

**FAMILY PLANNING PROGRAMME IN MAHARASHTRA
AN EVALUATION - 1971**

1. The Study

Family planning (FP) activities had early beginnings in Maharashtra. Though the Government embarked upon its programme on 14th November, 1957, the progress remained sluggish due to the emphasis on clinical approach and lack of extension education. The programme started gaining momentum during the Third Plan period with a more vigorous extension approach. A total of 2,281,49 sterilisations were performed during the Third Plan period. In June 1967, the Government adopted a more radical and progressive 'Population Policy' with emphasis on community oriented approach. The policy was characterised by an action-oriented Family Planning Programme, with its emphasis on sterilisation, increase in the level of compensation to the adopters and in the incentives offered to motivators, abolition of the cadres of extension educators and male field workers, plan for an extensive mass education programme and introduction of disincentives against big size of the family.

The Programme Evaluation Organisation conducted a study in Maharashtra as part of its 'All India evaluation of the Family Planning programme. The study was conducted in two phases; a general purpose enquiry in respect of the organisation, administration and working of the programme and an intensive study of the adopters of three methods of family planning - vasectomy, IUCD and tubectomy. Based on the best achievements made by Maharashtra and Punjab in vasectomy and IUCD, the data collected therefrom were analysed in depth and two separate study reports were brought out in 1971. The present details relate to the study conducted in Maharashtra.

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 problems of implementation of the programme at different levels.

3. Sample Size/Criteria for Selection of Sample

The districts of Aurangabad, Kolaba and Osmanabad were selected for the general purpose enquiry. Osmanabad was retained for the intensive study also. The districts were selected on the basis of the relative spread and intensity of the programme with a minimum of one district and maximum of three districts in a state.

For the general purpose enquiry, two Family Planning Centres were selected from each selected district with probability proportional to achievement. From each selected Family Planning Centre, five villages were selected with probability proportional to the village population. From each chosen village, 20 general respondents from the occupational categories of cultivators, landless labourers and others were selected. Three to five local leaders were also interviewed from each village. In all, 600 general respondents and 96 local leaders were canvassed from 30 villages in three districts.

For the intensive study on the follow-up of vasectomy, tubectomy and IUCD, two additional rural Family Planning Centres and one urban Family Planning Centre were selected from Osmanabad. Five villages were chosen from each of the four selected Family Planning Centres on the basis of achievements in IUCD, vasectomy and tubectomy. All the IUCD, vasectomy and tubectomy cases in these villages were taken up for follow-up study whereas, in the urban Family Planning Centre, a total of 100 cases of IUCD, vasectomy and tubectomy were selected. In all 366 adopters from four rural Family Planning Centres and 85 adopters from one urban Family Planning Centre were interviewed for the intensive study.

4. Reference Period

The study was conducted in 1968-69. The tables presented in the report referred mostly to the period, 1966-67 to 1968-69.

5. Main Findings

1. At the State level, Public Health and Family Planning had an integrated approach. The State Family Planning Bureau under the overall guidance of the Family Planning Commissioner was responsible for the implementation of the programme. The staff position of the State Bureau was satisfactory. At the district level, the programme was carried out by the District Bureaux which functioned under the District Health Officer. The staff position of the selected Bureaux was not satisfactory. Within the district, the sub-centres of the Primary Health Centres were the primary functional units. Their staff position and the training and competence of staff left much to be desired.

2. Department of public health was specifically assigned the responsibility of supervision of the programme. Supervision was neither systematic nor intensive.

3. The meetings held by the two Committees at the State level were not as frequent as envisaged. Two district level committees were also formed to assist and review the implementation of the programme.

4. Sterilisation, particularly vasectomy was the most popular method. The popularity of IUCD started declining since 1967-68. Vasectomy and tubectomy were largely preferred for their qualities of being reliable and having no further botheration. IUCD, besides having the above quality, was considered good for spacing.

5. Among the selected districts, Osmanabad topped in achievements. The State Government followed a realistic approach in fixing targets for various methods at various levels and in assessing the achievements in various areas under different conditions.

6. The State Government offered monetary incentives to adopters and promoters. Government servants and even those working under Family Planning Programme were entitled to receive incentive money as promoters. The promoter system was reported to be very effective in the State.

7. Conventional contraceptives were distributed free of charge through all medical institutions of the Government. A large number of voluntary organisations were also working in this field.

8. The Government banked heavily on the 'camp approach', particularly for vasectomy and IUCD. Care was taken to provide proper services in the camps. Detailed instructions were given to concerned officials in this regard.

9. There were marked variations in achievements in different Family Planning Centres, depending on accessibility, transport facilities, supervisory visits, local support, etc. Dearth of qualified and trained staff, particularly lady doctors and ANMs impeded the progress of the programme in certain areas.

10. Various educational and propaganda methods as well as mass media were employed by the State Government for popularising family planning. Shortage of audio-visual equipments in the Family Planning Centres and insufficient use of film shows were pronounced deficiencies in this regard. The liaison of the Family Planning Staff with the people was very poor.

11. Villagers had wide-spread knowledge about the programme and the methods. They also had a favourable attitude towards limiting the size of the family. However, an ambivalent attitude still prevailed in a large section of the people regarding adoption. The State Government launched a scheme for maintaining a card for each household and for each married woman in selected areas for observing changes in the knowledge, acceptance and practice of the Family Planning programme over a period of time.

12. Majority of the adopters were illiterate. Family Planning methods were adopted by a large majority of respondents after a prolonged married life.

13. Friends were the prominent source of influence on decisions for or against adoption. The adopters had heard both good and bad things about the methods prior to adoption. They disclosed their adoption to the members of their family and community. However, not all of them positively recommended the methods particularly IUCD to others.

14. The services for family planning were easily accessible and the facilities were generally satisfactory. Majority of the adopters received detailed

instructions to be followed after the operation/insertion. A good number of them followed the instructions.

15. Complaints or discomforts were expressed by a good proportion of adopters; the highest being in the case of IUCD. Sepsis or unhealed wounds in the case of vasectomy, and excessive bleeding, pain cramps, white discharge, etc. in the case of IUCD were the major complaints. However, only about one-half of those reporting complaints went for taking treatment.

16. Follow-up visits by the Family Planning staff to redress the post-adoption complaints were conspicuously absent. This was the weakest link in the whole programme.

6. **Major Suggestions**

1. As family planning includes proper phasing of children also, the couples may be encouraged for early adoption of family planning methods.

2. Timely follow-up of cases, prompt treatment of complaints, enhancement of incentives and more effective and sustained extension education and propaganda would, as was suggested by the adopters, encourage wider adoption.