

THE ROLE OF INDUSTRY IN FAMILY PLANNING



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INTRODUCTION

We have much pleasure in presenting this booklet entitled "The Role of Industry in Family Planning".

This has been done to give industrialists and managers, who are busy people, a quick run-through on how family planning services for workers and staff can be started and/or conducted in factories and other industrial concerns.

There are already quite a number of such concerns in the country who do have excellent services, but many more need to be drawn in to establish them for their own workers. This booklet is, therefore, being circulated to as many concerns as possible all over the country, in the hope that it may be helpful in promoting this activity among them.

The family planning programme, which had had a severe setback two years ago, has shown a recovery during 1978-79, though not to the extent needed. It can do very much better if companies and industrial establishments of various types can actively promote it and thus help to bring about a higher rate of family planning practice in this very important organised sector of the people.

We do hope you will find time to go through the booklet.

Should you desire to have more information, or extra copies, we shall be very happy to respond to your request.

Avabai B. Wadia,
President

16th July, 1979

CHAPTER I

POPULATION AND PRODUCTIVITY

The last 30 years have seen an impressive growth in India's industrial and agricultural productivity. Agricultural output has risen to the point at which the country is almost self-sufficient in foodgrains. India produces enough consumer goods and basic commodities like steel and cement to meet our needs.

India now produces enough capital goods to support expansion in industries such as textiles, food processing, chemicals, metals and engineering. Yet the standard of living remains low, largely because population growth absorbs the lion's share of productivity increases.

Economic development depends on the balanced and planned use of existing human, capital and natural resources. A population growing out of proportion to other factors in the productivity equation creates a vicious circle of lower income, drop in savings, less capital, less investment—all of which act as a brake on development.

The population of India grew from 250 million in 1921 to 548 million in 1951, and is currently 646 million. It increases by about 13 million a year. If the rate of growth is not slowed, the population will near the billion mark by the end of the century.

Figures published in mid-1978 estimated that to provide the minimum necessities for the present annual increase, the country would need to grow an additional 12,543,300 quintals of food, produce an extra 188,774,999 metres of cloth, and build another 2,509,000 houses. Education requirements would be an extra 112,500 schools and 372,500 teachers each year.

Some 4,000,000 new jobs would have to be created.* The present rate of unemployment and underemployment is grim testimony to the fact that we cannot now meet these needs.

As long as we have to devote an ever-increasing proportion of resources to the bare maintenance of millions more people each year, our hopes of bringing about a substantial rise in the standard of living will be frustrated.

The Fifth Five Year Plan fell short of its objective of a birth rate of 25 per 1,000 population. To achieve a drop in the birth rate from its present 34.5 to 30 per thousand will be a formidable task, requiring a combined and sustained national effort. Only about 24 per cent of couples of reproductive age are presently practising family planning, a percentage which must rise rapidly.

Benefit to Industry

Family planning is a basic human right. Provision of the information and services to enable couples to plan their families must always be guided by humanitarian factors. Without losing sight of the human factor, it should be noted that family planning contributes to industrial productivity. To the extent that it improves the overall health of the individual employee and his wife and children, family planning is in a real sense an input to the productive process.

Studies have shown that married workers with minimal education and large families are likely to have a higher rate of absenteeism.† Many factors contribute to absenteeism—sickness and poor living conditions

* "The Indian Express," May 6, 1978.

† Kapil, Krishnan, in "Kerala Labour and Industries Review", January 1968.

among them, and the larger the family, the more aggravated these may become. Family worries affect a worker's efficiency: for example, the rate of industrial accidents in India is higher among fathers of large families.†

Stress is a recognised factor in diminished efficiency. A large proportion of industrial workers come from traditional village backgrounds to urban centres where they encounter new stresses and anxieties. While a large family may be seen as an advantage in rural areas, it is demonstrably not so in an urban setting. Factors such as overcrowding due to inadequate housing for the size of the family, or the pressure of a large number of dependents supported by a single wage, can overburden a breadwinner and affect his performance at work.

As one expert has observed, "if the objective of welfare services in industry is to keep the workers at a reasonable level of physical and mental health so that they can work efficiently, then no amount of investment in the welfare services of the industry will be of much use unless the workers are educated to the need for planning their families according to their resources".*

Meeting the Demand

Every industry is engaged in meeting the demand for its goods and services and promoting the additional demand which permits it to expand and grow. This is also true of family planning services.

There is at the moment a backlog of unfilled demand for family planning. As the Ministry of Health observed in 1977, there is "no doubt

† Handbook on Population Education for Workers, Level 1. Central Board for Workers Education, 1976.

* Kapil, Krishnan, in "Kerala Labour and Industries Review", January 1968.

that by and large the population of India is conscious of the importance of responsible parenthood ; given the necessary information and adequate services, they will accept the small family norm".

A survey of workers in a New Delhi textile factory showed that this was in fact the case ; an overwhelming number wanted a small family of one to three children. The main reasons were the welfare of the children, particularly with regard to their education ; the likelihood that income would meet family needs, particularly with regard to living space, and that smaller families were happier.

A recent study made by the Centre for Policy Research found that adoption of family planning is supply led : wherever services are taken to the people, there is a much higher rate of family planning practice. The study concluded that easy access to services is crucial to reducing birth rates.

A world-wide survey of family planning needs conducted by the International Planned Parenthood Federation found that the biggest single barrier to family planning was lack of access to information and services.

With the exception of the home, no other single locale is as close to the daily life of the individual as his place of work. Industries which provide family planning services have a unique opportunity to contribute to the reduction of the birth rate, which must come down if the term "quality of life" is to have real meaning for the majority of our people.

The Potential Market

If every industrial employee were to be reached by family planning services the impact would be dramatic, particularly if it were to be assumed that the worker's family would also be reached. The average

family size is now five, which means that by reaching each breadwinner, wherever located, millions would have access to family planning services.

The Government's annual statistical Year Book, India 1977-78, gives an indication of the potential number of workers and therefore potential acceptors :

- * More than 16,000 factories employing over 50 workers each account for 49.26 lakhs employees.
- * Small scale industries covered by the Small Industries Development Organization employ 55 lakhs workers (some of these are covered in the first category).
- * More than 185,599 workers are employed on the country's industrial estates set up to provide common facilities for small industrial units.
- * The centrally-sponsored scheme for rural industries has more than 63,000 units employing over 540,000 workers.
- * About 90 lakhs persons depend on the handloom industry for their livelihood, many working under the aegis of the State Handloom Development Corporation.
- * Handicraft workers within the mandate of the All-India Handicrafts Board number 14 lakhs.
- * Sericulture employs 35 lakhs workers full or part-time under the aegis of the Central Silk Board while 5 lakhs work in the coir industry promoted by the Coir Board.
- * At grass roots level, 24,000 khadi and village industries employ 19.45 lakhs persons within the purview of the Khadi and Village Industries Commission, which aids co-operatives and State Khadi and Village Industries Boards.

Together, these groups represent a huge potential audience for the family planning message. Many people work in small village industries, or at home.

If the Boards promoting the village and handicraft industries were to take an active role in promoting family planning as well, significant gains could be made, especially in the rural areas, where lack of services is acute.

CHAPTER II

FIRST STEPS TOWARD STARTING A PROGRAMME

Bringing about changes in the attitudes and behaviour of people, especially in such an intimate area as control of conception, is a very difficult and delicate task. But with proper planning and co-ordination, successful programmes can be designed which meet the needs of individuals and the companies which employ them.

The Scope

Broadly speaking, most industries, depending upon size, location and available facilities, will be able to offer one or more of the following four types of programmes :

1. Population and family planning education

+

Motivation of individuals to accept a contraceptive method

+

Referral to a clinic or other agency for services

2. Education and motivation

+

Distribution of condoms and other non-medical methods

+

Referral to a clinic or other agency for medical and surgical methods

3. Education and motivation

+

Distribution of condoms and other non-medical methods

+

Periodic clinical services such as vasectomy camps

+

Regular referral for medical and surgical methods

4. Education and motivation

+

Full range of services on a permanent basis, and where facilities are extensive, counselling on marriage and family problems as well

Where to Begin

Put somebody in charge

The more people involved in the programme the better, but committees seldom make good administrators. Management could appoint one of its executives, such as the Chief Medical Officer, the Personnel Manager, the Labour Welfare Officer, or if resources permit, add a full-time Family Planning Officer to the staff to administer the programme.

It is a good idea to have a steering committee comprised of management and trade union representatives to set the broad objectives of the programme, and to make the policy decisions which the administrator will implement. The committee in a big company, could include the types of executive mentioned above, plus trade union representation. In a small company, the administrator and planning committee may in fact be the manager himself, or the manager and a responsible employee.

Motivate the motivators

Most people are aware of the demographic situation in India, but not all are aware of its full dimensions. A population and family planning education seminar for those who will be involved in designing and administering the programme can help to ensure the solid commitment needed to make it successful.

The local branch of the Family Planning Association of India or the local family planning agency (Municipal, Zilla Parishad, or State, family planning department) can help to organise the seminars.

The wider the audience for this initial introduction, the better. It would be useful to include staff who will be indirectly involved in the programme, such as department heads. If possible, each department or production unit could send an employee representative.

Seek advice

Once the programme organisers have been solidly enlisted, the next step is to get advice on programme design from some of the sources mentioned above. They can explain what government assistance can be obtained in the form of grants, free contraceptives and tax relief. Some expenditures, recurring and non-recurring, can be recovered from the government. FPAI advisors will know what private resources are available.

The advisors will know the situation in the area, and can help to ensure that the industrial programme complements, and does not duplicate, services already available. They can help the organisers to assess the company's capabilities realistically, so that the programme is neither too ambitious, nor an "under-achiever".

Conduct a survey of employees

The organisers will need to know the composition of the staff and workers before they can design a suitable programme. A factory census will show whether the employees are mainly older people who have completed their families, and may require sterilisation services mostly, or whether they are younger married workers who will want methods to enable them to space their children.

The survey should take special note of the number of unmarried workers. Family planning and population education are particularly important for them. They will get a better start both in married and in working life if they are prepared to plan their families from the outset.

The survey can sample opinion as well as collect basic data on age, marital status and number of children. Discreet questioning will reveal attitudes toward family planning which will indicate what direction the educational effort should take.

Design the survey to discover whether the families of workers have remained in the villages. If so, the factory can play a vital role in taking the family planning message to the village. Every employee returning home for periodic visits can become an "outreach worker", educating and motivating his own family and his neighbours. The importance of this spin-off effect cannot be overestimated.

CHECKPOINTS

- * *Put somebody in charge . . . every programme needs an administrator.*
- * *Appoint a steering committee . . . management and labour will be seen to share responsibility for the programme.*

- * *Motivate the motivators . . . their commitment will be greater if they fully understand the population problem and the need for family planning.*
- * *Seek professional advice . . . accurate and full information is the key to successful planning.*
- * *Conduct a survey of employees . . like all consumer services, a family planning programme must know its market.*

CHAPTER III

PLANNING THE PROGRAMME

Once the survey has been completed, the organisers can begin to design the programme to meet the needs revealed by the census. The programme may be modest or it may be ambitious, but whatever its scale, it should reach every employee in the company in a systematic and effective manner. Basically the planning process will require the organising committee to make three major decisions: what type of programme is suitable, how it should be administered, and who should administer it.

Programme Component I: Education and Motivation

It will be a rare survey that does not reveal some ignorance of India's population problem, and negative attitudes toward family planning, among those surveyed.

Even where personal attitudes toward family planning are positive, individuals may be reluctant to accept a method because of social pressures. Therefore, education about population and family planning, coupled with motivation to accept a method of contraception, will be a major part of virtually every industrial family planning programme.

Education

The objective of the education programme will be to impress upon employees the benefits of the small family norm, both to themselves and their families, as well as to the country. Education is not simply a matter of handing out information. It is a process of helping each worker relate

the value of family planning to his own needs, and providing him with enough knowledge to choose a suitable contraceptive.

An education programme should also demonstrate to the individual that his co-workers have similar needs, and create the kind of group learning experience which will encourage individuals to practice family planning. It cannot be overemphasised that for many people, the decision to accept family planning represents a major change in life style and a break with traditional values.

Motivation

A person in possession of all the facts about family planning may still need special encouragement and support to actually begin using a method. The most successful motivation is the person-to-person approach. In a personal interview, the family planning worker can gauge the reactions of the other person, answer questions as they arise during the exchange, and put the positive case for family planning in terms which will be appropriate to each individual. A successful programme will undoubtedly include the personal approach to meeting the family planning needs of employees.

Incentives which the company can offer can also help in reinforcing the decision to adopt family planning. These include incentives in cash or kind, plus paid leave for sterilisation.

Programme Component II: Services

While every company, no matter how small, can conduct some form of education programme, companies will vary in their capacity to provide services.

Medical and surgical services

If the company has a medical department with a Medical Officer and nursing staff, family planning services may be incorporated into the routine health care offered to employees. Such a company could consider providing any or all of the following methods :

Pills : Oral contraceptives work by preventing the monthly release of an egg from a woman's ovary, so that it cannot be fertilised by sperm from the male. The egg which should have been released disintegrates harmlessly. A simple health check should be carried out within three months, and acceptors should be followed up regularly, to be sure there are no problems. No special facilities are required other than a consulting room and a doctor, nurse, or paramedical trained to prescribe the pill. The contraceptive pill is one of most effective methods of family planning.

IUD : The intra-uterine device is a small loop or coil of plastic which is inserted into the uterus, the medical term for womb, where it prevents pregnancy. Like the pill, it requires no special facilities other than a consultation room with a suitable table for the acceptor to lie on. Medical personnel must be specially trained to insert IUDs and a woman practitioner will probably be more acceptable in most circumstances. Acceptors should be followed up to be sure there are no problems.

Vasectomy : This male method is the simplest sterilisation procedure. The tubes carrying sperm are cut and tied so that sperm does not enter the seminal fluid which is ejaculated during intercourse. After vasectomy, sexual desire is undiminished, and fluid is ejaculated as before, but it has no sperm content and therefore cannot fertilise an egg. Sperm production is arrested after vasectomy, so no problems arise from cutting the tubes.

A company with a medical department will have no difficulty adding vasectomy to its services. The doctor should be trained in doing vasectomy. Equipment required is minimal. The procedure can be done under a local anaesthetic and the patient can return home shortly after. He needs 3 days rest and more if he does heavy manual work. The stitches, if any, are removed after 7 days. The patient must always be warned to use the condom or for his wife to use a contraceptive for at least six weeks after the operation as there will still be sperm left and a possibility of a pregnancy. Preferably, a sperm test should be done after six weeks to make sure they are not present any more.

This form of sterilisation is so simple that companies without medical departments may consider holding special vasectomy camps from time to time. The government or FPAI can provide the equipment and the medical personnel. All that the company needs to provide is a suitable room which can be used as an operating theatre—and motivated acceptors.

Tubectomy: In this procedure, a woman's fallopian tubes, which carry the fertilised egg to the womb, are either cut, or blocked, so that the egg cannot make the journey. Methods currently used usually require three to four or more day's bed rest after the procedure though in certain types of operative techniques the patient may go home on the same or the next day. If space is available, it is possible to organise tubectomy camps in the same manner as vasectomy camps.

Non-medical services

Companies with medical departments can offer non-medical methods as well, and even the smallest industrial concern can keep a supply of condoms in the compounder's office.

A full range of non-medical services would include :

Condoms : The most common non-medical method is the condom, a thin rubber sheath fitted over the erect penis before intercourse to collect the ejaculated sperm and prevent it from entering the vagina. It is the easiest appliance to distribute as it requires no medical advice—only faithful and regular use on the part of the acceptor.

Diaphragm : This small cap made out of thin rubber is fitted over the cervix, the opening to the womb, and prevents sperm travelling through the womb to the fallopian tube to fertilise an egg. A trained family planning worker can fit the most suitable one for each woman. The acceptor must be taught to insert it and remove it properly, as well as to take care of it hygienically. No special facilities are required except a consultation room and a trained family planning worker.

Vaginal foams and foaming tablets : These are preparations which contain chemical agents to make the sperm inactive. They are inserted into the vagina before intercourse. Acceptors must be taught the proper use of these methods, but no special facilities are required.

Depending upon available facilities, the company may want to include some of these methods in its programme. Most companies will probably opt for offering non-medical methods, while referring acceptors of other methods to nearby clinics, health centres or hospitals. Periodic vasectomy camps, and if possible, tubectomy camps may be considered.

Where it is possible to offer services, programme organisers should make every effort to do so. Experience has demonstrated that easy access to services encourages family planning practice.

CHECKPOINTS

- * Plan to educate . . . employees who fully understand the benefits of family planning and the different methods are half way to practising family planning.*
- * Plan to motivate . . . person-to-person counselling will encourage and reinforce a positive decision.*
- * Plan to offer as many services as are feasible . . . easy access to family planning encourages practice.*

CHAPTER IV

WHO'S IN CHARGE?

Once the organising group has decided what type of programme is most suitable for the company, the next question is who will administer it. The company can elect to manage the programme entirely on its own, or it can invite an outside agency such as the Family Planning Association of India to take the responsibility.

The Company

It is best if the company can take complete charge, for the obvious reason that staff who manage the programme will be available on a day-to-day basis, which will encourage employees to see the programme as an internal part of their working lives.

The company which does take full responsibility should be prepared to allocate sufficient staff to run the programme efficiently. Existing staff may be trained to manage the programme, or it may be advisable to bring in additional staff. As a rule of thumb, it is suggested that for every thousand workers, the company should have a health educator and an assistant health educator to run the educational and motivational side of the programme. Medical personnel requirements will depend upon the services to be offered.

Outside Agency

An outside agency like the Family Planning Association of India (FPAI) will be able to provide trained social workers to handle the education and motivation component. It can also take charge of distributing

non-medical contraceptives, and referrals for other methods, usually to nearby FPAI clinics. The outside group should also be able to provide necessary medical staff and equipment for periodic sterilisation camps.

FPAI is a voluntary organisation and its resources are limited. Any branch undertaking to collaborate with an industry in running a programme will offer every assistance possible. FPAI representatives will visit the company regularly, but cannot be available on a daily basis.

Some companies may wish to ask the outside agency to organise the programme, but wish to assume full responsibility as soon as the operation is running smoothly. If this is anticipated, special priority should be given to training the company's personnel while the agency's field workers are still involved.

CHAPTER V

ADMINISTERING THE PROGRAMME

This outline assumes that the management has decided to take charge of the programme. If an outside agency is invited to run the programme, it will assume responsibility for most of the following routines, which are useful to adopt under either form of administration.

Day by Day

Once the organising committee has decided on the broad outlines of the programme, supervision of the day-to-day operation will probably fall to one individual or a small team. The Chief Medical Officer, the Labour Welfare Officer, a personnel executive, are obvious candidates. If a trade union leader will serve as well, all the better.

The Staff

Any programme is only as good as its staff. Whoever is responsible should determine the programme's staffing needs, bearing in mind the objective of bringing the programme personally to every employee in the company. As has been mentioned, there should ideally be two health educators for every thousand employees. Worker/educators who are themselves acceptors can be very successful in persuading their colleagues to practice family planning. If there is a Medical Officer, he or she will be able to determine staff needs for the services part of the programme.

Training

If the company is to recruit educator/motivators from existing staff,

they will need to be trained so that they fully understand the health, economic, and social benefits of family planning. They will need to know enough about the various contraceptive methods to answer questions, and they will need professional training in the one-to-one approach to motivation.

Special training is needed to cope with the problems of infertility, which will inevitably crop up. This is a highly sensitive personal problem, and as much a family planning concern as excess fertility. Every programme should provide counselling and referral for treatment.

Training need not be time consuming; three days to a week will usually suffice. The management must be prepared to release employees selected for the programme, including any worker/motivators who may be chosen to participate. FPAI or the government can arrange training. Existing medical staff may also wish to be trained to insert IUDs or to perform sterilisations.

Even where an outside agency has been invited to take most of the responsibility, some trained personnel belonging to the staff should be available to oversee the programme on days when the agency's field workers are not on the premises.

The Work Programme

Once staff are trained, the administrator(s) and the programme personnel should draw up a definite schedule, setting aside specific hours on particular days for education, motivation and distribution of supplies. In a small factory, one day a week may suffice. In a large plant, some family planning activity may take place every day.

The education/motivation activities should be directed both to individuals and to the employees as a group. If at all possible, the manage-

ment should plan to have the motivators talk to individual employees during working hours. Experience has shown that this can be done without disrupting production. The ideal arrangement is for the motivators to actually work in the various departments, where department heads may release workers one by one for a chat.

Where this is not possible owing to the nature of the production process, family planning workers may take advantage of tea and lunch breaks. Trying to catch employees as they come on or go off shift is generally unsatisfactory.

At the group level, films can often explain population and family problems more graphically than words. Talks, with audio-visual aids are also effective. Groups meetings encourage a sense of collective responsibility for family planning. If they can be held regularly—once a month or more frequently—at natural breaks in the working day, group meetings will encourage discussion among workers, and provide a supportive atmosphere for the individual. Acceptors as well as non-acceptors benefit, as the former may need reinforcement to sustain their decision to practice family planning.

FPAI advisors can help in the planning of educational programmes to fit factory schedules without disrupting production and also offer advice about different sources from which audio-visual aids for educational programmes may be obtained.

Education and motivation should be a continuous process, with the family planning workers making regular rounds of the departments on a monthly basis if possible. The man who hesitated last month may accept a method this month, or be lost to the programme if he is not approached while his resolution is still strong.

A regular chat with an acceptor gives the family planning worker

an opportunity to be sure he is continuing to use a method, and to offer additional supplies if needed. If he has dropped out, he may respond to re-motivation.

If supplies are available on the premises, distribution should be built into the work programme. One method of distributing non-medical contraceptives such as condoms is to designate one employee in each department as a supply-holder. He or she can act as a useful link between fellow-workers and the programme staff. Otherwise supplies can be made available through the dispensary, medical department, personnel office or compounder's office, depending upon which is most convenient for the management and the programme staff.

Referrals and Follow-up

Acceptors who choose methods other than those offered by the programme may be referred to the nearest family planning clinic, health centre or hospital. The programme organisers should make definite arrangements with these facilities to accept clients from the company, so that when they are referred to the clinic, they will be recognised as members of the company programme.

The system should provide for a report of the visit from the referred centre. If a method was actually accepted, the programme should take responsibility for follow-up to be sure there are no problems. This is particularly important in the case of the wife of a worker who has accepted pills, and IUD or sterilisation.

The management can encourage acceptance of a method by giving time off to attend clinics. Acceptance of sterilisation can be encouraged by generous paid leave for recuperation, and an added cash incentive on top of that offered by the government.

Records

Every programme should keep records. They need not be elaborate, but family planning workers should note the outcome of the initial interviews, and changes which come to light in subsequent interviews: marriage, new pregnancy, change or discontinuation of method. Accurate records will enable the educator/motivator to take advantage of any changes in attitude or family status, and are particularly helpful in re-motivating programme drop-outs.

Special Events

Special events, like an exhibition, which the FPAI can help to arrange, generate interest. Invite state family planning officials to visit the programme, and to meet the employees who have accepted a method. Some companies have promoted their programmes through elocution competitions, either among workers at plant level, or among employees of several companies in the area. These usually draw large audiences who will hear the family planning message as well.

Programme Send-Off

When a work programme has been drawn up and staff trained, the programme should have a formal inauguration. An exhibition with films and talks is a good way to introduce the programme. It will help if senior executives are on hand to give their support.

If local, or state officials can attend the opening, special interest will be generated, particularly in the press. Employees and their families should be urged to attend, as this will give the wives a chance to learn of the facilities available to their husbands, and by extension, to them.

Put up plenty of posters announcing the programme launch. A leaflet

inside each employee's pay packet will get the message to him personally, and perhaps to his family as well.

Special Cases

The above guidelines will serve for the majority of industrial companies. A few additional hints may help particular types of companies.

Small companies, particularly if located away from city areas, may feel they should confine their efforts to education and motivation. But if there is not a referral centre nearby, they can start particularly useful community service by offering clinical methods of contraception. It may be possible to arrange for a family planning doctor or mobile clinic to visit the company on a regular basis.

Small industries in urban areas, or located on industrial estates, have excellent opportunities to institute co-operative programmes. The head of the company interested in starting a programme should take the lead in calling a meeting of his opposite numbers in other concerns to discuss setting up a joint operation.

A group of companies may be in a position to offer a more elaborate programme than a single concern. If numbers warrant, and other services are not readily available, there may be justification for a clinic, either mobile or permanent. Funds may be available for full-time social workers and medical staff. In large industrial centres, the local manufacturers' association is the ideal group to undertake a co-operative programme. Such organisations can be particularly effective in organising vasectomy camps.

A company which is part of a group should encourage the whole company to undertake family planning. A company-wide programme

offers opportunities for giving special commendations to divisions which achieve outstanding family planning records.

A company whose employees live nearby in a workers' colony will find it much easier to organise home visits for motivation and education. Here the satisfied woman acceptor may be the best ambassador. Women selected for this work should be trained in the same way as the regular programme personnel.

Continuity

Whatever the size of the programme, it should become a permanent feature of the working environment, like the canteen or the dispensary. Family planning is a way of life, not just a one-off decision to try a cycle of contraceptive pills or a dozen condoms.

The education aspect of the programme should be a continuing one, not only for potential acceptors but also for those who have accepted a method. Continuing education is needed to sustain their commitment and to clarify the links between family planning and maternal and child health; nutrition; improved educational and employment prospects for the worker and his family. FPAI can provide films and other educational materials on a regular basis which go beyond simple contraceptive use to cover the wider issues.

The personal experience of acceptors will, over a period of time, add up to an important element in the continuing education programme, and can be drawn in through such methods as elocution contests.

Initially, those employees who know about family planning and merely lacked access to services will become acceptors relatively quickly. Others will need time and patience to make what may be a radical change in

their pattern of life. The presence of the programme on a regular and consistent basis will encourage hesitant acceptors particularly as they watch their colleagues making use of the service over a period of time.

CHECKPOINTS

- * *Plan for enough staff so that the programme will reach every employee personally.*
- * *Arrange for special training.*
- * *Set up a definite schedule for regular education and motivation sessions, and distribution of contraceptives.*
- * *Keep records of all employee interviews so that acceptors can be noted and followed up.*
- * *Plan special events to maintain interest in the programme.*
- * *Give the programme a send-off as the first special event.*
- * *Keep the programme going, even after the firm has reached 100 per cent family planning practice.*

CHAPTER VI

HOW FPAI CAN HELP

FPAI and industry have been partners in family planning since 1953, when the Association began to organise services in industrial concerns with the help of forward looking managers.

To firms contemplating a family planning programme for the first time, FPAI can offer assistance at all stages of planning and implementation.

At the pre-programming stage, FPAI advisors can provide information about government or private financial assistance, which may be available either as grants or tax relief.

They can help to design the census forms for the pre-programme survey, and carry out the survey if invited by the management. There is an advantage in having FPAI field workers conduct the survey as they are trained in sampling opinion in the sensitive area of family planning.

FPAI personnel can advise on the design of a programme to meet needs revealed by the survey. In co-operation with the management, they can plan the educational/motivational aspects of the work to fit the production schedule of the factory and to take maximum advantage of plant facilities.

They can assist in designing the work programme to make sure each department is routinely covered by the educator/motivators and the supplies are readily available. They can help to establish liaison with local

referral centres, advise on sources of contraceptive supplies, and help to design record forms.

If invited to take charge of the programme, FPAI field workers will assume responsibility for education, motivation and distribution of supplies, record keeping, referrals and follow-up visits.

FPAI can provide training both for lay volunteers, managerial, or office staff or worker/motivators, and for medical staff who may wish to become proficient in clinical and surgical family planning methods.

The Association can provide trained personnel and supplies for vasectomy camps held on factory premises.

FPAI can provide films, slide programmes, posters and printed material for group meetings. Exhibitions can be arranged for launching new programmes.

FAMILY PLANNING ASSOCIATION OF INDIA

BRANCH LIST

FPAI Ahmedabad Branch

Nashabandhi Compound
Opp. Multi-storied Bldg.
Bhadra
AHMEDABAD - 380 001

FPAI Andaman & Nicobar Islands

Branch
PORT BLAIR

FPAI Bangalore Branch

'Sai Krupa'
65, Railway Parallel Road
Kumarapark West
BANGALORE - 560 020

FPAI Belgaum Branch

90, Mangalwar Peth
Tilakwadi
BELGAUM - 590 006

FPAI Bellary Branch

142/XVII Kolachalam Compound
Opp. Main Bus Stand
BELLARY - 583 101

FPAI Bhavnagar Branch

Redcross Bhavan
Diwanpara Road
BHAVNAGAR - 364 001

FPAI Bhopal Branch

E-1/90, Arera Colony
BHOPAL - 462 016

FPAI Bidar Branch

Vishwakarma Nivas
Janwad Road
BIDAR - 585 401

FPAI Bombay Branch

Bajaj Bhavan, 1st Floor
Nariman Point
BOMBAY - 400 021

FPAI Bijapur Branch

Sri Krishna Nivas
Kanyamandir Road
Near Darbar High School
BIJAPUR - 586 101

FPAI Dharwar Branch

Balvikas Nagar Building
Collector's Compound
DHARWAR - 580 001

FPAI Dindigul Branch

21-B Society Street
DINDIGUL - 624 001

FPAI Gomia Branch
Qr. No. E 20/6
P.O. Indian Explosives (Gomia)
GIRIDIH - 829 112

FPAI Gulbarga Branch
Opp. Haft Gumbaz
GULBARGA - 585 101

FPAI Gwalior Branch
41/367 Jawahar Nagar
GWALIOR - 474 001

FPAI Haryana Branch
Kothi No. 315 Sector 9-D
CHANDIGARH - 160 009

FPAI Hyderabad Branch
Opp. Challapalli House
Begumpet
HYDERABAD - 500 016

FPAI Indore Branch
15 Ganji Compound
INDORE - 452 001

FPAI Jabalpur Branch
Pitru Smriti
402 Wright Town
JABALPUR - 482 002

FPAI Kalchini Branch
Central Hospital Bhatpara
KALCHINI P.O. & T.O. - 735 217
Jalpaiguri District

FPAI Kanpur Branch
Dilkusha
14/85 Civil Lines
KANPUR - 208 001

FPAI Lucknow Branch
27, Dr. B. N. Verma Road
LUCKNOW - 226 001

FPAI Madras Branch
10, Second Main Road
C.I.T. Colony
MADRAS - 600 004

FPAI Madurai Branch
295, West Masi Street
MADURAI - 625 001

FPAI Manipur Branch
Keishamthong Bazar
IMPHAL - 795 001

FPAI Mysore Branch
No. 2931, L-3, "Dilaram"
Asoka Road East Cross 32
(Church Road Cross)
MYSORE - 570 001

FPAI Nagaland Branch
Assam Rifles Road
KOHIMA - 797 001

FPAI New Delhi Branch
F/44-A, N.D.S.E. Part I
NEW DELHI - 110 049

FPAI Nilgiris Branch

Bedford Circle
COONOOR - 603 101

FPAI North Kanara Branch

Bhagyodaya Vasant Vilas
National Highway
KUMTA - 581 343

FPAI Patna Branch

Jayprakash Path, Boring Road
West of Patna Women's College
PATNA - 800 001

FPAI Pune Branch

1082/1 Ganeshkhind Road
Behind Indian Oil Petrol Pump
Shivajinagar
PUNE - 411 016

FPAI Punjab Branch

Red Cross Bhavan
Madhya Marg, Sector 16A
CHANDIGARH - 160 017

FPAI Raichur Branch

Gurugunta House
1-9-57 Station Road
RAICHUR - 584 101

FPAI Rajkot Branch

Kahan Sadan,
Near Gurukul
Dhebarbhai Road
RAJKOT - 360 002

FPAI Shimoga Branch

Dr. Ramanna's Bldg.
Old Ban Line Road
SHIMOGA - 577 201

FPAI Solapur Branch

87-B/67 Bhavani Peth
SOLAPUR - 413 002

FPAI South Kanara Branch

Law College Building
UDIPI - 576 101

FPAI Srinagar Branch

Nowhatta Chowk
SRINAGAR - 190 002

FPAI Tajpur-Samastipur Branch

P.O. Tajpur
SAMASTIPUR DISTRICT - 848 130

FPAI Trivandrum Branch

Red Cross Road
TRIVANDRUM - 659 001

