

Evaluation Of Family Planning Programme

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INTRODUCTION

A Family Planning Clinic was established at the Indian Statistical Institute (Baranagore) in 1962 under the action programme development in family planning. It started working with effect from October 22, 1962 under the supervision of a medical doctor. Beginning with March 1, 1964, a new plan was introduced under which nineteen volunteers from amongst the workers were selected for working as leaders of promotional groups and as depot-holders of contraceptive supplies. In June 1964, a three-day Orientation Seminar in Family Planning was conducted for general training of these leaders. This Seminar and the further training classes helped, to a great extent, the workers in programme participation and in removing many of the psychological barriers existing among them. During the post training period the leaders demonstrated their knowledge by conducting group discussions classes with their occupational colleagues as participants. The Family Planning Unit was running fourteen sectional depots manned by these leaders from March 1964 until February 1967 when the programme was discontinued.¹

Within a short time the Group Leaders became an organised group and besides their occupational duties they started participating in the family planning activities especially conducted for them as a matter of routine. Although all of them accepted the group leadership role, the degree of internalization of the appropriate social role as ascribed to them varied from individual to individual. Some of them attended meetings regularly, others not so regularly while others very seldom. In this way some remained mere depot holders, while others widened their areas of activity and developed attitudes and motives for a more dynamic role in this particular social pattern.

The writer is grateful to the volunteer group leaders for their assistance in the ISI family planning programme which is being evaluated in this paper. Shri S. Guha Roy assisted in the tabulation work.

1. It may be observed here that the average number of revisits (all years) was recorded to be 3.9 and 29.6 respectively for the two categories of supply systems, the clinic and the voluntary leaders depots. See A. Sengupta, "Programme Building Operation for Promotion of Family Planning: The ISI Experiment", *Journal of the Indian Medical Association, Volume 49, No.1 (July, 1967)*, pp. 19-28.

PRESENT STUDY

The present study seeks to present some of the relevant data and findings of a resurvey conducted in October-December 1964 among the active couples formed by the employees of the Indian Statistical Institute (Baranagore and Calcutta office). Evidently, the resurvey was conducted after the introduction of the group leadership programme and the Orientation Seminar, as also during the development phase of the action programme.

The following objectives were laid down for the resurvey:

(i) to evaluate the success in achieving pre-determined programme objectives; (ii) to assess the progress of the programme in so far as it is related to the programme objectives; (iii) to measure the totality of change; and (iv) to find out if investigation of cause-effect relationships through diagnostic studies will be of any interest.

METHOD OF INQUIRY

The resurvey was conducted with the help of an interview schedule, especially designed for the purpose, administered to 640 'currently mated' male workers and 37 married 'active' female workers (both male & female), who formed the group of 'active couples'. The resurvey schedule consisted of such items as elicited information about (i) household characteristics, like religion, caste, mother tongue, household income and number of household members; (ii) the age, education, occupation and number of living children of the responding spouses; (iii) the knowledge of family planning methods and their use, sources of knowledge and sources of supply; and (iv) the information level of the responding spouses on programme participation. The resurvey schedule also included two questions for testing specific hypothesis on programme participation & the sources of supply, both related to programme progress. These questions related to such matters as; (i) the interest shown by the respondents in the family planning programme, and the various modes of display of interest; (ii) their thoughts regarding the programme to be made more helpful, regarding the supply of contraception and communication processes; (iii) the quantity of contraceptives procured by them during the last 30 days prior to the date of resurvey by source; and (iv) the frequency of the use of contraceptives during the last six months. In addition, the resurvey data also included certain specific items for male respondents.

Besides the resurvey interview schedule, other tools used in the present study include: (i) baseline survey report²; (ii) experimental report on volunteer group leadership programme³; (iii) contraceptive records maintained by clinic and depot

2. Baseline data was collected from the ever-married employees of the ISI during June-August 1962 through an interview schedule. See N. Bhattacharyya & H. L. Mukherjee, "Report on Benchmark Survey on Family Planning of ISI Employees".

3. For a report on the Organisation, working and evaluation of the Group Leadership programme see A. Sengupta, "Developing Family Planning Volunteer Group Leadership at the ISI: An Institutional Experiment".

holders; and (iv) observations, informal discussions, with workers, notes on field experiences by social workers and summaries of the open-air-group-gossip-corner.

FINDINGS OF RESURVEY

A. PROGRAMME EXECUTION OBJECTIVES

1. Performance

1.1 Occupation of husband : The proportion of couples belonging to ever-practised and never-practised groups is 53 : 47. But within the occupational groups, classifying our respondents into four classes as : Class I and II comprising of higher professions or services ; Class III comprising of lower professions or services etc.; and Class IV comprising of menial staff, skilled and unskilled manual worker, we find that the percentages of everpractised couples are 23, 67 and 76 respectively for class IV, class III and class I/II respectively. The manual workers are less influenced by FP programme. It is rather unfortunate that, in spite of communication methods adopted for dissemination of knowledge, about 27.2% of the couples have no knowledge of family planning and about 18.9% of them belonged to manual worker group.

1.2 Interest in the ISI F. P. Programme : About 63.4% of the couples expressed active and 6% verbal interest (total 70.0%) in the programme. About 24.5% showed indifference and 4.4% were not inclined to learn family planning techniques due to various reasons.

1.3 Interest in F. P. Programme and practice of F. P. : In class I jobs 20.5% expressed active interest in F. P. programme but only 6.2% were currently practising. This clearly reflects a wide gap between interest and practice. Among class III respondents the discrepancy is much less. In classes I and II group of respondents about 10% expressed active interest but the percentage in the group of respondents who currently practised F. P. is 13. This is rather interesting, because of status consciousness some of the respondents in this group who were reluctant to express active interest in the official programme showed indifference (5.5%) to the whole matter.

2. Efforts

2.1 Mobilisation of the personnel : For promoting family planning a complex interrelated system of operation is necessary. Under this come all groups of workers—administrative, technical, clinical and field. As a matter of fact in the project it appeared that supply of information, materials and professional services for prospective planners was adequate and efficient. Generally speaking, the overall administrative planning appeared to be adequate and the doctors, social workers, and the group leaders endeavoured to function and interrelate themselves with each other within the sub-systems in accordance with their assigned duties. Nevertheless, it has been pointed out before that the performance of the manual workers was not satisfactory. Another problem was the non-availability of trained and qualified personnel for some of the posts advertised.

2.2 *Materials and funds* : Supply of contraceptives to the target population was free and regular and monthly statements were issued for the supply accounting system. On the whole there was not any major problem in respect of distribution of funds except on one or two occasions when staff appointments were not possible earlier for non-receipt of grant.

B. INTERMEDIATE IMPACT OBJECTIVES

3.1 *Knowledge and its source* : In the benchmark survey conducted in 1962 there were about 535 (57%) couples who demonstrated knowledge of family planning. In the present resurvey there were 292 (45.6%) practising couples, 48 (7.5%) currently discontinued couples and 126 (19.7%) never-practised couples, all 466 (72.8%) with knowledge of F. P. So there has been some gain in this respect.

The respondents gathered knowledge about family planning through such sources as printed materials 236 (50.9%), ISI FP Clinic 200 (42.9%), and relative/ friend 128 (27.5%).⁴ Printed materials were distributed from the clinic and the contraceptives depots run by the volunteers. The 128 couples who cited relative/friend as sources must have included their work-colleagues under the category friend/relative.

3.2 *Attitude and non-practising couples* : A further probe was made into the attitudes of the responding couples with a view to diagnose the discrepancy between interest in the programme and non-practice of F. P. methods.

3.2 (a) *Reasons for not practising/learning F. P. methods* : The three major reasons discovered for non-interest in the programme were desire for children 116 (32.2%), lack of sufficient knowledge 69 (19.2%), and others including not required because wives living elsewhere temporarily, anti-religious etc. (26.7%). The lack of knowledge (19.2%) group was not interested to adopt family planning otherwise acquiring of knowledge for adoption was not a difficult task. The discontinued or the never practised group totalled 683 (73%) couples in the initial survey whereas the number decreased to 348 (54.4%) couples in the resurvey demonstrating some impact of the programme.

3.2 (b) *Distribution of couples not practising FP to have a baby by number of living children* : About 75 couples (64.6%) had no living son and of this 38 (32.7%) had neither a son nor a daughter. About 17 (14.6%) couples had only one son and no daughter.

3.3 *Contraceptive procurement, frequency of use and educational standard of husband* : About 118 (42%) couples used condom, 5 (1.8%) chemicals, 158 (56.2%) couples used condom and chemicals combined. Among all the contracepted couples (281) during that period about 150 (50.3%) couples used frequently 72(25.7%) sometimes, 38(13.4%) couples rarely, considering all the items of contraceptives procured. Among the practising group 124 (44%) couples had secondary education 81 (28.8%) couples

of graduate & above level, and 44 (15.7%) couples had middle standard. Only 32 (11.5%) couples belonged to illiterate to primary level of educational group.

3.3 (a) *Educational standard of husband and frequency of use*: The higher the educational standard, the higher the frequency of use as was expected, except in the graduate level where frequency was less than the previous secondary group. Out of 150 (53.3%) couples using contraceptives frequently 7 (26.9%) couples belonged to the secondary level, 44 (15.6%) to graduate level, and 18 (6.4%) to middle level. Only 12 (4.4%) couples belonging to illiterate to primary group used frequently. Among the sometimes-using group 29 (10.3%) couples, 18 (6.5%) couples, and 13 (4.7%) couples belonged to secondary, graduate and middle level respectively. Only 12 (4.2%) couples in this category belonged to the literate-primary group.

3.3 (b) *Source and types of contraceptives procured*: About 163 (58.1%) of the surveyed employees stated ISI clinic as the source of procurement, and 20 (7.1%) the drug stores, while 83 (29.5%) did not disclose their sources. On the basis of ISI clinic/depots registers it may be said that the average number of recipients of supplies during the relevant time period (September to November 1964) was 192. Only 163 had disclosed the ISI clinic source.

3.3 (c) *Trend in contraceptive consumption*: Contraceptives were supplied from the male clinic from 22.10.62 to 28.2.64. From March 1964 the group leaders depots started to function and only a handful of workers for personal reasons continued to receive supplies from the clinic after the opening of depots. The trend in consumption is noted below:

Types of method	Male clinic (a) 22.10.62 to 9.11.65 (b) upto 31.12.66 (Central Depot)	Depots March 1964 to 31.12.66
1. condom	4275 pieces	37290 pieces
2. foam tablet	6768 ..	3888 ..
3. jelly	381 ..	827 ..
4. applicator	120 ..	321 ..
5. diaphragm	2 ..	nil ..

Evidently the consumption position improved very much after February 1964.

3.3 (d) *Use of method and everpractised groups in the two surveys*: There was some improvement in the used of method and in the proportion of everpractised groups between the initial survey and the resurvey. The currently practising group in the survey and resurvey were 27% and 45.6% respectively. More couples 230(78.7%) used methods in combination during resurvey when condom and jelly became very popular, whereas only 84(33.4%) couples used methods in combination during the initial survey. It was interesting to note that 263 (90.1%) couples used condom during

C. ULTIMATE IMPACT ON FERTILITY

1. Male Workers

4.1 *Education of husband specific fertility rate*: Within a four-year period fertility rate considering live births per (000) couples of the upto primary-educated group had increased from 202.0 to 216.4. In the middle-school group it had decreased from 177.8 to 154.5 and in the secondary and above group it had also decreased from 151.1 to 119.9. The overall rate decreased from 171.5 to 152.5 as shown in table (4.1).

TABLE (4.1) : Number of live-births per thousand couples by the education of father during last year and year before last from the date of survey.

education of father	No. of couples		Live births per (000) couples			
	initial survey	resurvey	initial survey (62)		resurvey (1964)	
			year before last	last year	year before last	last year
1. Primary	198	171	202.0	196.1	216.4	216.4
2. Middle school	180	123	177.8	200.4	195.1	164.5
3. Secondary and above	314	313	151.1	165.7	130.7	119.9
4. Unspecified	1	—	0	0	—	—
5. All	723	636	171.5	167.7	165.1	152.5

4.2 *Occupation of father specific fertility rate*: The lower socio-economic group improved their performance during the resurvey period while other groups reduced their rates as is evident from table (4.2).

TABLE (4.2) : Number of live-births per thousand couples by occupation of father during last year and year before last from the date of survey.

occupation of father	No. of couples		Live birth per (000) couples			
	initial survey	resurvey	initial survey (62)		resurvey (1964)	
			year before last	last year	year before last	last year
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1. class IV	205	229	170.5	147.5	231.5	214.0
2. class III	361	279	188.8	164.8	139.8	132.4
3. class I/II	50	127	80.0	140.0	102.4	58.5
4. unspecified	4	1	0	—	0	0
5. all	723	636	171.5	167.7	165.1	152.5

(1) Female Workers

4.3 *Female employees and their interest in F.P. programme*: Between 3.9.62 and 30.12.63 only 13 female workers were registered with the clinic and most of them dropped out soon, as a result of which the female clinic was discontinued. Nevertheless 83.8% of the employees (37) expressed their active interest in the programme. 41.3% cited husband as their source of knowledge, 24.2% printed material, 17.3% doctor, 13.7% the ISF FP clinic, 10.3% relative and friend.

4.4 Knowledge and practice of F. P. among females: The proportion of F. P. adopters is quite high (78.4%) among the married women engaged in gainful work. Due to shyness primarily the women employees did not take advantage of the F. P. services offered to them in the office although they showed active interest in the programme. The educational standard of these workers was also high. About 56.7% had secondary education, 21.6% were graduate and above and 13.5% had middle school level, there being no illiterate. 15 couples (51.7%) used condom and other methods in combination. Interestingly enough the number of practising couples and the type of methods used remained the same during the two surveys.

The overall rates given below for the group of female workers are not high although the sample size is very small.

1. average number of surviving children	1.1
2. number of live births per (000) couples (during two years preceding the date of resurvey)	108.1
3. pregnancy rate (during one year preceding the date of resurvey)	5.9

Conclusion :

From the above findings it may be concluded that it is possible to develop an effective volunteer work-group leadership programme in family planning in Institutes. The volunteers with adequate training may conveniently be used in the promotional efforts and contraceptive distribution work as was done in the ISI. Efforts should be made through regular contacts, meetings and assignments to sustain the interest of the volunteers for playing a stimulating role and thereby gaining some prestige status among their occupational colleagues. This type of extension approach may be experimented with profit in offices, factories and other institutes at a minimal cost. It appears from the ISI experiment that leaders with initiative and drive should be selected from among the manual workers for changing the attitude of their workcolleagues.

The ISI F. P. clinic served as a centre for dissemination of knowledge and for changing attitude towards the acceptance of a smaller family size norm. A multi-purpose group effort (staff, clinic, leaders) was able to bring about a change in the ISI campus population in respect of acquiring of knowledge of family planning, accepting supplies of contraceptives, breaking of psychological barriers which ultimately led to the fall of the fertility rates among the active couples.

A periodical assessment is urgently needed to find out if the programme objectives are being achieved.