

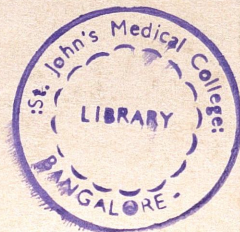
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# Swasth hind



FEBRUARY 1970



*In this Issue*

**Learning Nursing Care**

**Ensuring Quality Nursing**

**Nurses and Family Planning**

**XVI Meeting of the Central Council of Health**

**Family Planning Needs Vigorous Efforts**

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# Swasth hind

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## Objectives

*Swasth Hind* (Healthy India) is a monthly journal published by the Central Health Education Bureau, Directorate General of Health Services, Ministry of Health and Family Planning, Government of India, New Delhi. Some of its important objectives and aims are to :

REPORT and interpret the policies, plans, programmes and achievements of the Central Ministry of Health and Family Planning.

ACT as a medium of exchange of information on health activities of the Central and State Health Organizations.

FOCUS attention on the major public health problems in India and to report on the latest trends in public health.

KEEP in touch with health and welfare workers and agencies in India and abroad.

REPORT on important seminars, conferences, discussions, etc., on health topics.

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Articles on health topics are invited for publication in this journal. State Health Directorates are requested to send reports of their activities for publication.

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# Learning Nursing Care

MRS A. MANI

A nurse is to learn the principles of nursing and their application covering the whole range of relationships between causes, symptoms and treatment of a disease as well as its prevention. For her, the patient is not only a physical embodiment but a whole being with certain attitudes, behaviour and philosophy of life.

WHERE and how do student nurses learn patient care? What is meant by patient care? Is patient care attributed only to the simple tasks of bedside care, or is it a comprehensive health and nursing care? These are some of the pertinent questions especially by patients whose alleviation of suffering depends on the quality of nursing care. Patients are people in trouble. They are individuals, members of a family and of a community. A patient whether educated or uneducated, rich or poor has feelings and emotions which influence his attitudes and actions. He expects treatment in accordance with his psychological, physical, spiritual and social needs. A disease or disorder affects each person in a different manner depending upon his attitude towards illness, his previous experience with hospital, directly or indirectly, and more basic is his attitude towards life. To render an understanding care, conforming to his physical and psycho-social needs, a nurse must have thorough knowledge of the disease, its symptoms, treatment, and psychological reactions of the sick person. A successful nurse considers the whole patient, his body, mind and spirit as one unit. She recognizes him as an individual. She deals with prevention as well as cure and assumes responsibility for health teaching.

## Nursing in the Age of Science

The occupation of nursing is becoming increasingly complex as science and technology advances. Many factors, whether social or economic, scientific

or technological, have influenced and will continue to influence nursing as they influence other spheres of human activity. The changing emphasis in medical practice, *i.e.*, increased use of complicated apparatus, new drugs, the introduction of specialists with varied preparation in the hospitals, diverse and higher types of programmes in nursing and movement from apprenticeship type programme in hospitals to educational institutions, have called for the urgent need of strong leadership and direction in nursing.

## Essential Qualities for Nurses

The expectations and demands of the public are quality nursing care from a nurse endowed with kindness and understanding. It is, therefore, felt that a professional nurse should be the product of such an education which enables her to recognize and understand the fundamental health needs of a sick person as of a well person and who knows how these needs can best be met. She must have full grasp of scientific nursing knowledge which is based upon and keeps pace with general scientific advancement. She should be able to apply this knowledge in meeting out the nursing needs of a sick person and the community as a whole. She must have good understanding of human psychology and also possess the kind of discriminative judgement which will enable her to function in a professional capacity.

## Courses of Study

How and where do the young woman who becomes a nurse, learn the kind of nursing care

that is expected of her? The student in the school of nursing is generally a young woman in her late adolescence. Therefore she is engaged in a struggle for independence in which she finds the need of her parents and at the same time she has to be away from them and make decisions of her own.

When a woman takes nursing as a career, she has to make a tremendous adjustment to fit into a new community life in the nursing hostels and a new job in the hospital which requires courage and a strong will. The young student nurses are often put into the midst of patients with little or no orientation to carry out patient care. Past experience has shown many traumatic situations among individuals.

They require understanding and able guidance to get adjusted to a new life and experience. The courses of study that go in the making of a nurse are:

- (i) Physical and biological sciences related to the basic knowledge of understanding, the scientific principles of nursing, such as, physics, chemistry, biology, anatomy, and physiology.

- (ii) Behavioural sciences, *i.e.*, study of sociology and of psychology. The study of these subjects help them to understand the behavioural problems of individuals and of groups.

- (iii) Study of humanities which includes history of nursing and medicine, and learning English and Hindi. These subjects contribute to better cultural development of the individual.

- (iv) Medical and surgical nursing, pharmacology, operation theatre training, child nursing, public health nursing, and midwifery are all major professional subjects.

All the above subjects are taught during the four-year nursing course. Theoretical lectures and practical training are carried out concurrently. Most of the courses in basic nursing, *i.e.*, certificate as well as degree courses, are of a four-year duration with approximately one-third theory and two-thirds practice in the wards. Examinations are held at the end of every academic year.

*Student nurses engaged in a group study.*





*Learning patient-care through practical work in a hospital.*

### **Training**

Practical classes in nursing are given to the students in the nursing arts laboratory which has life size dolls with attachments for practice. The laboratory also has a complete set of ward equipments. In order to develop confidence and to learn to do things before actual practice on living patients, the student nurses practise treatment in the nursing laboratory under supervision of tutors.

For example, learning the administration of medication by injection as a nursing activity requires: (i) knowledge of drugs and their actions, (ii) knowledge of a person's responses to drugs and what to do if a patient has an unexpected reaction to the drug, and (iii) knowledge and skill in giving an injection safely and correctly without unnecessary pain to the patient and with aseptic technique to prevent germs being introduced into the body. She is taught the synthesis of the above and adaptive thinking for each patient. Patients need assurance and explanation of procedures to allay their fears. However, the student will not have a meaningful concept of medication administration in the form of injection without having dealt with medication and specially injections in a variety of situations, analyzing and evaluating each instance. Thus she learns every nursing activity by instruction

and guidance in the class room and actual practice in the wards. In the class room, the students give injections to dummies who are provided with padded arms for giving injections. She practises the sterile technique of holding the syringe and needle and sterilization of the equipments. The tutor supervises the procedure. The student nurse then demonstrates it on a patient and gets an OK before she gets permission to practise in the ward. Each patient reacts differently to an injection. It can produce the best therapeutic effects as well as ill-effects according to the manner in which it is administered by the nurse.

In the class, the student learns mainly the theories and principles of nursing. But the application of principles in the actual care of patients are practised in the wards. Thus it is in the ward that the student nurse best learns the attitudes, manual and management skills, skills in consoling and encouraging the sick, the worried or the bereft. It is in the ward she sees the relationship between symptoms and treatment, mind and body, the cause and effect of illness, and prevention and cure of diseases. The ward provides a rich field of education for nurses and learning is made lasting and permanent by application. ●●

Registration of nurses for practice has helped in evolving a system of nursing education which keeps pace with the advancement of medicine and complex medical care today and ultimately ensures the quality of nursing service.

## Ensuring Quality Nursing

MRS SATI GHOSE

**T**HE persistent endeavour of nurses to establish a system of nurses registration dates back almost a hundred years. The purpose of nurses registration is to ensure quality training in nursing and kindling love and faith for the profession. Mrs Bedford Fenwick, who initiated the Society of State Registration of Nurses as far back as 1901, wrote : "Your cook may spoil your dinner, your milliner your hat and you have cause for displeasure, but they are only matters of a transient concern; the unskilled nurse or the hastily summoned make-shift for whose qualifications you have not the slightest guarantee may spoil for ever a life dearer than your own." The importance of registration cannot be better illustrated.

Legislation is one of the methods of improving nursing services for the benefit of public. The nursing profession in India undertook this task, first, by enacting the State Acts and subsequently through the Central Nurses Act with a view to standardize the system of nursing education and their preparation in the country.

The Nursing Council is a statutory body which provides for the registration of nurses. A registered nurse is a person who is certified by such a legally constituted body, of having undertaken a specific course of scientific instruction involving theory and practice of nursing and is considered, after careful assessment by that body, of being competent to render nursing service suited to the need of the day. Nurse registration bodies, therefore, influence the quality of nursing service. One of its main objectives is to impart a type of education which will produce a nurse

who is confidently conversant with the demands that may be made of her by the patient in the hospital and the community at large.

Some of the important activities of the Nursing Councils in almost all the States in India where the Council also acts as an examining body, include:

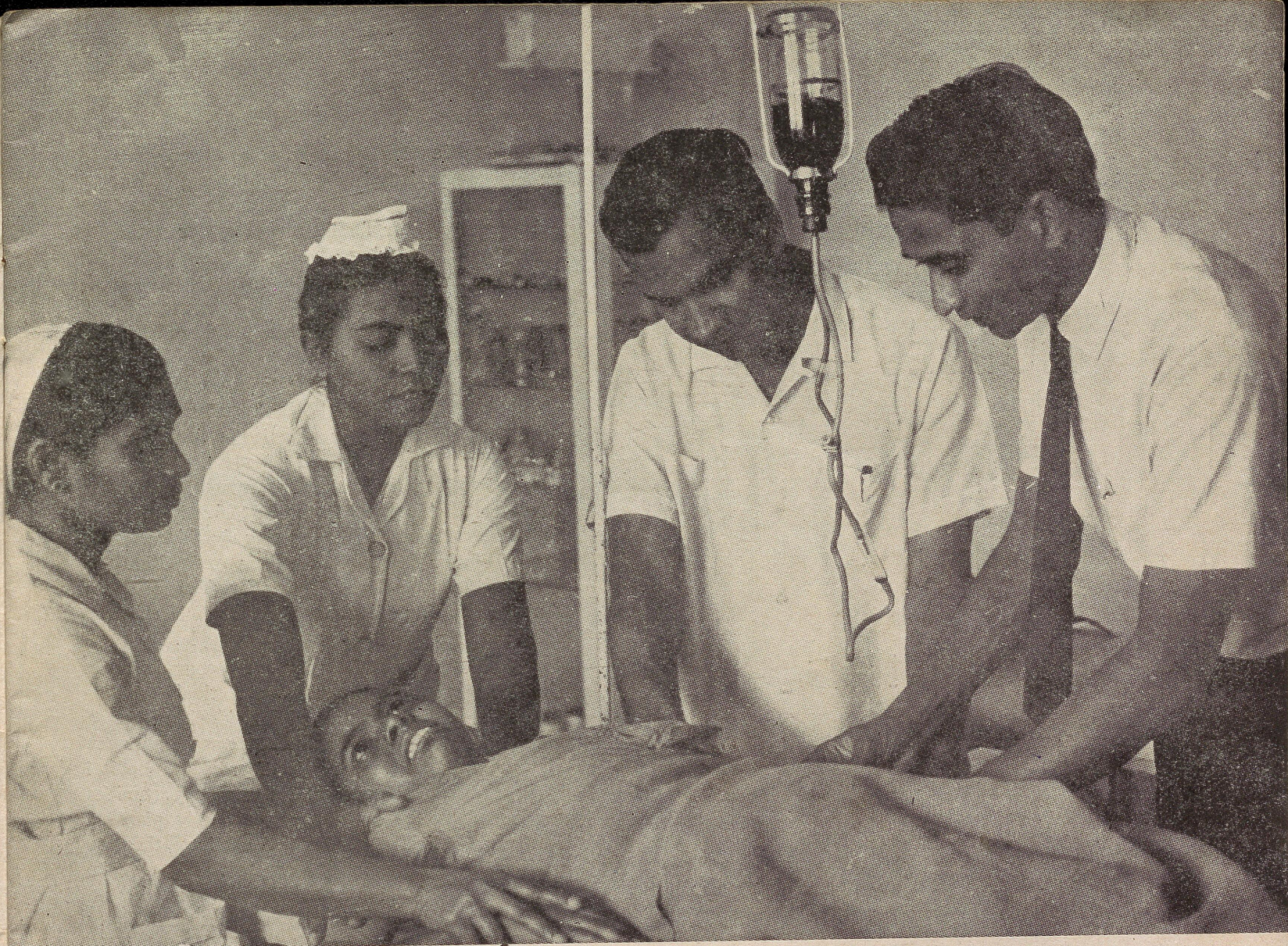
Providing a sound system of nursing education suited to the present day needs, as the quality of nursing service that a nurse is capable of giving, depends mainly on the type of her preparation.

Periodical review of the type and quality of nursing service in demand by the public with a view to modify the existing educational pattern.

Accreditation or recognition of nursing schools and the hospitals to which they are attached and provision for their periodical inspection. This helps to maintain the desired quality of services which nurses should provide in the hospitals and also in the community.

### "Protecting" Public

The State Councils have been delegated with various other powers. Though different from State to State, the Councils primarily aim at "protecting" the public from unskilled and unsafe hands. The provision for giving legal recognition to various categories of nursing personnel instanced by these bodies is another means to public welfare. The system of compulsory registration of all those who undertake nursing as an occupation, further strengthens the cause and eradicates appointment of substandard or unqualified personnel as nurses.



*Trained nurses do the job with ease and care.  
Photo shows nurses helping doctors in a hospital.*

The State Councils in India act in close co-operation with the State Governments. Many of the Nurses Acts legally empower the respective State Councils, or themselves undertake the responsibility to exert general supervision over the performance of the nurses within their jurisdiction. Provisions for checking substandard nursing service, negligence of duty, unethical behaviour of registered nurses are essential to maintain the desired quality of nursing service through registration.

All the Nursing Councils aim at having majority of nurses as members so that all legislations related

to nurses, the quality of service they are to provide, are initiated by them after careful scrutiny of the need for such legislation. Through their tireless efforts, the pioneers in nursing education have had the Nurses' Acts enacted and evolved a system of nursing education which keeps pace with the advancement of medicine and complex medical care today. The minimum pre-requisites for nursing training, the contents of the education, the manner in which it is imparted and ultimately the registration examination leading to certification, all lead to the only goal of nurses, *i.e.*, "Service" and "Human Welfare".●●

# NURSES AND FAMILY PLANNING

MISS SWARN LATA ARORA

*Nurses have many opportunities for education. In the patient care work, they come across eligible couples. They have to develop confidence before they are able to talk freely and persuasively about family planning.*

FAMILY planning is a priority programme in India, especially in the wider context of keeping up the pace of economic development. One of the principal tasks for family planning workers, is to translate the growing public appreciation of the benefits of the programme into one of active participation. In this task, nurses have to join in full strength with all other workers, both official and non-official.

Family Planning, as it is commonly understood, is limiting a family's size and spacing the arrival of children. But this is not what the term stands for in the present context. There are deeper implications in the Government's efforts to motivate individual couples to take to family planning. It is intended that family planning should become a way of life for the people, for their own welfare and for the better standard of living for themselves and for their offspring. But this objective can be achieved only with the full support of the people.

In the process of educating the community on the family planning programme, methods of contraception and motivation of individual couples, a nurse as a recognized health teacher and leader can play a vital role. In her role of providing medical care to the people, a nurse can find many opportunities to disseminate information about family planning methods to eligible couples and motivate them to avail of the services being provided. But to cope with this additional responsibility, a nurse has to develop confidence before she is able to talk freely about family planning and the skills involved in putting it into practice.

Some of the important aspects of a nurse's orientation for participating in the family planning are discussed below.

## **Self-understanding**

A right attitude towards the family planning programme and a firm faith in its objectives is one of the essential requirements for a nurse to become an effective worker. She should understand her own feelings towards the family planning concept and her attitude towards sex life and family welfare. It needs to be realized that attitudes and faith are largely matters of individual experiences and learning. Attitude changes with attaining new knowledge and faith develops with facing new experiences. If a nurse works with a preconceived negative notion about

the programmes and puts it in such a light before potential users of family planning devices, she will be doing a great disservice to the community.

### **Knowledge about Contraceptive Methods**

Placed as she is in a key position by the very nature of her work which brings her in close and regular contact with patients in hospital wards, out-patient departments, and clinics and also with families when working in the public health field, a nurse should essentially have a clear knowledge about methods of contraception including their advantages and limitations. It is also important for a nurse to know the community she is going to serve because unless the message is understood by the people in its correct perspective alongwith its implications, it is not going to convince them. The nurse has, therefore, to relate the message of family planning to their felt needs.

### **Knowledge about People**

As stated earlier, the nurse comes in very close contact with the patient or people both in hospital and in the community. This gives her an insight into the feelings of the target group she is intending to approach. It is possible that at times the people approached are embarrassed at the very talk of family planning. In such cases which are many in our country, she has to pursue her efforts sincerely and perhaps for a length of time before she is able to change their outlook to a positive direction. Occasionally, a nurse may come across cases where people want to clear their fears and doubts regarding particular methods. Here is an opportunity for the nurse to be frank with them about the suitability of different methods and leave the ultimate choice to individual couples. The subject being personal and delicate, the nurse has to be very careful in her approach. In any event, it is important to remember that each person will respond to the explanations given by her in a different way. Occasionally, a nurse may come across many couples who really need help in planning their families but do not come forward to avail of the services. Here, the nurse has to put on the garb of a teacher and intelligently combine many of the media and methods available in motivating these couples.

### **Identifying Eligible Couples**

This is one of the most important aspects of a nurse's role in family planning work. Her work

situation provides her with adequate opportunities to find out eligible couples to be approached. Another way is to scan through records of patients in order to find out their marital status, number of children, etc. Once this task is over, it is only a question of creating awareness and proper motivation. The subject should be broached on the basis of the response of individual cases. In the case of women especially, the approach should be cautious. One of the most intimate rights of a woman is her right to progeny. This right should be recognized. A couple's desire to opt for family planning must be assessed first and then advice rendered on the methods.

### **Provision of Services**

Although it does not fall strictly within the ambit of a nurse's activities to provide family planning services, she has access to the centres providing the services because of her association with the family planning clinics and centres. To be able to provide maximum assistance to the people in family planning activities, the nurse should know the days and hours on which the services are available. She should also maintain records of referred cases in order to have future contacts with the cases if follow-up is necessary.

Thus, in helping in the implementation of the family planning programme, the nursing personnel, irrespective of their category, have an important role to perform. In hospitals, matrons and assistant matrons should ensure that all nursing staff and students are taught the rudiments of the family planning programme either as part of nursing education or by providing in-service training to them. They should also see that the nursing staff is provided with the facilities for family planning work and that these are properly utilized. They should evolve a system of finding out eligible couples from among the patients coming to the hospitals for health services. These eligible couples should then be provided family planning motivation and services.

Sister tutors should keep abreast with the latest information about the family planning programme. One of the ways of doing this is by attending different courses and by personal reading of materials available from Central and State government agencies. They should also seek help of local doctors and other personnel working in the family planning field to conduct in-service education for the nursing staff  
(Contd. on page 61)

# NURSING IN HEALTH SERVICES

**T**HE cost of provision of nursing services and the education of nursing personnel together represent a sizeable portion of the health service budget of every country. It is important, therefore, that the administrative and management policies and procedures which control and direct this component of health services be as effective as possible. In most countries a study of those mechanisms which provide for control and management of the nursing component of health services will indicate that three groups, interacting, provide the balance and counter-balance necessary for effective handling of nursing services and education. These groups are: the national nurses' association, the board or council established as the executive limb of a nurse practice act and, in countries where the major portion of health services are provided through government-controlled institutions, the administrative units (nursing divisions, directorates, etc.) responsible for nursing at national and/or intermediate levels of government. Each of these groups plays both an independent and interdependent role in determining the kind and quality of nursing services which will reach the public.

If, when studying nursing in a country, it is found that one or more of these groups does not exist or that, for one reason or another, a group which does exist is either inactive or ineffective in action, then it is almost a foregone conclusion that the nursing component of the health services will be less well-developed than it could be, taking into consideration the overall economic and social development in the country.

## Improving Quantity and Quality of Nursing

Any group interested in improving either the quantity or quality of nursing services needs to look with care at the organization and conduct of these three groups. If any of the following questions listed can be answered in the negative, then this is an area for study and action on the part of the interested group.

- (1) Is there an active national nurses' association with a representative membership?
- (2) Is this association recognized by the government as the group in the country which represents nurses and nursing?
- (3) Does the association represent all the levels of nursing personnel in the nursing personnel system of the country?
- (4) Is this association a member of the International Council of Nursing?
- (5) Is there a nurse practice act?
- (6) Does this law provide for a board, council, etc., whose responsibility is the implementation of the regulations laid down in the act?
- (7) Does the act provide that the majority of members of the council or board are nurses?
- (8) Are the regulations laid down in the act accepted and implemented in the large majority of situations throughout the country?
- (9) Does the act provide for control of all levels of nursing personnel within the nursing personnel system of the country?

- (10) Is there a nursing unit (directorates, division) within the Directorate of Health Services or Ministry of Health?
- (11) Where the country is a federal union or where health services are administered through an independent regional organization, are there nursing units (divisions, directorates) in the health administration of these independent areas?
- (12) Are these units (divisions, directorates) headed and staffed by well-qualified nurses?
- (13) Do these units have well-defined functions which outline the responsibility for all nursing services and education controlled by the government?
- (14) Are the staff of these units provided with the authority necessary to discharge these functions effectively?

These are some of the more important questions which should be asked when assessing the soundness of the nursing component of any health service.

#### Rational System of Nursing Personnel

Closely related to the effective functioning of any and all of the groups outlined above is the identification in each country of a rational nursing personnel system. Such a system determines the levels and types of workers who will deliver nursing services to the public. It gives form to the body of nursing, at the same time providing for growth and for the adaptation of the system to the changing health needs of the society.

Ideally a rational nursing personnel system provides for two or, at the most, three levels of nursing personnel. The first level is usually reserved for the nurse (nurse/midwife) and the second and third levels for well-defined categories of auxiliary workers in nursing/midwifery. Each level of worker in the system is provided with a title which is reserved for that level and type of worker. The system and the titles of workers defined by the system are identified and protected in the nurse practice act.

It is only when a rational nursing personnel system is defined that an economic and effective system of nursing education can emerge.

The identification of a rational nursing personnel system should be the result of a study of the needs and resources of the country as they relate to

## FUNCTIONS OF REGISTRATION EXAMINATIONS

**T**HE registration examination should determine whether the student is safe or not safe to practise nursing, so that there are only two levels or grades passing and failing.

It is the examinations set within the school that are used as a basis for placing the student in order of merit and where a spirit of healthy competition is created not in the examinations for registration. It is rational that if at the examination for registration one school has a larger percentage of candidates passing than another school, the school with the larger number of passes is the more successful institution but only with relationship to passing registration examinations.

There must be an identification of the areas within nursing in which it is essential to examine the student to determine whether or not she is able to practise nursing with safety.

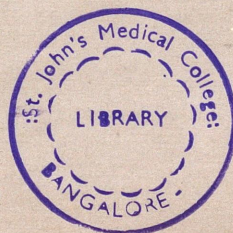
The importance of the preparation of these examinations cannot be over-emphasized, when one considers that on the basis of passing the student has a licence to practise.

The examination board has a great responsibility to the general public to see that the examinations measure the students' knowledge and skills according to the objectives set for the examination.

In modern nursing the safety of practice must go along with the concept of effectiveness of practice. For example what is safe as well as effective nursing practice for the patient with a hemiplegia, is the nurse who does not actively encourage rehabilitation for this patient an effective practitioner even if the nursing care she provides is safe.

In the preparation of examinations for registration this relationship between safety and effectiveness has to be considered.—*W.H.O. Press Release.*

nursing services in particular and to health services in general. The levels and types of workers in the system should reflect not only current needs and resources but also projections of needs and resources as they are forecast by the economist, the social scientist and the educationist, as well as by responsible authorities in the field of health.—*W.H.O.*





*Shri K. K. Shah, Union Minister of Health, Family Planning, Works, Housing and Urban Development, inaugurating two-week Inter-country Workshop on Control and Management of the Nursing Component of Health Services held at World Health House in New Delhi on 3 November, 1969.*

## NURSING : AN IMPORTANT SERVICE

“POLITICS today overshadows other fields of human activity to such an extent that the social and cultural achievements of nations are either dwarfed into relative insignificance or do not receive the legitimate attention and interest they deserve from the public. Health is one such subject that is not drama-

tized in the press like politics. And yet health is something that should concern everybody in a significant way,” said Shri K.K. Shah, Union Minister for Health, Family Planning, Works, Housing and Urban Development.

Shri Shah was inaugurating the two-week Inter-country Workshop on Control and Management of the Nursing Component of Health Services at World Health House in New Delhi, Headquarters of the South-East Asia Regional Office of the World Health Organization (WHO) on 3 November, 1969. Convened by WHO, the workshop was attended by 23 country representatives from Afghanistan, Ceylon, India, Indonesia, Mongolia, Nepal and Thailand.

Shri Shah considered the workshop "as being the most opportune for the countries of the South-East Asia Region of the World Health Organization. The subject is one that lends itself to inter-country discussion and has relevance to the peculiar problems that beset the countries represented here. This meeting of minds, I am sure, will make for cross-fertilization of creative ideas and bring into being some fruitful recommendations."

Shri Shah said that the deliberations in the course of the workshop were bound to throw new ideas in the understanding of modern concepts related to the control and management of the nursing component of health services, with particular reference to legislation, divisions of nursing at national or State levels, and development of skills in planning for the nursing component.

The nursing services form one of the most important wings of the health services of the country, and these are developed largely according to the priorities of the health needs of the community. It is essential for the nurses to be aware of the changing trends and patterns in this vital field. Nursing being the coordinating link between the various health services rendered to the individual and the community, the development of this important area on scientific and progressive lines fully justifies equality of status and importance with other medical and health programmes of the country in the matter of administration. Workshops, like the present one, serve to remind us that the development of the various components of the health and medical programmes must grow in harmony. Failure to realize the interdependence of the components is bound to result in lop-sided growth, which will hinder planned development, he said.

### Status of Nursing

In his concluding remarks, the Health Minister said: "It has rightly been held that the status of nursing has a great bearing on the quality of nursing service and that nursing, being mainly a woman's profession, reflects the status of women of the country. The present generation of nurses in India have to thank their predecessors for their sustained efforts to give nursing a good standing among allied professions. To that work, this generation has made one special contribution by ushering in public health nursing, or the first time, nurses are coming in greater contact with the members of the general public and officials in various fields of work, and nursing is being recognized as a worthwhile career, both for its opportunities for services and for its rewards. We envisage a much greater increase in the number of nurses and auxiliaries. There is also likely to be a greater variety in the opportunities available to nurses and better opportunities for specialization. It may be expected that with the confidence and security born of better education and social standing, the nurse of India will uphold the best traditions and strive for higher norms of dedication. It was Pastor Wilhelm Lole who said of the nurse that "she is not afraid of the lowliest service and does not fail in the highest."

The WHO Regional Adviser in Nursing, Miss D.C. Hall, in her vote of thanks expressed concern with the many problems facing the nursing profession today but also saw reason for optimism: "Despite all the problems which face us great strides have been made within recent years in the capacity of each of the countries represented here to provide nursing care to their citizens. One of the most encouraging trends is the willingness of health workers from different health disciplines to work together to find satisfactory solutions to problems.

The first step in solving any problem is the recognition that the problem exists and I often think that one reason we seem to have so many more problems in health services than we used to is because there is a climate abroad which encourages workers to identify problems, to discuss them and to seek solutions to them. This would seem to be a very healthy state of affairs."—*WHO Press Release.*

## SIXTEENTH MEETING OF THE CENTRAL COUNCIL OF HEALTH

# Investment in Health

Reorientation of the medical education so as to turn out basic doctors who would be emotionally prepared and professionally competent to meet the needs of the community particularly that of the rural areas was one of the important recommendations of the XVI Meeting of the Central Council of Health and Sixth Meeting of the Central Family Planning Council held at Bhopal from 4 to 7 November 1969.

**S**HRI K.C. Reddy, Governor of Madhya Pradesh, in his inaugural address said that it was his "firm conviction that the highest form of investment which



SHRI K. C. REDDY

contributes to national prosperity is investment in the health of the nation." "If the basic factor of healthy, strong, efficient human material is absent" large investments on factories, shipyards, etc., would not yield rich dividends and bring about prosperity, he said.

"How is a high standard of public health to be attained and maintained?" he asked. "Here again, the test does not lie merely in a few magnificent institutions of research or of public health", and said that it was not enough to establish a large number of medical colleges at important cities, or construct imposing hospitals at the capital towns. "A high standard of public health can be attained only by extending the health services to the farthest corners of the country."

It was rather disappointing that after 22 years of independence, "we have not yet been able to establish a health centre in every

village in our country", Shri Reddy said.

There were two reasons for this state of affairs, he said. Firstly, there was the "lamentable lack of resources necessary for expanding our health services". Whenever Five Year Plans were prepared, ambitious schemes were drawn up in the sphere of public health. But these schemes underwent a progressive reduction during scrutiny at different levels, and the axe invariably fell on social services sector and within this sector, the victim generally was public health.

The second factor which made the extension of health services to the villages difficult was "the general unwillingness of medical graduates to go to villages to practise their profession". Even the various schemes of incentives offered to medical personnel to work in distant villages had not succeeded. He said that it was not possible to

multiply the number of institutions for training doctors, as medical education was very costly. He pleaded for devising some short, intensive, basic training which was all that would be ordinarily required in a medical person for meeting the day-to-day medical aid necessary in our villages.

He congratulated the Union Ministry of Health and Family Planning for the efforts to encourage the Indian systems of medicine for service to the community, particularly in the rural areas. This would help in solving the problem of imbalance of medi-

cal services between the rural and urban communities. The Indian systems of medicine were intimately linked with our tradition, and were accepted by the people. It was gratifying that plans had been worked out for further development of this branch of medicine.

Another aspect of our problem was, the Governor said, that while on the one hand, improved medical services and public health services had reduced the death rate in our country during the last 25 years, it had not, in a commensurate degree, reduced the birth rate.

On the contrary, the birth rate seemed to have been increased while the death rate had fallen. He referred to the population growth and emphasized the need for the restriction of the size of families.

"The common people must get into the habit of looking upon the restriction of the size of a family as an essential part of the maintenance of public health", he said.

Shri Reddy gave a slogan for every young couple: "*Ham Do—Hamare Do.*" "We two and we have two".



SHRI K.K. SHAH

## PROMOTING HEALTH

## AND MEDICAL CARE

SHRI K.K. Shah, Union Minister for Health, Family Planning, Works, Housing and Urban Development in his presidential address made a strong plea for the extension of health and medical services to rural areas. He said that a review of the spread of health and medical services had shown that "there are vast areas where large sections of population have to go without the minimal of health and family planning services. Some 500 Blocks have no primary health

centres and 350 primary health centres have no doctors. Between them they account for a population of about eight crores, who are the have-nots in the field of health and medical care". Shri Shah was emphatic that "a test of our solicitude for the welfare of the people lies in the speed and skill with which we carry health and medical services to these people who have fallen behind others", bridging thereby the yawning gap that had developed between the have-nots and the haves who were

# SIXTEENTH MEETING OF THE CENTRAL COUNCIL OF HEALTH

reaping the lion's share of the fruits of the development over the past few years. Shri Shah said: "The problem of health in our country is different from that of the developed countries of the world. Communicable diseases are still prevalent and the diseases associated with stress, strain and complexities of life are also getting prominence. In order to promote the health and welfare of the community for maintaining the optimum level of productive efficiency and economic growth, effective health planning is necessary. The broad objectives laid down for the plan on health are the progressive improvement in the health of the people through the development of health services and controlling the population growth through family planning."

## Health Development Schemes

"The various health development schemes which have been implemented during the Plan periods—some of which have been in operation for the last two decades—have yielded considerable benefits to the population in the form of reduction of sickness and death, reduction in infant mortality, increase in the life expectancy and changes in the disease pattern. These have directly improved the productive capacity of the people with the resultant contribution to the total economy of the country. The expenditure on health has been increasing progressively. This is as it should

be because the benefits derived from the health measures have positive bearing on the future progress of the country."

## Fourth Plan Objectives

"The Fourth Plan programmes for expansion of medical and public health facilities have been set within the framework of long-term targets suggested by the Health Survey and Planning Committee (Mudaliar Committee). Special stress has been laid on the control of communicable diseases and augmenting training facilities for different categories of personnel. The aim is to overcome the current shortage of qualified personnel and to improve the existing medical and public health services. Priority has been given to spill-over schemes to ensure continuity. Effort has been made to provide an effective base for our health services by strengthening the primary health centres which are expected to perform the triple functions of catering to medical care, promotion of community health and the delivery of family planning services."

## ACHIEVEMENTS

### Communicable Diseases

*Malaria* : Shri Shah reviewed the progress of different health programmes. The achievement of the National Malaria Eradication Programme had been spectacular. As against a total estimated annual morbidity of 75 million in 1952-53, the figure

had come down to 0.26 million malaria cases as estimated in 1968, indicating a reduction by 99.7 per cent. In spite of this achievement there had been some setback in the programme in the form of focal out-breaks in certain areas. "We must, therefore, be very vigilant so that the disease does not go out of control and nullify the benefits already achieved."

*Smallpox* : The National Smallpox Eradication Programme, launched in the last quarter of 1962, he said, had been progressing and impressive figures were quoted regarding the vaccinations performed since the inception of the programme. "But I feel no hesitation in saying that such figures for vaccinations do not represent the effective coverage necessary for the eradication programme as is evidenced from the large number of cases occurring every year in the country", Shri Shah added. He said that the programme required assessment and evaluation at regular intervals for highlighting the lacunae and adopting suitable measures to remedy the defects.

*Cholera* : Cholera had been posing another problem. Though wide-spread epidemics were a thing of the past, the disease was still persisting in the form of endemic foci with frequent flare-ups. An effective control of the disease was associated with the provision of safe water supply and proper disposal of night soil.

The elimination of endemic foci was carried out through surveillance and timely remedial action, he said.

Referring to the safe water supply and proper sanitation, he said the problem is enormous. For a proper solution of this problem, the financial requirement had been estimated at about Rs 2,000 crores. Under the National Water Supply and Sanitation Programme attempts were made to meet the requirements within the financial limitations by suitably phasing the programme. The priority should be to provide water supply and sanitation in the endemic areas with a view to eradicate cholera.

*Leprosy*: On leprosy, Shri Shah said that under the National Leprosy Control Programme emphasis had now shifted from institutional treatment to case detection and out-patient treatment and this was carried out through a large number of leprosy control centres working in the endemic and hyper-endemic areas. Based on the experience in malaria, smallpox and other disease control/eradication programmes, it would be necessary to assess and evaluate the programme and its achievements.

#### **Primary Health Centres**

Primary health centres (PHCs) were started as a part of the community development programme in 1952 to provide integrated health services within easy reach of the rural population. The programme has yet to reach the full target of establishing one primary health centre in each of the 4,998 blocks in the country. 4,919 primary

health centres are now functioning and in 508 blocks primary health centres are still to be established.

#### **Rural Health Services**

Health and family planning services were now made available to the rural population through the primary health centres and sub-centres. Each sub-centre, consisting of a unit of approximately 10,000 population, was expected to be staffed by a basic health worker and an auxiliary nurse mid-wife. He pointed out that in spite of their best efforts, the required number of doctors were not available for service in the rural areas and 352 primary health centres had no doctors, apart from the 508 blocks where the primary health centres were still to be established. "This is a very serious problem and we should try to find out, on a priority basis, ways and means for a practical solution," he declared.

Shri Shah said there had been a considerable expansion of educational facilities in the field of medicine and public health to meet the needs of trained personnel. "However, its impact has been diluted by the tremendous growth of population. This makes it imperative that we pay continued attention to the proper utilization of the trained personnel so that we assign them the tasks for which they were trained and in places where their services are most needed," he said.

Shri Shah said that both the Union and the State Governments had been increasingly conscious of the need for better medical care for the rural population.

Attention has been focussed on the training of the basic doctors who should be able to deal with the health problems, both curative and preventive, at the community level. The basic doctors should be well conversant with day-to-day health problems of the community and should be able to render effective service in curing and preventing prevalent diseases.

#### **Unequal Distribution of Doctors**

The Health Minister said that the problem of maintenance of rural/urban health service was as much related to the number of doctors as to their distribution. "A survey conducted on the rural/urban distribution of doctors has indicated that of the total number of doctors, nearly 68 per cent were in the urban areas and 32 per cent in the rural areas. This is a serious imbalance," he said.

The primary reason for the shortage of doctors in the rural areas was the "reluctance of qualified doctors to serve in the rural areas in general and in the difficult and disadvantageous areas in particular. We have to seek ways and means to tilt the balance in favour of service in the rural areas. This is particularly necessary for the implementation of the family planning programme. There are about 400 Blocks where the primary health centres have not come up because they are located in difficult areas and are not easily accessible. They also lack in essential amenities like water supply and electricity." He said the scheme was being prepared in the Department of Family Planning to provide funds for special development like,

## SIXTEENTH MEETING OF THE CENTRAL COUNCIL OF HEALTH

approach road, drinking water and electricity as an integral part of capital works for establishing a health centre where these amenities cannot be provided simultaneously by the departments concerned even on a priority basis. "In addition, it is proposed to give incentives to the medical officers (both on the family planning and the health side) by way of an allowance of Rs 150 per month to those who serve in these difficult areas. This scheme includes cent per cent grant for the construction of building for the family planning component and the grant for pay and allowances for the staff according to the approved pattern of family planning centres and sub-centres. This scheme requires to be co-ordinated with the scheme for the development of primary health centres by the State Health Departments. The expenditure on the health side will be met from the funds provided for the Fourth Five Year Plan of the State Health Departments. Without the development of the primary health centres on the health side, the programme proposed under the family planning scheme will be incomplete and ineffective. It is, therefore, necessary that the States should mark out the blocks in disadvantageous areas where they propose to put in operation the development of the primary health centres for health and family planning in a coordinated manner."

### Efficient Management Needed

Shri Shah emphasized that there was "an urgent need for efficient planning of hospitals, strengthening the administration and introducing a system of medical audit. In almost all the hospitals in the country, we find wastage and even abuse of drugs. There is also imperfect utilization of the personnel. This is due to the fact that the present hospital administration is not geared to the idea of business management. If a hospital has to run efficiently and economically, the administration should be equipped with expertise in business management, accountancy, engineering, etc., so that we can get the maximum benefit of hospital services with a moderate investment."

### Ensuring Quality Drugs

Quality control of drugs and the problem of spurious drugs had assumed a new degree of importance and urgency, the Minister said. "We will be discussing the steps that State Governments and Central Government should take to ensure the quality of drugs manufactured or sold," he said. "If we set our minds to the task, it would not be difficult to eradicate this evil of spurious and sub-standard drugs from our society." Shri Shah informed the conference that recently an *ad hoc* group consisting of drug manufacturers and representatives of Government had been

constituted to explore the ways and means by which industry could assist Government in checking pilferage of drugs from Government institutions, in regulating prices of proprietary medicines and also in combating the evil of spurious drugs.

### Ayurveda and Homoeopathy

Referring to the Indian systems of medicine, Shri Shah said that an autonomous Central Council for Research in Indian medicine and homoeopathy had been constituted for encouraging scientific researches into various aspects of these systems. "With a view to regulate practice and also to maintain a uniform standard of education in these systems, Government have introduced a Bill in Parliament to establish a Central Council for Indian Medicine and Homoeopathy. This Bill was referred to a Joint Select Committee of Parliament and their report is likely to be finalized soon," Shri Shah said.

There were about 9,000 Ayurvedic dispensaries in this country, he said, which were managed by the State Governments, Local Bodies and Voluntary Organizations. Ayurvedic treatment was popular amongst the people of India and cheapness as well as effectiveness of Ayurvedic treatment was well known. He said that the Medical Council should consider the establishment of Ayurvedic Wings in the primary health centres.



DR DEVI SINGH

**E**ARLIER, Dr Devi Singh, Minister of Public Health, Madhya Pradesh, welcoming the participants of the conference stressed the need for providing medical services to the rural areas. He said, "It is really a matter of great concern, that after two decades of Independence, there are still thousands of villages where even the basic medical facilities have not been provided. The reasons are obvious. Ours is a country of limited resources and funds. The financial difficulties are no doubt there, for which the

## EXTENDING RURAL HEALTH SERVICES

expenditures on the social services are often required to be cut down." He added that sometimes the Plan was axed without taking into account the priorities of the programmes. "I am firmly of the view that the social services like health should not be made the targets of such cuts as the subject directly concerns the welfare of the human beings," Dr Devi Singh declared.

He reviewed the progress of health programmes in Madhya Pradesh. "Ours is a poor State," he said. "The resources of the State are limited and the problems are many. Even then there has been a considerable expansion under the health programme, since the formation of the new State. In the beginning, when the new State came into being there were only four Medical Colleges at Gwalior, Indore, Jabalpur and Bhopal. During the Third Plan period two more Colleges have been opened at Raipur and Rewa. With the opening of these two Medical Colleges the annual intake is now 720 students. With this, practically all the posts in the general cadre have been filled up. There is, however, a demand of doctors for the

Family Planning programmes. These are expected to be filled up in the coming years. Now there is a public demand for the seventh Medical College. We are examining as to how best we can meet the demand" he said.

The National Programmes for control of major communicable diseases like malaria, smallpox, leprosy, tuberculosis were considerably speeded up. Dr Devi Singh said that the National Malaria Eradication Programme was continuing with full vigour and there were 29 units functioning in the State. Under the Smallpox Eradication Programme, nearly 95 per cent overall coverage had been achieved. The State Government had now enacted a law of compulsory vaccination. In the control of tuberculosis, the State would be establishing District T.B. Control Units and Training Centres for the personnel. There were at present 27 T.B. Clinics and 1,446 T.B. beds. District control programme had been instituted in 19 districts. The average bed population ratio in the State was 0:45, the result being most of the hospitals were over-crowded, and the patients had to lie on the floor. He

hoped that the Government of India would come to the aid of the State. The Fourth Five Year Plan provision for malaria and public health had been brought down from Rs 21.50 to Rs 10.60 crores "forcing us to abandon many of our schemes".

Population growth was as much a problem for the State as for any other part of the country.

The total number of couples of the reproductive age group in the State was estimated at 67 lakhs. Family Planning Programme was receiving good attention. A net work of Family Planning services have been spread throughout the State. At present there were three Regional Family Planning Training Centres, 452 Rural and 69 Urban Centres as against only

7 Family Planning Centres at the time of the inception of the programmes in the State. Efforts were under way to take contraceptives within the reach of the masses, Dr Singh said.

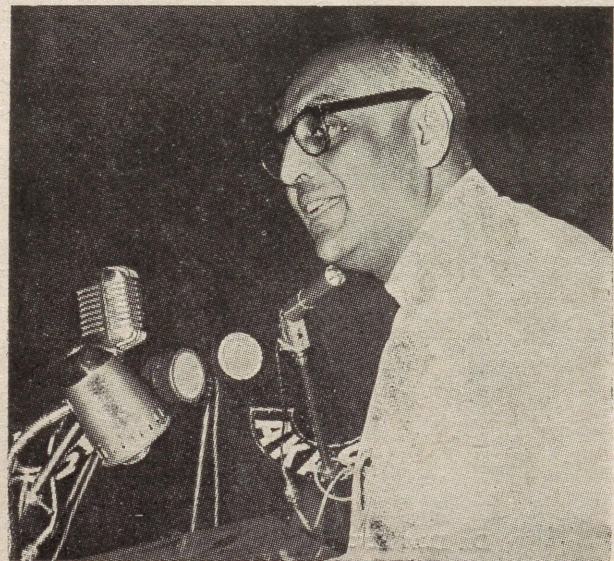
Shri B.P. Patel, Secretary, Ministry of Health, Family Planning, Works Housing and Urban Development proposed a vote of thanks. ●●

## REORIENTATION OF MEDICAL EDUCATION

“DOCTORS should be emotionally prepared and professionally competent to serve in the rural areas. For this purpose, the system of medical education should be reoriented from the current pattern of curative system based on hospital treatment to a system of positive health, to meet the needs of the community within the limitation of the resources that are available.” This view was expressed by Shri B.P. Patel, Union Secretary for Health and Family Planning, in Bhopal on 3 November, 1969. He was presiding over the Conference of State Health Secretaries, representatives of Union Territories and Administrative Medical Officers.

The meeting was held for preliminary discussions on the eve of the meeting of the Central Council of Health.

It was agreed that a packet of incentives together with the provision of working and living facilities should be devised, so as to tilt the balance of advantages in favour of doctors serving in the rural areas. Reservation of seats in the medical colleges, admissions to post-graduate courses, fellowships



SHRI B.P. PATEL

and deputations for advance training in India and abroad for those willing to serve in the rural areas have been recommended among such incentives for implementation immediately.

One of the States suggested reintroduction of the diploma course in medicine to overcome the shortage of doctors in the rural areas.

Shri Patel urged the States to evolve effective organizations for reporting communicable diseases and other causes of morbidity and mortality. A scientific system of registering deaths and births was necessary for accurate planning of the health and family planning programmes, he said. ●●

# FAMILY PLANNING NEEDS VIGOROUS EFFORTS

DR S. CHANDRASEKHAR

AMONGST the many problems that are facing the country, the most important one is to create the need to have a small family size amongst about 100 million couples. This would require much greater efforts in the field of education and communication at the individual, group and mass levels. A methodology for identifying local leaders, giving them orientation, and using them to promote the idea of family planning among the people, is known. Skills required for this kind of work are being developed through the nation-wide training programme. If the family planning programme is to become a family planning movement we should have an army of *Parivar Kalyan Sahayaks/Sahayikas* (family welfare helpers) for small units of population—may be in every village. This should receive the highest priority so that the idea of family planning can seep into the villages.

Once this climate is created, services should be available easily and readily so that those who have been motivated can, without delay, avail themselves of the facilities. This requires the urgent building up of a health infra-structure. When fully implemented according to the currently approved pattern, there would be at the periphery one auxiliary nurse-midwife for every 10,000 people. This would, however, cover only about one-third of the population in India, as an auxiliary nurse-midwife would perhaps be able to cater to a population of about 3,000 around the sub-centre. This situation should not lead to a sense of disappointment but should stimulate us to find out what else can be done. For centuries, India has

had indigenous mid-wives who have done very well. The status of these *dais* could be raised, their competence improved by training, and they could be harnessed into the programme in a big way. Perhaps, we may even institute a register for the trained *dais*, give them a uniform and a badge. The best ways to make this concept a reality would be to have a demonstration area in each State which would be an example for showing how this could be done.

## Family Welfare Planning Centres

Though we have taken long strides in reducing infant mortality in the country, there is ample scope for improving the services to mothers and children in terms of ante, intra- and post-natal care, infant care, protection and promotion of the health of the pre-school child and improving the nutritional level of this vulnerable group in the community. Without ensuring the survival and sound health of the children, it would be difficult to persuade the mothers not to have any more children. It is not without justification that the family planning centres in India are called family welfare planning centres. This should be understood both in spirit and in action.

Out of the 42,142 sub-centres required under the programme, only 24,489 have been established so far; of these 10,898 were opened under the family planning programme. Unless all these sub-centres are established and staffed it may not be possible effectively to extend the services to the people. Pro-

vision of living and working accommodation for the staff of primary health centres and sub-centres is of fundamental importance. One cannot expect good work until the minimum physical facilities—the creature comforts—are available for the staff who live in difficult and trying circumstances. All these involve a planned and well coordinated programme. Urgent steps should be taken to ensure progress in this direction.

### **Delegation of Powers Needed**

Various problems of organization and administration should be looked into. Decentralization of administrative and financial decision-making and efficient coordination are of crucial importance. It is gratifying that the Government of Gujarat has taken a pioneering step in financial administration of grants received from the Centre for the family planning programme. With good organization, which is flexible, quick-acting and rapidly moving, all of which would require clearly laid-out levels of decision-making, the nation should be able to move much faster than now.

### **Is Sterilization Unpopular ?**

A review of the service programme reveals that there has been a slight reduction in the number of sterilizations—from 1.84 million in 1967-68 to 1.65 million in 1968-69. The reported number of sterilizations in the country up to July 1969 was 6.2 million. This could be an under-estimate since many sterilizations performed by private doctors in cities are not reported. Even so, the number of six million sterilizations performed in India, is more than the total number in all the other countries of the world put together.

While considering this decline, it would be relevant to recognize the fact that there was nearly a 107 per cent increase in the number of sterilizations between 1966-67 and 1967-68 and the drop in 1968-69 was from this all-time high level. This was an artificial increase and the level would be difficult to maintain. This is neither a cause for despair nor for complacency. Though there was a slight decrease in the number of vasectomies, there was a 42 per cent increase in the number of tubectomies—from 190,000 in 1967-68 to 270,000 in 1968-69.

An analysis of the year-by-year performance in sterilizations in different States has shown that the States which had more than a 200 per cent increase in the number of sterilizations during one year, or more than a 300 per cent in two consecutive years, compared to the base year, and reached a level of four sterilizations per thousand, had a low-to-moderate decline in the sterilization rate during the following year. These States were Madhya Pradesh, Maharashtra, Mysore, Orissa, Tamil Nadu, West Bengal and Delhi, and to a certain extent Bihar. Andhra Pradesh was the only exception from this group.

The other States did not have the same rate of increase during 1967-68 or if they did, it was because of a low take off point—and never reached a level of four sterilizations per thousand in that year. All these States showed a moderate-to-high increase in 1968-69 except for Uttar Pradesh and Rajasthan which continued at the same level as in 1967-68. In fact, Assam and Himachal Pradesh and the Centrally-administered areas other than Delhi had a faster rate of progress in sterilizations during 1968-69 than during 1967-68.

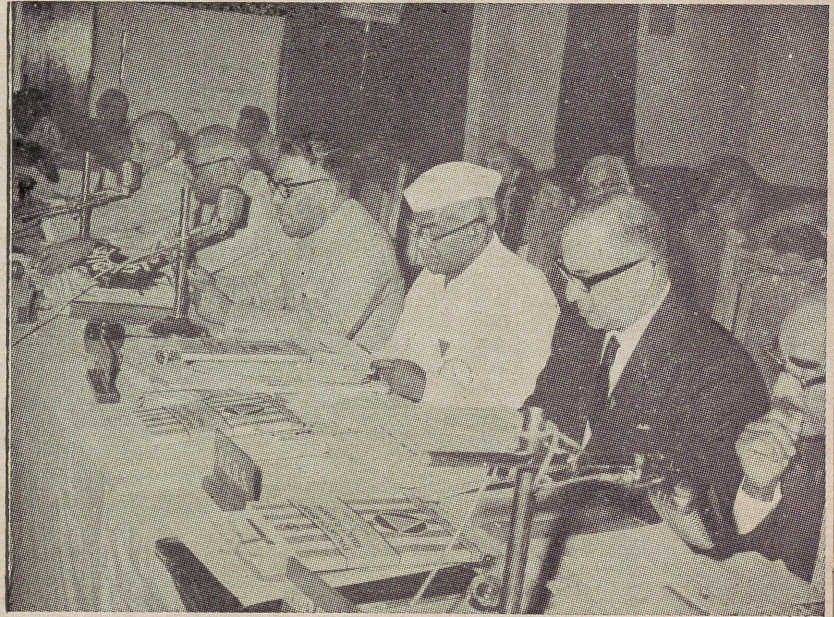
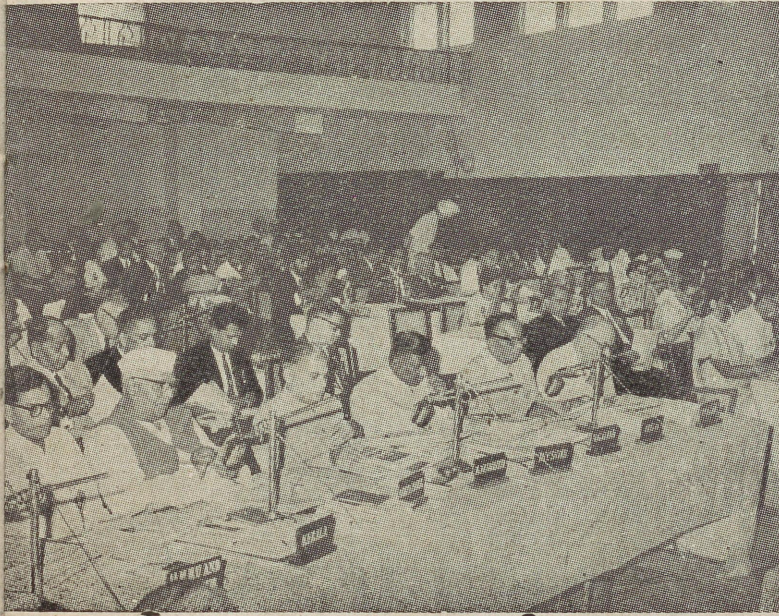
Maharashtra should not feel disappointed; on the contrary the State should be congratulated.

While the performance in sterilization during the last year has been more or less satisfactory, the same cannot be said of the IUCD. Due to several reasons there was a drop in the level of performance in 1967-68 as compared with 1966-67, and a further drop during the last year (1968-69). Even so, at least four States recorded an increase in IUCD insertions between 1966-67 and 1968-69.

During the current year (1969-70), however, many shortcomings in the IUCD programme have been corrected and the overall performance appears to be picking up.

The national targets for 1970-71 and the revised targets for 1969-70 have been prepared realistically considering past performance and present resources. If these targets are achieved we shall be able to lower our birth rate to 32 per thousand by 1973-74.

Considering all these, the best method even today is sterilization. For purposes of spacing, the IUCD is the method of choice and should be rehabilitated. The pill should find a place in the scheme



*Dr S. Chandrasekhar, Union Minister of State for Health, Family Planning, Works, Housing and Urban Development, speaking at the VI Meeting of the Central Family Planning Council held at Bhopal on 6 November, 1969. Photo at left shows a view of the meeting.*

of things. Commercial distribution of condoms would make it available readily in the remote villages and this is a sign of promise. Already 24 million pieces of *Nirodh* have been distributed through the retail channels of some commercial houses.

For a better picture to emerge, each case should be handled with great care and as a VIP. Careful preparation of the case and their meticulous follow-up should be articles of faith with each and every worker. Attention should also be given to the non-adopters.

While considering this trend, the fact that during the past year, 50 districts (out of the 335 districts in the country, constituting 25 per cent of the population) which accounted for over 45 per cent of sterilization cases cannot be ignored. Again, 50 districts with 21 per cent of the population contributed to 50 per cent of IUCD insertions. This really means that work in 50 districts was 200 per cent of the national average in both sterilization and IUCD, while in the remaining 285 districts there was scope for considerable improvement. In this context, the programme for the less developed areas and

sections of the community should be taken up. Four hundred focal centres are proposed to be established under it, and through them we could demonstrate the capacity not only for integrated functioning of health and family planning, but also for the development of all such basic services and facilities which are basic to the needs of the people.

#### **Leaders' Participation Important**

If it is to be continued as a peoples' programme, involvement of voluntary organizations, private medical practitioners, local leaders and other organizations in the family planning programme should be given high priority. The Junior Chamber and the Lion's Club have shown much interest and have organized educational and service programmes.

The efforts of the West Bengal Chamber of Commerce deserve to be commended. Advantages accruing out of a family planning programme in organized industry are better living conditions for the workers resulting in greater production in the factory. We have to intensify our work in the organized sectors in the country.

### Refresher Training Courses

The next question that arises is of the training status of personnel in the field. The major focus in training should be on the personnel at the periphery and on the intermediate guidance and supervisory level. By force of circumstances, we have had to content ourselves to giving short-term courses. These, by no means, develop or improve their skills to the extent one would desire. Since, in the present situation, we are forced to give short courses so that a large number can be trained in as short a time as possible, it is essential that there should be frequent refresher courses. It is also necessary that as many people as possible should be trained in greater depth so that the quality of personnel at all levels improves steadily.

### Educating the Young

There is an area in which we have just touched the fringe. Population education of the younger generation is an investment which will pay rich dividends in the years to come. Every year about a million girls enter the reproductive age group and if they have a rational attitude towards family size and accept the small family as a norm, our work in the future would become much simpler. Some thinking has been given to it in the Planning Commission and in the Ministries of Education, and Health and Family Planning. A couple of seminars have been held which gave opportunities for a continuing dialogue between health and family planning workers, educationists, social scientists and others. Much greater attention should be paid to it, and working with schools, universities and educational administrators should organize an effective programme of population education in schools and colleges.

### Setting up of Evaluation Cells

Concrete evaluation machinery should be established to detect problems of implementation requiring solution, to get information on inputs and outputs, to facilitate further planning, and to detect strengths and weaknesses of the programme operations at every level. The establishment of evaluation cells at State Headquarters, soon to be completed, will be able to fulfil the needs of evaluating the efforts and performance objectives more cogently. Evalua-

tion of the intermediate objectives of the programme are being organized through the Demographic and Communication Action Research Committee by conducting KAP-Fertility surveys in each State and diagnostic studies in different parts of the country.

The task is very clear and that is to reduce the birth rate to 25 per thousand. Achievement of this task requires commitments to hard and devoted work of a large number of people. Also, it should not be forgotten that socio-economic development and the reduction of birth rate are the obverse and reverse of the same coin. Greater attention should be paid to areas of social policy which may have a moderating effect on fertility. Increasing the age at marriage, liberalizing the statutory provisions for the termination of pregnancy, better facilities for education of children especially girls are important facets. The problem should be considered in its wide perspective and with a sense of urgency and dedication.

*(From the address by Dr S. Chandrasekhar, Union Minister of State for Health, Family Planning, Works, Housing and Urban Development at the Sixth Meeting of the Central Family Planning Council held at Bhopal on November 6, 1969.)*

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*Shri S.C. Shukla, Chief Minister of Madhya Pradesh, inaugurating the Health Exhibition organized by the Central Health Education Bureau at Bhopal in November 1969 on the occasion of the XVI Meeting of the Central Council of Health.*

## Exhibition on Health Progress

"WE MARCH ON" was the brief story of health progress in India in colourful pictures and diagrams. Put up by the Central Health Education Bureau the 17-panel display depicted the increase in health personnel and

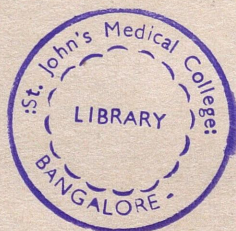
services. We have today 102,500 doctors and 61,000 nurses to man these services as against 56,000 doctors and 15,000 nurses in 1951. The hospitals and dispensaries have increased to 12,600, hospital beds to 240,100 and M.C.H.

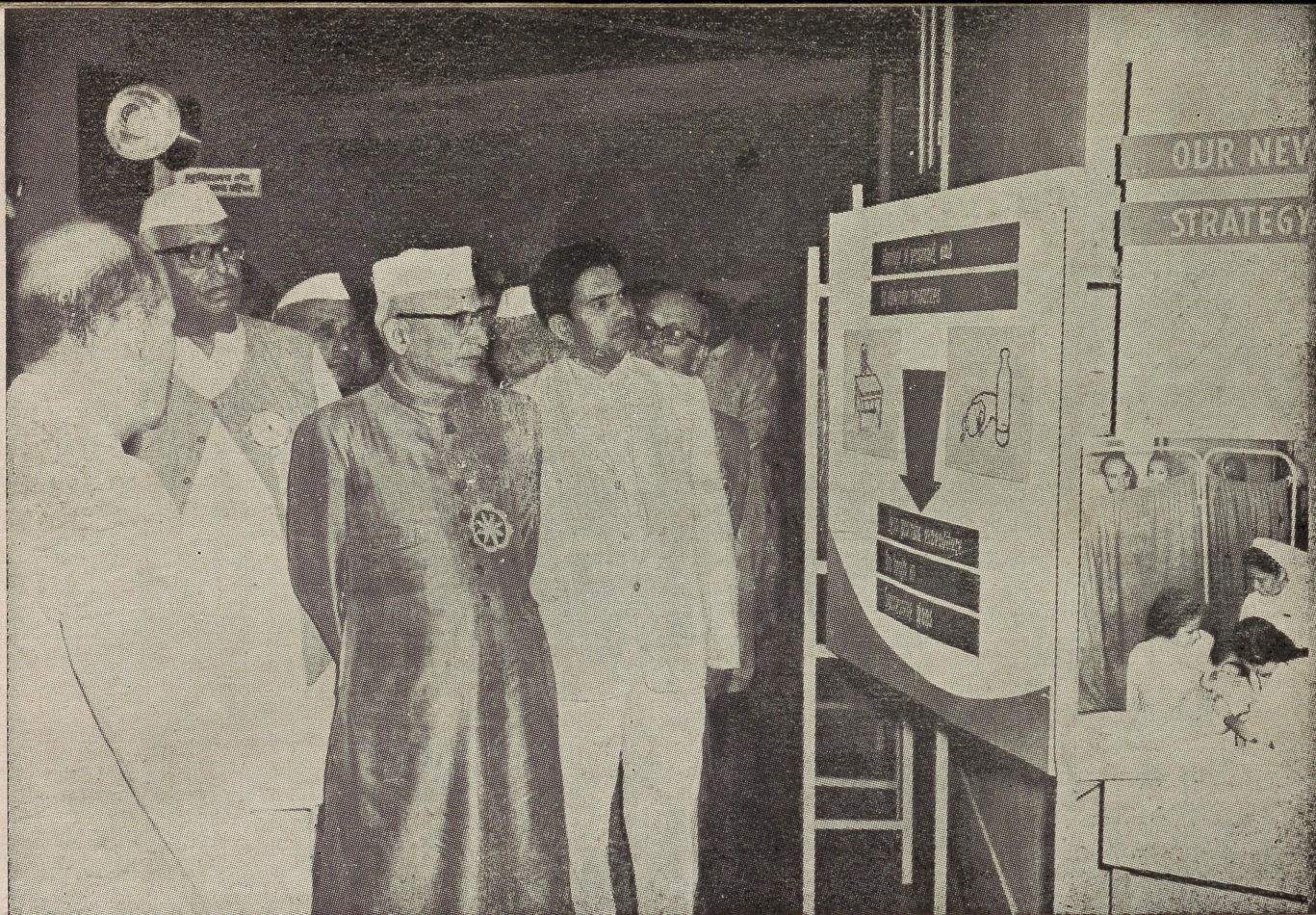
Centres to 10,000.

The investment on health has also gone up to Rs 1,076.50 crores in the Fourth Plan. It was Rs 140 crores in the First Plan.

An average Indian can expect

February 1970





*Shri K. K. Shah, Union Minister for Health, Family Planning, Works, Housing and Urban Development viewing the panels.*

to live 52.6 years today compared to the expectation of life of 32.1 years in 1951.

Despite these spectacular achievements, we still face a few problems—focal outbreaks of malaria in some parts of the country, backlog of primary vaccinations and incomplete

treatment in tuberculosis.

A few panels explained the new strategy to meet the challenges and the major goals. The display ended up with the need for health education and the importance of winning the people's participation to achieve success. ●

rate, India would double its present population to 100 crores in next 28 years and this exhibition has done well to provide information on the methods and achievements made in this direction.

A sum of Rs 300 crores has been allotted for family planning work and a net-work of 1,775 Urban and 5,080 Rural Family Planning Centres are functioning to provide service facilities besides mobile dispensaries. The post-mortem programme is also being carried out at 58 hospitals in India as indicated in this exhibition. An army of 1,22,909 personnel have been trained at various training centres.

## **FAMILY PLANNING EXHIBITION**

“Next child not now: After three never” was the theme of the Family Planning Exhibition arranged at Gandhi Medical College, Bhopal on the occasion of the XVI Meeting of the Central Council of Health and Sixth Meeting of the Central Family Planning Council.

The exhibition was organized

by Exhibition Division of Ministry of Information and Broadcasting on behalf of the Family Planning Department of Central Government.

This exhibition gave a candid description of our population problem through attractive photographs, pictures and charts. According to the present birth

# NATIONAL AWARDS ON FAMILY PLANNING

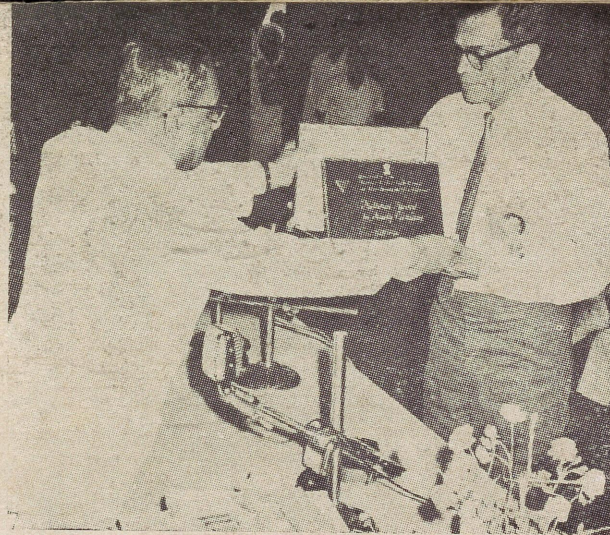
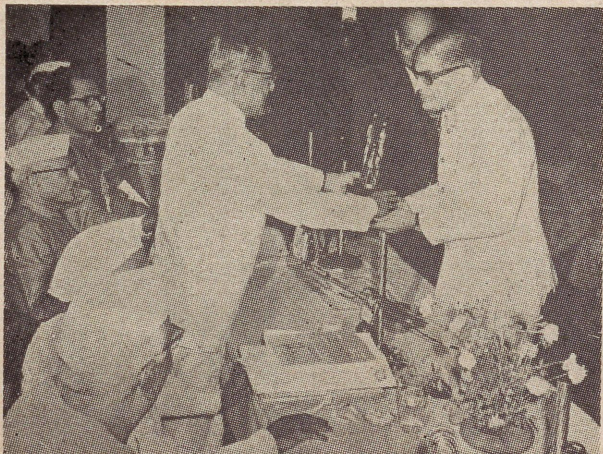
National Awards on Family Planning for the year 1967-68 were given away by Shri K.C. Reddy, Governor, Madhya Pradesh, on 4 November, 1969 at Bhopal.

## KARVE NATIONAL AWARD FOR THE STATE WITH BEST OVERALL PERFORMANCE

This award, which has been named after Prof. R.D. Karve, a pioneer in the field of Family Planning Programme in India, is given for the best combined performance by a State in sterilizations, IUCD insertions and distribution of conventional contraceptives. The combined performance has been worked out in terms of equivalent sterilizations per thousand population by taking three IUCD insertions equal to one sterilization and 12 users of conventional contraceptives equal to one sterilization.

During the year 1967-68, the State of Maharashtra recorded the highest combined performance in sterilizations, IUCD insertions and conventional contraceptives giving a rate of 7.5 (equivalent sterilizations) per thousand population. In absolute numbers, the State of Maharashtra performed 332,329 sterilizations, 28,664 IUCD insertions and distributed 5,516,784 condoms, 3,148 diaphragms, 26,831 jelly/cream tubes and 403,927 foam tablets. This is the highest achievement in overall performance and accordingly this prize goes to Maharashtra.

*Dr Rafiq Zakaria, Health Minister, Maharashtra, receiving the award for his State for the best overall performance.*



*Dr Joseph, Deputy Director of Health Services (FP), Kerala receiving the award for a State with best organizational set-up.*

## STATE/UNION TERRITORY EXCEPT DELHI SHOWING BEST ORGANIZATIONAL SET-UP

This award is given to the State with best organizational set-up, provided it achieved a minimum of 75 per cent of the overall national targets combining sterilizations, IUCD and conventional contraceptives and secures 75 per cent marks for the organizational set-up. In deciding the award proper weightage has been given to all aspects of the organization.

The State of Kerala had the best organizational set-up in Family Planning during 1967-68 and secured 92.3 per cent marks. It also achieved 87 per cent of the overall national targets during 1967-68. Kerala is awarded this prize.

## STATE WITH BEST PERFORMANCE IN STERILIZATION

This award is given to the State which has shown best performance in sterilization which is judged by rate of sterilization per thousand population. During the year 1967-68, 332,329 sterilizations, *i.e.*, 7.1 per thousand population were performed in Maharashtra, which was the highest performance in sterilization in the country. Maharashtra is awarded this prize.

*Sh. S. L. Ogale, Commissioner (FP), Maharashtra State, receiving the prize for the best State in sterilization.*





*Dr. A. R. Sanyal receiving the prize for the best individual performance.*

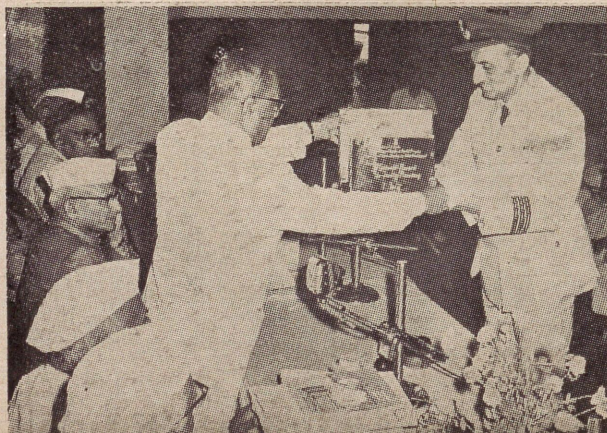
#### ONE DOCTOR PERFORMING LARGEST NUMBER OF STERILIZATIONS AND IUCD INSERTIONS

On the basis of information received from SFPO, Dr A.R. Sanyal of West Bengal did the largest number of sterilizations (6581) during the year 1967-68. Dr Sanyal gets the award.

#### BEST OVERALL PERFORMANCE BY COMMAND AREA IN DEFENCE SERVICES

During the year 1967-68, the Air Force had the best overall performance and recorded a rate of 12.7 (equivalent sterilizations) per thousand population. In absolute numbers Air Force performed 1,200 sterilizations, 1,581 IUCD insertions and distributed 86,869 condoms, 1,200 diaphragms, 2,078 tubes of cream/jelly and 5,133 foam tablets. This was the highest performance among various Commands. The prize is awarded to the Air Force.

*Wing Comdr. Sehgal of the Air Force receiving the award for Air Force adjudged best among the Defence Commands.*



*Shri B. L. Kakar, Health Secretary (Punjab), receiving the award on behalf of the Punjab State.*

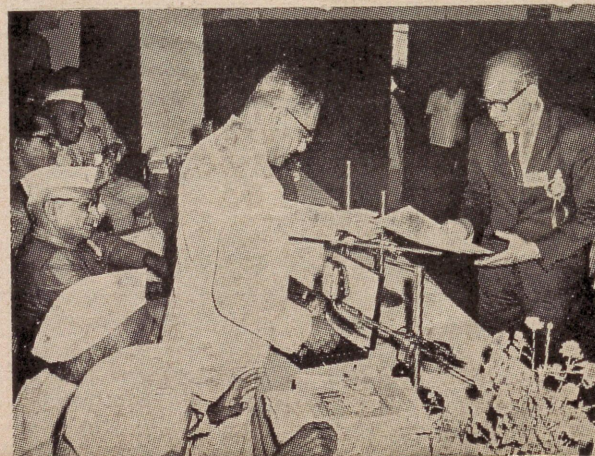
#### STATE WITH BEST PERFORMANCE IN IUCD INSERTIONS

This award is given to the State which has shown best performance in IUCD insertions which is judged by rate of insertions per thousand population. During the year 1967-68, 103,196 IUCD insertions, i.e., 7.6 per thousand population were done in the State of Punjab which was the highest performance in IUCD insertions. Punjab is awarded this prize.

#### BEST OVERALL PERFORMANCE BY A RAILWAY ZONE

During the year 1967-68, the South Central Railways had recorded the highest combined performance with a rate of 40.8 (equivalent sterilizations) per thousand of employees. In absolute numbers it performed 3,211 sterilizations, 968 IUCD insertions and distributed 18,580 condoms, 205 diaphragms, 913 tubes of cream/jelly and 10,630 foam tablets. This was the highest achievement in overall performance among the railway zones. This prize goes to South Central Railways.

*A representative of the South Central Railway received the award for the overall best performance by Railway Units.*



## OVERALL NATIONAL AWARD FOR THE UNION TERRITORY

During the year 1967-68, the Union Territory of Delhi had the best combined performance showing a rate of 5.3 (equivalent sterilizations) per thousand population. In absolute number it performed 15,002 sterilizations, 5,148 IUCD insertions and distributed 1,943,402 condoms, 3,748 diaphragms, 19,792 jelly/cream tubes and 96,650 foam tablets. This was the highest achievement in overall performance in Union Territories and accordingly this prize goes to Delhi.

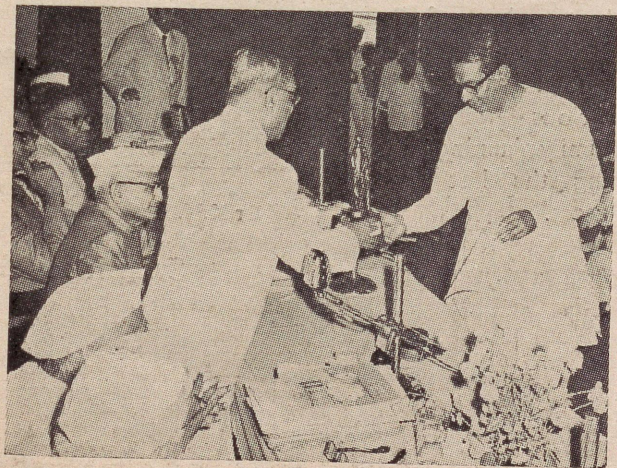
### SPECIAL PRIZE FOR DELHI

It was announced that the Union Territory of Delhi would get a special award for 1967-68, if it achieved its target fixed for IUCD or sterilizations during that year. During the year 1967-68, the Union Territory of Delhi did achieve its target in sterilizations, thus becoming eligible for the award. Against the target of 14,760 sterilizations, Delhi performed 15,002 sterilization operations thus achieving 101.6 per cent of the target. Delhi is awarded this prize.

### BEST FAMILY PLANNING WELFARE CENTRE OF A VOLUNTARY ORGANIZATION

This award is given to the Family Planning Welfare Centre run by a voluntary organization which did best work during the year 1967-68. Since the necessary data were not available in the Department of Family Planning, the SFPO's were asked to select the best centre in their respective

*Shri Nani Bhattacharjee, Health Minister, West Bengal, receiving the prize for the best Family Welfare Planning Centre run by a voluntary organization in Calcutta.*



*Shri V. K. Malhotra, Chief Executive Councillor, Delhi, receiving the award for being the best Union Territory in overall performance. Delhi was also awarded a special prize for achieving the target fixed for IUCD and Sterilization.*

States. On the basis of the information received from the various States, the Family Planning Welfare Centre run by Marwari Relief Society, Calcutta (West Bengal) has been assessed to be the best centre with an overall achievement (equivalent sterilization) of 65.4 per thousand population. Hence this centre gets the award.

### BEST FAMILY PLANNING WELFARE CENTRE OF AN INDUSTRIAL PUBLIC UNDERTAKING

On the basis of the information received from SFPO's, the Family Planning Welfare Centre run by the Cooper Engineering Ltd., Satara, has been found to be the best unit with overall achievement of 34.1 per thousand population. Hence this centre gets the award.

*Shrimati Shama Bai receiving the award from the Union Health Minister Shri K. K. Shah, on behalf of the Cooper Engineering Co. Ltd., Satara, Maharashtra.*



## ON FAMILY PLANNING

### FAMILY PLANNING FUNCTION

**I**F the rapid increase in population growth was not checked, the benefits accruing from the development plans would be nullified, said Shri Mohan Lal Sukhadia, Rajasthan Chief Minister. Shri Sukhadia was addressing the State level prize distribution function organized by the State Family Planning Bureau at Jaipur on 15 November, 1969.

The Chief Minister emphasized the need for full cooperation from the people for the success of the family planning programme and warned that unless this was ensured the country would face acute unemployment and economic imbalance.

Shri Sukhadia stressed the importance of adopting the latest techniques of mass communication media to attract people and motivate them to adopt family planning as a way of life.

Earlier, Dr S.D. Arya, Director of Medical and Health Services, Rajasthan welcomed the Chief Guest and others.

Shri Mathura Dass Mathur, Rajasthan Finance Minister, who presided over the function said that family planning was directly linked with the social and economic conditions of the people. As such it

*A cultural programme organized by the State Family Planning Bureau at Jaipur on 15 November, 1969 on the occasion of the prize distribution.*



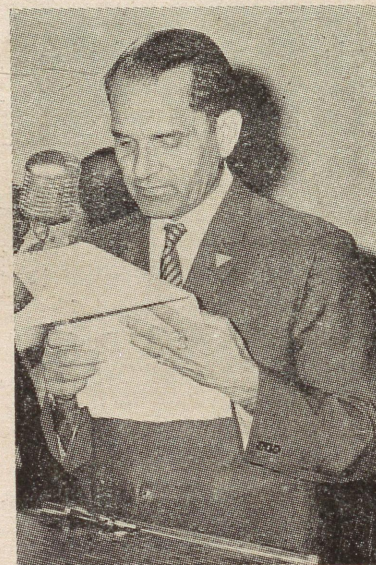
was essential to treat the programme on a psychological basis and adopt new methods of approach in motivation and publicity.

Shrimati Sumitra Singh, Minister of State for Family Planning, focussed attention on the vital need to adopt family planning and pointed out that the world today was facing a dual challenge—one of population explosion and the other of atomic explosion.

Referring to the targets and achievements under the programme, Dr B.L. Mathur, Additional Director, MCH and State Family Planning Officer in his report mentioned that whereas 53,000 sterilization operations had been performed during the last ten years up to March, 1967 about 1,00,000 sterilizations and 50,000 loop insertions have been added to the figure during two and quarter years.

Dr K.N. Kashyap Commissioner, Government of India, emphasized the need to check population growth.

Prizes, commendation certificates and shields were awarded by the Finance Minister to best workers of different categories in recognition of meritorious work in family planning during the last two years.



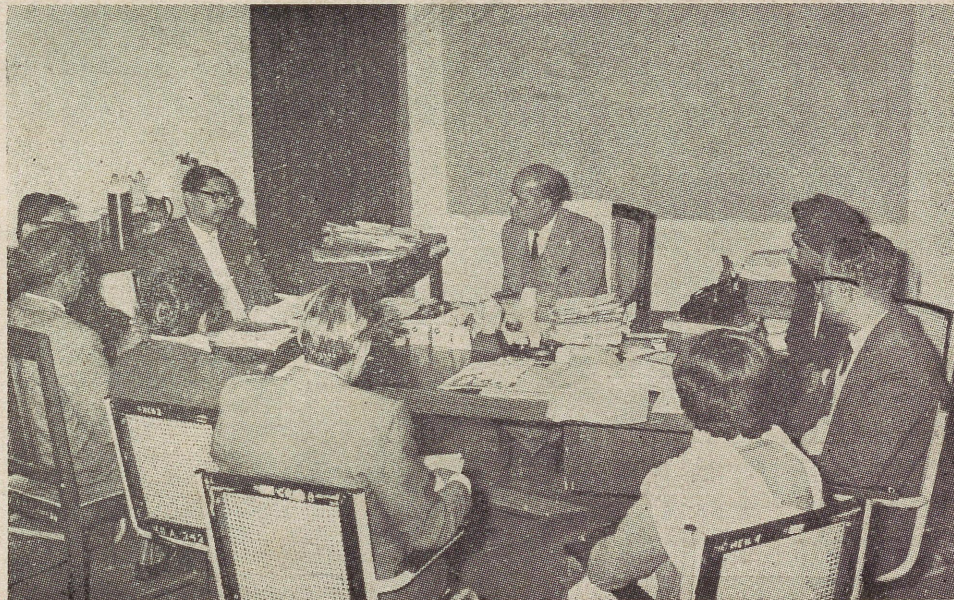
Dr B.L. Mathur



Dr K.N. Kashyap

Swasth Hind

## HEALTH SECRETARIES, PUNJAB AND WEST BENGAL VISIT CHEB



*Shri S. R. Dass (extreme left) in discussion with the Director and the Divisional Heads of the Bureau.*

Shri B. L. Kakar, Secretary, Health (Punjab) visited the Central Health Education Bureau on 12th December, 1969. He was received by Dr B. S. Sehgal, Director, Central Health Education Bureau.

Shri Kakar held discussions with the divisional heads of the Central Health Education Bureau on its various activities. He evinced keen interest in school health education work. He raised a number of questions on winning people's participation for the different health programmes.

Shri S. R. Dass, Secretary, Health, West Bengal visited the Bureau on 29 December 1969. Shri Dass showed special interest in the Health Education activities carried out by the Bureau and the part played by Health Education in the control of communicable diseases.

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### NURSES AND FAMILY PLANNING *Contd. from page 39*

and regular teaching of students. They could profitably teach family planning concepts in their day-to-day class room sessions and clinical teaching.

In the rural health services, the Public Health Nurses have special responsibilities in the field of family planning. During their supervisory work with the nursing staff, including health visitors and nurse-midwives located at the Primary Health Centres and Sub-Centres, Public Health Nurses should assess the knowledge and ability of staff to teach family planning work. Based on this assessment, they should arrange in-service education for staff at the district level with the assistance of the doctor and

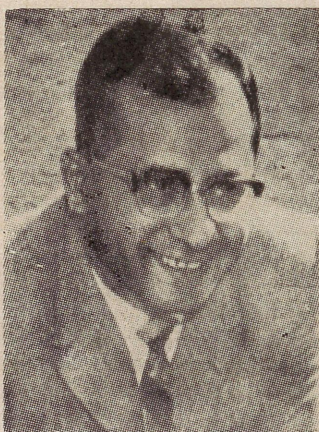
other personnel working in family planning programmes. They should also see that the nursing staff are performing family planning duties during their home visit sessions, MCH clinic sessions and in out-patient departments. Further, they should hold demonstration classes for vasectomies and IUCD insertions for the benefit of nursing staff, and lastly, educate them on how to approach the potential clients.

One of the biggest threats to the programme comes from rumours concerning some of the methods of contraception being popularized. It is the duty of nurses to counteract such rumours and restore confidence among people about the safety of the contraceptive methods, if used properly and regularly. ●

### D.K. TYAGI PASSES AWAY

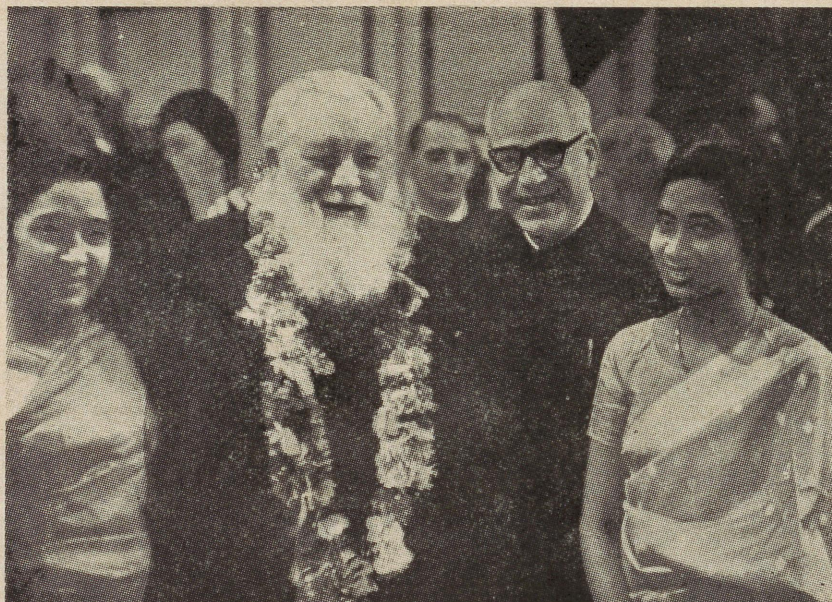
SHRI Dharmendra Kumar Tyagi, Chief (Media) in the Department of Family Planning, Ministry of Health, Family Planning, Works, Housing and Urban Development died on 30 October, 1969 in New Delhi. He was 41.

A graduate from Banaras Hindu University, Shri Tyagi assumed responsibilities of the mass communication programme in July



Shri D.K. Tyagi

1966 on deputation from the Central Information Service. During his service in the Department of Family Planning, he was actively associated with the production of publicity material on family planning programme. Shri Tyagi took keen interest in planning and designing signs, symbols and slogans to attract people's attention to the need of family planning.



Dr F. Hemerijckx (with garland) with Dr P. N. Khoshoo, Assistant Director General of Health Services

### DR HEMERIJICKX

DR F. Hemerijckx, eminent leprologist, passed away on 15 October, 1969 in Belgium. India owes much to Dr Hemerijckx for his work in leprosy control.

Dr Hemerijckx came to India in 1954. He established a Leprosy Centre at Polambakkam in Chingleput District, Tamil Nadu. In Polambakkam, he not only developed a big control project but also established a reconstructive surgery unit and a small unit for rehabilitation. He was a member of the Governing body of Hind Kusht Nivaran Sangh. He was also a member of the Indian Association of Leprologists. Dr Hemerijckx also worked as a WHO Consultant to India.

Dr Hemerijckx's contributions to leprosy control are not confined to India alone. Before coming to India, he carried out leprosy control work in Africa for 25 years, with a great zeal. His achievements in the field of leprosy in Congo were varied and extensive.

Dr Hemerijckx last visited India in February 1969 to attend the All-India Leprosy Workers' Conference held at New Delhi.

# NATIONAL MEDICAL LIBRARY

## NEW ADDITIONS

THIS library is mainly a reference library open for consultation to entire medical profession. Bibliographical services are provided in special cases on request.

Certain books may be sent by mail in exceptional cases provided the requests are channellized through the State Directors of Health or by Inter-Library-Loan through a Medical Library.

Periodicals will not be sent out. Photo copies, microfilms and translations, etc., will be supplied through INSDOC, Hill Side Road, New Delhi-12.

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### ANATOMY

*Elias, H. and Sherrick, J.C.*—Morphology of the liver. New York, A.P. 1969. 390p.

*Enlow, D.H.*—Human face; an account of the post-natal growth and development of the craniofacial skeleton. New York, Hoeber, 1968. 303p.

### ANAESTHESIOLOGY

*Hewer, C.L. ed.*—Recent advances in anaesthesia and analgesia, 10th edn. London, Churchill, 1967. 342p.

### BLINDNESS

*UK Ministry of Health.*—Incidence and causes of blindness in England and Wales 1948-62 by A. Sorsby. London, HMSO, 1966. (Reports on Public Health and Medical Subjects, 114)

### CANCERS & TUMORS

*Cancer of the breast.*—One year of international literature—1967 ed. by W. Van Westerling. Amster., Excerpta Medica (for Sentex Pharmaceuticals Ltd., 1969. 62p.

*Willamson, M.E. et al.*—Histologic patterns in tumor pathology. New York, Hoeber, 1968. 212p.

*World Health Organization.*—Early detection of cancer: Report of a WHO Expert Committee. (Chairman F.C. Easson). Geneva, W.H.O., 1969. 35p. (W.H.O. Techn. Report Series, 422).

### CELL BIOLOGY

*International Congress of Cell Biology.*—XIIth Bruxelles, August 25-31, 1968. XIIth International Congress of Cell Biology, Bruxelles 25-31 August 1968.

Summaries of reports and communications ed. by P. Dustin et al. Amster, Excerpta Medica, 1968 (Excerpta Medica International Congress Series. 166). 89p.

### COMMUNICABLE DISEASES

*Woodruff, A.W. and Bell. S.*—Synopsis of infectious and tropical diseases. Bristol, Wright, 1968. 415p.

*World Health Organization.*—Amoebiasis: Report of a WHO Expert Committee (Chairman: B.G. Maegraith) Geneva, W.H.O., 1969. 52p. (WHO Techn. Report Series, 421).

### CYSTIC FIBROSIS

*Ciba Foundation Study Group No. 32.*—Cystic fibrosis ed. by R. Porter and M.O'Connor. London, Churchill, 1968. 150p.

### DESERTS

*Brown, G.W. Jr. ed.*—Desert biology : special topics on the physical and biological aspects of arid regions. 2 vols. New York A.P., 1968.

### EDUCATION, NURSING

*Schmahl, J.A.*—Experiment in change: An inter-disciplinary approach to the integration of psychiatric content in baccalaureate nursing education. New York, Macmillan, 1966. 460p.

### EMBRYOLOGY

*Epithelial—mesenchymal interaction—*18th Hannemann Symposium, ed. by R. Fleischmajer and R.E. Billingham. Balti., Williams & Wilkins, 1968. 326p.

### ENDOCRINOLOGY

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### FERTILITY

*World Health Organization.*—Developments in fertility control: Report of a WHO Scientific Group. (Chairman: H. Rudel). Geneva W.H.O. 1969. 36p. (WHO Techn. Report Series, 424).

### GYNAECOLOGY & OBSTETRICS

*Laufe, L.E. & Cristina, R.J.*—Obstetric forceps. New York, Hoeber, 1968. 141p.

### HEART, MECHANICAL

*Galletti, P.M. and Breacher, G.A.*—Heart-Lung Bypass: Principles and techniques of extracorporeal circulation. New York, Grune & Stratton, 1962. 391p.

### HEMATOLOGY

*Hematological reviews:* New York, Dekker. Vol. I. ed. by J.L. Ambrus. 1968. 286p.

### HEMODYNAMICS

*Hemorhology:* Proceedings of the First International Conference, Reykjavik, 10th-16th July, 1966, ed. by A.L. Copley. Oxford, Pergamon, 1968. 841p.

#### HOSPITALS

*India, D.G.H.S., Central Bureau of Health Intelligence.*—Directory of specialised treatment centres in India. 1965. Delhi, Manager of publications, 1969. 185p.

*UK Ministry of Health.*—First report of the Joint Working Party on the Organization of Medical Work in Hospitals. (Chairman: Goerge Godber). London, HMSO, 1967. 24p.

#### HYPNOSIS

*Dingwall, E.J. ed.*—Abnormal hypnotic phenomena: A Survey of Nineteenth-Century cases. 4 vols. London, Churchill, 1967. V.I. France. 328p. V. II, Belgium, the Netherlands, Germany and Scandinavia. 256p. V.III. Russia, Poland, Italy, Spain, Portugal and Latin America, 216 p. V. IV. U.S.A. and Great Britain. 174p.

#### MATERNAL—FETAL EXCHANGE

*International Symposium on Foeto-Placental Unit.*—Milan, Sept. 4-6, 1968. Abstracts of papers presented by A. Paccile et al. Amster., Excerpta Medica, 1968. 43p. (Excerpta Medica International Congress Series, 170).

*Intra-Uterine dangers to the foetus:* Based on an international symposium Prague, October, 11-14, 1966. ed. by J. Horsky et al. Amster., Excerpta Medica, 1967. 615p.

#### MEDICAL CARE

*Schwartz, J.L.*—Medical plans and health care. Spring, Thomas, 1968. 349p.

#### MEDICINE

*Maclean, L.K. and Scott., G. eds.*—Medical treatment: A textbook in 4 vols. 3rd edn. London, Churchill, 1968. V. I. Cardiovascular and respiratory diseases including tuberculosis. 280p. V. II Blood spleen and lymph glands etc. 281 to 536p.

#### MENTAL DISORDERS

*Myers, J.K. et al.*—Decade later: a follow-up of social class and mental illness. New York, Wiley, 1968. 250p.

*World Health Organization.*—Biochemistry of mental disorders; Report of a WHO Scientific Group. (Chairman: L.R. Gjessing. Geneva, WHO, 1969. 40p. (WHO Techn. Report Series, 427).

#### MENTAL HEALTH

*Kramer, M.*—Applications of mental health statistics. Geneva, W.H.O., 1969. 112p.

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*Ciba Foundation Study Group No. 33.*—Adrenergic neurotransmission ed. by G.E.W. Wolstoneholme and M. O'Connor London, Churchill, 1968. 123p.

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#### PHARMACY & PHARMACOLOGY

*Biological Council.*—The Co-ordinating Committee for Symposia on Drug Action. Symposium on drugs and sensory functions ed. by A. Herxheimer. London, Churchill, 1968. 338p.

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*World Health Organization.*—Principles for the testing and evaluation of drug for carcinogenicity: Report of WHO Scientific Group (Chairman I. Berenblum). 26p. (WHO Techn. Report Series 426) Geneva, WHO 1969.

#### PHYSIOLOGY

*Gamma globulins, structure and control of biosynthesis.*—Proceedings of the Third Nobel symposium, June 12-17, 1967, ed. by J. Killander, New York, Interscience, 1967. (Nobel symposium 3). 643p.

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Articles on every aspect of public health are invited. They should be such as have not been published or accepted for publication elsewhere.

The articles should be written in simple and non-technical language so as to be understood by the lay public.

Articles should not exceed 1,500 words in length.

The name, designation and all relevant details about the author should be clearly indicated in the beginning of the article itself.

Manuscripts should be typed on one side of the paper, double-spaced and sent in duplicate.

Good illustrations enhance the value of the articles and contributors are requested to submit photographs, drawings, charts, etc.

Photographs should be in black and white, glossy prints and easily reproducible.

All photographs, charts, etc., should bear captions clearly on the back.

Lettering on charts, tables, etc., should be in black ink (Indian ink) and should be large enough to be read when reduced. Good quality white paper should be used.

While sending photographs, drawings, etc., contributors should take care to see that they are not damaged in transit. They should be placed between hard cardboards and never pinned to anything.

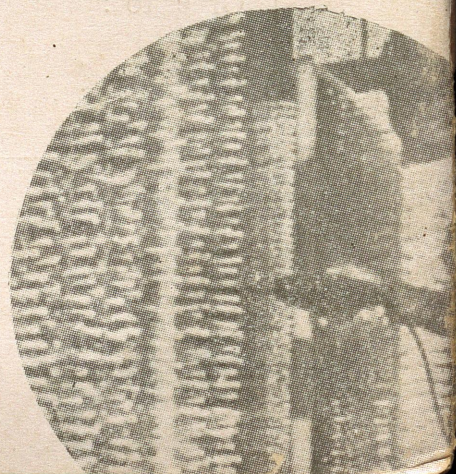
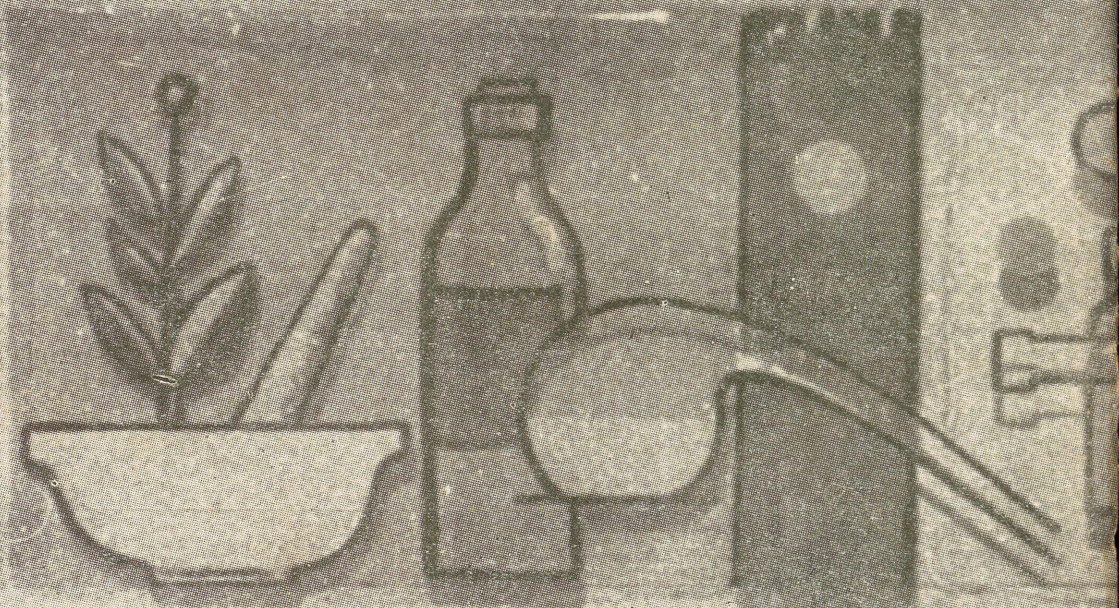
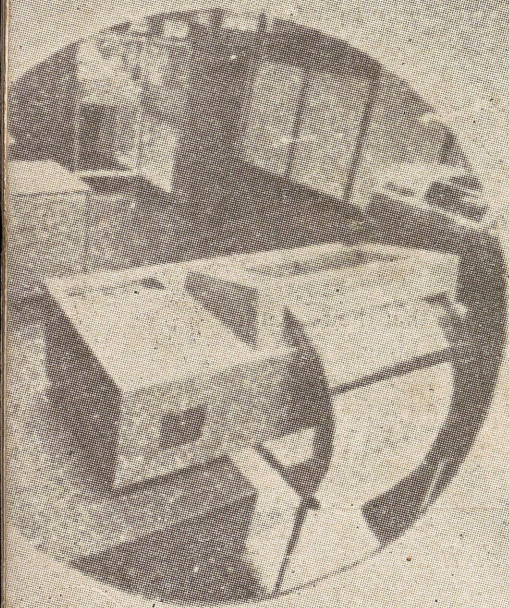
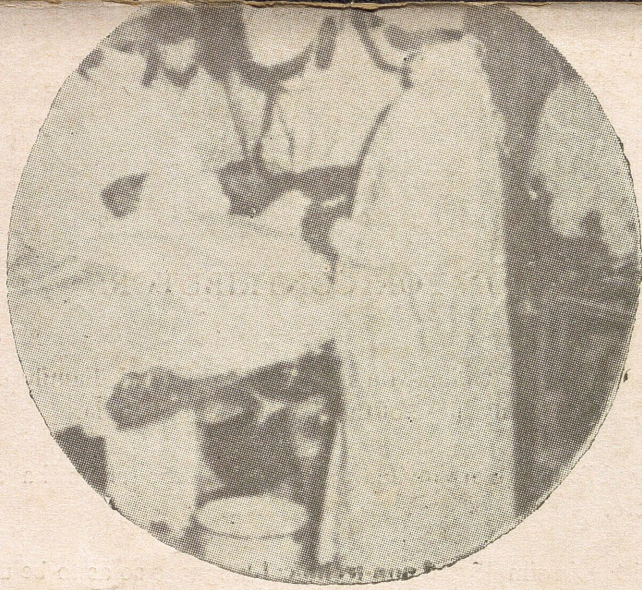
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