

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

1. **The Study**

After the publication of All India Evaluation Report on Family Planning Programme (FPP) in 1970, it was decided by the Programme Evaluation Organisation to prepare two State Reports (Punjab and Maharashtra) with detailed analysis of the available data. These two states were selected on the basis of maximum achievements in two Family Planning Methods i.e. IUCD (Punjab) and Vasectomy (Maharashtra). The undivided Punjab had received the National Awards for the best overall performance in FPP for the year 1967-68 as well as for the best performance in IUCD insertions for the years 1965-66 and 1966-67. The evaluation study consisted of two parts : a general purpose enquiry into the organisation, administration and working of the programme, and, an intensive follow-up study of IUCD, vasectomy and tubectomy adopters. The study report was published in October, 1971.

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**

The districts of Hoshiarpur and Kapurthala were selected for the study of their rural areas and Amritsar was selected for the study of its urban and rural areas. The selection of districts was based on the relative spread and intensity of the programme. For the general purpose study, 2 F.P. centres were selected from each sample district, with probability proportional to achievements. Five villages, covered by each chosen F.P. Centre, were selected with probability proportional to the village population. Twenty households representing the three broad occupational categories, i.e. cultivators, landless labourers and others were selected from each selected village. Besides, three to five local leaders were also canvassed in each selected village.

For the intensive enquiry in the special study district, two additional Rural F.P. Centres and one Urban F.P. centre were selected. Five villages were selected from each of the selected Rural F.P. Centres, on the basis of achievements. In the urban F.P. Centre a total of about 100 cases of IUCD, vasectomy and tubectomy were taken up for follow-up study.

Chandigarh was selected purposively for the special study under the category of metropolitan city. Two F.P. Centres and about 100 cases from each of these centres were chosen for intensive study.

In all, 8 rural and 3 urban F.P. centres, 30 villages, 666 general respondents including 82 local leaders, and 657 adopters were covered by the study.

### 4. **Reference Period**

The period for which data were presented in the Report ranged from 1965 to 1969.

### 5. **Main Findings**

1. At the State level, the family planning was under the overall charge of the Director of Health Services and the Family Planning Programme was operated through the State Family Planning Bureau. Only 50% of the sanctioned strength of the State Bureau was in position by March 1968. At the district level, the District Family Planning Bureau headed by the District Family Planning Officer and guided by the Chief Medical Officer of the district were responsible for the

execution of the family Planning Programme. Slight variations from the suggested staffing pattern were reported. At the block level, the programme was integrated with Public Health and MCH. Most of the staff were in position at the selected Family Planning Centres and almost all had undergone training in family planning.

2. Supervisory visits by higher officials to the fields were irregular and weak. Importance was attached only to achievements.

3. Though Committees such as the Family Planning Council, Grants Committee and Co-ordination Committee had been formed at the State level, they were not very effective. The only Committee functioning effectively was the Family Planning State Officers' Committee.

4. Among the three selected districts, Amritsar topped in achievements, followed by Hoshiarpur. There was a general decline in IUCD insertions. Both IUCD and vasectomy picked up in those centres where F.P.P. gathered momentum.

5. Excessive target orientation of F.P. Programme resulted in compromise in quality. Workers resorted to all methods, from persuasion to almost compulsion. Absence of proper screening of cases led to post-adoption complications in large number of cases.

6. Extension education was not effective. Mass meetings, group meetings, film shows, exhibitions and distribution of literature were the main instruments of publicity. Mass media and personal contacts were used to motivate people to practise F.P. methods. However, publicity equipments like film projectors, charts, etc. were inadequate at many Centres. With the lacklustre attitude of the higher level staff, extension education was reduced to the work of the peripheral staff only.

7. Systematic follow-up of cases was lacking. Lack of follow-up visits and of proper instructions to the adopters resulted in complications and failures, thereby hampering the progress of the programme in rural areas.

8. About 90% of the general respondents and almost all the selected local leaders had knowledge about the F.P. Centres in their area. However, their visits to the centres were not proportional to the number having knowledge. A large proportion of them favoured limiting the family size. Among the methods, vasectomy was known to most of the respondents, followed by IUCD.

9. A large percentage of adopters disclosed their adoption of Family Planning methods to their family and community. More than 75% of the adopters of vasectomy and 50% of the adopters of IUCD recommended the methods to others also. Many of the respondents talked about the methods to their friends and neighbours. The extent of communication by the respondents varied widely across districts.

10. Between 20 and 35% of the adopters in rural areas belonged to Scheduled Castes and Scheduled Tribes. Majority of the adopters in rural areas were illiterate.

11. A large majority of the adopters heard about the Family Planning methods first from the doctors and other family planning staff. They influenced enormously the decision of the adopters to go for a particular method. A large proportion of the respondents heard good things about the methods. However, a good number of them had bad news as well, particularly about vasectomy.

12. Adopters of vasectomy preferred it because of its reliability and the absence of any further botheration. Convenience in spacing and no further botheration were the factors which stimulated IUCD adoption.

13. Vast majority of adopters availed of the facilities for adoption at the PHC/FP centres located in their village or at a short distance from their residences. Most of them were satisfied with the privacy of the place, behaviour of the doctors and other staff, etc.

14. Doctors satisfactorily discharged their duty of giving proper instructions to the adopters only in the case of vasectomy. A high percentage of IUCD adopters were left without any instructions which resulted in avoidable complications.

15. More than one half of the adopters reported some complaints or discomforts. Only about two-fifth of the adopters were visited by the Family Planning staff after adoption.

## 6. **Major Suggestions**

Increased incentives and facilities, timely and extensive follow-up visits and prompt attention to complaints were the main suggestions made by the adopters. Greater publicity and extension education were also important.