Charter of Demands on Family Planning Programme

About 40 women activists and women leaders from grassroots organisation from 10 organisations representing almost all the districts of Tamil Nadu, participated in a two-day meeting hosted by Rural Women's Social Education Centre (RUWSEC) Chengalpattu. Participants of the meeting spent a day working in groups to evolve proposals for changes in the family planning programme. The outcome of these discussions are presented here.

1 'No' to incentives at all levels; and a call to invest, instead, on comprehensive reproductive health care of sound quality, for both women and men. Treatment for infertility and contraceptive services to be part of comprehensive reproductive health care.
2 Access to information on a wide range of contraceptive methods including natural methods; and the option to choose any of these, (or none at all).
3 Access to safe and affordable abortion services, without attaching conditions such as sterilisation or adoption of a method of contraception.
4 'No' to demographic targets being the indicators for evaluating programme performance.
5 'No' to any form of overt or covert coercion, including disincentives to non-acceptors, and disincentives to service-providers.
6 Mechanisms for monitoring and redressal in case of negligence or abuse to become an essential part of the programme at all levels.

The call to invest on comprehensive reproductive health care was further elaborated, into the kind of changes this would require overall, and specifically at the sub-centre/PHC levels.
(1) Health personnel at all levels should be sensitised to women's health needs. Taking women's concerns and needs seriously should become a norm, not the exception.
(2) All the non-functioning PHCs and sub-centres should be made functional. Adequate resources should be invested to make this possible.
(3) Sex education and education on contraceptive methods and devices should become a top priority for sub-centres and PHCs. Posters, pamphlets and other educational material should be prepared, which give detailed and objective information. These could be displayed/distributed

through out, patient clinics in PHCs, MCH clinics and the like; introduced as part of adult and non-formal education classes and in high schools, and so on.

(4) Inter-sectoral coordination for promotion of health, should be translated from slogans intor practice. There should be a district level committee with representatives from various departments, as well as representatives from local organisations, to ensure that communities have access to basic needs and amenities.

(5) Sub-centres, instead of being only MCH centres, should provide general preventive and curative health care to all members of the community. It should have both male and female health personnel, and regular out-patient clinics.

(6) The sub-centre would be the focal point from which health education and extension activities are initiated. Among its activities would be sex education for adolescents (both boys and girsl, conducted by the male and female staff respectively if necessary); premarital counselling of couples, and broad-based information dissemination on all methods of contraception, including natural methods.

(7) The PHC would be better equipped, and provide a comprehensive range of services. It would minimally have adquate water supply and sanitation facilities, a clinical laboratory, and a vehicle for transporting serious cases to the referral hospital.

(8) A regular 'reproductive health care' clinic catering to both men and women would be an essential component of every PHC. This clinic would be open on all days and would provide:

(a) Counselling for contraception to both ment and women; and would cater to unmarried and adolescent groups as well, and not only to married women. Information would be provided on all modern methods of contraception, both temporary and permanent, and also on natural methods, without demanding that any of these be adopted.

(b) Comprehensive reproductive health care including treatment of sexually transmitted diseases, treatment of infertility and screening of women 'at risk' for breast cancer and cervical cancer.

(c) Antenatal, natal and postnatal care, including surgical and other facilities to deal with complicated deliveries and health problems that may ensue as a consequence of complications in delivery.

(d) Medical termimanation of pregnancy, and sterilisations for birth control, in addition to IUD insertion, and dispensing other methods of contraception. There should be no more sterilisation 'camps' performing hundreds of sterilisation operation with scant regard to quality, and no provision for follow-up. Instead, sterilisations should be available on a regular basis at the PHC.

(e) All necessary check-ups before a method is adopted, to rule out any contradindications.

(f) Follow-up care for anyone who is practising contraception, irrespective of where the original services were received from. Fortnightly domiciliary visits at least for the first six weeks should be part of the follow-up package for sterilisation and IUD insertions performed in the PHC.

(g) Medical help and the option of discotinuing the method, together with choice of an alternative method, for those approaching the clinic with problems following adotion of a contraceptive method.

There was a lively debate on alternative indicators to assess the performance of the FP programme. It was agreed that since family planning is seen mainly as a means to the larger goal of improving the health of women and children, indicators of women's and children's well-being would be the most appropriate assessment indicators. Some of the FP assessment indicators suggested for localised collection and analysis of data are:

— improvement in infant and child survival rates
— decrease in maternal mortality
— decrease in maternal morbidity
— improvement in the rate of safe abortions, i e decrease in the proportion of deaths/serious health problems from unsafe abortions
— decrease in the proportion of women in reproductive age groups suffering from anaemia
— outreach of information on contraceptives, and availability to women of a method of their choice.

(Financial support for this meeting was provided by the Ford Foundation and the UNFPA, India.)

Note to Contributors

We invite contributions to the *RJH*. Original research articles, perspectives, field experiences, critiques of policies and programmes in health care, medicine and allied areas are welcome. Please send manuscripts, preferably typed in doublespace. If the material is on a word processor, please send us a hard copy along with the matter on a diskette preferably in WS4. Address all communications to the editor at the address on the inside front cover.'