature)  
Designation  
STAMP.

## APPENDIX H

### FAMILY PLANNING TRAINING AND RESEARCH CENTRE, BOMBAY

1. The Family Planning Training and Research Centre was established on the 25th March, 1957. An Advisory Committee for this Centre has been constituted to advise on details of training and other allied matters, the appointment of staff and expenditure, and future plans and policies and to review the activities of the Centre and its training and research programme. For the present, the Centre provides training mainly to potential instructors.

2. A model family planning centre has also been developed including the following services: family planning service, pre-natal and post-natal clinic, toddlers' clinic, well baby clinic, children's preventorium, milk centre, marriage guidance and counselling, sterility clinic and mothers' club.

3. *Staff.* The Centre is provided with a staff consisting of officer-in-charge, assistant Surgeon (Grade I), two instructors in social work, Instructor in Health Education, a statistical assistant and junior technical and secretarial personnel.

#### 4. *Terms and Conditions for Admission:*

The terms and conditions for admission to training courses are indicated below:

Only those candidates will be admitted to training courses, who are sponsored by Central Government, State Governments, Local Bodies and Voluntary Organisations.

The candidates for admission to the training courses should submit their applications in the prescribed form alongwith a health certificate of physical fitness in the endorsed forms.

The candidates, who are selected for the courses of training, will be required to execute a surety bond to the effect that after the completion of training they will serve the Central Government/State/Local Body/Voluntary Organisation for a period of at least three years. In case of default they will be required to refund the expenditure incurred on them in connection with the training.

The candidates will also be required to deposit a sum of Rs. 100 as caution money at the time of joining the training course. This will, however, be refunded to them on the termination of the course after deducting the charges for any loss or damage to Government property. Candidates from Central Government Departments, State Governments and Local Bodies may be exempted from depositing caution money provided the concerned authority undertakes the responsibility of paying for the loss or damage if any.

The State Governments, Central Government departments and Local Bodies will pay T.A. under the rule to the trainees who are their employees. In addition the Central Government will pay stipends at the following rates:

Medical Officer . . . . .	Rs. 150/- per month.
Social Workers and Public Health Nurse . . . . .	Rs. 100/- per month.
Health Visitor and field worker . . . . .	Rs. 75/- per month.

In the case of other trainees the Central Government will, in addition to paying the stipends at the above rates, pay the travelling expenses at the following rates.

Medical Officer . . . . .	1st Class single fare from place of residence to Bombay and back.
Others . . . . .	2nd Class single fare from place of residence to Bombay and back.

Arrangements for the boarding and lodging of the trainees, who cannot make such arrangements themselves, will be made as far as possible by the training centre. The trainees will, however, be required to make the necessary payment for such arrangements.

The qualifications required of the trainees will be as follows:

*Doctors:* Registered medical practitioner in modern medicine.

*Nurses and Health Visitors.* Qualified in their respective subjects.

*Medico-Social Workers.* M.A. or Diploma in social work from any recognised University.

#### 5. Premises of the Centre.

The Union Ministry of Health purchased the Parakh Hospital Building at Sandhurst Road, Bombay-4, at a cost of Rs. 3 lakhs on 25th March, 1957 for the establishment of the centre.

#### 6. Number of Courses.

The first course of training was started on 2nd September, 1957. Two more courses were conducted during 1957-58. Four training courses will be conducted in 1958-59 and 1959-60. Dates of commencement of these courses are indicated below:

Course	Date of commencement of course.		
	1957-58	1958-59	1959-60
First . . . . .	2-9-57	4-6-58	24-6-59
Second . . . . .	15-11-57	27-8-58	16-9-59
Third . . . . .	5-2-58	3-12-58	9-12-59
Fourth . . . . .	..	25-2-59	2-3-60

## 7. Nature of Training

The class room instruction, besides teaching the techniques of contraceptives and allied subjects, includes instructions in the principles and techniques of social work, techniques of education of rural and urban communities for Family Planning and many other behavioural sciences, which have a bearing on man and his family relationships.

The three types of persons under training attend the course simultaneously and at a certain stage of the training they receive further specialised training for their specific fields. But the major part of the course is absolutely essential for all, as it is felt that every member of a Family Planning Clinic team must have a socio-psychological background, which will help him or her to understand the human being as a whole and thus help him to accept the philosophy of Family Planning, and to use it to resolve his own problems himself by emphasising his physical, mental, emotional, economic or social needs.

Throughout the course great emphasis is laid on imparting instructions in the techniques of motivating people for acceptance of Family Planning and making the experience of the use of Contraceptives an acceptable one. The course also trains the candidates in the methods of organising mass meetings, group talks and home visits for the propagation of Family Planning philosophy.

In order to give the trainees practical training in the art of motivating people for acceptance of family planning philosophy, the students are actually helped to organise mass meetings, where they are given an opportunity for being trained in the art of addressing a mass meeting, and also in giving talks to small groups.

## SYLLABUS

### DURATION OF THE COURSE:

The duration of the course is two months for all.

The whole course is divided into four blocks. Block I is the same for all. The trainees are separated as well as combined during Blocks II & III, depending on the daily programme. Once again they combine their programme during Block IV of the Training.

Subjects				Doctors	Others
				Hrs.	Hrs.
<i>Block I: Theory:</i>	<i>Total Time 2 Weeks:</i>	<i>Covering</i>			
	<i>56 hrs.</i>				
Theory lectures and Class room activities				38	38
Field Work				6	6
Clinical Work (Practical)				6	6
Institutional Visits & Other Activities				6	6

Subjects	Doctors Others	
	Hrs.	Hrs.
<i>Block II: Practical Experience: Total Time 3 Weeks: Covering 84 Hrs.</i>		
Theory . . . . .	22	22
Field Work . . . . .	18	43
Clinical Practice . . . . .	36	11
Other Activities . . . . .	8	
<i>Block III: Theory &amp; Practice: Total Time 2 Weeks: Covering 56 hrs.</i>		
Theory . . . . .	14	12
Field Work . . . . .	10	28
Clinical Practice . . . . .	22	6
Other Activities . . . . .	10	10
<i>Block IV: Revision, Completion of Assignments &amp; Examination: (28 hrs.)</i>		
Theory . . . . .	6	6

*Details of courses:*

I. *Family Planning (General)*

- (a) History of the Family Planning Movement.
- (b) Positive and Negative Eugenics.
- (c) Demography and Problems of Population Control.
- (d) Medical, Economic and Social Aspect of Family Planning.

II. *Family Planning (Technical)*

- (a) Anatomy, Physiology and Morphology of Reproduction.
- (b) Endocrines in Reproductive Functions.
- (c) Contraceptive Techniques.
- (d) Sterility and Sub-fertility.
- (e) Recent Advances in Contraception and Biological Research.
- (f) Exfoliative Cytology.
- (g) Development of Local and Oral Contraceptives.
- (h) Clinical Testing of Local Contraceptives.
- (i) Clinic Administration and Procedure.
- (j) Record Keeping.

III. *Administration & Management of Family Planning Services.*

- (a) Administrative Procedure.
- (b) Staff Management and Supervision.
- (c) Maintenance of Records.
- (d) Finance.
- (e) Public Relations.
- (f) Research & Evaluation.

#### IV. *Sex, Marriage & Family Planning:*

- (a) Sex, Marriage and Family Patterns in relation to Society and Culture.
- (b) Marriage Guidance & Counselling.

#### V. *Social Welfare & Family Planning:*

- (a) Social Reform and Social Work Movement in general, in India in particular.
- (b) Organising Family Planning through Existing Social Welfare Agencies, in Rural & Urban Communities.
- (c) Family Budgeting & Family Management.
- (d) Family Welfare & Family Planning.
- (e) Social Work Technique & Family Planning.

#### VI. *Psychiatric & Psychological Information for Family Planning Workers*

- (a) Dynamics of Human Behaviour.
- (b) Psycho-Social Development of the child from birth to adolescence.
- (c) Psycho-Somatic Ailments with special reference to Sex and Marriage.
- (d) Adult disturbance with specific reference to Sex, Marriage and Family Interrelationships.

#### VII. *Public Health in Family Planning*

- (a) Venereal diseases.
- (b) Communicable Diseases.
- (c) Personal Hygiene.
- (d) Positive Health Programme.

#### VIII. *Health & Family Planning Education*

- (a) Principles and Concepts of learning & Teaching.
- (b) Use of Social Education Method and Materials in Family Planning and Health Education.
- (c) The Educators' Responsibility to the Community.
- (d) Use of Demonstration and Discussion Groups
- (e) Records & Reports.
- (f) Audio-Visual Aids and their use in Health and Family Planning Education.
- (g) Education in Rural and Urban Communities with special reference to Health and Family Planning.

#### IX. *Maternal and Child Health*

- (a) Physical Development and Care of the Child from birth to Adolescence.
- (b) Care of Pregnant and Nursing Mothers.
- (c) Nutrition of the Child, Pregnant & Nursing Mothers.
- (d) Needs of Children and Consequence of their non-fulfilment.
- (e) Family Planning as an integrated Service with M. C. H.

- (f) Common Ailments of the Children.  
 (g) Prevention from Childhood Diseases.

Subject	Doctors	Others
	Hrs.	Hrs.
Field Work (if complete) case work . . . . .	4	6
Clinical Practice Practical Test . . . . .	6	6
Written & Oral Tests, Submitting of Diaries, Case work Reports & Interviews etc. . . . .	12	10

The total number of hours from 8 Weeks' training is 224 hours.

*Award of Certificates to Successful Candidates:*

Evaluation of the student's efficiency is arrived at on the merits of work on various assignments and daily work throughout the training period. The students are evaluated on the following during the course:

- (1) Daily Diaries.
  - (a) Clinic Diary.
  - (b) Field Work Diary.
- (2) Participation in Field Work and Educational Programme.
- (3) Class Room Assignments.
- (4) Personal Achievements.
- (5) Clinical Work-case Card, Interview and Demonstration.
- (6) Preparation of Educational Materials.

*Examination.*—The marking of this cover only 50% of the total.

- (1) Two Written Papers.
- (2) Viva Voce Examination.
- (3) Practical Examination.

Of the two papers one is on Family Planning, Socio-Medical problems and Psychological medicine and the other paper on Social Work techniques as applied to Family Planning work, field work, Intake Interview and the Principles of Health Education. Doctors and Social Workers have to take both papers, while Health Visitors have only one written paper.

Monthly proficiency reports of each trainee are maintained by their respective Tutor-Instructors.

**8. Personnel Trained**

Up to October, 1958, 149 persons have been trained.

# STATEWISE DISTRIBUTION OF PERSONS TRAINED AT FAMILY PLANNING TRAINING AND RESEARCH CENTRE, BOMBAY.

S. No.	State	Number of persons trained.				
		Doctors	Health Visitors	Social Workers	Public Health Nurses	Tot 1
1	Andhra . . .	4	2	..	1	7
2	Assam . . .	11	3	1	..	15
3	Bihar . . .	..	1	..	..	1
4	Bombay . . .	26	5	15	2	48
5	Kerala . . .	2	..	1	..	3
6	Madhya Pradesh . . .	5	4	3	..	12
7	Madras . . .	1	..	1	..	
8	Mysore . . .	3	1	2	..	6
9	Orissa . . .	3	6	..	..	9
10	Purjab . . .	4	2	..	1	7
11	Rajasthan . . .	3	..	..	..	3
12	Uttar Pradesh . . .	4	..	5	..	9
13	West Bengal . . .	9	4	3	..	16
14	Delhi . . .	1	2	1	..	4
15	Himachal Pradesh . . .	1	2	2	..	5
16	Tripura . . .	1	1	..	..	2
TOTAL . . .		78	33	34	4	149

## 9. Family Planning Service

The first individual to whom Family Planning advice was offered at the Centre was on 26th June, 1957. By the end of December, 1957, 189 people had been given Family Planning advice. From January 1958 to the end of March, 1958, 239 people were served with Family Planning advice. On an average, twelve individuals attend the Centre only for Family Planning Services.

10. The total number of family planning cases dealt with by the Centre was 738.

Diaphragm and Jelly—Regular users . . . . .	481
Diaphragm and Jelly—Irregular users . . . . .	38
Case Discarded . . . . .	63
Preceptin . . . . .	57
Foam Tablets . . . . .	51
Condom . . . . .	48
TOTAL . . . . .	738

11. During July 1957—June 1958, the multipurpose advice includes 2506 cases, including general, antenatal family planning and children.

There has been a continuous rise in the number of children. Detailed history of every child is recorded and the parent of each child is contacted by the Agency workers in order to offer them information and education in understanding the need of family planning for their future health and welfare.

The Table below shows the percentage of cases that received services from the centre in respect of Family planning and the other three services, viz., General care, Ante-natal care and Treatment for children. The figures indicate that the other three services have certainly aided propagation of family planning to a continuously larger group of people. The percentage of family planning cases had increased from 17 to 66 during the 12 months period July, 1957 to June, 1958.

Percentage of cases of family planning and other services during the period July, 1957—June, 1958.

Month	Percentage of F.P. Cases	Other Types of Cases
	%	%
July . . . . .	17	83
August . . . . .	21	79
September . . . . .	37	63
October . . . . .	38	62
November . . . . .	35	65
December . . . . .	37	63
January . . . . .	57	43
February . . . . .	62	38
March . . . . .	61	39
April . . . . .	68	32
May . . . . .	66	34
June . . . . .	66	34

12. A number of group and mass meetings, film shows and a dramatic performance with family planning as the theme were arranged.

13. The expenditure incurred on the Centre was Rs. 1,24,268 during 1957-58 and Rs. 80,216 during 1958-59 (up to November, 1958).

## APPENDIX I

### FAMILY PLANNING TRAINING, DEMONSTRATION AND EXPERIMENTAL CENTRE, RAMANAGARAM

1. A rural centre for Pilot Study on the use and effectiveness of rhythm method of family planning was started in May 1952 in the Health Unit, Ramanagaram, Mysore State. After the Pilot Study was completed in March, 1955, it was decided to develop the rural centre into Family Planning Training, Demonstration and Experimental Centre. The training courses were started on the 12th August, 1957. The centre is financed by the Central Government and is under the administrative control of the Director of Public Health, Mysore State.

2. The centre provides training in family planning mainly to persons who may be required to carry out family planning work in rural areas, arranges demonstrations of approved contraceptives methods for adoption by the people, undertakes field studies in rural areas and offers advice and service in Family Planning. A field study for evaluation of acceptability and effectiveness of foam tablets was started in 1957. It was felt that this study would provide clinical and field material for the trainees.

3. Dr. S. V. Rama Rao, Health Officer, Ramanagaram Health Unit is in-charge of the Centre. The centre is provided with the staff consisting of one Assistant Surgeon Grade I, three Women Field Workers, two Men Field Workers, one Social Worker, one Technical Assistant and Junior technical and secretarial personnel.

#### 4. *Terms and Conditions for admission.*

Duration of the course is about four weeks. The terms and conditions for admission are the same as in case of Family Planning Training and Research Centre, Bombay. Social Workers/Field Workers with the following qualifications are also admitted to the training courses at Ramanagaram:—

- (i) Graduates preferably in Science. Experience in social work, teaching, community or family planning services.
- (ii) Passed matriculation, experience in community work, teaching, experience in professional work (for rural clinics only).
- (iii) Staff nurse, or auxiliary midwives and candidates with educational qualification up to eighth class or vernacular final.

### 5. Persons trained.

The training at present is given to candidates from Mysore State. Up to November, 1958, 103 persons have been trained at the centre.

	Date of commencement of course	Number of persons trained				Total
		Doctors	Health Visitors	Social Workers	Others	
I course	12-8-57	3	..	..	12 (4 Nurses, 8 Health Inspectors)	15
II course	4-11-57	3	1	..	15 (6 Health Inspectors, 6 Midwives & 3 P.H. Nurses)	19
III course	3-2-58	4	2	1	9 (Health Inspectors)	16
IV course	5-5-58	2	2	..	15 (6 Senior Health Inspectors & 9 Junior Health Inspectors)	19
V course	4-8-58	3	1	1	13 (9 Senior Health Inspectors, 1 P.H. Nurse and 3 midwives)	18
VI course	1-11-58	5	2	1	8 (5 Senior Health Inspectors, 2 Jr. Health Inspectors and 1 P.H. Nurse)	16
TOTAL		20	8	3	72	103

### 6. Expenditure

An expenditure of Rs. 1,10,220 has been incurred on the centre during the Second Plan period up to November, 1958 and is as follows:—

Year	Expenditure incurred
	Rs.
1956-57	38,575
1957-58	36,814
1958-59 (up to 30-11-1958)	34,831

## APPENDIX J

### LIST OF RESEARCH SCHEMES SANCTIONED BY THE I.C.M.R. DURING 1957-58 and 1958-59

1957-58	Amount sanctioned
	Rs.
1. Enquiry on twins and consanguinity under Dr. L.D. Sanghvi at the Indian Cancer Research Centre, Bombay . . . . .	15,495
2. Enquiry on Hypothalamic and Endocrinal control of physiology of reproduction under Dr. B.K. Anand at the All-India Institute of Medical Sciences, New Delhi . . . . .	12,500
3. Studies on ovarian functions following hysterectomy and morphological study of ova in abortion under Dr. P.C. Das at the Eden Hospital, Medical College, Calcutta . . . . .	3,500
4. Enquiry on radiation hazards affecting fertility under Dr. S.P. Basu and Dr. C.L. Mukerji at the School of Tropical Medicine and S.S.K. Memorial Hospital, Calcutta . . . . .	600
5. Endometrial study in menstruation under Dr. S.C. Bose at the Medical College, Calcutta . . . . .	500
6. Study on interval between termination of pregnancy and resumption of menstruation under Dr. C. Chandrasekharan and Muktha Sen at the A.I.I. of Hy. & P.H., Calcutta . . . . . (This enquiry did not start)	15,875
7. Field trials of suitable contraceptives at the I.C.R.C., Parel, Bombay	4,000
-----	
1958-59	
1. Studies on twins and consanguinity under Dr. L.D. Sanghvi at the I.C.R.C., Parel Bombay . . . . .	16,00
2. Enquiry on Hypothalamic and Endocrinal control of physiology of reproduction under Dr. B.K. Anand at the A.I.I. of M.S., New Delhi . . . . .	13,840
3. Field trials of foam tablets at the Indian Cancer Research Centre, Bombay . . . . .	12,090
4. Study on spermicidal drugs and oral contraceptives under Dr. M.L. Gujral at the K.G.'s Medical College, Lucknow . . . . .	14,500
5. Field trials of foam tablets under Dr. V.R. Khanolkar at the Contraceptive Testing Unit, Indian Cancer Research Centre, Bombay . . . . .	63,355
6. Field trials of foam tablets under Dr. D. Anand at the Health Unit, Orientation Training Centre, Najafgarh . . . . .	60,590
7. Field trials of foam tablets under Dr. (Kumari) A.D. Engineer at the K.G.'s Medical College, Lucknow . . . . .	57,890
8. Field trials of foam tablets under Dr. R.K.K. Tampan at the Medical College, Trivandrum . . . . .	55,110

## APPENDIX K

### FIELD STUDIES

#### PILOT STUDIES ON RHYTHM METHOD AT LODI COLONY AND RAMANAGARAM

Two Family Planning Centres were opened, one in Lodi Colony, Delhi and other in Ramanagaram, Mysore to study (i) the acceptability of rhythm method, (ii) the effectiveness of the method in reducing the number of pregnancies among those who undertake to use it, and (iii) the effectiveness of rhythm method in reducing the birth-rate of the population served at Ramanagaram Centre.

The studies at the two centres were carried out from May, 1952 to March, 1955. The total amount spent during the study period was Rs. 1,83,926.

##### *Lodi Colony Centre*

1274 women were included in the survey to study their attitudes toward family planning. 898 women (70%) expressed their willingness to learn a method by which they would be able to postpone pregnancy. In this urban educated population, a large percentage of couples were already using some method(s) of family planning. Of these 898 women, 264 were given rhythm method advice. Only 43 women (16%) decided against the use of the rhythm method. They used this method for varying periods before rejecting it. About 82% of women did not reject the method for about a year. 134 women (51%) reported that they followed the method. Of the 134 women 10% used the method alone regularly and 41% combined it with other methods. Since practically all the women who were given advice were already using one or more methods of family planning, it appeared that rhythm method was adopted more as a supplementary method than as a substitute.

##### *Ramanagaram Centre*

1089 couples were included in the attitude survey conducted in 14 villages around Ramanagaram. Among 818 couples (75%) one or both partners expressed the desire to learn a method of family planning. Rhythm method advice was given to 191 women only. Others could not be given the advice because the lactation period was found to be long, pregnancy occurred in large proportion of women before advice could be given, and the menstrual cycles were reported to be irregular. Of these about 7% totally rejected the method as impracticable. About 28% reported that they followed the method for varying periods. About 17% were reported to have followed the method regularly.

##### *Conclusions*

(i) There was considerable readiness for adoption of family planning in both rural and urban areas, (ii) The rhythm method

had a definite appeal to people in both the areas, (iii) when used regularly, the rhythm method seems to reduce the pregnancy rate by about on half, (iv) the limitations to the practice of rhythm method, seem to be mainly due to the inability of couples, especially in rural areas, to abstain for long periods, (v) the conventional rhythm method was used as a supplement to other methods by the women observed in the Lodi Colony, Delhi.

#### INDIA-HARVARD-LUDHIANA-POPULATION STUDY AT KHANNA, PUNJAB

Government of India have agreed to provide 10% of total expenditure for the study and have so far sanctioned Rs. 75,907 (Rs. 15,907 for 1½ years up to March, 1955; Rs. 15,000 for each year 1955-56, 1956-57, 1957-58 and 1958-59). Rockefeller Foundation is contributing the remaining 90% expenses. Dr. John E. Gordon, Professor of Epidemiology Harvard School of Public Health, U.S.A., is the Director of the Study and Dr. John B. Wyon is the Field Director.

The aims of this study were conceived under four main heads to observe the effect of a programme of contraception on:

1. Births.
2. Deaths, especially among young children and mothers.
3. Health and prosperity, and
4. To investigate factors influencing the birth-rate.

These are considered under the heads of physical and geographical, biological, psychological, cultural and economic. This may be summarised as a study of the epidemiology of births.

An increased emphasis is now being placed on the efforts to identify and evaluate the factors which influence the birth-rate, especially factors which determine the choice and level of use of contraception. Five other studies are designed to define: causes of deaths; morbidity and mortality of the pre-natal, natal and post-natal periods; obstetric practice in these villages; mortality and morbidity of infants and young children by means of a cohort study and the major causes and effects of accidental injuries.

A method of working in villages has been developed which should yield valuable information in a variety of fields related to the population problem. The village people are helpful and co-operative. Accurate census and records of births and deaths make possible a comparison with similar official data. Collection of data has been made on pregnancy histories, age of mother at menarche, menopause, marriage and at successive parities. Monthly enquiries into menstrual dates provide data for a study of menstrual pattern in normal village women of all ages and castes, as well as being a method of diagnosing pregnancy. A study of pregnancy wastage is contemplated. Other studies into the physiology of reproduction will also be possible, such as the relation between lactation and conception.

In one village, five simple methods of contraception were offered to each couple, where the wife was aged 15-44. These were chosen to represent most methods which would be used in a widespread

programme in rural areas. Methods of contraception requiring fitting by a doctor or nurse were not considered, as a lady doctor or nurse is not usually available in an Indian village. The two methods involving use of a cotton pad—salt solution and pad, and contraceptive paste and pad—were not accepted. Foam tablets were well accepted, and rhythm and withdrawal were already being used to a significant degree. In a village population of 8,000, foam tablets are being offered, supplemented by advice on rhythm and withdrawal methods.

A major effort is to find out what these village people really want to do in the way of family planning, what methods they are prepared to use, and what method of distribution of materials is most suitable in a village situation.

In 1953, detailed plans were drawn up and field observations started in villages near Ludhiana in 1954. During 1954 and early 1955, a field method was worked out and the key staff were trained, and a test of the choice of methods of contraception by village people took place in one village. During 1955-56, one method of contraception, foam tablets, was offered in a different village and observations were made in two control villages. In one of the control villages, a detailed census namely, record of births and deaths and monthly visits to each wife aged between 15 and 44 years were collected and matched with similar activities in the "Test village" where also contraception was being offered. In the other control village, only births and deaths were recorded by monthly visits of a trained public health nurse. These two controls were designed to gain some measure of the effect of intensive visiting of the public health nurses on birth and death-rates in villages.

In April, 1956 the work expanded to cover four population groups of 5,000 people each in a total of 16 villages. In two of these population groups, a contraceptive programme is being carried out. A male and a female worker visit each month each married couple where the wife is aged between 15 and 44 years under the supervision of a male or female doctor. A third population group, one of the controls, is observed by two resident health visitors who visit each married woman aged 15-44 each month, with medical supervision. The fourth population group, forming the other control, is visited once a month by a senior lady health visitor to record births and deaths only. This phase of field work is expected to continue into early 1960.

*Research on contraceptives used by Abhor Hill Tribes—  
Dr. B. S. Guha, Calcutta*

On the 30th September, 1954, Rs. 18,400 were sanctioned for conducting the study.

The research was conducted to investigate, among the Abhor Hill tribes (i) the nature and extent of the use of contraceptive measures, (ii) the customs connected with such practices and full history of their sexual life, (iii) the rates of live births, still births, abortions, and deaths according to age groups, both before and after marriages, and (iv) to examine chemically the contraceptive substance such as herbs, vegetable fluids etc., used by them.

The study was started in January 1955 and was carried out in the villages of Kalak, Dapiu and Memosepo. Data was collected by the investigators by home visits. The final report is awaited.

*Analysis and Tabulation of Fertility Data collected during National Sample Survey, Indian Statistical Institute, Calcutta*

Ministry of Health sanctioned Rs. 16,000 for the year 1954-55.

The aim of the scheme was to find out the cohort fertility rates of the Indian couples.

The observations made in the report are based on information collected during April-June, 1951 from 19,876 sample couples in 1,106 sample villages and during April-September 1952 from 14,110 sample couples, in 938 sample villages and 6,175 sample couples in 406 sample town and city blocks.

During the last 50 years or so, there appears to be little change in the ages at marriage. The average ages at marriages of the rural husband and wife were about 20 and 14½ years respectively. The ages at marriages of urban husband and wife were 23 and 16½ respectively. The group that appears to have changed most was the urban wife, the average age of this group had gone up by 2½ years. A great deal of zonal difference existed in the average ages at marriage. The ages were highest in south zone and lowest in the north and central zones. The average difference of age between husband and wife was the highest in south about 7.7 years, and the lowest in the north about 3.5 years. The ages at marriage were the highest in the cities.

A trend in systematic increase is indicated in the number of children born to the more recent marriage cohorts.

Table showing the number of children born per couple:

Group	No. of children born after marriage.		
	2 years	7 years	12 years
	yrs.	yrs.	yrs.
Rural couple married after 1930 . . . .	0.16	1.34	2.64
Rural couple married before 1930 . . . .	0.08	0.96	2.16
Urban couple married after 1930 . . . .	0.26	1.81	3.22
Urban couple married before 1930 . . . .	0.14	1.45	2.84

The average number of children born per rural couple within 22 years after marriage was 4.51 and the average for all duration above 22 years was 5.64. The number of children born per urban couple within 22 years after marriage was 5.08 and average for all duration above 22 years was 5.86. The rural couples and the small cultivator class among them, showed some what lower fertility than the urban.

The interval between marriage and first birth varied with the age at marriage. The interval to first birth was longer for the wives

married at young age. The average interval between successive births was about 33 months for the first four births for couples with a maximum of four children born. The average interval between successive births went down by 2 months for all couples. The average interval between successive births was about the highest for south zone and the lowest for central and north zones.

The sex ratio at birth, taken as the number of male children born per 100 female children born was 107 for all the children born to the most recent couples. There was quite substantial zonal difference in sex ratio at birth. It was lowest, just above 100 in the south and highest about 125 in north-west India. The reported sex ratio at birth progressively increased for the older marriage cohorts.

*Scheme of Demographic Research—Dr. V. M. Dandekar, Gokhale Institute of Politics and Economics, Poona*

Rs. 20,000 were sanctioned for the year 1954-55 and Rs. 26,168 for the year 1955-56.

This was a sample survey of rural population. The objectives of the scheme were: (i) to obtain basic demographic data necessary to compute fertility rates and, if possible, also mortality rates, (ii) to collect information regarding socio-economic determinants, if any, of these rates, and (iii) to assess the present attitudes towards family planning in general and in favourable cases to assess the acceptability of different contraceptive methods and means.

The scheme was started in June, 1954. Investigations were carried out in six rural localities, one in each of the six districts of Bombay and Hyderabad States. The districts chosen were: West Khandesh, Ahmednagar, Ratnagiri and Belgaum in Bombay State, Parbhani and Gulberga in Hyderabad State. In each of the six localities a centre was established in a large village with a population of about 5,000 and investigations were carried out in the large village and a group of adjoining villages with a total population of about 5,000.

The important findings of the study are: The crude death rate was found to be 38.4 per 1,000 population. The net reproduction rate worked out to be 1.29 (on an average one woman to be replaced by 1.29 females in the next generation). For the surveyed population, the married females of child bearing age had on an average the duration of marriage 13.5 years. They had on an average 3.52 full-term pregnancy and 15 months period of amenorrhoea. The average age at menarche was found to be 13.8 years.

Among 647 women interviewed about 40 per cent. were reportedly favourable to family planning and about same number showed no inclination towards trying any of the methods suggested for contraception. Further it was found that among those in favour of family planning about 45 per cent. were prepared to adopt some suitable method of contraception that could probably stop child bearing. Most of the people gave their choice for surgical operation.

*Scheme for the sample survey in Patna to estimate the fertility and mortality rates—Dr. D. N. Lal, Institute of Public Administration, Patna University*

A sum of Rs. 47,620 was sanctioned for the year 1955-56 by the Ministry of Health in December, 1955.

The purpose of the survey is to estimate the differential fertility and mortality rates for the residents of Patna Corporation for the year 1955-56. A sample survey was conducted in Patna City from January 1956 to December 1956. The sample consisted of 25,765 persons. The birth-rate was found to be 39.86 per thousand population and the death rate 13.2 per thousand population. The frequency of birth is highest in October and lowest in May. The general fertility rate was 194 per year per thousand women in the child bearing period.

[Fertility rate:—The total number of births in a year per thousand women between the ages of 15—45 years.]

*Multi-purpose Family Planning Research Project—J.K. Institute of Sociology and Human Relations, Lucknow, by Dr. Baljit Singh*

A grant of Rs. 86,240 has been sanctioned.

The following are the main results of this study:—

1. The average active reproductive span is limited to about 21 years;
2. Raising (i) the marriageable age of village girls from the present average age of 14 years to even 21 years, (ii) the level of literacy, (iii) income, and (iv) the living standards will not lower fertility;
3. The necessity for Family Planning is felt by the village mothers and many would like to limit their fertility;
4. The people do not practice birth control as soon as advice is given on it and means are made available, but they do only gradually;
5. It is not correct to say that under the present economic and social conditions they will not employ birth control methods;
6. In a block of 26 villages in the project area surveyed about one-sixth of the total number of mothers in the child bearing age are one-third of those who do not want more children, have started using birth control methods; and
7. Widespread adoption and effective use of family planning methods will not, however, lower the rate of population growth.

The above conclusions do not imply that controlled fertility should be underrated in our planning. On the other hand, they show that advice on family planning methods and means should be made available in the rural areas in a sustained manner.

## FIELD STUDIES ON CONTRACEPTIVES

The Indian Council of Medical Research sanctioned four field studies on contraceptives. They are under:

- (a) Dr. V. R. Khanolkar, Indian Cancer Research Centre, Bombay.
- (b) Dr. D. Anand, Health Unit, Orientation Training Centre, Najafgarh (Delhi).
- (c) Dr. (Kumari) A. D. Engineer, Medical College, Lucknow.
- (d) Dr. R. K. K. Tampan, Medical College, Trivandrum.

A budget provision of Rs. 1,50,000 recurring and Rs. 80,000 non-recurring was made for these studies.

The studies are designed:

- (a) to assess:
  - (i) acceptability of different contraceptive methods;
  - (ii) harmlessness of different contraceptive methods after prolonged use;
  - (iii) effect of introducing family planning programme associated with health and curative service in reducing the birth-rate of the community;
  - (iv) effect of introducing family planning programme associated with health and curative service in reducing the natural increase of population (a long-term objective);
- (b) to determine the factors responsible for the attitudes of rural people and industrial groups towards fertility and fertility control; and
- (c) to evolve educational techniques to bring about a change in the prevalent attitudes and behaviour in favour of fertility control.

These studies are being started.

# RURAL FIELD STUDY OF POPULATION CONTROL, SINGUR— ALL INDIA INSTITUTE OF HYGIENE AND PUBLIC HEALTH, CALCUTTA.

The field study of population control, Singur, West Bengal is financed by the Government of India and the Population Council of New York. The Government of India has accepted the offer of the Population Council of \$48,000 or as much there of as may be necessary and contribute 10 per cent. expenditure for this study. The first instalment of \$16,000 has been received from the Council. The objectives of the scheme are:

- (a) to determine whether community birth-rate in a given population can be reduced in significant measure by simple methods of contraception; and
- (b) to evolve methods of educating a rural population in family planning.

The plan of the study mainly consists of:

- (a) the choice of two similar populations in areas sufficiently distant from each other, to serve as the experimental and control areas;
- (b) the choice of a third area, test area, where the teaching methods of family planning that are to be applied in the experimental area could be presented;
- (c) methods of assessing the effectiveness of teaching in the test village;
- (d) applying these teaching methods to the experimental area after the pre-test; and
- (e) surveys in the experimental and control areas to obtain information on reduction in birth-rates due to the methods applied.

Two villages of Gopalnagar and Daluigacha Unions having a combined population of 8,000 constituted the experimental population and a group of villages in Bansdipur Union, the control population. Mirzapur village in Singur Union was selected for pre-testing of all procedural forms before their adoption in the experimental villages.

Demographic data for the populations of the villages Daluigacha and Mirzapur have been collected and analysed. About one-third of the female population of areas were in the age 15—44 years, the age group to which the teaching programme was to be directed. Percentages of widows out of all women over 15 years were 25 in Daluigacha and 34 in Mirzapur. The average number of live babies born to married women of different ages is given below:

Age in years	15-19	20-24	25-29	30-34	35-39	40-44	45
Daluigacha . . .	1.0	2.4	4.4	5.6	6.4	6.0	6.6
Mirzapur . . .	0.9	2.4	3.5	5.9	6.2	6.9	6.6

An attitude survey of married couples towards family size and adoption of family planning methods, carried out in the test village revealed that about 80 per cent. of husbands and over 90 per cent. of wives had no desire for any more children either at all or within the next two years. About 80 per cent. of both husbands and wives expressed willingness to learn family planning methods.

Information regarding family size, desire for more children, attitudes towards family planning was collected from the couples of Gopalnagar and Daluigacha villages.

House-hold survey of Bandipur Union consisting of 15 mouzas comprising 30 villages were completed in March, 1958. 2,000 households comprising a population of 10,661 persons were covered by the survey.

The experimental area has been divided into three zones, comprising approximately equal number of married couples and each zone assigned to one male and another female social worker. The social workers conducted community meetings with village leaders, husbands and wives individually to know their attitudes and conveniences to learn family planning methods.

#### *Teaching programme*

In the beginning, meetings of the community leaders were held to enlighten them as well as to enlist their co-operation. Afterwards a number of group meetings were held to educate the people on the importance of family planning. The three methods of family planning chosen for this study, namely, Foam tablets, coitus interruptus, and rhythm method were also taught. Since November 1957, 943 husbands and 971 wives have been contacted comprising 80 per cent. the couples. 624 men and 724 women received instruction in group or individually.

#### *Follow-up programme*

Follow-up after teaching within one week of teaching and subsequently once in a month for the first year has been maintained. During follow-up the choice of method by villagers is assessed, necessary guidance is rendered and foam tablets are distributed. 381 husbands and 375 wives were visited. Of these 73 husbands and 156 wives have taken foam tablets at least once.

Family Welfare Clinic is also conducted for treatment of minor ailments and gynaecological cases.

## APPENDIX L

### THE CONTRACEPTIVE TESTING UNIT

Indian Cancer Research Centre, Bombay

The Family Planning Research and Programme Committee of the Government of India recommended to the Government in 1954 that a Centre for research in family planning should be established. At such a centre research in the physiology of reproduction would also be carried out in order to lead to a better understanding of the problems of fertility and its control. Earlier in December, 1952, a special centre had been established by the Government of India, Ministry of Health, in collaboration with the Sir Dorabji Tata Trust, Bombay, for research on cancer in all its aspects. The Centre had already set up departments of Pathology, Experimental Biology, Biophysics, Biochemistry and Human Variation and Statistics, and was therefore ideally suited for the location of the proposed Unit. The Centre itself was also interested in the basic problem of reproduction and growth with a view to understanding the nature of malignant growth. The Centre, therefore, offered the laboratory facilities necessary for the Unit. The activities of the Unit have expanded considerably during the last three years and have been carried out at the Centre and also at two clinics of the Family Planning Association of India in the industrial areas of Bombay. In September 1956, the Unit established its own Family Planning Clinic in the Naigaum area for field trials of contraceptives.

The Unit consists of four sections (a) Chemistry Section, (b) Biochemistry Section, (c) Biology Section, (d) Medical Section.

Three main lines of research are being pursued by the Unit.

I. The testing of oral and local contraceptives before they could be released to the public.

II. The development of effective oral and local contraceptives.

III. Biological studies on the physiology of human reproduction with particular reference to the conditions existing in India.

#### *I. Testing of Oral and Local Contraceptives*

In order to determine the acceptability, effectiveness and harmlessness of contraceptives before they could be released to the public, they are subjected to several tests.

All the contraceptives sent for testing by the Director General of Health Services are received under a code number. Each contraceptive must be accompanied by the following information: (a) the type of contraceptive, i.e., oral or local (foam tablet, jelly, paste or rubber); (b) the dates of manufacture and expiry, (c) the chemical composition and the dosage, and (d) in the cases of rubber contraceptives the formula of the dusting powder

### *Oral Contraceptives*

The oral contraceptives received for testing may be of two types, viz., synthetic products and indigenous plant materials. Biological tests are carried out on male and female mice which are fed on the substance to be tested. The animals are allowed to mate and the effect on the sex cycle, the normal reproduction, the size of the reproductive organs and the general condition of the animals is observed and recorded. If the females become pregnant, their condition during pregnancy and the condition of the young at birth are noted. The effect of the oral contraceptive on the mating behaviour of the male is also observed.

### *Local Contraceptives*

I. *Laboratory Tests*: Laboratory investigations which include tests for spermicidal activity and for physical and storage properties are first carried out. The contraceptives received are mainly of two types: A. Chemical & B. Mechanical.

A. Chemical Contraceptives are subjected to (a) physical tests; (b) spermicidal tests, (c) storage tests and (d) tests for carcinogenicity and toxicity.

B. The Mechanical Contraceptives received for testing include condoms, diaphragms and cervical caps. The testing of the first two types is done according to the Draft British Standards of October 1956.

II. Clinical testing of local contraceptives is carried out after they have been investigated in the laboratory.

The clinical testing is done at the Women's Welfare clinic at Naigaum on women volunteers who come for birth control advice and for investigation of infertility. Recently testing has also been commenced at the Family Planning Training & Research Centre by the women doctors of the Contraceptive Testing Unit.

It is most important that a contraceptive should be perfectly harmless to the user. It must not only be efficient and non-irritant but it should also be non-carcinogenic and should not give rise to other pathological conditions. A thorough and periodic gynaecological examination is therefore necessary in order to detect asymptomatic cancer of the uterine cervix, or other pathological conditions of the pelvic organs and to detect the harmful effects, if any, arising from the long-term use of contraceptives.

### *Classification of approved Contraceptives*

The local contraceptives which satisfy the criteria for laboratory and clinical tests are placed in one of the following three categories:

*Category I*: Pastes, jellies and foam tablets which have satisfactory physical properties, which reach the required level of spermicidal efficiency in laboratory tests and which have been found to be harmless after the 24-hour cap test in 5 women.

*Category II:* Foam tablets which satisfy keeping qualities for unsealed tubes at 90% humidity and above, for 3 months.

The criteria for storage of jellies are still being standardized.

*Category III:* Pastes, jellies and foam tablets which satisfy the criteria for harmlessness in the 24-hour cap test and which have been found acceptable, reliable and harmless by prolonged use at Family Planning clinics.

## II. *The Development of effective Oral and Local Contraceptives*

The Contraceptive Testing Unit is engaged in the development of: (a) a suitable Oral Contraceptive, and (b) a suitable Local Contraceptive.

### (a) *Oral Contraceptives*

Research in the development of oral contraceptive is being carried out along two lines: (i) Scrutiny of indigenous plant materials, (ii) Synthetic preparation of organic substances with probable anti-fertility properties.

(i) *Plant Materials:* Considerable attention is being paid all over the world to the development of a substance, which when administered orally has been known to control fertility whose effects are harmless and reversible. In the absence of a clear approach of attack, one of the accepted ways is to systematically scrutinise plant materials which have been known in the Indian and other systems of Medicine and in the ancient folklores of different countries to have anti-fertility properties. About a dozen of such plants are indigenous to India. The Unit has undertaken systematic work on the scrutiny of some of the plants. The powdered substance is given to experimental animals in their diet. If the material is crude the extracts with different organic solvents are obtained and fed to animals in their diet. Care is taken to feed the substance as far as possible in the form in which it is known to be prescribed for human beings. Hibiscus flowers, Limitax and Virbhuti were tested and found to be unsatisfactory. Betel nuts cured in the banana trunk and seeds of Carica Papaya offer results of interest although the experiments are incomplete. The ultimate object of scrutinising these plants is to isolate the active principle and study its chemistry and mode of action.

(ii) *Synthetic Products:* It has been claimed that m-xylohydroquinone, the active principle isolated from the oil of Pisum Sativum affects fertility (Sanyal). It was thought of interest to study the specificity of the methyl groups. The introduction of the groups of the higher homologous series in the 2, and 2 and 6 positions of the hydroquinone nucleus, did not increase the antifertility activity. Hence it was thought that the antifertility property may increase by raising the redox potential of the hydroquinone derivative by the introduction of suitable groups. A few analogues of m-xylohydroquinone have been prepared, tested on experimental animals and yielded results of interest. If the substance is soluble in water or propylene glycol, it is administered by subcutaneous injection. If it is insoluble it is given in the diet.

The following are the criteria by which an Oral Contraceptive is adjudged:

1. It should be safe i.e., it should have minimal toxicity and irritation; it should be non-cumulative, non-abortifacient and should have minimal side effects.
2. It should be effective in well controlled animal and clinical tests.
3. It should be rapidly active i.e., it should have a short induction time.
4. It should be rapidly reversible at will with no long-term effects.
5. It should have a simple mode of action i.e., it should not act by disrupting complex balanced systems.

#### (b) Local Contraceptives

With a view to developing a formula for suitable cheap, foam tablets, attempts were made to incorporate sodium chloride as the active ingredient in the tablet. Clinical trials were not found satisfactory. It was therefore decided to incorporate a stronger spermicidal agent. A formula has been evolved incorporating Chloramine-T as the active spermicidal agent. Soap nuts are indigenous and cheap, and therefore their aqueous extract has been used as a foaming agent. Toxicity tests with soap nut extract have not revealed adverse effects in mice.

The foam tablets prepared according to the formula fulfil all the criteria laid down by the Contraceptive Testing Unit. Clinical trials appear to be satisfactory.

Up to now those chosen for this research are volunteers from the women attending the family planning clinic. These women come for birth control advice as well as for the investigation of infertility.

#### Other Activities.

Since August 1957, the Unit has been co-operating in the courses held at the Family Training and Research Centre, Bombay and at the Demographic Training and Research Centre, Chembur, Bombay. Lectures and demonstrations relating to the physiology of reproduction and research in contraceptives are given by the workers of the Unit.

The Unit works under the direction of Dr. V. R. Khanolkar.

This Unit has been sanctioned the following grants by Government of India:

	Rs.
1954-55	35,325
1955-56	43,457
1956-57	30,000
1957-58	51,900
1958-59 (First instalment)	25,950
<b>TOTAL</b>	<b>1,86,632</b>

*Publications:*

1. Contraceptive Advice in General Practice. S. Israel—Med. Dig. (Bombay), 23:786; 1955.
2. The Effect of Metaxylohydroquinone on mice and rats. B. K. Batra\* & S. M. A. Hakim—J. Endocr. 14:228, 1956
3. The Work of the Contraceptive Testing Unit of the Government of India: M. Kamat (Read at the 3rd All India Conference on Family Planning, Calcutta, 1957) Med. Dig. (Bombay), 25: 117, 1957.
4. The Vaginal Smear: its application in diagnosis and research. H. Peters\*, H. Pastakia\*, S. Israel and K. Rijsinghani\* with the technical assistance of Mr. M. N. Mehta.—Indian J. Med. Sc., 77: 383, 1957.
5. A Clinical Method of Contraceptive Testing. S. Israel, H. Peters\* and M. Kamat. J. Indian Med. Assn. 29: 360, 1957.
6. The Lactation Period in Indian Women. H. Peters\*, S. Israel and S. Purshottam. (Read at the Scientific Seminar on Family Planning Bombay, 1955). Fertil. & Steril. 9: 134, 1958.
7. Colposcopy in Gynaecological Practice. M. Kamat (Read at the Indian Science Congress Madras, 1958)
8. Practical Methods of Family Planning. S. Israel. Swasth Hind Family Planning Number 2: 22, 1958.
9. The Cellular Detection of Adenocarcinoma.—H. Peters\*, K. Sundaram and S. Israel. Acta Un. Int. Cancr.—14: 380, 1958.
10. Colposcopy in a Family Planning Clinic. M. Kamat. J. Indian Med. Assn. 31: 127, 1958.
11. Cytology in a Family Planning Clinic. S. Israel—J. Assn. Med. Wom. India. (Read at the Golden Jubilee of the Association of Medical Women in India, Bombay, 1957).
12. A New Method of Testing Spermicidal Action of Foam tablets. M. S. Joshi & M. Kamat. J. Indian Med. Assn. 31: 246, 1958.
13. The Acceptability and Effectiveness of two Birth Control Methods: An evaluation of 352 cases. S. Israel & M. Kamat—J. Family Welfare, 5: 3, 1958.
14. Immunological work with human and bovine semen. S. S. Rao & K. K. Sadri. (Read at the 8th Conference of the Ind. Assn. of Pathologists, 1957)—(in press).
15. Laboratory Testing of Chemical Contraceptives. M. S. Joshi (Sent for publication.)
16. The Onset of Menstruation in Indian Women. S. Israel—(Sent for publication)

17. Antigenic composition of Buffalo Semen. S. S. Rao & K. K. Sadri. (In preparation).
18. Diet and Fertility in India. M. Kamat—(In preparation).
19. A preliminary note on the Succinic dehydrogenase activity of Human Semen.  
S. S. Rao, A. R. Sheth. and A. M. Phadke\*\* (Under publication in The Indian J. Med. Sc.)

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\* Members of other Units.

\*\* Family Welfare Bureau.

**PROVISIONAL LIST OF CONTRACEPTIVES AS ON 7-3-58**  
(This list supersedes all previous lists issued)

**Category I.**

Pastes, Jellies and Suppositories including foam tablets which in the opinion of the Contraceptive Testing Unit have been found to have satisfactory physical properties, to reach the required level of spermicidal efficiency in laboratory test and to satisfy the criteria for harmlessness in the short-term harmlessness test (24 hour cap test). Recommended for use.

Name	Manufacturer/Importer	Spermicidal Agent
<i>Jellies and Pastes—</i>		
Preceptin . . .	Ortho Products, Raritan, N.J. U.S.A. (Ortho Pharmaceuticals, Imperial Chemical Industries (India) Private Ltd., P.B. 310, Bombay-1.	P-Dilsobutylphenexy polyethoxy ethanel ricineleic acid.
Cooper Creme . . .	Whittaker Laboratories INC. 898 Washington Street, Peekskill, New York. (Dr. Jai Singh's Son & Co., Private Ltd., 18/4 Asaf Ali Road, P.O. Box. 457, New Delhi.)	Trioxymethylene 0.04% Sodium Oleate 0.67%
Volpar Paste . . .	British Drug Houses, London [British Drug Houses (India Private Ltd., Imperial Chemical House, Bombay-1).	Phenylmercuric acetate.
<i>Foam Tablets—</i>		
Contab (Formula IV)* . . .	Smith Stainstreet & Co., Ltd., 18 Convent Street, Calcutta.	Chloramine-T.
Durafoam* . . .	Durex Products INC 684 Broadway, New York, 12 N.Y. (M/s. Biddle, Sawyer & Co., India (Private) Ltd., 25 Dalal Street, Fort Bombay.)	3½% P-Tiisopropylphenexy-polyethoxyethanel 0.1% -p-Propylhydroxybenzoate.
Planitab . . .	Hind Chemical Ltd., Sircar Road, P.B. 227, Kanpur.	Pyridine mercuric chloride.
Sampoon** . . .	Nipon Eisai Co., Ltd., 88 Jakenhayache, Bunkye Ku, Tokyo, Japan (Shah & Jani C/o Andre Laboratories Aidun Building, 1st Dhobitalao Lane, Bombay-2).	Phenylmercuric acetate.
Volpar† . . .	British Drug Houses, London, [British Drug Houses (India) Private Ltd., Imperial Chemical House, Bombay-1].	Phenylmercuric acetate.

\*As the foam produced with one tablet seems to be insufficient, hence 2 tablets instead of one are advised.

\*\*Storage quality reported to be unsatisfactory for the present.

†These foam tablets can be used in places having a high humidity.

*Category II.*

Foam tablets which satisfy keeping qualities for unsealed tubes at 89% humidity for 3 months.

Name	Manufacturer/Importer	Spermicidal Agent
Durafoam	Durex Products INC, 684 Broadway, New York-12, N.Y. (M/s. Biddle Sawyer & Co., India (P) Ltd., 25 Dalal Street, Fort, BOMBAY.	3½% P-Tiisopropylphen- oxy-polyethoxyethanol 0.1% p-propylhydroxy- benzoate.
Contab (Formula IV) Tablets.	Smith Stainstreet & Co., Ltd., 18 Convent Street, Calcutta.	Chloramine T.
Mycone	Allied Laboratories Ltd., 140, Park Lane, London W.1. [Dr. Jai Singh's Son & Co., (Private) Ltd., 18/4 Asaf Ali Road, P.O. Box 457, New Delhi].	Phenylmercuric acetate.
Sampoon.	Nipon Eisai Co., Ltd., 38, Jakenhyache, Bunkye Ku, Tokyo, Japan (Shah & Jani C/o Andre Laboratories, Aidun Building, 1st Dhobitalao Lane, Bombay-2).	Phnylmercuric acetate.

*Category III.*

Pastes, jellies and suppositories including foam tablets which in the opinion of Contraceptive Testing Unit reach the required level of spermicidal tests and which has been found reliable and harmless by prolonged use at the family planning centres approved for this purpose.

No contraceptive has yet been placed by the Contraceptive Testing Unit in this Category.

Pastes, jellies and suppositories which in the opinion of the Family Planning Association, London, reach a satisfactory level of spermicidal efficiency by laboratory tests and which have been found reliable and harmless by prolonged use at Family Planning Association Clinics and/or laboratory tests have been approved provisionally for use and include the following:

Name	Manufacturer/Importer	Spermicidal Agent
<i>Pastes and Jellies :-</i>		
Volpar Paste b.c.	British Drug Houses, London [British Drug Houses (India) Private Ltd., Imperial Chemical House Bombay-1.]	Phenylmercuric acetate.
G.P. Ointment b	Gilmont Products Ltd., Tileyear Road, York Way, London No. 7.	Hexylresorcinol.
*G. P. Jelly No. 479a	—	—

Name	Manufacturer/Importer	Spermicidal Agent
Dura-creme. b	London Rubber Co., Ltd., Hall Lane, Chingford, London, E. 4. (M/s. L.D. Seymour & Co., Ltd., Mereweather Road, Apollo Bunder, Bombay).	Hexylresorcinol.
Ortho Creme b.c.	Ortho Pharmaceutical Ltd., Lane End, High Wycombe-Bucks, England. (M/s. Imperial Chemical Industries (India) Private Ltd., P.B. No. 310. Bombay-1).	Ricinoleic Acid and Sodium Lauryl Sulphate.
Orthogynol Jelly a.c.	—do—	Ricinoleic acid and p-diisobutylphenoxy-polyethoxyethanol.
Prentif Spermicidal Compound	Prentif Ltd., Long's Court, St. Martin's Street, London W.C. 2. (M. Valab & Co., Botwala Chambers 4, Sir P.M. Road, Fort Bombay-1).	Hexylresorcinol.
<i>Suppositories—</i>		
Gynomin. c	Coats & Cooper Ltd., Pyramid Works, West Drayton, Middlesex, England.	Sodium p-toluenesulphon-chloroamide.
Volpar Gels. d.	British Drug Houses Ltd., Graham Street, City Road, London No. 1. [British Drug Houses (India) Private Ltd., Imperial Chemical House, Bombay-1]	Phenylmercuric acetate.
G.P. Solubles. d.	Gilmont Products Ltd., Tileyard Road, York Way, London No. 7.	Hexylresorcinol.
Prentif Gels. d.	Prentif Ltd., Long's Court, St. Martin's Street, London, W.C. 2. (M. Valab & Co., Botwala Chambers, 4, Sir P.M. Road, Fort, Bombay-1).	Hexylresorcinol.

\*\* Known in some Family Planning Association Clinics as "H.R. Jelly".

- Products which are also lubricants.
- Products in form of paste or cream.
- Sold with applicator.
- Non-greasy gels.
- Foaming tablets can be used in tropics and are less sticky than suppositories with a glycerin-gelatin base.

- NOTES :—
- (1) The Contraceptives containing hydroquinone and quinoline and its derivatives should not be used as they are not considered harmless at present.
  - (2) Clinics should report immediately to this Directorate if any untoward effects are noticed.
  - (3) G.P. Solubles are not suitable for use in tropical climate as they do not withstand temperature higher than 98.4°.
  - (4) "DURAFOAM Tablets are quite stable at temperatures of 40° centigrade for long periods of time—for two years or more. It is, therefore, suggested that they may be stored at temperatures below 40° centigrade. They will withstand for a number of months temperatures much higher so that in the period when they are distributed to a patient whose home in the hot season

(Footnote continued on next page)

Pastes, jellies and suppositories including foam tablets which, in the opinion of the F.P.A., London reach the required level of spermicidal efficiency by laboratory tests. No tests for harmlessness have been done by the Contraceptive Testing Unit, Bombay on these contraceptives. They will be recommended for use after cap tests at Contraceptive Testing Unit are found satisfactory.

Name	Manufacturer/Importer	Spermicidal Agent
<i>Pastes and Jellies—</i>		
Antemin. b. . . . .	Coats & Cooper Ltd., Pyramid Works, West Drayton, Middlesex, England.	Trioxymethylene and Sodium Dioctyl sulphesuccinate.
Contraceptalene a. . . . .	Lamberts (Dalston) Ltd., 200/2 Queen's bridge Road, Dalston, London, E.—8.	Lactic Acid Boric Acid.
Rendell Creme b.c. . . . .	W.J. Rendell Ltd., Ickleford Manor, Hitchin Herts, England. [M/s. Framjee & Son, Nanjee Buildings, Horniman Circle, Fort G.P.O. Box No. 542, Bombay].	Hexylresorcinol.
Penotrane b.c. . . . .	Ward Blenkinsopp & Co., Ltd., 37, Queen's Square, London, W.C. 1. (M/s. Ward Blenkinsopp & Co., (India) Ltd., 1/110, Haines Road, Bombay-18).	Phenylmercuric dinapththylmethane disulphonic acid.
<i>Suppositories—</i>		
Bymeston c. . . . .	Lamberts (Dalston) Ltd., 200/2, Queen's Bridge Road, Dalston, London, E.—8.	Chloramine-T.
Bircon c. . . . .	London Rubber Co., Ltd., Hall Lane, Chingford, London, E.—4.	Chloramine-T.
Rendell Gels . . . . .	M.J. Rendell Ltd., Ickleford Manor, Hitchin Herts, England. (M/s. Framjee & Son, Nanjee Building, Horniman Circle, Fort, G.P.O. Box 542, Bombay.)	Hexylresorcinol.
Rendell Foam c. . . . .	W.J. Rendell Ltd., Ickleford Manor, Hitchin Herts, England. (M/s. Framjee & Son, Nanjee Building, Horniman Circle, Fort, G.P.O. Box No. 542, Bombay.)	Zinc Phenol Sulphonate.
Mycon. c. . . . .	Allied Laboratories Ltd., 140, Park Lane, London W.—1. (Dr. Jai Singh's Son & Co., (Private) Ltd., 18/4 Asaf Ali Road, P.O. Box No. 457, New Delhi.	Phenylmercuric acetate.

may be appreciably warmer they will nevertheless remain stable; however, as the temperature goes up, especially above 50° centigrade, there is some danger of a gradual reduction in foaming power. 'The spermicidal ingredient, however, is not affected by 50° temperature or higher temperatures.'

Name	Manufacturer/Importer	Spermicidal Agent
<i>NON-SPERMICIDAL LUBRICANTS</i>		
K.Y. Jelly	Jhonson & Jhonson Ltd., Bath Road, Slough, Bucks, England. [M/s. Imperial Chemical Industries (India) Private Ltd., P.O. Box. No. 9099, Calcutta.]	
Durol	London Rubber Co. Ltd., Hall Lane, Chingford, London, E.—4. (M/s. L.D. Seymour & Co., Ltd., Mereweather Road, Appollo Bunder Bombay.)	
Prentif Surgical	Prentif Ltd., Long's Court St. Martins Street, London, W.C.—2. (M. Valab & Co., Botawala Chambers, 4, Sir P.M. Road, Fort, Bombay-1).	

- Products which are also lubricants.
- Products in form of paste or cream.
- Sold with applicator.
- Non-greasy gels.
- Foaming tablets can be used in tropics and are less sticky than suppositories with a glycerin-gelatin base.

#### RUBBER & PLASTIC APPLIANCES

Name	Manufacturer	Importer
<i>Occlusive caps/Diaphragms.</i>		
1. Cavical ("Racial")	Constructive Birth Society 108, Whitfield St., London W.—1.	
2. Vimule Caps	A. Lambert & Co., 16 Dalston Lane, London, E—8.	
3. Dutch Dumas type (5 sizes) Cervical.	Lamberts (Dalston) Ltd., 200/2 Queen's bridge Road, Dalston, London, E—8.	M/s. British Drug House, (India) Private Ltd Imperial Chemical House, Bombay.
4. Dutch Caps (Durex) flat or spiral spring.	London Rubber Co., Hall Lane, Chingford, London, E.—4.	—do—
5. Cervical Caps (Check pessaries Durex).	—do—	M/s. L.D. Seymour & Co., Ltd., Mereweather Road Appollo Bunder, Bombay.
6. Vaginal Diaphragms latex, spiral spring (Dutch cap type).	Ortho Pharmaceutical Ltd., Lane End., High Wycombe, Bucks, England.	M/s. Imperial Chemical Industries (India) Private Ltd., P.B. No. 310, Bombay-1.
7. Plastic caps : Dumas type (5 sizes).	Lamberts (Dalston) Ltd., 200/2, Queen's bridge Road, Dalston, London, E.—8.	M/s. British Drug Houses (India) Private Ltd., Imperial Chemical House, Bombay.

Name	Manufacturer	Importer
8. Vaginal Diaphragms, latex spiral spring (Dutch cap type) "Prencaps" (Dumes type) Cervical Caps. "Cercap", cavity rim; Seamless Dome.	Prentif Ltd., Long's Court St. Martin's Street, London W.C.—2.	M. Valab & Co., Botwala Chambers, 4, Sir P.M. Road Fort, Bombay-1.
9. Durex . . . .	Durex Products, 684 Broadway, New York 12, N.Y., USA.	M/s. V. Sharma & Co. Behind State Bank, Chandni Chowk Delhi 6.
10. Koromex . . . .	Holland Randoz Corp., New York, U.S.A.	Herbans Ltd., Prospect Chambers, Hornby Road, Bombay-1.
11. Kemi . . . .	Kemi Products Corp., N.J., USA	Bombay Surgical Co., Charni Road, Bombay-4.
12. Check Pessaries . . . .	Rubber Industries (India) Ltd., 243 Abdul Rehaman Street, Bombay-3.	
13. Cooper . . . .	Whittaker Laboratories INC. 848 Washington Street, Peekskill, New York.	Dr. Jai Singh's Son & Co. Private Ltd., 18/4 Asaf Ali Road, P.O. Box. 457, New Delhi.
<i>Condoms and washable sheaths—</i>		
1. Condoms and washable sheaths.	A Lambert & Co., 16 Dalston Lane, London, E.—8.	
2. Condoms and Washable Sheaths.	Lamberts (Dalston) Ltd., 200/2, Queen's bridge Road, Dalston, London, E.—8.	
3. "Protectives" Transyl, Silvine and Lion.	London Rubber Co., Ltd., Hall Lane, Chingford, London, E.—4.	M/s. L.D. Seymour & Co., Ltd., Mereweather Road, Appollo Bunder, Bombay.
4. Paragons "Silvine and Lion". . . .	—do—	—do—
5. Protectives "Ona and Durex" . . . .	—do—	—do—
6. Paragons "Durex" . . . .	—do—	—do—
7. Condoms and Washable Sheaths.	Prentif Ltd., Long's Court, St. Martin's Street, London W.C.—2.	M. Valab & Co., Botwala Chambers 4, Sir P.M. Road, Fort, Bombay-1.
8. Durapac . . . .	Durex, England.	L.D. Seymour & Co. Ltd., Appollo Bunder Bombay-1.
9. Gold Coin . . . .	Watch & Co., Ltd., Japan.	Bhogilal Premchand Co., 24, Princes Street Bombay.
10. Rex . . . .	Aarhus Cummivare Fabrik Ltd., Denmark.	Dr. Jai Singh Son & Co., Private Ltd., 18/4 Asaf Ali Road, P.O. Box. No. 457, New Delhi.
11. Regard . . . .	Aarhus Cummivare Fabrik Ltd., Denmark.	Dr. Jai Singh's Sons & Co., Private Ltd., 18/4 Asaf Ali Road, P.O. Box. No. 457, New Delhi.

## INSTRUCTIONS TO BE FOLLOWED WHILE DESPATCHING CONTRACEPTIVES FOR TESTING

Each product must be accompanied by:—

1. Name of contraceptive:
2. Name and address of Manufacturer:
3. Name and address of importing agent:
4. Type of contraceptive (foam tablet, jelly, paste, rubber etc):
5. Quantitative formula from which the contraceptive is prepared and the dosage:
6. Standards for test including methods of Chemical assay adopted by the manufacturer:
7. Wholesale rate of contraceptive:
8. Date of manufacture:
9. Date of expiry:
10. Name of countries where already in use (with date of such use in each case):
11. Date when the product was first made available in India:
12. Information regarding its aproval by other Government or recognised organisation of other countries like their Family Planning Association:
13. Official Publication (with true copies of approving the product):  
Two copies of specimens of all advertising and descriptive matter, instructions, leafiets; labels, etc., concerning the contraceptive.
14. The following quantities of free samples for initial testing, foam tablets 22 tubes of 10 tablets etch, jellies/paste/gel 23 tubes about 2 ounces.
15. Rubber contraceptives 18.
16. Oral contraceptives—total dose for one month for 3 patients.
17. In case of chemical contraceptive one gramme of each of the active chemical ingredient.
18. Further samples will be required for clinical trials if the contraceptive is found satisfactory in laboratory tests.
19. Contraceptives sent for testing should be in sealed containers.

## APPENDIX M

### I. HUMAN VARIATION UNIT

A brief summary of the work carried out at the Human Variation Unit is given below:

1:11 *Genetical Anthropological Surveys*.—A study was completed earlier on the distribution of A1A2B0, MN, P and Rh (D+|D-) blood groups, taste reaction to phenylthiocarbamide and colour-blindness of the red green type in six endogamous groups in Bombay.

This work has now been extended in several directions. It has been possible to add more characters to the battery of genetical tests already available. Constant attempts are being made to add more characters to this battery. It is anticipated that this material would be useful (i) in an understanding of the biological composition of the people of Western India, (ii) would serve as a model for similar studies in other parts of the country and (iii) would be unique type of material to understand population dynamics from a genetic standpoint.

A special mention may be made here about the studies on the incidence of sickle-cell trait among some castes and tribes of Western India. The incidence of sickling among the tribal groups was: Bhil-16%; Dhodia-21%; Dubla-9%; Koli-0%; Naika-22%. The sickle-cell trait in a homozygous condition results in severe anaemia, which is usually fatal before puberty. On the other hand, it has been demonstrated experimentally that the carriers of sickle-cell trait are far more resistant to parasitic infection of *Plasmodium falciparum* (a malarial parasite) compared to normal individuals.

1:12 *Load of Deleterious Recessive Genes*.—One of the useful approaches to the study of deleterious recessive genes in human populations is to collect data on sex-ratio, still-births, malformations and neonatal deaths and relate them to the degree of consanguinity of the parents concerned. This information is useful in filling one of the major gaps in the knowledge of human genetics and has recently assumed special importance in connection with the question of genetical effects of ionising radiation in human populations.

In India, there is a great diversity of customs, which either prohibit marriages between close relations or give extravagant preference to certain specified types of consanguineous marriages. As a preliminary to any serious work rates of consanguineous marriages were studied in fifteen endogamous groups in Bombay with a sample of about 500 marriages for each group. Ten of these groups belonged to the Marathi speaking Hindus, three belonged to the Gujarati speaking Muslims and the remaining two to the Parsi and Christian communities. The rates of consanguineous marriages among the Marathi speaking Hindus varied from 3.5% to 11%, of which the

bulk was made up of the first cousin marriage of the type of a boy getting married to his maternal uncle's daughter. The three groups of Muslims showed high rates of consanguineous marriages:—Memans-27%; Bohras-26% and Khojas-13%. Parsis also showed a high rate of 17%. Christians showed comparatively lower rates. All the four types of first cousin marriages were common among the Muslims, Parsis and Christians. The rates among the Muslims are perhaps the highest rates encountered so far in human populations.

In order to throw light on the incidence of deleterious recessive genes in Indian populations, information was collected regarding the frequency of certain gross congenital malformations, like anencephaly, hydrocephaly, spina-bifida, talipes, harelip and cleft palate from the records of the Wadia Maternity Hospital (76,799 deliveries) and the Cama and Albless Hospital (46,291 deliveries) for the period 1946-55. It may be pointed out that the Wadia Maternity Hospital serves predominantly the Marathi speaking people and the Cama and Albles Hospital serves mainly the Muslim community. The data showed some interesting features. In order to determine the accuracy of information collected from records, a pilot study has recently been undertaken at the Wadia Maternity Hospital by making personal observations on all the deliveries.

*1:2 Hereditary Diseases and Defects.*—One of the long-term activities of the Human Variation Unit is to entertain cases of hereditary diseases and defects for a genetic study. The location of the Human Variation Unit in the midst of a Medical centre along with requisite trained staff seemed to fulfil the necessary requirements for starting this endeavour. It was anticipated that this activity would have several advantages. It would permit the staff of the Unit to get acquainted with a wide variety of clinical material available for heredity studies in this region and prepare them for developing a heredity counselling service. It would supply useful material for a course in human genetics. It would build over a period of years a Heredity Register, which would serve as a nucleus for any important survey on mutation rates that may be undertaken in future.

It was thought desirable that in addition to recording family history and all available pertinent information about the cases referred, the unit should undertake a detailed study of a few selected conditions. After careful consideration, it was decided to take up hereditary haemolytic anaemia and muscular dystrophy for a special study of conditions inherited in a simple Mendelian fashion and sex endocrine disorders, for complex genetic situations. An additional reason for taking up the latter condition was the particular interest of the Medical Associate in the Unit.

Two hundred and eighty cases have been investigated so far. One hundred and thirty seven cases were referred for investigations of hereditary hæmolytic anaemias, 19 for muscular dystrophy and 112 cases for sex endocrine disorders. The remaining cases were investigated for conditions like mongolism, anophthalmos, haemophilia, thrombocytopenic purpura, acholuric jaundice and ichthyosis congenita. A big family of polydactylism comprising 120 living members was also investigated.

1.21 *Hereditary Haemolytic Anaemia*.—One of the most frequent conditions in this group turned out to be thalassemia major, of which 37 cases were encountered. Three more cases turned out to be Microdropanocytic (sickle-cell thalassemia) disease. Two families with Hæmoglobin J (confirmed by Dr. H. Lehmann of London) and one with hæmoglobin D also came to notice.

For a detailed investigation of these cases, it was necessary to refine some of the laboratory techniques used routinely in hæmatology and add some special ones like the investigations on abnormal haemoglobins. Analysis of the investigations carried out on the family members of thalassemia cases made it possible to differentiate carriers of this gene from normal individuals. The study also gave indications regarding the prevalence of thalassemia gene as well as genes responsible for abnormal hæmoglobins in some caste and tribal groups in this region. A few studies, mentioned earlier, on the incidence of these genes have been completed and a number of them are planned to be undertaken.

1:22 *Muscular Dystrophy*:—Nineteen cases of this condition were investigated, out of which 12 cases turned out to be cases of progressive muscular dystrophy of the sex-linked recessive type. Laboratory investigations included an estimation of the excretion of creatine, creatinine in urine and the acid soluble phosphate fractions from the muscle biopsy. As no control data were available, a series of 34 normal children belonging to four different communities were investigated for the excretion of creatine and creatinine and neutral 17-ketosteroids.

Nutritional muscular dystrophy was produced in two batches of rabbits consisting of two experimental and one control in each batch by feeding them with vitamin-E—deficient diet. Creatine/creatinine ratio was estimated in the urine every week in the first month and subsequently twice every week till they produced dystrophy. After the onset of the disease, skeletal muscle samples were investigated for acid soluble phosphate fractions and total nitrogen. The study was repeated on the experimental animals when they were put back on normal diet.

1:23 *Sex Endocrine Disorders*:—In all 112 cases were referred to us for investigation of various endocrine disorders. Of these, 36 complained of hirsutism, 66 came for somatic and sexual underdevelopment, 4 for sexual aberration and the remaining 6 cases were investigated for Cushing's Syndrome, Addison's disease and Achard Thier's Syndrome. Along with the clinical examination, most of the cases underwent routine investigations which included endometrial biopsy (104 in all) and vaginal cytology (1207 in all). Special investigations like estimation of hormones were done whenever indicated and these comprised 79 17-ketosteroids, 52 pregnanediol, 4 oestrogens and 7 gonadotrophins. Estimation of 17-ketosteroids was also attempted on ovarian cyst fluid from 6 non-hirsute and 4 hirsute women. Furthermore, certain other investigations like sex chromatin test, radiographic studies of bones and adrenal cortex etc., and exploratory laparotomy were employed in a few cases.

*Hirsutism*:—Hirsutism or abnormal hair growth particularly in female is a very common problem for which no definite factors

can be indicated as causative agents. In Bombay, it has been a clinical impression for quite sometime that this condition is fairly prevalent in 2 groups, viz., Parsis and Sindhis.

There were no satisfactory criteria to define hirsutism when this work was started. A method was, therefore, developed to quantify body hair growth to study normal variation in women and men of the active reproductive age. To standardise the method, 100 women and 50 men were rated by this procedure. Thirty-six, so-called hirsute women, were rated by this method when it was realized that this method helped us to differentiate 15 women with abnormal hair growth from the other 21 women having hair growth on the higher range of normal variation. On this basis, selection of cases for further investigations for the study on the mechanism that brought about hirsutism became more simple. Of the 15 selected hirsute women 12 were fully investigated. We have now some evidence suggesting the probable mechanism through which the abnormal hair growth is brought about. Some experiments are being planned to confirm that during biosynthesis of steroid at the ovarian level, some intermediaries leak into the blood circulation of these women and cause abnormal hair growth. The possibility of determining chemical configuration of these intermediaries is also thought about.

*Somatic and Sexual Underdevelopment:*—Somatic and sexual underdevelopment during adolescence period and post pubertal years cause great alarm to patients as well as to their parents. Our main interest lies in dwarfism and sexual infantilism of endocrine or genetic etiology though it is rather difficult to select the right type of material prior to thorough investigation. We, therefore, have divided all such material referred to us under two broad headings—dwarfism or stunted growth and amenorrhea which motivated them to come to us for investigation. Of the total 66 cases referred to us, 11 had stunted growth and 55 complained of amenorrhea.

## PUBLICATIONS

1. Bhatia, H. M. Sanghvi, L. D., Bhide, Y. C. & Jhala, H. I., Anti-H in two siblings in an Indian Family. *J. Ind. Med. Assn.* 25:545—548. 1955.
2. Bhatia, H. M., Thin, J., Debray, H. & Cabanex, J.: Etude antropologique et genetique de la population due nord de l' inde. *Bulletin de la Societe d' Anthropologie.* 1955.
3. Iyer, C. G. S., Shah, P. N. & Chose, T.: Ichthyosis congenita fetalis in an Indian infant. *Ind. J. Child Health* 281—287, 1957.
4. Khanolkar, V. R.: Genetic variation in people of Western India. *Ind. J. Med. Sc.* 9:247-248. 1955.
5. Lehmann, H., Sukumaran, P. K.: Examination of 146 South Indian aboriginals for heamoglobin variants. *Man.* 56:95. 1956.
6. Nail, S. K., Kothari, B. V., Jhaveri, C. L., Sukumaran, P. K. and Sanghvi, L.D.: A fatal case of haemolytic anaemia presumably due to the combination of sickle-cell and thalassemia gene. A case report. *Ind.J.Med.Sc.* 4:244-249. 1957.
7. Sanghvi, L. D.: Comparison of genetical and morphological methods for a study of biological differences. *Am. J. Phys. Anthrop.* Vol. II. 1953.
8. Sanghvi, L. D.: Diversite Genetique des population de langue Marathi dans l 'Inde de l' ouest. *Population* No. 3 pp. 443—454. 1955.
9. Sanghvi, L. D.: Genetic diversity in the people of Western India. A paper presented at the World Population Conference. Rome. September, 1954. *Eug. Quart.* 1:235—239. 1954.
10. Sanghvi, L. D., Sukumaran, P. K. & Bhatia, H. M.: The blood group distribution of the Marathas of Bombay. *Proc. of the Vth Internst. Cong. Blood. Trans., Paris.* 1954.
11. Sanghvi, L. D.: Inbreeding, genes and phenotypes. *The Am. Natur.* 84:247-248. 1955.
12. Sanghvi, L. D., Rao, K. C. M. & Khanolkar, V. R.: Smoking and chewing of tobacco in relation to cancer of the upper alimentary tract. *Brit. Med. J.* 1:1111. 1955.
13. Sanghvi, L. D., Varde, D. S. & Master, H. R.: Frequency of consanguineous marriages in twelve endogamous groups in Bombay. *Acta Genetica et Statistica Medica.* 5:41—49. 1956.

14. Sanghvi, L. D.: Review of the book "Effect of radiation on human heredity. World Health Organisation, Geneva, 1957". Ind. J. Med. Sc. 1957.
15. Shah, P. N.: Some aspects of amenorrheas: J. Obs. Gynec. Ind. 6:168—183. 1955.
16. Shah, P. N.: Human body hair—A quantitative study. Am. J. Obs. Gynec. 73:1255—1265. 1957.
17. Shah, P. N.: Sex chromatin test—its scope and limitations in clinical practice and research. Ind. J. Med. Sc. 11:679—686. 1957.
18. Shrikhande, S. S. & Bhatia, H. M.: Hemolytic disease of the new born due to anti-A. Report of two cases. J. Obs. Ind. Vol. 7. 1957.
19. Sukhumaran, P. K., Sanghvi, L. D. & Vuas, G. N.: Sick-cell trait in some tribes of Western India—Current Science. 25:290-291. 1956.

## APPENDIX N

### INVESTIGATIONS ON ORAL CONTRACEPTIVE

*Meta-xylo-hydroquinone*.—In 1935 Prof. N. C. Nag of Sir J. C. Bose Research Institute is reported to have found in collaboration with Dr. Pyne that feeding of the seeds of *Pisum-sativum* Linn (Mattar Dal) to rats makes them temporarily sterile. Dr. S. N. Sanyal in 1950 observed a similar effect from injection of the oil extracted from the seed of 'Mattar Dal' and also through oral administration of *Meta-xylo-hydroquinone* said to be present in the oil. Subsequently, Dr. (Mrs.) S. Ghosh and Mrs. Abha Gupta published a preliminary report on field trials with *Meta-xylo-hydroquinone*, the active principle of the field pea. Research on mice carried out at the Armed Forces Medical College, Poona, by Lieut.-Colonel Krainer and in the Indian Cancer Research Centre, Bombay, by Dr. V. R. Khanolkar indicated that *Pisumsativum* Linn might be working as an abortifacient.

It was considered necessary to investigate further the effect of *Meta-xylo-hydroquinone* on fertility, to investigate the action of the drug and the possible toxic effects. An investigation at the All India Institute of Hygiene and Public Health was thus started on 1st January, 1956. This work at the All-India Institute of Hygiene and Public Health was placed under the charge of the Director of the Institute and a Technical Committee consisting of the Director, Dr. C. Chandrasekharan, Dr. (Mrs.) Mukhta Sen, Professor of Biochemistry and Nutrition, Dr. S. N. Sanyal, Dr. (Mrs.) S. Ghosh and Dr. B. K. Aiket was constituted.

Ministry of Health have so far sanctioned Rs. 69,210 for this Research Study (Rs. 32,140 in 1955, Rs. 22,070 in 1956 and Rs. 15,000 in March, 1958).

Since the experiment began on 1st January, 1956, 209 women have been given the drug and 201 have been put on the control group. The tentative conclusions are as follows :—

- (i) Administration of about 300-400 mgs. of *Meta-xylo-hydroquinone* on the 16th & 21st day after onset of menstruation reduced pregnancy rate by about 50 per cent.;
- (ii) the drug did not appear to suppress ovulation. It did not disturb the menstrual cycles nor was there evidence that it produced abortion after pregnancy had been well-established. The progress of pregnancy, the nature of termination and the condition of the child born were, within limited experience, unaffected by the drug in the dose in which it is now being administered. Although much work has yet to be done to understand the mode of action of the drug, it would appear from the results obtained so far that if the drug does not prevent fertilisation or nidation, the implantation must get disturbed within a few days of nidation;

- (iii) as far as it can be ascertained, constant use of the drug for a period of about 6 to 7 months did not produce any toxic effect.

An *Ad hoc* Committee of experts examined the material collected so far and have recommended that the field trials should be extended to a larger group before it was recommended for general use.

The possibility of synthesising the drug in India is being explored and a proposal for carrying out such synthesis at the All-India Institute of Hygiene and Public Health, Calcutta, is under consideration.

A grant has recently been given to Dr. Sanyal for investigation on effect of Meta-xylo-hydroquinone on fertility of experimental male animals.

At the Pharmacology Department of Lucknow University, *Malotusphillippensis* (kambila), *Punica granatum* (Anar), *Chenopodium album* (Bathuwa), *Taxus baccata* (Talis pattram), *Gossypium herbaceum* (kapas), *Carum Carui* (Siahvira), *Soanum Xanthocarpum* (Bhatkatraia), *Vitex agrus*, *Castus* (Shambhuluk abija) and *Daemia extensa* (Phalkantaka) were tested. Out of these Kambila and Anar only showed some effect on fertility on administration to rats and guineapigs when given in crude form. Further investigations are in progress.

Investigations are being conducted at the Institute of Post-graduate Medical Education and Research, Calcutta by Dr. Ghosh on cirantin.

At the Contraceptive Testing Centre, Hibuseus Vibruate and Limitax were tested and found unsatisfactory as oral contraceptive. Experiments on Betelnuts impregnated with latex in the trunk of banana and seeds of caricapapaya are in progress.

The tribes in Abor are reported to be using some herbs for control of conception. A grant of Rs. 20,500 has been given to the Director, Tribal Bihar Research Institute (Dr. B. S. Guha) during 1955-57.

## APPENDIX O

### DEMOGRAPHIC TRAINING AND RESEARCH CENTRE, CHEMBUR, BOMBAY

In July, 1956 the Government of India decided to establish a Demographic Training & Research Centre at Bombay in association with Sir Dorabji Tata Trust. On the basis of previous negotiations with the United Nations it was also decided that this Centre should become a regional institution to serve the needs of other countries of Asia included in the ECAFE region.

The countries and other administrative units covered by the Centre are Iran, Afghanistan, Pakistan, India, Nepal, Burma, Thailand, Malaya, Laos, Cambodia, Viet Nam, the Philippines, Taiwan, Japan, Korea, Indonesia, Ceylon, Sarawak, North Borneo, Brunei, Singapore and Hongkong.

Under the agreement between the United Nations and the Government of India, the former undertook to provide long-term advisers and short-term consultants on different aspects of demography and related fields of training as well as equipment and technical literature and other reference material for building up a library. The United Nations also agreed to provide fellowships for students from the countries of Asia other than India.

The Government of India undertook to provide permanent buildings for the Centre, to grant scholarships to trainees from India and in association with Sir Dorabji Tata Trust, to establish and maintain the Centre.\*

\*The following provision was made

	Share of Government			Share of Sir Dorabji Tata Trust	U.N. Contri- bution (\$)
	Non-rec.	Rec.	Total		
	(Rs. in lakhs)				
1956-57 . . . . .	2.92	1.23	4.15	0.25	51,000
1957-58 . . . . .	3.20	1.26	4.46	0.25	41,000
1958-59 . . . . .	..	1.46	1.46	0.25	41,000
1959-60 . . . . .	..	1.48	1.48	0.25	41,000
1960-61 . . . . .	..	1.57	1.57	0.25	41,000
<b>TOTAL . . . . .</b>	<b>6.12</b>	<b>7.00</b>	<b>13.12</b>	<b>1.25</b>	<b>2,15,000</b> (Rs. 10.20 lakhs)

On a mutually agreed basis of collaboration with a number of institutions located in Bombay and in Poona, the Centre has developed its training programme. These institutions are:—

1. the Department of Economics of Bombay University, Bombay;
2. the Department of Sociology of Bombay University, Bombay;
3. two Divisions in the Indian Cancer Research Centre, Bombay, dealing with Human Variation and the Physiology of Human Reproduction respectively;
4. the Tata Institute of Social Sciences, Chembur, Bombay;
5. the Department of Economics and Statistics of the Government of Bombay; and
6. the Gokhale Institute of Politics and Economics, Poona.

The Centre is provided with staff consisting of a co-ordinating officer, a statistician, a demographer and junior technical and secretarial personnel. The centre has also the services of experts assigned by the United Nations.

The administrative control of the Centre is vested in a governing body with Dr. John Mathai as Chairman and Dr. K.C.K.E. Raja, the co-ordinating officer of the centre as Secretary.

#### *Inaugural Conference*

An Inaugural Conference took place between the 5th and the 9th of November, 1957, at which a number of delegates from India and some other countries of the region were present. The Conference made a series of recommendations regarding the training and research programmes of the Centre and also recommended the establishment of a standing Advisory Committee consisting of a chairman nominated by India, of representatives from five other countries of Asia in rotation, of a representative of the International Union for the Scientific Study of Population and a few others as observers.

#### *Training Programme*

The aim of the training programme at this centre, would be to help to build up over a period of years, a nucleus of persons in each country of the region who have sufficient knowledge of demography to plan and carry out such population studies as the governments and universities may wish to sponsor, and in turn to train other persons in this field.

Since 1957 nine Indian and twelve foreign fellows have been admitted for training. The total number of fellows expected to be at the Centre when the institution is fully developed is about twenty, about one-half of whom being foreign and other half Indian.

Fellowships are awarded to the foreign students by the United Nations and to the Indian students by the Government of India. For

the award of U.N. fellowships each government in the region is invited to send three nominations. Candidates should have at least a B.A. or an A.B. degree or its equivalent. Beyond that, preference will be given to candidates with training in Statistics, in the Social Sciences (i.e. Economics, Sociology, Psychology, Anthropology), or in Demography, either through academic courses or work experience.

The fellowship offered to U.N. students is tenable for a period of one year. The monthly stipend offered by U.N. to a fellow is Rs. 540 a month (\$113.68). In addition, he is given on rent, furnished accommodation. The cost of travel by air to Bombay from the country of origin and back is provided as well as a sum of \$100 for the purchase of books. Payment of travelling expenses is also made for study tours undertaken in the country as part of the training programme.

Candidates for the award of fellowships to Indians are selected by the Demographic Centre. The minimum qualification that was prescribed for the candidates during the 1957-58 course was the possession of an M.A. or M.Sc. in any one of the following subjects: Mathematics with preference for those who took Statistics as a special subject, Statistics, Economics, Sociology, Biology and Psychology. For the academic year 1958-59 two more have been added as the minimum qualifications for candidates, namely, (a) Anthropology and (b) a degree in Medicine and, other things being equal, with preference for those who have had experience of public health work.

The Government of India offers a monthly stipend of Rs. 250 to each student. The tenure of award covers a period of two years. In addition they are given on rent furnished accommodation in the hostel of the Centre and their expenses for study tours inside the country are met.

### *Training Courses*

The Centre offers two types of courses, general and special. The main training programme is the general course. Special courses may also be provided to meet the needs of individual candidates.

*General course:* The period of training lasts a year and starts early in July. The formal training programme lasts till May followed by a period devoted to the completion of the student's research, including the preparation of his report. There is a vacation of three weeks in October-November, another of a week's duration during Christmas and a third vacation of two weeks towards the end of April or early in May.

The training programme is carried out jointly by the Centre at Chembur and by the co-operating units of the Centre. The subjects taught are substantive demography, technical demography, statistics, economics, sociology, field survey techniques, human genetics and the physiology of human reproduction and family planning.

Instructions are imparted through lectures, laboratory sessions and seminars. Specific assignment for reading are given to the students. Laboratory sessions take place four times a week and seminars twice a week.

The students spent one day in the week partly at the Department of Economics of Bombay University including its library, and partly at the Bureau of Economics and Statistics of the Government of Bombay, where they had instruction in field statistical techniques and methods of tabulation of large scale data. They also attend at the Gokhale Institute of Politics and Economics in Poona, a course of lectures and demonstrations of some of the aspects of the researches carried out at this institution. Laboratory exercises in statistics and technical demography are held at Chembur; those in genetics and the physiology of human reproduction are at the Indian Cancer Research Centre.

The seminar occupies an important place in the teaching programme of the Centre. It is here that the student's independent research project is developed. Each fellow is assigned a country of the region in respect of which he prepares a thesis on the general demographic situation. The thesis is presented by the student at a seminar attended by all the students and members of the staff and is thoroughly discussed. Later each student takes up a special topic for more intensive study and the paper he writes is again discussed at the seminar. Each student is attached to an adviser, a member of the staff who advises him on the preparation of his reports. The reports deal with both the subjective and methodological aspects of demography.

Each student is required to complete his report before he finishes the first year course at the centre.

#### *Visits to other Demographic Centres in India*

The training programme includes visits by the students to other centres in India where demographic studies are in progress, e.g., the Delhi School of Economics of Delhi University and to institutions in Calcutta, the Indian Statistical Institute and the Statistics Department of the All-India Institute of Hygiene and Public Health.

Ordinarily the students are not given exemptions from courses. If the instructor in charge recommends exemption and if the faculty is satisfied that the student has already completed the equivalent of a given course, he is given the option to drop that course. If he decides to take the course, he has to conform to all requirements expected of those who take it.

The instructor is expected to make periodical assessments of the student's progress by written tests or in other ways he may consider suitable. For the final assessment also the application of a written test will be at the discretion of the teacher.

*Special course:* In certain cases persons with previous post-graduate work in demography or statistics or with considerable professional experience in the field of demography may wish to come to the Centre for specialised study or for a research programme. In such cases a preliminary plan of study or research, in broad outline, should be submitted to the Centre for approval. If the necessary facilities exist or can be organised in association with other institutions, the person may be admitted as a special student. He may also take, while working on his special topic or research programme, such of the regular courses as he may desire to attend.

### *Certificate*

A standard certificate will be given to the students undergoing the general course on its successful completion. A special student will be given a certificate showing that he had carried out his special study or research programme at the Centre during a specified period.

### *Further training beyond the first year's general course*

The tenure of fellowship for Indian students is a period of two years. For foreign students the training period envisaged at this Centre is one year at present. The second year of the Indian student will be devoted mainly to research.

Proposals are under consideration whereby selected foreign fellows may be given further opportunities for study in universities or demographic institutions in other countries. Indian students will also be eligible for such foreign fellowships after the completion of the second year of training at the Centre. In addition Indian students are permitted if the Governing Body is satisfied that they are suitable to prepare themselves for Ph. D. of either of the two Universities, Bombay and Poona. At present there are two such students of the centre in training for Ph. D. in Bombay University, one for economics and the other for population Genetics. The subject chosen for Ph. D. should have a bearing on demography.

### *Library*

The Centre's library is at present located in the library of the Tata Institute of Social Sciences. It contains several hundred important books on demography and allied subjects and they are being steadily added to. At present there are over 2,300 books and 864 reprints and pamphlets.

### *Research*

The Centre has so far been mainly concerned with the development of its training programme and organisations of research is in its early stages.

The research studies undertaken at present by the Centre are the following:

#### *1. A survey of school children in Bombay*

The purpose of this study is to obtain a sample of about 500 children from each class, I to XI, of the schools of Bombay with emphasis on securing accurate information regarding age. The survey is completed and it is proposed to utilise the sample for obtaining estimates of the intelligence quotient, certain physical measurements, physical efficiency and nutritional status of these children. The survey also provides information regarding family size, number of children and adults in individual families, order of birth and place of birth of the child, educational attainment of both parents, occupation of the parents, income, caste, religion and language. Whether the child belongs to a joint family or not has also been noted.

Data regarding intelligence tests, physical measurements such as height and weight, physical efficiency and nutrition should be standardised in relation to the correct ages of children. The recorded school ages generally lack accuracy. The purpose of this study is to provide a sample of children of known ages to whom intelligence and other tests may be applied. For this sample the relationship between children's intelligence and various factors such as the size of the family, income and educational standards of the parents may be investigated. The study will also establish a base line from which to compare future changes in respect of these characteristics among school children in Bombay.

## 2. *Internal migration between States in India*

This study is based on census data and is designed to provide estimates of internal migration among the various States in India. At present work is concentrated on the periods, 1941-51, but estimates for earlier periods will also be made as far as the data permit.

## 3. *The future growth of population in Ceylon and its impact on the economically active section of the population*

The National Planning Council of Ceylon is interested in obtaining population projections for Ceylon up to 1980 by age and sex, with special emphasis on the size and composition of the economically active section of the population. A request was received from the Director of the Planning Secretariat asking the Centre to undertake this task, and the Centre has been engaged on it.

A report giving population projection up to 1981 was sent to the Ceylon authorities a few weeks back. A further report on the Manpower Resources of Ceylon, 1956—1981 will be sent.

## 4. *Burmese fertility study*

The Centre has now obtained the data collected in the fertility survey in connection with the Burmese Censuses of 1953 and 1954. While these censuses did not cover the entire country, this type of data was systematically collected for the first time in Burma; it is proposed to analyse the data at the Centre, both for the purpose of deriving more information about the conditions of fertility among the Burmese population surveyed, and also for the purpose of illustrating methods of analysis to the students at the Centre.

The Centre has not yet undertaken a research project dealing with the effectiveness and acceptability of family planning measures in India, but is interested in assisting the development of such research.

A project has been started jointly by the Family Planning Training & Research Centre and the Demographic Centre to try out different educational techniques in regard to family planning. A group of clerical workers and their families at the Central and Western Railways in Bombay has been chosen. The project is in three phases:

*The first phase:*—It consists of collection of information through a questionnaire to find out attitudes related to family planning. From the information thus made available families are selected for exposure to different types of educational methods. Eligibility criteria

are (a) wife in childbearing age, (b) husband and wife living together in Bombay and (c) no reason to suspect sterility.

This information is being collected.

*The second phase:*—Tentatively the following test groups are envisaged: (a) one on which only a pamphlet will be used, (b) one in which home visits are used, (c) one in which group meeting is used, and (d) one in which all the three techniques are combined.

*The third phase:*—Evaluation—procedure as yet undecided; it may be either a retest by interview or by keeping records of experience, at the clinics, of couples within each group. Probably the former will be adopted.

Collection of data will be by the two institutions together and tabulation by the Demographic Centre.

The Government of India have so far sanctioned Rs. 6,37,688 to the Centre.

Year	Non-Re- curring	Re- curring	Total
	Rs.	Rs.	Rs.
1956-57 . . . . .	32,000	47,246	79,246
1957-58 . . . . .	3,50,007	1,07,425	4,57,432
1958-59 . . . . .	3,000	98,010	1,01,010
up to (31-11-58)			
TOTAL . . . . .	3,85,007	2,52,681	6,37,688

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INTERNATIONAL PLANNED  
PARENTHOOD FEDERATION  
LIBRARY

## APPENDIX P

### AREA AND POPULATION OF DIFFERENT STATES OF INDIA 1951

State	According to Census of India 1951		
	Area (sq. miles)	Population	Density (per sq. miles)
Andhra Pradesh . . . . .	105,700	31,260,133	296
Assam . . . . .	85,062†	9,043,707	171
Bihar . . . . .	67,113	38,783,778	578
Bombay . . . . .	190,668	48,265,221	253
Kerala . . . . .	14,937	13,549,118	907
Madhya Pradesh . . . . .	171,300	26,071,637	152
Madras . . . . .	56,174	29,974,936	597
Orissa . . . . .	74,861	19,401,193	259
Punjab . . . . .	60,250	14,645,946	243
Rajasthan . . . . .	132,098	15,970,744	121
Uttar Pradesh . . . . .	113,423	63,215,742	557
West Bengal . . . . .	33,885	26,302,386	776
Jammu and Kashmir* . . . . .	85,861	4,410,000	
<i>Centrally administered Territories:</i>			
Amindivi, Laccadive and Minicoy Islands . . . . .	42	21,035	501
Andaman and Nicobar Islands . . . . .	3,215	30,971	10
Delhi . . . . .	573	1,744,072	3,044
Himachal Pradesh . . . . .	10,922	1,109,466	102
Manipur . . . . .	8,629	577,635	67
Tripura . . . . .	4,022	639,029	159

†Includes 32,289 sq. miles of tribal areas of Assam, where no census was taken during 1951.

\*No Census was conducted during 1951 in Jammu and Kashmir Area. Population figures are based upon estimates by Registrar General.

## APPENDIX Q

### GROWTH OF POPULATION IN INDIA

In 1891, the population of India was 236 million, in 1921, 248 million and in 1951 nearly 357 million. The increase between 1891 and 1921 was 12 million, whereas between 1921 and 1951 the increase was 109 million i.e., the rate of increase was about 9 times. The following table gives the growth of population from 1891-1951.

Growth of Population in India (1891-51)

Year	Population (million)	Increase or decrease during the decade (million)	Percentage variation during the decade
1891 . . . . .	235.9	..	..
1901 . . . . .	235.5	-0.4	-0.17
1911 . . . . .	249.0	+13.5	+5.73
1921 . . . . .	248.1	-0.9	-0.36
1931 . . . . .	275.5	+27.4	+11.04
1941 . . . . .	312.8	+37.3	+13.54
1951 . . . . .	356.9	+44.1	+14.01

The rapid growth of population has been influenced mainly by the decline in death-rate brought about by the increased control over the incidence of disease and deaths. The death-rate declined from 44.43 per 1,000 (1891-1900) to 27.4 per 1,000 (1941-1950). The death-rate in 1955 was estimated to be 20 per 1,000 and birth-rate about 43 per 1,000 of population. With the expansion of improved medical and health measures in rural areas, increasing use of antibiotics drugs and nation-wide campaign of control of disease like Malaria, the death-rate of the country may fall to an unexcepted level. The estimated increase of population per year by the Registrar General was 1.25 per cent. based on 1951 census. It seems that actual increase in population may be in the neighbourhood of 2 per cent per year. According to one estimate (Coale and Hoover) if the present trend of increase of population continues, in 1986 the population will be about 775 million, i.e., an increase of 102 per cent. During this period the increase per adult consumption is likely to increase by Rs. 387 per annum i.e., an increase of 13.5 per cent.

Year	Fertility	Estimated population in million	Percentage of population increase as compared with 1956	Increase per adult consumption (Rs. p.a.)	Percent of increase of income as compared with 1956
1956	Present level	384	..	341	..
1986	(a) Present level continues	775	about 102	387	about 13.5
	(b) Reduction by 50% between 1966 and 1981	634	about 65	508	about 49
	(c) Reduction by 50% between 1956 and 1981	589	about 53	654	about 92

Large quantities of foodgrains have to be imported to meet the country's requirement. Table showing *per capita* availability of foodgrain for 1953 to 1958 is given below. The average *per capita* net availability of foodgrain during the triennium ending 1958 has been 15 ozs. per day as against 15.1 ozs. in triennium ending 1955. If the target of 80.5 million tons of foodgrains production at the end of the second plan period is fulfilled, the *per capita* net availability, without imports, would increase to about 17.0 ozs. per day.

Year	Gross Production (Million tons)	Net Production (Million tons)	Imports (Million tons)	Change in Stock (Million tons)	Exports (Million Tons)	Net Availability (Million tons)	Population (Millions)	Per Capita Net Availability (oz. per day)
1953	58.27	50.99	2.05	+0.45	..	53.49	372.3	14.1
1954	68.72	60.13	0.81	-0.17	0.01	60.76	377.1	15.8
1955	66.96	58.59	0.71	+0.73	0.19	59.84	382.4	15.4
1956	65.79	57.57	1.44	+0.62	0.06	59.57	387.4	15.1
1957	68.75	60.16	3.85	-0.82	..	62.92	392.4	15.7
1958	62.03	54.28	3.00*	..	..	57.28	397.5	14.1

\*Estimated.

For other important items of food, no systematic estimates of *per capita* availability are available.

The checking of population growth would seem to be called for not merely because of the difficulties of increasing food production, but also for the improvement in the general economic well-being of the people and their health standards.

Target of food production is 18.5 million tons by 1960-61 and estimated mid-year population in 1960 is 408.5 million. The Food Enquiry Committee estimated the requirement of food grains to be 79 million tons and production in the country about 75 million tons

in 1960-61. Efforts are being made to make the country self-sufficient in food requirement.

It may be added that food requirements not only include food-grains but protective food, like vegetables, fruits, milk, poultry, fish, meat etc. The supply of these are far from adequate. Similarly the requirements imply not only food but clothing, housing, medical, educational and other facilities necessary for civilized existence. The accelerating population affects the problem of capital formation which is one of the obstacles to economic development. With increase in population dependency load is increased, for example, if the fertility rate does not change, the number of non-earning dependents per earner in the age of group 15—64 is estimated to be 1.71 in 1986 and if fertility is reduced by half, 1.24 as compared to 1.51 in 1956.





"The Birth Control movement is a great movement not only because it will save women from enforced and undesirable maternity, but because it will help the cause of peace by lessening the number of surplus population of a country, scrambling for food and space outside its own rightful limits. In a hunger-stricken country like India it is a cruel crime thoughtlessly to bring more children to existence than could properly be taken care of, causing endless suffering to them and imposing a degrading condition upon the whole family. It is evident that the utter helplessness of growing poverty very rarely acts as a check controlling the burden of over-population. It proves that in this case nature's urging gets the better of the severe warning that comes from the providence of civilized social life. Therefore, I believe, that to wait till the moral sense of man becomes a great deal more powerful than it is now and till then to allow countless generations of children to suffer privations and untimely death for no fault of their own is a great social injustice which should not be tolerated."

—*Shri Rabindra Nath Tagore.*

"I always felt that for the sake of the mothers' health and the proper training of the children, planning of family is essential. If only the facts are put before the public they will be persuaded."

—*Dr. S. Radhakrishnan.*

The problem of regulating India's population from the dual standpoint of size and quality is of the utmost importance to national welfare and national planning.

—*Planning Commission.*

"It is of the highest importance that we should make progress in this country and that we should raise the standards of life in this country. There are many other things coming in the way of the standards being raised but one is obviously the growth of population which tends to keep down the standards necessary. So that whether it is from a political, economic or social point of view, all these problems drive us to the conclusion that we must take up this question of family planning and press it forward with vigour and with intelligence.....I have no doubt that vast numbers of people in India would welcome family planning and population control from every point of view."

—*Shri Jawaharlal Nehru.*

"Our country, in particular, has been suffering from over-population and we have to devise measures so that starving mouths may not increase."

—*Pandit Govind Ballabh Pant.*

"A planned and scientific approach towards the solution of the problem of family life should be the main objective which a national campaign for family planning must keep in view. The task that lay ahead is colossal and the path to success is by no means easy but even then there should be no room for despair, as the people in India are alive to the problem and are anxious to be helped and educated. It is necessary for the economic uplift of the country that the work is carried on with missionary zeal."

—*Rajkumari Amrit Kaur.*

"Family Planning is an essential part of the struggle to ensure a better standard of living for families in India. Since social workers in the villages are still few, according to our requirements, we must ensure the maximum co-operation of all village health workers in this important task. All progress must of necessity be slow. Our greatest ally is the will to improve that comes with the spread of education among women."

—*Shrimati Durgabai Deshmukh.*

"Planned parenthood, has long been recognised as an important factor in preventing unhappiness and misery by providing married couples with the knowledge of safeguarding unwanted pregnancies, and spacing births in a manner that will result in the maintenance of the good health of both mother and child and imposing on the parents the responsibility of providing the basic requirements of healthy living to which each child is inherently entitled."

—*Shrimati Dhanvanthi Rama Rau.*