PEO Study No.79

FAMILY PLANNING PROGRAMME IN INDIA - AN EVALUATION - 1970

1. The Study

The study was undertaken by the Programme Evaluation Organisation(PEO) at the instance of the Family Planning Programme Evaluation and Planning Committee appointed by the Ministry of Health. The study was of a diagnostic type in selected areas focussing attention on the major problems and difficulties standing in the way of wider acceptance of the Family Planning Programme. It was also helpful in pointing out the factors responsible for success/failure in the implementation of the Programme.

The study was carried out in two phases. In the first phase, a general purpose enquiry covering the organisation, administration and working of the Programme, training of personnel, supplies services etc. was undertaken in all States except Nagaland and one Union Territory i.e Himachal Pradesh. Subsequently, an intensive study was conducted for the follow-up of IUCD, Vasectomy and Tubectomy cases in selected States.

2. Objectives

i) To study the extent of availability of services and their utilisation;

ii) To examine the approach and effectiveness of mass education and communication programme;

iii) To assess the knowledge, attitude and reactions of the adopting and non-adopting couples;

iv) To find out the popularity of the different methods advocated and reasons for non-adoption;

v) To review the arrangements for training of staff; and

vi) To study the problem of implementation of the programme at different levels.

3. **Sample Size/Criteria for Selection of Sample**

In the first phase, 35 districts, 69 rural Family Planning Centres, 15 Regional Training Centres, 350 villages, 6004 respondents (including 944 local leaders) and 271 family planning staff spread over 16 states and one Union Territory i.e. Himahcal Pradesh were selected for the study.

In the second phase, 9 districts, 36 rural clinics, 27 Urban clinics and 5708 adopters distributed in 180 villages, 18 cities and towns were selected. In addition to this, a sub-samaple of 1372 spouses was selected. Although the sample districts and F.P.Centres were selected based on criteria of accomplishments, they included advanced, average and backward districts as well as a few districts of tribal population with a view to get a fair picture of the progress of the Programme in different types of situations.

4. **Reference Period**

The study was conducted in two phases. The field work for the general study was conducted during September-December, 1968. The second phase of the study (follow-up study) was undertaken during March-May, 1969. The data were collected for the period April, 1965 to March, 1969.

5. **Main Findings**

1. The organisational structure had been considerably strengthened particularly at the state level and to some extent at the district and block levels in almost all the States. However, in a number of sample districts, not only a small staff was sanctioned but there was also delay in filling the sanctioned posts. Considering all the sample districts, only two third of the posts sanctioned were filled. Other deficiencies noticed related to the turnover of staff, inadequate experience in family planning work and lack of training in Family Planning.

2. From the analysis of the staff position in the sampled PHC/FP Centres it was noticed that in a large number of centres the total number of staff was some what below the pattern prescribed. The average per Family Planning Centre worked out to only 16 i.e., three fourths of the total envisaged.

3. The staff position in the Urban Family Planning Centres was generally much better than that in the rural centres in terms of the posts filled, experience of the staff in family planning and training status of the staff.

4. Family Planning work appeared to be a weak and an inconspicuous activity in the medical institutions in urban areas. Large number of deliveries had taken place in maternity hospitals and centres; but the proportion of post-partum cases adopting family planning methods continued to be small.

5. Although different methods of family planning were propagated, it was found that only in a few states and that also not to a considerable extent, all the three methods, i.e., IUCD, sterlisation and conventional contraceptives were popularised.

6. A mobile surgical unit at the rate of one for each district and mobile IUCD unit at the rate of one for every 5 to 7.5 lakhs of population in the districts were sanctioned. However, only in 13 out of 35 sample districts, mobile units were reported which were not fully utilised and their performance could also not be considered satisfactory.

7. In a number of States, the camp approach yielded better results especially when they were well planned and organised. Camps proved more popular in respect of vasectomy. Over three-fourths of the sample rural Family Planning Centres reported camps for vasectomy in 1967-68.

8. General respondents and opinion leaders had not visited the selected PHCS/FP centres to any significant extent. Only 9 per cent of the respondents and 17.5 per cent of the local leaders reported to have visited the selected PHCs/FPCs during 1968 as against 12 per cent and 8.1 per cent respectively during 1967.

9. The field visits of the staff of the selected family Planning Centes were not as wide and frequent as envisaged.

10. During the year 1967-68, activities such as mass meetings, leaders' camps and film shows were reported in 20 to 26 per cent of the sample villages where as group discussions and distribution of pamphlets and posters were reported in over half of the sample villages.

11. Out of the total of about 28000 households with eligible couples listed in the randomly selected villages, the rate of adoption for the different methods was found to be 4.0% for vasectomy, 2.0% for IUCD and 1.8% for tubectomy. In other words, 7.8% of the households having eligible couples had adopted one of these three methods of family planning in the sample villages. The rate of adoption of three methods varied from 8.8 per cent for Hindu households to 5.2 per cent for Muslim households.

12. Of the 6005 respondents and 944 local leaders interviewed in all the sample districts, about one fifth of the general respondents and over one third (36%) of the local leaders stated to have adopted family planning methods at some time or the other. Of the methods mentioned, the most common was found to be vasectomy which was reported by 8% of the general respondents. Next in importance was found to be `condom' which was reported to have been adopted by 5.2% of the respondents.

13. Three-fourth of the general respondents had knowledge of family planning methods as against 91 per cent of the local leaders. A large proportion of the respondents (70%) had knowledge of vasectomy. The IUCD was known to 46 per cent of them and tubectomy and condom to about one-fourth.

14. One of the programme goals was to promote the small family norm. About half of the respondents (49%) desired to have more children. Of those desiring children, majority had preference for male children.

15. Majority of the respondents (60%) favoured operation provided the couple did not want any more children. A much larger proportion of the local leaders (83%) favoured sterlisation. Generally vasectomy was favoured. As to the time of sterlization, over two fifth (44%) favoured it after three children, and over one third (39%) favoured it after the fourth child.

16. As regards the physical and psychological reactions that the adopters had expressed after adopting anyone of the specified family planning methods, it was noted that less than half (43%) of the total sampled adopters reported some discomforts or complaints. More adopters of IUCD (about 61%) reported complaints than adopters of other methods.

17. The most important reason given by the general respondents for not adopting any family planning method was the desire to have more children and was mentioned by 48% of the general respondents and 40% of the local leaders. Lack of knowledge of methods or lack of faith in family planning were mentioned by a substantial proportion of general respondents. Another reason prominently mentioned related to apprehension about the after-effects.

6. Major Suggestions

1. In most of the States, there was no unified command at the district level under the direction of one single officer in order to utilize to a greater extent the available personnel and facilities of the three wings, i.e medical, public health and family planning. It would be of great advantage if the Chief Medical Officer of the district is made the overall incharge.

2. There was no regular arrangement to educate and motivate the people in family planning methods. This aspect should engage greater attention in future.

3. For effective implementation of the family planning programme, it is necessary that the staff at all levels concerned with the implementation of the programme should develop the necessary expertise, skills and competence required to carry out efficiently their responsibilities. Therefore, training of personnel should receive high priority. The Training Institutes must ensure substantial efficiency of the programme staff.

4. Communication and extension workers should try to identify the social and psychological barriers impeding adoption and should design the extension activities accordingly.

5. The incentive money instead of being given to the individual motivators, should be given to Panchayat institutions so that the amount is utilised to meet the welfare needs of the Community. This will also ensure participation of Panchayats more efficiently and enthusiastically in the family planning movements.

6. The mobile units attending to vasectomy, IUCD, MCH and Medical care should be made multipurpose so that these are fully utilised.