

EVALUATION STUDY ON FAMILY PLANNING PROGRAMME

1. The Study

1. The need to control increasing population so as to mitigate the adverse impact of population growth on the economic development, was recognised by the planners since the very beginning of planning in the country. During the course of the First and Second Five Year Plans, the Family Planning Programme was, however, taken up only in a modest way. The emphasis was mainly on research in the field of demography, communication of the family planning message, physiology of reproduction and motivation. Family Planning Centres were established in some areas to provide 'clinical services', viz., facilities for vasectomy, tubectomy, IUD insertions, etc. and advice on family planning to those who came to seek it.

2. During the Third Five Year Plan, the 'clinical approach' to the programme was supplemented by the 'extension approach'. Under the latter, family planning services and supplies of contraceptives were made available to the people on 'cafeteria basis', i.e. different family planning methods were made available to people to choose from. During the three Annual Plans (1966-69), the family planning programme was reorganised and made time-bound, target-oriented and provided with increased funds.

3. The Fourth Five Year Plan (1969-74) aimed at reducing the annual birth rate from 39 to 32 per thousand of population.

4. The programme, however, received a set-back during the later part of the Fifth Five Year Plan period. The plan objective of reducing the birth -rate from 35 per thousand of population at the beginning of the Plan to 30 per thousand of population by 1978-79 could not be achieved. The level of effective family planning couple protection came down from 23.9 per cent in 1976-77 to 22.5 per cent in March, 1980.

5. The Sixth Five Year Plan, therefore, sought to achieve the objective of limiting the growth of population through the persuasion of people to adopt the 'small family' norm voluntarily and sought to back up the efforts in this direction by appropriate programmes of supplies and services for contraception.

2. Objectives of the Study

The main objectives of the Evaluation study were the following:

- i) to study the organisational set up for the implementation of the programme, particularly for educating and motivating the people,
- ii) to examine the communication strategy adopted in terms of creating awareness, change in attitude and adoption of family planning methods, and popularising the concept of small family norm",
- iii) to assess the extent of service facilities and supplies made available and their utilisation,
- iv) to understand the constraints experienced and problems faced in the implementation of the programme,
- v) to assess the role played by voluntary organisations in promoting the programme as a people's movement, and
- vi) to assess the views and reactions of the adopters and non-adopters towards the family planning programme.

3. Sample Size /Criteria for Sample Selection

1. The study was originally planned to cover 17 states in which field teams of the PEO were stationed. However, it could, be taken up only in 16 states, viz. Andhra Pradesh, Bihar Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal. It could not be undertaken in Assam, because of the disturbed situation in the State at that time.

2. In each State, two districts, one 'progressive' and another 'non- progressive' were selected. Districts having the maximum number of adopters per thousand of population in 1981-82 were taken as 'progressive' and those having the minimum number of adopters per thousand of population were taken as 'non-progressive'.

3. On the same criterion as for the selection of districts, two Primary Health Centres (PHCs)-one 'progressive' and the other 'non-progressive'- were selected from each district on the basis of adoption figures per thousand of population for 1981-82. From each selected PHC, two villages, one nearest to the PHC and the other farthest from it, considering the distance also from the neighbouring PHC, were chosen.

4. The eligible couples in the selected villages were categorised into three groups, viz., (a) adopters of terminal methods, (b) adopters of non-terminal methods and (c) non-adopters having at least two children. All the adopters in selected villages, practising any family planning method since April, 1980, as well as all eligible couples not practising any family planning method but having atleast two children were included in the sampling frame for the selection of respondents.

4. Reference Period

The data for the study was collected for the years 1980-81 and 1982-83. A major part of the field work for the study was undertaken during January-March, 1983.

5. Main Findings

1. The actual deployment of family planning staff fell short of the sanctioned strength, particularly at the district and PHC levels. This indicated that the degree of organisational coordination was below the optimum and planned levels. The main reason for the posts remaining vacant was stated to be administrative delay.
2. About 25 percent of the Family Welfare Field and Evaluation Workers and 50 per cent of the Statistical Investigators at the district level and 20-22 per cent of Medical Officers, Block Extension Educators, lady Health Visitors Auxiliary Nurse/Midwives (ANMs) at the PHC level had not received any orientation training.
3. The family Planning programme had made better progress in bigger villages with better accessibility to better medical and having infrastructural facilities.
4. In the total sample for adopters, the proportion of female adopters was nearly twice that of male adopters.
5. Among the sample respondents canvassed, the level of formal education came out as having little influence on the adoption of family planning measures.
6. The percentage of adopters in different income brackets did not show any marked variations from the percentage of non-adopters in the corresponding income brackets. In other words, income levels had little or no determining influence on the adoption or otherwise of family planning measures. Adoption of family planning measures by eligible couples was due to factors other than that of income.

7. Both the frequency of the use of different extension methods and the coverage of villages under them was generally quite high. As high as 88.3 per cent of total respondents were in contact with one or the other mass media. Of all the major mass media, radio emerged as the single most important medium.
8. The involvement of villages and local leaders, school teachers, Panchayats and voluntary organisations in the family planning work, in terms of actual help and comprehensive coverage of the selected villages, was woefully inadequate.
9. Other things being the same, the length of the period of contact through audio, visual or personal contact was of little or no significance in the adoption of family planning and the number of eligible couples adopting family planning was not contingent upon the duration of their awareness.
10. In the case of 76.3 per cent of the adopters reporting time - lags, the time lags involved between awareness and adoption varied as widely as two to eight years and even more. The most important reason for the time-lag between awareness and acceptance as well as between acceptance and adoption, as given by 54.4 per cent and 35.8 per cent of the respective respondent adopters, was "fears and misconception"
11. On an average an adopter had talked on the subject of adoption of family planning matters with 5.4 persons and about 80 per cent of these (4.3 persons) had followed the advice. This indicates that the adopters were helping in the spread of family planning and can play the role of good voluntary extension agents of the family planning programmes.

6. Major Suggestions

1. Ways and means should be found to cut down administrative delays in filling up the vacant posts in the Department of Family Welfare. A maximum limit of three months should be fixed for filling up the vacant posts.
2. State Governments should review the strength of the staff required for family welfare programmes at different levels of the operation and should take necessary steps to strengthen it.
3. There should be provision of appropriate training for all offices concerned particularly for those at the junior levels in respect of both the background and concepts of the programme as well as methods and techniques of implementation. The training should be pre-recruitment and in service also.

4. All states should have a permanent training institute where staff at different level could be sent for initial training and subsequent refresher and reorientation courses.
5. More efforts should be made for reaching to the male population of the rural areas for adopting family planning methods.
6. For securing better results under the family planning programme, comparative preferences for terminal and non-terminal method in the lower and higher income groups, respectively, should be duly taken into account.
7. The extension efforts under the family planning programmes should be adequately emphasised in each village at least twice a year specially around the time the crops have been sown and cultivators and labourers have more leisure hours on hand.
8. As the radio is the most important medium of communication, it should be extensively used to reach and educate the target group of population in respect of the family planning programme and its related aspects. Full utilisation should also be made of television coverage and cinema for propogating family planning programme.
9. Ways and means should be found to involve, in much larger measures than hitherto, village and local leaders, panchayats, school teachers and voluntary organisations for family planning in all villages.
10. The rationale and emphasis of the family Planning Programme should be increasingly oriented towards the provision of adequate facilities and necessary supplies either free or at nominal cost well within the reach of all sections of the population.
11. Apart from the efforts in various other directions, a scheme could be devised whereby the adopters could be engaged and retained at a reasonable fee or by giving some other suitable incentive to work as motivators.
12. The daily wagers and casual workers should be given full compensation for the loss of wages as well as other direct and indirect costs incurred by them in addition to the prescribed incentive money for vasectomy/tubectomy/insertion of IUD. For other classes of employee, a longer period of leave should be considered.

13. In the areas having preponderant population on industrial/agricultural labourers, a special family planning clinics should be opened with adequate facilities for vasectomy and tubectomy, post operation care follow-up measures etc.
14. The distinct emphasis of any system of incentive in the area of family planning may be on restricting the number of children and population growth and not merely on the adoption of terminal method of any stage.
15. Wherever necessary the number of villages per PHC/sub centre may be suitably reduced so that the family planning facilities even for terminal methods become available to all villages within the bullock cart distance.
16. Efforts should be made to provide residential accommodation to the field staff at the place of their posting and also free transport facility for undertaking visits to village under their jurisdiction.
17. The reasons given for dissatisfaction in respect of different methods of the family planning by adopters, need study and examination by both medical researchers and the manufacturers of the family planning devices so that the factors contributing to the dissatisfaction of the users are minimised to the extent feasible.