Population explosion is a global phenomenon. The world population at present is over 6 billions. According to the latest UN projection, the world population is expected to rise to 7 billion by 2025 and world would go up to 9 billion by 2050. If this turns out to be true, this phenomenon will be unique, unprecedented and never recurring in the history of mankind. India has the second largest population in the world. According to the census figures, 2001 (provisional) the population of India has crossed one billion mark (1,027,015,247). Given the present rate of growth, in another 20 years, India would emerge as the most populous country in the world leaving China behind. Efficient use of contraceptives is the major prerequisite for population stabilization in this country. In the context of unprecedented growth of population, the measures on reducing the fertility rate assume special significance. The country is poised for achieving population stabilization by 2050, and to accomplish this target, the use of contraception by active couples needs to be expanded many-folds. This calls in for greater campaign and creation of awareness not only amongst the active couples in the population, but also amongst the grass root level health care providers, especially, the Private Medical Practitioners. In the light of privatization of health services, private medical practitioners have a greater potential in involving themselves in a National Programme such as population control programme.

India is the first country in the world to launch population control programme as a national programme. However, the performance in the last fifty years has not been satisfactory. There are various factors associated with this dismal performance. Some of them are socio-cultural and socioeconomic. Apart from these, they are related to service delivery, which are hitherto under the public health sector. As it is well documented, the public health service delivery system suffers from its own constraints and limitations. This scenario calls-in for the participation of private health service providers such as Private...
Medical Practitioners to fill the lacunae that has been created by the public health service providers.

In India, population control programme is implemented through motivation, persuasion and convincing people about various family planning methods and contraceptives. This is possible only through a proper rapport between the medical practitioners and the active couples who are expected to take part in the programme. Under such circumstances the private medical practitioners have a greater role to play to promote the use of different methods of contraception. In private sector, already there is an existence of private general medical practitioners who provide health care services to a large segment of our society. The army of General Medical Practitioners has a distinct advantage of a family level rapport with the patients they treat and have been guiding in personnel health matters including the use of various contraceptives and other issues related to sexual life. Unfortunately the policy makers and the administrators have undermined their potential role in the population control programme.

As a general trend, most of the General Medical Practitioners (GMPs) belongs to Ayurvedic and Homeopathic streams and only a small proportion of them belong to Allopathic stream. Any success regarding their involvement in population control programme depends upon the accurate social and technical knowledge of a range of contraceptive options. In the absence of an imaginative and viable programme for the involvement of GMPs in population control, a vast medical manpower is likely to go waste. It is therefore, more appropriate at the present juncture to assess role of GMPs in population control programme and to make a case for their formal involvement into the programme.

The major objectives of our study are as follows:

i. To know the status of General Medical Practitioners in relation to population control programme;
ii To examine their social sensitivity and technical expertise while
advising various contraceptive methods;
iii To document their perceptions towards different commonly used
contraceptives; and
iv To evolve strategies to improve the access of family planning
services through General Medical Practitioners.

The above objectives were operationalised with the help of
suitable methodology. Data were collected both from primary and
secondary sources. Primary data were collected using structured
questionnaire schedule consisting of sixty-seven questions. The major
themes covered in the questionnaire schedule were profile of the
GMPs, the basis for advising a particular contraceptive method,
knowledge of principles behind various contraceptives and the
associated common problems; ability to deal with the complications
related to use of contraception; and the perceptions of GMPs on
various contraceptives. Also there were questions to know the
attitudes of GMPs towards antenatal sex determination and MTP. The
contraceptives taken up in this study were Condom, CuT, OC Pills,
vaginal methods, Safe Period, Tubectomy and Vasectomy.

It is brought out in this study that there is a wide array of
contraceptive choices available to the couple to regulate their fertility
without compromising the carnal desires of conjugal life. A successful
choice of a contraception is largely, a collective understanding
between the GMPs and their clients. Before advising a particular
contraceptive method, it is expected from the GMPs that they should
take into account certain antecedents of the clients such as socio-
economic, cultural, health and educational status and so on. However,
in reality, it is found that this dimension has not been given adequate
attention by the GMPs during their day to day practice. For example,
advising OC Pills without considering the overall health status of
women or advising Condom without discussing its pros and cones of
its use. Such practices would lead to loss of faith in the use of
contraceptives.
Situational factors play an important role while prescribing contraceptives given their range and specificity. Therefore, it is found in this study that the choice of contraceptives vary from a situation of 'newly married couple' to the 'couples with one child and two children. Many GMPs are found to be less sensitive to some of these situational factors while advising contraceptive packages.

Accuracy and appropriateness in prescribing contraceptive methods depends on the knowledge of GMPs regarding the principle and the mechanism of action of various methods. It is found in the study that the knowledge of GMPs on Tubectomy and vasectomy are satisfactory. More than 90 per cent of GMPs have correct knowledge about the principles of these two methods. However, with regard to the principles of OC Pills and CuT, the knowledge of GMPs was inadequate. Only 65 per cent and 24 per cent of them had correct knowledge about the principles of OC Pills and CuT respectively. The knowledge about the duration of 'Safe Period' and vaginal methods is found to be still lower (36 per cent and 11 per cent respectively) amongst the GMPs. In this regard it is noteworthy that MBBS GMPs are more knowledgeable than the non-MBBS GMPs.

Inadequate comprehension by the GMPs on contraceptive related problems is another area of concern found in the study. With regard to Condoms, the GMPs have identified sex displeasure, tearing of Condom and disposal of Condom after use as some of the associated problems. However, these problems are clinically less significant and are associated with the lack of orientation on the part of couples in use of Condoms. Under such circumstances, GMPs are expected to resolve myths associated with Condom use rather than carried away by the accounts given by the couples. Similar are the situations with regard to CuT, OC Pills and various other methods, which is of an important concern raised by the present study. The perceptions of the GMPs on various contraceptives, reveal about their improper awareness. Even though the range of contraceptives is wide
and choices are ample, the GMPs are found to be familiar only with few contraceptives such as Condoms, Tubectomy and CuT. The other methods such as OC Pills, vaginal methods, injectable contraceptives, non-hormonal OC pills and so on hardly find a place in their package of contraceptive prescriptions. This would narrow down the options available to the couples leading them to compromise with little alternatives or discard the concept of contraception as irrelevant.

Suitable perceptions about an extensive choices of contraceptives which are absent in GMPs is another issue of concern found in the study. This study is further strengthened in the light of lack of awareness about injectable contraceptives which are already available in the market and the generous use of which was considered in the fourth five year plan in 1966-1971. With regard to active participation of males in the programme, it was interesting to note the perceptions of the GMPs in relation to Vasectomy. Two third of GMPs feel Vasectomy is good but complain that people do not accept for various social reasons and misunderstanding related to its after effects like impotency.

GMPs can prove to be a strong motivating agency to defer from getting antenatal sex determination and then female foeticide in the society. Extraordinary desire to have at least one male child is one of the big hurdles in implementing population control programme. Irrespective of the factors like, education, economic status, religion, by and large, the desire persists in the society. In the present study, efforts have also been made to know the views of the GMPs in this regard. Eighty per cent of the GMPs in general, stated that they are not in favour of antenatal sex determination. However, the opinion changes in favour of antenatal sex determination in case of couples having no son. Almost fifty percent of the GMPs advise to get the sex determination done to the couples having two daughters.

There are conspicuous variations in terms of comprehension and performance of GMPs when analysed across their Qualification,
Sex and Experience. Regarding qualification, it is brought out of this study that there is a clear distinction between two streams of medical practices viz. MBBS and non-MBBS. In majority of the situations, the comprehension about the science of contraception seems to be more accurate in case of MBBS doctors than non-MBBS doctors. This is probably because in the available range of contraceptive methods no Ayurvedic or Homeopathic medicine is used and no other way of observing contraception is included which has purely either Ayurvedic or Homeopathy base. The present study reveals that the performance of female GMPs in relation to family planning services is better than male practitioners. The importance of GMPs in improving participation of males in population control programme, motivating the males in the society in advising against antenatal sex determination is also discussed towards the end of the conclusions of present study.

Fertility control is the nation's priority today. The population explosion needs to be tackled on a war footing. Understanding the status of the GMPs in relation to population control programme would go a long way in designing news strategies to reduce fertility.