RECOMMENDATION
In India social attitudes of the people towards birth control need to be changed. The change in human attitude for acceptance of fertility control programme cannot be achieved safely through target oriented approach. It should be brought about by persisted and indigenous information, education and communication activities and provision of basic health and family welfare activities. In the village the hold of traditional attitude is so deep rooted that it acts as a powerful obstacles to the easy success of birth control propaganda. The lack of knowledge on birth control and the illiteracy of the people stand in the way of successful birth control movement.

(Main contributors to the present population explosion are half educated or uneducated rural population, most of them are economically backward. In this chapter, I would like to provide recommendation for the better attainment of the goal of family planning programmes. Certainly no single factors can account for the dramatic change in fertility. Family planning is not only a medical problem alone but also a social and natural problem. For its success the active co-operation of economists, biologists, psychologists, sociologists, demographers, local and religious and natural leaders are essential. The social effort of population planning is practised at the individual level. Thus it is necessary for national family
planning and family welfare programme to carry conviction
to the people that whatever is recommended is really
beneficial to the individual, family and the country.

To sum up, the following suggestions may be offered:

1. This study indicates that the counselling at the
clinic in their direction was fairly poor and unbalanced.
Hence appropriate guidelines should be given to the people
to remove the misconceptions and rumours about the fertility
control methods. Immediate steps should be taken to improve
the quality of counselling and door to door visit. Whenever
talking about contraception, friendliness, informality and
sense of humour are of utmost importance.

2. The diffusion of family planning information is
still very inadequate in the interior villages. So display of
red-triangle with four-face posters and propaganda should
be extended and intensified in the interior villages to make
the family planning programme more popular.

3. The poor people both in rural and urban areas do not
have enough money to purchase contraceptives. They want
that the contraceptives should be made free of cost and
easily available.

4. Positive incentives for birth control should be
provided. It is proposed that a person undergoing steriliza-
sion may be given cash award depending upon the economic
status of the person. So that he can manage the cost of journey to the centre and is not worried about his loss of income.

5. Greater emphasis should be given to strengthen family planning education programmes in order to make a salutary effect on fertility and fertility control. The educational programmes for women should consist of family planning theory and emphasis not only the number of children but also quality of children. Population education, is also to be introduced in school curriculum on compulsory basis.

6. The Government have to make proper implementation of adult education. Adult education classes be launched by organising night schools in the population of one unit for every 15 house holds in the villages to remove illiteracy of the village folk.

7. Motivation programme to spread the knowledge of fertility and fertility control should be launched. In this regard the provision of mass media is also a very important measure. There should be a project work to be done to spread consciousness about family limitation.

8. Appropriate guidelines should be recommended to the film industry to bring out film discretely emphasis on small family norms.
9. Greater emphasis should be given to increase the number of lady health visitor, extension educator, midwives and nurses to provide the services on individual level.

10. As the villagers mostly carry their living from the daily wages, so loss of a day's income accounts for a greater economic loss. Hence they have no time to visit the Primary Health Centres for the devices of family planning. One of the essential requirements of family planning devices is to supply easily and free of cost.

11. Wide range of marketing and spontaneous utilization of family planning methods have brought some relief and initiate the process of population control.

12. Effective programmes should be launched to make the people understand the significance of such programme.

13. Fertility and fertility control should be discussed during premarital counselling.

14. While counselling mother for child care there is an opportunity for the reinforcement and follow up that are often required for successful family planning. The need for fertility control can be explored and advices can be given during home visits.

15. A thorough house to house survey to be carried out to evaluate detailed scientific datas. The eligible couples to be detected and registered as early as from the date of their marriage.
16. Private midwives traditional birth attendants and auxiliaries who operate in the community outside the Government Health Services are also important. Their complete understanding of and support for the health values of fertility control are essential. It should be arranged.

17. Health education and appropriate aspects of human reproduction, family planning should be included in the curriculum of school of public health nurses.

18. Efficiency and coverage of rural medical health infrastructure need to be progressively strengthened. In this context special steps should be taken on a priority basis, to secure greater availability of lady doctors in rural areas.

19. At least one female medical officer to be appointed in each family planning service unit.

20. The survival of male child is an important determinant of future fertility. In order to educate the people properly in this respect more emphasis should be given to raise the status of the female child without difference with male child.

Females age ... to be given equal status for the religious purposes also. They may be allowed to perform last religious right i.e. 'Pinda' right.
21. The principal media used should be interpersonal communication, holding informal meetings and house to house visit. The lady doctors and paramedical staff should provide enough moral support. These objectives should be to generate a climate more conducive to the promotion of family planning. Thus all possible communication channels should be used for this purpose.

22. Constant monitoring of the functionaries to be insisted upon few other measures are -
- constant supervision of the workers,
- rewards to functionaries,
- reorientation training of the MCH/FW functionaries at all levels.
- emphasis to be laid on working out better recording system.
- regularity in supply of essential commodities etc.

23. Since children are desired for old age security, the Government should come out with alternative schemes of providing this security to aged persons.

24. Adequate incentives, remuneration and recognition should be given to the grass root level workers for the success of Family Planning Programme, Fertility and Fertility Control.

25. Active participation of the private doctors in the F.W/M.C.H. services are also very much essential and the Government should take appropriate measures for it.
26. The preponderent dependence on government functionaries in the implementation of the programme is increasingly becoming counterproductive. Government support needs to be directed more intensively now on involving public participation in the implementation of the programme.

27. Efficiency and coverage of rural medical health infrastructure need to be progressively strengthened. In this context, special steps should be taken on a priority basis to secure greater availability of lady doctors in rural areas.

28. Qualitative rather than quantitative achievement of targets need to be strengthened and monitored closely.

29. The survival of male child is an important determinant of future fertility. In order to minimise this effect, more emphasis should be given to raise the status of the female child.

30. Greater emphasis should be given to strengthen the educational programme in order to make the general mass aware of the adverse health consequences of the (i) occurrence of birth to younger women (of age below 20) and older women (of age above 35), (ii) births with inadequate spacing (less than 2 years); and (iii) large family size.

31. Efforts should be made to popularize the fact that mortality has declined in the country and the survival changes of the children have considerably increased.
32. Functional integration of family planning service with MCH services should be pursued vigorously at all levels in order to decline the fertility rate.

33. The educational programmes for women should include health and modernity as integral components.

34. The health and family planning programme should emphasize not only the number of children but quality of children.

35. Since children are desired for old age security, the government should come out with alternative schemes of providing this security to aged persons.

36. Thus to improve the overall functioning of the PHC it is essential that the programme should be seen in a more broader framework and corrective measures should be applied not only at the programme level but also at the total socio-political level; the latter being much more crucial than the former. This demands much more serious commitment by the political bosses and senior administrators. At programme level, some of the following interventions could be useful:

(a) The private practice of the PHC doctor, should be immediately stopped and they should be compensated with suitable non-practising allowances. This may help improve their attendance at PHC and sub-centres.

(b) It is essential that immediate steps should be taken to decentralize the power structure so that the doctors and other supervisory staff could have the power to
reward and punish their staff. Such intervention perhaps would go a long way in improving the supervision work at PHC.

(c) As the doctors and other supervisory staff suggested, the area assigned to ANMs and other extension workers, in absence of proper communication network and transportation facilities, seems to be unrealistic and hence steps should be taken either to provide them better transport facilities or to reduce the assigned area by providing more man power.

(d) The ANMs and other extension workers should be provided reorientation training for FP work including training in communication and motivational work. The ANMs should also be given practical training for inserting IUDs.

(e) As far as possible a lady doctor should be posted and the required facilities for conducting tubectomy and MTP should be provided at PHC.

(f) Non-availability of proper accommodation for doctors and other supportive staff at the PHC village and for the ANMs posted at the sub-centres adversely affect the morale of the staff. It was observed that many of the ANMs were living in other villages or nearby towns, where housing facilities were available and their personal security was ensured. This causes considerable constraint on their functioning as major portion of their time was
lost in travelling from residence to sub-centre and back. Hence, immediate steps should be taken to provide proper accommodation to the staff at the place of work.

(g) Adequate supply of medicines and immunization agents should be ensured. It was observed that in case of inadequate supply (which is always there) the MOI tends to keep more medicines and immunization agents at PHCs and provides only a limited stock to sub-centres. However, because of poor communication network, client's sub-centres will be more accessible than PHCs. Thus more emphasis should be given to adequate supply of medicines and immunization agents at sub-centres also, because the 'catchment area' of the PHC was largely confined to three kms. radius.

(h) The PHC has abandoned CHV schemes inspite of the evidence about its usefulness in the delivery of Primary health care to rural areas. Immediate action should be taken to revive this scheme and as far as possible female. CHVs should be trained under the revised and renamed scheme of village health guide. (VHG). Success of VHGs will depend on the right selection and regular supply of medicine.

(i) To make the people aware of the services available at the PHC and sub-centre, the facilities being offered at the centres may be displayed in the local language.

(j) As regards the non-programmatic parameters particularly those related to existing socio-political structure
in the state and much can be discussed at this juncture except hoping that the political leaders and decision makers will take note of the situation. As mentioned earlier, the solution lies more in a serious political commitment to implement the programme effectively, than in only increasing the infrastructure in terms of men and material.

37. Villages to be reorganised on community basis. Each village, irrespective of population should have one trained birth attendant (TBA), for the better services to the mother. This TBA should be appointed as Government servant.

38. All people in the community to be involved and a climate to be created that each and everybody should ... feel the need ..... of birth control...... for the interest of the society and the country.