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# CORPORATE SECTOR AND FAMILY WELFARE IN INDIA

## VOLUME - II

## CASE STUDIES

COUNCIL OF INDIAN EMPLOYERS
NEW DELHI

# Corporate Sector and Family Welfare Programme In India

VOL. II

Council of Indian Employers, New Delhi

# Corporate Sector and Family Welfare Programme In India

VOL. II

- CASE STUDIES -

Edited by - Bhabani Sen Gupta, Ph. D
Anil Guha, B.A. (Hons.)
P. P. Talwar, M.P.H, Ph. D

b

*Study Team :*

Anil Guha
N R Parthasarathy
D K Pradhan
N Hamsa
Nirmal Sawhney

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# PREFACE

A National Convention on the Corporate Sector and Family Welfare Programme in India is being organised by the Council of Indian Employers (constituted by the All India Organisation of Employers, the Employers' Federation of India and the Standing Conference of Public Enterprises) in February, 1990 in collaboration with the Enterprise Program (USAID) and with technical assistance from the Labour and PopulationTeam for Asia and the Pacific (LAPTAP), International Labour Organisation (ILO).

The Council of Indian Employers has been actively involved in family welfare activities in one form or the other for about two decades now. A considerable fund of knowledge and experience has accumulated. It is, therefore, quite appropriate that Council should indulge in some futuristic thinking, specifically in the context of 90s and in the perspective of the present demographic trends. The proposed Convention has been conceived with a view to bringing to bold relief what the Corporate Sector can do in the light of past experience and lessons.

Since Independence during the last four decades India has no doubt made tremendous strides in various fields of development, particularly in the agricultural and industrial sectors. Yet, the fruits of development have not percolated to the people at large, mainly on account of gallopping population growth. Though population planning now forms part of the core of developmental planning in India, experience shows that the Governmental efforts alone cannot stem the tide of numbers. It is also realised that unless population growth is brought down to a manageable proportion within a stipulated period the country cannot meaningfully progress economically and socially. The need of the day, therefore, is to transform this national population control programme into a wave.

It has been recognised that the corporate sector leadership can play a pivotal role in bringing about this social revolution, since, admittedly, it has played a pioneering role in past. This sector is in a better position to appreciate the urgency of the need to moderate the runway population growth so that the country could achieve sustainable socio-economic development within a foreseeable time frame.

A few peers in the industrial sector in India had the vision to see the danger signal much ahead of times, and had in fact launched population control programmes in their spheres before Government stepped in with the official programme in 1951. The Government of India was also the first Government in the world to formulate policy framework in this regard. Currently a number of large industrial houses have developed necessary infrastructure to promote family welfare activities in their own undertakings as also for others. Quite a few are offering services with the help and cooperation of the Government agencies and

voluntary organisations. Over the years much experience has been gathered in this field and it is time now that there is a healthy and meaningful exchange of experiences and views in a suitable discussion forum, so that an effective futuristic action plan could be formulated to successfully promote the family welfare schemes in the organised sector and beyond. The proposed National Convention is expected to help this objective.

To facilitate meaningful and effective bounce-push-of ideas of each other, a Case Book entitled "Corporate Sector & Family Welfare Programme in India", in two volumes – Vol. I : Overviews of Problems (presented by subject specialists) and Vol. II : 'Case Studies', has been prepared.

Volume II presents case studies of 16 large and medium industries of different kinds spread over the country. A few smaller units/agglomerations in Faridabad, Gurgaon and Jaipur, have also been included for comparative analyses. A set of structured questionnaires* was sent to a large number of industries and industrial organisations in the country to elicit information on company and workers' profile. Besides, an attempt has been made to obtain first hand information from some selected representative industrial units by deputing experts for indepth investigation and detailed case examinations.

The studies attempt to highlight the variables that go to determine the success of programmes in the organised sector. The volume contains the analytical study of the selected cases and details the strengths and weaknesses noticed.

The investigating team comprised of Mr. Anil Guha, Consultant, Dr. N R Parthasarathy, Dr. (Miss) N Hamsa and Mr. D K Pradhan. They jointly and individually undertook surveys of the selected industrial units. In standardising the approach and content of the case studies valuable help was given by Dr. P P Talwar of the National Institute of Health and Family Welfare, New Delhi and Dr. Richard V Moore of the Population Council/Enterprise Program. But behind all the efforts it is the brilliant guidance and help provided by Mr. R C Pande, Secretary that has made it possible to undertake and publish the case studies in the present handy form.

While it is realised that much of the discussion in the Convention could meaningfully centre around the findings of the case studies, the publication itself, in due course, will prove to be a valuable guide book for the managements.

The Council takes this opportunity to sincerely thank all those who are directly and indirectly involved in the preparation of this publication.

COUNCIL OF INDIAN EMPLOYERS,
NEW DELHI

* See Annexure for the Questionnaires.

# ACKNOWLEDGEMENTS

It has been a unique privilege for me as a Consultant to bear the onerous responsibility of bringing out this valuable publication in two volumes. It has involved great deal of work which has fortunately been shared by many. Valuable cooperation and support have been received from many colleagues and friends in the CIE and outside to all of whom I am extremely grateful.

I offer my special thanks to Dr.NR Parthasarathy, Dr. Miss. N Hamsa and Mr. D K Pradhan who have worked hard in conducting case studies in selected industries located in different regions of the country. I am thankful also to Dr. (Mrs) Suri of PHDCCI who accompanied us to Faridabad and Gurgaon and helped in reviewing the status of family welfare programme in some of the industrial units there. I express my gratitude to Dr. P P Talwar of the National Institute of Health and Family Welfare who helped in standardising the approach and content of the case studies, and to Dr. Richard V Moore, Project Director of the Enterprise Program who devoted considerable time in going through the existing literature on corporate sector family planning and presenting a valuable review of the same which I am sure will make interesting reading.

While most of the industries were surveyed by the CIE team, the Hindustan Aeronautics Limited, Lucknow was surveyed by Mrs. Nirmal Sawhney of the Population Centre, Lucknow and the baseline survey of the Jaipur agglomeration of small industries was conducted under the auspices of the Indian Institute of Health Management Research, Jaipur. I am extremely grateful to them for their cooperation.

I am equally thankful to all those committed company executives who are looking after the family welfare programme in the various industries we visited and who gave us valuable information to enable us review the programme status obtaining there. Without their willing cooperation it would not have been possible for us to complete our task. I must also thank the managements of all those companies who had furnished us their company profiles in respect of family welfare programme in the relevant questionnaires sent to them. I am equally thankful to all those employees who had sent us workers' profile questionnaire forms duly filled up to enable us to assess the current status of the programme amongst the industrial employees.

I am specially thankful to Dr. Bhabani Sen Gupta, an eminent journalist of international repute, who took the pains of going through the entire manuscripts very carefully for overall editing.

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**ANIL GUHA**

January 15, 1990

**Consultant (F.W.), CIE.**

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This second volume of *Corporate Sector and Family Welfare in India* is an essential companion and follow-up of the first. The first volume is about what needs to be done to mount an effective family welfare programme in India in order to stabilise population growth. The second volume tells us what is being done in some of the industries to bring their employees within the orbit of family welfare through family planning. The case studies that are offered in this volume do not cover the entire corporate sector with its over 25 million employees. However, the case studies present a convincing argument for the extension of the family welfare network to all organised industries in the first place and then to the cooperative and semi-organised sectors of the economy covering 15-20 per cent of the Indian workforce of 220 million men and women.

The case studies throw fascinating light on the culture of workers of the corporate sector. Most of them are young and are proper targets for family planning drives, particularly, the women. Corporate sector workers share a common work culture, are better educated than workers in the semi-organised and unorganised sectors, and more exposed to mass communication. They are better fed, clothed and housed. Indeed, corporate sector workers are fast becoming part of the expanding middle class in India. Family welfare programmes for these workers are cost effective and relatively easy to mount because of favourable logistic situations.

It is somewhat sad therefore that many corporate sector industries are still to organise family welfare programmes for their workers. It was just about 15 years ago that family welfare was introduced in the corporate sector with seriousness of purpose. The pioneering role was played by the house of the Tatas. The case studies will hopefully inspire those corporate sector industries which are still to adopt family welfare programmes for their workers to hasten to do so. They should be able to draw upon the experience of sister organisations.

In recent years, the concept of population control has undergone radical change. The core emphasis has shifted from *population* to *people*. It is now recognised that propagation of the birth control message, distribution of devices and monetary incentives do not lead to real control of population. It is of little use to sterilise women who have already given birth to five or six children. For population control we need an overall improvement in the human condition of living. Female education is a must. So is control of infant mortality which in our country is usually high. We need a countrywide immunisation programme. Supply of potable drinking water in all our villages. Better health and nutrition for mother and child.

Workers of the corporate sector live in an environment that is responsive to family planning through family welfare. Family planning's primary concern should be with the younger generations of women and men. Elementary lessions of family welfare can be taught and should be taught even in primary schools. All these congenial cultural conditions exist in the working community of the corporate sector of industry. That's why this community is an ideal target for family welfare efforts.

# CASE STUDIES

## INTRODUCTION

### I. Industrial Sector

The organized sector employs 25.3 million workers of the 222 million in the labour force and thus forms about 11 per cent of the total labour force in India. If cooperative and semi-organized sectors are also added, then this group will form 15 to 20 per cent of the labour force population – quite a large group. The Government of India has recognized importance of this sector not only because it forms a large group in itself but because of its potential for a ripple-effect in urban informal sector and rural areas. Three typical characteristics of this (industrial workers) group make it a unique priority group for the family welfare programme : (i) they are easier to motivate because of their own socio-economic background and favourable surroundings, (ii) they can give greater return for the investment because of its spread effect, and (iii) they are located in the contiguous area where it is easy to contact them and carry out educational activities and provide services.

Most of the organized sector workers belong to younger age groups – about 80 per cent of them are in the age group where women/wives are in the reproductive age group 15-44. They thus form a crucial group for the family welfare programme. The educational level of this group is also higher than the general population. They are in actual contact with ideas of modern living, can see association of small and planned family with better quality of living with their own eyes and in their own surroundings. They are exposed to new ideas and enjoy more income. All these characteristics have been found to lead to easier acceptance of small family norm. This group thus could be motivated to accept programme services with much greater ease than the general population.

The cost-effectiveness of the family planning programme related efforts in industry is also relatively favourable. Not only is it relatively easy to get acceptors among industrial workers for the same degree of efforts and investment but it has additional advantage of spread effect. The workers in the industry keep their contact with villages or areas from where they come and where their families belonged. They are looked upon as models, ideals and leaders who need to be followed. Their advice thus carries weight and is likely to be accepted or at least seriously considered. They can be very effective spokesmen or salesmen for the programme.

Another favourable point for programme in the industrial sector is an easy accessibility of the client population. All workers are available in the industry, they come in contact regularly with the welfare officers like labour welfare officers, medical staff, union leaders who are their well-wishers. Thus it becomes easy to talk to them, motivate them and even to put peer group pressure on them for accepting planned family norm. In quite a few industries they live in the residential colonies or jhuggi Jhonpries (clusters of huts) in the neighbourhood of the industry. Thus their accessibility is good and it becomes easy to conduct and carry out educational activities.

Most of the industries have medical and health facilities – some have large hospitals attached to them, some have some medical staff for consultation, others may have only paramedical staff. But every unit has some sort of medical facilities and thus technical information on family planning and MCH services can be passed on to the client population correctly.

## II. Family Planning Programme in Industrial Sector

Though some industries played a pioneering role in initiating family planning programme as early as thirties, they were of only scattered nature, limited to a few industries. Only self-motivated management showed their far-sightedness in providing education, motivation and services to their workers as welfare package. It was only since 1970 that this movement picked up momentum. Many industrial houses and public sector undertakings of the country have established family planning programme for the benefit of their employees either on their own or in cooperation with the Central Government and/or leading voluntary organizations of the country. A number of industrial, commercial and employer organizations had also taken up promotional activities in family welfare. The Employers' Federation of India (EFI) conducted a survey in 1975 to find out how far their constituents had taken to this national programme. It was found out that out of 345 respondent industries 278 undertakings had taken some positive action in this direction. The International Labour Organization (ILO) also gave an impetus to the movement of family planning activities in the industries by (i) sensitizing the national government about the role organized sector can play in the overall programme, (ii) preparing background material which could be used for programme implementation and development, and (iii) executing some research and action projects with the assistance of UNFPA in the industrial sector.

Though the idea of family planning programme has been accepted by all organizations and individual industries, the programme has been started only in a few of them. Even where the programme has been started, actual programme has not been effective in most of them; many of them have only some semblance of the programme. Such half-hearted programmes have not led to any meaningful services and activities. Efforts are needed in (i) getting more industries start family planning programmes, and (ii) strengthen the ones where they are operating. For

this purpose, there is need to create a mechanism to follow-up management in the industries to start the programme and, when needed, to provide technical assistance for making programme more effective. Organized sector institutions like Federation of Indian Chambers of Commerce & Industry (FICCI), Standing Conference of Public Enterprises (SCOPE), PHD Chamber of Commerce and Industry ( PHDCCI), All India Organization of Employers (AIOE), Employers' Federation of India (EFI) and others have to play more active role in this regard.

The industries where family planning programmes have been started have shown varying intensity of efforts ranging from marginal to quite intensive. There is always a possibility of learning lessons from such experiences – why some programmes have shown more success than others? Do there exist some common threads amongst successful industrial family planning programmes which may have relevance for such programmes elsewhere ? Similarly, what can be said about the programmes which have not shown much success? Do they also have some common features? These types of investigations may at least identify some factors which should or should not be built into a programme in the industrial sector. With this type of idea, it was decided to carry out a study of the family planning programme in industries which are generally members of the All India Organization of Employers (AIOE), the Employers Federation of India and the Standing Conference of Public Enterprises.

## III. Objectives of the Study

The over all objectives of the study was to understand determinants of more successful and less successful family planning programmes in the industries. The purpose was to learn lessons which could be used in implementing programmes more effectively in industries.

## IV. Methodology

The CIE*prepared two sets of questionnaires, one for the family welfare programme related information in the industry and the second for the workers to get profile of workers in the industry. These two questionnaires were sent to all the constituents requesting that the information be sent about the industry and 10 randomly selected workers. The idea was that the first questionnaire will give family welfare programme profile of all the constituent industries and the second profile of its workers. In all about 200 questionnaires were sent. A total number of 56 questionnaires from industries and 486 number of worker questionnaires were received. We are including profiles of 34 industries in this publication.

Though the industry questionnaire had provided some information on the profile of family welfare programme, it was felt that it was not enough to understand the programme fully. Therefore, staff was sent to twenty industries – some large, some medium and some small scale; some having good programme and some with

*Council of Indian Employers, constituted by the AIOE, EFI & SCOPE

not so good or rather poor programme so that detailed case studies could be prepared for these industries. This staff not only tried to collect more detailed information on the profile of the industry they visited but also interviewed management responsible for the programme to get their views on the programme and get suggestions as to how the programme could be strengthened. It was expected that these case studies should be able to provide enough insight into the programme in those industries and at the same time, may provide some leads for industries who wish to start/strengthen the programme. Another purpose was to see whether some common thread of factors can be identified which make a programme more or less successful. Such factors, if identified, can be suggestive of what a good family planning programme in the industry should have and what a programme should not have.

## V. This Publication

This publication has three sections. After the general introduction, the first section gives an overview of what comes out of the case studies and family planning profile of various industries. An attempt has been made to cull out the common features of the successful programmes in the industries and the suggestions obtained to give some ideas in the successful implementation of the programme. The effort is to make this section as applied as possible so that implementors of programme can find some guidelines from them. The second section describes case studies of the family planning programme of 20 industries; some of these industries have successful programme and some have relatively less successful programmes. Each of these case studies are in the following parts :

- Introduction
- Medical and Health Care Facilities
- Family Planning Programme, dealing with programme strategies covering aspects like Role of Management, Role of trade unions, Role worker-motivators, Information, Education and Communication, Incentives and Monitoring System
- Strengths and Weaknesses and
- Recommendations.

Though all efforts have been made to cover all the salient features of the programmes, particularly their evolution and experiences, by discussing with managements of the industries, the details given, however, may not be meeting the expectations of the readers. Many times we ourselves were not happy with them but failed to get any more light on different issues in the programme. This was due to the fact that personnel available and currently operating the programme (interviewed for the case study) may be different from those who started the programme and later left the company. With such constraints on the available information,

efforts have been made to present the programme in as effective a way as possible. The recommendations presented in each case study have emerged from three sources – felt and suggested by the management who was interviewed, obvious problems felt by the interviewers either while interviewing for the case or when writing it and those felt by the editors who had attempted to bring uniformity in all the case studies prepared by different people.

In addition to these twenty case studies, a base-line survey of family planning programme obtaining in an agglomeration of small industries numbering 50 around Jaipur, Rajasthan with an employee strength of 17118 undertaken by the Indian Institute of Health Management Research, Jaipur at the instance of the All India Organisation of Employers some time back has also been included in this section. The survey sought to find out (1) the profile of the workers particularly related to family planning programme, (ii) The effort of the management to provide family planning education and services to the workers, and (iii) the views of the management on the family planning programme in the industries. The findings of this survey and the recommendations emanating there from are considered equally relevant in the context of the present case study.

The third section presents family planning profile of 34 selected industrial units out of those who had responded to the questionnaire sent to them. If the questionnaire received was found incomplete or not clear, attempts were made to write back to the industry to collect relevant details; many times the requested detail was obtained and many times not. The profiles therefore were presented with whatever detail could be secured. The purpose is two-fold; the first and foremost is to present a profile of the constituent industries which, when read by their managers and the programme implementators will make them feel and realise limitations of their own programme and, it is hoped, will motivate them to strengthen the programme (by seeing gaps in their own programmes by comparing with fully developed and comprehensive programmes of other industries included in this publication). The other was to present an aggregate picture of the profile which has been given in the beginning of this section.

In this section we have also included a few relevant statistical tables giving some characteristics of the 486 respondens (employees of 55 different industries located in various regions of the country) who had filled in the Workers Profile Questionnaire and returned the same to us through their employers. The tables indicate the classification of the respondents by age, sex, education, income, religion, family size, etc. and their correlation with family planning prevalence.

# OVERVIEW

As stated earlier, there were several objectives of this publication. One was to know what was happening with regard to family planning programmes in industries in general. The second was to prepare and present case studies of a few successful and not so successful programmes to determine a common thread among successful programmes and those with less successful ones, with a view to get lessons on how to implement a programme successfully in industry. The third was to make suggestions on how a programme can be implemented and strengthened in an industry. These suggestions emerged (i) from the experience of those who were running the programme, (ii) strengths and weaknesses of the programme felt by those who were working on the case study, and (iii) review of the case studies by those who were attempting to edit this publication and had opportunity to review case studies of all the industries at a time. These suggestions have been presented here in the following broad categories:

- Common features of successful programme
- Role of Management in the programme
- Role of Worker-Motivators
- Information, Education and Communication (IEC) Activities in this programme
- Management of the programme
- Role Government can play in running programme in the industrial sector.

The first category has been included here to show common features of successful programme; the implicit suggestion being that all programmes like to build them within their own set up. The remaining few categories are discussed here as they constitute elements of any programme in an industry. Suggestions how to strengthen the programme at the level of each of these broad categories have been made by collecting them from those who run the programme and those who were involved in writing of the case study or editing of this publication.

**1. Common Features of successful programme**

The following were found to be the common features :

a. The programmes exist in the big industries.

b. Top level management directly shows interest in the programme by providing all the support for the activities and reviewing its progress periodically. This review has become indicator of the support of the management.

c. Programme is implemented by a Committee constituted by management of all sections – medical and health, personnel, labour welfare etc. Most of the

organisations have given responsibility to the medical and health sector of the industry. There is need to make this committee more broad-based.

d. Existence of good Incentive Schemes.

e. Some coordination exists with the Government machinery.

f. Quality of services is good.

g. More intensive extension achieved both in-plant and in residential areas.

h. Some effective IEC infrastructure exists or other wise effective educational and motivational efforts are made.

**2. Role of Management in the programme**

Most of the industries have support of top management but this support has been limited only to (a) provision of extra incentives, (b) agreeing to provide services even to non-employees, and (c) sometimes to build extra infrastructure in the form of medico-social worker/extension worker. Though all these components of support are very essential they serve only part objective. The involvement of the top level management should cover the following activities :

a. Appointment of a Committee of middle level managers comprised of staff from medical and health, personnel and labour welfare programme.

b. Getting these (Committee) members oriented (Trained) to family welfare programme, its services, its activities and the resources of the programme which are accessible.

c. Review of the progress of the programme on regular basis so that everybody should get a message that "boss" wishes to have a good programme. Only in Neyveli Lignite Corporation was such review in existence and the programme there showed good results.

d. Appointment of staff of extension workers who can visit the houses and talk to the wives who are better receptors to the family welfare programme services.

e. Commitment to the activities of distribution of oral contraceptives and condoms, strong IEC activities and incentives even if other family planning services do not exist in the industry.

f. Adoption of nearby area. Most of the industries which have shown commitment to the programme have extended their programme services to cover the satellite areas. They may even consider undertaking such responsibilities for nearby small industries who do not have their own resources for the programme.

g. Incentives to the workers of the industry who show good work for the programme.

h. Permission to undertake educational activities in industry, which cover not only group meetings but also lectures, exhibitions, well-baby clinics and health-check up camps.

The implementation and day-to-day running of the programme responsibilities have been given in most of the programme to medical and health units of the industry except in Neyveli Lignite Corporation where middle level management of all units, medical and health, personnel and welfare are involved in running the programme. Involvement of all sectors of the industry gives greater emphasis to the programme and therefore it is suggested that committee to run the programme should have wider base and include not only these units of the industry but also representatives of Trade Unions, workers and even the district medical and health department (government set up). This committee initially has to develop familiarity with the programme. For this purpose, they may have to undergo training/ orientation consisting principles of management and administration, have discussion with local family planning personnel, nearby voluntary organisations, research organisations and Population Units at employers' organisations to learn and get ideas how the programme should be implemented in the industry. In other words, the committee members should get oriented to the programme and know where programme related resources are available to them within, outside and nearby the organisation which they can use for their own programme in the industry. This committee should plan strategies and oversee implementation of the programme and submit the report to top management with their recommendations on the aspects which require support. The planning should cover the aspects like IEC, integration of family welfare educational activities with other educational activities for the workers, development of records and reports for programme monitoring, selection of worker-motivators and preparation and updating of eligible couples registers. They may seek technical assistance from the Population Units with the Employers' Organizations and even various State and National Institutes on the aspects about which they do not have enough competence. The idea is that the programme should be started systematically so that it can lead to the best possible results.

### 3. Role of Worker-Motivators in the Programme

No company has involved worker-motivators to accelerate the process of educational activities in the industry. Several companies have hinted involvement of workers but nowhere they have been used as educators and motivators; only employee staff recruited for the programme services are doing this work. Though mass media is important to bring awareness, only the inter-presonal one-to-one discussion helps workers in making ultimate decisions. Therefore logically, it is expected that this role of worker-motivators could be quite effective in inter-personal communication activities and giving programme a worker's programme focus rather than management's programme.

This non-involvement of workers in the programme may be because of the difficulties faced to bring about in their involvement or because programme did not think about it. It is therefore suggested that a good experimentation (not half-hearted) should be done to involve workers in the programme. Some suitable award scheme in the industry and acknowledgement of their good work could be enough incentives for them to contribute their best.

There is a need to select the worker-motivators carefully. Some desirable characteristics are : (i) influential among their fellow workers, (ii) leadership qualities, (iii) interest in the welfare work, and preferably acceptors of family planning methods or at least should have strong conviction for small family. They should belong to the working class so that they have day-to-day communication relations with other workers who are to be motivated. They should be trained in the programme and should have good communication skills so that they can answer various queries, explain and convince other workers about benefits of family welfare services. They should periodically be exposed to refresher courses so that they have a feeling of being with the programme. These workers need also be guided and supported by higher level officers and middle level managers during their activities and in periodic meetings.

Their number should be as large as possible to get people who have requisite characteristics and are willing to work for the programme. After they are given orientation, they should be assigned some specific workers–population for motivation in some department of the company. Their work also needs to be reviewed through reports and actual participation in their activities more to give them a feeling that somebody has interest in their activities. They should be provided support whenever needed. It is necessary that they get the feeling of group backing rather than operating as isolated workers. Their being active requires periodic meetings with them.

**4. Role of Trade Unions in the programme**

None of the programmes discussed here have shown involvement of trade unions in the programme as an organization except in one programme where initial oposition to the programme services was won with the support of the Trade Unions. The individual members and leaders of the union have shown interest in the programme and have even helped in the activities related to family planning. This type of assistance has one message, that the nucleus for the support of family planning does exist in the Trade Unions in the form of individuals. The challenge is to convert this nucleus into an organisational support. Probably the individuals those who are for the programme have to be increased in number and commitment so that they, as a group, can make Unions to take some definite steps for giving fillip to the programme.

## 5. Information, Education and Communication Activities in the Programme

Every programme has created some mechanism for IEC activities in the industry. Most of them are in the form of counselling by the medical staff when people come for the services. Some successful programmes have created positions of the extension worker or social worker whose major responsibility is to educate workers during their visits to the hospital/dispensary. One or two programmes have used them for house visits and educational activities for the wives. Besides these inter-personal level activities mass media activities in the form of bill boards, hoardings, film shows, etc. have also been planned and undertaken. Intensive activities on education is a pre-requisite of a successful programme. In this regard, a comprehensive planning is needed. Some suggestions in this regard are as follows :

a. The worker-motivators may be supplied with motivation material. This material may be adapted to the target audience so as to be able to communicate messages in the language and terminology which may have more appeal for the workers.

b. There is a need to carry educational activities to wives because messages of this programme have more appeal for women. For this purpose, programme workers or worker-motivators should visit the residential areas and carry out the educational activities, mass as well as interpersonal. Such extension activities outside the industry will be easier to organize by collaborating with the local governmental machinery or nearby voluntary organizations.

c. One programme has involved wives of the top and middle level management in this programme. The related experience was very encouraging. Therefore, efforts should be made to organize wives of the management; the response generally is very good.

d. It is also useful to (i) display hoardings and family planning boards at suitable places in the factory and the colony, (ii) display family planning literature at various places, (iii) organize exhibitions, (iv) organize well baby clinics and (v) organise health camps. Periodic organisation of these activities will reinforce regular inter-personal and group activities.

e. Several industries have schools for the children of their workers. It is helpful to introduce population education in the curriculum of those schools. The National Council of Education Research and Training (NCERT) has developed material for different classes. It may be utilized.

f. Family planning programme messages have been incorporated in different training courses by the Central Board of Workers' Education, Nagpur. They have also developed appropriate material. It will be useful if all the training courses of the workers organized in the industry utilize this material and include them in the training courses.

## 6. Management of Programme

Family Planning programmes in different industries have clearly pointed out that implementation and management of the programme in general has been rather unsatisfactory. They have some support of the managerial cadre of the company; at their (management's) suggestions some activities related to the programme are started. At no level, however, one gets the impression that activities are first planned and then executed. Probably it is the additional responsibility which has been given to the implementors, and, therefore, it does not draw their full attention. Other reasons might be that the implementors do not feel the importance this programme deserves or they probably are not familiar with the basic principles of management and thus are unable to do justice to this programme. That is one important reason why most of the programmes in industry have not shown their full potential or effectiveness. It becomes necessary, therefore, to give a sound orientation to the implementors of this programme on the programme and management principles it requires. Some suggestions, in particular, which have emerged from the successful programmes are :

a. A good planning may be done as to how educational activities, both mass media and inter-personal, may be conducted. Its effectiveness is an important component of a successful programme. Even in industries where services are not available an effective and well designed educational programme, distribution of conventional contraceptives and good incentive schemes can in themselves make a programme successful. Therefore, educational activities deserve serious attention – both in the factory and in residential areas.

b. The quality of services arranged/provided should be very good so that acceptors of these services could become spokespersons of the programme. In this will be included follow-up services and full attention if some side effects/complications appear. The system should be so evolved that all elements of services are of good quality.

c. The programme in the industry should be coordinated with the local government programme to utilise the governmental machinery optimally. Similarly, the programme should utilize other available resources of non-governmental organizations. Such efforts give the programme flavour of the community programme and not that of the management of the industry.

d. Support may be sought from wives of the top and middle level management. Their involvement secures support (for the programme) from the management and brings much greater acceptance from wives of the workers.

e. One of the first steps in the process of implementation of the programme will be to get the Eligible Couples and Child Registers (ECCR); details on these registers can be sought if required from the Union Ministry of Health & Faimly Welfare or from the state or district. These registers identify the type of family welfare services different couples require and help in preparing need-specific educational activities. Programmes which have worked with such registers have shown greater success. The inter-personal activity, if made need-specific, is likely to lead to better results.

f. There is a need to keep such registers (ECCR) updated so that programme focus is on the eligible couples.

g. Family planning programme in isolation has always been found to raise doubts in the mind of individuals. When it is viewed along with MCH programme, it becomes family welfare and has greater appeal. The linkage between MCH and family planning is so strong that both should be taken up together.

h. None of the programmes were found to have developed a systematic monitoring system except at Neyveli Lignite Corporation and TISCO where the programme was very successful. Monitoring system usually is to give fine tuning to the programme and therefore becomes a useful tool in the overall strengthening of the programme. One reason for not having a good monitoring system is that it requires a technical background to develop it. For this purpose, the industry will find it very cost-effective even to hire services of a consultant to develop a suitable monitoring system.

i. Last but not the least, it is suggested that one should get the programme of the industry reviewed periodically by outside agency so that weak elements can be identified and appropriate steps taken to eliminate the shortcomings and strengthen them. Such constructive review by knowledgeable persons has always been found to be a very useful exercise in making the programme more effective.

**7. Role Government can play in getting Programme implemented effectively and widely in Industrial Sector**

The foremost step is to ensure commitment of the top level management to have family planning programme in the industry. Such commitment can be secured through political intervention, emphasis on the social obligation that industrialists have towards workers and the society in general and the cost-benefit analysis of the programme or all together. The approach to get necessary commitment may vary by the type of recipient who is being approached and the definition of the probelms the company has. It is found that the first step in involvement of top management is initiated very well by having them in a seminar setting which is addressed by a

minister or a top industrialist but efforts end right there. No attempt is made to follow up this commitment so that it results into an effective and variable programme in the industry. Who should be given the responsibility for such a follow up. The employers and commercial and industrial organizations become the natural choice for such follow up action and getting a systematic programme started. For this purpose, it is suggested that such commercial organizations should be made to have an effective and strong population infrastructure which can take a lead in actual involvement. They can help in getting a good programme initiated. In case the top level management needs another push, they can always use the persuasive power of the chief of such commercial organisations. It has been reported by the implementors of programmes in the industry that they do not get much support from the local government machinery. This complaint should be carefully resolved as this sector can help in accelerating acceptance of family welfare programme. Even without this complaint, one gets an impression that the government has more or less neglected this sector because never any systematic effort has been seen to involve them in the programme except in a projectinised fashion in some isolated industries. It is high time that some serious steps were taken to ensure that this sector gets actively and effectively involved in this crucial national programme.

It may be also useful to start some Award Scheme to involve this sector in the programme. The idea is to create healthy competition among industries so that more interest is shown by the top level management in this programme. Though Federation of Indian Chambers of Commerce and Industry (FICCI) has an award scheme, there is a need to see whether some more effective award schemes which can bring greater involvement may be developed.

One important step which can help strengthen the programme in the industrial sector is strong population cells in the commercial/employers/industrial organisations to provide technical support which is very much needed. Not only they will be able to support initiation of the activities in this sector but provide technical guidance to make the programme effective. If necessary, these cells can be technically supported by other national institutions to make sure that the programme in the industrial sector fulfil the expectation from it.

# FAMILY WELFARE PROGRAMME

# IN SELECTED PUBLIC SECTOR INDUSTRIES

## CASE STUDIES

# BHARAT HEAVY ELECTRICALS LIMITED (BHEL) HARIDWAR, U.P.

## I. INTRODUCTION

Bharat Heavy Electricals Limited (BHEL), Haridwar, a large public sector undertaking, specializes in the manufacture of power generation equipment and other industrial processes along with all related auxiliary equipment.

BHEL, Haridwar is a very successful public sector undertaking and its contribution has been very substantial in many fields, not the least of which is employee-welfare.

The BHEL employs 12,251 persons of which 11,051 are in the reproductive age group of 15-44 years.

## II. MEDICAL AND HEALTH CARE FACILITIES

Free medical care to the entire BHEL community is one of the welfare amenities provided. The Medical Department (Hospital) caters to the curative, preventive and promotional needs of BHEL community consisting of 12,251 employees. It has also adopted two villages for providing free medical and health care facilities from this organized sector unit.

The occupational Health Services take care of every aspect of health requirements of BHEL employees in their working environment. The 200-bed hospital, with its doctors and supportive staff, takes care of curative services. This hospital has almost all common specialities.

The Community Health Services (CHS) wing of the Medical Department caters to the preventive and promotional aspects of health requirements of the BHEL community. Family Welfare is a part of the Community Health Services; MCH and Family Planning in BHEL, Haridwar had formed part of their health services since 1968.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

There is a special cell under the Chief Medical Officer (CMO) in the Hospital for implementing the family planning programme since 1968. Since 1985 there is a part time specialist/gynaecologist/doctor attached to the Family Planning Cell. There is one full time Public Health visitor and a medico-social worker. There is also a part time accountant attached to the Family Planning Cell.

High quality curative services in the BHEL hospital has gained confidence of the BHEL community. Therefore all services there have good acceptance. The approach adopted is one of education, motivation and interpersonal relationship of workers' families and family planning staff which are helping in the successful family welfare planning programme by the unit. MCH activities ensure adequate maternal, fetal and child health care. Universal antenatal coverage, effective post-natal clinics and well-attended well baby clinics are part of MCH activities which provide a strong foundation for family welfare programme.

Family Planning Unit had earlier conducted a target couple survey and provided information, education and motivation among workers on small family norm. The unit also distributes, under supervision, oral contraceptive pills and other conventional contraceptives. The hospital undertakes vasectomy and tubectomy operations and medical termination of pregnancy. From time to time, the family planning cell conducts tubectomy camps for its workers' families and other motivated people in the area. Many times, the management gives special incentive from its own side during such camps, in addition to other incentives which the Government normally gives to sterilization cases.

The BHEL has adopted two villages (rural areas) for extending the benefits of family welfare and health care activities. The Family Welfare achievements in various years by the BHEL are shown in *Table 1*.

**Table 1 : Achievements in Family Welfare Activities**

| | *Methods* | *Years* | | |
|---|---|---|---|---|
| | | *85-86* | *86-87* | *87-88* |
| 1. | Vasectomy | 33 | 47 | 22 |
| 2. | Tubectomy | 251 | 265 | 178 |
| 3. | IUCD | 151 | 143 | 147 |
| 4. | MTP Cases | 159 | 160 | 171 |
| 5. | No. of Oral pill cases | 325 | 208 | 83 |
| 6. | No. of CC users | 406 | 338 | 136 |
| 7. | Immunization (School Health Programme) | 8719 | 9127 | 9742 |

The annual expenditure of BHEL exclusively for Family Planning Programme from 1985-86 onwards is as follows :

| | |
|---|---|
| 1985-86 | Rs. 21,999.00 |
| 1986-87 | Rs. 21,755.00 |
| 1987-88 | Rs. 10,647.00 |

## 3.2 Strategies

### 3.2.1 Role of Management

The Programme seems to be exclusively the concern of the Chief Medical Officer without any involvement of top or other middle level management. Addition of two or three members to the family planning cell cannot by any means be interpreted as commitment of the top management – it may be taken at most as a sign of their blessing for this programme. The commitment will be reflected by a little more interest in the programme in the form of periodic review of progress of the programme.

Even at the middle level management there is a need to involve more people than health staff. A group has to be formed to plan out strategies and oversee progress of the programme. Leaving it to the medical officer will give it a shape of the curative service programme.

### 3.2.2 Role of Trade Unions

No effort has been made to involve the leaders of trade unions. Their involvement can give this programme more credibility which is essential for greater acceptance.

### 3.2.3 Role of Worker-Motivators

This programme has been the exclusive responsibility of the staff employed for it. No effort has been made to involve the worker community in this programme. Involvement of some workers after due training will give it a semblance of the workers' programme rather than that of the management. Satisfied workers, in particular, can contribute to increased acceptance of the programme services.

### 3.2.4 Information, Education and Communication Activities

The Medico-Social Worker under the supervision of Chief Medical Officer is in charge of Information, Education and Communication (IEC) activities. The facilities provided are : in-house visit and motivation, group meetings, audio-visual programmes and other interpersonal and mass media activities. It was reported that BHEL was using resources of the Central and State Governments for these IEC activities since they did not have their own resources. At the time of visit, the position of educator (motivator) was lying vacant as the incumbent had been transferred. The industry did not have equipment to carry out IEC activities effectively. Therefore nothing substantial was being done in this area which is so important for better acceptance of family planning services. Whatever being done with the help of Central and State Government machinery was of ad hoc nature – no systematic efforts were being made.

### 3.2.5 Incentives

Incentives both in cash and kind are provided to the workers' families who adopt permanent family planning methods. This is in addition to what the Government pays as incentive to family planning acceptors. The acceptors receive (i) incentive money from the company in addition to the usual payment of the government, (ii) special one increment as personal pay, if they have two or less number of children, and (iii) special leave if they accept permanent family planning method.

### 3.2.6 Monitoring

No system seems to have been evolved to monitor the programme regularly. Since only the Chief Medical Officer is involved in the programme, he becomes implementor as well as reviewer.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) Family welfare cell has been created in the health service infrastructure of the company. A social worker has been recruited to make house visits and undertake motivational activities.

(b) Health services of BHEL has good credibility and therefore workers will accept services from them if they are adequately motivated. Some systematic efforts in IEC (both mass media activity and interpersonal contacts) can greatly increase acceptance of the programme.

(c) The Company has strong programme to give good MCH services. Thus they have already developed credibility with mothers. At this stage achievements in family planning could be easy.

### 4.2 Weaknesses

(a) Commitment of top level management does not exist except general blessing.

(b) Only medical staff is involved in the programme – no other middle level management staff seems to be involved.

(c) The programme is essentially of the management without involving workers in any way.

(d) IEC activity is of very limited nature ; that too it is of ad hoc type. There is a need to have a qualified person to do justice to this important component.

(e) Programme does not seem to have any effective monitoring system which is so essential to make the programme efficient.

(f) There is some doubt whether the workers' families are being visited for educational and motivational activities. In such a situation, obviously no justice is being done to non-workers in the satellite areas.

(g) There are no eligible couples registers. This approach makes the programme impersonal.

## V. RECOMMENDATIONS

The Company has family planning programme activity with a small staff. Thought it is providing family planning services, much remains to be achieved. The following recommendations may be useful in this regard:

(a) Involvement of top level management may be increased by their reviewing the progress of programme periodically. This itself will serve to boost activities of the programme since more interest will be taken at each level as the " boss" is reviewing the progress.

(b) Programme should not be the exclusive responsibility of the medical and health staff and the staff appointed for family planning unit. A committee consisting of middle level officers from personnel department, labour welfare and hospital (including family welfare unit) should be formed to oversee implementation of the programme. The district medical and health authorities may also be included. They should review the progress periodically, formulate strategy and guide its activities. This committee should submit the report to the top management with their specific recommendations.

(c) Involvement of wives of the top and middle level management in this programme has been found to give it a unique momentum. Their cooperation and support may be organized to give (i) force to this programme, and (ii) motivate workers and their families.

(d) The couples eligible for different types of services like MCH, terminal methods or spacing methods may be identified by completing Target Couple Registers. All efforts should be made to motivate them for accepting the services they require. Such motivation task should be shared by health and family planning staff, workers who have already accepted the services, labour welfare staff, heads of different units to which different clients belong.

(e) Monitoring of the programme activities need to be made more rigorous. Different persons should be allocated different responsibilities related to the programme. Their work output should be reviewed to make him/her (i) do more work, and (ii) help him/her in the problems he/she is facing.

(f) There is a need to increase, strengthen and systematize the activities related to information, education and motivation. Though one person in the family

planning cell exists to plan these activities but he can be provided support by the committee (recommended in (b) above) and the district level officers from the Department of Medical, Health and Family Welfare. Strategy in these activities is one requirement; its implementation has to be intensified. For this purpose, company should acquire audiovisual equipment of their own. Till that time, such infrastructure at the district level (medical and health department of the State Govt. ) should be optimally utilized.

(g) School run by BHEL is being well utilized for giving services to school children through their School Health Programme. Population Education may also be introduced in the school curriculum. The National Council of Educational Research and Training has developed appropriate curriculum for different classes.

(h) Programme should be given broader base by involving the workers. It should not be only management's programme. Active workers may be identified, trained and given responsibility to work for the programme. Acknowledgement of their contribution has been found to serve enough incentive for their involvement. Such cadre should be developed in each unit of the company.

(i) Trade union leaders have also to be made partners in this welfare measure. Their involvement through their motivation and training can be useful to bring greater credibility to the programme.

(j) A lot more effort has to be made to contact workers' families and motivate them for the services. Women generally respond to these services much faster than men. Therefore activities around females have to be intensified.

(k) The programme activities should not be confined to the workers and their families but the company should extend its activities in the neighbouring areas. They have adopted only two villages so far; there is need to increase the area geographically. It is recommended that more and more neighbouring areas should be brought in the jurisdiction of the company for family welfare programme activities. Other companies have done it; this company may also do it.

(l) . The Chief Medical Officer of the company recommends involvement of retired employees in this task. This novel idea should be experimented with. The Government of India has funds to experiment with the innovative ideas. Therefore the Government of India may be approached for funding this scheme.

(m) AIOE has a small nucleus unit to help industries in systematic development of the programme. If necessary, they may be approached for help and guidance.

# GUJARAT STATE FERTILIZERS COMPANY LIMITED
# BARODA, GUJARAT

## I. INTRODUCTION

The Gujarat State Fertilizers Company Limited (GSFC), a joint sector Company was started in the year 1962. It is situated in Baroda City about 10 kilometers away from the Railway Station. The Company is having a vast area, where all the manufacturing operations, offices, residential complex, hospital, guest house, schools and shopping arcades are located. The business of this Company is manufacturing and marketing of various Fertilizers, Petrochemicals, Plastics and Industrial Gases.

GSFC has won the nation's second best Productivity Performance Award of the National Productivity Council of India for 1987 and the prestigious International Award of Honour of the National Safety Council of the United States for the year 1987 for the top management's commitment to safety. GSFC has set a record in the fertilizer industry by winning the FAI National Award consecutively for the 5th year in 1987 for the best overall performance in production of phosphatic fertilizers. It also has won the Runner-up Award for the second consecutive year for the best overall performance in production of nitrogenous fertilizers (Ammonia). Recently the GSFC has won the Industrial Relations Award for 1988 of the Federation of Indian Chambers of Commerce and Industry (FICCI). GSFC is the first industrial venture in Gujarat to be adjudged a winner of this coveted award by the All India Organisation of Employers for developing and maintaining excellent industrial relations. It was considered to be the best on the basis of effectiveness of Board, worker's participation in Works Committee and other forums, productivity and sharing the gains with workers, reduction of absenteeism and mandays lost and efficiency of safety measures.

Human Resources Management of the Company has an enviable record. The training centre that was started way back in 1965 has been expanded and now attains the status of a full-fledged Training Institute. Periodic training of staff has created cordial interpersonal relationship and has contributed significantly to the Company's productivity and profitability. The Company has followed and shall firmly follow, for many years to come, the Policy that the safest, the best and the most paying investment is the investment in manpower development.

The Company has always believed that expansion, integration and diversification are the keys to a more profitable operation and accordingly the Company has so far developed and grown. Keeping this in mind, the Company further proposes to undertake massive growth projects. The current corporate growth plan envisages

an outlay of Rs. 1000 crores. The growth plans include increasing the capacity of the Caprolactum plant, expanding the Ammonia production capacity, undertaking a project for co-generation of steam and power, expanding the capacity of its Melamine production facilities and taking over of Gujarat Nylons Ltd. All these projects of the Company are scheduled to be commissioned by 1991. And when this happens, the turnover of the Company shall reach the figure of over Rs. 1000 crores.

The total number of employees in GSFC is 3855, including official staff. Only 25 of them are females and are working in different departments. All the women employees are in reproductive age groups (15-44), 2741 or 72 per cent men have their wives in reproductive ages. In all 2766 employees are in reproductive ages. The GSFC is having well-educated manpower – almost 85 per cent of its employees are graduate and above. Nearly 1250 employees are staying in GSFC township, 1687 are staying outside the township, and the remaining 918 field staff are distributed in Farm Information Centres and area offices in different parts of the country. The distribution of workers by number of children is shown below :

| *No. of children* | *No. of employees (%)* |
|---|---|
| Bachelors | 7.0 |
| 0 child | 6.7 |
| 1 child | 12.8 |
| 2 children | 35.0 |
| 3 children | 25.9 |
| 4 & more children | 12.6 |

It has been noted that the birth rate for the year 1988 was 11.0 per thousand population and the deliveries during the year 1988 were 176.

## II. MEDICAL AND HEALTH CARE FACILITIES

The Company is having a well-equipped medical Centre with 18 bed capacity manned by a physician and 4 medical officers. Over and above this, at present the Company is having a full time Surgeon and an Anaesthetist who look after operations at the medical centre. The Company is also having a well-equipped laboratory in the Centre for all kinds of routine and special investigations. X-ray and Screening facility, shortwave diathermy and UVR etc. are also available for employees of GSFC under the supervision of qualified medical men. E.C.G. facility, Trade Mill Test, Monitoring facility etc. are also available to meet medical emergency/factory accidents. For minor surgical operations, the Company is having a well-equipped small operation theatre as well as a well-equipped operation theatre for major operations. Services of a part-time physiotherapist and a radiologist are also available to the employees. The Company has facilities for the mother/child health care also. All children not only receive curative services but are regularly brought to the medical centre and are given advice regarding their growth and development,

weaning schedule, etc. All routine immunizations including measles are available. Antenatal examination is meticulously done on every Tuesday and Friday. Advice regarding diet, exercise and drugs, etc. is given.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

In GSFC Family Planning services are integrated with medical services. Motivational work is being done continuously. For sterilization operations, currently GSFC arranges camps from time to time and offers special incentives from the management. The Company organizes camps not only in GSFC complex but also in nearby areas for the community wanting to undergo sterilization operations. But the management has now decided to develop its own full-fledged sterilization operation facilities at their own hospital. One lady social worker has been specially appointed to look after family welfare programme education.

For greater success of this programme the Company gives more importance to the keeping of Eligible Couple Registers and their updating. Survey of family planning status of employees is done from time to time. Currently 45.0 per cent of the employees with wives in the age group 15-44 are permanently covered under the family planning programme and 6.1 per cent are using other contraceptive methods for which supplies are arranged from Government Primary Health Centres free.

The details of operations (yearwise) since the Family Planning Programme started in GSFC Ltd. are shown below :

**Table 1 : Number of Operations Performed in Different Years**

| *Year* | *No. of operations* | *Year* | *No of operations* |
|---|---|---|---|
| 1969 | 31 | 1980 | 78 |
| 1970 | 46 | 1981 | 53 |
| 1971 | 38 | 1982 | 87 |
| 1972 | 54 | 1983 | 73 |
| 1973 | 49 | 1984 | 91 |
| 1974 | 68 | 1985 | 80 |
| 1975 | 58 | 1986 | 83 |
| 1976 | 93 | 1987 | 66 |
| 1977 | 92 | 1988 | 107 |
| 1978 | 77 | | |
| 1979 | 60 | Total | 1392 |

The Table 1 shows that 107 sterilizations were performed in 1988; in addition the Company had also secured supply of condoms for 215 couples from Government channels and given services of Medical Termination of Pregnancy (MTP) to 126 couples.

## 3.2 Strategies

### 3.2.1 Role of management

The management has been giving more importance to the development of this programme. Commitment of the top level management is indicated in their willingness to give incentives and develop infrastructure for the programme. They have agreed to provide incentives available to regular employees to the contract labourers also. The management has already decided to have their own operation theatre in the medical centre. Initially, one lady social worker has been appointed to look after the programme independently; if required they may agree for more positions.

For the promotion of this programme, the middle level management is helping a lot. The medical officer has the total responsibility of implementing this programme. Recently the management has started data processing of all the employees, to find out the family size, age, qualification of members of families, etc. The basic idea is to find out the characteristics of eligible couples over the years and to formulate strategies accordingly to inform, educate and motivate them to accept the small family norm as a way of life. The management has also arranged prizes for motivators and special training programmes for them. Many middle level managers also are helpful in organization of the camps and even take initiative to talk to workers to motivate them to accept family welfare services. But this is done at individual level; there is no responsibility on them for such activities.

### 3.2.2 Role of Trade Unions

There is no involvement of trade unions in the programme but some individual trade union leaders are helping the programme in organization of camps and counselling individual workers.

### 3.2.3 Role of Worker-Motivators

The programme has essentially been Company's programme – its staff hired for this programme has been working for it. No effort has been made to build a cadre of worker-motivators to influence decision of their own colleagues for this programme. Some individual workers have commitment to this programme and are associated with it informally. No formal effort has been made to get maximum help from them to bring other workers into the programme.

### 3.2.4 Information, Education and Communication Activities

For the wider development of this programme the management has extended its scope to cover contract labourers, outsiders, etc. Due publicity is given to this policy. The management is also arranging meetings, lectures, filmshows, slogans

competitions, essay competitions, etc. from time to time. Through the above media, the management gives publicity to the need of services and availability of services which are rendered. Within the organization, husband and wife are advised on the programme services whenever they come to the medical centre. Social workers talk to them in medical centre and cover as many clients as possible. There does not seem to be any effort to make home visits and talk to the lady of the house.

Special educational programme is arranged for Union Leaders, middle level executives, social workers and motivators regarding the family planning programme.

Information on the type of audiovisual equipment available with this Company is not available and it is not known whether they feel it to be adequate to do effective job. This dimension of the programme has probably been never considered because no systematic effort has been made to carry out effective educational activities.

How far the State and District health and family planning machinery is being used to conduct educational activity is also not known.

### 3.2.5 Incentives

The Company arranges sterilization operations in camps from time to time by collaborating with the Government machinery and voluntary organizations. All those who accept services, irrespective of Company employees or not, get incentive money from the Company. Their contribution to incentive is as follows:

**Employees of Company**

1. ***Cash incentive money***

| *Category of acceptor* | *Cash incentive* |
|---|---|
| Sterilization with one living child | Rs. 1501/- |
| Sterilization with two living children | Rs. 1001/- |
| Sterilization with more than two children | Rs. 751/- |

2. ***Leave facility***

- Special leave of five days to vasectomy acceptor
- Special leave of five days to tubectomy acceptor (those who accept non-puerperal sterilization)
- No leave to tubectomy acceptor who accept puerperal sterilization since they have taken maternity leave
- Special leave of one day to IUCD acceptors

**Non-employees**

Sterilization acceptors get Rs. 100 from Company over and above what they get as incentive money from the government (Centre and State).

### 3.2.6 Monitoring

No special effort is made to monitor the programme to initiate corrective measures except routine monitoring of number of acceptors, etc.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) Eligible Couples' Registers are being maintained to identify couples who need various programme services. This is a very efficient approach to motivate people.

(b) Though the programme has not adopted neighbouring areas for family planning services, still it gives (i) all facilities and incentives to their contract labourers, and (ii) incentives to non-employee acceptor of sterilization.

(c) Training related to the family welfare programme was being imparted to motivators, trade union leaders and even to middle level managers.

(d) Higher cash incentives are being offered to acceptors of the terminal method.

(e) The company is planning to have their own in-house facilities for services of terminal method.

(f) A social worker has been appointed to counsel and motivate the workers to accept the programme services.

### 4.2 Weaknesses

(a) The Company, though has potential, has not adopted satellite areas. They should adopt neighbouring areas, in phased manner, so that they can contribute to the national programme.

(b) No systematic effort is being made to conduct IEC activities. Social worker is making contact with individuals when they come to the medical clinic; no effort is made to make house contact for motivation activities.

(c) Commitment of the management is very limited.

(d) FP Programme is essentially Company's programme, being mainly conducted by full time employees employed for this purpose. No effort has been made to involve the community through workers or other leaders in the community.

(e) Operation of the programme has been the responsibility exclusively of the medical staff. No other staff is involved in its planning and implementation.

## V. RECOMMENDATIONS

In order to harness full potential of this industry to contribute to the national family welfare programme, the following recommendations are made:

(a) Involvement of top level management should not be limited to additional incentives or additional infrastructure. They should themselves take initiative and thus lead others to participate in the programme. One way to do this is that they should review the progress (monitor) of the programme periodically.

(b) Programme should not be the exclusive responsibility of the medical and health staff and the staff appointed for the family planning work. A committee consisting of middle level officers from personnel department, labour welfare unit and health and family welfare services unit should be formed to plan strategies and oversee implementation of the programme. The district medical and health authorities may also be included in this committee. This committee should submit the report to the top management with their recommendations on the aspects which require support.

(c) Involvement of wives of the top and middle level management in this programme has been found to give it unique momentum. Their cooperation and support may be organized to give (i) force to the programme, and (ii) motivate workers and their families.

(d) Updating of Eligible Couples Registers should be a continuous process. It should help in identification of couples who need to be motivated for different services and also in monitoring and evaluation of the programme.

(e) System of monitoring the programme needs to be strengthened. Different persons should be allocated different responsibilities related to the programme. Their work output should be reviewed to make him/her (i) do more work, and (ii) help in the problems he/she is facing.

(f) There is need to increase, strengthen and systematize activities related to IEC. The social worker appointed for counselling is contacting persons who are coming for the medical care. This may not be very opportune time for a social worker to talk. Efforts should be made to visit households and talk to women about them and their children.

(g) All help should be taken from the district level machinery to strengthen and systematize IEC activities. The Company should also acquire modern technology to educate and motivate workers in their work environment as well as in their households.

(h) School Health Education and Population Education should be made part of school programme for GSFC schools. The National Council of Educational Research and Training (NCERT) has developed appropriate curriculum on population education for different classes.

(i) Sessions on (i) benefits of small family, (ii) advantages of MCH services, and (iii) family welfare programme should be introduced in all the training courses to which workers are being exposed to.

(j) Programme should be given broader base by involving the workers. It should not be only management's programme. Active workers may be identified (as many as possible), trained and given responsibility to work for the programme. Acknowledgement of their contribution has been found to serve enough incentive for their involvement. Such cadre should be developed in each unit of the Company.

(k) Trade Union leaders have also to be made partners in this welfare measure. Their involvement has to be increased systematically – training alone may not be enough.

(l) The programme activities should not be confined to the workers. It should be carried to their houses. There is also need to extend the geographical area of their coverage by going to satellite areas. More neighbouring areas should be adopted for this programme services. Several industries have shown that it could be done by planning the programme activity carefully.

(m) The work of this programme can be made most cost-effective by coordinating these activities with those of (i) District Medical and Health authorities, and (ii) voluntary organizations working in the area. Such coordination should be planned.

(n) Different employers' organizations have developed a nucleus to help the industries in systematic development of the programme. Their help may be sought as and when felt necessary.

# HEAVY ENGINEERING CORPORATION LIMITED
# RANCHI, BIHAR

## I. INTRODUCTION

The Heavy Engineering Corporation (HEC) Limited was established in public sector in the year 1958-59 mainly to provide consultancy to the steel sector. Its expertise was to be used in Designing, Engineering, Manufacturing, Erection and Commissioning of various steel plants. Later on, it has diversified into Coal Sector requirements, primarily for the open cast mining.

HEC, Ranchi, is now a unique three-in-one complex, spread over an area of about 6700 acres in Ranchi, Bihar comprising of Foundry Forge Plant, Heavy Machine Building Plant and Heavy Machine Tools Plant. The principal products of the Corporation are steel plant equipment, excavators, crushers, druglines, O.B. drills, EOT cranes, heavy machine tools, various types of castings, forgings and rolls. The Company undertakes consultancy and execution of turn key projects in the areas of steel and coal, particularly in low temperature carbonisation plants, coal handling plants and coal washeries, etc.

About 19,759 employees are working there. It has a modern township with about 11,601 residential houses, which cater to about 55 per cent housing needs of its employees. The Corporation also runs 18 schools for the benefit of employees' children, who are not to pay tuition fees. In addition, 14 other schools (including 2 Central Schools) and three colleges are also functioning in the township. Subsidized canteens, drinking water facilities, first-aid centres and creches for children of employees are some of the welfare facilities provided by the company. It also has sports and games and other socio-cultural and recreational activities.

Out of 19, 759 employees who work here, 18,756 are males and only 1,003 are females. 771 female employees and 9,187 male employees have spouses in the reproductive age group of 15-44 years. The distribution of employees in educational categories is as follows : 7,044 (35.6%) are illiterate or just literate without any schooling, 4,512 (22.8%) have schooling below high/higher secondary, 5,198 (26.3%) are above high/higher secondary school but are below graduation and only 3,005 (15.2%) have degrees of bachelor and above.

## II. MEDICAL AND HEALTH CARE FACILITIES

The Heavy Engineering Corporation, Ranchi, has a well-equipped and prestigious 450-bedded hospital. Besides, it has a number of outdoor dispensaries and first-

aid posts. It uses Mobile dispensaries to provide services to the satellite villages. The HEC is having a composite team of Surgeons, Gynaecologists, General Duty Medical Officers and Paramedical personnel numbering about 300. They are involved in medical, health and family welfare care of the employee population and the neighbouring villages. The role played by them in this noble task has been well appreciated by the employees and people of the neighbouring villages alike. The breakup of the total staff in position during the last four years is indicated below :

| *Medical Staff* | *1985* | *1986* | *1987* | *1988* |
|---|---|---|---|---|
| Specialist/Gynaecologist | 29 | 33 | 33 | 33 |
| Doctor | 88 | 82 | 80 | 80 |
| Nurse | 114 | 112 | 111 | 111 |
| Midwife | 5 | 5 | 5 | 4 |
| Public Health Worker | 1 | 1 | 1 | 1 |
| Pharmacist | 28 | 27 | 27 | 27 |
| Lab Technician | 17 | 17 | 17 | 17 |
| Technician (OT/CCR) | 5 | 5 | 4 | 4 |
| Technician (Radiology) | 5 | 5 | 5 | 5 |
| Dresser | 15 | 14 | 14 | 14 |
| Field Worker | 3 | 2 | 2 | 2 |
| Technician (ECG) | 1 | 1 | 1 | 1 |
| Others | 316 | 309 | 304 | 303 |

Medical facilities are available free to all the employees and their families and sometimes even to outsiders. In the medical centre, there are also other services like, prenatal care and postnatal checkup and treatment, polio vaccines, B.C.G. vaccines, Triple Antigen, Community Health Programme, and well-baby clinic, etc.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

The hospital has been giving family planning and MCH services as a part of their total package of medical, health and welfare services. But in order to strengthen those services and to emphasize the educational part of the services, a Family

Welfare Unit was set up in the Hospital in the year 1969 with grant-in-aid received from the Department of Family Welfare, Ministry of Health and Family Welfare, Government of India. It continued to operate as per the guidelines of the Government of India till 1983 when this unit was taken over by the Management of Heavy Engineering Corporation. The Family Welfare Unit is functioning under the over all control of Chief Medical Officer of the Medical Centre. The Medical Officer-in-charge of the Family Welfare Unit is also the Senior Surgeon of the Medical Division.

In order to form family planning and MCH services as an integral part of the total health care of the people and to achieve better results, all the Medical Officers and paramedical personnel are involved in the Family Welfare Programme services and education. As such, all the Surgeons of the Department of General Surgery, numbering six, and all the Gynaecologists of the Department of Gynaecology and Obstetrics, numbering nine, are involved in the implementation of the F.W. Programme. They are conducting Vasectomy/Tubectomy operations, inserting Loops (Copper-T), and giving Medical Termination of Pregnancy (MTP) services in the operation theatres of the main hospital. Advice regarding Family Planning methods is also given in all the clinics held in the hospital, and different peripheral dispensaries on regular basis. The facilities of Family Planning services are provided to all persons, free of cost, irrespective of whether they are employees of the Corporation or not.

The following Family Planning services are available :

- *Counselling on Family Planning Methods :* All contacts with people are used to inform and educate people on family planning.
- Free distribution of Nirodh (Condom).
- *Vasectomy :* They are done under local anaesthesia by General Surgeons as an outpatient procedure.
- *Tubectomy :* They are done under general (spinal) local anaesthesia by the gynaecologists. The patients are kept in hospital for 3-4 days. Abdominal route is preferred in hospital than vaginal. The patients are given free medicine and diet when in hospital. There is no charge for hospital.
- *Insertion of IUCD :* This method has not been popular.
- *Oral Contraceptive Pill :* The pills were being sold to clients on cost basis for some time but now they are received from the Government and thus are supplied free. It is felt by authorities to discontinue this supply since its documentation is taking too much staff time.
- Recanalisation after Vasectomy/Tubectomy in deserving cases if required. So far, 20-22 cases have been given this service with success rate of about 60 per cent.

Under the MCH Programme, the following activities are carried out :

- Polio Vaccines
- B.C.G. Vaccines
- Triple Antigen
- Fersolate & Vitamin "A"
- Ante-natal & Postnatal checkups
- Deliveries
- MTP

From the inception of the Programme, the services were provided in the Hospital and in the Camps in adjacent villages and towns. The year-wise performance of the Centre since inception may be seen in the Table I. The total number of vasectomies done till November 1988 comes to 3,566. In addition, 2,896 vasectomies were done in Special Family Planning Camps organized during 1972. Thus the total number of vasectomies comes to 6,462. The total number of tubectomies done till November 1988 was 11,212. In this way the total number of vasectomies and tubectomies done till November 1988 were 17,674. In addition, 4,006 Copper-T, 1,18,684 Nirodhs and 5,005 packets of oral pills have been distributed from the Hospital.

Year-wise acceptance of sterilization operations by HEC employees and outsiders may be seen in the Table II. It will be seen that from 1984-85, outsiders are coming more in numbers for these services.

Statistics on MCH programme may also be seen in Table III.

**Table I Year-Wise Performance in Family Planning by Methods**

| *Year* | *Vasectomy* | *Tubectomy* | *Total* | *Copper-T* | *Nirodh* | *Oral Pill* |
|---|---|---|---|---|---|---|
| 1968-69 | 7* | 7 | 14 | – | 5086 Nos. | – |
| 1969-70 | 128 | 108 | 236 | – | 1072'9 " | – |
| 1970-71 | 158 | 150 | 308 | 26 | 10636 " | 748 Pk |
| 1971-72 | 180 | 156 | 336 | 11 | 11752 " | 1433 " |
| 1972-73 | 114 | 292 | 406 | 22 | 1360 " | 300 " |
| 1973-74 | 120 | 400 | 520 | 24 | 2093 " | 832 " |
| 1974-75 | 195 | 625 | 820 | 17 | 4336 " | 760 " |
| 1975-76 | 445 | 631 | 1076 | 3 | 5736 " | 260 " |
| 1976-77 | 833 | 1085 | 1918 | 6 | 5700 " | 101 " |
| 1977-78 | 105 | 501 | 606 | 2 | 3483 " | 171 " |
| 1978-79 | 218 | 622 | 840 | 1 | 3677 " | 114 " |
| 1979-80 | 159 | 684 | 843 | 8 | 5531 " | – |

Contd.

**Table I (Conetd.)**

| *Year* | *Vasectomy* | *Tubectomy* | *Total* | *Copper-T* | *Nirodh* | *Oral Pill* |
|---|---|---|---|---|---|---|
| 1980-81 | 159 | 728 | 887 | 17 | 8245 Nos. | – |
| 1981-82 | 124 | 700 | 824 | 28 | 4102 " | – |
| 1982-83 | 173 | 802 | 975 | 29 | 6220 " | – |
| 1983-84 | 158 | 828 | 986 | 37 | 5081 " | – |
| 1984-85 | 87 | 842 | 929 | 39 | 7908 " | 27 " |
| 1985-86 | 81 | 734 | 815 | 81 | 5081 " | 122 " |
| 1986-87 | 72 | 705 | 777 | 39 | 10550 " | 84 " |
| 1987-88 | 50 | 612 | 662 | 36 | 1370 " | 53 " |
| | *3,566*** | *11,212* | *14,778* | *426* | *118,679 Nos.* | *5,005 Pk* |

* The Family Welfare Centre started in 1969.

** In Addition, 2,896 vasectomies were performed in special family planning camps & the total comes to 6,462.

**Table II**

**Yearwise Sterilisations Separately for H E C Employees and Outsiders**

| | *H.E.C. Employees* | | | *Outsiders* | | |
|---|---|---|---|---|---|---|
| *Year* | *Vasec* | *Tubec* | *Total* | *Vasec* | *Tubec* | *Total* |
| 1968-69 | 7 | 7 | 14 | – | – | – |
| 1969-70 | 99 | 105 | 204 | 29 | 3 | 32 |
| 1970-71 | 150 | 146 | 296 | 8 | 4 | 12 |
| 1971-72 | 160 | 145 | 305 | 20 | 11 | 31 |
| 1972-73 | 101 | 278 | 379 | 13 | 14 | 27 |
| 1973-74 | 105 | 370 | 475 | 17 | 30 | 47 |
| 1974-75 | 170 | 480 | 650 | 25 | 145 | 170 |
| 1975-76 | 344 | 512 | 856 | 101 | 119 | 220 |
| 1976-77 | 615 | 626 | 1241 | 220 | 459 | 679 |
| 1977-78 | 77 | 586 | 663 | 28 | 115 | 143 |
| 1978-79 | 190 | 380 | 570 | 28 | 242 | 270 |
| 1979-80 | 104 | 388 | 492 | 55 | 296 | 351 |
| 1980-81 | 130 | 474 | 604 | 29 | 254 | 283 |
| 1981-82 | 77 | 459 | 536 | 47 | 241 | 288 |
| 1982-83 | 115 | 518 | 633 | 58 | 284 | 342 |
| 1983-84 | 122 | 435 | 557 | 36 | 393 | 429 |
| 1984-85 | 63 | 385 | 448 | 24 | 457 | 481 |
| 1985-86 | 57 | 315 | 372 | 24 | 419 | 443 |
| 1986-87 | 51 | 226 | 277 | 21 | 479 | 500 |
| 1987-88 | 28 | 204 | 232 | 22 | 408 | 430 |
| | *2,761* | *6,839* | *9,600* | *805* | *4,375* | *5,180* |

Table III
Performance in M.C.H. Programmes : Vaccinations

| *Year* | *Small Pox* | *Triple Antigen* | *Tetanus Toxoid* | *Polio Vaccine* | *B.C.G.* | *M.T.P.* |
|---|---|---|---|---|---|---|
| 1973 | 22920 | 8304 | 20584 | 4450 | - | - |
| 1974 | 67519 | 9552 | 13575 | 6947 | - | - |
| 1975 | 37441 | 10636 | 13874 | 7660 | - | - |
| 1975-76 | 36437 | 9111 | 18625 | 6975 | - | - |
| 1976-77 | 8979 | 8000 | 21164 | 6075 | 6585 | 566 |
| 1977-78 | 6396 | 4760 | 12977 | 6875 | 2380 | 514 |
| 1978-79 | 4874 | 10660 | 21809 | 7067 | 4738 | 200 |
| 1979-80 | 5081 | 4816 | 21130 | 7417 | 2624 | 168 |
| 1980-81 | 3031 | 17337 | 32567 | 5584 | 347 | 150 |
| 1981-82 | 526 | 14332 | 24210 | 5449 | 2235 | 161 |
| 1982-83 | - | 11491 | 29340 | 5894 | 4056 | 163 |
| 1983-84 | - | 18268 | 31817 | 5005 | 3735 | 198 |
| 1984-85 | - | 5343 | 24385 | 5166 | 564 | 171 |
| 1985-86 | - | 8690 | 32002 | 7675 | 1575 | 166 |
| 1936-87 | - | 9713 | 29326 | 7956 | 3704 | 150 |
| 1987-88 | - | 6819 | 24064 | 6946 | 2217 | 121 |

## 3.2 Strategy

### 3.2.1 Role of Management

The programme has the total blessing of the top level management where decision was taken to absorb Family Welfare Unit, created in 1969 with the assistance from Ministry of Health and Family Welfare in the existing Medical and Health infrastructure of the industry in 1983. No evidence of their active involvement in the form of periodic review meetings exists. All this responsibility has been given to the middle level management who not only operate the programme on day-to-day basis also oversee its functioning.

Around two hundred and fifty middle level management executives from all disciplines belonging to Medical, Personnel and Finance are involved in this programme. The middle level management support is given in counselling the employees/non-employees, communication/education and day-to-day running of the Family Welfare Programme. Doctors from medical department in this group are actively involved in Family Planning operations, prenatal & postnatal checkup & treatment, post operation care and conducting community health programmes. The management also arranges frequent meetings to involve the union leaders in the programme to get their support and active participation. There is no bipartite worker-management committee as such, for advising on the implementation of the F.W. Programme.

### 3.2.2 Role of Trade Unions

The leaders of various Trade Union Organizations in HEC (there are about 30 registered trade unions of different affiliations and 40 registered association

societies) are also involved in motivating the workers for taking benefit of family planning services. They also educate them and communicate to them about small and planned family norm.

The local branch of Lions Club, Dhurwa, members of the Indian Medical Association, Jaganathnagar branch as well as members of the All India Women's Conference and Local Mahila Samiti are associated with Family Welfare Programmes. The Centre holds group meetings with them and they help in the implementation of the programme. They are also very much responsible for the success of the programmes in the HEC complex and around. The managers responsible for operation of family planning programme have found great support in outside leaders and various groups of men and women of the locality. They admit a good deal of success to their efforts.

### 3.2.3 Role of Worker-Motivators

Not much efforts are being made to involve worker-motivators in this programme. The programme is basically propagated by the programme staff.

### 3.2.4 Information, Education and Communication Activities

The Organization is lacking in IEC infrastructure and having shortage of competent manpower and equipment. There is no facility available for film shows, audiovisual shows, puppet shows and even public address system; they have to depend upon the District Family Welfare Bureau for it. The Centre does get help from them time to time but it is not always adequate and timely.

At intervals, the Centre is getting pamphlets, handouts, circulars published at their end, depicting the facilities being provided and advantages of small family. Such literature is widely circulated amongst the workers. These are also displayed on the notice boards in the shop floor. Occasional announcements are made on inter-telecommunication system at the shop floor, highlighting and communicating the benefits of the scheme. Special fortnights are organized to boost up the programme once or twice a year, in which some extra benefits are provided to acceptors with the help of District Family Welfare Bureau. The slogans of Family Planning are displayed over the walls at prominent, important and conspicuous places in the township and satellite villages like main hospital, dispensaries and road crossings.

The total educational activity are thus from posters and printed material. Not much coverage is being done by audiovisual equipment which does not exist with the industry.

### 3.2.5 Incentives

Different kinds of incentives are provided under family welfare programme by the Corporation.

(a) The acceptors of family planning services receive the incentive money given by the government. It is received through the District Family Welfare

Bureau, Ranchi, and is distributed to the acceptors and motivators under the supervision of Medical Officer, Family Welfare, once a week- every Friday. Over and above this monetary incentives, the employees of the Corporation are given the additional incentives of Rs. 300/- for both vasectomy and tubectomy operations. This amount has been given by the management since 1978.

(b) Female employees in the reproductive age groups of 20-45 years and male employees up to 50 years who have two living children and are sterilized (either Vasectomy or Tubectomy), are given one additional increment. This scheme has been in existence since February, 1982. This benefit is also now being given to those employees who get the operation done with only one living child (implemented since February, 1987).

(c) The Technical Staff who are connected with family planning work also gets Rs. 3/- per case for Vasectomy and Tubectomy from the State Government.

(d) The surgeon who performs the surgery gets Rs. 10/- per case and the motivators get Rs. 15/- per case for both types of operations (from the State Government).

(e) Six days special casual leave is granted to male employees after Vasectomy and fourteen days to female employees after Tubectomy, if female operation is done in non-puerperal period. In cases where complications occur, the period of leave can be extended.

(f) The management has planned to issue green cards to operated employees for giving priority and special care in health and education of their children.

### 3.2.6 Monitoring

No review is being done of the programme except by those who are operating it, namely medical staff.

## IV. STRENGTHS AND WEAKNESSES IN PROGRAMME

### 4.1 Strengths

(a) The programme has well-knit organized team of surgeons, gynaecologists, General Duty Medical Officers and paramedical workers of their own.

(b) It has full managerial support in term of money and manpower.

(c) The services are not limited to employees alone; people from satellite villages also could avail themselves of these services.

(d) Good monetary incentives to employees undergoing sterilization operations are offered.

(e) Local organizations like Lions Club, Mahila Samitis are actively involved in the programme.

(f) The collaboration exists with the State Health and Family Welfare Programme machinery.

4.2 Weaknesses

(a) The centre is working in a close community. There are no fresh appointments as the population is fixed. Therefore, the number of eligible couples/ target group is declining. With the result, the programme in this industry is not helping much to the national programme.

(b) Due to shortage of field staff, individual contact of eligible couple and door-to-door canvassing is not possible. The workers are not being motivated by interpersonal communication activity.

(c) The Corporation is not having facility for mass education by audiovisual equipment for this programme.

(d) There is no transport facility to bring cases from villages to medical centre.

(e) Trade unions are not actively involved in the programme.

(f) Monitoring of the programme is weak. Top level management has not been involved much in monitoring activity.

## V. RECOMMENDATIONS

The Family Planning Programme in HEC is on the whole commendable. The composite team of all the surgeons, gynaecologists and General Duty Medical Officers along with paramedical personnel are involved in Family Welfare Programmes. The management particularly middle management has taken keen interest in this programme. The following are some of the recommendations which can help strengthen the programme:

(a) The programme has remained essentially of the medical and health department. There is need to involve senior and middle level executives in this programme. Top level management, in particular, should take more interest in this programme by monitoring its progress periodically.

(b) A committee consisting of middle level management, both medical and non-medical, should oversee and plan its day-to-day activity. It should not be completely dependent on the medical manpower. This is one way of involving more managerial staff in the programme.

(c) The workers should be involved in the programme. A worker-motivator cadre should be created for interpersonal communication and to give wider orientation and base to the programme.

(d) Mass education programme for the illiterate people in villages by group meetings, film shows, exhibitions and audiovisual aids will bring better awareness in promoting the programme. There is need for the Corporation to have their own audiovisual equipment.

(e) Emphasis on Maternal and Child Health care programme should be increased so that family planning is viewed as necessary for better health of the mother and children.

(f) More incentives may be offered to those who accept sterilization at lower parity. Such offer is likely to improve the quality of the programme and result in a better demographic effect.

(g) Separate transport facility should be arranged for the Family Welfare so that it will be easier to bring cases from satellite villages. It could be used for mobile publicity purposes also.

(h) The industry should keep on expanding area of their activity so that they can serve the greater cause for the nation. The company definitely has potential to go beyond their own current satellite villages and thus adopt larger area.

(i) Monitoring of the programme needs to be strengthened so that timely appropriate measures can be taken to make it more effective. Preparation of Eligible Couples Registers and their updation will help in better monitoring of the activities.

(j) Involvement of wives of the top and middle level management in this programme has been found to give it unique momentum. Their cooperation and support may be organized to give (i) force to the programme, and (ii) motivate workers and their families.

# HINDUSTAN AERONAUTICS LIMITED (HAL) LUCKNOW, U.P.*

## I. INTRODUCTION

The Hindustan Aeronautics Limited (HAL) was established in October 1964 in India after merging two big establishments the Hindustan Aircraft Limited and the Aeronautics India Limited. The main objective of setting up of HAL was to make the country self-reliant in the field of Aeronautics and thereby to cater to the needs of the air defence in India. During the period of almost twenty five years, it expanded just like other sectors of economy, in a big way. At present HAL has 13 branches spread over the entire country. Initially a Project cell of HAL was formed in Lucknow in the year 1970 and later on in November 1973, fulfledged HAL factory came into existence.

The Lucknow division of HAL, situated about 12 Kms. away from the main railway station on Lucknow Faizabad road, manufactures mainly wheels, and break system, Hydraulic equipment, Flight instrument, Ejection instrument, Gyro Compass, Gun sight, Teledyne Cameras, Oxygen System, Power Controls and Ejection release unit. It has a strength of 3855 employees at various levels working in various departments, namely Administration, Management, Planning, Designs, Manufacturing, Commercial, Accounts and Medical. The employees can be broadly put into two categories – technical and non-technical. Of the 3855 employees, 1538 are directly linked with production of the Aeronautics accessories, while the remaining 1526 are non-technical staff. Apart from the technical and non-technical staff, the HAL has 791 officers to look after the factory functioning and to supervise both the technical and non-technical components. As per available records the total employees strength has grown from 2066 employees in 1978 to 3855 employees in 1989, indicating the rapid expansion of HAL over eleven years. The factory runs for twenty four hours with a system of eight hourly shifts.

The annual budget of HAL is around Rs. 300 lacs excluding salaries and other miscellaneous expenses. Of which nearly Rs. 100 lacs are spent on medical, health & family welfare needs of the people, another about Rs. 50 lacs on canteen and food

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* By Nirmal Sawhney, Joint Director, Population Centre, Lucknow, Uttar Pradesh.

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subsidy, Rs. 50 lacs on the transport facilities for the employees, about Rs. 16 lacs on education of the employee's children, school building, school subsidy and reimbursement of school fees etc., and remaining about Rs. 80 lacs go either for welfare and ceremonial activities or communication, travelling expenses and other miscellaneous contingency items. It has constructed its own township with 1400 quarters where nearly 36 per cent of employees live. For the non-residential employees, the company has arranged bus services. The township also has a school, a hospital, a shopping arcade, the recreation centres and various socio-cultural associations, officers club, welfare centre, etc.

## II. MEDICAL AND HEALTH CARE FACILITIES

The HAL, with the objective of providing health services to its employees opened a dispensary in 1973. The dispensary mainly provides out-patient services. However, it has four beds to treat the emergency cases. At present, the dispensary has 6 permanent doctors, 15 part-time doctors and 15 para medical staff (Matron, two Staff Nurses, four Compounders, two Ward Boys, three Clinical Assistants and three Dressers). Apart from the doctors working in the HAL dispensary, it has also got a team of doctors working in various parts of the city to cater to the medical needs of the employees staying outside HAL Campus. The speciality of doctors working in the dispensary is as follows :

| Type of doctors | Strength (1989) | |
|---|---|---|
| | *Full-time* | *Part-time* |
| Physician | 2 | 2 |
| Paediatrician | 1 | 1 |
| Opthalmic Surgeon | 1 | – |
| Orthopedic | 1 | 1 |
| Dental Surgeon | – | 2 |
| ENT Specialist | – | 2 |
| Chest Specialist | – | 1 |
| Radiologist | 1 | – |
| Gynaecologist | – | 2 |
| General Surgeon | – | 1 |
| Ayurvedic | – | 1 |
| Homoeopathy | – | 1 |
| Family Planning Expert | – | 1 |
| *Total* | *6* | *15* |

This dispensary, in-addition to the provision of medical and health facilities for the employees and their families arranges family planning services also.

## III. FAMILY WELFARE PROGRAMME

### 3.1 Programme

Family Welfare Services in the dispensary have been in operation since inception in 1973. However, in the beginning the staff members were very few in number and thus the services were also very scanty. Over the years expansion in infrastructure resulted into expansion of programme services - demand generation activities as well as service supply arrangements. The dispensary does not have facilities for conducting sterilization operations and mainly, following family planning services are carried out in the dispensary :

1. Insertion of Copper–T ;
2. Supply of Oral pills and Nirodh; and
3. Post Sterilization Care

Besides, Mother and Child Health Services including immunization, antenatal and post-natal care are also provided. For rendering these services, the entire expenses are met by the company.

### 3.2 Achievements

From the records available since 1973, it was found that during the three initial years (1973-76) there were 294 acceptors of various family planning methods. The performance of sterilization operation during the last two years is given below :

| Sterilization | 1987 | 1988 |
|---|---|---|
| Vasectomy | 7 | 4 |
| Tubectomy | 78 | 72 |
| Total | 85 | 76 |

It may be noted that 85 and 76 sterilization operations were performed during 1987 and 1988 respectively. The popularity of Tubectomy over vasectomy is also noticed. Further, most of the acceptors belong to the age group of 34-35 years with 2 or 3 children.

The performance records of spacing methods in HAL during 1987 and 88 is as under :

| Methods | 1987 | 1988 |
|---|---|---|
| Nirodh | 79 | 94 |
| Foam Tablets | 85 | – |
| Oral Pills | 26 | 50 |
| Copper-T | 6 | 5 |

As per the table, during the year 1987 and '88, the most acceptable method was Nirodh, followed by oral pill and Copper-T.

To find out the current status of family welfare programme in HAL, it was tried to hold discussions with the dispensary staff, management of the factory and other concerned and also to go through the performance data.

Some of the observations are given below :

i) The dispensary of HAL provides FW services to employees only;

ii) Methods of family planning include sterilisation operations, both vasectomy and tubectomy, IUD insertions and distribution of conventional contraceptives – Oral Pills, Nirodh, etc;

iii) The sterilisation operations (Vasectomy, Tubectomy) for the employees/their spouses are performed by the hospitals/Urban Family Welfare Centres other than the HAL dispensary;

iv) The HAL management provides one special increment to a worker who undergoes sterilization operation with a maximum of three children. For the employee who accepts sterilization after having more than three children no provision has been made for special increment. However, Rs. 50/- is paid to the acceptor as an incentive money; and

v) All sterilisation acceptors are entitled to get seven days leave.

These incentives are in addition to the package of incentives given by the Government.

When the issue of method-mix and its trend was discussed with the authorities it was reported that since quite a big proportion of employees are young, they prefer use of spacing methods. However, despite the fact that sterilisation services are not provided by the HAL dispensary, the acceptance of sterilisation can favourably be compared with the prevalence rate amongst the general population.

### 3.3 Strategies

#### 3.3.1 Role of Management

The management provides cash incentive and special increment to the sterilisation acceptors. Services for spacing methods are also arranged by the dispensary. No other effort has been made by the management to enhance the family planning programme.

### 3.3.2 Role of Trade Unions

Trade unions are not reported to have been involved in the family welfare programme.

### 3.3.3 Role of Workers - Motivators

The dispensary has not recruited any worker exclusively for family planning motivation work.

### 3.3.4 Information, Education and Communication (IEC) Activities

No specific IEC activities are done by HAL to promote Family Welfare programme.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) Well trained Gynaecologists are serving in the dispensary on parttime basis.

(b) Additional incentives are given to the sterilization acceptors.

(c) Since arrangements for curative medical services are made through HAL dispensary, the doctors have good rapport with the employees which can be used for family planning motivation work.

### 4.2 Weaknesses

(a) Lack of sterilization operation arrangements in the dispensary

(b) Non-availability of full time gynaecologists in the dispensary.

(c) No family planning motivators are recruited in the dispensary.

(d) Management and Trade Unions are not adequately involved.

(e) IEC component of the programme is almost totally lacking.

## V. HIGHLIGHTS OF THE FW PROGRAMME RELATED EXPERIMENT CONDUCTED BY POPULATION CENTRE IN HAL, LUCKNOW

The Population Centre as a part of one of its activities undertook one experiment to work in HAL, Lucknow. In this experiment strategy of motivation and education through mass-media programme activities and interpersonal communication by using the inbuilt infrastructure of the organised sector, was tried. Following inputs in addition to the dispensary facilities were added from the Population Centre, Lucknow :

i) Three meetings with the administrative head of the HAL were held by the concerned staff of the Population Centre, to find out the administrative commitment towards FW programme;

ii) Review of the existing motivation and education activities for FW programme, undertaken by the HAL dispensary, was made and gaps identified. In consonance with the outcome of the discussions held during meetings and the findings of the review study, following technical arrangements were introduced :

a) A few posters like, Purush Nashbandi, Mahila Nashbandi, and Garbh Samapan were displayed in dispensary;

b) Compounder was requested to direct the patients coming for medicine, to see the staff delivering FAMILY WELFARE ADVICE (Population Centre Staff), at the dispensary before they go home. At this time, the two staff members of the Population Centre used to explain to each of the persons visting them, details of all methods of family planning - terminal, spacing - including pros and cons of each method, the location of service centres and the package of incentives given by the Government to the sterilisation acceptors;

c) Daily distribution of Nirodh by the Compounder and Population Centre Staff, at the dispensary;

d) Insertion of IUD by the lady doctor at the HAL dispensary;

e) Dispensary doctors were requested to do mouth publicity in favour of small family norm to all the visitors, religiously. This helped strengthening the existing educational and motivational activities of the dispensary;

f) Several Group meetings were held at different places of the HAL - Lunch room for technical staff, office rooms for the administrative staff, campus residences for resident employees and open lawns for the non-resident employees, in the evenings;

g) Educational material and relevant literature were distributed amongst the employees;

h) A few potential acceptors were visited at home, each twice, by the Population Centre staff.

The above strategy covering mass-media combined with interpersonal appraoch and making the FW literature easily available, proved to be very effective. The performance increased substantially during 3-4 months time. It was noted that

at the time of the initiation of the experiment 294 persons were on the acceptors list. The number went up to 411 during the period of experiment and thus 117 acceptors were added in a short spell.

## VI. RECOMMENDATIONS

. Follwoing recommendations for the FW programme are made :

i) Dispensary services in favour of family welfare programme should be strengthened both in the form of time to be devoted to FW programme activity and also by adding a couple of new positions in the organised sector.

ii) Dispensary doctors may be encouraged to conduct vasectomy or Tubectomy operations at the dispensary itself. For that matter, they may be imparted training, if required.

iii) To conduct the sterilisation operations in the dispensary, it is suggested that in-hospital arrangements for the stay of the operated cases, for one or two days, should be made. If possible "Scheme of Sterilisation Beds" of the FW programme may be sanctioned for organised sector, by the Government. This will fulfil requirements needed to launch an effective sterilisation programme in the organised sector.

iv) A position of extension staff for the big organised sectors (with more than 25000 staff) may be created to give a boost to the strategy of motivation-education and "Measures Beyond Family Planning."

v) There should be more liaison and Coordination between the local FW Department and the organised sector authorities. It will not only help improving the integration of family planning with Immunisation Programme but also lead to solving the shortage of relevant literature including supply of current Government orders, circulars and other supplies and services.

# NATIONAL THERMAL POWER CORPORATION
# KORBA SUPER THERMAL POWER PROJECT, BILASPUR, M.P.

## I. INTRODUCTION

Till 1975, the development of power resources in the country had taken place with power stations being planned, constructed and operated by the State Electricity Boards with the Central Electricity Authority acting as only the coordinating agency. But challenging needs of the fast growing power sector made it necessary for the Government to review the organizational arrangements and saw the formation of a new Ministry of Energy in late 1974. Following an exhaustive review, the Centre decided to play a significant role in establishing large sized thermal stations for power generations at coal pit-heads and hydro-electric projects in the less developed and remote parts of the country to supplement the efforts of the State Electricity Boards. Two corporations - The National Hydro-Electric Power Corporation (NHPC) and The National Thermal Power Corporation (NTPC) were set-up in 1975-76 in the central sector in a step to achieve the above objectives. NTPC was incorporated in November 75 with the main objectives of planning, promotion and organizing an integrated development of thermal power in the country. The company started functioning in March, 1976.

The Korba Super Thermal Power Project established in the year 1977, is located on the western bank of river Hasdeo, near Korba, in Bilaspur District of Madhya Pradesh. Coal for this power station is brought from the Kusmunda Block of mines of South Eastern Coalfields which are about 16 kms. away.

Korba Station is expected to cater to the power requirements of Madhya Pradesh, Maharashtra, Goa and Gujarat, and will ultimately have 2100 mw power generating capacity. This will come from three units of 200 mw and three units of 500 mw together with 400 kv transmission units to transmit power to the beneficiary States.

The project site is a veritable township, complete with its own residential complex, schools, hospitals, shopping arcades, recreation centres and various socio-cultural associations. The NTPC has the following four associations/clubs :

1. NTPC Sports Club
2. NTPC Employees Welfare Associations
3. NTPC Ladies Club/Mahila Samiti
4. NTPC Club

The total number of employees at Korba Super Thermal Power Project is 2493; of this, only 58 employees are females. Around 90 per cent of total female employees are in the age group of 15 to 44 years.

## II. MEDICAL AND HEALTH CARE FACILITIES

The project has a 80-bedded hospital with all modern equipment and amenities, centrally located in the township. It has 19 doctors, 120 staff members and two operation theatres. The hospital also conducts regular First-Aid Training Courses, eye camps and family welfare programmes. Routine health check-ups of school children, and workers of the coal handling plant are arranged. It also organizes well-baby clinics and immunization programme. Seminars and clinical meetings are also held periodically.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

Family planning services in the hospital of KSTPP have been in existence since 1979. Since then all modern facilities, devices and instruments have been acquired and as a result, the hospital is fully equipped to render most modern and developed quality of family planning services to the incumbents, both employees and non-employees.

The following services are available in the company hospital :

- Obstetrics and Gynaecology
- Vasectomy
- Tubectomy
- Medical Termination of Pregnancy (MTP)
- Insertion of Copper-T and Lippe's Loops
- Oral Contraceptives
- Nirodh and Jelleys

Towards further expansion of the services rendered, the management has even been providing free medical treatment to non-employees also at the time of delivery, provided the client avails the services of family planning.

All concerned in the Korba Super Thermal Power Project have got a renewed zeal and enthusiasm to enhance the achievement. During the year 1985, 5204 sterilization operations (both vasectomy and tubectomy) were performed. For this great achievement, tremendous support and cooperation were received from various voluntary organizations, including trade unions. The rural population are so motivated that if at all they would avail of family planning services, they would get it only at NTPC Korba. Eligible couples are brought from home and given all the care

and treatment including food, entertainment, accommodations, payment of incentives etc. and finally brought back home safe. From 1982 to December 1988, there have been 35,806 operations (both the types) in their own hospital and in outside camps. The yearwise break-ups of sterilization cases is given in Table 1.

**Table 1 : Number of sterilizations performed in different years**

| *Year* | *No. of Operations* |
|---|---|
| 1982 | 2,333 |
| 1983 | 3,029 |
| 1984 | 5,202 |
| 1985 | 5,204 |
| 1986 | 10,123 |
| 1987 | 4,325 |
| 1988 | 5,590 |
| ***Total*** | ***35,806*** |

## 3.2 Strategies

### 3.2.1 Role of Management

The management is involved fully with this programme. For overall development of this programme, the management has arranged training programmes for union leaders, social workers, Labour Welfare Officers, departmental union representatives, etc. Even joint meetings are held with the industrial authorities to address some problems of the workers. This activity helps in promoting the work by creating a favourable atmosphere. Periodical educational programmes for all level of executives, supervisors and employees are arranged under motivational training programme. In schools and colleges the students are made aware of the various implications of the serious population problems through induction of population education. Special classes are arranged for the newly recruited personnel at the time of their training period.

The management has also extended its scope, whereby they ensure involvement of local leaders and increased participation of women groups. Local MPs, Sarpanches, Mahila Samitis and other opinion leaders participate in different family planning programme camps that are organized. With the help of union leaders and local leaders, the medical staff and other middle level executives go for individual contact through door to door campaign to find out the eligible couples periodically. It has been found to be a successful process for updating the list of eligible couples also.

### 3.2.2 Role of Trade Unions

There is impression that the trade unions are involved in the programme.

### 3.2.3 Role of Worker-Motivators

The Corporation has not made any special effort to involve workers except trying in family planning, being important to them. Once the workers are trained effort should be made to utilise them in the propagation of family planning message. For this purpose, reorientation and periodic meetings should be held with them.

### 3.2.4 Information, Education and Communication (IEC) Activities

The motivational work is done in the establishment in a pre-planned and organised manner. It crystalises such activity in two ways - one for employees (internal population) and the other for community (external population) in and around the area.

Some of the activities related to IEC in this model are as follows :

- Medical and para-medical staff are involved in the educational and motivational activities. Trade unions, associations and various voluntary organisations take active part in the family planning camps. Special training programme is arranged for the trade union leaders and for the leaders of different associations and voluntary associations. Included in this training are labour welfare officers and middle level management.
- Public Relations Department helps a lot for the promotion of family planning welfare camps through films, T.V., Radio, outdoor publicity, printed publicity (including newspapers, folders, leaflets, posters, etc.)
- Industrial Relations and Welfare Department including the Integrated Rural Development Section also put their efforts to the extent possible for the promotion of family welfare planning. Senior and middle level executives of Industrial Relations and Welfare department are involved directly with this programme. Individually, they moderate eligible couples about this programme and convince them about the benefits likely to accrue to them in case they accept this.
- Various forums of joint participation involving employees from all ranks and files are utilised for educational and motivational purposes.
- Special classes are held for college students by way of population education. The basic idea is to make them fully aware about implications of this crucial national problem.
- Publicity for the family planning programme by way of exhibitions, dramas, puppet shows, film shows, seminars and various other entertainment programmes is also being done.

- A good deal of coordination is being done with the state and district authorities on IEC activities in the neighbouring areas.
- Local MLAs, MPs and Sarpanches have been involved in the activities.
- Local bodies (voluntary organisations, tribal welfare authorities) have also been involved in the activities.

### 3.2.5 Incentives

There are two types of incentives in KSTPP, (i) cash and (ii) increment. Cash incentive to the sterilised case is as shown below. (This is in addition to the government incentive money).

**Cash Incentives for Sterilisation**

| | *Employees having less than three children* | *Employees having three children* | *Employees having more than three children* |
|---|---|---|---|
| | (Rs.) | (Rs.) | (Rs.) |
| Tubectomy | 400 | 150 | 120 |
| Vasectomy | 200 | 150 | 120 |
| Spouses of employees undergoing tubectomy and vasectomy | 200 | 150 | 120 |

For Intra-Unterine Contraceptive Devices Rs. 10/- to the acceptor-female employee or spouse of male employee (to be claimed by the employee concerned) is given. The cash incentive is exclusive of the incentive admissible, if any, under the appropriate State/Central Government Scheme.

The provision of special increment exists for the acceptors of both the types of operations (Vasectomy and Tubectomy). It varies by the pay scale of the employee and is shown below :

| *Pay Scale* | *No. of Special Increment Sanctioned* |
|---|---|
| 710 – 1050 and below pay scales | 3 |
| 750 – 1250 | 2 |
| 950 – 1530, 1000 – 1900 and at all higher scales | 1 |

The Company also pays Rs. 50/- as incentive money to the motivator, over and above the payment made by the Government.

### 3.2.6 Monitoring

Information is not available on the monitoring system. There is a lot of educational activity which is going on and there has to be some system to monitor it.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) The programme has a good deal of managerial support.

(b) Very intensive and extensive educational activities are being carried out, both in the company and in the neighbouring areas.

(c) Different groups of people, organisations are being trained and involved in the programme.

(d) Coordination exists with State/district programme.

(e) Attractive incentives are being offered, even to the non-employees.

(f) Population education activities are being carried out.

### 4.2 Weaknesses

(a) Worker-motivator cadre is not being prepared and therefore the programme is mainly of the management.

(b) Organisation has various associations/clubs which have not been optimally involved in the programme.

## V. RECOMMENDATIONS

The family welfare programme in this plant seems to be doing very well. There may be some loose ends which may have to be strengthened. The following recommendations are made to harness best out of this programme :

(a) Some outside organisation may be invited to look into the programme in detail to see whether any of its components needs strengthening. It is possible that a little bit of effort in some components may make this programme very effective and its achievements may increase.

(b) A committee consisting of middle level management from personnel, welfare and health should be set up to plan strategies related to all its aspects. This committee should oversee its implementation and should take responsibility of effective functioning of this programme. The progress may be reviewed by top level executive so that the programme receives more attention.

(c) There is a need to involve workers in this programme. Cadre of worker-motivators should be created and kept active in the programme related activities. For this purpose, the following actions will be needed :

(i) Choice of worker-motivators should be made very carefully. They should be large in numbers so that together they can feel a group in itself rather than lone hand.

(ii) They should be given training related to the programme and imparted communication skills so that they can explain and convince other workers about benefits of family welfare programme.

(iii) They should be assigned specific worker population for motivation. Award scheme in the industry will be incentive for the worker–motivators.

(iv) Work of the worker-motivators should be reviewed through reports and actual participation in their activities. It is necessary that they should get a feeling of group-backing rather than working as isolated workers.

(v) Since very large fraction of employees are living in the residential area built by the plant, all efforts should be made to talk to wives of the workers. They are better receptors of the message related to family planning.

(vi) Preparation and updating of eligible couples registers will be a sound way of ensuring that all those who need services get them. Some system should be worked out to utilise eligible couples registers for the programmes.

(vii) Monitoring system of the programme should be strengthened. If necessary, technical assistance may be sought to develop and implement a sound monitoring system.

# NEYVELI LIGNITE CORPORATION LIMITED, NEYVELI, T.N.

## I. INTRODUCTION

As early as 1934, it was discovered that lignite existed in the mines of Neyveli located 200 kms. south of Madras. The Geological Survey of India drilled deep borewells for 5 to 6 years and confirmed the existence of about 500 million tonnes of lignite in Neyveli. In order to harness this resource, Neyveli Lignite Corporation Ltd. (NLC), was created on Nov. 14, 1956 as a public sector undertaking. Later assessment however put the figure to 3300 million tonnes and the lignite belt extended to 30 kms. from Neyveli towards Bay of Bengal. The whole area had almost a deserted look. But the existence of lush water level right under the surface of mines had promised millions of gallons of water for irrigation of the land around the NLC. It came to be true and today the farmers raise paddy and sugarcane from the land – almost Rs. 15 crores worth of paddy and Rs. 6 crores worth of sugarcane are grown. Besides, good drinking water is available for villages surrounding the NLC, covering a population of 2.50 lakhs.

Neyveli has now two mines and two thermal power stations. The first mine has a capacity of 6.5 million tonnes of lignite per annum. The second mine has also now been developed with 4.7 million tonnes of lignite per annum with an expansion programme for stage II reaching the capacity to 10.5 million tonnes per annum.

The first unit of 50 MW of the first power station was commissioned in May, 1962 and the 2nd unit was commissioned in September, 1970 increasing the capacity to 600 MW. The first unit of 210 MW of the second thermal power station was commissioned in March, 1986, the second unit in February, 1987 and the last unit was commissioned in January, 1988. NLC is a pioneer in the field of Lignite Thermal Power generation in India. The corporate office and various other units are now run on the most modern computerized systems, thereby ensuring continuous improvement in information systems, productivity and operational efficiency.

A Research & Development (R & D) Board has now been constituted with eminent experts to advise and guide the R & D efforts in NLC. Major areas identified for this purpose are utilization of by products, pollution monitoring and control, environmental care, use of conventional energy, diversification of uses of lignite and its products.

The electricity generated at NLC is one of the main sources of power in Tamil Nadu. There is a fertilizer plant based on lignite. Here the gases available in lignite are extracted and recombined to produce urea. There is also a briquetting and carbonizing plant where raw lignite is dried, carbonized and pressed into form of briquette called 'Lico' which is used as domestic and industrial fuel.

The NLC is a large size public sector undertaking having 23,286 employees on its roll. This number is composed of 21,752 men and 1,534 women. The number of

employees in reproductive age group (male 18 to 50 years and female 18 - 45 years) are 2,701 men and 208 women. It may be noted that most of the population in the industry is beyond reproductive ages.

The educational level of the employees is as follows :

| | |
|---|---|
| Graduates and above | 3,973 (17.1%) |
| Higher Secondary to Graduation | 15,009(64.4%) |
| Below Higher Secondary | 4,304 (18.5%) |

The average family size in NLC is 4. A recent survey carried out amongst eligible couples showed that couples with 1 or 2 children form 67 per cent and those with three children form another 17 per cent. The couples having more that 3 children are only about 16 per cent.

## II. MEDICAL AND HEALTH CARE FACILITIES

NLC has a very well equipped hospital with 363 beds and five peripheral dispensaries located at different places of the township and the temporary colonies around, catering to the needs of more than 2 lakhs population. The main hospital was started in 1962 with a bed strength of 100 catering to the needs of the employees and their dependents only. Over the years it has now grown to the present strength to serve the expanding population due to the expansion in the activities of the organization in various directions as also due to opening of the services to the employees and families of state government departments. It also provides services to the employees of service institutions like banks, ancillary firms etc. which have grown in the neighbourhood in the course of years. Apart from the main hospital and the five peripheral dispensaries there are also seven first-aid centres. It is proposed to increase the bed strength in the main hospital to 500 in the near future. The hospital offers the following specialist services : Surgical, Medical, E.N.T., Gynaec. & Obst., Dental, Cardio Thoracic, Dermatology, Ophthalmology, Paediatric, Pathology, Orthopaedics, Radiology, Anaesthesology, Ante & Post natal Care, Casualty, Ayurvedic Care, Industrial Medicine, Psychiatry and Endoscopy. The hospital has 64 medical doctors (including 19 specialists) and 502 paramedical and office staff. Thus the total staff strength of the hospital is 566. The service of the NLC hospital extends beyond their complex and offers health and preventive care to the poor and the underprivileged by offering the following services :

- Conducting periodical Medical Camps.
- Conducting regular well baby clinics for the benefit of children–one day every week.
- Conducting Polio Camps periodically.

- Conducting periodical immunization camps at different blocks of the township.
- Conducting diabetic clinic every Friday.
- School health programme, particularly covering dental, eye and leprosy checkups.

From time to time, various such camps like medical camps, eye camps, immunization camps, polio camps etc. are held in and around NLC complex. All people including NLC employees and other residents of surrounding villages avail of the services offered. A well-baby clinic is conducted every Thursday afternoon in the general hospital to promote health and well-being of children.

It is the intention of the authorities of Neyveli to make the hospital a model one for preventive and curative services and for providing the best medical treatment to the Neyveli community and others in and around Neyveli which other hospitals could emulate.

The amount of work done in this respect can be seen from the following figures of last two years.

| | *1986-87* | *1987-88* |
|---|---|---|
| Number of children to whom immunization was given in hospital clinics (Anti Polio, triple antigen, measles vaccination) | 5,685 | 12,532 |
| Number of children to whom immunization was given in camps (Anti Polio, triple antigen measles vaccination) | – | 2,960 |

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

In keeping with the progress of the Corporation in the field of production of lignite and generation of thermal power, the management was equally alive to the needs of the employees in the matter of health care, both preventive and curative. The family planning programme was also taken up as a welfare preventive measure when the hospital was recognized by the State government for providing surgical method of family planning. The Corporation intensified their effort in family planning programme since 1981 by (i) offering higher incentives to the employees having two or three children, and (ii) offering their services in camps to the general masses.

The achievements of the Corporation are listed in Table 1. Small number of acceptors in the Corporation is due to unique age distribution of employees where very small fraction belong to the reproductive age groups.

**Table 1**

**Yearwise & Methodwise Breakup of Family Planning Achievement**

| *Year* | *Vasectomy* | | *Tubectomy* | | *Total* | | *IUCD*** |
|---|---|---|---|---|---|---|---|
| | *Camps** | *NLC* | *Camps** | *NLC* | *Camps** | *NLC* | |
| 1963-64 | – | 5 | – | 17 | – | 22 | – |
| 1964-65 | – | 11 | – | 33 | – | 44 | – |
| 1965-66 | – | 17 | – | 26 | – | 43 | – |
| 1966-67 | – | 29 | – | 20 | – | 49 | – |
| 1967-68 | – | 69 | – | 30 | – | 99 | – |
| 1968-69 | – | 92 | – | 41 | – | 133 | 67 |
| 1969-70 | – | 104 | – | 41 | – | 145 | 56 |
| 1970-71 | – | 84 | – | 55 | – | 140 | 26 |
| 1971-72 | – | 1207 | – | 86 | – | 1293 | 42 |
| 1972-73 | – | 67 | – | 97 | – | 164 | 48 |
| 1973-74 | – | 327 | – | 108 | – | 435 | 58 |
| 1974-75 | – | 455 | – | 123 | – | 578 | 63 |
| 1975-76 | – | 3671 | – | 221 | – | 3892 | 50 |
| 1976-77 | – | 1290 | – | 246 | – | 1536 | 29 |
| 1977-78 | – | 18 | – | 137 | – | 155 | 25 |
| 1978-79 | – | 51 | – | 137 | – | 188 | 16 |
| 1979-80 | – | 35 | – | 160 | – | 195 | 38 |
| 1980-81 | – | 47 | – | 157 | – | 204 | 41 |
| 1981-82 | 46 | 123 | 143 | 137 | 260 | 207 | 36 |
| 1982-83 | 478 | 402 | 160 | 230 | 638 | 632 | 65 |
| 1983-84 | 914 | 125 | 177 | 222 | 1091 | 347 | 66 |
| 1984-85 | 388 | 162 | 214 | 243 | 602 | 405 | 201 |
| 1985-86 | 58 | 109 | 203 | 274 | 261 | 383 | 55 |
| 1986-87 | 34 | 74 | 250 | 273 | 284 | 347 | 156 |
| 1987-88 | 23 | 63 | 271 | 276 | 294 | 339 | 287 |
| 1988-89 | 3 | 35 | 132 | 135 | 135 | 170 | 197 |

* Camps were started since 1981.
** ICD insertions were done only in hospitals.

## 3.2 Strategies

### 3.2.1 Role of Management

The top management of the NLC is totally committed to the well-being of their employees as also those others living in and around the NLC Complex. They have given adequate attention to the establishment of the required infrastructure e.g. schools, colleges, hospitals, dispensaries, and other institutions which help in the

development of the socio-cultural life of the community in a very healthy environment. Along with the health services, Family Welfare programmes also came into operation as a necessary corollary. A system has been created whereby middle level management (jointly by personnel dept. and hospital authorities) implements the programme and oversees its smooth and effective functioning while the top level of management reviews it and provides necessary guidelines and support.

The Chairman-Cum-Managing Director of NLC takes personal interest in the furtherance of the Family Welfare programme in and around the NLC Complex. He reviews almost regularly the reports which are given to him by the personnel department through the General Manager and the Board Members. The reports on the progress of the various health and family welfare programmes which are prepared monthly by the Personnel Department are submitted for review to the General Manager (Personnel & Admn). Quarterly reports are submitted to the Board for review. On the basis of these reports, restructuring of the strategy whenever required for the improvement of performance is done at the instance of the top management.

Insofar as the involvement of the middle level management is concerned, it is the Senior Personnel Manager, who takes the burden of regular and continuous monitoring of the programme. He is assisted by some of his colleagues (who form committee members for the Family Welfare Programme) in making correct assessment of the performance by the various units and preparing the necessary reports for presentation to the appropriate authorities from time to time. Some of the medical officers in the hospital especially, the Chief Superintendent (Medical), Chief of the medical services, Unit Officers, personnel managers and labour welfare officers are mainly involved in this programme committee. It is, in fact, their personal involvement that the health and family welfare programme in the NLC has been of such great success.

### 3.2.2 Role of Trade Unions

Insofar as the trade unions are concerned they are not very actively involved in this programme. Though they are interested in the monetary benefits which accrue to the family planning adopters they do not take much interest to educate and motivate the workers to take to family planning. The management, however, keeps them informed of the various incentive benefits which are given to the acceptors by the company and the Government from time to time. There has not been however, any active effort on the part of the management to get the trade unions involved in the programme.

It is felt by the personnel department that the active involvement of trade union could further the cause of the programme. To do this they would like to select leading personnel in the unions and give them necessary training so that they can educate and successfully motivate the workers in larger numbers.

### 3.2.3 Role of Worker Motivators

The programme here is mainly run by the employers using the services of the staff employed for this purpose. No direct effort is being made to create cadre of the worker-motivators who can have interpersonal communication with other workers and motivate them to accept family planning methods. Some effort is being made to use those workers who have adopted family planning methods to act as catalysts. There is need to increase this effort for long-term return of the programme.

### 3.2.4 Information, Education and Communication Activities

With the help of the district authorities health education is carried out on a continuous basis through various media like posters, slides, film shows and lectures, etc. Doctors speak specially about family welfare methods and the need for adopting the small family norm to every new employee in the NLC who has to get training after appointment in the Training Complex. They also conduct group discussions at plant level where groups of 10-20 workers are sensitized with the message of family planning. The unit chiefs are requested to identify priority group of couples for including in the session. Besides, the employees are motivated through constant and repeated reminders in the house magazines on the advantage of family planning and use of different methods, particularly spacing, which are brought out by the NLC. Winners in the family planning lotteries, (one of the incentives) are issued the prizes at public functions. Wide publicity is given at strategic road points. Suitable slogans in English and Tamil on advantages of family planning are also printed on pay covers.

On the basis of updated eligible couples registers received from each industrial unit, the family welfare assistants make regular house visits to convince the couples through intimate interpersonal communication to adopt family planning. The units chief keep themselves informed about the eligible couples through updating of registers. Those who are eligible keep on getting personal communication from their chiefs on their need for adopting small family norm. They are also periodically contacted for motivation.

All training activities for the workers cover sessions on population education.

### 3.2.5 Incentives

The following incentives are offered to the eligible acceptors under Family Welfare Scheme :

1. Cash, Increments and Gifts by number of living children to employees of NLC

   (a) For eligible acceptors having two living children

   i. Cash compensation of Rs. 275/-.

ii. One special incentive increment in the form of personal pay for the entire period of service.

iii. One more special additional increment to all eligible acceptors irrespective of their scales of pay or a lump-sum payment of Rs. 2500/- in lieu of second increment.

In addition to the cash compensation and additional increments as above, a gift article worth Rs. 600-700 such as Cycle/HMT watch/ sewing machine/radio/pressure cooker/transistor is given.

(b) For eligible acceptors having three living children

i. Cash compensation of Rs. 200/-.

ii. One special increment in the form of personal pay for the entire period of service.

iii. One more special increment to all eligible acceptors irrespective of their scale of pay or a lump sum payment of Rs. 2500/- in lieu of second increment.

(c) For eligible acceptors having four and above living children

i. Cash compensation of Rs. 525/-.

2. In addition to the type of incentives given to acceptors of different number of children, each acceptor of NLC receives a prize drawn by lot of every 500 cases. (Irrespective of number of children)

i. First Prize (one) Rs. 2000/-.

ii. Second Prize (two) Rs. 500/-.

iii. Consolation Prize (twenty) Rs. 100/-.

(Payment in these cases are made by cheques)

3. Reduced interest in House Building Advance.

4. Separate seniority for allotment of Quarters (Reservation of 50 per cent vacant quarters for those with three children or less).

5. Special casual leave up to 7 working days.

Private cases (other than NLC employees) get the following incentives :

Villagers in the surrounding areas of

| | | |
|---|---|---|
| Vridhachalam/ | ] | Vasectomy - Rs. 175.00 |
| Kammapuram/Panruti | ] | Tubectomy - Rs. 185.00 |
| Kurinjipadi | ] | |

For performing family welfare service the doctors and paramedical staff are given the following fees :

| | | | |
|---|---|---|---|
| i) | Vasectomy : | Doctors | Rs. 10 per case |
| | | Paramedical Staff | Rs. 5 per case |
| ii) | Tubectomy : | Doctors (Surgeon) | Rs. 15 per case |
| | | Doctors assisting the Surgeon | Rs. 4 per case |
| | | Anaesthetist | Rs. 8 per case |
| | | Paramedical Staff | Rs. 5 per case |

Though this is the present pattern of incentives, the NLC management is reconsidering the whole issue of incentives. Their thinking is indicated below :

i) The NLC authorities feel that the incentive could better be restricted to those acceptors below the age of 35 years and are in the lower income groups.

ii) The NLC also wishes to encourage late marriage. They plan to offer some special incentives to those young men who marry at the age of 28 or above and girls at the age of 24 years and above.

iii) The NLC is also thinking of giving due weightage in recruitment in the NLC to the children of those couples who have adopted a permanent method and have only 2 living children.

### 3.2.6 Monitoring

Monitoring has been a strong point of the programme. The progress of the programme is reviewed by a special committee consisting of middle level management from personnel department and hospital authorities. This committee takes appropriate measures and sends the review report to the Chairman-cum-Managing Director through the Senior Personnel Manager, General Manager and the Board Members.

Besides reviewing the programme on regular basis at the highest level, all efforts are made to keep information on eligible couples by updating the eligible couples registers. This is done once a year and cross-checked by the corporate office and communicated back to the field units for control purposes. The list of eligible couples are used to repeatedly remind them about acceptance of family planning. Four particular steps are taken to follow-up the eligible couples and bring them in the fold of family planning programme. These steps are as follows :

i) Lists of eligible employees in the age groups of less than 35 years with two and above children are prepared unit-wise and sent to the unit heads for immediate follow-up action.

ii) The unit heads write personalized letters to the eligible couples in their respective units telling them the advantage and the need for adopting small family norm with a view to bringing them in the fold of the programme.

iii) The unit heads also have periodical personal contacts with eligible couples through safety officers/labour welfare officers for motivation and adoption of small family norm.

iv) Family welfare staff at the hospital makes domestic visits to inform, educate and motivate couples to accept family planning methods suiting their needs. Details of the visits are recorded in diaries and such inter-personal contact is monitored by the senior staff of the hospital.

The NLC has recently undertaken a survey of the total area of their operation to identify the areas which needed special attention. The objective is to formulate special area-specific strategies for poorly-accepted areas so that their overall performance can improve.

## IV. STRENGTHS AND WEAKNESSES OF THE PROGRAMME

### 4.1 Strengths

(a) A large General Hospital backed by 5 peripheral dispensaries and 7 first-aid centres exists to cater to the needs of the entire population in and around the NLC ;

(b) Adequate housing facilities to employees exist - more than 16,000 houses and flats are given to the employees. They can be easily contacted in their homes. This is being done by utilizing the updated lists of eligible couples ;

(c) Very attractive incentive schemes have been developed;

(d) Frequent holding of camps to serve the satellite population;

(e) Active involvement of top and middle level management especially those of administration, personnel and medical. This has given a great boost to the programme;

(f) Strong monitoring system has been created where monitoring is done by the senior personnel officer, NLC and the Chairman-cum-Managing Director;

(g) Maintenance and regular updating of eligible couple registers and follow up action by field functionaries to motivate the priority eligible couples;

(h) Strong system of information, education and communication has been created to bring eligible couples in the fold of programme. How much it is effective however is not known.

**4.2. Weaknesses**

(a) Involvement of the unions is rather partial and without firm commitment. There are five officially recognized Unions. They are, however, not opposed to family welfare programme.

(b) Large number of social and cultural organizations in the complex are not fully involved in the programme.

(c) Population education has not yet been introduced in the school/college education system.

(d) Lack of effective involvement of welfare officers unlike the personnel managers.

(e) IEC component in the programme, though carefully developed, lacks intensity and direction.

(f) Adequate advantage is not taken of the IEC facilities offered by the Government of India (through the Ministry of I & B media units, like TV, Radio, Films Division, Field Publicity, Song & Drama Division, DAVP, PIB, etc.) and the State Government (through the State Health and Family Welfare Bureau/District Bureau/Urban Family Welfare Centre/PHCs, etc).

(g) The industry population has very few eligible couples. Therefore the need to emphasize coverage of satellite (non-company) population. The programme has not given enough attention to this group. By bringing this group in the programme, NLC can greatly contribute to the national programme.

(h) The programme is mainly run by the health employees and personnel management staff of the company. Cadre of worker-motivators has not been created to take advantage of their interpersonal contact for motivational purposes.

## V. RECOMMENDATIONS

The Family Welfare Programme has been a continuous project in the NLC backed by some very committed top and middle level management personnel in the Corporate Office as well as in the various units under it. The contribution of the large General Hospital with its satellite units - the dispensaries and the first-aid centres, in offering both education and motivation and quality services of all kinds - has been exemplary. The result has been that almost 90 per cent of the NLC eligible employees/spouses have been covered by permanent family planning methods. This type of achievement has been recognized and the organization has received the following awards :

1. The National Award of Rs. 3000/- for being the best FP Centre under "Public Sector Undertakings" category. (The scheme has since been withdrawn by Government of India).
2. The State Government Award given to NLC Hospital for the best performance in FP work in the South Arcot District.
3. Federation of Indian Chambers of Commerce & Industry (FICCI) Award for 1981 for outstanding achievement in the field of FW, and
4. FICCI Award for 1986-87 for outstanding achievement in the field of FW.

One good thing noticed in the NLC is that achievements so far have not brought about any complacency in the programme. It is being monitored regularly with equal vigor and zest, so much so that a recent survey of the eligible employees was carried out with a view to identifying the areas requiring action and also to formulate a new strategy to tackle effectively the future problems of the programme. There is a need to give serious thinking to how the satellite areas can be saturated. The following recommendations are made :

(a) The weaknesses listed earlier may be looked into to see what best can be done to overcome them.

(b) The eligible couples registers need to be prepared for the satellite areas so that all couples receive family welfare services as per their requirements (permanent methods, spacing methods, ante-natal, post-natal, natal care and immunization). Some enthusiastic middle level managers can be allocated the areas of the satellite towns/villages so that they can monitor the FP activities there.

(c) The programme should assume community approach. It should not be the responsibility of NLC and the medical staff to conduct education and motivational activities but more partners should be found for this purpose. Some suggestions in this regard are the following :

(i) Voluntary organizations should be involved.

(ii) A cadre of worker-motivators should be created after due training to help in this task.

(iii) Various social organizations, particularly women organizations, should be involved in this task.

(iv) Wives of the top and middle level management may be involved in this task. They generally have been willing to contribute to the cause of social improvement.

In future, success of NLC's activities in FP should be judged by the success they achieve in covering the satellite areas and not within their company which has been almost saturated.

# FAMILY WELFARE PROGRAMME

# IN SELECTED PRIVATE SECTOR INDUSTRIES

# CASE STUDIES

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# ARVIND MILLS LTD., AHMEDABAD, GUJARAT

## I. INTRODUCTION

Arvind Mills Limited is one of the foremost cotton textile mills in India and is located outside of Naipur Gate, Ahmedabad. It was floated in 1931 and started functioning in 1932 with 52,560 spindles and 1,122 items to manufacture fine and super fine fabrics from imported cottons of long and extra long staple length with new machinery. The statistical quality control department came into existence in 1953. In 1979, the mill was amalgamated with Ahmedabad Laxmi Cotton Ltd. In 1982, the number of spindles increased to 96,280 and looms to 1,586, including 790 automatic looms. The company does not have a residential complex; its employees live in different parts of the city.

By now the company has more than 50 years of experience in the manufacturing and marketing of quality cotton and polyester/cotton blended textiles. It has an in-house research and development department, recognised by the Department of Science and Technology, Government of India. It represents one of the most modern and forward-looking textile mills of India. It exports about ten per cent of its production.

The company employs a total of 5,525 workers, of whom, 5,370 are male and 155 are female. The spouses of nearly 1,850 male and 130 female employees are in reproductive age group of 15-44 years. The educational level of its employees is shown below :

| *Educational level* | *Percentage of employees* |
|---|---|
| Graduate and above | 12.7 |
| High/Higher Secondary to Graduation | 11.3 |
| Below High/Higher Secondary School | 21.7 |
| No school education | 54.3 |
| | ***100.0*** |

In a recent study, it was found that the average number of children per family was three to four. Almost all the employees were found to be aware of the family planning programme.

## II. MEDICAL AND HEALTH CARE FACILITIES

The company does not have its own hospital. The employees and their spouses are entitled, however, to medical benefits according to Employe's State Insurance

rules and Company's rules made for this purpose. One small dispensary exists in the campus to take care of minor accidents and elementary treatments. The labour welfare officers of the company generally look after the activities concerning medical and health care. The management makes contribution to the Employee's State Insurance Corporation (ESIC) whose set-up of dispensaries and hospitals provides services to employees and their families.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

Family Planning programme in this organisation started in 1964. With the help of the Family Planning Association, Ahmedabad Region, the company organises camps in different parts of the Region for sterilisation operations. Only a small number of employees of this mill have accepted sterilisation services - 371 in all, most of which are tubectomies. The year-wise performance is shown in Table 1.

**Table 1 : Sterilisations Performed in Different Years**

| *Year* | *Vasectomy* | *Tubectomy* | *Total* |
|---|---|---|---|
| Till 1984 | 14 | 71 | 85 |
| 1985 | 11 | 51 | 62 |
| 1986 | 18 | 61 | 79 |
| 1987 | 9 | 59 | 68 |
| 1988 | 12 | 65 | 77 |
| | 64 | 307 | 371 |

The conventional contraceptives, i.e. oral pills and nirodh, are also distributed to eligible couples, free of cost. The company gets these items from Primary Health Centres, the Family Planning Association and from other agencies.

The facilities for ante-natal and post-natal care and immunisation of children are also available in the company's dispensary.

### 3.2 Strategies

#### 3.2.1 Role of Management

Though family planning programme was started since long, it has not caught any noticeable momentum because of no particular interest from the top level management. All services are to be arranged by Employees State Insurance Corporation. The middle level management occasionally arranges sterilisation camps in different places with the help of other agencies. Some involvement is

reflected in their making available conventional contraceptives in the mill premises. Facilities for ante-natal, post natal and immunisation of children are available at the company's dispensary which is mainly meant for first-aid services for the accidents. This does reflect some interest of the management in the family welfare programme. There is a need to cash on this interest for intensification of the services.

### 3.2.2 Role of Trade Unions

The union leaders are also only partially involved in this programme. They do not take any active role in informing, educating and motivating eligible employees to accept family planning.

### 3.2.3 Role of Worker-Motivators

No effort has been made to create interest of the workers in this programme. Even the activities of a recent project of Textile Labour Association (TLA) funded by ILO/UNFPA did not prove to be beneficial to generate interest among leaders of the workers to help this programme.

### 3.2.4 Information, Education and Communication Activities

The company seems to be not playing an active role in the IEC activities. The employees sometimes come forward on their own for operations. There are hardly any motivational activities like publicity through papers, TV, radio, films and puppet shows, etc. No posters have been exhibited which could draw the attention of the work force. There are no training facilities for employees and/or trade union leaders regarding this programme.

### 3.2.5 Incentives

The company does not give any special leave to the employees undergoing vasectomy or tubectomy operations. The company, however, has kept some monetary incentives for the sterilised employees or their spouses. The company gives Rs. 25/- to spouses of employees undergoing sterilisation operation and for employees (male or female), the incentive money is Rs. 45/-.

Provision of a bond of Rs. 3000/- has been made for the employees (male and female ) if he/she dies during the service period after sterilisation operation.

The company has also kept some provisions of scholarship for the school-going children of those employees who have undergone vasectomy or tubectomy operations.

### 3.2.6 Monitoring

Since there is no family planning programme in the mill as such, there is no need for any monitoring arrangements. Some records have, however, been kept on the educational activities.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) Though there is no family planning programme in the mill, the top and middle level management has shown some commitment by (i) arranging sterilisation for employees in the community; (ii) giving conventional contraceptives and some basic MCH services in the dispensary at the mill which is basically meant for first-aid to accident cases; and (iii) instituting some schemes of incentives.

(b) The nucleus of involvement of management exists. It should be relatively easy to make it blossom into greater involvement.

(c) A nucleus of programme activities also exists in the mill. It could be expanded and harnessed for better and stronger programme.

### 4.2 Weaknesses

(a) Though the programme environment exists in the mill, nobody tried to build on it. It might have created a feeling of diffidence among middle level management.

(b) Since the mills do not have a residential complex, workers stay in different parts of the city. In such a situation, it is difficult to plan activities in the house of workers. Therefore, most of the activities may have to be conducted on the mill premises. All planning needs to be done to intensify and extend the educational activities in and around the mills.

(c) The mills do not have a medical staff, and therefore, only limited family planning services could be provided. The major activity will be educational and motivational.

(d) The incentive payment in this mill is much less compared to any industry of this size.

## V. RECOMMENDATIONS

This mill already has a nucleus of family planning programme. There is a need to build on it and to reap its advantages for the national programme. The individual workers have to be convinced of the benefits of planning a small family and they must be helped in getting the services. Sterilisation services could be arranged

through the Employees State Insurance hospitals/dispensaries and the remaining services could be arranged in the dispensary of the mill. In order to strengthen family planning programme for the workers of the mills and its satellite area, the following recommendations are made :

(a) Committed support may be secured from the top level management by (i) sensitizing them in a workshop/seminar setting wherein political and organisational leadership is involved, and (ii) following them in the industry to take some definite action for the programme.

(b) The actions from top level management have to cover the following areas: (i) improve the incentive scheme - both in cash and in kind; (ii) setting up a committee consisting of officers from middle level management and give responsibility to implement the programme; and (iii) review progress of the programme with this committee to give programme importance.

(c) The actual responsibility of implementation has to be taken by a few active middle level managers after getting themselves (i) oriented to basic principles of management, and (ii) getting familiar with the agencies (governmental and non-governmental) available in the neighbourhood. They have to plan the total implementation of the programme, particularly the following aspects :

(i) How to conduct the educational and motivational activities so that workers get exposed to the messages repeatedly and in different forms;

(ii) How to integrate family welfare education with the other types of training workers receive;

(iii) How to involve wives of the top level management to help in this programme. This involvement has been found to be very useful for the programme;

(iv) Preparing and repeatedly updating eligible couples registers to identify couples receiving various family welfare services. The couples have to be motivated to accept those particular types of services;

(v) Selecting worker-motivators who could carry out educational activities among co-workers either individually or in groups;

(iv) Developing a monitoring system so that they know the progress of the programme continuously.

(d) The key to success of the programme in this mill is choice of worker-motivators. They should be carefully selected and be large in number. Some desirable criteria in the choice of worker-motivators are (i) influence among fellow workers; (ii) leadership qualities; (iii) active interest in welfare work; and (iv) preferably acceptors of family planning methods. The workers should be trained in the programme and should have good communication/motivation skills. They should periodically be exposed to refresher course.

(e) The worker-motivators should be assigned specific worker population for motivation. Some suitable award scheme in the industry and acknowledgement of their good work could be enough incentive for them to contribute their best. Their work should be reviewed through reports and actual participation in their activities. They should be provided support whenever needed. It is necessary that they get the feeling of group-backing rather than operating as isolated workers. Their being active requires periodic meetings with them.

(f) Some efforts may be made to involve trade unions in welfare activities of the workers. They can give more credibility in the industry to this programme.

(g) The activities related to the programme should be coordinated with those of the government or other non-governmental agencies in the area.

# BAJAJ HINDUSTAN LIMITED, LAKHIMPUR KHERI, U.P.

## I. INTRODUCTION

The Bajaj Hindustan Limited, formerly Hindustan Sugar Mills Limited, is a joint stock public limited company. It is situated at Golagokarnath in Lakhimpur, Kheri district and the Terai region of U.P., the area rich in sugar cane. Starting from a crushing capacity of 400 tonnes per day it has now touched the figure of 4800 tonnes per day and has grown into a leading sugar manufacturing unit in the country with a programme of further modernization, expansion and diversification. The principal product of this organization is crystal sugar and industrial alcohol. The Company has its own residential accommodation; nearly 75% of employees are accommodated there.

The total number of employees in the unit is 1745, of which 1255 are in the age group 15-44 years. There is no woman employed in this mill at present. Out of the total employees, 328 are employed seasonally. Average income of the employees is approximately Rs. 1500/- per month. The distribution of employee population by educational categories is shown below :

| | |
|---|---|
| Below High/Higher Secondary School | 36.3% |
| Between High School and Graduate level | 42.3% |
| Graduates and above | 21.4% |

## II. MEDICAL AND HEALTH CARE FACILITES

The mill has a hospital in the factory premises to give medical, health and family planning services to its employees. The Company holds camps in its working zone of 1300 villages for the medical, health and family planning services. It has particular emphasis on Eye Relief Camps; up to 1987-88, a total of 1866 patients have been treated and 240 patients have been operated in seven camps within cane-growing area. About 1500 rural people have got emergency help in distress in natural calamities such as flood, fire, in the form of food items, clothing, medicines and house repairs.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

The Company had not given any emphasis to family planning programme till 1974. But 1974 onwards, the medical staff attached to the mill's hospital started carrying out survey of target couples among the factory employees and cane

growers to advise them to adopt appropriate family planning method for restricting their families. A special weightage was given to family planning by the management by giving generous monetary incentives to the employees and cane growers. The family planning activities, however, remained at a low ebb from 1977 to 1982. After the introduction of laparoscopic method of tubectomy, the management decided to concentrate in organizing laparoscopic camps to cover the entire cane areas. Since October, 1982 to December, 1988, a total of 20, 914 operations have been performed, including those on non-employees; the total number of camps arranged for the same period has gone up, to 789. Table 1 gives the achievements since October, 1982 to December, 1988.

**Table 1 Achievements since 1982**

| *Year* | *Total No. of Cases* | *Total No. of Camps* |
|---|---|---|
| October 1982 to July 1983 | 3001 | 20 |
| August 1983 to July 1984 | 3319 | 58 |
| August 1984 to July 1985 | 6346 | 296 |
| August 1985 to July 1986 | 3116 | 83 |
| August 1986 to July 1987 | 3763 | 133 |
| August 1987 to July 1988 | 1152 | 150 |
| August 1988 to Dec. 1988 | 217 | 49 |
| | *20,914* | *789* |

In these camps, the Company has covered 1300 villages providing all the facilities free of cost.

The Company is organizing atleast a minimum of two laparoscopic camps in the mill's hospital every month. Besides these camps at the mill's hospital, it also arranges camps in ten centres in the cane area every month. Full cooperation of the State Government is received for holding these camps. Publicity through different media and house-to-house inter-personal communication are carried on successfully. Presently the Company is providing the following types of services to the employees and cane growers:

- Vasectomy operations
- Tubectomy operations by laparoscopic method
- Supply of Nirodh and oral contraceptive pills free of charge
- Motivation of target couples in rural area
- Publicity through exhibition of documentary films, posters, etc.
- Ante- and post-natal services
- Post operative care after laparoscopic and vasectomy operations

- Immunization and mother and child health care
- Eye Relief camp programme

Mother and Child Health care (MCH) programme including immunizations is organized in factory hospital and at different village camps within cane area. Entire expenses are met by the company. Till 1987-88, 235 pregnant mothers were given Iron and Folic Acid tablets. A total of 3150 children were immunized up to the end of 1988.

### 3.2 Strategies

#### 3.2.1 Role of Management

A unique record of this company is that there has been no labour strike or trouble or any agitation of cane growers during the last 50 years of its existence, except in 1951 when the workers of the factory were compelled to join a week's general strike in the entire sugar industry in U.P.

The management has also given more emphasis on rural development work which ultimately helps build credibility of the work which this mill is doing. This rural development programme covers a wide range of activities such as animal husbandry, health, sanitation, rural housing, construction of tank, roads, tube wells and drainage, minor irrigation, creation of employment, provision of pure drinking water, public education, etc. A veterinary centre has been set up for artificial insemination and treatment of cows and buffaloes. Tremendous progress has been achieved during the last eleven years. The company has got FICCI Award on rural development in 1982 and ISMA Golden Jubilee Award in 1983. Such credibility of the mill goes a long way to make their messages listened to effectively. Such community development programmes helped the mill to motivate the people with ease.

Thus the top level management has shown commitment to the overall development of the area from where they get supplies of sugarcane. Family Welfare becomes one important element of total development. The middle level management has been able to implement the programme without any problems but the programme mainly remains camp programme.

#### 3.2.2 Role of Trade Unions

The trade union leaders also arrange meetings every month and persuade the employees to publicise this programme within and outside the factory.

#### 3.2.3 Role of Worker-Motivators

No effort has been made to develop cadre of worker-motivators who can continuously motivate their colleagues for utilization of family planning programme services. Of course, individual workers are contributing in the activities related to organization of camps.

### 3.2.4 Information, Education and Communication Activities

Community development programme of this company really helps a lot in finding out the target couples in the rural areas. The middle level executives, motivators, social workers, educate the people about the family planning programme. For wider publicity of this programme, the company arranges exhibition of documentary films, posters and other display materials, etc. Special training programme has been arranged for motivators also. The propagation of Family Planning messages through purchasing centres is done by motivators and middle level executives. Cane suppliers are provided nirodh and other contraceptives free of cost.

The mill is working with the State and the district machinery to conduct such activities in the area. There is no information whether wall paintings and hoardings with slogans appealing to the population have been attempted. The mill is making attempts to organize special classes for higher secondary and college students on population dynamics and family planning. The population education is a very constructive step which this mill has taken.

### 3.2.5 Incentives

The company provides monetary incentives to its own employees as well as to outsiders, male or female, offering themselves for operations. Outsiders are given Rs. 55/- in addition to government incentive money. In case of company employee or his spouse offering for operation, the company incentive is Rs. 55/- plus Rs. 75/- special, in addition to the government's incentives. The year-wise break-up of monetary incentives provided by the company to sterilization cases in addition to government incentives are given below :

| *Period* | *Incentive Money* | |
|---|---|---|
| | *General* | *Mill's Employee* |
| October 1982 - March 1983 | Rs 100/- | Rs 125/- |
| April 1983 - July 1984 | Rs 60/- | Rs 75/- |
| August 1984 - July 1987 | Rs 55/- | Rs 70/- |
| August 1987 - July 1989 | Rs 55/- | Rs 55 + Rs 75 (Special) |

The employees of the factory are also being given special leave for six days for undergoing vasectomy or tubectomy operations. They are also given necessary follow-up and post-operative care and services from the mill's hospital.

Special incentives for different services have been kept for doctors. In case of vasectomy operation, Rs. 40/- and for tubectomy operation Rs. 25/- is given.

Motivators get Rs. 5/- per case as incentive. A special graded scheme of cash incentive to motivators paid by the company has been introduced recently based on the number of cases as follows :

| | |
|---|---|
| 1 case | Rs. 5/- |
| 2 cases | Rs. 10/- |
| 3 cases | Rs. 15/- |
| 4 cases | Rs. 20/- |
| 5 cases | Rs. 25/- |
| 6 cases | Rs. 36/- |
| 7 cases | Rs. 49/- |
| 8 cases | Rs. 64/- |
| 9 cases | Rs. 81/- |
| 10 cases | Rs. 100/- |
| 10+ cases | Rs. 10/- per case |

The Company provides special award every year for the best performance to its staff member for bringing largest number of laparoscopic and vasectomy operation cases to the camps organized by the company.

### 3.2.6 Monitoring

Nothing is known about the pattern of monitoring conducted. Probably routine reports are received on the performance of various camps organized by the Company.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) Strong rural development programme of the mill has family welfare built into it.

(b) Better credibility of the activities of the mill makes easier to convince workers about the benefits of family welfare programme.

(c) Graded incentives are offered to the motivators to encourage them to make more effort.

(d) Services are given in 1300 villages which supply sugarcane to the mill.

(e) Special training programme for motivators and middle level executives.

(f) The females are being contacted for the educational/motivational activities.

### 4.2 Weaknesses

(a) IEC activities are not being conducted systematically.

(b) Only those workers are involved in the activities who are self-motivated. No effort has been made to create cadre of worker-motivators and keep them motivated; such cadre can show greater commitment to the programme.

(c) Trade unions are not adequately involved.

(d) No system of monitoring seems to exist.

## V. RECOMMENDATIONS

The following recommendations may be useful to strengthen the family welfare related activity in the mill and its neighbouring area.

(a) Top level management should show more commitment by periodically reviewing the progress of the programme.

(b) The mill should set up a committee of middle level executives to oversee systematic implementation of the programme. This will help in better planning of the activities - both educational/motivational and services through camps.

(c) Involvement of wives of the top and middle level management in this programme has been found to give it a unique momentum. Their cooperation and support may be organized to give (i) force to the programme, and (ii) motivate workers, their wives and the people living in 1300 villages which this mill is catering to.

(d) Use of Eligible Couples' Register should be made to identify couples as per their needs. These couples should be approached for the services they require.

(e) Monitoring of the programme activities should be made more rigorous.

(f) Programme should be given broader base by involving the workers. Active workers may be identified, trained and given responsibility to work for the programme. Acknowledgement of their contribution has been found to serve enough incentive for their involvement. Such cadre should be developed in each unit of the mill so that all workers can be approached.

(g) Trade union leaders have also to be made partners in the welfare measure. Their involvement through their motivation and training can be useful to bring greater credibility to the programme.

(h) It is advisable to keep contact with the population cells established by organizations like FICCI, AIOE, SCOPE, EFI etc. They could share experience of other industries which can be helpful in strengthening the activities in this mill.

# COOPERATIVE WHOLESALE SOCIETY (INDIA) LIMITED TAMIL NADU

## I. INTRODUCTION

CWS (India) Limited, a private sector plantation industry in South India, has been chosen as one of the specimens of successful family welfare programme implementing industrial organizations, with the guidance of United Planters Association of South India (UPASI), for Case Study in respect of their family welfare programme because of certain typical characteristics that only plantations provide.

CWS (I) was started in India in the year 1923 - it was originally owned by English and Scottish Joint Cooperative Whole Sale Society (CWS) Ltd., U.K. CWS (I) Ltd. is now managed by the Murugappa Group, one of the most leading industrial groups of South India. CWS (I) owns eight Tea Estates in India of which seven are in Tamil Nadu and one in Assam. The total area under Tea is approximately 3050 hectares. The company's administrative headquarter is located at Madras. It has a competent and experienced marketing organization and its sales are conducted by auction at Cochin, Coonoor, Coimbatore, Calcutta, Guwahati and London.

While each estate has a tea manufacturing factory of its own, it is the Mayura Factory at Sheikalmudi which is a modern computerised one - only one of its kind in the Asian Region. This Group and two under Iyerpadi Group were visited for the detailed study of the programme. Both in the Sheikalmudi Group and the Iyerpadi Group Plantations, coffee, cardamom and tea are grown. The area in Hectares under coverage is :

| *Sheikalmudi Group* | | *Iyerpadi Group* | |
|---|---|---|---|
| Coffee | 91.02 | Coffee | 7.60 |
| Cardamom | 104.27 | Cardamom | 8.40 |
| Tea | 999.93 | Tea | 696.87 |

Thus the total area under crops in these 5 estates comes to 1907.09 hectares.

Plantation Industry in India is quite unique because of its location and labour intensive nature of work. It has a few other characteristics which enable them to pursue the health and family welfare programme more effectively than other industrial organizations in different settings. The following characteristics are of particular interest :

(i) It provides employment to a large number of workers in rural areas. The majority of workers belong to backward classes, tribal and schedule castes.

(ii) It employs both men and women in a family, on equal remuneration, thereby providing a source of income and economic independence to both

sexes. On an average, three to four persons in a family are employed. At least 60 per cent of the total force consists of women.

(iii) It provides free housing and water supply, medical benefits, creche services, schooling, etc. and thus ensures a quality of life for the whole family which is far above the normal standards the workers enjoy in rural or urban India. As a result, it prevents migration of people from rural areas, in many cases hilly tracts, to cities and towns. Most workers on the plantations are now the third or fourth generation, whose forefathers came to the hills in search of work. Some of the workers are tribals of the hilly region.

(iv) The responsibilities of the plantation industry are therefore, more onerous and socially obligated as it has to provide to its workers not only their means of livelihood but also other facilities for their living and for supply of their day to day needs, including water, food grains, kerosene, etc.

The Iyerpadi Group consisting of two estates of Paralai and Iyerpadi and Sheikalmudi Group have the following population :

| | *Iyerpadi* | *Sheikalmudi* |
|---|---|---|
| Total Population | 4701 | 7120 |
| Target Couples | 753 | 2508 |

All couples are residents of the estate and therefore can easily be contacted for all educational activities at their residence. Educational level of most population (81%) is of primary school or below standard.

## II. MEDICAL AND HEALTH CARE FACILITIES

For the Iyerpadi Group, there is a 70-bed hospital fully equipped with Operation Theatre, X-Ray Unit and Laboratory facilities which provide required medical aid to all workers and their dependents residing on the estate. There is no separate cell for carrying out the family welfare activities. It is an integrated service provided by the integrated team of complete staff under the leadership of the Medical Officer in charge.

The Hospital has the following complements of staff :

| | |
|---|---|
| Doctors | 2 |
| Nurses | 5 |
| Pharmacist | 1 |
| Wardboys | 4 |
| Wardgirls | 4 |
| Health Supervisors | 2 |

Besides, the Iyerpadi Group has two dispensaries - one on each estate. Each dispensary is manned by a pharmacist and a wardboy. Ambulance service is available round the clock for transportation of patients to the main hospital. The hospital gives services for maternal care. Also, it has been conducting family planning operations since 1966. It caters to the special problems of both parents and children. Apart from necessary investigation and treatment, the doctors offer special counselling to the parents. The immunization programme is carried out in dispensaries. Names of the children born are entered into immunization registers which are maintained properly and the children are called from time to time for the different immunization cover. Almost cent percent children are covered for DPT, Polio and measles vaccines.

Almost same thing holds true for the health services in Sheikalmudi Group of Estates.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

"Family Planning" is an integral part of the "Family Welfare" which includes "Total Health Care" as well. It is, therefore, essential that "Family Planning" is implemented not in isolation but only as an important component of total portfolio.

Family Planning programme assumes special significance in the context of plantation labour. There is a definite link between productivity and the size of the family of the worker, especially the women workers, who constitute the bulk of the plantation work-force. It is often found that an average woman worker on the estate is under great stress both physically and emotionally. She has to put in more hours of work in the field than her male counterpart as the women are normally employed on plucking, which generally accounts for almost 70 per cent of total work days. In addition to her longer hours in the field, back home she has to almost single-handed complete all her strenuous household chores. Under these circumstances repeated pregnancies will only further increase her burden, thereby affecting adversely her health and consequential productivity.

Apart from meeting social obligations, a successful family planning programme in the estate can surely bring in certain obvious benefits both to the beneficiary and to the the Company in terms of lesser amount of maternity benefits to be paid, lesser maternity absenteeism, lesser morbidity among women & increased productivity.

It is against this background that from the turn of this decade, the CWS (I) Ltd. initiated appropriate measures to revitalize its maternal, child health and family welfare programme, first on the Iyerpadi Group which was later extended to the Sheikalmudi Group and other estates under its administrative control in close collaboration with the UPASI which provided technical guidance and training facilities.

In the Iyerpadi Group, family planning facilities have been offered since 1966. At the beginning, health services were offered merely in compliance with statutory requirement, which did not impart health standards to workers at optimum levels. Over the years, CWS (India) came to recognize the link between productivity and the size of the family, particularly in the case of women workers. The younger women could be good workers if they are not burdened with frequent pregnancies which had a negative effect on the productivity. It was realized that repeated pregnancies could be reduced if it could be ensured that every pregnancy would end in the birth of a live, healthy child with a better chance for survival. Keeping this in view the family welfare activities were re-fashioned and intensified from 1976 onwards.

As a result of proper education and motivation, now-a-days, the pregnant women, from the very beginning, attend antenatal clinics regularly which ensures safe delivery, reducing thereby morbidity associated with pregnancy. By improving internal communication and transportation system it has been possible to institutionalize the deliveries.

Again by ensuring improved health of the mother during antenatal period and hospital-based deliveries, the infant mortality rate has also dropped from near 100 to less than 30 in less than 10 years' time. Great attention is paid to the child care programme, an important component of the family welfare activity. This has helped in improving the health of the children considerably. Earlier almost 10% of the children used to suffer from severe malnutrition (third degree malnutrition); today hardly anybody is to be found in that condition. Most children are on "road to health". Because of improved health and cent per cent immunization cover, the morbidity among children has declined remarkably.

Today's parents in the estates of Iyerpadi Group are confident of survival and healthy growth of their children. That is why they accept "small family norm" as a way of life today. Most mothers come forward to accept sterilization after the second child, a few may go for a third due to special reasons like "sex preferences", most, almost all of them, accept the permanent method certainly after the third child.

The family planning acceptance level has jumped from about 40% (of eligible couples with two or more children) in 1976 to 80% now.

Because of the rise in the acceptance rate of family planning there has been a steady decline in the birth rate in the estate. In fact it has already achieved a birth rate lower than that the State or the country hopes to achieve by 2000 A.D.

By reallocating resources for promoting family planning, the Company has obtained quantifiable favourable "cost benefit" results, in terms of substantial reduction in maternity cases, maternity absenteeism and consequent reduction in maternity benefits. Apart from the above quantifiable benefits, other results have been a visible improvement in labour discipline and labour-management

relationship. The company feels that they have yet to go a long way to realize their ambitious goal of improving the quality of life of all their workers.

Whatever has been enumerated in the foregoing pages about the infrastructural facilities for health and family welfare activities in respect of the Iyerpadi Group holds good for the Sheikalmudi Group also. The same commitment and involvement of the top and middle level management and the medical and para-medical staff through similar infrastructural facilities like hospital, dispensary, creches etc. have contributed to the increasing acceptance of family planning methods by the workers in this Group, bringing down the birth rate drastically.

The programme attends to all family planning and MCH care needs of the population. Maternal Care programme ensures that the health of the mother is well looked after and she is prepared for safe and healthy motherhood. All pregnant women on the estate are identified in their first trimester of pregnancy and entered into the antenatal register. This is to help them to attend antenatal clinic regularly as required. Besides the routine medical check up, special emphasis is laid on prevention of anaemia, prevention of toxemia and education of the mother on care of the child to be born, personal hygiene and family planning. In fact antenatal clinic is the ideal place for family planning motivation.

The importance of hospital based delivery is emphasized, ambulance is provided for the transportation of the patient to the hospital.

All mothers have to attend postnatal clinic also for 6 weeks after confinement, before she resumes work. During postnatal clinic, the attending nurses impress upon the mothers the importance of breast feeding of the infant and immunization. Her infant is given the first dose of immunization (DPT & Polio) when the mother comes for the postnatal clinic.

Child care is an important aspect of the "Family Welfare Programme". Child care programme is carried through 3 different channels; creche, dispensary and hospital.

In creche, children 0-6 years are looked after in the creches by trained ayahs from 8 : 00 AM to 5 : 00 PM. The main activities are :

(a) Training the children in the process of learning (e.g., nursery rhymes etc) and toilet habits.

(b) Nutritional supplementation - milk, midday meal and special protein/ calorie formula food (Laddoo) prepared at the hospital.

(c) Supply of Iron and Folic Acid tablets, Vitamin "A" and dewormation once in 6 months.

(d) Three-monthly weighings of children and monitoring the growth pattern by using the "well -baby card". The nutrition requirement of the child is carefully determined and the parents advised accordingly. In case of

children suffering from III degree malnutrition they are hospitalized for investigation of any underlying organic defect and special feeding programme is instituted for them.

(e) All immunizations (DPT, Polio, measles) are given in dispensaries. Total coverage is ensured by registering the infants born.

Services for all family planing methods are available at different places.

(a) Conventional contraceptives like condoms are offered at the hospital, dispensary and in some cases even at the work site. However, there were very few takers of conventional contraceptives. This is because the workers preferred permanent method than to spacing.

(b) Oral Pills - available at the hospital. This is, however, not normally recommended for the worker women, as regularity in consuming the pills cannot be assured.

(c) IUCD – used in very few selected cases only. Due probably to poor personal hygiene incidence of IUCD infection in plantations is rather high. As such it is not recommended.

(d) Due to various social factors and some misconceptions and fears, vasectomy is still not popular. There is need to educate people on simplicity of this method and remove fear and misconceptions they have.

(e) Tubectomy is the most popular method in plantations. Both in the hospital and at special camps which are organized from time to time, tubectomy operations are performed.

(f) Services of Medical Termination of Pregnancy (MTP) are given before the 12th week of pregnancy and in most instances along with sterilization if the woman has had two or more children. It is however not encouraged as a family planning method.

All eligible women are regularly contacted for appropriate family planning services. Target couples register is maintained and updated half yearly. All newly married couples on the estate, whether they are permanent or casual workers, are entered into the register. Women over 44 years are taken out of the register.

### 3.2 Strategies

#### 3.2.1 Role of Management

Success of family planning programme is mainly due to keen involvement of management at all levels. Delivery of health was not left to the medical department alone. From planning, allocation of resources and provision of infrastructure facilities, to actual administration and day-to-day activities of the medical staff, there had been a continuing thread of total commitment to the programme.

### 3.2.2 Role of Trade Unions

Not much effort has been made to involve trade union leaders in furthering this programme.

### 3.2.3 Role of Worker-Motivators

The programme has been mainly an industry's programme and their staff does all the activities related to the programme.

### 3.2.4 Information, Education and Communication Activities

Motivation is carried out normally by individual or personal approach, especially during antenatal and postnatal clinics by doctors and para medical staff. Outpatient departments are also being used as forums for motivation. Health supervisors contact the workers in their quarters in the colonies also. The creche ayahs also speak to the mothers when they bring their children to the creche.

Besides, film shows, dramas, group meetings, etc. are also organized by government agencies during special family planning campaign period. Posters and slogans provided by Government agencies are displayed at dispensaries, hospital, work sites and worker colonies.

The company CWS (I) Ltd., is a subscribing member of the United Planters' Association of Southern India (UPASI), which conducts from time to time special training programme for the creche ayahs, para-medical staff and doctors. Training programme is also conducted by the labour department and other Government agencies for union leaders who can play a very effective role in the promotion of family planning on the estate.

### 3.2.5 Incentives

Cash incentive is given only for sterilization. This was started from July, 1986. The incentives given are as follows :

| | |
|---|---|
| Rs. 600/- | if sterilized with 2 children |
| Rs. 500/- | if sterilized with 3 children |
| Rs. 400/- | if sterilized with 4 children |

This is in addition to cash incentives given by the Government. The company also offers 1 bottle of milk (or cash in lieu) every day for one year to the infant whose mother undergoes sterilization operation.

### 3.2.6 Monitoring

There is no information available on the monitoring system adopted. But all infants are getting registered and the company ensures that they all get immunizations. Similarly eligible couple registers are being kept up-to-date to make sure that all eligible couples are followed for motivation.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(a) This programme has all the elements of a successful programme and therefore family welfare programme acceptance here is good.

(b) It has full support of management.

(c) Good incentives for sterilization services are being given.

(d) Eligible Couple Registers are being maintained and updated to ensure proper follow-up of eligible couple.

(e) All infants are being registered to ensure all immunization services.

### 4.2 Weaknesses

(a) Not much has been made to involve trade unions or worker-motivators. Their involvement may make this programme community-oriented.

(b) Spacing methods are not much popular.

## V. RECOMMENDATIONS

The programme has been operating quite satisfactorily. Still there may be scope to further improve it. Some specific suggestions coming from the management and a quick review of the programme are listed below. However, it is suggested that CWS (I) may request some outside agency to look at their programme to identify areas which could be strengthened.

(a) Efforts may be made to popularize vasectomy which is simple and economical. May be offer of sliding scale of incentives (like tubectomy) induce men to volunteer for this method.

(b) More intense campaign may be launched for popularizing spacing methods.

(c) The programme may be given community orientation by involving worker-motivators and trade unions.

(d) As suggested above, a review of the programme by some expert could be useful in suggesting areas of strengthening.

## EAST INDIA COTTON MILLS LIMITED, FARIDABAD

It is located in Faridabad, an industrial town of Haryana. There are about 3000 employees and there are only about 60 women workers at present in the packing section of the Mills. According to the management, discipline and other related problems of having women workers in the industry has forced them not to increase the strength of female workers. The management, however, feels that the facilities provided for the better care of women by the company have helped in the increased production, low rate of absenteeism and the like. The programme details were discussed with the Personnel Manager and the Assistant Personnel Manager of the company.

The family planning programme has been in operation since 1953. In 1972 the then manager started many attractive schemes for the workers like "small savings, small family" and the like which are still being continued by the present management.

The management provides incentives like –

1) housing facility for the workers.

2) co-operative society facility.

3) Rs. 10 lacs are earmarked by the industry towards giving advances/loans to the workers in case of their emergent needs.

The management runs two schools and free education is provided to children of workers in the industry irrespective of the number of children the employees may have. Population education has not been inducted in the school curricula system.

There is no separate "planning" department in the industry, the Plant Manager being in-charge of "planning" also. According to management, the ESI is the most non-committal organization. They feel it would be better if the industries are allowed to hire their own medical team/unit as it would work out cheaper than contributing substantial amounts to ESI.

The family planning coverage is almost 70% of eligible couples. The workers are mostly illiterate and as such cash compensation is more valued by such workers.

There is no infrastructural facility available either for information, education and motivation of the employees nor for offering necessary family welfare services. It is the sheer leadership quality of the top and middle level management and their keen personal interest, that enable them to promote this programme quite successfully through inter-personal interventions from time to time.

# ESCORTS LIMITED (CYCLE AND SCOOTER DIVISION) FARIDABAD

## I. INTRODUCTION

Escorts is one of the largest industrial units in private sector located in the industrial sector of Faridabad in the state of Haryana. It has 14 modern plants and the annual turnover is nearly Rs 4,000 million. It is now considered as the fifth largest engineering company in India. It has a total employee strength of around 18,000.

For the purpose of the case study, only one division namely, Cycle and Scooter Division was visited. It has a strength of 4,000 employees of which only 18 are females. The unit does not have a worker colony and therefore workers are living mostly in Delhi and Faridabad.

## II. MEDICAL AND HEALTH CARE FACILITIES

The Escorts Medical Centre at Faridabad with 100 beds is one of the most modern and sophisticated facilities of its kind in the industry. It makes available to the local community superior diagnostic health services at reasonable cost. Recently Escorts opened a gynaecological clinic. It functions on all the working days. There are two gynaecologists and one anaesthetist for consultation and minor OBGYN procedures. The Centre is also encouraging family welfare measures by laparoscopic procedure and insertions of IUD. Another recent addition is Heart Institute and Research Centre which will be the largest specialized heart hospital.

## III. FAMILY WELFARE PROGRAMME

### 3.1 Programme

The industry has been engaged in family planning activity since 1963. In the initial years, the company faced difficulties in educating and motivating the workers to accept small family norm. The time is changing and now most of the employees are aware of the rising population problem and the advantage of small family size. The company has adopted 20 nearby villages. The company's family welfare programme coverage is very satisfactory – 73% eligible couples have been covered by the programme services.

### 3.2 Strategies

#### 3.2.1 Role of Management

The management motivates its work force for adoption of small family through various means. The personnel manager of this unit takes keen interest in all socio-cultural and welfare activities in this unit.

### 3.2.2 Role of Trade Unions

Not much has been done to involve the trade unions.

### 3.2.3 Role of Worker-Motivators

There is no involvement of the worker-motivators.

### 3.2.4 Information, Education, Communication (IEC) Activities

As stated above, the plant does not have residential colonies for its workers and therefore they are living in different parts of Faridabad and Delhi. Therefore all family planning communication has to be in-plant. The managers have integrated family planning education with the workers' training - two batches of workers' education are held every year. This forum is being utilized by the management to talk about family planning related subjects to the workers. Staff from the District Family Welfare Bureau is invited to talk to them about the various topics.

There are several other media adopted to inform and educate the workers on family planning and various services.

### 3.2.5 Incentives

Several types of incentives are given to workers to motivate them to accept family planning services. Some of the schemes are :

(i) Transportation is provided free of charge if they go for sterilization.

(ii) Cash incentives are given, dependent on the number of living children couple has at the time of acceptance:

| | |
|---|---|
| Rs. 175/- | if one or two children |
| Rs. 150/- | if three children |
| Rs. 100/- | if four or more children |

(iii) Employees get special leave with wages if they accept sterilization.

(iv) Employees are considered for promotion if they have small family. According to the management, this is to ensure better education to the existing children.

(v) Educational subsidy is paid to children of worker with small family.

### 3.2.6 Monitoring

Not much monitoring of the programme is done except routine report of performance.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

(i) Programme has support of the management which is reflected in various types of incentives offered. But not much support is suggested in the form of review of programme.

(ii) Quality of medical and health services is good.

### 4.2 Weaknesses

(i) No special effort is being suggested to make programme effective.

(ii) Not much effort is made to cover satellite areas.

## V. RECOMMENDATIONS

This programme has great potential because very good health services is available. Therefore there is need to systematize the operation of programme to harness its full potential . Though several experiences of other industries have been highlighted in other case studies and in the "overview" section of this book, it will be desirable that Escorts can invite a national institute/research organization to review their programme and make some constructive and specific recommendations for strengthening and systematization of the programme.

# GODREJ BOYCE & MANUFACTURING COMPANY LIMITED BOMBAY

## I. INTRODUCTION

Godrej Boyce is a large scale industrial enterprise located in an extensive township of its own at Vikhroli, a suburb of Bombay city. The township popularly known as Godrej Industrial Garden Township has been built by the company with its own resources. Factory plants, well-ventilated comfortable houses, well-paved and electrified roads and three spacious school buildings etc. exist side by side. It is, indeed, a model industrial township.

The Godrej Enterprise employs about 10,000 workers in 17 different factories. Their principal products are steel furniture, safes, security equipment, refrigerators, typerwriters – both manual and electronic, computers, machine tools, etc. Additionally, they also produce chemicals, animal feed and toileteries.

In Godrej today one can see a very successful example of the application of progressive management principles. That Godrej management takes a lively interest in the social welfare of its employees, can be noticed in the creation of a Community Centre named 'Pragati Kendra', inaugurated on August 15, 1955. The management's keen interest in the family planning services has been responsible for achieving exceptional results in the past two decades or so through a blend of persuasion, education and social benefits.

## II. SOCIAL WELFARE ACTIVITIES

Pragati Kendra is an ideal institution providing a whole range of services and activities eg. holding classes in adult literacy, tailoring, typing, shorthand, Hindi and nutrition education. The recreational activities include clubs, gymnasium, yoga and karate classes, besides other entertainment programmes. There are other activities such as library, scouting, milk distribution etc. Income generating activities for women particularly for widows enable them to earn extra money. Facilities and support is provided for rehabilitating the appropriate families. Opportunities exist for the handicapped to lead useful life.

The pride of the welfare activities is, however, provision of housing and the Godrej Schools for 'Pre-Primary, Primary and High School' grades. The schools are adequately staffed by very competent teaching faculty. The teacher pupil ratio is quite good. The school buildings are quite modern structurally and the furniture provided suits the requirements of all ages. The schools are run in three media –

English, Gujarati and Marathi. The children of workers and managers study in the same classes. High School has two streams –technical and commerce and both the sections are well-equipped.

## III. MEDICAL & HEALTH CARE FACILITIES

In the Pragati Kendra Complex there are dispensaries for both curative and preventive services. On the preventive side, there is a Well Baby Clinic with immunisation services, school health programme, ante-natal, family planning clinics as well as dental services.

### 3.1 Antenatal Clinic

To promote effectively family planning the effort is to draw younger couples to the programme by offering them ante-natal services in the clinic. Expectant mothers of the colony are encouraged to attend this clinic from the initial stage of pregnancy. Every fortnight they are required to visit the clinic where technicians carry out necessary tests and then suitable treatment and counselling for nutrition is given. Vitamin and mineral tablets are supplied free of charge alongwith nutrition education so that lactation of mothers would improve. Protective immunization of the pregnant women is done by administering tetanus toxide injection. During this period the Public Health Nurse conducts group education programme on various aspects of child care. It is in these talks that the idea of small family is introduced. Family planning advice is given according to the couples' needs and they have the option to take contraceptives of their choice – oral pills, IUCD, and condoms. Generally after the child becomes a year old, the mother is advised to go in for laparascopic operation. All expectant mothers in the colony take advantage of the ante-natal and post-natal clinics.

### 3.2 Well Baby Clinics

During her post-natal visit, the mother is given child care education and is made to understand how important it is also to complete the immunization schedule – initial as well as the booster doses. All mothers are given immunization reminder cards. As soon as their children attain the age of 3 months, Triple Antigen and Oral Polio Drops are given. This is repeated every month until three initial doses are completed. After this, they are advised to get the child protected against measles at the 7th month. When the child is $1^1/_2$ years of age 1st booster dose of Triple Antigen and Polio is given. The 2nd booster dose is given between $2^1/_2$ years and $3^1/_2$ years, before the child enters Pre-Primary school. The 3rd booster shot is given at $5^1/_2$ years, almost when the child joins Primary School and the last booster dose of D & T only (Diptheria and Tetanus) is given at $9^1/_2$ years, when the child normally joins the High School.

At the time of School admission, it is ensured that the child has all the required immunizations as well as the first booster of Triple Antigen and Oral Polio drops. During the time of well-baby clinic, A and D injections are also given free of charge to all those who need them.

As soon as children's names are registered, the company Medical Doctor checks them. Thereafter they are brought to the clinic by the Public Health Nurse assisted by volunteers from the community. It is heartening to note that due to the sincere efforts childhood diseases have almost been eradicated from the Godrej employees' colony.

### 3.3 School Health Programme

The School Health Programme is in effect an extension of the well-baby clinic programme.

Alongwith the admission of a child in the Pre-Primary School, the necessary entry about the child is also made in the school medical card. The well-baby clinic immunization details and other records get transferred to the school health card. The children remain in the school for about 12 years i.e. upto the age of 15½ years or so, when they leave the school after passing their final S.S.C examination.

All the children are medically cheked every year, and referred to specialists whenever required. Those requiring dental care are referred to the company dentist and those who are found under-nourished are referred to the centre for extra nutrition.

Thus all the children are covered under health scheme from ante-natal stage till they pass out of the colony school.

## IV. FAMILY PLANNING PROGRAMME

### 4.1 Programme

The Community Centre ie. the Pragati Kendra conducts the family planning programme as an integrated programme with general health programme, taking full advantage of the various complimentary programmes eg. maternal-child health care – the ante-natal/post natal, immunization, nutrition, school health, etc. Education in small family norm is imparted.

Various contraceptives are made available to the employees. In the initial stage, employees at the shop floor level including trade union leaders and supervisory staff are given orientation courses in family planning. These courses proved quite successful.

A similar orientation was organised also for the wives of the employees, and thus a combined approach for men and women was initiated.

Medical officers of the company prescribe contraceptives as per requirements. They try to remove the doubts and fear from the minds of employees and their spouses about the possible side effects of sterilization operations – both vasectomy and tubectomy.

While vasectomy operation is done at the Kendra clinic, tubectomy cases are referred to outside hospitals by arrangements. All other contraceptive facilities eg. oral pill, condom, IUCD, etc. are also supplied free at the clinic. MTP cases are also referred outside.

The various types of sliding scale cash incentives and more meaningful and effective incentives in the form of housing facilities, schooling of children in well established company schools, recruitment policy with emphasis on applicant's approach to small family norm, etc. have enabled the company to achieve quite encouraging results, is obvious from the results of the following survey done in 1979.

| | | | *Per cent* |
|---|---|---|---|
| i. | Employees covered in survey (July 1979) | ..... 9212 | (100.00) |
| ii. | Less employees ineligible for sterilization | ..... 5156 | (55.57) |
| iii. | Total employees eligible for sterilization | ..... 4056 | (44.03) |
| iv. | Less cumulative performance since inception of family welfare programme in respect of those employees who were covered in July 1979 survey | ..... 1916 | (20.79) |
| v. | Balance employees who can be considered for sterilization | ..... 2140 | (23.23) |
| vi. | Less couples not sterilized with 2 living children if they are not to be considered as target group | ..... 1343 | (14.57) |
| vii. | Couples not sterilized with 3 or more children to be considered as the target group | ..... 797 | (8.65) |

Currently the percentage has fallen lower, since the number accepting sterilization operation has increased to 5039, 29 are on Pill and 125 on IUCDs.

The following table shows persons going in for sterilization operation after one, two and three living children in the last 10 years.

**Sterilization and the number of living children**

| *Year* | *Vasectomy* | *Tubectomy* | *Total* | *Sterilization after living children* | | | | *Sterilization done without having a son* | *Sterilization done without having a daughter* |
|---|---|---|---|---|---|---|---|---|---|
| | | | | *1* | *2* | *3* | *4 or more* | | |
| 1977-78 | 19 | 115 | 134 | 1 | 13 | 58 | 61 | – | – |
| 1978-79 | 19 | 140 | 159 | 1 | 23 | 81 | 54 | 5 | 28 |
| 1979-80 | 19 | 164 | 183 | 2 | 23 | 97 | 61 | 6 | 30 |
| 1980-81 | 7 | 117 | 124 | 1 | 12 | 67 | 44 | 3 | 18 |
| 1981-82 | 16 | 153 | 169 | 2 | 22 | 94 | 51 | 2 | 30 |
| 1982-83 | 17 | 187 | 204 | – | 28 | 130 | 46 | 9 | 25 |
| 1983-84 | 9 | 180 | 189 | 1 | 29 | 123 | 36 | 4 | 38 |
| 1984-85 | 6 | 158 | 164 | – | 42 | 97 | 25 | 3 | 35 |
| 1985-86 | 5 | 160 | 165 | 1 | 47 | 99 | 18 | 6 | 38 |
| 1986-87 | 3 | 154 | 157 | 1 | 41 | 98 | 17 | 7 | 25 |
| 1987-88 | 8 | 138 | 146 | 1 | 45 | 79 | 21 | 6 | 34 |
| 1988-89 | 7 | 157 | 164 | 3 | 66 | 84 | 11 | 8 | 40 |
| | 135 | 1823 | 1958 | 14 | 391 | 1107 | 445 | 59 | 341 |

The above table makes interesting reading. As the year roll by, more ladies come forward for tubectomies. Vasectomies have gone down drastically, though the use of condoms is found to be increasing appreciably. Couples having all sons or all daughters normally do not go for sterilization easily, but even here the change is noticeable from the above table. From the literacy survey made of the couples it has been found that the literacy standard of females in about one-third of the couples is only upto primary stage.

Almost all employees of the company having 3 or more living children have undergone sterilization operation. The trend now is, however, to go in for sterilization after 2 children.

Hundred per cent of the children in the colony are covered under the immunization programme. Full use is made of the ante-natal clinic from the beginning of pregnancy. Infant/child mortality rate in the colony has been brought down significantly, children's diseases having been eradicated almost completely.

Nutrition standard of the colony's children has shown a marked improvement which is confirmed by the school health report as well as by the sudden drop in the patients coming for treatment of nutritional deficiency diseases.

Much of success of Godrej in their health and family welfare programme is due to the emphasis the company puts on the quality of service offered to the employees. Even as far back as 1968, because of their excellent performance, the then Welfare Officer of Godrej Boyce & Mfg. Co. Ltd. Smt. Aloo Mowdawalla received the FICCI Award on Family Planning on behalf of the company.

### 4.2 Strategies

#### 4.2.1. Role of Management

The management is no doubt enlightened and conscious of its social responsibilities towards the employees, a fact amply evident from the establishment of the Pragati Kendra, housing colony, schools, medical centre, family planning clinics, etc. Most of the socio-cultural and income generating activities in the community are carried out by the Pragati Kendra. Though it is doing very laudatory work, the infrastructural facility appeared to be inadequate. The Welfare Executive is responsible for multifarious activities including the crucial family welfare programme. The seriousness of the task demands that an exclusive officer of high status is nominated for the implementation of the family planning programme alone. The top level management should also be more actively involved in the programme by resorting to periodical review of the programme and by ensuring remedial measures for shortcomings.

The middle level management also does not appear to be structurally and administratively involved. The middle level management at plant levels should take more active interest in the planning and execution of the programmes, especially in the educational and motivational areas.

#### 4.2.2. Role of Trade Unions

Without the active participation of the Trade Union leaders and workers this programme which aims at educating and motivating the employees in the

reproductive age group to change their traditional life style and accept the small family norm as their way of life cannot be expected to succeed. As such there have been some efforts to give orientation to the union leaders and workers in this programme with some success. It is necessary to arrange regular orientation training classes exclusively for union leaders and workers so that they can responsibly talk to their compatriots in tackling population problem.

### 4.2.3 Role of Workers Motivators

The programme seems to be the exclusive responsibility of the staff employed in the the Pragati Kendra. Not much effort appears to have been made to involve the worker community in this programme. Employees who have accepted the small family norm and are satisfied acceptors of methods, permanent and spacing, need be persuaded to work as motivator. Their involvement will definitely give a boost to the programme. A satisfied customer is always a better salesman.

### 4.2.4 Information, Education and Communication Activities

There is no special IEC infrastructure in the company to carry out exclusively health and family planning educational and motivational activities. The Welfare Executive of the Pragati Kendra with the supporting paramedical and other staff looks after the IEC aspect of the programme.

In the initial years, exhibitions were held on different aspects of health, symposiums and plays performed by the workers and their family members on family planning were staged regularly and printed leaflets on population problems and family planning in the language understandable to the employees were also sent along with pay packet. Suitable slogans were printed on the salary envelopes. Through all these media efforts were made to impart to the employees and their family members a thorough knowledge about the dangers posed by the unchecked population growth and the ways and means to tackle this explosive problem by adopting small family norm as the way of life by practising different available safe methods of contraception.

Medical officers of the family planning centre also play an active role in clearing doubts and fears of the employees and their spouses about the uses of different contraceptive methods including sterilization operations. Population dynamics and small family norms are dicussed in the Social Education classes also. Advice on family budgeting is given taking into consideration the average earning of the workmen and various subsidies they get from the company. By explaining the actual expenses incurred right from birth, till the child is out of college and becomes independent, the parents are made aware of the positive aspect of a small family. It is also explained how a family of 4 ie. 2 adults and 2 children can live in comparative

comfort and affluence; and how with the subsequent addition of even one child the economic and social condition of the family gets adversely affected.

In the schools also the subject of family life education has been integrated with the curricula so much so that by the time the child grows and gets out of the school he has the background of every aspect of family life and suffers from no inhibitions about sex.

Weekly talks-cum-demonstrations on nutrition, child care for pregnant and nursing mothers and occasionally on personal hygiene are also held in the Kendra and in different parts of the colony by the students and staff of the College of Catering Technology and Applied Nutrition.

### 4.2.5 Incentives

Incentives both in cash and kind, in different forms, are given to the employees accepting family planning permanent methods. Cash incentive is given in a sliding scale as follows :

a. Rs. 100/- for those having 2 living children

b. Rs. 75/- for those having 3 living children

c. Rs. 45/- for those having 4 living children

d. Rs. 25/- for those having 5 + living children

But this meagre incentive money has practically no effect on the employees as the average earning of the workman is over Rs. 2000/- per month plus yearly bonus and other benefits. Much more effective, however, appears to be the rule on school admissions. Children are admitted if the parents have limited family size to 2 children. Parents having three children have to undergo sterilisation operation if their children are to be admitted in the company schools. If these conditions are not fulfilled then the employee remains in the job no doubt but the children have to go to outside schools paying full fees and compromising the standard of education also.

Housing is also another important incentive. A company flat is provided for families with 3 children or more, if one of the parents has been sterilized.

At the time of recruitment, new incumbents are expected to provide a certificate of sterilization, if they have 3 or more children. Even job applicants, with fewer than three children are questioned about their views on ideal family size and family planning.

There are other occasional benefits for those who help themselves, such as granting loans to workers with small families. Amongst the female staff in the office and schools, maternity benefit is given only upto three deliveries. But, if the spacing in between the birth of the two children is less than three years, the benefit is not given.

### 4.2.5. Monitoring

There is no regular monitoring system for this important programme. The Welfare Executive of the Pragati Kendra is virtually the planner, the implementor and the reviewer. The top and middle level management do take interest in the programme and provide support in various ways from time to time, but there is no system of reviewing and monitoring regularly by them through a Board or Committee.

## V. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 5.1 Strengths

a. The top management is committed to the welfare programme for its employees and gives all the necessary financial and other supports to back up the programme.

b. To fulfill the social and normal obligation the company established their own housing colony and schools and established the Pragati Kendra – a Community Centre to provide various kinds of social, cultural and economic support to the usual industrial life of the employees. The Kendra is run by a competent Welfare Executive with some supporting staff.

c. There is a Family planning cell in the Pragati Kendra which takes care of the family welfare programme in close collaboration with the Medical Unit, dispensaries and clinics.

d. The strong component of MCH and School health programme has established a firm credibility with the employees about the family welfare programme.

e. The incentive policy of providing housing, admission for children in schools, preference in recruitment to those applicants who have planned families etc. is responsible for much of the success of the company in family planning.

f. The involvement of women employees and wives of employees in the various activities of the Kendra also help greatly in furthering the family planning programme, especially in spreading the message of the small family norm in the community and beyond.

### 5.2. Weaknesses

a. Commitment of the top level management, though exists in some measure has not been institutionalised for planning and implementation through a high powered Board or Committee.

b. Barring the Kendra staff and the medical and paramedical staff exclusively employed for this programme, other middle level management does not seem to be effectively involved in the programme.

c. The involvement of Union and workers in the programme is not on a bipartite basis in consultation and collaboration with management and hence it is rather adhoc and on individual basis which does not ensure desired results.

d. IEC component lacks both in infrastructure and other resources. Competent, adequately trained communication or media person is required to take charge of the IEC activities through different mass media and interpersonal direct communication system.

e. Proper eligible couples and Child registers are not prepared and updated from time to time, which, if done in the required format and followed up systematically, can help provide need-based facilities to the eligible couples.

f. No proper monitoring system has been developed to review the progress of the programme from time to time and rectify the deficiencies on that basis with a view to bettering the performance.

g. There does not seem to be any integrated approach to enlist the support and co-operation of various governments (both central and state) and non-governmental voluntary agencies working for the same programme in the area.

## VI. RECOMMENDATIONS

a. More effective involvement of top management is required. A high powered Board or Committee of top level management should review the progress of the programme and monitor its implementation regularly.

b. The middle level management including the Welfare Executive should also take into confidence the Union Leaders and constitute a Bipartite Committee for effective planning and implementation of the programme.

c. The infrastructure in respect of the family welfare component should be strengthened so that more co-ordinated effective IEC efforts could be made to educate and motivate the target employees in plant and the community outside.

d. The involvement of worker motivators should be ensured. Satisfied workers accepting family planning permanent methods should preferably be nominated to act as motivators as they will have a better say amongst the fraternity.

e. Since women respond more readily to the call for family planning, efforts should be made to involve the wives of the executives, local women social leaders, voluntary organisations of women working for social and cultural programmes to help spread the message of small family norm in the families residing in the company's housing complex and also in the comunity around the factory premises.

f. The forum of the schools in the colony should be more thoroughly and systematically utilised to inclucate in the younger generation the sense of the danger of unchecked population growth – the social, cultural and economic disaster – that it forebodes and the urgent need to contain the explosive situation by adopting the small family norm as a way of life by the future generations. The population education should, therefore be included in the school curricula if not already done. Just occasional lectures on the subject are not enough.

g. There should be arrangements for continuous updating of the knowledge and skill of the personnel directly involved in running the various aspects of he programme. From time to time proper orientation/training should be given to the family planning staff to enable them perform their jobs more effectively.

h. An integrated approach should be adopted to implement the programme through coordinated efforts of all concerned – the central government agencies in the field, especially the media organisations, the state and local self government agencies and the various voluntary organisations eg. Family Planning Association of India, the Rotary/Lions/Jaycees/Inner Wheels, Mahila Mandals etc.

i. For spreading the message of small family norm, all company publications, especially the house journal, should be effectively utilised.

j. AIOE/EFI and a few other state Chambers of Commerce & Industry also have nucleus family welfare unit which can help industries in systematic development of the programme. If necessary, they may be approached for help and guidance.

# LARSEN & TOUBRO LIMITED, BOMBAY, MAHARASHTRA

## I. INTRODUCTION

Larsen & Toubro Limited (L & T) has five decades of leadership in designing, manufacturing and installing plant and equipment for vital industries - food, chemical, petrochemical, fertilizer, steel, cement, nuclear and thermal power generation. It also supports India's space programme by manufacturing rocket motor castings. Larsen & Toubro's range of activities include exports, shipping, manufacture of switch gears, valves, industrial electronics, computer peripherals, cement and comprehensive range of construction services.

Larsen & Toubro employs 6901 persons of which 6670 (96.6%) are men. Number of employees with spouses in the reproductive age groups of 15-44 years of age include 4552 men and 120 women making a total of 4672 (67.7%). Of the total employees, 1650 (23.9%) are graduates and the remaining (76.1%) below graduation. The average age of the L & T employee was around 33 years and the spouse's age was around 26 years. The average number of living children among married employees families were around 2. The annual income of the employee was around Rs. 40,334/- or an average monthly income of approximately Rs. 3360/-.

It may be seen from the above that the employees of the L & T are young, have good educational qualifications and earn relatively decent monthly salary.

## II. MEDICAL & HEALTH CARE FACILITIES

The L & T Medical Centre, Andheri is a well known landmark on the western highway in Bombay. It is serving as a medical diagnostic centre for L & T employees, which number around 7000, and their families. The Centre is providing services to its employees and community around, as part of its social obligation. With its access to advanced technology, L & T will provide modern medical equipment that reduces the risk of error in detection and enhances the efficiency of treatment. The medical centre places special emphasis on programmes for family welfare, child care and maternal health.

There are 32 visiting consultants in 11 specialities who provide an integrated health care and cater comprehensively to patients' well-being. A team of three doctors, a medico-social counsellor, an X-ray and Laboratory technician with a complement of paramedical staff provide comprehensive health service to 7000 employees at L & T's Powai Works. They render first-aid and curative services and also detect health problems in employees exposed to occupational hazards. The activities include :

- First-aid and dispensing
- Pre-employment and periodic medical checkups
- Investigation of occupational and environmental hazards
- Counselling for family welfare, chronic health problems
- Alcoholism
- Accident prevention, safety and first-aid training
- Welders eye problems
- TB & Leprosy detection and follow-up
- Study of contact dermatitis in collaboration with I.A.O.H. (Indian Association of Occupational Health)

In addition, the company has Welfare Centre located at Andheri. This Centre provides family welfare services to its employees and to the community around it. It has facilities for vasectomy, laparoscopic sterilization and medical termination of pregnancy. It's integrated maternal and child care programme includes professional antenatal care, steps to ensure safe delivery, timely immunization and early diagnosis of child health problems. Specialists from various fields of medicine visit the centre to provide medical services. Some of the significant activities of the Welfare Centre are :

- Maternal & Child Health care;
- Expanded programme of immunization;
- Diagnostic facilities and consultative services in gynaecology and obstetrics, paediatrics, skin, orthopedics, ophthalmology, ENT, Internal medicine;
- Special facilities for TB and leprosy relief in collaboration with the Bombay Municipal Corporation and German Leprosy Relief Organizations (GLRO);
- Family Planning camps in collaboration with K.E.M. Hospital;
- Exhibitions, health education programmes and group discussion;
- Nutritive aids provided to TB patients and those suffering from under nourishment.

Larsen & Toubro Welfare Centre's various landmarks and its different activities are as follows :

## *LANDMARKS OF L & T WELFARE CENTRE*

| *Year* | *Activity* |
|---|---|
| 1967 | Family Planning activities began |
| 1968 | Medical diagnostic centre was set up |
| 1969 | Exhibition and seminar on Cancer Prevention was arranged with the help of Indian Cancer Society. |
| 1971 | Family Planning data became a part of employee health record card |
| 1975 | Family Planning Award received for outstanding contribution in the field, from Directorate of Family Planning. |
| 1976 | Seminar on alcoholism held. Vaginal Tubectomies organized in collaboration with Family Planning Association of India. |
| 1978 | Dhanukar Rotating Award secured for 1977, presented by IAOH conference for efficient medical supervision of employees. (Indian Association of Occupational Health) |
| 1979 | Hosted IAOH conference. Laparoscopic sterilization was introduced. Medical facilities of the Centre were extended to the community. |
| 1981 | To mark International Year of Disabled, L & T implemented programme for handicapped. Seminar organized. |
| 1982 | Wins Dhanukar Rotating Award presented by IAOH for the best medical care and welfare services among engineering organizations. |
| | L & T Welfare Centre was recognized as an area Tuberculosis Centre for "K" ward by BMC. |
| | Leprosy detection drive was conducted in collaboration with "German Leprosy Relief Organization". 6600 new patients enrolled. |
| 1983 | Installed an Ultrasound - Real Time Sector/Linear Scanner |

## III. FAMILY WELFARE PROGRAMME

### 3.1 Programme

Larsen and Toubro is carrying out its family welfare planning programme since 1965. Its philosophy is that

- Happiness of family is central to the well-being of the community,
- Happy families make up a contented community, and
- Happy families must stay small.
- Therefore small families are basic for happiness of family and well-being of the community.

Mother and Child care is an important activity of the L & T Welfare Centre. The Centre provides pediatric, gynaecological and obstetric consultations to workers and their families from competent specialists. The Centre carries immunization of children against six major killers, namely TB, poliomyelitis, diphtheria, whooping cough, tetanus and measles. Guidance from trained counsellors is given to mothers on child care and nutrition. They counsel clients on spacing, MTP, sterilization and even on investigation for sterility as per needs of the family. Mothers are encouraged to practise family planning. The Company gives family welfare programme services to its employees and to the community around in L & T Centre since 1965. Specialists from Obstetrics, Gynaecology, Pediatrics and Surgery visit the Company and give all MCH services and provide vasectomy, laparoscopic sterilization and MTP.

Family welfare achievements of the L & T Centre in different years have been shown in Table 1.

**Table 1 : No. of Acceptors fo Family Welfare Programme**

| *Family Planning Methods* | *Up to 84* | *1985-86* | *1986-87* | *1987-88* |
|---|---|---|---|---|
| Vasectomies | 1624 | 470 | 228 | 169 |
| Tubectomies | 5169 | 1791 | 1521 | 1695 |
| IUCD | 852 | 297 | 374 | 449 |
| MTP | 98 | 871 | 923 | 1128 |
| Pills | – | 2786 | 2924 | 3403 |
| CC distributed | – | 1234 | 1426 | 2310 |
| Immunization | – | 7063 | 7602 | 8678 |
| ***Total*** | ***7,743*** | ***14,803*** | ***15,543*** | ***18,581*** |

Note : Achievements include L & T employees and the members of the community around.

From the figure on Family Planning achievements in different years since 1984 to 1988, it is seen that the number of cases accepting permanent methods of family planning are declining over the years. It is because there has been a gradual shift from the permanent to temporary methods in acceptance of family planning. The number of MTP cases have also registered an increase over the years. Because of the nature of employees - as they are young and educated - the gradual shift from permanent to temporary methods is an encouraging sign. However, these employees are to be educated to use the temporary methods effectively.

Targets at L & T are set jointly by Medical Adviser, Chief Medical Officer, Welfare Centre in consultation with Gynaecologists. It is fixed arbitrarily within plus/minus 10% of last year performance and trends and within the constraints of infrastructural facilities and staff. The extent of achievement of physical targets set for various activities in 86-87 are shown in Table 2 :

**Table 2 : Targets for the year 1986-87 and Achievements**

| | *Target* | *Actual Coverage* | *% of Target Covered* |
|---|---|---|---|
| Distribution of Oral Pills | 3000 | 3403 | 113% |
| Distribution of CC | 1800 | 2310 | 128% |
| Vasectomy | 400 | 169 | 42.2% |
| Tubectomy | 1500 | 1695 | 113% |
| IUD | 300 | 449 | 149% |
| MTP | 600 | 1129 | 188% |
| Immunization | 7000 | 8195 | 117% |

The amount allocated and actual expenditure (inRs. lakhs) on the Family Welfare programme during the last three years are as follows :

| | *85-86* | *86-87* | *87-88* |
|---|---|---|---|
| Allocated | 38.00 | 38.50 | 41.10 |
| Actual Expenditures | 40.64 | 40.62 | 43.10 |
| Excess | 2.64 | 2.12 | 2.00 |

## 3.2 Strategies

### 3.2.1 Role of Management

The management's support is available to the L & T Welfare Centre in the form of staff, equipment, funds, cooperation and blessing. They have been providing the needed manpower for health and medical welfare activities. Health Committee meetings are held once in six months in which health related activities including family welfare are discussed.

The Chief Medical Officer of the Welfare Centre and the Deputy General Manager (Employees' Welfare) are the middle and top level management respectively. They are actively involved in the programme and are responsible for the operation of the programme on day-to-day basis. The middle level management feels that more meetings with middle level management, government agencies, welfare and health agencies and more awards by industrial units are necessary for more involvement of the management in the programme.

### 3.2.2 Role of Trade Unions

The role of trade unions has been limited so far. Individuals do get involved in the publicity of camps etc. but there is not much support from the group as a whole. There is some effort to bring about greater involvement.

### 3.2.3 Role of Worker-Motivators

The programme has not systematically tried to bring in either satisfied acceptors or some other active workers to support family welfare activities. Such cadre of workers can bring larger base to the programme and probably greater credibility.

### 3.2.4 Information, Education and Communication Activities

The Company is exposing the employees in this programme through group approach and interpersonal communication in its Welfare Centre. No effort seems to have been made to use mass media in the factory's premises or in the neighbouring areas for family welfare programme. Similarly individual workers (who support the programme) have not been systematically utilized for interpersonal communication to tell workers about benefits of the programme services.

There is a training centre which is used to impart training to workers. It can serve a useful purpose to talk to workers about family welfare programme when they come for training.

There is ample scope to use the government machinery of IEC for carrying out some in-house activities like film shows, exhibitions. They can also supply useful literature in the form of posters, pamphlets, etc. for the benefit of the staff.

### 3.2.5 Incentives

Incentives are provided both in cash and kind to the workers who undergo family planning operation. Incentives are provided by L & T Centre in addition to

what the Bombay Municipal Corporation offers including a special leave for three days in case of sterilization operation. The family planning acceptor of the L & T industry gets Rs. 615/- for vasectomy and the workers wife if she undergoes tubectomy, gets Rs. 635/-. Such cash incentive is also given to the outsider (but on a reduced scale) who accepts family planning method. In the case of vasectomy, the acceptors from the community get Rs. 225/- and tubectomy acceptor gets Rs. 150/-. The technical staff connected with family planning work also gets some cash incentives. A doctor gets a minimum of Rs. 100/- for up to three cases and additional Rs. 15/- per case for fourth case onwards. The nurses and others get a motivation fee of Rs. 3/- and Rs. 2/- per case respectively.

In the case of MTP, the company charges Rs. 40/- per case.

### 3.2.6 Monitoring

No special provision has been made to monitor the family welfare programme. Probably Chief Medical Officer and the Deputy General Manager receive routine reports on the performance.

## IV STRENGTHS AND WEAKNESSES OF THE PROGRAMME

### 4.1 Strengths

(a) The Programme has a good physical infrastructure.

(b) They get consultants who could provide good quality services and thus could win workers to get family welfare services.

(c) Company is giving incentives from their own side, in addition to the usual government incentive money.

(d) Camps organized by L & T have been quite popular from the viewpoint of acceptance.

### 4.2 Weaknesses

(a) This programme is effective because of its good services; no efforts have been made to operate it systematically to harness its total potential.

(b) Top level management has support in terms of funds and equipment. No commitment has been noticed in the form of their involvement in periodic review of its progress.

(c) Programme is basically a management's programme. Workers and trade unions have not been involved adequately.

(d) No systematic efforts have been made to carry out IEC activities related to the programme.

(e) It has not coordinated its efforts with those of the Government machinery and of the other voluntary organizations.

(f) Monitoring is only casually done.

## V. RECOMMENDATIONS

(a) Most of the Family Welfare activities of the Company are within the Welfare Centre. They are overwhelmed with the clients because quality of their services is good. Family Welfare needs are of different groups of people. It is time that the activity should go out of the Centre - in the campus as well as in the community. The Company should work out strategy for this purpose. The following actions may be useful for this purpose :

(i) A committee consisting of middle level managers from personnel, health, and labour welfare, trade unions may be constituted to work out strategy.

(ii) Bombay Municipal Corporation may be involved in this planning.

(iii) Employers Associations like FICCI, EFI and AIOE have a small nucleus to work with the industries in developing/expanding the programme. Their involvement may be helpful to know the experience of other industries.

(b) Monitoring of the programme, particularly when it is taken beyond Welfare Centre needs to be strengthened. For this purpose, the following suggestions will be useful :

(i) Top level management should review the programme periodically so that the programme gets adequate emphasis.

(ii) Eligible Couples' Register should be prepared and regularly updated so that needs of the people are met and the workers know who needs what services.

(c) IEC activities have to be strengthened. In the absence of Company's own health/extension educator, help from the staff of Bombay Municipal Corporation may be sought. The State Government has varied literature in local language to display and for distribution. They can help organize exhibitions and other such activities.

Interpersonal contact with workers have to be increased. Present level contact in the Welfare Centre is not enough, its frequency needs to be

increased. A cadre of workers-motivators after due training and satisfied users can help in this activity. Ideal situation will be there if the wives of the workers are also contacted by household visits - there may be need to hire some female staff who can make domicilary visit on regular basis. Such visits are particularly needed for those workers who are illiterate and those who need family welfare services (as identified by Eligible Couples Registers).

(d) The Company is imparting varied types of training to their workers. Family welfare programme may also be added there so that all workers can get exposure to this programme during their routine training programme.

(e) Trade unions may be involved by training their leaders and motivating them for this programme. They should be made to understand that family welfare is one important measure of family's welfare and therefore they should support it.

(f) Involvement of the wives of the top and middle level management in this programme has been found to give it unique momentum. Their cooperation and support may be organized to give (i) force to this programme and (ii) to motivate workers and their families.

(g) Programme should be given broader base by involving the workers. It should not be only management's programme. Active workers may be identified, trained and given responsibility to work for the programme. Acknowledgement of their contributions has been found to serve enough incentive for involvement. Such cadre should be developed in each unit of the Company.

(h) A lot more effort has to be made to contact workers' families and motivate them for services. Women generally respond to these services much faster than men. Therefore activities around females have to be intensified.

(i) More efforts should go to get non-employees in this programme. Though the Company has adopted one area, their potential is much greater. Therefore it is recommended that the Company should expand their area of activity geographically. For this purpose, understanding may be developed with the Bombay Municipal Corporation so that there is no duplication of efforts and no unhealthy competition. Other companies have done it; this company may also do it.

(j) It is much efficient to work with other agencies working in this area, particularly with various voluntary agencies who are working in their neighbourhood.

# MAHINDRA & MAHINDRA LIMITED

## I. INTRODUCTION

Mahindra & Mahindra Limited is a large scale industry dealing principally with production of automobile and related products. The main factory is located at Kandivili in Bombay. It has a number of subsidiary companies e.g., The Eastern Engineering Company Limited, Mahindra Products Limited, Mahindra Engineering and Chemical Products Limited, Mahindra Exports Limited and Mahindra Hellenic Auto Industries, etc.

In recent times there has been a significant change in the composition of the company's out put. The demand for tractors has grown at an unprecedented rate, rising from 80, 124 tractors in the fiscal year 1986-87 to 1,07,107 in 1988-89. Compared to this the civilian vehicle demand has shown a modest growth. In order to meet the changing demands the growing market is expected to create, the company has identified new products and facilities to be created. It expects to spend Rs. 350 to Rs. 400 crores during the next 5 years on these diversification projects including meeting the needs of the oil drilling division. The fact that the company has been able to offer to the shareholders a dividend of Rs. 13.88 per share on the redeemable preference shares of Rs. 100/- each (redeemed 31st March, 1988) and a dividend of Rs. 3.50 per share on ordinary share of Rs. 10/- each i.e. a dividend of 35% for the period of 17 months ending 31st March, 1989, is indicative of the tremendous growth success of the company.

In its automotive division, the company has performed very well inspite of considerable pressure of costs both on materials and on all those arising out of inflationary pressures due to the increases in the cost of living. Two new models of light commercial vehicles with diesel engine have been developed which have proved fuel efficient and attracting lower excise duty. These models have since been test marketed and initial response from customers has been gratifying.

The company has obtained government's approval for the manufacture of Peugeot 504 pick-up vehicles in collaboration with Automobiles Peugeot, France. The company expects to introduce the model sometime in 1991. This vehicle is ideally suitable for rough terrains and as such it has good demand potential.

In the tractor division there was an increase of 18.5% in production on an annualised basis. The increase of tractor sales rose by 16.20% with the sale of 26,250 tractors in the domestic market during the period 1st November, 87 to 31st March, 1989. The division continued to retain its position as market leader with an overall market share of 18%, and 25% in the 35 HP range.

A new tractor model M 595 in the 50 HP range has been introduced. The response on its marketing has been quite encouraging. A four cylinder engine with direct injection system has also been developed which will improve the fuel efficiency by about 20%. This engine will be used in the tractor model 575 DI (45 HP). Work is also in progress towards development of a 3 cylinder (35 HP) and a 2-cylinder (25 HP) tractor with direct injection engine.

Mahindra & Mahindra's export efforts are also quite commendable during the year ending March 31st 1989. The exports rose to Rs. 33 crores against Rs. 22 crores in the previous year. In terms of physical exports of vehicles it stood at 2944 units including 1920 CKD packs to Iran. 1242 vehicles were sold to international organisations against payment in foreign currency. Shipments of 3688 more units to Iran are expected to be completed during the 89-90 financial year. Exports of tractors, spares and implements amounted to Rs. 129 lacs. Merchant exports on behalf of other manufacturers amounted to Rs. 178 lacs. The company has also obtained an initial order for 300 tractors from the USA and despatches have already commenced. It has also concluded an agreement for the supply of 924 vehicles to Australia. The company has also obtained the necessary permission for the sale of its vehicles in some of the EEC countries. These are by no means small achievements.

The trading/agency divisions of the company, especially the steel division with years of experience in international business could achieve the highest ever volume of business during the period ending March, 1989. Orders executed by the steel division during the period were valued at approx. Rs. 290 crores. The steel division was also able to sell special steel products to the extent of Rs. 46.66 crores during the period.

The machine tools division of the company has shown an all round improvement in its performance. Sales at Rs. 666 lacs with potential earnings of Rs. 48 lacs and shipments at Rs. 576 lacs with earnings of Rs. 45 lacs have been higher than in the previous year. The division has also a healthy order carry forward for Rs. 310 lacs. Diversification into high technology and potential areas like instrumention and machinery for the rubber industry has been a key factor in the machine tool division performance.

The research and development activities of the company were concentrated mainly on improving fuel efficiency of vehicles and tractors. This resulted in the improvement of existing engines of different models as also creation of new prototypes of fuel efficient 4 cylinder, 3 cylinder and 2 cylinder tractors with direct injection engine models.

The company is seriously stepping into diversification projects. It is envisaged that the company will invest in Mahindra British Telecom Ltd. (MBT) to the extent of 60% of its equity capital, subject to necessary approvals. Its objects primarily include provision of telecom related services and computers software development. MBT is engaged in activities relating to computer software development for export.

Mahindra & Mahindra sought to take over the Allwyn Nissan Limited (ANL) by purchase of its shares. It has acquired 26% of the equity shares of ANL from Hyderabad Allwyn Limited in February, 1989. Consequently the management of ANL has now come to Mahindra & Mahindra.

The company has also entered into an agreement with Guest Keen Williams Limited (GKW) for purchase of their automotive unit at Kanhe village near Pune. Under this agreement the company will acquire all the fixed assets of the Kanhe unit.

Industrial relations generally continue to be cordial in all the divisions and establishments of the company except for a minor strike in the Igatpuri plant in the automotive division for about a month in June, 1986, which was called off, thanks to the intervention of the state labour department.

Industrial safety continues to receive utmost attention of the management and employees. Efforts were made to improve the working environment and increase the awareness at all levels of employees. As a result its tractor division was awarded the second prize for the least average frequency rate of accident for the year 1988 in the National Safety Award Competition organised by the Ministry of Labour, Govt. of India.

The company has plan for further modernisation, technical upgradation and diversification for meeting the increasing demand for its products in the domestic and international markets.

Mahindra & Mahindra Limited is a large scale private sector industrial unit with an employee strength of 8309 (as on 1-4-1988) in the Automobile unit at kandivili, Bombay. Out of these 8114 are men and 195 women employees. 3548 male and 81 female employees are in the reproductive age group. The educational profile of the employees is not readily available.

## II. MEDICAL & HEALTH CARE FACILITIES

There is a Medical Unit serving the employees and their families. Besides, there is a Family Welfare Unit. There are 7 specialists and 2 Gynaecologists, 2 nurses, 1 Health Educator and 4 Medico-Social Workers taking care of the health problems of the employees and their families. The curative, preventive and promotive aspects of health are taken care of.

The medical centre services are open for 3 days a week for the women and children of the community around the factory area. There is a close link with the Integrated Child Development Scheme (ICDS) projects for immunization of children and facilities for post natal, natal and ante-natal care for pregnant women.

Through sustained efforts it has been possible for the company to get a number of welfare agencies interested and involved in community work around the factory premises.

## III. FAMILY WELFARE PROGRAMME

### 3.1 Programme

Family Welfare Programme was first initiated by the company in 1972. In addition to their medical unit serving the employees and their family members, a special cell exclusively for the implementation of the Family Welfare programme was created. This unit provides the following services:

a) Preparation of target couple registers to identify the target employees.

b) Counselling on small family norms.

c) Distribution of conventional contraceptives and oral pills.

d) Vasectomy operations.

e) IUCD insertions.

For Tubectomy operations and MTP (Medical Termination of Pregnancy) services, the Unit has arrangements with local voluntary agencies equipped to provide such services, Govt. Hospitals and ESIC.

The company offers services not only to its employees and their spouses, but also extends it to non-employees and covers areas beyond their factory extending to nearby localities.

The contraceptives supplied to the beneficiaries are some times purchased by the company with their own funds, and some times these are obtained free from Government agencies.

With regard to the quality of services received from various agencies, the experience of the employees in respect of the ESIC is invariably unsatisfactory, whereas in respect of other organisations including Govt. Hospitals and voluntary agencies it is generally good.

The achievements in Family Welfare Programme by Mahindra and Mahindra Limited are indicated in the following table :

| | Method | Achievements 1985 | 1986 | 1987 |
|---|---|---|---|---|
| 1. | Vasectomy operations | 16 | 13 | 11 |
| 2. | Tubectomy operations | 139 | 156 | 94 |
| 3. | IUCD cases | 18 | 12 | 13 |
| 4. | MTP cases | | Not Known | |
| 5. | Oral pills distributed (cycles) | 197 | 146 | 110 |
| 6. | Conventional Contraceptives (NIRODH Pieces) | 17200 | 15300 | 16800 |

NB : Upto December 1988, the unit has done 2094 sterilizations.

7. Immunization : On an average 100 cases a month.

For all welfare activities of the Family Welfare Centre the Company incurred the following year-wise expenditure :

| 1985 | 1986 | 1987 |
|---|---|---|
| | | (Rs. in lakhs) |
| Rs. 12.00 | Rs. 13.00 | Rs. 14.00 |

The Company sets targets for time-bound project only. Otherwise they concentrate on other self-development and community development programmes. While serving in the community they sometimes face strong traditional value system of large family amongst certain groups. They however, suffer from no resource constraints in respect of (a) qualified and experienced staff, (b) equipment, medicines etc. and (c) IEC components.

### 3.2 Strategies

#### 3.2.1 Role of Management

The Family Welfare Centre staff is directly involved in running the programme – both educational and service content of it. The management is highly motivated; their involvement is expressed more in the form of support – financial/

infrastructural/material etc. given to the Welfare Centre to function smoothly. Fairly liberal budget is sanctioned for this programme. Besides, the employees are allowed to attend such programmes during duty hours and they are allowed to use the factory grounds for meetings and exhibitions on a large scale. At present there is no mechanism however, to monitor the programme directly from the top on a regular basis except the Company's Director and the Personnel manager review the programme in six monthly meetings. At times, however, the Administrative Manager and the Personnel manager review the programmes implemented by the Welfare Centre.

The support of the top management could be made more effective if one or two top level managers could be made directly responsible for this project and they could attend programmes more regularly. Such responsibility could be shared by senior level management by rotation also. In this way direct involvement of all Senior Executives can be ensured.

The middle level management i.e. the supervisors are no doubt made responsibile for such welfare programmes. They normally take up the educational task and try to convince and motivate the workers under their control to accept the small family norm. It is felt that the involvement of these supervisory level executives could be made more effective and meaningful if they are given orientation to the different aspects of the programme in a training situation. Some sort of recognition of their efforts should also be considered as this may encourage them to get involved in the programme more sincerely and vigorously.

### 3.2.2 Role of Unions

There is no organised effort to get the involvement of the Worker's Union in the planning and execution of the family welfare programme. However, the union is not anti-family welfare programme, rather it is favourably disposed towards this crucial national social programme. The workers undergo orientation through a two-hour course on population dynamics in the workers' education classes. One compulsory question is asked on population problem in their examination.

It is felt that the Union could formulate programme of their own also and choose a few leaders to take up the task of propagating the message of small family norm amongst the workers fraternity and the community around. Some sort of incentive could also be introduced for such couples/workers who motivate a specified number of cases. A rotating trophy for the best performance in a department could also be considered. The Union is also participating in the programme by deputing workers to attend seminars and workshops on the subject that are held from time to time. However, for more effective implementation of the programme, there should be a bipartite committee with representatives of both Management and Union who should jointly plan, execute, and monitor the programme to ensure maximum coverage within the plant and beyond in the community.

### 3.2.3 Role of Worker-Motivators

Employees or their spouses who have accepted the programme are generally made to share their experience with the fraternity in small groups, or in other words they are being used as change agents. A convinced employee who is practising family planning is able to convince his colleagues more effectively. The Welfare Centre does social counselling and provide necessary authentic information and other audio visual aids, etc.

Since role of workers-motivators is crucial in the success of this programme, it is necessary that the employees who have accepted spacing or terminal method are given proper training and incentives to carry out this programme as catalysts. Their contribution to the programme should be recognised. It may also be suggested that worker-motivators may be rotated every third year. They may be assigned department-wise targets. The spirit of competition among them will help in keeping the interest alive.

### 3.2.4 Information, Education and Communication Activities :

There is no special IEC infrastructure in the unit for conducting educational and motivational activities. The medical and medico-social staff of the Welfare Centre, especially the Family Welfare Officer with the help of the 2 nurses, 1 Health Educator and 4 Medico-social workers carry out all educational activities. Required audiovisual aids are available in the house. Resources of other agencies e.g. Central and State Governments and non-government voluntary organisations are also occasionally utilised. Exposure through mass media like Radio is also arranged. Group approach and interpersonal communication is resorted to on a limited scale.

There is need to fully utilise the IEC facilities offered by the various Central Government media units of the Information and Broadcasting Ministry and the State Government Mass Education and Media Division. The cooperation of District authorities may be sought to educate and bring about an economic and cultural revolution in common peoples' lives. Services of non-governmental organisations should also be similarly obtained to spread the message of small family norm amongst different target groups of people. Such activities should be undertaken in the plant and in the residential areas.

### 3.2.5 Incentives

Incentives are provided normally in cash both to the acceptor and the motivator. In addition, special paid leave is also granted to the acceptor. The following incentives are given :

| Acceptor | Vasectomy/Tubectomy | IUCD |
|---|---|---|
| Compensation | Rs. 500/- after 2 children<br>Rs. 400/- after 3 children<br>Rs. 200/- after 4 & above | The cost of special copper T of Rs. 135/- is borne by the company. |
| Leave | a) In both male/female sterilisaisation special leave for 6 days is granted<br>b) If the female spouse undergoes sterilization, the employee husband gets 2 days special leave. | |

The company is considering a monetary incentive of Rs. 2000/- for sterilization cases after 1 child. Alternatively, a special increment may be given. The motivators are also given incentive of Rs. 25/- per case of sterilization, both male and female.

The above incentives are given by the company in addition to the usual out-of-pocket expenses allowed by the government to the acceptors for meeting any loss of wages, transport and other incidental charges.

### 3.2.6 Monitoring

No strict system seems to have been evolved to monitor the programme regularly. There is no high level board or committee to oversee the progress of family welfare programme in the industry. There is some sort of a self-evaluation programme conducted occasionally by the Welfare Centre staff and the Personnel Manager.

## IV. STRENGTHS AND WEAKNESSES OF PROGRAMME

### 4.1 Strengths

a) A medical unit exists for providing services to employees and their family members. The infrastructure includes 7 specialists, 2 gynaecologists, 2 nurses, 1 Health Educator, and 4 Medico-social workers. Good services they provide especially in the area of maternal and child health care have enhanced their credibility amongst the employees.

b) A special Welfare cell has been created since 1972 to implement the Family Welfare Programme. Infrastructurally, this is a part of the Medical Unit. The credibility it has established through MCH and other medical services enables it to work somewhat confidently in the family welfare programme.

c) The Welfare Centre conducts surveys occasionally for identifying the target groups but no systematic updating of eligible couple register is done with a view to planning the motivational strategy and offering services. The Welfare Centre staff, however, carries on counselling on all suitable occasions.

d) There is some commitment to the programme at the highest level. The Chairman of the Company, Shri K.C. Mahindra is also the President of the Employers Federation of India (EFI). In this capacity he is responsible for encouraging family welfare educational activities in the constituent industries. However, this keen personal interest of the Chairman has not been institutionalised as yet in the form of a top level management Board to systematically plan and review the programme strategies. There is no monitoring at the highest level.

**4.2. Weaknesses**

a) The programme so far remains at the hand of some selected middle level management staff directly responsible for running the welfare centre.

b) Top level commitment has not been institutionalised. No high level board or committee is there to monitor the programme regularly and systematically.

c) No serious involvement of the Union/Workers in formulating the F.W. programmes and in their implementation.

d) IEC activity is utterly inadequate and adhoc in nature. There is only one health educator who can hardly do justice to the task of educating and motivating the large segment of employees in plant and their family members and the community around. IEC component needs to be strengthened.

## V. RECOMMENDATIONS

The company has initiated family welfare programme in 1972 with the creation of a special welfare Centre under the Medical Unit of the company that already existed. It is providing family planning services since then. For some time they have extended their services outside also in a limited way. But due to various factors, the achievements have not been very encouraging. The following recommendations may be helpful in removing certain shortcomings in the existing programme and make it more purposeful and effective.

a) Involvement of top level management may be made more effective by institutionalising it through the creation of a Board or Committee for systematic and regular review of the progress of the programme. This will have singular effect on the executives at each level, making them more sincerely involved in this programme.

b) Programme should not be the exclusive responsibility of the Medical Unit and the Welfare Centre Staff alone. A committee consisting of middle level executives from the administration, personnel, labour welfare and medical unit (including the welfare Centre) should be formed to oversee implementation of the programme. They should associate leaders of the Union also in the Committee. This committee should periodically review the progress, formulate strategy and guide its activities systematically. This Committee should submit the report from time to time to the top management Board with their specific recommendations for the improvement of the programme both qualitatively and quantitatively.

c) The Welfare Centre has organised Mahila mandals in the community for the benefit of female workers as well as the wives of the male employees. Very creative and useful classes and time bound courses are organised e.g. sewing classes, cooking, Home Science course/home remedies (6 months course), handicraft, hobby classes, painting, fabric painting, yoga, public speaking, safety, first-aid, prevention of burn accidents at home and first-aid treatment, cancer, TB, health, low cost high nutrition diet, family welfare, etc. Specific programmes are conducted every 2-3 months and preparational meetings are held twice a month. This is all very good. But care should be taken to see that it does not become an official programme imposed on the community. There must be grass root level involvement in the planning and implementation of the programmes which should be also need-based.

d) Eligible couple and child registers must be completed by intensive house-to-house survey in a time bound programme and this basic data should be updated scrupulously from time to time. Data thus collected will identify the different requirements of the different category of couples, and then all efforts should be made to inform, educate and motivate them for accepting services they require. Such motivational efforts should not be the task of only the health and family welfare staff, but should be the concern of such motivated workers who have already accepted the services, the labour welfare/personnel management staff, heads of different units to which different clients belong.

e) Monitoring of the programme activities need to be made more vigorous. Different individuals should be allocated different responsibilities related to the programme. Their work output should be reviewed regularly with a view to making him/her (i) do more work, and (ii) helping him/her in the problems he/she is facing.

f) There is need to increase, strengthen and systematize the activities related to information, education and communication with a view to making motivational efforts more effective and result-oriented. For this, it may be necessary to

augment the audio-visual resources of the Welfare Centre and also to establish closer contacts with other organisations eg. (i) the various media units of the I & B Ministry of the Central Govt., (ii) the Mass Education and Media unit of the State F.W. Bureau, (iii) non-governmental voluntary organisations including women's Organisations working for such social programme, so that integrated and cohesive efforts could be made to launch educational and motivational campaign in a big way for the benefit of the employees of the company and the community at large beyond the factory premises. House journal and other publications that may be published by the company should be fully utilised to spread the message of small family norm.

g) The middle level management needs to be more effectively involved in the programme. The staff should be given appropriate orientation and training on various aspects of this integrated health and family planning programme, ways to appraoch the target groups, the various facilities available etc. There should be some form of recognition to the efforts of these middle level executives to boost their morale.

h) Active workers may be identified, trained and given responsibility to work for the programme. Their contribution to the programme should also be given due rocognition as that would act an incentive for their sincere involvement. Efforts should be made to develop such trained cadre for social work in each of the unit of the company.

i) Since it has been observed that generally women respond to motivational efforts and consequential services more easily and faster than men, it is necessary to organise and intensify all efforts around women folk.

j) The programme activities should not remain confined to the workers and their families alone, but the company should extend its activities in the neighbourhood. In fact, they are already doing so, but rather in a limited way. They should extend their operational frontiers still further away, as some of other socially-conscious well-meaning industrial units have done. The programme should be taken from the organised sector of their company to the unorganised areas in the neighbourhood community.

k) The union should be more actively and purposefully involved in the programme. At present union deputes its selected members to attend some classes and seminars, etc. on the subject. For further utilisation of the potential of the union there should be management/union bipartite committee to plan and implement the programme and review its progress periodically. More and more workers motivators (these who have already accepted the programme) should be involved to act as catalysts for the programme amongst their fraternity.

Some sort of incentive by way of recognition of their efforts should also be introduced.

l) EFI in Bombay and AIOE in Delhi have nucleus units to help industries in systematic development of the F.W. programme. If necessary, they may be approached for help and guidance.

## NU CHEM CHEMICALS LIMITED, FARIDABAD, HARYANA

Mr. Behl, Managing Director who is also a qualified social worker was interviewed. He has been working for the past 25 years and is an active worker in the industry. Earlier in his career he has been an union leader in the P & T Department, where he worked. Nu Chem Chemical Ltd. has three units i.e. chemical, engineering and Head Office. The management participates in all community activities. The workers have been motivated by the management to have small families. The management faced some resistance in the initial stages in 1963 as there was some kind of cultural clash when family planning was talked about with the workers. Union has been used as a tool to change the attitude of workers when many got sterilised. In all group meetings and discussions, attention was focussed on small family norm by the management. District Medical Officer and doctors from other industries were involved and frequent visits were made by the management to workers' families and cases operated and a follow-up of operated cases had been arranged. The conventional contraceptives were placed in a box in the first-aid section to facilitate the workers to collect the conventional contraceptive of their choice.

Many kinds of incentives were provided by the management to workers. To mention a few :

(1) *Educational subsidy* for workers' children, from nursery to 10th class, Rs. 15/- p.m. was paid by the management to workers' families having upto 3 children. (2) *Compensation* : A matching money was paid as incentive to the worker undergoing family planning operation. (3) *Counselling* : In cases of charge sheet for breaking of law and order, punishment sometime was withdrawn or waived in case of workers atoning for it by undergoing family planning operation and having small family. The information is that the company had no strikes, no gate meetings and labour problems since 1963 due to the sound working relationship between the management and the workers. (4) *A Kanyadan amount* of Rs. 200 to 500 was given to families for marriage of their daughters, if the workers limited their families to 3 children. For 3 children families incentive given was Rs. 300 and 2 children families got Rs. 400/- in addition to Govt.'s incentive money.

There are in total about 3500 workers in the factory. The management had organized a camp in 1978 at site and spent about Rs. 45,000. ESIC collaboration also had been sought for follow-up. The 1978 family planning camp was great success according to the management.

The industry has only one union consisting of only insiders and the leadership is from within. Close working relationship between the union and the management has helped in carrying out the activities e.g. while giving a punishment to the worker, the union leader is called and it is announced infront of him. Both the Chemicals and Engineering divisions alone accounted for more than 1000 workers.

# TATA IRON AND STEEL COMPANY LIMITED JAMSHEDPUR

## I. INTRODUCTION

The Tata Iron and Steel Company (TISCO) Ltd. is located in Jamshedpur, Bihar. It is the first steel plant in the country in private sector. The impact of the plant in the total district is so heavy that Jamshedpur is known as a steel city and most of its major services are linked with this company. Social services provided by the company are not confined to its employees and their spouses alone but to non-employees living in several remote and peripheral areas in and around the city numbering about 7.5 lakhs.

## II. MEDICAL AND HEALTH CARE FACILITIES

The company has full-fledged health facilities to serve not only the employees but also the neighbourhood. The hospital facilities attempt to meet medical needs of the community; the welfare part of the health services which includes family planning and MCH has been linked with the Social Services divisions. The steel company had introduced a Social Service programme as far back as 1949, directed towards the welfare of adivasis (local tribal community) - both employees and non-employees. Full-fledged urban community development and social welfare programme was launched in 1958. With effect from 1979, the Family Welfare Department of the steel company with its nine centres was transferred from the Town Division and was placed under the Chief Social Services Manager. As desired by the Chairman, Mr. J.R.D. Tata who has always expressed his deep concern over the population scene, the Chief Social Services Manager was appointed Director of Family Welfare Department. Simultaneously, the mother-child programme carried out by the community development and social welfare department through the eleven child clinics was also transferred to function under the Family Planning Department.

## III. FAMILY PLANNING PROGRAMME

### 3.1 Programme

The Family Planning Programme of the steel company cannot be viewed in isolation, as it is part of a unique model of an integrated approach towards enriching the quality of life, inspired by the belief of the Chairman, Mr. J.R.D. Tata that -

> " There is little doubt that the technical resources and managerial talents of the organised industry have a function in society and obligation to the community much wider than mere discharge of their primary business function."

The Tata Iron and Steel Company is one of the earliest employers to have launched programmes directed towards supplementing the national effort. The commitment of the organisation and dedication of its family welfare team on the vital issue can be gauged from the fact that Tata Steel has progressed from 56 sterilisations in 1956 to a peak of 5326 in 1984, and in spacing methods from 59 IUD cases in 1971 to 698 in 1984. As on 1987 the steel company's programme at Jamshedpur crossed 45,000 sterilisations and 7,500 IUD insertions, the highest achievement by any corporate organisation in India, consequent to which Tata Steel received the FICCI (Federation of Indian Chambers of Commerce and Industry) Award in 1984 for the best corporate sector effort, in support of the National Programme.

To counteract some of the deficiencies of the national programme, the TISCO family welfare programme has experimented with several innovative approaches to intensify family planning acceptance in the heterogeneous population group of industrial worker/other worker/bustee/rural community within the steel city of Jamshedpur as well as the extended and rural areas between 10 and 20 km. around the city (total population of around 7,50, 000). The programme has also been extended to cover the colliery and mines units with their surrounding villages in Bihar and Orissa. The Family Planning Programme of Tata Iron and Steel, however, cannot be viewed in isolation as it is supported by a community and social welfare programme for the bustees since 1958 and rural programmme by the Tata Steel Rural Development Society since 1979. It is, therefore, part of a unique model of an integrated approach towards enriching the quality of life.

Pregnant mothers undergo a thorough medical check-up and receive treatment and care at the nine centres located in the bustees and town areas. During 1984-85, while 3723 cases made their first visit at different centres, the total number of visits by ante-natal cases including re-visits exceeded 19,958. During the same period 995 cases made their first post-natal visit and the total number of such visits including re-visits was 4,607. Free distribution of milk to under-nourished mothers is a special feature. Facilities are also available for labour cases to be conducted at home by the clinic staff on payment of a nominal charge inclusive of after care.

Child clinics are run at these centres on specified dates for total care of the infants and toddlers through immunization, treatment of minor ailments, maintenance of height and weight records, massage and health guidance for weak infants including nutritional assistance through limited free supply of milk where necessary.

Based on the client clinic rapport built up through the MCH programme, the family planning officers (lady Doctors), the male family planning supervisors and family health visitors (Lady Health Visitors/Public Health Nurse) and the Dais (Midwives) in the different centres carry on motivational work at the clinics and

home visits among the newly married and other couples in the reproductive age group for adoption of I.U.D., oral pills and other conventional male and female contraceptives for spacing births. Cases of MTP are examined, advised and referred to the Tata Main Hospital.

The programme provides services of all family planning methods at the clinics. Besides the clinical services, mobile medical vans for the urban and rural areas and the field staff take the clinical and family welfare services to the door steps of the client population. Intensified efforts have been made to reach different groups in the community :

i. Employees at work

ii. Jamshedpur community employees and their families and non-families

iii. Peripheral and rural areas covering villages under Tata Steel Rural Development Society within a radius of 10/20 kms.

## 3.2 Strategies

### 3.2.1 Role of Management

The Chairman of the company Mr. J.R.D. Tata has been very forceful supporter of this programme in India. All possible forums have been utilised to emphasise importance of this programme in the overall social and economic development of the country. All this industries, (including TISCO) are testimony of his great stress on this programme. These programme receives his great attention. This spirit is clearly found in all top and middle level management of the company. A person of the status of Director Family Planning has been looking after this programme on full time basis. How much importance management gives to this programme is indicated by the budget allocation in the year 1988-89 which was Rs. 54,00,000/-. Besides the budget to meet expenditure the management gives periodic sanctions for equipment for IEC activities, production of required material, training programmes for staff. They even fund visits of outside experts for discussion so that programme can be strengthened.

Periodic meetings are also held with the Chairman and Managing Director. His interest is echoed by managers of all sections who have been discusssing the programme in various meetings called to discuss producitvity of their departments. The middle level management is equally committed to the programme. They do participate in special motivational programmes, permit their workers to attend orientation, motivation and other such programmes. They in their sections, ensure educational work by providing time, meeting place and other assistance when required.

### 3.2.2 Role of Trade Unions

The Tata Workers Union representing 38,000 workers of the Steel Company in Jamshedpur is actively involved in TISCO's family planning programme through its members on the joint Department Councils in different departments of the company. The worker volunteers follow-up the motivational drive amongst the employees covered by the joint Councils include Union Committee members and office bearers of the Trade Union. Members talk to workers whenever individual contact is made. Special orientation programmes are conducted by the Family Welfare Department for Union Committee members, from time to time, and special sessions on population education and motivational strategies are being incorporated in the supervisory development programmes conducted by the Trade Union for the employees from different departments of the steel company. In the next stage, a population cell is being considered within the Trade Union, through which responsible office bearers of the Union and other Committee members will monitor family planning acceptance by employees in different departments grouped under them for specific drive and follow up. They will liaise with the TISCO F.W. Department for extending Family Welfare work among employees. This will be a unique model for Trade Union association withFamily Planning in industry.

### 3.2.3 Role of Worker-Motivators

A large staff has been deployed to work on the family planning programme in this company and its neighbourhood. Joint Departmental Councils of management and worker represetatives cover all departments of Tata Steel. Special orientation programmes are organised by workers for their fellow workers.

Eligible couple registers have been prepared for all the Departments of the company. These registers are being used by the Joint Departmental Councils (JDC) to discuss family planning. The shop floor stewards of various departments of the company are being trained through a weekly orientation programme by the Family Welfare Department of the company so that they can use the materials developed for motivating this target group effectively. The best JDC award has also been instituted.

### 3.2.4 Information, Education and Communication Activities

Very intensive and extensive activities are being carried out in regard to the information, education and communication (IEC). Significant activities are shown below :

i) Employees are being instructed through the Joint Consultative Machinery, whereby family planning has been adopted as a permanent agenda item at the regular meetings of the JDCs in each Department since 1983. The message projected is " Child is a product of marriage, not a bye-product".

ii) General Community, both urban and rural, are motivated through special motivational programmes designed for the youth, and newly married couples who are parents of tomorrow, the mothers-in-law and daughters-in-law whose equations within the family set-up have a decisive influence and the opinion leaders in the rural community.

iii) The shopfloor stewards of the Departments are being trained through a weekly orientation programme by the Family Welfare Department so that they can use the materials developed for motivating the target group effectively.

iv) *Family Life Education* is a Group motivational programme for families with young groups and aims at creating awareness not only of the need for a small family norm, but also underlines the "Happiness and Family Health" resulting therefrom. The subject covered in this 1/2 day programme include physiological and emotional needs of adults, family relationships, problems of the adolescents, sex education and sex disease, population education and family planning.

v) *Parents of Tomorrow* - programme was launched for the adolescents and the newly married couples between the age of 16 and 25 years covering family relationships, health, physiology of reproduction, problems of adolescents, impact of small family norm on family relationships, population and sex education and contraception. The highlights of the programme is a panel discussion on the role of youth in popularising acceptance of small family norm.

vi) Opinion leaders in the villages like Mukhias, school teachers, representatives of local youth clubs, Mahila (Ladies) Mandals and other village organisations are covered by Opinion Leaders Camps which are a one day "Special Group Motivational Programme" where ideas on community health, mothercraft, care of pregnant mothers, child care, immunization and nutrition, family size, family budgeting, contraception and family planning are imparted. Rural opinion leaders within 20 K.M. radius of Jamshedpur receive training as village family motivators. This effort is followed up by the doctors and field staff attached to the mobile medical vans covering the rural areas consequent to which significant reponse has been generated in favour of contraception and sterilisation.

vii) An innovative approach in this field is the involvement of college youth in family planning slogan contests, family planning skits and debates on issues like age of marriage, status of women, son/daughter preferences, through which a sense of concern has been generated in this vulnerable age group. Prize winning slogans on family planning have been publicised through banners and hoardings, some of which are unique and creative.

viii) A one hour dance drama on family planning 'Chetna' which is based on a rural setting and carries the message of small family norm has been produced by the Department through a local group of artists.

ix) A recorded programme of the opinions of family planning acceptors in the community through discussions with them has been prepared so that "beneficiaries involvement as advocator to prospective acceptors" can be launched which is likely to generate further response.

x) To generate interest on the subject, excellent books on Family Welfare have been added to the Department's library, and based on a study of the same, a quiz contest was launched for the Department staff which will be a regular feature. Motivation games and other efforts to improve communication skills of the staff are also being planned.

xi) The F.W. Department of TISCO supports local community leaders who want to improve MCH and family planning services in their area. Tata Steel will work with the community to design and initiate clinic services.

xii) Very large educational material has been developed. This helps not only in the educational activities for the TISCO and its neighbourhood but is shared with all those who wish to utilise programme experience of TISCO.

### 3.2.5 Incentives

While special motivational programmes introduced recently and field camps have had a direct impact on the results, monetary incentives have played a very significant role each time they were introduced or revised. The impact on employee coverage was obvious when an incentive of Rs. 200/- was introduced for the first time in 1967-68 by the Company for employees. Same was the impact on non-employees coverage from the year 1970-71 when an incentive of Rs. 100/- was introduced for the non-employee. However the performance for employees and non-employees then declined till the incentive for employees and non-employees was doubled in 1981-82 to Rs. 400/- and Rs. 200/- respectively. In 1982-83, the non-employee incentive was doubled from Rs. 200/- to Rs. 400/- and employee incentive was raised from Rs. 400 to Rs. 500/- with simultaneous launching of laparoscopic tubectomy camps by the Department. The other facilities include free operation and free post operative care for employees and non-employees and in the case of employee/spouse, one day leave for vasectomy and 7 days leave for tubectomy. In addition to the above, the Steel Company also gives a cash incentive of Rs. 12/- per case of I.U.D. and an incentive of Rs. 20/- per case to motivators for sterilisation irrespective of whether the motivators are employees or non-employees. Some additional points/weightage have been suggested for employees who have undergone sterilisation while considering them for housing accommodation and change from temporary to permanent employment.

### 3.2.6 Monitoring

All evidence exists that the programme has strong monitoring system. Not only Director, Family Welfare, keeps a close touch on the activities but the progress is reviewed periodically at the highest level.

- TISCO conducts periodic surveys in the community to assess the family planning performance.
- Formal and informal reviews are done of the progress by external agencies to get feed back on the areas which need strengthening.
- A cost benefit study of F.P. programme in TISCO shows that there was no cost benefit from 1960 to 1970 after which the benefit exceeds cost. For every rupee spent on F.W. by TISCO on employee and non-employee, the benefit ratio is Rs. 2.39. If employees alone are considered then every rupee spent on F.W. on employee, brings benefits of Rs. 5.39.

## IV. STRENGTHS AND WEAKNESSES

### 4.1 Strengths

i) Strong commitment of the top level management – one indicator is a high budget allocation.

ii) Full-time Director to run the programme.

iii) Strong involvement of trade unions.

iv) Systematic efforts through eligible couple registers and Joint Departmental Council. Involvement of shopfloor stewards of different departments.

v) Intensive and extensive educational activities – multimedia approach.

vi) Involvement of community.

vii) Integrated approach suiting the cultural and traditional norm of different sectors of community.

viii) Coordinated approach by coordination of efforts with government machinery and voluntary organisations.

ix) Inter-sectoral coordinator working in coordination with other developmental activities. Community development and rural development agencies of the Steel Company are also working for this programme.

x) High incentives in cash and kind.

xi) Research on continuous basis to identify problems and take measures to solve them.

xii) Strong support of MCH services.

xiii) Periodic review by the external agencies to suggest measures for strengthening the programme.

### 4.2 Weaknesses

i) More regular review by top level management is needed.

ii) Monitoring could still be strengthened.

iii) Involvement of wives of top and middle level management can improve the educational activities.

## V. RECOMMENDATIONS

Though this programme has been quite effective, there is still scope to further strengthen it. The following actions may be useful :

i) Though several types of educational activities are carried out, one does get an impression that there is scope to systematise them. They should reinforce each other. For this purpose, a monitoring system needs to be developed so that all educational activities could be so organised that they support each other.

ii) The level of inter-personal communication could probably be further increased.

iii) Contact of wives of the population served by this programme has to be further intensified through repeated house to house contact. Support from wives of top and middle level Executives could increase effectiveness of such contact.

iv) Top level management could show greater commitment by reviewing the progress of the programme regularly.

v) External agency with experience in such a programme may be requested to review the programme to identify the components which need strengthening.

## AVS LTD., GURGAON

This is a small industry established by three young men of different regions of India coming to know each other while working in an industrial unit at Faridabad. The unit manufactures motor parts - clutch fetchings and brake-linings, etc. Starting from scratch as a small-scale unit about a decade back it has grown today into a very successful industry which is specially known for their concern for workers employed by them. There are about 150 workers in the unit. The programme was discussed with Mr. Shyamal Guha, one of the directors of the firm who has a very good reputation with the workers and who always plans for the benefits of the workers. There is no in-plant facility for medical services excepting first-aid arrangements. Medical facilities are offered to workers through ESIC and local hospitals/ dispensaries, expenses incurred being reimbursed fully. Management experiences with ESIC performance are not very happy. Counselling for small family norm is generally done at the time of recruitment. Personal relationships with workers being cordial, they are taken into confidence and advised to take to small family norm.

Mr. Guha, being an active member of the local Lions Club and also the Gurgaon Chambers of Commerce and Industry, felt that these two forums could be effectively utilized to educate and motivate the management level executives and administrators to work more seriously for the crucial national family welfare programme to contain the population growth more effectively and quickly.

The PHD Chambers of Commerce and Industry (PHDCCI) and the Family Planning Foundation has a centre established in Gurgaon to carry on family welfare activities in the clusters of small industries there. Mr. Guha has suggested that he could arrange meetings of members of the industrial community belonging to the Gurgaon Chambers of Commerce and Industry and the local Lions Club which could be addressed by the PHDCCI/Family Planning Foundation executives to further the cause of national family planning programme.

## B.S. PUMPS LTD., GURGAON

This unit was established in 1976. The Managing Director Mr. Ashok Behl is a dynamic person. It is a small unit having only about 70 workers. There is no special infrastructure for providing health and family planning services. The management, being enlightened, has established a very good personal equation with the workers to get the best out of them. They also look into their problems with sympathy and understanding. Most of the workers have taken to family planning and have 2-child families. Only a few have three children. The technique to motivate the workers is through close personal conversation, especially at times when the workers come to distribute sweets in celebration of the birthday of their children.

## PUROLATOR INDIA LIMITED, GURGAON

It is located in the Industrial Development Complex, Mehrauli-Gurgaon Road. It has five units - the main unit has about 150 workers and the other units each have about 50 workers. Mr. Vinod Chhabra, the Personnel Manager who takes keen interest in promoting family welfare programme in the units was met and their programme discussed. Apart from the help they get from the ESIC, they have also a panel of doctors to follow up the cases of sterilization. The management has established a close relationship with the workers. Occasional visit of the management executives to the workers families and modes of incentives offered by the industry have helped to promote the small family norm in the community. Apart from the standard government incentives the company gives an additional amount of Rs. 200/- to sterilized employees in addition to special leave with pay.

Absenteeism has been brought down almost to about 10% at present which is low as compared to absenteeism in industries in general. Group insurance, sickness benefits and medical care are some of the other schemes which are at initial stages of introduction. The management hopes to achieve better success in family welfare programmes through these schemes as well .

## SUN BEAM CASTINGS, GURGAON

It is a neat and small industrial unit. Its Managing Director Mr. Prasad Tandon has a very amiable but enterprising personality. There are 390 workers in this unit of which 70% are unmarried. No doctor has been provided by the management. but there are first-aid arrangements at the work site for emergencies. The management has established good relationships with ESIC through personal linkage and this helps in their efforts to promote family welfare programme in the unit. Financial facilities like loans to workers are provided. In all cases medical aid is provided. In some special cases no recovery is made by the management for the expenditure incurred. The family planning programme was started in the industry since 1986. There is no union in the industry. There is a close working relationship between the management and the workers which enables the management to take care of the social problems of the workers also. It is through inter-personal communications that the family welfare program is promoted.

# AGGLOMERATION OF INDUSTRIES AROUND JAIPUR, RAJASTHAN — A SITUATIONAL SCENARIO*

## I. BACKGROUND

There are fifty industries (Annex 1) in and around Jaipur, Rajasthan, employing 17,118 employees. A sample survey was conducted among them to know the (i) profile of workers, particularly related to family planning programme, (ii) efforts of the management to provide family planning education and services to the workers, and (iii) views of the management on the family planning programme in the industries. This survey was carried out as a baseline to involve these industries in the family planning programmes and therefore most of the information collected related to those aspects. A sample of management of 50 industries and 17,118 workers were contacted and information was collected through a structured questionnaire. Some information was also collected through informal discussion with the management, particularly its views on family planning in the industries. This paper presents a scenario, related to the family planning programme for these industries.

Only four per cent workers lived in accommodations provided by the management. Only 1 out of 50 industries had provided accommodation to all its employees and there were two other industries where about 50 per cent workers have been provided accommodation. Almost all the employees of these industries were males; only less than one per cent were females. Most (84 per cent) belonged to the age group of 18 to 45 years - and thus were in their reproductive years.

## II. PROFILE OF WORKERS

Social economic profile of workers is given in Table 1. One will notice the following as their major characteristics : Most of the workers married at young ages (average of 19.4 years) and were currently married; the mean age of their spouses was 30.2 years - they will spend several more years in the reproductive span.

A large percentage of these workers were in lower social and economic categories - 42 per cent belonged to scheduled caste, scheduled tribe or backward classes. Almost ninety per cent had their family income less than Rs. 1500/- per month.

The experience of infant and child mortality was enquired; seventy five per cent reported that they had no such experience in their life so far. Thus this group seemed to have low infant and child mortality. It was found that females were more neglected than males, resulting into greater experience of female deaths (infant and child) than males.

* By P.K. Majumdar, Professor, Indian Institute of Health Management Research, Jaipur, Rajasthan

The general marital fertility rate was found to be 162 per thousand respondents whose spouses were between ages fifteen and forty nine. The total marital fertility rate came out to be 4.8 whereas total fertility rate was 4.3.

**Table 1 : Profile of Workers**

| | *Characteristics* | | |
|---|---|---|---|
| 1. | Mean age of workers | 34.4 | years |
| 2. | Mean age of spouses of workers | 30.2 | years |
| 3. | Per cent currently married | 90.0 | |
| 4. | Mean age of marriage | 19.4 | years |
| 5. | Percentage distribution by religion | | |
| | Hindus | 95.0 | |
| | Muslims | 4.0 | |
| 6. | Percentage distribution in SC/ST and backward categories | | |
| | Scheduled Caste | 24.0 | |
| | Scheduled Tribe | 2.0 | |
| | Backward Classes | 16.0 | |
| 7. | Percentage distribution of workers by education | | |
| | Illiterate | 18.0 | |
| | Up to High School | 45.0 | |
| | High School to Graduation | 33.0 | |
| | Graduation and above | 4.0 | |
| 8. | Percentage distribution of workers by income | | |
| | Less than 500/- | 12.0 | |
| | 500 - 1500/- | 77.0 | |
| | 1500 + | 11.0 | |

The average number of living children in a family was found to be 2.9, desired children was 3.3 and the ideal children 2.6. It may be noted that even the ideal family size is more than two children. However, sixty one per cent matched the number of their "ideal" and "desired" children and another thirty six per cent stated to have high "desired" family size than the "ideal family" size and the rest had low "desired" family size than the "ideal". One of the reasons for having higher "desired" (than ideal) number of children was "fear of death of children". Main reasons for those who had reported low "desired" family size than the "ideal" were "economic benefits", and "proper upbringing of children".

Little over eighty seven per cent of the respondents stated to have a family of less than three children as profitable one and the reasons are listed as follows in order of merit : "proper upbringing of children", "for the betterment of economy", "happy family life" and "others."

Little less than thirteen per cent of the respondents think that less than three children is not profitable because of "fear of death of children", "more children are essential", and "more manpower is needed for personal use".

## III. FAMILY PLANNING PRACTICE

Only three per cent of the respondents stated that they had never heard of family planning and another seven per cent reported that they had heard of family planning but did not know any method. Remaining ninety per cent respondents knew at least one method of family planning. The current practice was as follows :

| | | |
|---|---|---|
| Never users | 44 | per cent |
| Past users | 3 | percent |
| Current users | 53 | percent |

The distribution of current users in different methods was : Vasectomy - 14 per cent. Tubectomy - 27 per cent, spacing methods - 12 (.1% Nirodh) per cent. On an average, the respondents accepted terminal method after 4.0 children and spacing methods after 2.6 children. A further analysis of percentage of couple using family planning methods showed that 3 per cent of couples below 20 and 72 per cent between ages 40 - 44 had been using family planning methods.

Regarding side effects/problems, seventy four per cent did not complain any, ranging between 90% among users of condom and 65% among users of female sterilisation.

Most of the users reported to be self-motivated for use (more than 50%), followed by doctor, advertisement, self and spouse (jointly), spouse and so on. Only three per cent reported to be motivated by colleagues and only one per cent had reported to have received encouragement from the management where they worked. Regarding the place where the users received their services, large number of them reported to have received at the government hospital/clinic (34%), followed by ESI hospital/clinic (32%), shops and pharmacies (16%). The others had used some other sources.

It may be noted that the prevalence of knowledge, attitude and practice of contraception in this group was high. The side effects or problems associated with use of contraception were relatively fewer and were mainly associated with female terminal methods. It may be noted that colleagues and management were least important in motivating workers for use than other media or persons.

## IV. HEALTH AND FAMILY WELFARE INFRASTRUCTURE

No effort was made by the management to initiate and promote family planning other than providing facilities to the health officials of the Government of Rajasthan, Employees State Insurance Corporation for conducting camps at the work site for terminal methods by a few large size industries. Practically no infrastructure was available for the delivery of health and family welfare activities in terms of physical facilities and manpower, such as medical doctors, nurse, midwife, and compounder.

General negligence of health and family welfare at the plant level may be due to the compulsion of payment amounting five per cent of the total salary paid to the worker as a contribution to Employees State Insurance Corporation (ESIC) looking after the health of workers and their respective family members. Employees are contributing 2.25 per cent of his basic salary to ESIC also for the same reason. Therefore, management depends totally on ESIC for medical care of workers and their families.

Promoting family planning in smaller industries is problematic especially in those with an employment of two hundred workers or less, in comparison with those having higher work force. It was also felt that promotion of family planning may be easier at the private sector than the public sector industries. Lame excuses are made by the public sector managers for their inability to do any thing such as promotion of family planning, providing extra incentives other than those prescribed in the Government's role to the adopters of terminal method.

## V. INCENTIVES AND DISINCENTIVES

In order to encourage workers to adopt terminal methods, the following measures were observed in the industries under study :

(i) Twelve per cent enterprises did provide one time cash incentives, over and above the incentives provided by the government;

(ii) Approximately 22 per cent industries allowed its workers extra leave, ranging from two to seven days more than suggested by the government;

(iii) Only one establishment provided one wage increment.

However, no such incentives were provided for spacing methods.

In one industry, it was made disadvantageous to have more than three children because the management did not provide Rs. 500/- as maternity expenses to those mothers which had live birth of order 4 and above. All births below this birth order were provided maternity benefits of Rs. 500/-

## VI. MANAGEMENT'S VIEWS OF FAMILY PLANNING PROGRAMME IN INDUSTRY

It was encouraging to find that most of the management was of the opinion that small family size was in the interest of the management and industry. It was reported that family size of workers was positively associated with absenteeism and negatively with the productivity. The responses of the management did not show any clear cut relationship with accident proneness.

## VII. POLICY IMPLICATIONS

1. Managers of the enterprises are generally reluctant for any health and family welfare activities. Therefore, an intensive educational and motivational programme needs to be initiated for the managers to promote maternal and child health (MCH) and family welfare among their workers and to consider it as a part of labour welfare.

2. Acceptance of family planing among workers is somehow positively associated with the presence of a medical officer (full time/part time) at the clinic/firs-aid centre within the working place. Therefore, the project authority may think of employing a few medical officers who may visit several factories at fixed hours. This will definitely increase family planning acceptors.

3. Family planning programme can not go alone, unless it is embedded with maternal and child health programme (MCH). Therefore, the project, if only emphasizes family planning with no programme for immunisation, nutrition, child and mother care, the prospect is bleak. On the other hand, the family planning message can be propagated successfully through MCH programme activities.

4. The worker-motivator in this study have not come out to be effective change agents - only 3% users of contraception were motivated through colleagues. But since no systematic effort had been made to utilise them to motivate the colleagues, the result could not be taken as conclusive. There is need to study their role systematically. Some effort should also be made to employ a few motivators from other walks of life, like housewife of worker, social worker and so on. Successful family planning programme among industrial workers in Japan worked through wife of the industrial worker as motivator.

5. Main task of the worker motivator at the beginning is to list all eligible couples in his/her jurisdiction i.e., a part of an establishment, a full establishment or a few establishments. This record should be updated regularly. This will help in identifying couples' needs and type of methods they need.

6. Most of the workers are non-resident and therefore, worker-motivator has to approach fellow workers by means of group discussion within the factory premises. Once a good rapport is created between worker and motivator then the motivator should stress on interpersonal communication with the worker and his spouse for adoption of certain method of family planning.

7. Most of the workers are aware of contraception and the prevalence rate of contraception is also high. However, the practice of contraception starts late after having, on an average four children for terminal methods and two children for spacing methods. The workers are largely dependent on terminal methods after having a large family size. For this reason, the effect of contraception is neglibible. This tells us that there is a need to catch workers at young ages and there is a need to emphasize more on spacing methods.

8. Age at marriage is very low and therefore, an educational activity aimed at the problems of early marriage should be launched as a part of motivational programme of the project.

## ANNEX 1

### Distribution of Workers by Establishment and Location

| *Location of Establishment* | *Name of Establishment* | *Total Workers* |
|---|---|---|
| Central City | Anil Steel Industries | 196 |
| | Government Central Press | 474 |
| | Jaipur Metals & Electricals Ltd. | 1,200 |
| | Jaipur Printers | 49 |
| | Man Industrial Corporation | 375 |
| | Man Structurals Ltd. | 100 |
| | M.E.I. | 4,000 |
| | R.S. Metals Pvt. Ltd. | 63 |
| | R.S.E.B. | 3,002 |
| | Rajasthan State Road Transport Corporation | 2,615 |
| | Rashtradoot Press | 60 |
| | Rotary Printers | 71 |
| Durgapura Area | Capstan Meters | 59 |
| | Indian Fibres Ltd. | 61 |
| | Jaipur Glass & Potteries Work Ltd. | 209 |
| | Pratap Engineering Works Ltd. | 78 |
| | Raghuvar (India) Ltd. | 161 |
| | Rajasthan State Co-operative & Dairy Fed. | 245 |
| | Shree Containers Pvt. Ltd. | 70 |
| | Times of India Press | 94 |
| Ghotwara | Ashok Foundry and Metal Work | 228 |
| | Electra Pvt. Ltd. | 75 |
| | Hamraj Udyog | 45 |
| | K.E.C. Internationals | 667 |
| | Pratap Engineering Works | 186 |
| | Premier Vegetables | 160 |
| | Rajasthan Casting Pvt. Ltd. | 111 |
| | Rajasthan State Agro Industries Corporation | 161 |
| | Ramnagar Cane & Sugar | 108 |
| | United Fells & Carpets | 70 |
| | Wires and Fabrics | 78 |
| Viswakarma | Electro Mechanical | 105 |
| | Jaipur Bottling Company | 60 |
| | Jaipur Lamp Components Pvt. Ltd. | 55 |
| | Modern Food Industries Ltd. | 44 |
| | Murli Rolling Mills | 48 |
| | Pratap Rajasthan Special Steels | 166 |

Contd.

| | | |
|---|---|---|
| | Rajasthan Transformers and Swichgears | 29 |
| | Rajasthan Transmission Wire | 15 |
| | RDPC. Ltd. | 102 |
| | R.G. Ispat Ltd. | 130 |
| | Sh. Bhaghwati Rolling Mills | 81 |
| Hotel | Ashoka | 97 |
| | Clarke Jaipur | 193 |
| | Khasa-Kothi | 80 |
| | Laxmi Mishthan Bhandar | 135 |
| | Man Singh | 250 |
| | Maru-Palace | 119 |
| | Rajasthan Mahal Palace | 38 |
| | Ram Bag Palace | 250 |
| | All establishments (50) | 17,118 |

# FAMILY WELFARE PROGRAMME

# PROFILE OF 34 SELECTED INDUSTRIES

# AND

# PROFILE OF WORKERS

140A

# HINDUSTAN MACHINE TOOLS LTD., BANGALORE, KARNATAKA

## I. BACKGROUND

1. Location : Bangalore, Karnataka
2. Activity : Manufacturer of watches, Horological Machinery, Machine Tools
3. Sector : Public
4. Number of Employees : 8020
5. Number of Employees (reproductive ages) : 5465
6. Educational Status :

| | |
|---|---|
| Below High School | 27.0% |
| High School to less than Graduation | 61.2% |
| Graduation and above | 11.0% |

## II. FW PROGRAMME

7. Whether Special Cell Exists : Yes
8. How it is Implemented :

   – Operated by Staff in Hospitals

9. Infrastructure :

| | | |
|---|---|---|
| *Physical :* | Hospital, Dispensary and Health Centre | |
| *Staff :* | Medical | 2 |
| | Para-medical | 1 |
| | Health Education/Social Worker | 0 |

10. Services Provided :

*Family Planning Services*

– Vasectomy, Tubectomy, IUD, Oral Contraceptives, Condoms, MTP

*MCH Services*

– Ante natal, Post-natal, Immunisations

11. Geographical Coverage : – Employees and families and non-employees

– No area adopted

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 83 | Targets are not set |
| IUDs | 12 | Targets are not set |
| Oral Contraceptive Users | 90 cycles | |
| Condom Users | 4000 pieces | |
| MTPs | 0 | |
| Immunizations | Not Available | |
| Others | | |

13. IEC Activities :

| | |
|---|---|
| *Infrastructure* | No Information |
| *Activities* | At Health Centre and Maternity Ward by using group approach and inter-personal contact |

14. Incentives :

| | |
|---|---|
| *Acceptors* | As per Government norm |
| *Motivators* | Rs. 5/- per vasectomy/tubectomy |
| *Technical Staff* | Rs. 24/- |

15. Budget Allocation (last year) : Not Available

16. Any Problems : (i) Lack of staff for IEC activities
(ii) No contact with voluntary organizations

17. Any Suggestions : Nil

# HINDUSTAN MACHINE TOOLS LTD.
# ERNAKULAM, KERALA

## I. BACKGROUND

1. Location : Ernakulam, Kerala
2. Activity : Manufacturer of Lathes and Printing Machines
3. Sector : Public
4. Number of Employees 3023
5. Number of Employees (reproductive ages) : 2979
6. Educational Status :

| | |
|---|---|
| Below High School | 27.5% |
| High School to less than Graduation | 62.2% |
| Graduation and above | 10.3 % |

## II. FW PROGRAMME

7. Whether Special Cell Exists : No.
8. How it is Implemented :

   – A Committe has been constituted to implement the programme. It arranges most of the services.

9. Infrastructure :

| | | |
|---|---|---|
| *Physical :* | | Dispensary |
| *Staff :* | Medical : | Not Available |
| | Para-Medical : | Not Available |
| | Health Education/Social Worker : | Not Available |

10. Services Provided :

*Family Planning Services*

– Vasectomy, Tubectomy, IUD, Oral Contraceptives, Nirodh and MTP

*M C H Services*

– Ante-natal, Post-natal, Immunisations

11. Geographical Coverage : Employees and families

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 37 | No Targets |
| IUDs | 0 | |
| Oral Contraceptive Users | 30 | |
| Condom Users | 30 | |
| MTPs | 0 | |
| Immunizations | 0 | |
| Others | 0 | |

13. IEC Activities :

*Infrastructure* Nothing Special

*Activities* Counselling to Individual Couples

14. Incentives :

*Acceptors* Special Increment

*Motivators* NA

*Technical Staff* NA

15. Budget Allocation (1987) : 1.93 lakhs

16. Any Problems : Nothing

17. Any Suggestions : Nil

# LAKSHMI MACHINE WORKS

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Coimbatore, Tamil Nadu |
| 2. | Activity : | Textile Machinery Manufacture |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 3250 |
| 5. | Number of Employees (reproductive ages) : | Not Available |
| 6. | Educational Status : | |
| | Below High School | 0.0% |
| | High School to less than Graduation | 75.0% |
| | Graduation and above | 25.0% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |

8. How it is Implemented :

- Middle level management undertakes some educational/motivational activities
- Services are arranged

9. Infrastructure :

| | | |
|---|---|---|
| *Physical :* | | Not Available |
| *Staff :* | Medical : | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker : | Not Available |

10. Services Provided :

| | |
|---|---|
| *Family Planning Services* | Nil, but arranged |

| | |
|---|---|
| *MCH Services* | Nil, but arranaged |

11. Geographical Coverage : Employees and families

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 66 | No Target fixed |
| IUDs | 0 | |
| Oral Contraceptive Users | 0 | |
| Condom Users | 0 | |
| MTPs | 0 | |
| Immunizations | 0 | |
| Others | 0 | |

13. IEC Activities :

| | |
|---|---|
| *Infrastructure* | Not Available |
| *Activities* | Film shows, outdoor publicity, printed publicity, group meetings. Publicity boards have been put on main roads. |

14. Incentives :

| | |
|---|---|
| *Acceptors* | Cash is given (amount not known) |
| *Motivators* | Nil |
| *Technical Staff* | Nil |

15. Budget Allocation (1987) : Rs. 33,000/-

16. Any Problems : Nothing

17. Any Suggestions : Nil

# BHARAT EARTH MOVERS LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Bangalore, Karnataka |
| 2. | Activity : | Manufacturing Heavy Machines |
| 3. | Sector : | Public |
| 4. | Number of Employees : | 13710 |
| 5. | Number of Employees (reproductive ages) | 4923 |
| 6. | Educational Status : | |
| | Below High-School | 25.3% |
| | High School to less than Graduation | 53.9% |
| | Graduation and above | 20.8% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |

8. How it is Implemented :

– Through medical and health facilities made available through hospital and dispensary.

9. Infrastructure :

| | | |
|---|---|---|
| *Physical :* | | Hospital, Dispensary |
| *Staff :* | Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Special Worker | Not Available |

10. Services Provided :

*Family Planning Services*

– Vasectomy, Tubectomy, IUCD, Oral Contraceptives, Nirodh, MTP

*M C H Services*

– Ante–natal, Immunisations

11. Geographical Coverage : – Employees and families
– Adopted Satellite area

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 272 | No Targets |
| IUDs | 35 | |
| Oral Contraceptive Users | 1097 | |
| Condom Users | 3836 | |
| MTPs | 0 | |
| Immunizations | NA | |
| Others | | |

13. IEC Activities :

*Infrastructure* : Not Available

*Activities* : Films, Outdoor publicity, Printed publicity, Group meeting and inter-personal contact

14. Incentives :

| | | |
|---|---|---|
| *Acceptors* | Vasectomy | Rs. 175/- |
| | Tubectomy | Rs. 155/- |
| | IUD | Rs. 8/- |
| *Motivators* | Vasectomy | Rs. 20/- |
| | Tubectomy | Rs. 15/- |
| *Technical Staff* | | Nil |

15. Budget Allocation (last year) : Not Available

16. Any Problems : Nil

17. Any Suggestions : Nil

# BALLARPUR INDUSTRIES LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Ballarpur, Maharashtra |
| 2. | Activity : | Paper and Allied Product |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 5587 |
| 5. | Number of Employees (reproductive ages) : | Not Available |
| 6. | Educational Status : | Not Available |

## II. FW PROGRAMME

7. Whether Special Cell Esists : Yes

8. How it is Implemented :

– This cell at the dispensary has responsibility for this programme.

9. Infrastructure :

| | | |
|---|---|---|
| *Physical* : | | Dispensary |
| *Staff:* | Medical | 6 |
| | Para - medical | 6 |
| | Health Education/Social Worker | 1 |

10. Services Provided :

*Family Planning Services*

– Distributing Oral Contraceptives, Inserting IUD

– Arranging sterilization at Civil Hospital

– No Nirodh, No MTP

*M C H Services*

– Ante–natal, Post–natal, Immunisations

11. Geographical Coverage : – Employees and families

– Organized two camps for general public

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 85 | No Targets |
| IUDs | 32 | |
| Oral Contraceptive Users | 70 | |
| Condom Users | 0 | |
| MTPs | 24 | |
| Immunizations | 916 | |
| Others | | |

13. IEC Activities :

*Infrastructure :* Counsellor

*Activities* : Film shows, Inter-personal communication, posters, etc.

14. Incentives :

| | | |
|---|---|---|
| *Acceptors* | For sterilization | Rs. 100/-<br>Six days leave |
| *Motivators* | | Nil |
| *Technical Staff* | | Nil |

15. Budget Allocation (last Year): Rs. 8500/-

16. Any Problems : Not getting enough supply of oral contraceptives and vaccines from Government

17. Any Suggestions : Nil

# BALLARPUR INDUSTRIES LTD.

## I. BACKGROUND

1. Location : Uttarkannada, Karnataka
2. Activitiy : Manufacture of Caustic Soda, Acid
3. Sector : Private
4. Number of Employees : 973
5. Number of Employees (reproductive ages) : 973
6. Educational Status :

| | |
|---|---|
| Below High School | 42.1% |
| High School to less than Graduation | 27.0% |
| Graduation and above | 30.9% |

## II. FW PROGRAMME

7. Whether Special Cell Exists : No
8. How it is Implemented :

   – Programme is arranged with district hospital
   – Has dispensary

9. Infrastructure :

| | | |
|---|---|---|
| *Physical* : | | Dispensary |
| *Staff* : | Medical | Nil |
| | Para-medical | Nil |
| | Health Education/Social Worker | Nil |

10. Services Provided :

*Family Planning Services*

– Arranged

*MCH Services*

- Arranged
- Some services provided (Ante-natal, Post-Natal, Immunisations)

11. Geographical Coverage : - Employees and families
    - Non-employees

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 22 | No Targets |
| IUDs | } | |
| Oral Contraceptive Users } | } | |
| Condom Users | } | Arranged |
| MTPs | } | |
| Immunizations | } | |
| Others | } | |

13. IEC Activities

| | |
|---|---|
| *Infrastructure* | Not Available |
| *Activities* | None |

14. Incentives

| | |
|---|---|
| *Acceptors* | Rs. 100/- |
| *Motivators* | Nil |
| *Technical Staff* | Nil |

15. Budget Allocation (last year) Not available

16. Any Problems Nil

17. Any Suggestions Abortion/maternity expenses after the second delivery are not being reimbursed.

# KIRLOSKAR

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Chitradurga, Karnataka |
| 2. | Activity : | Machine Tool Industry |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 2754 |
| 5. | Number of Employees (reproductive ages) : | 2754 |
| 6. | Educational Status : | Not Available |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | Not Available |
| 9. | Infrastructure : | |
| | *Physical* | Nil |
| | *Staff :* Medical | Nil |
| | Para-medical | Nil |
| | Health Education/Social Worker | Nil |

10. Services Provided :

*Family Planning Services*

– Only counselling is provided.

*M C H Services*

– Only counselling is provided.

11. Geographical Coverage : Not Available

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | Not Available | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

*Infrastructure* Not Available

*Activities* Only inter-personal counselling.

14. Incentives :

*Acceptors* Not Available

*Motivators* Not Available

*Technical Staff* Not Available

15. Budget Allocation (last year) : Not Available

16. Any Problems : Nil

17 Any Suggestions : Nil

# SOMAIYA ORGANICS LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Barabanki, Uttar Pradesh |
| 2. | Activity : | Chemical Industry |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 383 |
| 5. | Number of Employees (reproductive ages) : | 352 |
| 6. | Educational Status : | |
| | Below High School | 44.9% |
| | High School to less than Graduation | 30.0% |
| | Graduation and above | 25.1% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | Yes |
| 8. | How it is Implemented : | |
| | – Medical and Health set up (Dispensary) | |
| 9. | Infrastructure : | |
| | *Physical* : | Dispensary |
| | *Staff:* Medical | 1 |
| | Para-medical | 2 |
| | Health Education/Social Worker | 0 |

10. Services Provided :

*Family Planning Services*

– Vasectomy, Tubectomy, Nirodh

*M C H Services*

– Immunisations

11. Geographical Coverage : – Employees and families

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 12 | 7% |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

*Infrastructure* : Nil

*Activities* :
- Counselling through worker education
- Counselling by doctor
- Utilizing the district/state machinery

14. Incentives :

*Acceptors*
- Rs. 150/-
- One extra increment
- One week leave or encashment

*Motivators* Nil

*Technical Staff* Nil

15. Budget Allocation (1987) : Rs. 7665/-

16. Any Problems : Nil

17. Any Suggestions : Nil

# BAJAJ AUTO LTD.

## I. BACKGROUND

1. Location : Pune, Maharashtra
2. Activity : Motorised two and three Wheeler
3. Sector : Private
4. Number of Employees : 2180
5. Number of Employees (reproductive ages) : Not Available
6. Educational Status : Not Available

## II. FW PROGRAMME

7. Whether Special Cell Exists : Yes
8. How it is Implemented :

   – Through medical and health services

9. Infrastructure :

| | | |
|---|---|---|
| *Physical :* | | Hospital, Dispensary |
| *Staff :* | Medical | 0 |
| | Para-medical | 0 |
| | Health Education/Social Worker | 2 |

10. Services Provided :

    *Family Planning Services*

    – Tubectomy, Vasectomy, IUD, Nirodh

    *M C H Services*

    – Ante-natal, Post-natal, Immunisations

11. Geographical Coverage :
    – Employees' spouses
    – Non-employees
    – Adopted an area

12. Achievements (1987)

| | *Nos* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 583 | No Targets |
| IUDs | } | |
| Oral Contraceptive Users | } | |
| Condom Users | } | No record |
| MTPs | } | |
| Immunizations | } | |
| Others | } | |

13. IEC Activities

*Infrastructure*

– Something is available. Help from FPAI and district authorities is taken.

*Activities*

– Training activities, films, printed material, Group activities and inter-personal contact

14. Incentives :

| | | |
|---|---|---|
| *Acceptors* | Employee | Rs. 500/- (200 + 300 in National Savings Certificate ) Six days leave |
| | Spouse of Employee | Rs. 150/- |
| | Non-employee | Rs. 75/- |
| *Motivators* | | Nil |
| *Technical Staff* | | Nil |

15. Budget Allocation (1987) Rs. 64564/-

16. Any Problems Nil

17. Any Suggestions The programme was not accepted initially but generally response got better, Support for the programme activities also increased.

# BIRLA JUTE & INDUSTRIES LTD.

## I. BACKGROUND

1. Location : Satna, M.P.
2. Activity : Manufacturing Cement
3. Sector : Private
4. Number of Employees : 1844
5. Number of Employees (reproductive ages) : 1087
6. Educational Status :

| | |
|---|---|
| Below High School | 61.5% |
| High School to less than Graduation | 16.9% |
| Graduation and above | 21.6% |

## II. FW PROGRAMME

7. Whether Special Cell Exists : Yes
8. How it is Implemented :

   – Medical and Para-medical staff looks after the FW work.

9. Infrastructure :

| | | |
|---|---|---|
| *Physical* : | | Dispensary |
| *Staff:* | Medical | 3 |
| | Para-medical | 9 |
| | Health Education/Social Worker | 1 |

10. Services Provided :

*Family Planning Services*

– No services are provided. They are arranged through ESI and District Hospital.

*M C H Services*

– Immunisations at the Dispensary

11. Geographical Coverage :
    - Employees and families
    - Non-employees
    - Five villages

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilization | 215 | No Targets are fixed |
| IUDs | 58 | - Coverage is 80% of the eligible couples in the industry |
| Oral Contraceptive Users | 166 | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

| | |
|---|---|
| *Infrastructure* | Nothing special |
| *Activities* | Visit of the staff in the colony where 80% of employees live. Personal communication by the staff. Posters are displayed. |

14. Incentives

| | |
|---|---|
| *Acceptors* | - Rs. 50/-<br>- Dhoti<br>- Blanket<br>- Leave of seven days |
| *Motivators* | Nil |
| *Technical staff* | Nil |

15. Budget Allocation (1987) — Rs. 48,000/-

16. Any Problems — Nil

17. Any Suggestions

    - Initially people are scared of operations but after talking to those who have undergone operations, they willingly accept sterilization

    - Actively involved medical officer is doing good job (he is not overburdened with curative load)

# TUNGABHADRA STEEL PRODUCTS LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Bellary, Karnataka |
| 2. | Activity : | Steel structures, fabrication and installaction |
| 3. | Sector : | Public |
| 4. | Number of Employees : | 1211 |
| 5. | Number of Employees (reproductive ages) : | 427 |
| 6. | Educational Status : | |
| | Below High School | 42.9 % |
| | High School to less than Graduation | 40.3% |
| | Graduation and above | 16.8% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | |
| | – Implemented by hospital staff | |
| 9. | Infrastructure : | |
| | *Physical :* | Hospital |
| | *Staff :* Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker | Not Available |

10. Services Provided :

*Family Planning Services*

– Vasectomy, Tubectomy, Oral Contraceptives, Nirodh

*M C H Services*

Ante-natal, Post-natal, Immunisations.

11. Geographical Coverage : – Employees and families
– Non-employees

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | 52 | No Targets |
| IUDs | – | |
| Oral Contraceptive Users | 150 packets | |
| Condom Users | 3125 pieces | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

| | |
|---|---|
| Infrastructure | Not Available |
| Activities | Films, Outdoor publicity, Group meeting and inter- personal contact |

14. Incentives :

| | |
|---|---|
| *Acceptors* | – Rs. 100/-<br>– Additional increment for those up to 3 children<br>– Leave of 7 days |
| *Motivators* | No |
| *Technical Staff* | No |

15. Budget Allocation (1987) : Rs. 32,144/-

16. Any Problems : No

17. Any Suggestions :

– Company provides support to local machinery for such activity. Support comes in the form of donations, use of vehicles for camps, staff spared for house to house contact during special campaigns.

# SAMBHAR SALTS LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Jaipur, Rajasthan |
| 2. | Activity : | Manufacture and Sale of Salt |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 585 |
| 5. | Number of Employees (reproductive ages) : | Not Available |
| 6. | Educational Status : | |
| | Below High School | 58% |
| | High School to less than Graduation | 20% |
| | Graduation and above | 22% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | |
| | – Hospital Staff does activity related to the F.W. | |
| 9. | Infrastructure : | |
| | *Physical :* | Not Available |
| | *Staff :* Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker | Not Available |

10. Services Provided :

*Family Planning Services*

– Sterilization, Oral Contraceptives, Nirodh

*M C H Services*

– No

11. Geographical Coverage : Not known

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | Not Available | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

| | |
|---|---|
| *Infrastructure* | Not Available |
| *Activities* | Not Available |

14. Incentives :

| | |
|---|---|
| *Acceptors* | – Rs. 240/-<br>– Six days leave |
| *Motivators* | |
| *Technical Staff* | |

15. Budget Allocation (last year) : Not Available

16. Any Problems : No

17. Any Suggestions : Nil

# WIRES AND FABRICS LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Jaipur, Rajasthan |
| 2. | Activity : | Manufacture spring accessories |
| 3. | Sector : | Private |
| 4. | Number of Employees | 170 |
| 5. | Number of Employees (reproductive ages) | 160 |
| 6. | Educational Status : | |
| | Below High School | 55.9% |
| | High School to less than Graduation | 20.6% |
| | Graduation and above | 23.5% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No FW work |
| 8. | How it is Implemented : | |
| 9. | Infrastructure : | |

*Physical*

*Staff:* Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

*MCH Services*

11. Geographical Coverage :

12. Achievements (1987) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

*Infrastructure*

*Activities*

14. Incentives : NO INCENTIVES GIVEN

*Acceptors*

*Motivators*

*Technical Staff*

15. Budget Allocation (last year) :

16. Any Problems :

17. Any Suggestions :

# KEL INTERNATIONAL LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Jaipur, Rajasthan |
| 2. | Activity : | Transmission Line |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 950 |
| 5. | Number of Employees (reproductive ages) : | Not known |
| 6. | Educational Status : | |
| | Below High School | 82.9% |
| | High School to less than Graduation | 10.5% |
| | Graduation and above | 6.7% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | |
| | – Dispensary staff does it | |
| 9. | Infrastructure : | |
| | *Physical* : | Dispensary |
| | *Staff* : Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker | 10 trained worker–motivators |

10. Services Provided :

*Family Planning Services*

– Oral Pills and Nirodh distributed at Company premises

– Other services through ESI

*M C H Services*

– Through ESI

11. Geographical Coverage : Not Available

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | Not Available | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

*Infrastructure* Not Available

*Activities* Not Available

14. Incentives :

*Acceptors* – Rs. 100/-

– Leave of 4 days

*Motivators* Nil

*Technical Staff* Nil

15. Budget Allocation (last year) : Not Available

16. Any Problems : Nil

17. Any Suggestions : NIl

# RAMBAGH PALACE HOTEL

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Hotel
3. Sector : Private
4. Number of Employees : 300
5. Number of Employees (reproductive ages) : Not known
6. Educational Status :

| | |
|---|---|
| Below High School | 33.3% |
| High School to less than Graduation | 50.0% |
| Graduation and above | 16.7% |

## II. FW PROGRAMME

No Programme

7. Whether Special Cell Exists : No
8. How it is Implemented :

   Advice of ESI hospital obtained

9. Infrastructure :

   *Physical :*

   *Staff :* Medical

   Para-medical

   Health Education/Social Worker

10. Services Provided :

    *Family Planning Services*

    *MCH Services*

11. Geographical Coverage :

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives

*Acceptors*

*Motivators*

*Technical Staff*

15. Budget Allocation (last year) :

16. Any Problems :

17. Any Suggestions :

# HOTEL MANSINGH

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Hotel
3. Sector : Private
4. Number of Employees : 205
5. Number of Employees (reproductive ages) : Not known
6. Educational Status :

| | |
|---|---|
| Below High School | 28.3% |
| High School to less than Graduation | 44.9% |
| Graduation and above | 26.8% |

## II. FW PROGRAMME

No Programme

Advantage of ESI taken

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical :*

*Staff :* Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

*Infrastructure*

*Activities*

14. Incentives :

*Acceptors* 10 Days leave is granted

*Motivators*

*Technical Staff*

15. Budget Allocation (last year) :

16. Any Problems :

17. Any Suggestions :

# JAI MAHAL HOTEL

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Hotel
3. Sector : Private
4. Number of Employees : 143
5. Number of Employees (reproductive ages) 132
6. Educational Status :

| | |
|---|---|
| Below High School | 26.6% |
| High School to less than Graduation | 59.4% |
| Graduation and above | 14.0% |

## II. FW PROGRAMME

No Programme
Advantage of ESI taken

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical :*

*Staff :* Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year) :

| | *Nos.* | *% Target Achieved* |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities :

*Infrastructure*

*Activities*

14. Incentives :

*Acceptors*

*Motivators*

*Technical Staff*

15. Budget Allocation ( Last year) :

16. Any Problems :

17. Any Suggestions :

# ANIL STEEL AND INDUSTRIES LTD.

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Cold Roll and Hard Tempered Steel Strips
3. Sector : Private
4. Number of Employees : 250
5. Number of Employees (reproductive ages) : Not known
6. Educational Status :

| | |
|---|---|
| Below High School | 51.2% |
| High School to less than Graduation | 30.0% |
| Graduation and above | 18.8% |

## II. FW PROGRAMME

NO PROGRAMME
UTILIZE ESI SERVICES

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical :*

*Staff :* Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

Oral Pills and Condoms

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives

*Acceptors* – Rs. 150/-
– Six days' leave

*Motivators*

*Technical Staff*

15. Budget Allocation (last year)

16. Any Problems

17. Any Suggestions

# PRATAP ENGINEERING WORKS LTD.

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Ancillary to Ball Bearings
3. Sector : Private
4. Number of Employees : 180
5. Number of Employees (reproductive ages) : 160
6. Educational Status :

| | |
|---|---|
| Below High School | 91.7% |
| High School to less than Graduation | 5.5% |
| Graduation and above | 2.8% |

## II. FW PROGRAMME

NO PROGRAMME
UTILIZE ESI SERVICES

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical :*

*Staff :* Medical
Para-medical
Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

Oral Pills and Condoms

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives

*Acceptors* – Rs. 100/-

– four days' leave

*Motivators*

*Technical Staff*

15. Budget Allocation (last year)

16. Any Problems

17. Any Suggestions

# RAJASTHAN COMMUNICATIONS LTD.

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Two-Way Communications Systems
3. Sector : Private
4. Number of Employees : 170
5. Number of Employees (reproductive ages) : 160
6. Educational Status :

| | |
|---|---|
| Below High School | 0.0% |
| High School to less than Graduation | 52.9% |
| Graduation and above | 47.1% |

## II. FW PROGRAMME

NO PROGRAMME
UTILIZE ESI SERVICES

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical :*

*Staff :* Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives NO INCENTIVES

*Acceptors*

*Motivators*

*Technical Staff*

15. Budget Allocation (last year)

16. Any Problems

17. Any Suggestions

# RAJASTHAN STATE ELECTRICITY BOARD

## I. BACKGROUND

1. Location : Jaipur, Rajasthan
2. Activity : Generation and Transmission of Electricity
3. Sector : Public
4. Number of Employees : 4000
5. Number of Employees (reproductive ages) : Not Available
6. Educational Status :

| | |
|---|---|
| Below High School | 45% |
| High School to less than Graduation | 30% |
| Graduation and above | 25% |

## II. FW PROGRAMME

NO PROGRAMME
UTILIZE ESI SERVICES

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical*

*Staff* : Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

Oral Pills and Condoms

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives NO INCENTIVES

*Acceptors*

*Motivators*

*Technical Staff*

15. Budget Allocation (last year)

16. Any Problems

17. Any Suggestions

# MODIPON LTD.

## I. BACKGROUND

| | |
|---|---|
| 1. Location : | Modinagar, U.P. |
| 2. Activity : | Manmade Fibres |
| 3. Sector : | Private |
| 4. Number of Employees : | 1622 |
| 5. Number of Employees (reproductive ages) : | 1622 |
| 6. Educational Status : | Not Available |

## II. FW PROGRAMME

| | |
|---|---|
| 7. Whether Special Cell Exists : | Yes |
| 8. How it is Implemented : | By medical staff |
| 9. Infrastructure : | |
| *Physical :* | Hospital, Dispensary |
| *Staff :* Medical | 4 |
| Para-medical | 5 |
| Health Education/Social Worker | – |

10. Services Provided :

*Family Planning Services*

Sterilization, Nirodh, Oral Pill, MTP

*MCH Services*

Ante-natal, Post-natal, Immunizations

11. Geographical Coverage : – Workers and families

– non-workers

– adopted area

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 55 | No Targets |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure :* Not Available

*Activities :* Film shows, Outdoor publicity, Printed publicity

14. Incentives

*Acceptors* – Rs. 100/-
– Six days leave

*Motivators* Nil

*Technical Staff* Nil

15. Budget Allocation (last year) Not Available

16. Any Problems Nil

17. Any Suggestions Nil

# HINDUSTAN FERTILIZER CORP.

## I. BACKGROUND

| | |
|---|---|
| 1. Location : | Barauni, Bihar |
| 2. Activity : | Urea and Ammonia |
| 3. Sector : | Public |
| 4. Number of Employees : | 1781 |
| 5. Number of Employees (reproductive ages) : | Not Available |
| 6. Educational Status : | Not Available |

## II. FW PROGRAMME

| | |
|---|---|
| 7. Whether Special Cell Exists : | No |
| 8. How it is Implemented : | Only Counselling is done. Services are provided by Government set up. |
| 9. Infrastructure : | |
| *Physical :* | Not Available |
| *Staff :* Medical | Not Available |
| Para-medical | Not Available |
| Health Education/Social Worker | Not Available |

10. Services Provided :

*Family Planning Services*

All Services are arranged.

*MCH Services*

All services are arranged.

11. Geographical Coverage : – employees and families
– non-employees
– adopted area

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 67 | Targets are not fixed |
| IUDs | – | |
| Oral Contraceptive Users | 45 cycles | |
| Condom Users | 1500 pieces | |
| MTPs | – | |
| Immunizations | – | |
| Others | – | |

13. IEC Activities

*Infrastructure :*

Nothing exists but utilize that of Government and non-Government Organizations

*Activities :*

Films, Phamplets, Group meetings and inter-personal contacts

14. Incentives

| | |
|---|---|
| *Acceptors* | One increment |
| *Motivators* | No |
| *Technical Staff* | No |

15. Budget Allocation (last year) Not Available

16. Any Problems Nil

17. Any Suggestions Nil

# ECLAT CONSTRUCTION PRIVATE LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Patna, Bihar |
| 2. | Activity : | Manufacture of Mosaic Tiles and Allied products |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 52 |
| 5. | Number of Employees (reproductive ages) : | 50 |
| 6. | Educational Status : | |
| | Below High School | 75.0% |
| | High School to less than Graduation | 11.5% |
| | Graduation and above | 13.5% |

## II. FW PROGRAMME NO PROGRAMME

7. Whether Special Cell Exists : No

8. How it is Implemented :

9. Infrastructure :

*Physical*

*Staff :* Medical

Para-medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

11. Geographical Coverage :

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives NO INCENTIVES

*Acceptors*

*Motivators*

*Technical Staff*

15. Budget Allocation (last year)

16. Any Problems

17. Any Suggestions

# COMMERCIAL STEEL CORP. LTD.

## I. BACKGROUND

1. Location : Patna, Bihar
2. Activity : Forged Steel Grinding Media Balls
3. Sector : Private
4. Number of Employees : 31
5. Number of Employees (reproductive ages) : 30
6. Educational Status :

| | |
|---|---|
| Below High School | 90.3% |
| High School to less than Graduation | 6.4% |
| Graduation and above | 3.3% |

## II. FW PROGRAMME NO PROGRAMME

7. Whether Special Cell Exists :
8. How it is Implemented :
9. Infrastructure :

*Physical*

*Staff :* Medical

Para-Medical

Health Education/Social Worker

10. Services Provided :

*Family Planning Services*

*MCH Services*

11. Geographical Coverage :

12. Achievements (last year)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

*Infrastructure*

*Activities*

14. Incentives

*Acceptors* – Rs. 100/-
– one week leave

*Motivators*

*Technical Staff*

15. Budget Allocation (last year)

16. Any Problems

17. Any Suggestions

Non-government organizations work with the company sometimes.

# BARAUNI OIL REFINERY

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Begusarai, Bihar |
| 2. | Activity : | Petrol, Diesel, Kerosene |
| 3. | Sector : | Public |
| 4. | Number of Employees : | 2686 |
| 5. | Number of Employees (reproductive ages) : | 1784 |
| 6. | Educational Status : | |
| | Below High School | 40.2% |
| | High School to less than Graduation | 32.5% |
| | Graduation and above | 27.4% |

## II. FW PROGRAMME

7. Whether Special Cell Exists : No

8. How it is Implemented :

Through medical and health set up of the factory

9. Infrastructure :

| | | |
|---|---|---|
| *Physical :* | | Hospital |
| *Staff :* | Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker | Not Available |

10. Services Provided :

*Family Planning Services*

All family planning services are provided.

*MCH Services*

All MCH Services are provided.

11. Geographical Coverage : – Employees

– Non-employees

– Adopted nearby area

12. Achievements (last year) NOT AVAILABLE

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | | |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities NOT REPORTED

*Infrastructure*

*Activities*

14. Incentives

| | |
|---|---|
| *Acceptors* | Rs. 2500/- |
| *Motivators* | No |
| *Technical Staff* | No |

15. Budget Allocation (last year) Not Available

16. Any Problems Nil

17. Any Suggestions Nil

# BARAUNI THERMAL POWER STATION

## I. BACKGROUND

1. Location : Begusarai, Bihar
2. Activity : Electricity
3. Sector : Public
4. Number of Employees : 2485
5. Number of Employees (reproductive ages) : 1873
6. Educational Status :

| | |
|---|---|
| Below High School | 58.7% |
| High School to less than Graduation | 28.2% |
| Graduation and above | 13.1% |

## II. FW PROGRAMME

7. Whether Special Cell Exists : No
8. How it is Implemented :

Through medical and health set up of the factory

9. Infrastructure :

| | | |
|---|---|---|
| *Physical* : | | Hospital |
| *Staff* : | Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker | Not Available |

10. Services Provided :

*Family Planning Services*

All family planning services are provided.

*MCH Services*

All MCH services are provided.

| | | |
|---|---|---|
| 11. Geographical Coverage : | - Employees | |
| | - Non-employees | |
| | - Adopted nearby area | |
| 12. Achievements (last year) | NOT AVAILABLE | |
| | Nos. | % Target Achieved |
| Sterilizations | | No Targets are set |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |
| 13. IEC Activities | NOT REPORTED | |
| *Infrastructure* | | |
| *Activities* | | |
| 14. Incentives | No incentives except regular government incentives | |
| *Acceptors* | | |
| *Motivators* | | |
| *Technical Staff* | | |
| 15. Budget Allocation (last year) | Not Available | |
| 16. Any Problems | Nil | |
| 17. Any Suggestions | Nil | |

# BOMBAY BURMA TRADING CORPORATION LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Ootcamund, Tamil Nadu |
| 2. | Activity : | Tea |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 346 |
| 5. | Number of Employees (reproductive ages) : | 169 |
| 6. | Educational Status : | |
| | Below High School | 92.8% |
| | High School to less than Graduation | 7.2% |
| | Graduation and above | – |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | |
| | Through health department | |
| 9. | Infrastructure : | |
| | *Physical :* | Dispensary |
| | *Staff :* Medical | Not Available |
| | Para-medical | Not Available |
| | Health Education/Social Worker | Not Available |

10. Services Provided :

*Family Planning Services*

Sterilization, Oral Pill and Nirodh

*MCH Services*

All MCH Services are provided.

11. Geographical Coverage : – Employees and their families

12. Achievements (1986)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 6 | No Targets |
| IUDs | – | |
| Oral Contraceptive Users | 1 | |
| Condom Users | 1 | |
| MTPs | – | |
| Immunizations | – | |
| Others | – | |

13. IEC Activities

| | |
|---|---|
| *Infrastructure* | Not Available |
| *Activities* | Films, Printed material, Group meetings and inter-personal communication |

14. Incentives

| | |
|---|---|
| *Acceptors* | Given (no detail is available) |
| *Motivators* | Not Available |
| *Technical Staff* | Not Available |

15. Budget Allocation (1986) Rs. 4000/-

16. Any Problems Nil

17. Any Suggestions Nil

# MAHAVIR PLANTATIONS (P) LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Nilgiris, Tamil Nadu |
| 2. | Activity : | Tea |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 721 |
| 5. | Number of Employees (reproductive ages) : | 320 |
| 6. | Educational Status : | |
| | Below High School | 62.2% |
| | High School to less than Graduation | 34.5% |
| | Graduation and above | 3.3% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No . |
| 8. | How it is Implemented : | Medical Staff |
| 9. | Infrastructure : | |
| | *Physical :* | Hospital, Dispensary |
| | *Staff :* Medical | 2 |
| | Para-medical | 4 |
| | Health Education/Social Worker | – |

10. Services Provided :

*Family Planning Services*

No services are given.

*MCH Services*

All MCH services are provided.

11. Geographical Coverage : – Employees and families

12. Achievements (1985)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 2 | No Targets |
| IUDs | – | |
| Oral Contraceptive Users | – | |
| Condom Users | 6 | |
| MTPs | 2 | |
| Immunizations | – | |
| Others | – | |

13. IEC Activities NOT AVAILABLE

*Infrastructure*

*Activities*

14. Incentives

| | |
|---|---|
| *Acceptors* | Rs. 100/- |
| *Motivators* | Nil |
| *Technical Staff* | Nil |

15. Budget Allocation (last year) Not Available

16. Any Problems Nil

17. Any Suggestions Nil

# BOMBAY BURMA TRADING CORPORATION

## I. BACKGROUND

| | |
|---|---|
| 1. Location : | Coimbatore, Tamil Nadu |
| 2. Activity : | Tea |
| 3. Sector : | Private |
| 4. Number of Employees : | 4023 |
| 5. Number of Employees (reproductive ages) : | Not Available |
| 6. Educational Status : | |
| Below High School | 88.3% |
| High School to less than Graduation | 11.4% |
| Graduation and above | 0.3% |

## II. FW PROGRAMME

| | |
|---|---|
| 7. Whether Special Cell Esists : | No |
| 8. How it is Implemented : | Hospital staff |
| 9. Infrastructure : | |
| *Physical* : | Hospital, Dispensary |
| *Staff:* Medical | 3 |
| Para-medical | 11 |
| Health Education/Social Worker | – |

10. Services Provided :

*Family Planning Services*

Tubectomy, IUD, Oral Pills and Nirodh

*MCH Services*

All MCH services are provided.

11. Geographical Coverage : – Employees
– Non-employees

12. Achievements (1986)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 150 | No Targets |
| IUDs | 2 | |
| Oral Contraceptive Users | 1 | |
| Condom Users | – | |
| MTPs | – | |
| Immunizations | – | |
| Others | – | |

13. IEC Activities

*Infrastructure :* Not Available

*Activities :* Films, Printed publicity, Group meetings and inter-personal communication

14. Incentives

*Acceptors*
– Rs. 450/- with two children
– Rs. 350/- with three children
– Rs. 250/- with four or more children

*Motivators* Nil

*Technical Staff* *Nil*

15. Budget Allocation (last Year) Not Available

16. Any Problems

People are not coming forward.

17. Any Suggestions

Need to intensify educational activities.

# BOMBAY BURMA TRADING CORPORATION LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Tirunelveli.<br>Tamil Nadu |
| 2. | Activity : | Tea and Cardamom |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 1752 |
| 5. | Number of Employees (reproductive ages) : | 1020 |
| 6. | Educational Status : | |
| | Below High School | 86.8% |
| | High School to less than Graduation | 13.2% |
| | Graduation and above | – |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | |
| 9. | Infrastructure : | |
| | *Physical :* | Not Known |
| | *Staff :* Medical | Not Known |
| | Para-medical | Not Known |
| | Health Education/Social Worker | Not Known |

10. Services Provided :

Family Planning Services

Tubectomy and IUD

*MCH Services*

All MCH services are provided.

11. Geographical Coverage : – Employees and families

– Non-employees

12. Achievements (1986)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 29 | No Targets |
| IUDs | | |
| Oral Contraceptive Users | | |
| Condom Users | | |
| MTPs | | |
| Immunizations | | |
| Others | | |

13. IEC Activities

| | |
|---|---|
| *Infrastructure* | Not Available |
| *Activities* | Films, Printed material, Inter-personal contact |

14. Incentives

| | |
|---|---|
| *Acceptors* | Rs. 200/- per case for sterilization |
| *Motivators* | No |
| *Technical Staff* | No |

15. Budget Allocation (1986) Rs. 5000/-

16. Any Problems No

17. Any Suggestions It is useful to have family welfare activity. It is found to have increased output of workers.

# MANJUSRI PLANTATION LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Nilgiris, Tamil Nadu |
| 2. | Activity : | Coffee, Tea, Cardamom |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 1927 |
| 5. | Number of Employees (reproductive ages) : | Not Available |
| 6. | Educational Status : | Not Available |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | Yes |
| 8. | How it is Implemented : | UPASI is operating |
| 9. | Infrastructure : | |
| | *Physical :* | Dispensary |
| | *Staff :* Medical | Not Known |
| | Para-medical | Not Known |
| | Health Education/Social Worker | Not Known |

10. Services Provided :

*Family Planning Services*

Sterilization, Oral Pills, Nirodh

*MCH Services*

All MCH services are provided.

11. Geographical Coverage : – Employees and Families

– Non-employees

12. Achievements (1986)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 25 | |
| IUDs | – | |
| Oral Contraceptive Users | 41 | |
| Condom Users | – | |
| MTPs | – | |
| Immunizations | – | |
| Others | – | |

13. IEC Activities

| | |
|---|---|
| *Infrastructure* | Not Available |
| *Activities* | – Worker leaders, medical officers meet every month<br>– Films<br>– Group meetings<br>– Inter–personal communication |

14. Incentives

| | |
|---|---|
| *Acceptors* | – Rs. 100/-<br>– Incentives in kind in special campaigns |
| *Motivators* | No |
| *Technical Staff* | No |

15. Budget Allocation (1986) Rs. 2500/-

16. Any Problems Response is inadequate.

17. Any Suggestions Programme should receive more emphasis.

# INDIAN FARMERS FERTILIZER COOPERATIVE LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Kalol, Kandla (Gujarat)<br>Phulpur, Aonla (U.P.) |
| 2. | Activity : | Fertilizer |
| 3. | Sector : | Cooperative |
| 4. | Number of Employees : | 5659 |
| 5. | Number of Employees (reproductive ages) : | 5016 |
| 6. | Educational Status : | |
| | Below High School | 28.1% |
| | High School to less than Graduation | 19.5% |
| | Graduation and above | 52.4% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | Yes |
| 8. | How it is Implemented : | Through medical set up |
| 9. | Infrastructure : | |
| | *Physical :* | Hospital, Dispensary, Camps |
| | *Staff :* Medical | 6 |
| | Para-medical | 16 |
| | Health Education/Social Worker | – |

10. Services Provided :

*Family Planning Services*

All family planning services are provided including MTP.

*MCH Services*

All MCH services are provided.

11. Geographical Coverage :
- Employees and Families
- Non-employees
- Adopted some villages around

12. Achievements (1987)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 112 | No Targets |
| IUDs | 65 | |
| Oral Contraceptive Users | As per requirement | |
| Condom Users | As per requirement | |
| MTPs | 34 | |
| Immunizations | – | |
| Others | – | |

13. IEC Activities

*Infrastructure* — Nil but arrange in cooperation with state/ district authorities.

*Activities*
- Group meetings
- Inter-personal contact
- Lectures by specialists
- Audio-visual shows

14. Incentives

*Acceptors*
- Rs. 1000/- those with two children or below
- Rs. 750/- those with three or more children
- Provide incentives to non-employees during camps
- special leave from 7 to 15 days

*Motivators* — Rs. 20/- for motivating for sterilization and IUD

*Technical Staff* — No

15. Budget Allocation (1987) — Rs 1.72 lakhs

16. Any Problems — No problem

17. Any Suggestions — Nil

# BHADRACHALAM PAPERBACKS LTD.

## I. BACKGROUND

| | | |
|---|---|---|
| 1. | Location : | Khammam, A.P. |
| 2. | Activity : | Manufacturer of Board, Kraft, Maplitho |
| 3. | Sector : | Private |
| 4. | Number of Employees : | 1360 |
| 5. | Number of Employees (reproductive ages) : | 950 (70%) |
| 6. | Educational Status : | |
| | Below High School | 53.6% |
| | High School to less than Graduation | 23.8% |
| | Graduation and above | 22.6% |

## II. FW PROGRAMME

| | | |
|---|---|---|
| 7. | Whether Special Cell Exists : | No |
| 8. | How it is Implemented : | Medical Staff has responsibility |
| 9. | Infrastructure : | |
| | *Physical :* | Ambulance room |
| | *Staff :* Medical | 1 |
| | Para-medical | 4 |
| | Health Education/Social Worker | 0 |

10. Services Provided :

*Family Planning Services*

Only condoms are supplied. No other service is provided. Arrangements are made to get services from government channel.

*MCH Services*

Either provided or arranged

11. Geographical Coverage : Employees and non-employees and adopted an area as well.

12. Achievements (1987)

| | Nos. | % Target Achieved |
|---|---|---|
| Sterilizations | 76 | No targets |
| IUDs | 10 | |
| Oral Contraceptive Users | 0 | |
| Condom Users | 120 | |
| MTPs | 0 | |
| Immunizations | 124 | |
| Others | | |

13. IEC Activities

*Infrastructure :* None

*Activities* :

- Extensive propaganda by group meetings, inter-personal contacts, door-to-door visits, posters, distribution of leaflets
- Mahila Samiti composed of wives of officers has been doing a very effective job.

14. Incentives

*Acceptors*

- Rs. 500/- if two children, Rs. 250/- if three or more
- Male marrying after 28 years of age and females marrying after 23 years get Rs. 200/-
- Employees who delay first child beyond three years after marriage get Rs. 200/-
- Sterilisation cases get 7 days special leave

*Motivators* Nil

*Technical Staff* Nil

15. Budget Allocation (last year) Not known

16. Any Problems Nothing

17. Any Suggestions

Committee composed of wives of middle and top level management is doing very good work for motivation.

# FAMILY PLANNING PROGRAMME IN ORGANISED SECTOR

## WORKER'S PROFILE

With a view to assessing the present status of family welfare programme in the organised sector two questionnaires were prepared – one concerning the industrial organisations and the other to get an insight into the profile of the workers or employees under their control. These two questionnaires were issued to over 200 industrial units and organisations of industries all over the country. We received replies from about 55 industrial units. Though each of the industrial units was requested to get atleast 10 questionnaires filled up by their employees, we infact got different reponse from different units – some sent more than 10 and some just a few sample replies.

From the replies received, it will be difficult to get a clear picture of each industry in respect of the characteristics of the users of different family planning methods, the sample being not representative. However, an overall picture prevailing in the industrial arena could be constructed from the 486 replies received from respondents belonging to 55 industries of different types and sizes, located in different regions of the country.

An attempt is made to analyse the replies received indicating characteristics of acceptors of different family planning methods by age, education of wife, education of husband, number of children, religion and income of family. Both permanent methods and spacing methods will be taken into account while attempting to find out a correlation between acceptance rate and age, education, religion, number of children, income, etc.

Table - I

Frequency Range of Age Group

| Class Intervals | Self | | |
|---|---|---|---|
| | Nos. | % age | Average |
| 20 to 24 | 2 | 0.45 | 24.00 |
| 25 to 29 | 56 | 12.61 | 27.55 |
| 30 to 34 | 109 | 24.54 | 32.04 |
| 35 to 39 | 122 | 27.47 | 36.82 |
| 40 to 44 | 99 | 22.29 | 41.65 |
| 45 to 49 | 56 | 12.61 | 46.73 |
| *20 to 49* | *444* | *100.00* | *36.75* |

Table I indicates the age break-up of the respondents, 444 out of 486 respondents self. It may be seen that among the 444 respondents 386 ie. almost 87% are in the vulnerable age group of 25 - 44 years and hence this group is a potential target for family planning.

Table - II

Frequency Range of Age Group

| Class Intervals | Spouse | | |
|---|---|---|---|
| | Nos. | % age | Average |
| 20 to 24 | 38 | 8.42 | 22.50 |
| 25 to 29 | 122 | 27.05 | 26.68 |
| 30 to 34 | 114 | 25.27 | 31.59 |
| 35 to 39 | 102 | 22.61 | 36.34 |
| 40 to 44 | 51 | 11.30 | 41.27 |
| 45 to 49 | 24 | 5.32 | 46.16 |
| 20 to 49 | 451 | 100.00 | 32.44 |

Table II gives the age break-up of spouses. It may be seen that amongst the 451 respondents 427 ie. 94.68% are in the vulnerable age group of 20-44 years and hence the target for family planning.

Table - III

Frequency Range of Family Size (By Number of Children)

| *Family Size* | *Nos.* | *% age* | *Average* |
|---|---|---|---|
| 1 | 61 | 13.60 | |
| 2 | 196 | 44.34 | |
| 3 | 125 | 28.28 | |
| 4 | 43 | 9.72 | |
| 5 | 9 | 2.03 | |
| 6 | 6 | 1.35 | |
| 7 | 2 | 0.45 | |
| ***1 to 7*** | ***442*** | ***100.00*** | ***2.47*** |

Table III indicates the number of respondents by size of family 1 - 7 children. Out of 442 respondents 321 ie. 72.72% are having 2 or 3 children and are therefore eligible for acceptance of permanent methods.

Table - IV

Frequency Range of Annual Income

| *Class Intervals* | *Nos.* | *% age (Rs.)* | *Average* |
|---|---|---|---|
| 0 to 10000 | 99 | 21.06 | 4908.48 |
| 10000 to 20000 | 169 | 35.95 | 16894.01 |
| 20000 to 30000 | 124 | 26.38 | 25316.87 |
| 30000 to 40000 | 54 | 11.48 | 35955.25 |
| 40000 to 50000 | 16 | 3.40 | 46161.25 |
| Above | 8 | 1.70 | 60662.50 |
| ***1 to 100000*** | ***470*** | ***100.00*** | ***20522.94*** |

Table IV gives the picture of the respondents by their income. It may be seen that majority of the 470 respondents ie. 293 or 62.33% are in the income range of Rs. 10,000 - Rs. 30,000 (onward)

This indicates that the employees of industrial organisations are much better off and their per capita income is much higher than the national average. Better standard of

living does account for better acceptance rate of family planning methods amongst industrial employees.

**Table - V**

**Family Size (0-7) and FP (Method) Acceptance**

| *Options Name* | *0* | *1* | *2* | *3* | *4* | *5* | *6* | *7* | *Total* |
|---|---|---|---|---|---|---|---|---|---|
| Vasectomy | 6 | 7 | 50 | 39 | 13 | 0 | 1 | 1 | = 117 |
| Tubectomy | 11 | 8 | 87 | 66 | 24 | 7 | 4 | 1 | = 208 |
| Conventional Contraceptives | 13 | 25 | 47 | 14 | 3 | 1 | 0 | 0 | = 103 |
| Oral Pills | 6 | 4 | 7 | 4 | 0 | 0 | 0 | 0 | = 21 |
| I U C D | 1 | 2 | 11 | 1 | 0 | 0 | 0 | 0 | = 15 |
| M T P | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | = 3 |
| Vaginal/Foam Tablets | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | = 2 |
| Cream/Gelly | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | = 1 |
| Diaphragm | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | = 1 |
| Rhythm Method | 1 | 3 | 5 | 1 | 0 | 0 | 0 | 0 | = 10 |
| ***Total*** | ***40*** | ***50*** | ***210*** | ***126*** | ***41*** | ***8*** | ***5*** | ***2*** | ***= 482*** |

Table V indicates the acceptance of different family planning methods vis-a-vis the number of children. This table accounts for 482 respondents. The following observations are made:

1. It appears that six males and 11 females with zero family size ie. no children have taken to permanent methods ie. vasectomy/tubectomy. This is rather intriguing. This does not normally happen. It is possible that after taking to permanent method they might have lost their children. It could be an error also and needs to be investigated.
2. About 70% of the respondents having 2 or 3 children are practising family planning. This is surely an encouraging sign.
3. About 40% of the respondents having 2 or 3 children have accepted sterilisation.
4. CC appears to be more popular among those having one or 2 children.
5. There is a definite scope for popularising spacing methods through the use of female oriented services.
6. Obviously better education and better economic condition of industrial employees have contributed to better contraceptive prevalence rate amongst them.

Table - VI

Income and Age Group

| Income (Rs. '000) | Age Group 20-30 | 31-40 | 41-50 | 51 & above | |
|---|---|---|---|---|---|
| 10-15 | 12 | 25 | 6 | 0 = 43 | 14.3 % |
| 15-18 | 15 | 36 | 19 | 0 = 70 | 23.4% |
| 18-22 | 15 | 36 | 10 | 2 = 63 | 21.2 % |
| 22 & above | 7 | 55 | 52 | 9 = 123 | 41.1 % |
| | *49* | *152* | *87* | *11 = 299* | *100 %* |
| | *16.8%* | *51%* | *29%* | *4% = 100%* | |

Table VI indicates the income and age break-up of 299 respondents out of 486 whose profiles are available, the range of annual income being Rs. 10,000 to Rs. 22, 000 and above in age group 20 to 51. It will be seen that the majority of the respondents (80%) are between 31 and 50 years, and 70% are in the group of Rs. 15,000 to 22,000.

Table - VII

Income, Age and No. of Children

| Income (Rs. '000) | Age Group 20-30 | 31-40 | 41-50 | 51 & above |
|---|---|---|---|---|
| *One Child* | | | | |
| 10-15 | 2 | 1 | 0 | 0 = 3 |
| 15-18 | 0 | 1 | 2 | 0 = 3 |
| 18-22 | 0 | 1 | 0 | 0 = 1 |
| 22 & above | 0 | 0 | 1 | 0 = 1 |
| | *2* | *3* | *3* | *0 = 8* |
| *2 Children* | | | | |
| 10-15 | 1 | 0 | 2 | 0 = 3 |
| 15-18 | 2 | 0 | 3 | 0 = 5 |
| 18-22 | 1 | 0 | 6 | 0 = 7 |
| 22 & above | 1 | 0 | 0 | 0 = 1 |
| | *5* | *0* | *11* | *0 = 16* |

*Contd.*

Table - VII (Contd.)

| | Age Group | | | |
|---|---|---|---|---|
| *Income (Rs. '000)* | *20-30* | *31-40* | *41-50* | *51 & above* |
| *3 Children Above* | | | | |
| 10-15 | 5 | 11 | 3 | 0 = 19 |
| 15-18 | 2 | 18 | 5 | 0 = 25 |
| 18-22 | 1 | 14 | 5 | 2 = 22 |
| 22 & above | 2 | 26 | 32 | 7 = 67 |
| | *10* | *69* | *45* | *9 = 133* |
| | *17* | *72* | *59* | *9 = 137* |

Table VII indicates the profiles of 157 respondents by income, age and number of children. It will be seen that out of 157 respondents, only 8 have one child each, 16 have 2 children each and 133 have 3 children and above family. Out of 157 respondents 131 are in the vulnerable age group 31-50 years, and out of this 125 have already completed the desirable family size of 2 to 3 +. Hence this group is the immediate target for family planning motivation and service.

Table - VIII

Income, Age and Method Adopted

| | Age Group | | | |
|---|---|---|---|---|
| *Income (Rs. '000)* | *20-30* | *31-40* | *41-50* | *51 & above* |
| *Method 1 ** | | | | |
| 10 - 15 | 3 | 1 | 0 | 0 = 4 |
| 15 - 18 | 0 | 3 | 1 | 0 = 4 |
| 18 - 22 | 0 | 0 | 0 | 0 = 0 |
| 22 & above | 0 | 3 | 2 | 1 = 6 |
| | *3* | *7* | *3* | *1 = 44* |

* Vasectomy

*Contd.*

Table - VIII (Contd)

| | Age Group | | | |
|---|---|---|---|---|
| *Income (Rs. '000)* | *20-30* | *31-40* | *41-50* | *51 & above* |
| ***Method 2*** | | | | |
| 10 - 15 | 2 | 5 | 2 | 0 = 9 |
| 15 - 18 | 2 | 3 | 1 | 0 = 6 |
| 18 - 22 | 0 | 11 | 5 | 0 = 16 |
| 22 & above | 3 | 22 | 19 | 1 = 45 |
| | *7* | *41* | *27* | *1 = 76* |
| ***Method 3**** | | | | |
| 10 - 15 | 5 | 6 | 0 | 0 = 11 |
| 15 - 18 | 1 | 15 | 4 | 0 = 20 |
| 18 - 22 | 2 | 8 | 2 | 0 = 12 |
| 22 & above | 1 | 10 | 20 | 4 = 35 |
| | *9* | *39* | *26* | *4 = 78* |
| | *19* | *87* | *56* | *6 = 168* |

** Tubectomy ***Spacing Method ( CC, Pills, etc)

Table VIII indicates the profiles of 168 respondents by their income, age and family planning method adopted. It will be seen that there are more acceptors of F.P. methods, both permanent and temporary, by those who are in the higher income range of Rs. 18,000 to 22,000 & above. In respect of age, those between 31 and 50 years are more in numbers to accept family planning methods. Between vasectomy and tubectomy as permanent methods, it is obvious that the female sterilisation is more popular, as against only 14 vasectomies, 76 tubectomies were performed. It is also clear that spacing methods (CCs, Pills, etc.) are also becoming popular, as over 46 % of the respondents are practising this.

**Table - IX**

**Religion-Wise Break-Up of Respondents Their Characteristics in Respect of F.P. Practice**

| *Religion* | *Nos.* | *% of Respondents* | *Practising F.P.* | | *Not Practising F.P.* | |
|---|---|---|---|---|---|---|
| Hindu | 436 | 89.7% | 301 | 69% | 135 | 31% |
| Muslim | 17 | 3.6% | 9 | 53% | 8 | 47% |
| Christian | 29 | 5.9% | 25 | 86% | 4 | 14% |
| Buddhists | 4 | 0.8% | 2 | 50% | 2 | 50% |
| | *486* | *100 .0%* | *337* | | *149* | |

**Table - X**

**Characteristics of Non-practising Respondents Family Size-wise**

| | *No. of children* | | | | | | |
|---|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 | & above |
| No of respondents | 34 | 29 | 48 | 20 | 14 | 4 | = 149 |

From the above table, it is indicated that amongst industrial workers 'religion' does not present any formidable barrier to family planning acceptance. The rate of acceptance by Christians is quite high and Muslims are also speedily coming forward.

Amongst the non-practising, about 23% have no children as yet and about 20% have only one child each. They may therefore have the option not to take to family planning immediately. But those 46% who have already 2-3 children should be the immediate target for family planning motivation and service.

# MODEL FOR PROMOTING FAMILY WELFARE PROGRAMME IN INDUSTRIES *

## (STEPS INVOLVED IN THE PROCESS)

1. Set up a F.W./IEC (Population Education) Cell at FICCI/CIE Hqrs. at the Centre and Regional Chambers of Commerce and Industry Hqrs. in the regions/states.
2. All planning, research, training, evaluation and monitoring should be the function of these FW/IEC (Pop.Edn.) Cells.
3. Set up a medical centre (M.C.) or dispensary (D) at individual industry or over group of every 8-10 small and medium industries. Small and medium industries, should, however, be advised to have their own medical centres as far as possible each with two nurses and visiting medical officers - preferably drawn from hospitals of big industries in the neighbourhood.
4. The MCs should provide F.W./IEC (Pop. Edn.) facilities through the Hqrs. directive and guidance.
5. Union leaders and workers' representatives should be selected and trained in the FWP/IEC (Pop.Edn) activities.
6. Women's Club/Workers Club should be formed and activated to include F.W. activities in a big way-IEC activities and population-education, should form part of briefing from time to time with service components built in with these activities.
7. Individual industries should be motivated to provide needed finance to build up infrastructure and to cover the cost of supply of contraceptives/equipment with the guidance and directives of F.W. Cell.
8. The MCs should work in close co-ordination with the PHCs and District Family Welfare Planning Bureau to provide family welfare services in their area of operation.
9. Family planning cases from medical centres should be referred to major hospitals of big industries for operation in case the facilities do not exist in some MCs/ Dispensaries.
10. Incentive schemes should be worked out in consultation with union leaders and women's clubs to promote F.W. programme activities.
11. Representatives from Women's Clubs (workers' clubs) should be given responsibility to collect and maintain the records of eligible couples in their industries. Periodic updating of Eligible Couple Register (ECR) should also be their responsibility.

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*By Dr. N.R. Parthasarathy

12. Women's Organisations of industries should be made strong with provision of needed guidance and should be utilised for stepping up the F.W. programme among the workers.

13. Training activities should be stepped up at the Regional Chambers and Industries level to involve the workers and industries in the F.W. programme.

14. IEC (Pop. Edn.) materials should be developed at the regional level keeping in view the interest and need of industries covered by the Regional Chambers and also be assessing in depth the various target groups that may have to be addressed.

15. Regional Chambers and FICCI/CIE(AIOE/EFI/SCOPE) (Established F.W. Cells) should come in close collaboration for promoting FWP among industries. Necessary technical help and assistance should be drawn from the Department of F.W. (Government of India) from time to time.

16. Seminars and conferences should be arranged periodically for exchange of information among industries for further developing and improving the performance of family welfare programme, to take stock of the situation and to work out the details for promotional aspects of F.W. programme and IEC activities.

17. One medical centre should be established, in case of small scale industry, to cover every 8-10 small industries, together, financed by these industries.

    Medical Centre/Dispensary, at the small scale industries level should be in the charge of trained nurses (atleast 2), preferably one should have training in FP. The centre could take the assistance of visiting doctors for F.P. activities for doing sterilisation operation and for follow-up, if the centre is equipped with an operation theatre. As an alternative, the visiting doctor could refer the cases to PHCs, DFWPBs and/or to hospitals of big industries/ESI Hospitals for sterilisation operation, IUD insertions and for follow-up activities of cases of family planning in general and complicated cases in particular. Such facilities already exist in some industries. But a general policy should be drawn up to link the small medical centres/dispensaries of small industries with big hospitals maintained by ESI & big industries, e.g. Escorts, Bharat Heavy Electricals Ltd., Neyveli Lignite Corporation, etc. so that the gap in the needs could be bridged. Also doctors from these big industries could visit the MCs of small industries to see to the Medical and Health Care requirements of the small industries and help in strengthening the MCs with needed inputs from the industries' side. The MCs should also make arrangements to distribute/supply conventional contraceptives to workers & for workers' families with clear instructions as to how to use them and with needed Health education. These CCs for free distribution should also be kept at a convenient place in the Medical Centre or Dispensary for collection by the motivated workers/employees desirous of pursuing spacing methods.

# CORPORATE SECTOR FAMILY PLANNING

## LITERATURE REVIEW

# REVIEW OF THE LITERATURE IN THE CORPORATE SECTOR AND FAMILY WELFARE PROGRAMMES IN INDIA*

This section will review the experience to date of India's corporate sector with the family welfare programmes which it has provided to its workers. Given the purpose of the present volume, the focus of this review will be to identify the principal components, as found in the literature, of successful family planning programmes in the corporate sector in India and outside. The insights provided will then serve to provide a historical and substantive context to the case studies included in this volume, and to form the recommendations for the future policies in this area.

In addition to insights gained from selected case studies and reviews of specific industrially-based family welfare programmes, this section will look at the relevant results of several surveys, evaluation of project interventions, and other applicable reports.

## OVERVIEW

There is extensive global literature on such programmes that goes back a number of years. The Indian experience is, of course, the oldest and is the best documented. It is also not too much to assert that India's experience has influenced the thinking of those elsewhere interested in this subject, and has provided inspiration and examples of "how to do it". The family welfare programmes of Tata Iron and Steel Corporation and in the South Indian Tea Plantations are particularly well-known internationally and within India.

Clearly, for a volume such as this, one requires insights into precisely what "success" means in the context of corporate family welfare programmes. More elusively, one seeks guidance on why the successful examples became successful. Fortunately, the answer to the "what" question is not complex or mysterious. Although writers use different measurements, success is determined by an industry's or industrial unit's ability to influence the practice of family planning by its workers and, less commonly, by its influence on knowledge and attitudes towards family planning. These indicators of success are usually taken as given and

* Dr. Richard V. Moore, Ph. D. Senior Associate, The Population Council, New York, Project Director, Enterprise Program, Washington.

treated implicitly. More problematic is the practice, especially within India, of neglecting the successful indicators, thus leaving the reader to wonder about the effects of the interventions being described. As regards the question of why a particular case is successful, the literature is more disappointing.

Write-ups of successful programmes and projects abound. These are generally of three types :

(i) Write-ups done primarily or partially for the purpose of inspiring others to do more, or to point out needs or opportunities (1, 2, 3, 4, 43, 44) ;

(ii) Write-ups which deal directly or indirectly with at least some of the reasons for a unit's or project's success (5,6,7,8); and

(iii) Studies which seek to analyze directly the overall factors which account for project or unit success (9, 10, 11, 12).

In yet another category of supportive literature there are numerous publications which advise aspiring industrial family planners about "how to" do something : set up a programme, motivate workers, train staff, etc. Historically, the ILO (supported by UNFPA) have been the most active in this area (13, 14, 15). The growing interest of the U.S. AID Agency in the private sector has produced a good deal in this area as well in recent years (although more in Africa and in regions other than Asia) (16).

Some of the other types of issues commonly found in the literature – often embedded in or presented together with some of the topics noted above – include:

- Suggested roles of agencies needed to make corporate family planning programmes more effective, e.g., government, and voluntary agencies, employer federations, unions, etc. (8, 17, 18, 19, 20, 21, 22);

- Suggested strategies for expanding and strengthening corporate family welfare programmes (7, 9, 10, 12, 17, 19, 46) ; and

- A range of (mostly general) assertions regarding the benefits to employers/managers and workers/trade unions of promoting family planning (6, 17, 23, 24, 25) plus a smaller number of studies which attempt to provide quantitative cost-benefit estimates (26, 27, 28. For a world review see 12).

These issues will be reviewed in greater detail in the following sections. It will be noted that this chapter is organized under headings somewhat different from those in the remainder of this volume. The differences are more apparent than real, however, since the headings in the present chapters constitute simply a reordering of these headings into fewer categories. This is done only to keep this section as concise as possible.

## CHARACTERISTICS OF SUCCESSFUL FAMILY WELFARE PROGRAMMES IN THE CORPORATE SECTOR

One finds few studies in India or elsewhere which have addressed this issue directly, i.e., which quite rigorously seek the factors or strategies which tend to correlate with success. As noted above, most studies have the more limited objectives of assessing family planning performance (however measured) in one or two settings, then describing the circumstances which obtain in those sites. These are basically case studies. India is fortunate in having two earlier works of exceptional quality which do attempt this more difficult review. The first of these volumes (published in 1977) reviews the results of available research through 1974, and analyzes data from case studies of 31 industrial units with family planning programmes (9). Based on their analysis of the case studies, which were conducted on a heterogenous group of primarily corporate sector enterprises, Nambudiri and Sharma identified the factors which seem to account for the success or effectiveness of the better programmes. Before summarizing these factors, it is necessary to describe a supplementary work by Murthy which quickly followed up on the work described above (10). The case studies were done in 1976 – 1977. Murthy's industrial unit case studies were selected on the basis of success, a distinctive approach, and differing strategies to achieve the same purpose. Thus, the cases represent a range of models, but all highlight the implementation process of the family planning programme.

The following paragraphs will provide a composite summary of the findings of the Nambudiri/Sharma and Murthy volumes. Although both volumes share highly congruent results from their research, some simplifications have been made for the sake of clarity and precision. Important differences will, of course, be reported.

### Characteristics of Successful Programmes

The strategic components of successful programmes – that is, those found in various combinations in nearly every successful case, were those listed below. It should be noted that the emphasis on the various components differed in each setting.

I. **Leadership, Management, and Support**

A. Committed and supportive top management, with effective day-to-day operational management by others;

B. A well-planned, managed and monitored programme. This includes adequate staffing, with continuity of service, and enjoying support from the top; and

C. A supportive or non-obstructive union.

**II. Family Planning Education and Promotion**

Each successful organization had developed an education/promotion style to suit its own situation. No single method of motivation was found to be best for every setting.

**III. Incentives and Disincentives**

While all successful units offered some incentives for accepting a terminal method, the type and amount varied widely. Here again, the situation dictates what is appropriate. Depending on the situation, incentives are most likely to work if high enough and if given uniformly. Where possible, incentives linked with other welfare programmes (housing, schooling) may increase their effectiveness.

**IV. Access to Desired, Quality Services**

A. Accessible family planning services integrated with other desirable health services and often interlinked as noted above.

B. The presence of adequate, trained clinic and services staff.

C. Emphasis on actual performance and services, not targets.

Given the relative cost and sophistication of planning and operating such a programme, both works found that success was also correlated with the size of the industrial unit. Virtually all successful programmes were found in large corporations, i.e., those with 2,500 workers or more. Both volumes conclude that the mere presence of these factors is not enough. Ultimately, success or failure depended on how well these factors were managed on a continuous basis. Another interesting finding is that there are important differentials in effectiveness even in units similar in location, technology and other factors. Thus, family planning success may be largely situation-specific. To reinforce this, Murthy found four distinct strategies in her six cases based on whether the successful unit emphasized incentives; education/promotion; personal leadership/management; or quality of care. She found that the most successful programmes used a combination of these approaches, presumably according to the peculiarities of each setting.

In an important sense, these two older works provide a basic frame work for assessing the mostly piece-meal work that has been done in India since their publication. The above framework also facilitates the tasks of relating India's experience with that of other countries. Table I provides an overview of international and Indian opinion on which factors are likely to be important to a successful corporate family welfare programme.

Using the above construct as the base, the views of various authors are plotted to show points of general convergence. Where other authors have identified factors which are not explicitly identified in the base construct, these have been added in brackets. It must be acknowledged that the presentor of this literature review has approached this overview of success factors rather arbitrarily. Views of authors which seemed well considered and coherent – even if not clearly linked with research results – were fitted into the matrix where they seemed most appropriate. However, vague general suggestions (such as "provide improved retirement schemes" and "foster better labour-management relations") were disregarded.

The thing that is the most obvious about the matrix (table 1) is the high degree of congruence between the factors in the Nambudiri/Sharma/Murthy framework and those identified subsequently by others. As far as it goes as a practical planning-evaluation device, the basic framework survives relatively intact. Some things are worth noting, however.

Given the range of settings, purposes and methods which underlie these studies, it makes little sense to place too much emphasis on the number of times a given success category or sub-factor was mentioned in the studies reviewed. It is interesting to note, however, that the areas of greatest interest and concern are the leadership, management and support and the education and promotion categories. Issues related to incentives and access to quality services run a distant third.

Table 1

**Factors Related to the Success of Corporate Family Welfare Programmes**

| *Success Factors – Nambudiri/Sharma and Murthy* | *Success Factors Identified by Others* | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *International* | | | | *India Specific* | | | | | |
| | 11 | 7 | 12 | 17 | 19 | 30 | 8 | 6 | 5 | 29 |
| I. *Leadership, Management and Support* | x | x | | | | | | | | x |
| A. Committed to top management | x | | | | x | | | | | x |
| B. Continuous operational management | x | | x | x | x | | | | | |
| C. Good planning [know, work with target group] | | | x | | x | | | | | |
| D. Effective monitoring/evaluation | x | x | x | x | x | | x | | | |
| E. Adequate, stable staff (trained and supported] | x | x | x | x | | | x | | | |
| F. Supportive, non-obstructive union | | | x | x | | | | | | x |
| [G. Link/coordinate with services/ sources of help/reinforcement] | | x | x | | x | | | | | |
| [H. Adequate compensation to concerned staff] | | | x | x | | x | | | | |

| | 11 | 7 | 12 | 17 | 19 | 30 | 8 | 6 | 5 | 29 |
|---|---|---|---|---|---|---|---|---|---|---|
| *II. Education and Promotion* | | x | | | | | | | | x |
| A. Amount/Style appropriate to setting | | x | x | x | | x | | | x | |
| [B. Education/Services closely integrated] | | x | | | | | | x | x | |
| [C. Careful selection of worker-motivators] | | x | | x | | x | | x | x | |
| [D. Good IEC materials] | | x | | x | | x | | | | |
| *III. Incentives/Disincentives* | | | | x | | | | | | |
| A. Amount/style appropriate to setting | x | | | | | | | x | | x |
| B. Sufficiently high | | | | | | | | | | |
| C. Given uniformly | | | | | | | | | | |
| D. Linked with other welfare benefits | | | | | | | x | | | |
| *IV. Access to Desired, Quality Services* | x | x | x | x | x | | | x | | |
| A. Accessible Services, integrated with health services | | | | x | | | | | | |
| B. Adequate stable, trained service staff | x | | x | | | | | | | |
| C. Emphasis on service [& clients] not targets | x | | | | x | | | | | |
| [D. Good provider practices, including follow-up] | | | | | | | | x | | |

Within the leadership/management category, the issues mentioned most often are the presence of or need for effective monitoring/evaluation, and for an adequate number of staff to look after the services. The training and motivation, and effective support, of these staff received additional emphasis. Although it does not show up clearly, many alluded to the need for really serious, committed support from management, starting at the top. Added to the list was a factor which, others feel, needs more emphasis; namely the need and importance of better links with and coordination between industrial family welfare efforts and other services/agencies capable of strengthening these services, e.g., voluntary agencies, sources of IEC materials. Lest the point be missed, there is a curious finding that the best one can hope for from unions is that they be supportive, or at least not obstructive. This view was generally sustained, although one or two authors stated that unions were a more important factor than this treatment would suggest (17). Reasons for trade union non-support or ambivalence possibly go back to the perceptions of the workers themselves. In general, workers are said to be more interested in wage, benefit and working conditions issues than in the provisions of family planning. Thus, trade union leaders are not only distracted by wage and other labour issues, but may actually feel fearful about "pushing" family planning (29, 36). Similarly, employers/managers may be reluctant to push family planning, where workers are suspicious of management motives. Problems of the latter variety have been

experienced, for example in the southern tea plantations and even at Godrej and Boyce (26,36).

The area of education and promotion became more fully elaborated based on the reviews of other researchers. Of particular concern to the authors consulted was the whole system of in-plant motivations through peers such as "worker motivators". This approach seems to have potential, but also remains a strategy which is still being refined. The issue of adequate compensation now listed under leadership/ management applies to this group as well. Equally vivid is the concern that although appropriate target-group oriented education/promotion efforts are far too rare, they are the key to the effectiveness of such efforts.

Lastly, the addition of the need for "good provider practices, including follow-up", broadens the concept of quality, accessible services, thereby bringing it up to date with current thinking on the subject.

On balance, then, the success factors offered here seem to have been largely validated and reinforced, albeit with some needed elaborations and updating. In a very general sense, this framework continues to provide some basic guidelines for what to look for when designing, managing or evaluating a corporate family welfare programme. Unfortunately, this "model" is ineffective in providing much guidance on how to deal with settings beyond the large industry or plantation setting, i.e., the semi-and non-organized sector. The model would seem to apply almost exclusively to the "more privileged" sites and workers. It is also useful to recall the caveats of Nambudiri/Sharma and Murthy that the mere presence of these factors is less predictive of success than how the programmes are managed on a day to day basis.

## WORKERS' RESPONSE TO THE PROVISION OF FAMILY PLANNING INFORMATION AND SERVICES

A number of writers have maintained over the years that corporate sector workers are particularly appropriate target groups for family planning, because they are concentrated in mostly urban areas, and because their personal characteristics (higher literacy, income, etc. 1,9,10,23,31,12) are easily identifiable. This being the case, do workers have lower fertility and higher family planning practice even in the absence of factory-provided services? Also, what happens when such services are provided? Although research results are mixed on these questions, the findings provide substantial encouragement.

A 1975 study by Kurup (reported in 28) found that the Crude Birth Rate among workers was higher than urban fertility in India generally. These results were validated by T.N. Sugathan (32). In a subsequent review of these and other studies, Sugathan et. al. concluded that "..... contrary to general expectation, the fertility level of this (industrial worker) community seems to be in no way different from the rest of the population". (928, page 74). That is, industrial worker fertility is likely to be

the same or higher than that of comparable citizens in the absence of accessible and acceptable family planning services.

However, there is now ample evidence that workers do respond favourably to the effective provision of family planning services and information. To cite only two examples :

- *Tata Iron and Steel* : 60 per cent of couples practising family planning, compared with 32 percent nationally in 1982; a 1984 Crude Birth Rate of 20, compared with the national rate of 33 (5,9,12,33);

- *Tea Plantations* : The Assam tea gardens experienced a decline in the birth rate from 44 in 1961 to 25 in 1972, compared with a national rate of 40. Also, sterilization and IUD acceptance rates have become much higher than national rates (3,9,38,34). Similarly favourable results were achieved on the plantations in Southern India (9,12,28).

A number of other examples of positive response to employee based family planning are documented in the literature in India and many in outside reports (see 35 and 12 for an overview; also 40). Other well known success stories in India include: Godrej & Boyce, Larsen & Toubro, T.V. Sundaram, Indian Oil, Bombay Spinning and Weaving Mills, Hindustan Aeronautics, Escorts, Kirloskars and Bharat Heavy Electricals. Other cases could be cited.

The state of research in India and elsewhere is such that it has not been possible to document the effect of any single intervention on promoting the small family norm, although informed opinion suggests that positive impact may have taken place. In the case of incentives, for example, a recent study of units offering one or more incentives for sterilization was not able to document any impact, although 91 per cent of the managers felt that there had been an impact (42). The inability to make such impact measurements suggests not only the need for further research in this area, but also better record keeping within the programmes. (On incentives, see also 26, 34, 45).

As usual, however, the worker acceptance picture is more complex than one might assume from this brief summary. It is important to note the age and parity of the acceptors, as well as the numbers and rate at which they accept family planning. For example, the undoubted success of the Dooars Tea Plantation programme (and others) is moderated by the knowledge that most women who accepted family planning already had 4 or more children and were about 30 years old (34). In other study at the Escorts and Bata factories in Faridabad, Kaur found that although the actual contraceptive adoption rate at Bata was higher than at Escorts, the acceptors were older and had higher parity. Thus, the demographic impact of the Escorts

programme was probably higher (6). In general, the trend in acceptances seems to be towards the adoption of family planning among the younger, lower parity workers (10,30). Much of this change in attitude of younger workers can be attributed to IEC efforts. Another point worth noting is that acceptance rates are highly variable depending on the various social and religious factors. For example, it was found in Jamshedpur that muslims have much lower family planning acceptance rates for most methods (5).

The implication of the above for the availability of spacing methods, for counselling and IEC are obvious.

Before turning to another set of issues, we are again advised to keep in mind the fact that performance of industry based family planning programmes varies a great deal at the unit level. The "good news" comes from the (relatively small) number of units well-run, established programmes that have achieved high knowledge and acceptance rates (37).

## THE COST OF FAMILY WELFARE PROGRAMMES IN THE CORPORATE SECTOR

It is axiomatic that people are most likely to take seriously and support those actions which most clearly are of benefit to them. As this review has shown, the provision of family welfare programmes is not universally accepted or promoted by employers and managers. What has motivated employers to provide such services up to the present? To what degree can it be shown to be financially attractive to employers to provide such services to their workers? This section will briefly review the literature in these questions.

A large number of writers have asserted that the provision of family welfare services to workers is just good business, i.e., it has a financial justification. The benefits - with financilal implications – which could be expected are said to include: less absenteeism; less turnover; lower maternity/health/social benefit costs; fewer accidents; better labour management relation; and increased industrial output (6, 12, 26, 24, 25, 23, 1). Unfortunately, few of these statements actually attempted to document the assertions made. Others who sought correlations between these alleged benefits and the workers use of family planning were unsuccessful (10), while others call for further research (6, 17).

Going beyond these general assertions, there is a small body of evidence from India that, at least in some settings - primarily large plants, plantations, and major insurance schemes - a clearly favourable cost-benefit ratio can be found. For example: on the southern tea plantations (using the "No Birth Bonus" scheme) women were encouraged to have fewer children because of documented savings on

maternity benefits (26, 28); on the Assam tea plantations (12, 27); at Hindustan Aeronautics Ltd. (38); and at the Employees State Insurance Corporation (28). Outside of India, a number of studies have been done which underpin the positive results of the relatively few such studies done in India. The John Hopkins *Population Reports* document (12) provides background information on studies done in Brazil, Peru, Kenya, Nigeria, Zaire and Mexico. Some detail is provided on the results of the studies done in Peru, Nigeria and Mexico. A work by Lewis and Kenney provides a useful overview of the various financial aspects of private sector family planning (39).

How much have the results of even positive and well-documented studies influenced employers and managers to provide family planning services? This is difficult to estimate. This is because decisions to provide or not to provide such benefits are usually based on a number of factors besides financial benefits to the employer. These other considerations may be even more important. These include at least three major motivating factors of a more general nature :

(i) A desire to assist national development;

(ii) The employer's responsibilities to the welfare of the employees, their families, and perhaps some portion of the surrounding community; and

(iii) Recognition of the influence of the workers' family situation on events in the workplace (12, 19).

Given the relative lack of well-documented and favourable cost-benefit studies in India, one must assume that the Indian employers who have opted for providing family welfare benefits have done so based on these more general motivations. Given the relatively few employers who have decided to provide such benefits, the call for more research in this area makes a good deal of sense. These are complex issues that go beyond "benefit – no benefit". The question is not only whether yes - no, but under what conditions of setting, target audience, prior presence of in-plant services, existence of adequate referral services, government tax breaks, possible motivation assistance from unions and voluntary organizations, etc.?

## NEEDS AND POSSIBLE STRATEGIES TO MEET THEM

Over the years, observers of the corporate sector family welfare scene in India have shared their views regarding the needs of and strategies to improve the provision of these services. This concluding section will review some of the more thoughtful of these in order to facilitate an overview of these reflections. These will be highly summarized and presented in a composite format made possible by the considerable overlappings that one finds in the literature. Those wishing greater detail should, of course, review the original sources which are cited.

It is apparent that there will be a great deal of overlappings among the factors which are found in successful programmes presented above and what will be set forth below. Although this is true, it is still worth-while to offer this "needs-strategies overview" in order to garner ideas about what needs more work (e.g., the smaller plants and the unorganized sector) and generally how new and existing programmes can be strengthened.

Probably the most comprehensive plan of action which has been put forth is that prepared by ILO and presented in 1988 (17). Since there is little overt disagreement on major points among the various strategies reviewed (that is, their work has a cumulative quality), a brief summary of the ILO plan will form the basis of the outline provided below. The additions and nuances which have been provided by other writers will be added and appropriately cited. Any suggestions not explicitly cited can be understood to have emanated from the ILO 1988 Plan of Action. However, a number of these suggestions from other writers were also made by ILO.

**Role of Government**

- The government programme should provide training for paramedical staff, medical staff and for those engaged in motivation and training.

- Government should provide or facilitate access to IEC equipment, contraceptives and equipment needed to upgrade existing organized sector facilities.

- Less emphasis should be placed on targets and more emphasis should be placed on creating a climate and services conducive to a small family norm (10, 19)

- Tax concessions are needed to stimulate benefits to workers and to extend outreach to nearby community.

**Institutional Arrangements**

- A unit to work with the organized sector should be set up in the government's family welfare programme.

- The leading employers, trade unions and cooperative organizations should create family welfare units or cells, like those at FICCI, etc., and should strengthen the existing ones.

- The role of the foregoing would be to start and test new programmes, to provide support, and to provide needed assistance to improve these programmes (10).

- There should be a greater effort to link the corporate sector with appropriate voluntary organizations and the government (19).
- Consultative machinery is needed to facilitate tripartite cooperation in family welfare (i.e., employers, unions and government).
- Mechanisms and strategies are needed to facilitate the sharing of experience on family welfare within the organized sector (19).
- A major focus of these mechanisms should be to motivate top- and lower-level managers to support family welfare initiatives (19).
- Arrangements/strategies are needed to reach semi-organized and rural workers (7).

**Unit Level Strategies**

- Model programme designs should be developed by AIOE, EFI and the government which take into consideration the size and other circumstances of the various units in the organized sector.
- Every model should link IEC services, either by providing it in-plant, through referral, or other arrangements (7).
- Shared services and IEC arrangements need to be made (in cooperation with voluntary organizations and government) to provide for the needs of clusters of smaller units (10, 19).
- More effort is needed to create linkages with populations in neighbouring rural areas, facilitated as needed by more generous tax concessions.
- Family welfare service should be integrated with the rest of the benefits and welfare programmes.
- Appoint, train, support and recognize, and compensate in-plant family welfare workers and worker-motivators.
- Stress broader and more client-based IEC and services strategies focussed on the "hard core" (e.g., younger, lower parity workers).
- As part of the above, stress spacing methods at least as much as terminal methods (10).

**Incentive**

- Use incentives of different kinds to influence employers and successful units as well as clients.

- Review various incentive strategies that have worked to consider wider application, e.g., the No Birth Bonus Scheme as a way to promote spacing methods (26).

*Support Functions*

**Training**

- More systematic post-training follow-up is needed as is more attention to the training of trainers (7).

- Specially designed training in family welfare and communication skills is needed.

- Mechanisms should be created to facilitate the collaborative selection of trainees by labour and management (7).

- Better curricular and training materials are needed which better reflect the characteristics of the target group (7).

**IEC**

- In general, the IEC effort need greater emphasis and overall strengthening (10).

- IEC materials must be provided which are adapted to the needs of specific target audiences, based on research and other reliable information.

- IEC needs to be institutionalized and regularized as part of each project which sets up or strengthens such programmes (7).

**Monitoring and Evaluation**

- In general, this function needs greater emphasis and overall strengthening. It should be explicitly provided for all model designs and projects (7, 19).

- Good programme record keeping is needed for better planning and strategy as well as provide feedback on IEC, counselling and training efforts (7, 19).

- At the unit level, performance should not be measured according to family planning acceptance rates only; it should include other factors.

The various documents consulted for this review make it clear that the government and the leading employers and industrial organizations are well aware of the complex set of factors which help to account for success. They also know the needs

and new strategies appropriate to this important family planning endeavour (1,4,21,22,27, 46). Clearly, the most difficult task in effecting the complex improvements, which the government, employers, and workers of India desire, lie in their implementation, not in prescribing what needs to be done. Although this is true, it is hoped that the documented experiences in this area and the views of thoughful observers, will help to illuminate the path, if only a little.

## BIBLIOGRAPHY


1. FEDERATION OF INDIAN CHAMBERS OF COMMERCE AND INDUSTRY. Workshop on the role of corporate sector in family planning. Held at New Delhi, July 1982.

2. MULLICK, V.D. Oil India's contribution in national family planning welfare programme. National Family Welfare Month Assam, Oil India, Ltd., 1982.

3. INTERNATINAL LABOUR ORGANIZATION. Family planning in industry in the Asian region : Pt 2. Field Experience, Bangkok, ILO 1979.

4. PHD FAMILY WELFARE FOUNDATION. Family Welfare in the organized sector : strategy and experiences. New Delhi, Chamber of Commerce, no date.

5. BHENDE, A., MUKHERJI, S., and MITRA, S. The TISCO Family Welfare Programme in Jamshedpur. Bombay, IIPS, July 1985.

6. KAUR, S. Family planning in two industrial units : a study. New Delhi, Council of Social Development and Sterling Publishers, 1976.

7. UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA). Evaluation of population education projects executed by ILO in the Asian and Pacific region : general conclusions and recommendations. New York, December 1983.

8. SRINIVASAN, K. et al. Evaluation report of the project, cooperation of management and workers in population education and welfare activities in the industrial sector. Bombay, IIPS, 1981.

9. NAMBUDIRI, C.N.S. and SHARMA, B.R. Strategy for family planning in the Indian industrial sector. New Delhi, Sterling Publishers, 1977.

10. MURTHY, N., ed. Family planning programmes in the organized sector : case studies, New Delhi, Sterling Publishers, 1983.

11. FOX, P., HEINEN, L., AND STEELE, R. Determinants of HMO success : report to U.S. Public Health Service. Washington, Birch and Davis Associates, 1986.

12. RINEHART, W., et al : Employment-based family planning programs. Population Reports, Series J, No. 34. Baltimore, John Hopkins University, September/October 1987.

13. INTERNATIONAL LABOUR OFFICE (ILO). Family planning in industry in the Asian region : Pt. 1. The manual, (Rev. ed.) Geneva, ILO, 1977.

14. INTERNATIONAL LABOUR OFFICE (ILO). The industrial manager's compendium on inplant family welfare. Geneva, ILO, 1983.

15. INTERNATIONAL LABOUR OFFICE (ILO). ASIAN LABOUR AND POPULATION TEAM, In-plant population education : an Asian handbook. Bangkok, ILO, 1977.

16. JOHN SNOW, INC. Development company-based family planning services : a module for use by trainers in workshops for managers. Arlington, Virginia, JSI, 1987. (Mimeo).

17. INTERNATIONAL LABOUR OFFICE (ILO). Family Welfare within and beyond the organized sector : a comprehensive plan of action. Bangkok, ILO, 1988.

18. WADIA, A.B. The role of voluntary organizations in family planning and population policy. Bombay, FPAI, 1979.

19. DEY, D.K. Personal communication. September 1987.

20. SRINIVASAN, K. and VERMA, R.K. The evaluation report of the population education programme of Hind Mazdoor Sabha. Bombay, IIPS, 1981.

21. MINISTRY OF HEALTH AND FAMILY WELFARE. Revised strategy for family welfare programmes : a summary. New Delhi, GOI, no date (c. 1987/1988).

22. MINISTRY OF HEALTH AND FAMILY WELFARE. Annual report, 1987-1988, New Delhi, GOI.

23. ALL INDIA ORGANIZATION OF EMPLOYERS/EMPLOYERS FEDERATION OF INDIA. Role of management in family welfare : a handbook. New Delhi, no date.

24. KAPIL, K. The role of industry in family planning. Kerala Labour and Industry Review. Bombay, FPAI, 1979.

25. GODREJ, S.P. Role of industrialists in family planning. Presented at international conference on population priorities and options 1970-2000, in Chapel Hill, N.C., October 1970.

26. SIVARAM, B. Handbook on family health and welfare in plantations. Bangkok, ILO, May 1988.

27. AIOE. Background paper : Family health and welfare project second orientation seminar. Held in Calcutta, December 1986, New Delhi, AIOE.

28. SUGATHAN, T.N., YADAV, S.S., and PANDIT, V.L. Impact of family welfare programmes in inudustrial sector : an estimate of returns to the management. Demography India, 8 (1,2), 72-80, 1978.

29. RASTOGI, S.R. Role of management and trade unions in family welfare programmes. Demographic Research Centre. Lucknow University, Lucknow, April 1977.

30. SEXENA, P.C. and BHENDE, A. Mid-term evaluation of the ILO/UNFPA sponsored family welfare education project implemented by the Maharashtra Labour Welfare Board. Bombay : IIPS, January 1987.

31. KOTESHWAR, R.K. Small family norm among industrial workers. Karnataka : Population Research Centre, Institute of Economic Research, 1984.

32. SUGATHAN, T.N., et al. Fertility and contraceptive behaviour among industrial workers : preliminary findings from a survey of the Indian Telephone Industries, Bangalore. Population Centre Newsletter 3(4) p. 1-11, 1977.

33. DEY, D.K. Towards progress in human dignity. Jamshedpur, India, Tata Steel, September 1985.

34. BHENDE, A. and VERMA, P. Mid-term evaluation of ILO/UNFPA-sponsored family welfare project implemented by the Indian Tea Association, Dooars region, West Bengal. Bombay : IIPS, July 1984.

35. KARKAL, M. Ten years of evaluation research in behavioural aspects of family planning. Presented at the national seminar on ten years of family planning evaluation studies in India. Held in March 1984, IIPS, Bombay. IIPS.

36. BHENDE, A. Personal communication. IIPS, January 1989.

37. INTERNATIONAL LABOUR OFFICE (ILO). Report on the national seminar on the management of family welfare programmes in the organized sector. Held in New Delhi February 21-24, 1978. Delhi : ILO, 1978. (See especially the article by MURTHY, N. and SATIA, J.K. A national strategy for family welfare programmes in the organized sector: p. 58-59).

38. SAWHNEY, N., et al. Family welfare programmes in the organised sector : experiment at Hindustan Aeronautics Ltd., Lucknow. Lucknow : Population Centre. January 1987.

39. LEWIS, M. and KENNEY, G. The private sector and family planning in developing countries : its role, achievements and potential. Washington : The Urban Institute, December 1987.

40. FAMILY PLANNING ASSOCIATION OF INDIA. Male involvement through workers in industries. Annual Report, 1985.

41. WEERAKOON, B. Tapping private industry. Draper Fund Report, no. 15, December 1986, p. 9-14.

42. KHAN, M.E. Family planning in Indian industries : a status paper. Journal of Family Welfare 33 (2), December 1986, p. 16-29.

43. WADIA, A.B. The role of the organized sector in the family planning programme. Journal of Family Welfare 33 (1). September 1986, p. 9-21.

44. INDIA, MINISTRY OF LABOUR/INTERNATIONAL LABOUR ORGANIZATION. National symposium on labour and population policies. Held in New Delhi, April 15-18, 1974. New Delhi, Continental Printers, 1975.

45. CHACKO, V.I. Some considerations of incentives and disincentives in the promotion of family planning : India's experience. Presented at UNFPA symposium on law and population held in Tunis, June 21-24. 1974. Proceedings, New York : UNFPA, 1975.

46. RAJAJI INSTITUTE OF PUBLIC AFFAIRS AND ADMINISTRATION. Seminar on population management : search for new strategy. Held in New Delhi, August 1987. New Delhi, 1987.

# ANNOTATED BIBLIOGRAPHY OF LITERATURE ON "THE ROLE OF ORGANISED SECTOR (PUBLIC & PRIVATE) IN HEALTH AND FAMILY WELFARE PLANNING PROGRAMMES"

An effort has been made to compile an annotated Bibliography of Literature published in India and abroad on the Role of Organised Sector – Public & Private – in Health and Family Welfare Planning Programmes during the last decade or so. These are presented in two sections.

The first one contains survey of 73 publications. It has been prepared at the National Documentation Centre of the National Institute of Health and Family Welfare, New Delhi. The survey has been compiled by Shri Hans Raj and edited by Shri M.S. Gowtham of the National Institute of Health & Family Welfare.

The second part consists of survey of 60 publications and covers the family welfare planning programme in India in the private sector only. The survey has been compiled by Popline Survey, Washington, USA.

It is possible that both the surveys refer to certain common literature. Even then both have been included so that the interested readers can get a better picture of the contents by reading the briefs of both the presenters.

This bibliography has been added with a view to helping those serious students of research who would like to probe deeper into the realm of organised sector family planning programme.

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# PUBLIC AND PRIVATE SECTOR FAMILY WELFARE PLANNING IN INDIA

LITERATURE SURVEY

(1977-87)

COMPILED BY

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# BIBLIOGRAPHY

1. Ahmed, J.

A comparative study of the family planning program performance in Indonesia and Bangladesh. Administrative Science Review. 1981, 11 (1-2) 27-59 (NA).

Family Planning Program/Indonesia/Bangladesh.

2. Arora, Y.L. and Sharma, G.D.

Family Welfare Programme in Scooter's India. Pop. Cen Newsletter, 1978, 3 (11), 1-7. AV : NDC.

The author discusses the project taken up by Population Centre, Lucknow to motivate the workers of Scooter's India Ltd. to accept family planning.

It aimed to educate and motivate, provide sterilization and try various motivational strategy and evaluate their effectiveness. Education was provided through lectures and film shows. A detailed analysis of staff, their children, number of acceptors, educational qualifications, occupation, and sterilization is given. Also discussed is the strategy which should be followed for organization of family welfare programmes in industrial sectors.

Family Planning Programme/INDIA/PRIVATE AGENCIES.

3. Conference on Family Planning in the private sector, held at Nigeria from Sep. 29-30, 1988 AV : NDC/CIF.

A two day conference "family planning in the private sector" was held from Sep. 29-30, 1988 at Nigeria. The conference coincided with the development of a new population policy by the Nigerian Government. The conference's goals were to expand the participation of private firms in providing family planning services to their employees.

Family Planning/Private Sector/Population Policy/Nigeria.

4. Ekbote, A.

Governmental efforts in family planning programme – marketing orientation envisaged. Productivity. 1982-83, 23 (1) 17-23 (N.A)

Family planning/Family planning programme/Role/Government.

5. ESCAP United Nation.

I. The development of family planning in Japan with industrial involvement.

II. Basic Guidelines for propagating family planning in business organization.

(Population studies translation series No. 2. ESCAP, UN, New York, 1978, 42p. (AV : NDC : CIF).

This report is composed in two parts. The first part dicusses family planning evolved within industrial companies, and organization sectors of the society. It points out that family planning brought about benefits to both employers and employees. Also discussed comprehensively family planning programmes in the "New Family life movement" an analysis of family planning programmes in Japanese industry from a historical perspective. The second part discusses practical methods of implementary family planning within the context of the 'New Family life movement'. It includes strategies for promoting family planning.

Family Planning/Japan /INDUSTRIES/Organized Sector.

6. Family Planning Foundation of India.

Family Planning programme in the organized sector *ed* by Nirmala Murthy.

In order to assess the effectiveness of family planning project developed in the industrial sector and gain insights to the approaches adopted, the family planning foundation of India has, over a period of time, conducted a series of case studies. Six industry programmes were selected for this purpose. These were Indian Oil Corporation, Godrej & Boyce Pvt. Ltd., Spinning and Weaving Mills, Bombay and Lucas TVS, Madras. ( AV : NDC : CIF).

INDIA/Family Planning/Family Planning Programmes/Organised Sector/ Industry

7. Federation of Indian Chambers of Commerce and Industry (New Delhi).

Workshop on the role of corporate sector in family planning held on 13th July, 1982 at New Delhi. (AV : NDC : CIF).

A set of papers was given in the workshop. 1. Family Planning Chinese success 2. Who will determine the optimum population 3. Family welfare and Panchayati Raj institution. 4. Theme of workshops. 5. Key-note address by K.S. Bawa, ILO. 6. Family welfare our integrated approach. 7. Profile of a result-oriented integrated family welfare programme in Tata Steel, Jamshedpur.

Corporate Sector/Family Planning/Family Welfare Programme/Jamshedpur/INDIA/China/Panchayati Raj/Population.

8. Goyal, R.S.

Family planning programme : Role of services. Demography India. 1987, 16 (1), 23-32. (AV : NCD).

Family Planning/Family Planning Programme/Family Planning Services/Expenditure/Govt/Roles.

9. GOI/ILO National seminar on the management of the family welfare programme in the organized sector held at Vigyan Bhavan, New Delhi on 21-24 Feb. 1978 (AV : NDC : CIF).

National strategy for family welfare programmes in the organised sector. Paper I population project unit, 11M, Ahmedabad.

A survey of family planning activities in the organized sector carried out in 1975 revealed that these advantages are perhaps not exploited to the extent possible to promote family planning in this sector. This paper dealt only with the organized sector which already enjoyed to some extent benefits of development. The proposed strategy assumed a favourable climate for acceptance of family planning.

Management/Family Welfare Programme Sector/Organized.

10. GOI/ILO National seminar on the management of the family welfare programme on the organised sector held at Vigyan Bhavan New Delhi, 21-24 Feb 1978. (AV : NDC : CIF).

Family welfare programme in BHEL, Bhopal prepared by BHEL, Bhopal. 1978, 16. (Case study No. 1).

Organised sector/Public sector/INDIA/INDUSTRY/FAMILY WELFARE PROGRAMME/Management.

11. GOI/ILO National seminar on the management of the family welfare programme in the organised sector held at Vigyan Bhavan.

New Delhi on 21-24 Feb, 1978. Paper II.

Programme development and management at unit level. Prepared by Sahujain Community Affairs Organisation, Calcutta. 1978, 27p. Paper II AV : NDC : CIF

This paper was prepared for the National Seminar on management of family planning programme in organized sector. It looked at the programme in the Ministries of Railways, Defence, Labour and Post & Telegraphs. The

programmes in the Ministry of Labour and Posts and Telegraphs were limited while in the Defence and Railways Ministries there was a wider coverage of the employees of the organization. Each of the programmes will be described separately. Some of the common problems will then be analysed.

Management/Organized Sector/INDIA/Family Welfare Programme.

12. GOI/ILO National seminar on the mangement of the family welfare programme in the organised sector held at Vigyan Bhavan New Delhi, on 21-24 Feb. 1978,

Family welfare programme in the organised sector Employees State Insurance Corporation (case study No. 3) AV : NDC; CIF.

Organised sector/Public Sector/Management/Family Planning Programme/ India.

13. GOI/ILO National seminar on the management of the family welfare programme in the organised sector held at Vigyan Bhavan New Delhi. 21-24 Feb. 1978.

Family planning programme on Indian Railways. (case study No. 4) AV : NDC : CIF.

Organised sector/Public sector/Management/Family Planning/INDIA/ Railway.

14. GOI/ILO National seminar on the management of the family welfare programme in the organised sector held at Vigyan Bhavan, New Delhi, on 21-24 Feb. 1978.

A note on Family Welfare activities of Govt. in the organised Sector, prepared by the Deptt. of Family Welfare, Ministry of Health & Family Welfare, Govt. of India, New Delhi, 1978, 11p. AV : NDC : CIF.

Organised sector/INDIA/Govt./Family Welfare Programme/Management.

15. GOI/ILO National seminar on the management of family welfare programme in the organised sector held at Vigyan Bhavan, New Delhi on 21-24 Feb. 1978.

Role of the agencies in National Family Welfare programme-prepared by Administrative Staff College of India, Hyderabad, 1978. 23p. AV : NDC : CIF.

This paper proposes to examine the involvement of voluntary organization in the past and strategies to increase the effectiveness of their involvement in the future. Three types of voluntary organization are included in this discussion.

1. Organized sector-industries-private or public. 2. Management and labour organization 3. Non Govt. Agencies formed for social and welfare objectives and are distinct from the organized sector.

Organized sector/India/Family welfare programme/Management/Private Agencies/Role.

16. GOI/ILO National seminar on the management of the Family welfare programme in the organised sector (New Delhi) (1978) : Proceedings. New Delhi, ILO, 1978. 215 p. (AV : NDC).

The seminar was organised by the Govt. of India/ILO. The objective of the seminar was to agree upon and develop a comprehensive overall strategy for the organised sector and to generate the involvement and secure the commitment needed to implement this overall strategy.

Management/Family Welfare programme/Organized sector.

17. GOI/ILO National seminar on the management of the family welfare programme in the organised sector held at New Delhi on 21-24 Feb, 1978 – A report ILO, 1978 215p. AV : NDC : CIF.

This seminar, organised by the Ministry of Labour, Govt. of India, and ILO, with the financial assistance of UNFPA, was held at Vigyan Bhavan, New Delhi, from 21 to 24 Feb 1978. The objective of the seminar was to agree upon and develop a comprehensive overall strategy for the organised sector and to generate the involvement and secure the commitment needed to implement this overall strategy, 53 delegates drawn from the central Govt., state Govt. employees and employers organisations, research and training institutions and other voluntary agencies, participated in the seminar.

Family planning/Family planning programmes/Management/Private Agencies/Private sector/Govt. Agencies/Organisation/Family welfare/ILO/UNFPA/UNICEF.

18. Heiby, J.R. Etal.

A.I.D. 's Role in Indonesian family planning, a case study with General lessons for Foreign Assistance. AID, Bureau for Asia and Bureau for programme and policy coordination. 1979, 83p (AID programme evaluation report No. 2) (Abs-no. 132 of AID Research & Dev. Abst. Vol. 9 (2), July 1981, P. 56). NA : NDC.

This report describes the programme service network, its consumers-demographic impact and AID inputs, A sociocultural study of the country shows that

high population growth, administrative support and community acceptance are the three factors whose convergence favoured most the prospects of success.

Role/INDONESIA/Family Planning/Foreign Assistance.

19. INDIAN Association of parliamentarians on population and development. National survival August 1985-Independence Day, special issue, 1985-64p. (AV : NCD : CIF).

Contents of issue are as follow : 1. Family welfare programme in India-New Dimensions 2. Summary proceedings of the second national conference on population and development organised by IAPPD on May 13, 1985. 3 Worker's role in family planning 4. Parliamentarians role in family planning. 5. Family planning as a people's movement. How to reach people 6. Present status of Chinese population planning. 7. Family planning in private corporate sector 8. Population growth, quality of life and family welfare 9. Active promotion of speedy acceptance of family planning at the level of parliamentary constituencies - A project proposal by IAPPD 10. Impressions of family planning in China.

Private sector/INDIA/Role/China/Family planning/Familywelfare/Population /Policy parliamentarians/community participation.

20. Indian Council of Medical Research (New Delhi).

Role of Health delivery services in acceptance of family planning (Phase-I) -A Multi-Centre study, New Delhi, ICMR, 1986, 104p. AV : IDC : CIF..

The ICMR conducted the present study in Gujarat, U.P. and Rajasthan during 1982-83 in collaboration with the Operations Research Group (ORG) and Population Research Centre, Baroda. The findings of this study have enabled the Council to develop intervention strategies that include the training of extension workers and improvement of the service outreach.

The present report is useful to the Health & Family Planning programme managers and providers of the services for re-casting the delivery of services at district level for the areas, especialy where the couples are not utilising the available services to the desired extent.

Family planning/Health care services/Role/Maternal and Child Health Care/ Family welfare services.

21. INDIAN Progress in voluntary sterilization, proceedings of the second Indian conference on voluntary sterilization *ed* by Dawan C.S. and Jhaveri, C.L. Vol. 2. organized by National Ass. for voluntary sterilization of India. Calcutta; 1979, 116p. AV : NDC : CIF.

The second conference on voluntary sterilization held at Patna on 6-7 Nov., 1978 highlights the basic purpose of the association, development of simplified technique, quality service, continued follow up care, VS as a component of family health care and its country wide delivery programme, information and education on usefulness of voluntary sterilization in family health.

Voluntary Association/Family Planning Programme/Role/Sterilization/ INDIA.

22. Indian progress in voluntary sterilization, proceedings of the first Indian conference on voluntary sterilization *ed* by Dawan, C.S. and Jhaveri, C.L. organised by National Association for Voluntary Sterilization of India, Calcutta, 1978, 95p. h (AV : NDC : CIF).

Voluntary sterilization has now been established as a basic component of family planning and health care programme throughout the world. The role of voluntary sterilization in slowing world population growth appears to be very significant. The first Indian conference on voluntary sterilization, held at Bombay on 25th Feb., 1977, highlights the basic purpose of the association, particularly development of the simplified technique and its country wide delivery programme to the rural outlying areas. The deliberations of this purposeful conference is published in the volume.

Voluntary Association/Family Planning Programme/Role/Sterilization/ India.

23. Indonesia, National Family Planning co-ordinating Board. How Family Planning Associations can supplement and complement the Govt. Population/ family planning programmes by Sumbung etal;. 18p (Technical Report Series Monograph No. 26).

Workshop organized by Regional organization for inter-Govt cooperation and co-ordination in population and Family Planning in south east Asia and the IPPF. This paper discribes the national population and Family Planning Programme in Indonesia; problems encountered, measures taken and results achieved. It considers the private implementing units in the national programme and problems encountered, and discuss measures for production of coordination and cooperation.

Family Planning Programme/Family Planning Agencies/Non-Governmental Organizations/INDONESIA.

24. Indonesia, National Family Planning Co-ordinating Board.

Organizational growth and development of national population and family planning programmes, by Mubramsjah, H. etal. 8p (Technical Report Series Monograph No. 24). AV : NDC : CIF.

This report primarily focuses on the organizational growth and development of the National Family Planning Co-ordination Board of Indonesia, which has the responsibility for co-ordination while the activities are implemented by the Govt. units as well as private organizations.

Family Planning Programmes/Family Planning Agencies/Management/Indonesia.

25. International Labour Organisation (Bangkok).

Family Planning in Industry in the Asian Region, Pt. I. The manual, Pt. 2. Some action studies, ILO, Bangkok, 1977, 52p. (AV : NDC : CIF).

This publication entitled Family Planning in Industry in the Asian Region has been prepared by ILO.. The publication is in two parts viz. pt. 1. The manual-pt. 2. Some action studies. Manual describes the role of Employers, Trade Union., Govt. Agencies in family planning, provision of services in the undertaking.

Role/Family Planning/Trade Unions/Govt. Agencies/Family Planning Policy/Voluntary Association/Education/Motivation/Orientation.

26. International Labour Organisation (Bangkok).

Family Planning in industry in the Asian Region, Pt. III Field experience, ILO, Bangkok, 1979, 150p. (AV : NDC : CIF).

Contents of publication are as follows : 1. Population planning activities in the industrial and plantation sector in Bangladesh. 2. Family planning in Tata Group of enterprises. 3. Family welfare in industry : A case study in private sector and a public sector enterprise in India. 4. Pop. Education activities of Indian National Trade Union Congress. 5. Family planning in tea plantations in India. 6. Family planning programme at P.T. inbritex : An example of family planning with in occupational Health activities. 7. Family planning project in an enterprise - A case of Kaum Ho tyre industrial co. 8. The industrial sector programme in Sri Lanka. 9. Family Planning in Malaysia : The efforts of the National Union of plantation workers. 10. Family welfare activities of Textile Labour Association. 11. LMCCS in Action. 12. Cost benefits and cost effectiveness of family life and family planning programmes in Hawaiian Phillipine company.

Family Planning/Asia/INDUSTRY/Population planning/private sector/ public sector/ population education/Trade Union/INDIA/Family planning programme/Industry/Sri Lanka/Malaysia/Cost benefits/Phillipine/Bangladesh.

27. International Labour Organisation (Bangkok).

The industrial manager's compendium on in-plant family welfare. Bangkok, ILO, 1983 135 p. AV : NDC : CIF.

This compendium consists of six sections and an appendix. It is designed for the use of the manager who has already been convinced of the advisability/utility of establishing an inplant programme in his establishment.

Family Welfare./INDUSTRY/Management.

28. International Labour Organisation (Bangkok).

The trade union leader's compendium on family welfare in organised industry. Bangkok, ILO, 1984, 100p. AV : NDC :CIF.

This compendium consists of seven sections and an appendix. It is designed for the trade union leaders/decision makers who are already convinced of the advisability/utility of establishing a family welfare programme, which will be implemented by the union or in which it will substantially participate.

Family Welfare/organized sector/Industry.

29. International Planned Parenthood Federation.

Community participation in family planning; Role of non-Governmental Organizations (p94-304). Selected papers published in Third Asian and Pacific population conference held at Colombo in September 1982, served a significant purpose in refocusing attention on the continuing population problems of this region. Bangkok, Economic and Social Commission for Asia and the Pacific. United Nation. 1984 (AV : NDC : CIF).

Community participation/Family Planning/Non-Governmental Org./ Role.

30. Jayasuria, D.S.

Role of voluntary associations in formulating and implementing 'beyond' family planning measures. J. of family welfare. March 1977, 33 (3) 74-78. AV : NDC.

Role/Voluntary Organisations/Family Planning.

31. Jindal, J.R.

Involvement of voluntary organisation in family planning, Parivar Kalyan, April 1983, 21 (1), p4. AV : NDC

Family Planning/Voluntary Organisation/Role.

32. Jolly, K.G.

Communications support for family planning, role of different Media and some policy implications. Demography India. 1983, 12 (1) 107-114. (AV : NDC).

Family Planning/Media/Communication/Family Planning Workers.

33. Khan, M.E.

Population education and family welfare programme in organized sector. An overview. Indian Jr. of Industrial Relation. Jan, 1981, 16 (3). 415-430. (NA : NDC).

Population Education/Family Welfare Programme/Organized Sector.

34. Krystall, E.

Private sector family planning, populi, 1985, 12 (3), 34-39. AV : NDC : CIF.

In a recent baseline survey conducted by the family planning private sector programme in Kenya, it was found that of the 19 per cent of women in the sample who were using some family planning method, almost 60 per cent were not satisfied with the method prescribed.

Family Planning/Private sector/Kenya/Govt./Motivation/Education.

35. Kumar, H. and Kakrania, S.B.

Experiment in involvement of teachers in family welfare programme. POPCEN Newsletter, 1978, 4 (5), 7-11. AV : NDC.

The study has been made to find out involvement of primary teachers in family welfare programme, before and after training. An experiment was made to improve the knowledge of school teachers by training them all about family welfare programme in batches. The study shows that the teachers can play an important role in increasing people's participation in the family welfare programme. Still it is found that they did not get involved in the programme even after the training because of indifferent attitude of the staff and the political climates.

Role/Teachers/Family Welfare Programme.

36. Lewism, D.

Sources of population and family planning assistance, Battimore, January 1983, population report series J. Family Planning programmes No. 26. AV : NDC : CIF.

This report describes such sources of assistance for organized population/ family planning activities as national government/Inter-Govt. agencies/non-Govt. funding organizations, and non-govt. Technical assistance organization.

Family planning/population activities/Foreign Aid/Technical Assistance Govt. Agencies/International Organization/Non-Govt. organization/Family Planning Agencies.

37. Mathur, A.P.

The role of planned and systematic supervision in the family welfare performance. Pop. Centre Newsletter, Sep-Oct. 1978, 4 (6), 6-9- (AV : NDC).

The article highlights the performance of MCH and family planning programme in the project area and the steps taken to improve the programme performance by this unit.

Family Welfare Programme/Role Maternal & Child Health.

38. Mukhopadhyay, A.

Role of Voluntary organisations. Health for the millions. 1987, 13 (5-6), 5-9. AV : NDC.

The author discusses the different kinds of vol. organisation operating in the country and what their role should be vis-as-vis the Govt. Role/Voluntary Organisations.

39. Mullick, V.D.

Oil India's contribution in National Family Welfare Programme. National family welfare month, Nov. 1982, by Oil India Ltd. Assam. AV : NDC : CIF.

Family welfare/Family Planning/Family planning Services/Role private sector/Family welfare programme/India/Role Oil India.

40. Murthy, N.

Family planning programme in the organized sector, case study. New Delhi, Sterling 1982, 144p. NA : NDC.

Family Planning Programme/Organized Sector.

41. Nambudiri, C.N.S. Etal.

Strategy for family planning in the Indian Industrial Sector, New Delhi, Sterling Publishers 1977, 58p. NA : NDC.

Family Planning/India/Organized Sector/Industry.

42. National Institute of Health & Family Welfare.

Evaluation of All India Organization of Employers project "Cooperation of Management and workers in population education and welfare activities in the industrial sector. AV : NDC : CIF.

The All India Organization of Employers (AIOE), with the funding from ILO, undertook population education and welfare activities in the industrial sector. The main objective was to evolve a strategy for greater collaboration between employers and workers' organisation for the promotion of family welfare and health through orientation and motivation of executives, supervisors and workers in industrial plants and other places of work. The evaluation study was undertaken as a mid-term evaluation of the project.

Management/Population Education/Family Welfare/Industries/Organized Sector.

43. National Institute of Health and Family Welfare.

Mid-Term evaluation of UNFPA/IIO tripartite collaboration project on promotion of family welfare activities in the organised sector. (NA : NDC).

A project of tripartite collaboration for promotion of family welfare activities in the organised sector of Ahmedabad was implemented by the Textile Labour Association in collaboration and cooperation with the Textile Mills Association and Govt. of India.

Family Welfare /Organized Sector.

44. National Institute of Health & Family Welfare.

National workshop on the role of Health Workers (Female) in the delivery of maternal and child health care and family planning services. (NA : NDC).

The aim of workshop was to review the role, educational and training background and working environment of the female health workers in the delivery of MCH and family planning services with the purpose of improving their effective functioning. The workshop focussed on Health Worker (Female), her perception of the programme in the field, client response, constraints encountered, proposed solutions and to suggest necessary interventions.

Role/Health Worker/Maternal & Child Health/Family Planning.

45. Pai Panandiker, V.A.

People's participation in family planning. New Delhi, Uppal Publising House, 1987, 262p. AV : NDC : 2PAI/18140.

This study deals with the vital issue of participation of the people in the family planning programme without which, there is little prospect of success. The study is based on an examination of four voluntary agencies engaged in the field of health and family welfare and two models of family planning through panchayats in Madhya Pradesh and Gujarat.

Family Planning/Community participation/Voluntary Agencies.

46. Pai Panandiker, V.A.

Strategies for increased involvement of Non-Governmental organisations, local Governments and Institutions for promoting greater community participation in Family Planning. New Delhi, Centre for Policy Research, 1983, 19p. AV : NDC : 2PAI/16761.

This paper was prepared for a seminar organised by population division on ESCAP in Bangkok in 1981. The seminar was part of the preparation for the Third Asian and Pacific population conference, which was held in Colombo, Sri Lanka in Sep. 1982. The paper deal with basic political issues of decentralization, administrative strategy and organising the beneficiaries and deserves critical look of the policy makers and policy researchers.

Involvement/Non-Gonvernmental organisation/Local Governments/ Community Participation/Family Planning.

47. Pai Panandiker, V.A. and Malgavkar, P.D.

Research utilisation, priorities and interface and the role of Family Planning Foundation. Centre for Policy Research, New Delhi, 1981, 37p. AV : NDC : CIF.

Research/Family planning/Private agencies.

48. Parivar Seva Samsthan.

Suggestion for effective use of voluntary organisations for boosting up National Family Welfare programme : Presented on the occassion of Seva Samsthan. 1985, 6p. AV : NDC : CIF.

Voluntary organisation/Family Welfare programme/Govt. Scheme/Involvement/Education/Orientation Training.

49. PHD Family Welfare Foundation.

Family welfare in the organized sector, strategy and experiences. PHD Family Welfare Foundation, PHD Chamber of Commerce and Industry. New Delhi, 48p. AV : NDC : CIF.

The main object of bringing out this publication is to inform and educate the organized sector about the desirability and potential of its active involvement in the promotion of family welfare. It also provides guidelines on various aspects of implementation of a Family Welfare programme at the plant level.

Family Welfare/Organized sector.

50. Population policy and family planning programs; Trends in policy and administration, Washington, World Bank, 1980. (World Bank Staff Working Papers No. 411) (AV : NDC : CIF).

This study has attempted to summarize recent trends in population policy and to examine some of the major administrative problems likely to be encountered in the delivery of family planning services.

Population policy/Population problem/Family planning/Family planning services/Role/Community participation/Government/Administrative problems.

51. Puri, K.

Role of voluntary organisation in MTP (Speech on the occasion of the Third Int. Seminar on maternal & prenatal mortality, pregnancy termination and sterilization held at AIIMS, New Delhi on 4th Oct. 1980). Parivar Kalyan. 1981, 18 (4), 10-11. AV : NDC.

Reproduced from the text of speech made by Smt. Krishna Puri, President, NDFPA on the occasion of the Third Int. Seminar on maternal & prenatal mortality, pregnancy termination and sterilization held at All India Institute of Medical Sciences-New Delhi on 4th Oct., 1980.

MTP/Role/Voluntary Organization.

52. Reddy, P.H. Etal.

An appraisal report of the family welfare programme in India Telephone Industries, Bangalore, Population Centre. 1980, 46p. AV : NDC : CIF.

The broad areas covered under the survey were social and demographic characteristic, past and current contraceptive practice, exposure to medical termination of pregnancy, preference among various agencies for receiving famlly planning services and supplies, fertiliy behaviour, etc. The survey was conducted during Jan. to April, 1976.

Section II deals with the major findings of the survey such as socio-demographic characteristics of the employees, awareness of the preference towards various contraceptive methods, attitude towards MTP, various sources within the ITI premises through which the employees would like to consult for further knowledge/service regarding family planning and current practice.

53. Regional Seminar on evaluation of schemes and strategies for integrated family planning progammes with special reference to increased inolvement of local institutions. UN, ESCAP. 1981, 30p. (Asian pop. studies series No. 51). AV : NDC : CIF.

The report is organized in three parts. The first part gives the background to the seminar together with its recommedations and a summary of the discussion, the second part summarizes the background papers and the third part contains a review of the population division work on the evaluation integrated family planning programmes.

Family planning/Family planning programmes/INVOLVEMENT/LOCAL INSTITUTIONS/EVALUATION/AV : NDC.

54. Review and appraisal of the world population plan of action-1984 Report. New York, U.N. 1986, 169p. (Deptt. of Instt. Economic and Social Affair- Population Studies No. 99). AV : NDC : CIF.

The report, which contains the findings of the second review and appraisal of the plan of action, is organized into seven major chapters; socio-economic development and population, the role and the status of women, goals of national Govt. and Int. Community and monitoring, review and appraisal of the world population plan of action. Each chapter includes a summary of the major trends observed in the past decade and where appropriate, the most probable future prospects.

International community/United States/Specialized Agencies/Non- Govt. Organizations/Parliamentarians/Cooperation-International.

55. Role and contribution of indigenous trained dais, CHVs and ANMs in the promotion of Family Welfare programme and MCH activities; Pop. Res. Centre, Waltair, 1982. AV : NDC : CIF.

This survey was carried out in Visakhapatnam district. 12 ANMS, 32 CHVs, 32 trained Dais, 64 community leaders and 192 community members were interviewed during March-1982. The objectives of the study were to assess the role-perception and performance of the community health volunteers, trained dais and auxiliary nurse midwives in the areas of family welfare and MCH.

Family Welfare Programme/Maternal & Child Health.

56. Role of management in family welfare-A handbook prepared by All India Organisation of Employers, New Delhi, and Employers Federation of India, 67p. AV : NDC.

Contents of handbook are population situation in India, Pop. and socio-economic development, population and organized sector, family size and quality of life, population policy and family welfare programme, stake and role of employers, family welfare at enterprise level, role of incentives.

Family planning/Family planning programme/organised sector/Role/Socio-economic development/population policy.

57. Sawhney, N.

Involvement of community in family welfare programme through orientation training camps (OTCS). Pop. Centre Newsletter, Oct-Nov. 1979, 5 (5), 1-6. AV : NDC

This study was conducted in two parts :

(A) Assessment of OTCS conducted in 1977-78 for seeking suggestions from the organisers as to how the camps should be arranged in future. Necessary data were collected from the organisers of the camps.

(B) Observation study of some of the OTCS held during 1978-79.

The findings of both the parts have been published in one of the research reports of the population centre. The present paper attempts to highlight some of the important findings of this evaluation study. The paper has been divided into three parts :-

1. Govt. policy of OTCS in 1977-78.

2. Views of organisers on OTCS.

3. Some recommendations for conducting OTCS in future.

Family welfare programme/Training/Community involvement/Orientation.

58. Sawhney, N.

Organised sector : Strategy for implementing family welfare programme. Pop. Cen. newsletter, 1978, 3 (11), 8-16. AV : NDC.

The author discusses the possible strategy for running a family planning programme in an organised sector such as industry. The programme consists of three parts being design of expeiment and programme strategy. The first part includes a sample of survey of employees, their age, children, education, income, religion, a review of existing FP programme situation and implementation of programme. The results of experiment and programme strategy are discussed. The whole article is explained by taking an example of its working in HAL.

Family Welfare Programme/Organized Sector Industry.

59. Sawhney, N.

Role of supervision in family welfare programme : Some guidelines for programme improvement. Pop. Cen. newsletter, 1978, 4 (5) 1-6. AV : NDC.

Emphasizes the importance of the administrative and supportive roles of supervision in the overall effectiveness of the programme. Attempts to suggest some guidelines whereby the programme can be benefitted. As the guidelines for the state level officers may be different from those for the district level, these are presented separately.

Role/Family Welfare Programme.

60. Sawhney, N.

Views of departments other than health and family welfare on their involvement in Family Welfare programme. Population centre newsletter Dec. 1979-Jan. 1980, 5(6), 5-20. AV : NDC.

A study for finding out the views of personnel of Govt. Deptt. other than health and family welfare on the (A) Importance and implementation of F.W. programme, and (B) involvement of other departments in the family welfare programme, had been conducted by the population centre.

Government/Role/Family Welfare programme.

61. Sayed, H.A.A.

The population family planning programme in Egypt : Structure performance. Population studies 1984, 11 (70), 3-38. AV : NDC.

The objective of this paper is to outline and examine the development of the Egyptian Nat. Pop. and Family Planning Programme.

Population/Family Planning/Egypt/Voluntary Activities/Govt. Activities/ Family Planning programme.

62. Singarajna, T. Etal.

Role of DAIS and auxiliary nurse midwives in MCH & Family Planning and perception of the community about it in Madurai Distt. Tamil Nadu. Bulletin of Gandhigram Instt. of Rural Health & Family Planning, 1973, 13 (2), 45-72. AV : NDC.

Family Planning/MCH/Role/Nurse.

63. Singh, B. Etal.

Private medical practitioners involvement in national Family Welfare programme : An opinion study. health & pop. perspective and issues. April-June 1987, 10 (2), 105-111. (AV : NDC).

More and more young doctors are resorting to private practice. Specially in the areas like Urban Slums, where no organiged health services are available. There they contribute to an important source of health services for the masses. A significant number of these private practitioners are unqualified or 'quacks'; still they enjoy a good practice and have established a good support within the community. Only very few number of the private practitioners are involved in the National Family Welfare Programme. However, they don't have full working knowledge to render family planning services to their patients/clients.

Family/Planning/Family Planning programme/Role/Private practitioners.

64. Singh, R.P.

Involvement of indigenous medical practitioners in family welfare programme- A fact finding study. Lucknow Population Centre, 1979, 79p. AV : NDC.

Involvement/Medical Practioners/Family Welfare programme.

65. Singh, R.P. and Ashok Kumar.

Indigenous medical practioners : their role and involvement in family welfare, Population Centre Newsletter 1978, 4 (3), 8-12. AV : NDC.

An exhaustive study of the indigenous Medical practioners was conducted to assess their knowledge and opinion in respect of health and family welfare and their involvement. This paper describes only two aspects of the detailed report - (1) the current involvement of the IMSs in the health and family welfare activities, and (2) their willingness to get involved in the family welfare programme.

Family Planning/Family Welfare Programme/Role/Private Practitioners.

66. Study on involvement of service organizations and qualified private medical practitioners in family welfare programme in Vishakhapatnam. Population Research Centre, Waltair, 1981. (AV : NDC: CIF).

The main objectives of the study were to assess the role of service organisations and private doctors in the promotion of the family welfare programme and the extent to which they would like to be involved in the promotion of family welfare programme. The study covered (i) allopathic private doctors (14) in the Vishakhapatnam (ii) All well-established service organizations (iii) and 10 out of 32 mahila mandals and 6 out of 18 youth clubs (Selected on random basis).

Involvement/Private Doctors/Medical Practitioners/Family Welfare programme/India.

67. Sugathan, T.N. Etal.

Impact of family welfare programme in Industrial sector. An estimate of returns to the management : health and population perspective and Issues. 1978, 1 (3), 200. AV : NDC.

Family welfare programme/Industry/organized sector/Management/India.

68. Vitug, M.D.

Involving academic institutions in the phillippine population programme. Initiatives in population, 1979, 5 (4), 22-25. AV : NDC.

Family Planning programme/Institutions/Phillipine.

69. Wadia, A.B.

Role of voluntary organisations in a communication strategy for family planning, Jr. of Family Welfare 1979, 26 (1), 38 (AV : NDC).

Role/Voluntary organisation/Family Planning/Communication/Family Planning Communication.

70. Wadia, A.B.

Role of voluntary organisation in family planning and population policy. FPAI, Bombay. (NA).

Role/Voluntary organisation/Family Planning/Population/Population Policy.

71. Workshop on family welfare. Role of corporate sector-strategy and experiences, July 6, 1985. background paper. New Delhi, PHD House. 1985, 38p. (AV : NDC : CIF).

Describes the involvement of industrial sector in family planning and role of industry, PHD, Chamber of Commerce.

Involvement/Industrial sector/Family planning/Industry/Role /India/Family welfare/Organized sector.

72. Workshop on the Role of Corporate Sector in Family planning, held at New Delhi, on 13th July, 1982-Background paper. Organised and published by Federation of Indian Chamber of Commerce and Industry. 1982, 38p. (AV : NDC : CIF)

Corporate sector/Family planning/India/Role/Trade Union/Family Welfare programme/Population Growth.

73. World Bank (Washington).

Family planning programmes : An evaluation of experience; World Bank, Washington, 1979-(World Bank Staff Working paper No. 345).

It evaluates the family planning policy and programme activity and discusses the role of family planning programmes in promoting declining fertility rates. Primary emphasis is given to perceiving the role of private sector in family planning.

Family Planning/Family Planning Programmes/Family Planning Policy/ Evaluation/Role/Private Sector/Public Sector/Population Policy.

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# PRIVATE SECTOR
# FAMILY WELFARE PLANNING IN INDIA

LITERATURE SURVEY

(1977-87)

COMPILED BY

POPLINE, WASHINGTON, U.S.A.

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1 SI – PIP/041903

CN – Family Planning Association of India

TI – (Male involvement through workers in industries).

AB – A Family Planning Association of India project seeks to secure the active involvement in family planning activities of the male labor force in the industrial sector. The project covers about 300,000 male workers in 9 industrial centres. The following project activities were implemented during 1985 : 1) educational and motivational activities were scheduled to encourage workers to adopt the small family size norm; 2) personal contact was established with industry management and the trade unions to facilitate project goals; 3) maternal-child health services were provided to workers' families to establish the credibility of the family welfare programme; 4) 71 condom distribution depots were set up on factory premises; 5) workers were encouraged to join Acceptors Clubs and to function as family planning motivators among their peers; 6) contraceptives were distributed for birth spacing and clients were referred to other sources for IUD insertion or sterilization; and 7) follow-up activities were organized. As a result of these activities, a total of 5892 family planning acceptors were recruited (560 vasectomies, 1445 tubectomies, 347 IUD users, 276 oral contraceptive acceptors, and 3264 condom users). Overall, the project is considered to have successfully encouraged male involvement in family planning and promoted joint decision making among couples.

SO – In : Family Planning Association of India. Annual Report 1985. (Unpublished) 1985. : 183-5.

2 SI – PIP-046331

AU – Wadia A B

TI – The role of industry in family planning.

AB – A revitalization of family planning education and services in the industrial sector is a promising strategy for India's population program. The industrial sector provides a ready-made audience for promoting welfare measures in general and family planning in particular. The Family

Planning Association of India has acted both to demonstrate how a family planning program can operate within a factory or industrial work area and as a catalyst to encourage employers to organize family planning-related activities. Male responsibility for family size, a concept that is increasing in acceptance, can be supported in the industrial sector and myths about side effects of vasectomy can be addressed. Under present statutory provisions, the Government of India can provide tax or other exemptions to industries that promote family planning among employees. In addition, arrangements can be made to group together smaller concerns for education and services in this area. Industry can further contribute to women's development by conveying information on health measures to workers' families and by training women for skills leading to employment. Integrated programs that combined maternal-child health services, family planning, and efforts to raise the status of women are essential if a birth rate of 21/1000 and a population replacement rate of 1.1% are to be achieved by the year 2000.

SO - In : Social and family welfare in industry : a survey, (compiled by Bombay Chamber of Commerce and Industry. Bombay, India,) Bombay Chamber of Commerce and Industry, 1986. : 135-41.

3 SI - CPC/S-20486-010-3

AU - Weerakoon B

TI - Tapping private industry.

AB - Many firms throughout Japan and around the world have come to realize that family planning is good for employee morale and company profits. Japanese and Indian efforts prove that family planning programs not only bring welfare benefits to workers, but commercial advantages to businesses. Because workers' family welfare is closely linked to labor welfare and productivity, the trade union movement has started to become active in promoting family planning activities. Factory-based family planning programs have often cut pregnancy rates in half. Godrej Enterprises of India started promoting family planning in 1957; it provides a model of how family planning has been incorporated into a comprehensive employee welfare system in a factory complex on the outskirts of Bombay, where about 1/2 the workers live in high-rise apartments in the company township of Pirojsha Nagar. Similar programs are presented in India, Thailand, Indonesia, Jamaica, Guatemala, Colombia, Korea, and Turkey. Limiting family size enriches workers' lives and improves the quality of the workforce. The International Labor

Organization, through its Workers' Education Program on Population, has played an important role in stimulating industrial sector interest in family planning throughout the world.

AD – Secretary-General of the International Planned Parenthood Federation, London, England.

SO – DRAPER FUND REPORT. 1986 Dec; (15) : 9-14.

4 SI – CPFH/21606 cr 986

AU – Khan M E

TI – Family planning in Indian industries - a status paper.

AB – The present study provides an overall view of the incentive program for sterilization in Indian industries. Apparently while a large number of industries offer incentives in the form of cash and leave benefits, a few industries offer other forms of incentive as well. While none of the industries has any disincentive schemes, a few offered medical benefits and delivery advances for the 1st, 2 or 3 children. Most (91%) of the employers and managers of the units where 1 or more incentive schemes was in operation felt that the scheme had helped in promoting the small family norm among the workers. It was interesting to note that even in the absence of scientific studies, many were of the opinion that incentives helped in reducing absenteeism and accidents and in increasing productivity. However, the majority were not sure about its impact; a few well-planned studies looking into these factors would be helpful. It was also striking to note that most of the industries had offered incentives only for accepting sterilization. It would be worthwhile to design some innovative incentive programs which could offer incentives both for limiting family size as well as for spacing births. No serious attempts have been made to assess the role of incentives in promoting family planning. A few studies which could demonstrate that the investment in family planning in the form of incentives in the organized sector is a profitable venture could go a long way towards persuading employers to implement family planning.

AD – Manager, Population, Health and Women's Studies, Operations Research Group, Dr Vikram Sarabhai Marg, Baroda 390 007, India

SO – JOURNAL OF FAMILY WELFARE. 1987 Dec; 33 (2) : 16-29.

5 SI – CPFH/21519cr 986

AU – Wadia AB

TI – The role of the organised sector in the family planning programme.

GN – Reproduced from the Economic Times, Sunday 3rd August 1986

AB – This essay discusses the impact of private sector industries on the family planning programs of India. In the late 1950's the Family Planning Association of India approached employers to permit it to offer education and services to workers in the workplace. Currently, FPAI is carrying on regular family planning programs in various industries in several cities. It is now fully accepted that the industrial sector provides an area for promoting welfare measure in general; an industry has enough data about employees and staff to identify who needs guidance for family planning. Suggestions are made for promoting family planning acceptance. Trade unions have a crucial role and must regard it as a national duty to support family planning; they can organize facilities themselves wherever feasible, for which funding should be made available. Where large numbers of the work force come from particular rural areas the company providing family planning services to workers should institute outreach programs into those areas. An up to date directory which gives a complete picture of a company's family planning activities should be published. Re-popularization of male methods is one of the immediate steps which must be taken and can be initiated in the organized sector. Male responsibility for regulating family size is a crucial element in making the movement a success; either he must use a method or at least give support to his wife for using one. Presently, out of 126 million eligible couples 40 million are protected by family planning; it is imperative to bring about a decline in birth rate if goals set for the year 2000 are to be achieved.

AD – President, Family Planning Association of India, Bajaj Bhavan, Nariman Point, Bombay 400 021, India

SO – JOURNAL OF FAMILY WELFARE. 1986 Sep; 33 (1) : 21-9.

6 SI – PIP/033656

CN – Tata Iron and Steel. Family Welfare Programme

TI – Towards progress in human dignity, the Family Welfare Programme in Tata Steel : an overview.

AB – The Tata Iron & Steel Company (TISCO) is one of India's voluntary organizations which has launched a family planning program directed towards supplementing the national effort. The commitment of the organization and the dedication of its family welfare team on this vital issue is evident in the fact that Tata Steel progressed form 56 sterilization in 1956 to 5326 in 1984, and in spacing methods 59 IUD cases in 1971 to 698 in 1984, a significant achievement by all standards. As of 1984, the Steel Company's program at Jamshedpur reached 39,000 sterilizations and 6357 IUD insertions, the highest achievement by any voluntary organization in India. Consequently, Tata Steel received the Federation of Indian Chambers of Commerce & Industry Award in 1984 for the best Corporate Sector effort. TISCO's family planning program cannot be viewed in isolation, as it is part of a unique model of an integrated approach towards enriching the quality of life. Pregnant mothers undergo a thorough medical check-up and receive treatment and care at the 9 centers located in the bustee and town areas. During 1984-85, while 3723 cases made their 1st visit at the centers, the total number of visits by antenatal cases including revisits exceeded 19,958. During the same period 995 cases made their 1st postnatal visit and the total number of such visits including revisits was 4607. Child Clinics are run at these centers on specified days for total care of the infants and toddlers through immunization, treatment of minor ailments, maintenance of height and weight records, massage, and health guidance for weak infants. Based on the client-clinic rapport built up through the maternal and child health program, the family planning officers (women physicians), the male family planning supervisors and family health visitors (Lady Health Visitor/Public Health Nurse) and the midwives in the different centers carry on motivational work through consultations at the clinics and home visits among the newly married and other couples in the reproducitve age group for the adoption of the IUD, oral and other conventional male and female contraceptives for spacing births. Special innovative motivational efforts include a dance drama on family planning, a cassette recorded program of family planning acceptors, a birthrate comepetition for every department, and a family planning quiz contest. While special motivational programs introduced recently and field camps have had a direct impact on the results, monetary incentives have played a very significant role each time they were introduced or revised. In sum, it is only through the collective effort of the government and private industry that demographic goals can be realized. The Tata Steel program, strengthened by firm commitment at the highest organizational level, action oriented planning, timely allocation, and rational utilization of funds and professionalized service, is quickly developing into a model for efficient family planning management.

SO - Jamshedpur, India, Tata Iron and Steel, 1985 Sep. (18) p.

7 SI - PIP/032359

AU - Sinha N K

TI - Report on the late post-operative follow-up of vasectomy cases in Northern Railway.

AB - In late 1970, the Medical Department of India's Northern Railway undertook a follow-up survey of a random sample of 722 of the 4978 railroad employees who obtained vasectomies between 1968-79 at the family planning clinics and vasectomy camps operated by Northern Railway. The N. Railway provides medical services, including family planning services, for its 200,000 employees. The objective of the study was to assess the level of acceptor satisfaction with the vasectomy program, given the criticisms which have been leveled at the program and the the recent decline in the number of vasectomy acceptors among the employees. Specifically, the study sought to 1) identify the acceptors' psychological and physical reactions to vasectomy, 2) evaluate the program's motivational strategy, 3) assess the overall impact of the program, and 4) identify ways to improve the program. The study also served to let the acceptors know that program personnel continued to be concerned about them. Specially trained Interviewers were used to collect the information. A copy of the study's questionnaire is included. From 6-24 months elapsed between the vasectomy and the interview. Frequency distributions were used to analyze the data. 87.5% of the respondents were Hindus, 7.5% were Muslims, and the remaining 5% were Christians or Sikhs.These proportions closely paralleled the religious distribution of the employees in general, and indicated that the acceptors were fairly evenly drawn from the various religious groups in the worker population. The acceptors were somewhat overly concentrated in the lower income and lower educational categories of railroad employees. 95.5% of the employees earned less than Rs. 300 per month and 1/4 were illiterate. The average age of the respondents was 40 years, and 94% of the respondents were 30 years of age or older. 82.5% had 4 or more living children and the average number of living children was 5. 55.6% of the respondents were motivated to accept vasectomy by a railroad physician and 26.7% by railroad paramedical personnel. 32.6% of the acceptors practices contraception before vasectomy, and 75% of these practices contraception for less than 2 years before vasectomy. Most prior users relied on condoms. 87.8% of the respondents said they were happy, 6.5% felt indifferent, and 5.7% were unhappy. 90% of the

respondents said their current sexual performance was satisfactory, and 10% (69 cases) reported dissatisfaction with their sexual performance. Of the 69 who were dissatisfied, 23 reported a lack of sexual desire, 23 reported premature ejaculation, and 11 reported inadequate erection. The 69 were disproportionately represented in the lower income and lower educational categories of workers. In general, the respondents reported no change in their social activities before and after vasectomy. This finding indicated that the men were not socially ostracized for accepting vasectomy. 19.8% of the respondents recalled some pain, pus, swelling, or other discomfort following vasectomy. 4.5% of the men vasectomized at the camps and 6.1% vasectomized at the health units experienced sepsis. 82% of the men resumed work within 10 days of the operation. 20% of the men reported lower energy levels, and 5% reported higher energy levels following vasectomy. About 4% said they would like to be recanalized, 91% did not want to be recanalized, and the remaining 4% did not respond to the question.

SO – New Delhi, India, Railway Board, Family Planning Cell, 1974. 28, (10) p.

8 SI – PIP/032193; CPFH/18671 cr 984

AU – Puri N

TI – The role of sugar factories in rural development and family planning.

AB – Today populations of India and other developing countries present a dismal and hopeless situation in relation to development, both economic and social. The Indian Sugar Mills Association has taken up the subject of interlinking and incorporating family welfare activities with other rural development projects. The sugar factories should give priority to meaningful implementation of family planning programs to improve the quality of life of the farmer and his family. The infant mortality rate in India is shocking. Over 70% of women had very low hemoglobin levels, according to the Indian Council of Medical Research Survey. Maternal death rates are highest among women who have children before age 20 with less than 2 year intervals and continue having children over age 35. It is necessary to establish a rapport and liaison between the health workers and farmers through the offices of senior management, and from time to time monitor and evaluate programs and activities. Today much research is being done on indigenous methods of contraception. Use of Neem oil as a method of contraception for men has proved 100% effective in preventing pregnancy and has shown no side effects. Factories can assist in collecting basic scientific data about the population and its needs. Factories in various states should study their

demographic statistics and accordingly plan their family planning programs. Young women's development is an area in the rural setting that deserves more attention.

SO - JOURNAL OF FAMILY WELFARE. 1984 Dec; 31 (2) : 15-21.

9 SI - CPC/R-6714

CN - International Planned Parenthood Federation

TI - IPPF in action 1980.

GN - ISBN 0-86089-041-4

SO - London, Eng., International Planned Parenthood Federation, 1980. 43p.

10 SI - CPFH/15143cr975

AU - Kamath B V

TI - Paper.

GN - Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organization. Organized with the financial support of the United Nations Fund for Population Activities.

AB - Written by a member of the All-India Manufacturers' Organization, this article attempts to discuss relevant issues concerning population and family planning problems in India. Indian population growth is analyzed from 1891 to 1971, followed by a review of the main events that have occurred from 1951-1971 regarding the Family Planning Program. Statistical data are presented in regard to present family planning achievements. The importance for workers is stressed as well as economic factors related to the labor force, trade unions, and organized sector. Also emphasized is the role of management in family planning programs in industry, assuming that better standards of living will yield higher production. A series of recommendations are proposed by the ILO-CBWE Workshop for Trade Union officials for Welfare Tasks and Family Planning, all of which refer to motivation of employers by management, governmental aid in the design of family planning policies in the private sector, and availability of information on programs in the industrial enterprises as well as in the semi-organized sector. Finally, the Asian Employers' Seminar makes several suggestions concerning facilities, time, education, incentives and cooperation for family planning at work.

SO - In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?). :118-28.

11 SI - CPFH/15152cr975

AU - Dube N P

TI - A specialised agency for a workers family planning education programme.

GN - Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations fund for Population Activities.

AB - This article presents some personal thoughts on the educational approach that the family planning program should incorporate into its activities in order to motivate workers. There is a definite lack of participation and cooperation between employers and workers. There is a need to bring about an institutional set-up, in which employers, workers and government can provide the determination and effort to ensure family planning services for the working class. Some of the objectives and goals of the governmental Workers' Education program are listed. A descriptive discussion about the role, affiliated personnel and their responsibilities, on-going activities and programs of the Workers' Education Centres are outlined. This set-up may serve as a model for trade union leaders for acceptance of population education in family planning. Also suggested is the incorporation of this population education program within the training of technicians and skilled workers.

SO - In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?). : 188-91.

12 SI - CPFH/15151cr975

AU - Sen Gupta G P

TI - Family planning programmes and services in the private and public sector undertakings in India.

GN – Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB – In this paper the current situation in various areas and sectors is discussed with regard to the role and involvement of various agencies and organizations in the family planning program for the organized sector. A brief review of past governmental activities is given with reference to the private, public and organized sectors. The main criticism is that governmental activities should not be restricted to the provision of contraceptives but must include motivational activities. As for the private sector, being the first to undertake family planning services prior to governmental assistance, admirable work has been done. In the public sector, however, so far the picture is not very encouraging. The main reason for this is thought to be a serious communication gap between the national family planning program and the industrial undertakings, especially in the public sector.

SO – In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974; report. New Delhi, India, Continental Printers (1975?). 182-7.

13 SI – CPFH/15150cr975

AU – Greve D H

TI – The role of employers and their organisations in population and family planning in industry.

GN – Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB – This article summarizes conclusions drawn from the National Management Seminar on Family Planning on the role of employers in contributing to national goals and aspirations. The article discusses how a successful family planning program can affect work performance and skills, thus raising productivity, by increasing standards of living and reducing family size. Also discussed are areas in which employers can assist the National program by means of business forums, links with new media, and their own organizations. Emphasis is placed specifically on the employers' contribution as part of the strategy for the organized sector,

by means of effective educational, communication and social service channels, positive facilities and incentives provided, and free access to family planning service centers. There is also a need for the organized sector to fully cooperate with other agencies dealing with family planning programs. Specifically, employers' organizations may provide a variety of services, such as information among workers on family planning, motivation action services, evaluation of the work being done by members, provision of incentives, and cooperation with other national/international agencies.

SO – In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?) : 176-81.

14 SI – CPFH/15149cr975

AU – Rele J R; Bhende A

TI – Family planning in the context of social and economic change.

GN – Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB – This article discusses social and economic issues in reducing the fertility rate in India. A brief review of Indian and world population growth is analyzed with current demographic figures. Different factors responsible for the mortality decline in developed countries are discussed in reference to the Indian situation, with an emphasis on the eradication of communicable diseases such as malaria, smallpox and cholera. With industrialization and urbanization came higher levels of economic and social development, which resulted in greater aspirations for smaller families – children losing their economic utility by becoming burdens. In a developing country like India, it is emphasized that efforts should be made to regulate the size of the family for better socio-economic development. Also discussed is the special program within the National Family Planning Program for industrial workers, representing a well-knit community that can be reached easily. Although reproductive behavior can be changed, it is not without consideration of the socio-cultural factors that exist, such as the value of children, family values, role of women and men, and women's employment. No family planning program can be implemented successfully unless social change is anticipated.

SO - In : India Ministry of Labour/International Labour organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?). : 169-75.

15 SI - CPFH/15148cr975

AU - Nambudiri C N; Sharma B R

TI - Strategy for family planning programmes in the industrial sector.

GN - Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB - This paper, the outcome of a research project being conducted at the Indian Institute of Management, analyzes the existing situation in the field of family planning in the organized sector and proposes an action program. The overall strategy and structure of the National program are discussed with emphasis on the concept of segmentation that seems to be missing. Although not as important as the rural sector, the organized sector is nonetheless an important market for family planning and several reasons are mentioned. In all the industrial units analyzed, different types of management commitment to family planning were looked at as well as union involvement in management-sponsored family planning programs. Also, information systems for family planning activities, educational and motivational activities, as well as linkages with outside agencies are discussed. The broad conclusion is that family planning programs in the industrial sector lack a conscious and explicitly-stated strategy. The industrial sector should be treated as a distinct segment and segmental strategy should be developed for this sector. Based on these propositions, a new developmental strategy is outlined with further recommendations.

SO - In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?) : 160-8.

16 SI - CPFH/15147cr975

AU - Talwar S L

TI - A brief review of the National Family Planning Programme with special reference to industries.

GN – Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB – This article, written by the Deputy Director of the National Institute of Family Planning of India, reviews the family planning program in industry. The population problem in India is now affecting food, housing, education, employment, health and living standards. Economic and social factors help explain the present situation without improving it. Past achievements are critically discussed in reference to the role of voluntary organizations and the lack of support from political and religious leaders. Different programs started by labour organizations are reviewed with a look at some of their achievements, mostly related to the reduction of the birth rate to 25/1000. The use of motivation schemes and incentives are analyzed. A series of suggestions are made concerning literacy programs, leadership provided by program organizers, coordination committees, availability of contraceptive supplies, trade unions and their multiple roles, training strategies, research methodology and the future role of NIFP. (now renamed national Institute of Health & Family Welfare).

SO – In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?) : 148-59.

17 SI – CPFH/15146cr975

AU – Kavoori J C

TI – Some thoughts on the role of organized labour in population and family planning.

GN – Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB – This article expresses some personal thoughts on the population problem in general and in industry in particular, and explores ways that may help to involve labor with familyplanning programs. Analyzed are the nature of the population problem, family planning and labor, labor and management approaches to family planning, the strategic importance of labor and the need for labor's own initiative. Organizational and

managerial governmental activities are discussed in reference to the industrial sector. The recognition of the problem as of national importance is the crucial factor in social change of the population. Labour and management cooperation are stressed for future planning. The ideological perceptions that people have about workers must change; they are the foundation of future family planning programs.

SO - In : India. Ministry of Labour/International Labor Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?). : 142-7.

18 SI - CPFH/15145cr975

CN - The Family Planning Association of India

TI - A practical view of family planning in the industrial set-up.

GN - Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organisation. Organized with the financial support of the United Nations Fund for Population Activities.

AB - This article discusses in 3 parts the early efforts, the wider recognition and the continuation of programs of the Family Planning Association of India (FPAI). Early efforts, starting in 1949, include financing, education, training, provision of contraceptives and facilities for family planning purposes. The FPAI gained a wider and more popular recognition nationally when it developed its action programs specifically aimed at men working in industries such as factories and plantations. This increased recognition helped to reinforce a series of governmental policies, such as extending the family planning grant-in-aid scheme to industrial concerns. The FPAI's continuation programs include a series of feasibility surveys between 1967 and 1971 motivation and education programs, contraceptive services and follow-up studies. The FPAI's requirements for these programs deal with management cooperation, time allocation for education, managerial staff members and their role in the program, provision of facilities, leave pay allocation, and contraceptive availability.

SO - In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?). : 137-41.

19 SI - CPFH/15142cr975

CN - Employers' Federation of India

TI - Family Planning services in industry : a survey.

GN - Cover title. Sponsored by the Ministry of Labour, Government of India in collaboration with the International Labour Organization. Organized with the financial support of the United Nations Fund for Population Activities.

AB - This article presents the results of a national survey conducted by the Employers' Federation of India regarding family planning services in industry. This survey is based on a total of 345 replies. Several tables are presented in regard to medical facilities available, year of starting family planning services, types of family planning services provided, nature of incentives, supply of contraceptives, motivational activities, progress achieved in family planning, marital status of workers and expenditure on family planning. The proportion of units providing family planning services is higher among the relatively larger units, but there is a relative paucity of medical facilities in units without family planning services. Family planning services in the industrial sector are of recent origin, confirmed by 93 but of 132 plantations where services were introduced in or after 1965. The IUD appears to be the most popular method among plantations. Incentives and conventional contraceptives were the second most popular services in plantations. Only 3 out of 68 plantations reported giving cash incentives as well as paid leave; 6 reported giving paid leave only for sterilization. Government, including municipal bodies and government hospitals, was the primary source of conventional contraceptives. Company funds were used mainly to buy pills. Most of the plantations and other units reported having undertaken various motivational activities to promote family planning among their workers. Family planning methods have changed in both plantations and other units. Expenditures were larger in the other units compared to plantations.

SO - In : India. Ministry of Labour/International Labour Organisation. National Symposium on Labour and Population Policies, New Delhi, 15-18 April 1974 : report. New Delhi, India, Continental Printers (1975?) : 99-117.

20 SI - IND/9005686; PIP/027233; CPC/B-11632

AU - Murthy N

TI - Family planning programme in the organized sector : case studies

GN - CPC Shelf Location : HQ766.5.14F34Z

AB - The experience of organizing family planning services in industrial enterprises is examined using six case studies from India. The differences among the approaches taken to family planning service organization are identified and reviewed, and factors associated with success or failure are described. The importance of medical and social worker involvement in the program, good management, continuity of staff, financing by the firm concerned, concentration on terminal methods of contraception, and not involving employees' organizations is noted.

SO - New Delhi, India, Sterling Publishers Private, 1983, vi, 144 p. (In series : A Family Planning Foundation Book)

21 SI - PIP/011839

AU - Tata J R

TI - A journey of the mind : yesterday and tomorrow.

AB - In discussing India's population problems, this individual would like to share some of his experiences of the past 50 years along with some thoughts and conclusions that have been drawn from the experience, taking for the theme this changing India. The first look will be at the dominant moments and events over the past 50 years, the most exciting and turbulent period of India's contemporary history. Hostility to British rulers led to joining "gheraoing" Sir Stanley Jackson, then Governor of Bengal, on the open road between Darjeeling and Siliguri. The economic plight of the people of India soon became an obsession which has lasted to the present day. In 1938 this person resolved to dedicate himself to the task of carrying on Jamsetji Tata's vision of a politically free and economically strong India and and to play a worthy role in its development. The first task was for India to become free. The advent of World War 2 and the quick defeat of France brought about a complete change in India's political prospects. As the War pursued its course and approached its now inevitable denouement, thoughts turned increasingly to the postwar economic scene. With rare exceptions, Indian politicians of those days, just as those of today, showed little understanding of, or interest in, economics, except for Gandhiji and Jawaharlal Nehru. It was clear that after the initial years of freedom, when political problems were likely to dominate the scene, the country's prime and

most urgent need would be that of economic development in general and rapid industrialization in particular. Thus, it was time for Indian businessmen to apply their minds to India's post independence needs. In 1944 leading business friends were asked to join 3 colleagues in Tatas to devise a postwar plan of economic development for India. Now, 37 years after the Plan was written and 30 years after planned development began in India the population's per capita income has only risen by 50% as against the 100% sought to be achieved in 15 years under that 1st Bombay Plan. Excessive population growth was not the only cause of the inadequate progress. Another grievous mistake, which continued for many years, was the neglect of rural India where lays the greatest poverty and the greatest opportunities for rapid increase in employment and living standards. Instead, excessive priority was given to heavy industry. As the 50 year period ends, the India of this person's dreams remains a dream. For the future, it may be assumed that politically India will adhere to the democratic form of government. On the economic front, there is more than one road ahead. To increase the per capita income economic growth must be accelerated and the birth rate decelerated. Yet, the total allocation to family planning was reduced from 1.8% during the 4th Plan to 0.9% in 1979-1980.

SO – POPULATION REVIEW. 1982 Jan -Dec; 26 (1-2) : 7-15.

22 SI – CPFH/10202cr978

AU – Verma P; Rao T V

TI – Change agents in family welfare : an action research in organized industry.

GN – A study sponsored by International Labour Organization and financed by United Nations Fund for Population Activites.

AB – There is a gap between theoretical research, in which administration of programs is not considered, and action programs, in which there is often no follow-up study. This book describes a study of how the existing labor welfare structure in textile mills could be used for the purpose of family planning. A baseline survey of workers in 20 mills was conducted. Patterns of attitude, knowledge, practice and health emerged from the survey, which are analyzed for possible future strategies. Welfare officers were split into a control and an experimental group. The latter group received training in family welfare planning techniques as a team. A profile of welfare officers which could reflect motivational and

organizational constraints imposed on them is presented. These constraints are discussed in terms of the workers' profile. Future challenges for welfare officers are identified. The training program for the experimental group welfare officers is described in detail. Training enabled them to strengthen their motivation for family planning activities, be exposed to technical details of family planning methods, and work out strategies for developing family planning programs in their organizations. The latter efforts are analyzed and indicators of progress are provided. A closing chapter summarizes the findings of the study and proposes future action which should be taken. Exhibits include the questionnaires used for welfare officers, for workers and for evaluation, a list of textile mills which participated in the project and a "Family welfare status matrix of the mill."

SO – Ahmedabad, India, Academic Book Centre, 1978. 125 p.

23 SI – CPFH/07810cr979

AU – Ghosh A K

TI – Acceptance of voluntary sterilization in organised sector.

AB – The Family Welfare Program is essential to the health of the many factory workers who have found employment in the industrial sector in the last 30 years. 5879 lower income couples with no or only primary education from 14 factories were surveyed. 3953 couples reported they had less than 3 children while the remainder reported they had more than 3. 58.5% reported using contraception. Nirodh (condom) is the most popular method, followed by surgical sterilization, oral pills and medical termination of pregnancy. Only 730 persons accepted sterilization, with the rest not accepting due to fear of the operation, loss of physical activity, or for religious reasons.

AD – E.S.I. Hospital, Sealdah, Calcutta, India

SO – In : Dawn C S, Jhaveri C L, eds. Indian progress in voluntary sterilization : proceedings of the Second Indian Conference. Calcutta, National Association for Voluntary Sterilization of India, 1979. : 86-7.

24 SI – CPFH/0811cr978; IND/017091

AU – Sugathan T N; Yadav S S; Pandit V L

TI – Impact of family welfare programme in the industrial sector : an estimate of returns to the management.

GN - PI vol. 47, accession no. 1451

AB - This paper estimates the monetary return to management if employee welfare programs sponsored by the Employees State Insurance Corporation (ESIC) in Karnataka state were to incorporate family planning. Research has shown that fertility of industrial workers is higher than mean urban fertility and close to mean rural fertility levels, although the fertility of industrial workers drops when effective family planning services become available. The ESIC provides a compulsory system of health, maternity and other benefits for lower paid industrial workers, their wives and dependent children. ESIC service statistics from Karnataka state indicate that the corporation would save about Rs. 165/- per woman for each pregnancy prevented, and a 20% reduction in fertility would result in savings of about Rs. 7000/- per 1000 currently married couples. Savings to ESIC for the country as a whole, with over 5 million industrial workers enrolled, would be about Rs. 25 million per year with a 20% fertility reduction.

SO - Demography India. 1978 Jan-Dec; 7(1-2) : 72-83.

25 SI - CPFH/07105cr980 ; PIP/800272; IND/015188

AU - Ridker R G

TI - The no-birth bonus scheme : the use of savings accounts for family planning in South India.

GN - PI vol. 46, accession no. 3835

AB - Reviews the history and assesses the results of a monetary incentive scheme for family planning operating in 3 tea estates in South India since 1971. The incentive involves deposits into a savings account payable upon retirement for those who have small families. Since 1971 fertility appears to have fallen somewhat faster on the estates where the scheme was offered than on other comparable estates, but not as rapidly as might have been expected had the scheme been better administered and implemented. Evidence to this effect is reviewed and conditions for future applications of similar schemes are discussed. (Author's) (Summaries in FRE, SPA)

SO - POPULATION AND DEVELOPMENT REVIEW. 1980 Mar; 6 (1) : 31-46.

26 SI - PIP/796780

AU - Kumar V P

TI - (Nirodh marketing program.)

AB - By the late 1960s, it was realized that the clinic -based family planning program in India was not having enough impact to solve the increasing overpopulation problem. The program adopted a social marketing approach to increase distribution of contraceptives and create awareness of the spacing concept of family planning. The Commercial Nirodh (condom) Marketing Program was started in 1968, as a supplement for the free distribution activities through the clinics. The aim was to provide easy access to subsidized contraceptives at places where consumers can buy them along with other daily necessities. By 1976, approximately 250,000 retail outlets were stocking and selling Nirodh throughout the country. By that year the program seemed to have hit a plateau. Greater effort was then directed to selling the small family norm and the role of condoms in spacing children, to motivating the retailers to sell condoms, and to improving the public image of condoms. Renewed recruitment of retailers led to an increase from 250,000 in 1976 to 450,000 at the end of 1978. In addition to pharmacies, filling stations, railroad stations, and vending machines are being used as condom outlets. The pricing structure and market research activities of the program are summarized. Promotional efforts have utilized various channels to reach the vast target audience and incentive programs have been initiated to induce retailers to carry the product. Sales in the private sector have also risen as a result of the improved public education campaign.

AD - Marketing Executive, Dept. of Family Planning, P.O. Box 5410, New Delhi 110011, India

SO - (Personal communication) 1979 May 10. 11p.

27 SI - CPFH/06600cr979

CN - India. Family Planning Association of India.

TI - The role of industry in family planning.

AB - This booklet discusses the benefits of family planning for industry and the necessary steps for a company setting up a family planning program. Family planning benefits industry because studies have shown that married workers with low educational levels and large families have a

higher rate of absenteeism and a higher rate of industrial accidents than other workers. At present there is a large unmet demand for family planning among workers, which could be met in part if all industrial concerns offered services. Programs could range from motivation and referrals to a full range of services on a permanent basis. Companies should appoint an executive (chief medical officer or personnel manager, or a fulltime family planning officer if resources permit) to administer the program, as well as a steering committee, and these individuals should be motivated by educating them about the population problems and the need for family planning. Professional advice on program design and available government assistance should be sought. A survey of employees should be conducted to ascertain their family planning needs. Program planning should encompass the kinds of activities to be offered for education, motivation and services. A decision must be made as to whether the company or an outside agency will be in charge. If the company decides to take charge, routines will need to be established for training, distribution of supplies, record keeping, and education and motivation sessions. The kinds of assistance offered by the Family Planning Associatio of India are discussed.

AD - Bajaj Bhavan, Nariman Point, Bombay 400 021 India

SO - Bombay, FPAI, (1979). 33p.

28 SI - CPFH/04154cr976; PIP/027839

AU - KAUR S

TI - Family planning in two industrial units : a study.

SO - New Delhi, Sterling Publishers, 1976. 256 p.

29 SI - CPFH/02973cr970

AU - SANDHU S K ; BHARDWAJ K S

TI - Family planning in industries.

SO - New Delhi, National Institute of Family Planning, Oct. 1970 16 p. (Technical Paper No. 11).

30 SI – CPFH/02675cr970

CN – India. Family Planning Association

TI – Family planning facilities in the industrial sector in Kanpur.

SO – Bombay, Family Planning Assn., 1970. 61 p.

31 SI – CPFH/02128cr973

CN – International Planned Parenthood Federation

TI – Family planning projects in industry.

SO – IPPF Bibliography New Series No. 18, Sept. 1973. 8p.

32 SI – CPFH/04576cr968

CN – India. Indian Chamber of Commerce

TI – Family planning in industry : role of Indian Chamber of Commerce, Calcutta.

SO – Calcutta, Indian Chamber of Commerce, May 1968. unpaged.

33 SI – CPFH/03601cr975

CN – Asian Regional Seminar on the Role of Labour Administrations in Population Education and Family Planning in the Organised Sector

TI – Report (of the Seminar) Bangkok, 26 Nov. - 1 Dec. 1975.

SO – Bangkok, International Labour Office, 1975., 14p., plus 7 appendices.

34 SI – CPFH/03536cr964

CN – India. Indian Institute of Management, Calcutta

TI – Proposals for family planning promotion : a marketing plan.

SO – Calcutta, Indian Institute of Management, (1964). 148 p.

35 SI – CPFH/05251cr973

AU – DHILLON B S

TI – Family planning activities.

AB – India is engaged in intensive economic activities to raise her standard of living. Rapid population growth tends to negate this effort. The steel industry, namely Hindustan Steel Ltd. is conscious of the work to be done in creating adequate family planning programs but feels these efforts will be used to greater advantage by the industrial worker than any other group. Family planning services and personnel were provided to each plant. Family planning personnel are also stationed at the Main Hospital in the steel townships. The Clinics provide free advice and all available methods of contraception. Arrangements for IUDs and sterilization are also possible. Motivation is tendered through home visits, group meetings, and various Family Planning Weeks. Monetary incentives are provided to doctors as well as to patients who choose sterilization. However, the importance of proper motivation rather than reliance on monetary incentives is stressed, along with the necessity to seek the active cooperation of unions and management. The author cites Japan's swift rise to a power in the world's economy and notes that without population controls this could not have been achieved. Statistical data is included.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 123-127.

36 SI – CPFH/05250cr973

AU – SIRCAR K N

TI – Family planning services in the tea plantations of Assam.

AB – The Assam tea plantations began comprehensive work on family planning in 1957. No attempts were made to motivate workers at this time since it was felt efforts would be useless until estate medical officers were trained and contraceptives made available. Improved living conditions and the subsequent decline in child mortality made overcrowding on the plantations a possibility. Most workers and their dependents rarely leave the plantation for outside work. A survey of the plantation was carried out in 1961 in order to determine the target group. By 1963, program activities had brought the birth rate from 43.4 down to 38.6 per 1000. Experiments in finding the most effective method continued until the IUD proved to be most trouble free since continued motivation was not needed for use. Incentives for IUDs and sterilization are available to the workers in form of money or days off. The success of the Assam project has been such that in 1972 the birth rate is 26.6 per 1000. The

program had been financed by the industry, though the government provided free or subsidized contraceptives. From 1968 there had been a slight setback. Interference with the medical staff caused the social worker and others to leave their services, thus slowing down family planning efforts. The poor economic condition of the tea industry deflected attention from family planning. Despite their problems, the results in Assam are better than in any other area and illustrate the practicality of population control.

SO - In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 117-122.

37 SI - CPFH/05249cr973

AU - SRINIVASAN R V

TI - Family planning services in industry.

AB - One of India's strongest fronts in the war against overpopulation is industry. The industrial work force forms a large portion of the urban population and thus is an important target for family planning programs. The group contains a large number of eligible persons who can be reached at their place of work. Economic difficulties, unemployment, and other problems of large families create unrest among the workers. Family planning among industrial workers would thus contribute to a solution of economic and health problems of the workers. Family planning programs should become an integrated part of medical and health activities 'or workers. The role which industry plays in creating acceptance of Family Planning services cannot be overemphasized. Some companies give high incentives for workers undergoing sterilization operations. As yet, no proper studies of the efficacy of incentive awards have been made. Disincentives, such as lack of maternity benefits after three children have also been inadequately studied. The government has been seeking the support of trade unions in family planning campaigns within industry, since it is felt that their influence is vital to the workers' acceptance of the family planning programs. The Federation of Indian Chambers of Commerce and Industry has already instituted a system of awards to businesses in order to motivate management in the creation of adequate family planning programs. It is hoped that the push to implementation of family planning programs within the organized sector during the 5th 5-year plan (April 1974) will help in recognition of the national objective of reduction of birth rate to the desired level.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 109-116.

38 SI – CPFH/05246cr973

AU – RANGNEKAR S S

TI – Family Planning in the "soft state."

AB – The "soft state" comprises various forms of social indscipline, laxity, and arbitrariness which manifest themselves by deficiencies in planning and implementation. It includes a general resistance of public controls and their implementation. This has been true of the family planning program in India. Despite numerous claims to the contrary, results have been inadequate. Of primary importance is the motivation of the poorer classes to plan for the future, instead of concentrating on immediate objectives. Such motivation is the result of education of the individual. In this, the role of employers can be very important. As many employers do not know how to properly organize such a program, the Organization of Pharmaceutical Producers of India has offered assistance to those businesses interested in instituting family planning programs. In order to do so, it is first necessary to evaluate the family planning requirement of the workers. This may be done by survey. Labor unions should be included in the planning stages in order to ensure their support in encouraging workers to submit to a social discipline. Motivation and assistance should be provided. Periodic evaluation of the program is also important. It is necessary to have a social worker and a doctor on either a full or part time basis dependent upon the number of workers requiring assistance. Consortium may be formed between industrial groups to fulfill this requirement. Of great importance is the commitment of top management to family planning education and the objective of a family planning program in creating an organized environment in which such programs may thrive.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 93-96.

39 SI – CPFH/05245cr973

AU – KHANDWALA S D

TI – Family Planning : education and motivation for industrial workers.

AB - Industries are ideally suited for family planning programs since they are closed societies in which intensive propaganda may be employed. The health departments can be easily geared to family planning activities making it one of the labor welfare measures for workers. Management must be committed to support and maintenance of a family planning program. A family planning officer can be appointed to co-ordinate related activities within the industry. He should be responsible for family planning education and motivation programs. Others can directly influence and motivate the workers towards the practice of family planning by virtue of the esteem in which they are held by the workers. These are the supervisory staff, the jobbers, and the trade union leaders. Eligibility surveys can identify the target workers by collecting information on family status, size, and contraceptive practice when the worker draws his pay. Those identified as targets may be approached for family planning education by general gettogethers, healthy baby competitions, exhibitions, films, groups, and individual talks with the family planning officer. Keeping the program as part of an integrated health plan will help motivate the worker to feel that management is interested in his total well being, not just as a family planning statistic. The idea of small family norms can be encouraged by immunization and child care. Various incentives for sterilization can be offered in form of money, leave, emotional support and good medical care. The Hindoostan Mills in, Bombay have implemented a program such as this, and at present, 95% of the couples have accepted family planning.

SO - In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India , All India Organisation of Employers and International Labour Organisation, 1973, pp 86-92.

40 SI - CPFH/05244cr973

AU - KRISHNA U ; KHURODY D N ; SHINDE S B

TI - Family planning in an industrial community.

AB - Larsen and Toubro Ltd. of North Bombay initiated a family planning program early in 1967. The program began with the assistance of the Bomaby Municipal Corporation and the Family Planning Training and Research Center. A survey of employees revealed that a large number were unaware of family planning and required motivation and guidance. A family planning clinic was established offering a choice of methods as well as facilities for vasectomies. The clinic was turned into a health center after a year. It was realized that integration of other

related health services would encourage greater cooperation of the employee and his family. In 1970 a medical center was set up at the factory itself. This involves all medical staff in family planning and leads to better case follow up. Regular motivation is carried out by 3 social counsellors and an assistant welfare officer. This close contact with the employee strengthens the effectiveness of the motivators' work. Interest and awareness are maintained by periodic displays on health, pamphlets on preventative medicine and birth control. As of July 1973, 97% of 3,005 married employees have been contacted for family planning. 603 cases are on the pill, 838 are using condoms, 389 have been sterilized, 20 have IUDs, and 429 are using some other method. The total cost of the program amounts to Rs. 100,000 per year. This is about Rs. 40 per year per worker. Among the difficulties experienced was the close community among the workers causing rapid communication of failures and side effects. There are also those cases which continue to rely on fate and abortion, or need repeated motivation to continue practicing birth control. The achievement of Larsen and Toubro in offering an integrated program can be repeated in any other branch of industry.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 82-85.

41 SI – CPFH/05243cr973

AU – MOWDAWALLA A K

TI – Management motivation in family planning.

AB – Though industrial workers, the supervisory staff and the management staf of industry are only a small segment of the Indian population, their effect on the national goal of population control could be quite substantial. Industrial workers are better educated, concentrated within small geographical areas, and tend to be amenable to suggestions from union leaders or managers. One of the functions of management is to enable the worker to maximize his efficiency and productivity. A successful family planning program would allow the worker's salary to go further and thus raise his standard of living. Wage demands might also be reduced since the worker would have limited the size of his family and not have to provide for yet another child. Good relations between management and the worker, as well as the support of trade unions, are necessary. Incentives in the form of priority in housing, extension of credit facilities, and educational advantages would probably work better than monetary

incentives. Help in the form of pre-and postnatal care, and well-baby clinics, to assure parents that their children will survive, also of some importance in motivation of acceptors. The experience of GODREJ, an industial plant, is offered as a model in planning such a program.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 77-81.

42 SI – CPFH/05242cr973

CN – All-India Organisation of Employers.

TI – Family planning in industry.

AB – The Indian family planning program in the industrial sector is intended to supplement government effort in the organized sector. The industrial workers occupy a strategic position in the population by being more amenable to motivation, involved in a network of medical and para-medical facilities easily converted into family planning facilities and being in the position where intense propaganda can be employed. In a survey of family planning programs in industry the International Labour Organization's Study Team in Family Planning in Industry found that the programs were well conceived and implemented. In 1968, the Federation of Indian Chambers of Commerce & Industry (FICCI) instituted awards for industrial efforts in family planning work. A separate department has been set up to motivate chambers of commerce and industrial units. The Indian Chamber of Commerce (Calcutta) has worked with FICCI in providing training, advice, contraceptives, and other necessitites for implementation of family planning programs. The Labour Welfare scheme adopted by the United Planters Association of Southern India has also been important in contributing to the family planning effort. Analysis of family planning surveys in industry carried out in various cities, 1968-72, is included with special mention of those companies who had won the FICCI award. A breakdown of response to questionnaires sent out by the FICCI to companies in all sectors of industry follows. A partial list of responsive industries includes cotton textiles, tea, sugar, cement, steel, tools, fertilizer, and jute.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973 : report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 63-76.

43 SI – CPFH/05241cr973

CN – India. Employers' Federation of India.

TI – Family planning services in industry : a survey.

AB – The Employers' Federation of India has always taken an active interest in provision of family planning services by industry. The Central Committee on Family planning set up in October 1972 suggested a survey of family planning programs functioning with the organized sector. A questionnaire was sent out in April 1973 and 345 replies were received. Though the survey is incomplete the Federation felt that the attempted national coverage made it worthwhile to be published. The report describes coverage by state, industry, workers, distribution of services in different sized units, what medical facilities are available, what year the services began, what is provided, types of incentives given for sterilization, how contraception provided. The report also includes the program activities available. Above all, the progress achieved with the various programs is described along with a ranking of preferred methods, marital status, and the expenditure by the industry in the provision of family planning. The report concluded that services had developed successfully in the industrial sector though much remains to be done, especially in the smaller companies.

SO – In : National Management Seminar on Family Planning, Bombay, Sept. 1973; report. Sponsored by Employers' Federation of India, All-India Organisation of Employers and International Labour Organisation, 1973, pp. 43-62.

44 SI – CPFH/03059cr974

AU – GATCHALIAN J C J

TI – Population growth and collective bargaining.

SO – In : Population Education for Trade Union Officers. Diliman, Philippines, Univ. of the Philippines, Asian Labor Education Center, 1974, pp. 124-140.

45 SI – CPFH/04936cr978

AU – SAWHNEY N

TI – Organised sector : strategy for implementing family welfare programme.

SO – Pop Cen News Letter 3(11) : 8-16, Jan. 1978.

46 SI - CPFH/04702cr964

AU - RAJ B

TI - Model programme for an industrial unit.

SO - Family Planning News : 28-30, Dec. 1964

47 SI - CPFH/03627cr974

AU - SIRCAR K N

TI - Family planning in industry : the story of Assam Tea Gardens.

SO - In : International Labour Office. Regional Office for Asia. Family Planning in Industry in the Asian Region, Part II : Some Action Studies. Bangkok, ILO, Regional Office for Asia, Oct. 1974, pp. 96-104.

48 SI - CPFH/01671cr972

AU - Finnigan OD III ; Parulan D

TI - Collective bargaining and family planning.

SO - Unpublished, 1972. 14p.

49 SI - PIP/775902 ; CPFH/04529cr977

AU - NAMBUDIRI C N ; SHARMA B R

TI - Strategy for family planning in the Indian industrial sector.

AB - A study was undertaken in order to formulate a strategy which will enable the Indian industrial sector to play a more effective role in promoting family planning among industrial workers. The program of action to be worked out covered the whole range of activities required to implement the family planning program-planning, allocation of resources, administration, and evaluation of results. Two methods were used to understand the existing situation : 1) study of the available literature on the subject; and 2) collection of primary data from selected sources. 31 case studies of industrial units were conducted by the researchers studying a number of government and nongovernment, as well as voluntary agencies. Recommendations are included for developing high-performance programs for family planning in the industrial units and in industrial concentrations. At the national level, the proposed strategy calls for : 1) a single organization which can provide

expert advice and help in program development and management to industrial units and undertake educational and developmental work with respect to a number of agencies and institutions; and 2) earmarking financial resources for family planning in the industrial sector from the existing allocations, and identifying additional sources of funds for intensive programs in the future. At the operating level, the proposed strategy calls for : 1) developing high-performance programs in large units and cluster programs for groups of small units; and 2) utilizing resources and facilities already existing in the industrial sector. Appendices present detailed guidelines for developing family planning programs for large industrial units and clusters of small units respectively, and describe the composition and role of the proposed organization for family planning in the industrial sector.

SO – New Delhi, India, Sterling Publishers, 1977. 143 p.

50 SI – PIP/752915 ; CPFH/03645cr975

AU – MAHESWARAPPA N K ; YADAV S S

TI – Family planning programme in Indian Telephone Industries (I.T.I.), Bangalore.

AB – The report outlines the family planning program in one of the largest public sector industries in Bangalore, the Indian Telephone Industries (I.T.I.), and describes the strategies developed for improving the program in the future. It includes : 1) reasons for instituting family planning programs in the organized sector; 2) description of the industry (I.T.I.) and its services to employees; 3) recent findings of a factual study of the program; 4) data illustrating family planning performance; 5) areas in which improvements were agreed upon in discussions with the Population Centre, Bangalore.

AD – Indian Telephone Industries, Ltd., Bangalore, India

SO – Population Centre Bangalore Newsletter 1(6) : 1-6. September-October, 1975.

51 SI – PIP/752769 ; CPFH/03572cr975

AU – CHACKO V I

TI – Some considerations of incentives and disincentives in the promotion of family planning : India's experience.

AB – One of the major drawbacks in the early years of India's national population policy was the inaccuracy of some assumptions, most notably that individuals would necessarily be self-motivated to participate in family planning programs. During the 1960's, incentives were introduced by employers and certain state governments, while national policy on incentives was at best tolerant and cognizant of its own inability to meet the cost of such techniques. Eventually, tax deductions and cash incentives were recommended by all official committees on the national level. Employers have not more actively participated in incentive programs, because they fear additional costs to themselves. One important proposal which employers should consider is the matter of deferred incentives, by which employees would be offered superannuation benefits. If acceptance of family planning leads to benefits for the employer on a corporate level, it may well be that a program of shared benefits would have to be implemented. Disincentives, such as limiting maternity benefits and housing allocation to small families, also have a positive role to play in population policy.

AD – United Tea Planters'Association of Southern India, India

SD – In : United Nations Fund for Population Activities (UNFPA). Symposium on law and population, Tunis, June 21-24, 1974. Proceedings, background papers and recommendations. New York, UNFPA, 1975. p. 46-55.

52 SI – PIP/752637 ; CPFH/03276cr975

AU – REARDON M J ; DAY J H ; GREENBERG L F ; HERZOG J

TI – The provision of family planning services in occupational settings : A review and analysis; June 1975.

AB – For the past 4 years, the Westinghouse Population Center (WPC) has been developing and evaluating alternative techniques and programs for delivering family planning services. One such program for making services and supplies more available to the general public is to provide them in occupational or work settings. The WPC's experiences in implementing a demostration program is presented, alongwith a review of similar domestic and international programs. Included are a preliminary program census and a preliminary formula for determining such a program's potential cost savings.

AD – Westinghouse Population Center, P.O. Box 866, Columbia, Maryland 21044

SO – Columbia, Maryland, Westinghouse Population Center, 1975. 183 p.

53 SI - PIP/745171 ; CPFH/03618cr974

AU - TATA N H

TI - Family planning in industry in India.

AB - When pioneering industries started family planning programs in the early 1950s, they had to go about it subtly because most of the workers were from agrarian backgrounds and they felt babies were gifts from gods. TISCO at Jamshedpur, Bihar, started its family planning activities in 1951 when the company-provided township grew from 160,000 to 258,000 in 1 year - not only because workers came looking for jobs but also because of high birth rates. In initial years emphasis was placed on damage to the health of the mother. When better contraceptives became available in 1955 the company made them available and in 1961 it integrated family planning into the company health services. A committee including labor union representatives was set up to oversee the program. The company has set up a series of incentives for sterilization or IUD use. Family planning spread from here to the more backward areas. The Tata Chemicals hospital at Mithapur pioneered family planning integrated with medical services in this area. The work of the Tata Electric Companies shows what can be done among a rural population when close cooperation is established with local midwives and village leaders. Government grants and tax concessions for family planning programs have encouraged other industries to coordinate such efforts with their medical services. Trade union participation in these efforts is vital because these organizations are the real voice of the worker. However many have said they do not have the funds for such efforts. Also, there has been a tendency among some to divide the allegiance of workers to any progressive union that may promote family planning.

AD - Tata Industries Ltd., Jamshedpur, India

SD - In : International Labour Office (ILO). Regional Office for Asia. Family Planning in industry in the Asian Region, part 2 : some action studies. Bangkok, Thailand, ILO Regional Office for Asia, 1974. p. 1-14.

54 SI - PIP/745175 ; CPFH/03622cr974

AU - RAO P C ; BISHT R S

TI - Case study of action by FICCI and its affiliates to promote family planning in industry.

AB – The Federation of Indian Chambers of Commerce and Industry, the central organization of industry, commerce and trade in India, concentrates on promoting economic progress and on contributing to the solution of the overall problem of raising the standard of living of the population. Consequently, one of its priorities is family planning. In the early 1960's the Federation became actively involved in family planning and worked stimulating chambers of commerce and associations of industry to accept family planning as part of the normal work agenda and persuaded top management in the corporate sector to take a personal interest in developing family planning programs in their establishments, helped industries and their organizations to prepare family planning projects and obtain financial and other support from the government and other sources. Generally, the Federation's achievements have been minimal in relation to the need. Only a few individuals, associations and centers have made outstanding contributions to the development of family planning in industry. The fact remains that the number of persons employed in the organized industrial sector is over 10 million and most of them are in the reproductive age group. They constitute 10% of the population in need of family planning. Future efforts of the Federation should include 1) the enlistment of the cooperation of trade unions; 2) management motivation; 3) increased attempts to involve medium and small sized plants in family planning; 4) the use of acceptors as family planning messengers; and 5) involvement of the Employees State Insurance Corporation in family planning services.

AD – Federation of Indian Chambers of Commerce and Industry, India

SO – In : International Labour Office (ILO). Regional Office for Asia. Family planning in industry in the Asian Region, part 2 : some action studies. Bangkok, Thailand, ILO Regional Office for Asia, 1974. p. 41-54.

55 SI – PIP/745181 ; CPFH/03628cr974

AU – CHACKO V I

TI – Motivational programme for family planning in South Indian plantations.

AB – Birth rates on South Indian plantations have consistently been higher than the rest of the country, ranging from 43.1-47.4/1000 for the plantations, compared to a national birth rate of 41/1000. Surveys of workers showed a gap between their awareness of family planning programs and

methods and their personal practice of birth control. To try to close the gap, a no-birth bonus scheme was introduced on 6 plantations as part of an integrated plan to advance the welfare of the worker's family. The plan was initiated and is administered by the United Planters' Association of Southern India. Within a comprehensive Labour Welfare Scheme, individuals are approached at their homes and in clinics. At the clinics, the emphasis is on child care, family planning, and nutrition of pregnant women. Credit for bonus payments are made monthly to those who do not become pregnant and the accumulated amount is payable upon the retirement of the worker or when she reaches the age of 45, the terminal point of membership in the voluntary scheme. Immediate incentives are provided for sterilization. For 3 project estates, 8.9% of the women in the scheme failed out of the 90.8% who accepted the scheme during its first 2 years. This represents 1.8% total failure and the rest partial defaultors. In the 3 estates, the birth rate fell 14.9% in the first years and 1.5% in the second.

AD - United Planters' Association of Southern India

SO - In : International Labour Office (ILO). Regional Office for Asia, Family Planning in industry in the Asian region, part 2; some action studies. Bangkok, Thailand, ILO Regional Office for Asia, 1974. p. 105-121.

56 SI - PIP/074512 ; CPFH/03608cr974

AU - NAMBUDIRI C N

TI - Management of family planning activities in the organised sector.

AB - One effective strategy for implementing family planning programs in India's industrial sector would be to use the management skills and organization already available in existing programs, clubs, unions and medical facilities. Management concepts and techniques are appropriate and relevant to social problems, however, because such programs are massive in scope, few people are equipped to manage them. In the industrial sector where age of workers, their health and the population density make family planning necessary, the managemnt of existing organizations could be used to supervise family planning programs by incorporating family planning goals into the organizations existing goals. A National Organised Sector Family Planning Programme would provide managerial and consultative help in incorporating into existing organizations suitable family planning programs. The strategy for the implementation employs a series of officers coordinating medical services and existing organizational structures to provide voluntary,

personalized, family planning service. A central agency would set policy, appropriate funding and coordinate the programs with the National Family Planning Program which is expected to provide literature, contraceptives, technical and program guidance and managerial help. The operational staff would identify suitable organizations and design within the existing organization the family planning program. Cluster managers would manage the family planning arm of the organization. Evaluation of programs would measure acceptance, use, and use effectiveness. By tapping an existing source of managerial skill, it is hoped that family planning can be effectively and efficiently introduced to the industrialized sector.

AD – Indian Institute of Management, Ahmedabad, India

SO – In : International Labour Office (ILO). Regional Office for Asia. Asian regional seminar on management of family planning programmes. Singapore, November 5-9, 1974. Bangkok, ILO Regional Office for Asia, 1974. p. 118-145.

57 SI – PIP/734938 ; CPFH/03169cr972

AU – MANGALDAS M

TI – Scope of family planning programmes in the organized sector.

AB – The work effort of the organized industrial sector to decrease the birthrate can be divided into the broad categories of the organizational level and the unit level. At the apex of the organizational pyramid is the Federation of Indian Chambers of Commerce and Industry which has been striving for over 10 years to induce both the chambers of commerce and associations of industries along with the managements to initiate family planning programs of their own. The acceptance of family planning among industrial workers has been accepted as a major activity of this organization. At the unit level, on the basis of survey information, it appears that the large units are aware of their family planning responsibility and have initiated measures to deal with the problem. This is not the case, however, for the medium and small industries, but the surveys do reveal that the majority of industries which do not have facilities are anxious to develop them. Consequently, a catalytic agent which will bring this willingness into action is needed. If provided with adequate services, the voluntary organizations can fill the gap. In the large industries family planning can and should be integrated into the other employee health and welfare facilities and services. In these industries the managements need to be both motivated and personally involved

and the program should be conducted with the willing and complete cooperation of trade unions and their leaders. For the new units with little or no facilities, a cooperative appraoch can be adopted so that all units situated in a given area are pooling their resources in order to offer effective services. As some managements are more motivated and enlightened than others, the Federation of Indian Chambers of Commerce and Industry will be working hard through its constituency to bring about a change in the less motivated managements.

AD - Federation of Indian Chambers of Commerce and Industry, New Delhi, India

SO - In : International Planned Parenthood Federation, Indian Ocean Region (IPPF/IOR). Population, development and the environment. Report of the proceedings, Bombay, December 9-15, 1972. Bombay, IPPF/IOR, (1973).p.85-90.

58 SI - PIP/744084 ; CPFH /04227cr974

AU - MANKEKAR K

TI - Voluntary effort in family planning : a brief history.

AB - The voluntary effort in family planning in India is reviewed. Among the topics presented are : 1) the beginning of the family planning movement in India; 2) the historical role of All India Women's Conference; 3) Family Planning Association of India's contribution at the national level; 4) family planning resources and personnel; 5) the role of the organized sector of industry and commerce in family planning; 6) birth control incentives at the tea plantations; 7) the role of the United Planters Association of Southern India; 8) Indian support for research and study programs; 9) the role of Christian medical missions; 10) problems and the potential for family planning in India; and 11) the future role of voluntary and governmental groups.

SO - New Delhi, Abhinav Publications, 1974. 97 p.

59 SI - PIP/733175 ; CPFH/02493cr973

AU - APTE J S

TI - Implementation of family planning programs in an industrial set-up.

AB - A systematic approach for implementation of family planning programs in an industrial set-up in India is presented. In 1971, 27.9% of the Indian population was involved in industry. Many of the industrial workers come from rural and semi-rural areas. The promotion of family planning in an industrial set-up has to be done by full-time, trained social worker or extension educator. Communication precedes motivation for acceptance of a family planning method. The labor and welfare officers, the trade union leaders, the medical officer, and other leaders are in a position to communicate the message of family planning because they combine both authority and a concern for the workers' welfare. A number of mass communication media and approaches must be employed. The family planning program involves a joint effort between management, labor, and a voluntary agency. The camp approach is an important one. It is essential to inform and involve the mangement, the unit level trade leaders, and other influential workers in all stages of program planning and implementation.

AD - Family Planning Association of India, India

SO - Journal of Family Welfare 20 (2) : 39-44. 1973.

60 SI - PIP/731065 ; CPFH/01598cr973

AU - JOSHI R J

TI - Industry and family planning : some case studies.

AB - Family planning programs in seven indian industrial organizations were examined in an exploratory study of the various facets of the role that industry plays in the family planning movement. Data about the programs were collected by a specially designed questionnaire, structured discussions and visits. Each industry's operations were presented including numbers of workers, kinds of incentives and paid leave for sterilization and IUD insertion, number of workers using family planning, and number of sterilizations. The total life pattern of workers was accepted as a legitimate area of concern to the employer. The family planning center was carefully set up with trained personnel and served as a focal point of all family related welfare actvities. Motivation toward family planning was supplied through publicity and propaganda, social and recreational programs, and incentives in the form of cash awards and special paid leave. Personnel policies and practices such as company housing and medical benefits to dependents were also used as incentives. Most organizations used the existing community based family

planning services with state supplied financial assistance in setting up Family Welfare Planning. Training of personnel was provided by the State. Industrial organizations received tax benefits and awards for their role in family planning. Managements made a positive assessment of the success of their programs. It is suggested that the ability of industry to reach a large mass of people, because of its existing infrastructure, culture of efficiency and tax benefits, provides promise in promoting the industry sponsored family planning program.

AD – Shri Ram Centre for Industrial Relations and Human Resources, New Delhi, India

SO – Journal of Family Welfare 19 (3) : 67-85. March 1973.

*Annexure I*

## QUESTIONNAIRE

## REVIEW OF FAMILY WELFARE PROGRAMMES UNDERTAKEN BY SELECTED INDUSTRIAL HOUSES AND BUSINESS ASSOCIATIONS

The public and private sector units such as yours has been contributing towards the national efforts in the stepping up of Family Welfare Planning Programme in the country. Your unit has also been engaged in this national task for some years by now. Since when (years) the programme started and duration (in years)

1. What in your views are some of the strong points in the role played by organised sectors responsible for this :

   1. _____

   2. _____

   3. _____

   4. _____

   5. _____

2. What are some of the weak points in the role played by organised sectors according to you in the Programme :

   1. _____

   2. _____

   3. _____

   4. _____

   5. _____

Previous Page Blank

3. What are your recommendations for the improvement of the Programme ?

   1. _____

   2. _____

   3. _____

4. In your opinion what needs to be done for improving the Programme in respect of :

   a. Management Commitment in Pvt/Pub sectors

   b. Education and training

   c. Other agencies' involvement (Pl identify)

   d. The role of organised sectors (Explain briefly)

5. Do you feel that labour unions/voluntary organisations such as Mahila Samithis have been helping in stepping up the Programme, if so, in what way. Pl state briefly.

| *Organisations* | *Help provided/activities of fp* |
|---|---|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

I. INDENTIFICATION :

1. Name of Industrial House/ Business Association ... _____

2. Principal Products/Activity ... _____

3. Name of the Unit ... _____

4. Address
   i) State ... _____
   ii) District ... _____
   iii) City/Town ... _____
   iv) Locality/Pin ... _____

5. Size ... *Large ☐ Medium ☐ Small ☐

6. Sector ... * Private ☐ Public ☐

II. TARGET GROUP :

| | | Men | Women | Children | Total |
|---|---|---|---|---|---|
| 1. | Number of employees by sex (as on 1.4.1988) ... | | | | |
| 2. | Number of employees in ** reproductive age group ... | | | | |

3. Educational level of employees (Number) ...

| Graduate and above | High/ Higher Sec. School Pass & above | Below Level High/ Higher Sec. School |
|---|---|---|
| | | |

III. FAMILY WELFARE PROGRAMME :

1. Do you have a Family Welfare Programme ? ... Yes ☐ No ☐

2. If no, please indicate the reasons for not having a Programme ... _____

* Mark √ where applicable

** Male 16 years till retirement; Female 14 to 45 years.

i) Low rating assisgned to the activity ... Yes ☐ No ☐

ii) Financial Constraints ... Yes ☐ No ☐

iii) Any other reason(s) ...

3. If Yes, date/year of starting the Programme ... _____

4. Is there a SPECIAL CELL for implementing the Programme? ... Yes ☐ No ☐

5. If Yes, its set-up :

i) Type and number of personnel : (Please specify number of Personnel during last 3 years)

| | | 1987 | 1986 | 1985 |
|---|---|---|---|---|
| **A. Medical :** | | | | |
| a) Specialist/ Gynaecologist | ... | _____ | _____ | _____ |
| b) Doctor | ... | _____ | _____ | _____ |
| **B. Para-medical :** | | | | |
| a) Nurse | ... | _____ | _____ | _____ |
| b) Midwife | ... | _____ | _____ | _____ |
| c) Public Health Visitor | ... | _____ | _____ | _____ |
| d) Health Educator | ... | _____ | _____ | _____ |
| e) Medico-Social Worker | ... | _____ | _____ | _____ |
| f) Any other (Please specify) | ... | _____ | _____ | _____ |

C. Information/Education/Communication (I.E.C.) (Specify the infrastructure , if any

ii) Type of special infrastructure :

a) Family Welfare Unit ... Yes ☐ No ☐

b) Maternity and Child Health (M.C.H.) Unit ... Yes ☐ No ☐

c) Any other (please specify) ... _____

6. If no special set-up, please specify the general infrastructure :

a) Dispensary ... Yes ☐ No ☐

b) Hospital ... Yes ☐ No ☐

c) Any other (please specify) ... _____

7. Type of Services provided :

i) Family Planning :

a) Conducting surveys for identifying the target group (please attach report of survey conducted, if any) ... Yes ☐ No ☐

b) Counselling on small family norms ... Yes ☐ No ☐

c) Distribution of Conventional contraceptives ... Yes ☐ No ☐

d) Distribution of oral pills ... Yes ☐ No ☐

e) Vasectomy ... Yes ☐ No ☐

f) Tubectomy (By minilap/ laparascopy) ... Yes ☐ No ☐

g) I.U.C.D. ... Yes ☐ No ☐

h) MTP (Medical Termination of Pregnancy) ... Yes ☐ No ☐

i) Any other (please specify) ... _____

ii) Family Welfare :

a) Ante-natal ... Yes ☐ No ☐

b) Post-natal ... Yes ☐ No ☐

c) Immunisation of children ... Yes ☐ No ☐

d) Any other (please specify) ... _____

8. Coverage :

i) Do you cover the spouses of your employees under the Programme ? ... Yes ☐ No ☐

ii) Do you extend the available facilities to non-employees ... Yes ☐ No ☐

iii) Have you adopted any urban locality/rural areas for extending the benefits of your Programme? ... Yes ☐ No ☐

(Please attach a short Note on your experience & achievements)

9. Family Planning facilities other than by Management :

i) Do your/your employees avail family planning facilities provided by :

a) Government Hospitals ... Yes ☐ No ☐

b) E.S.I.C. ... Yes ☐ No ☐

c) Any other agency (Please specify) ... _____

ii) What is your/your employees' experience in getting facilities from :

a) Government Hospitals ... Satisfactory ☐ Not satisfactory ☐

b) E.S.I.C. ... Satisfactory ☐ Not satisfactory ☐

c) Any other agency ... Satisfactory ☐ Not satisfactory ☐

10. Source of Supply of Contraceptives :

i) Purchased from company funds ... Yes ☐ No ☐

ii) Received from Govt. Agencies ... Yes ☐ No ☐

iii) Other sources (please specify) ... _____

11. Incentives :

i) In what form do you provide incentives under the Programme?

a) Cash ... Yes ☐ No ☐

b) Kind (please specify) ... Yes ☐ No ☐

c) Any other (Please specify) ... _____

ii) Please indicate the quantum against each :

| | Vasectomy | Tubectomy | IUCD |
|---|---|---|---|
| a) Motivator | _____ | _____ | _____ |
| b) Family Planning acceptor | _____ | _____ | _____ |
| c) Technical Staff connected with family planning work | _____ | _____ | _____ |

iii) Is your unit recognised for incentives offered by Government? ... Yes ☐ No ☐

iv) Are you recommending 'Disincentives' also? If yes, please specify details.

12. a) Is there a Bipartite Worker – Management Committee for advising on implementation of the programme? ... Yes ☐ No ☐

b) Do you involve outside talents also? (Govt./ Vol. Organisations) in your Committees? If yes, please specify. _____

(please give a short Note on the composition, functions, periodicity of meeting etc. of the Committee) _____

13. Achievements under the Programme

| | 1987 | 1986 | 1985 | till 1984 |
|---|---|---|---|---|
| i) Number of vasectomies | ... | | | |
| ii) Number of tubectomies | ... | | | |
| iii) Number of IUCD cases | ... | | | |
| iv) Number of MTP cases | ... | | | |
| v) Number of Oral Pills distributed | ... | | | |
| vi) Number of conventional contraceptives distributed | ... | | | |
| vii) Immunisation | ... | | | |
| viii) Any other (please specify) | ... | | | |

IV. PROGRAMME APPRAISAL :

1. Financial :

Please indicate the amount allocated and actual expediture on your programmes during the last three years

| | 1987 | | 1986 | | 1985 | |
|---|---|---|---|---|---|---|
| | *A | *E | A | E | A | E |
| ... | | | | | | |

2. Physical :

Please indicate the extent (in percentage) of achievement of physical targets set for various activities :

| | | | |
|---|---|---|---|
| i) Distribution of Oral pills | ... | | |
| ii) Distribution of contraceptives | ... | | |
| iii) Vasectomy | ... | | |
| iv) Tubectomy | ... | | |
| v) IUCD | ... | | |
| vi) MTP | ... | | |
| vii) Immunisation | ... | | |

* A = Allocation

*E = Expenditure

3. Problems faced :

i) Response of target group :

a) Negative ... Yes ☐ No ☐

b) Indifferent ... Yes ☐ No ☐

c) Inadequate ... Yes ☐ No ☐

ii) Resource handicap in terms of:

a) qualified & experienced staff ... Yes ☐ No ☐

b) equipment, medicines,etc ... Yes ☐ No ☐

c) I.E.C. Component(men & material) ... Yes ☐ No ☐

d) Others (please specify) ... _____

iii) Lack of cohesion with & support by

a) Govt. agencies ... Yes ☐ No ☐

b) Vol. Organisations ... Yes ☐ No ☐

4. i) I.E.C. Infrastructure :

a) Resources available in house

b) Resources available from other sources eg. Central & State Govt. agencies and Non-Governmental Organisations

ii) Exposure through Mass Media :

Films (Cinema/Theatre)
TV/Radio.

Outdoor publicity (visible), Printed publicity (including News-paper, folders, leaflets, posters etc.)
Folk media.

iii) Exposure through

Group approach.
Inter-personal communication.

5. Impact of the Programme :

Has the Programme made any visible impact on the beneficiaries in terms of :

i) Improving labour-management relations ... Yes ☐ No ☐

ii) Making beneficiaries healthy and cheerful ... Yes ☐ No ☐

iii) Reducing indebtedness/ withdrawls from P.F. ... Yes ☐ No ☐

iv) Reducing industrial accidents ... Yes ☐ No ☐

v) Reducing absenteeism ... Yes ☐ No ☐

vi) Improving job dedication & production/productivity ... Yes ☐ No ☐

6. Has the Programme proved cost effective in terms of various benefits accruing to the management from decline in number of accidents and cases of maternity leave, increase in production etc., offsetting the cost of the programme? ... Yes ☐ No ☐

(please attach a copy of the study made, if any, on the subject.)

*Annexure II*

# QUESTIONNAIRE

## REVIEW OF FAMILY WELFARE PROGRAMME UNDERTAKEN BY SELECTED INDUSTRIAL HOUSES AND BUSINESS ASSOCIATIONS

## WORKER'S PROFILES

I. IDENTIFICATION :

1. Name of worker ... _____

2. Name of Industrial House/Unit where employed ... _____

3. Address of the Unit ... _____

II. PERSONAL DATA OF WORKERS :

1. Marital status ... Single/married /widower

2. Age :

a. Self ... _____

b. Spouse ... _____

3. Number of children (with age):

a. Male ... _____

b. Female ... _____

4. Educational level/skill:

a. Self ... _____

b. Spouse ... _____

5. Religion ... _____

6. Years of service rendered ... _____

7. Earnings per annum ... _____

III. WORKER'S PERCEPTION OF FAMILY WELFARE PROGRAMME :

1. Whether aware of family welfare programme/small family norm concept ... Yes ☐ No ☐

2. If Yes (a) source of awareness/ motivation ... _____

   (b) The determinant IEC factor in changing attitude in favour of f.w. ... _____

3. Adopted permanent family planning method after ... One child /2 children / 3 or more children

4. Mode of family planning adopted : ...

I. Permanent methods

a. Vasectomy ... Yes/No

b. Tubectomy ... Yes/No

II. Spacing methods

c. Conventional/ contraceptives ... Yes/No

d. Oral Pills ... Yes/No

e. IUCD ... Yes/No

f. MTP ... Yes/No

g. Vaginal/foam tablets ... Yes/No

h. Cream/gelly ... Yes/No

i. Diaphragm ... Yes/No

j. Rhythm method ... Yes/No

III. Any other (Please specify) ... _____

5. Reason (s) for accepting the programme/small family norm :

   a. Better health of family ... _____

   b. Better education for children ... _____

   c. Better standard of living ... _____

   d. Reducing indebtedness ... _____

   e. Any other (Please specify) ... _____

6. Experience of family welfare facilities provided by :

   a. Management ... _____

   b. Government ... _____

   c. Employees' State Insurance (ESI) ... _____

   d. Voluntary Organisation, if any ... _____

   e. Any other agency (Please specify) ... _____

7. Welfare Programme for workers

   i. List various welfare programmes for workers and officers responsible for them : _____

   | Description of welfare programme | Responsible officer |
   |---|---|

   ii. Whether the industry provides housing to workers; Yes/No _____

   iii. If yes, what percentage of workers have in the residential colonies provided by the company _____

iv. List the type of activities conducted in the resdential colonies (for female workers)

8. Experiences with F.W. Programme (This portion may be replied by the person responsible for the Programme):

(1a) What efforts have been made to get support from the top level management?

(1b) In what form the support is available from them?

(1c) Whether any of them in particular, takes interest in the Programme. If yes, who and in what form?

(1d) Whether anybody has responsibility to review the programme; If 'yes' who reviews it and in what form review is done:

(1e) Please suggest the ways how the support can be increased from the top level management:

(2a) How many executives of middle level management are involved in the Programme?

(2b) How is support sought from them?

(2c) In what form is support received from them?

(2d) Please suggest the ways how the middle level management can be more involved in the Programme:

(3a) Please list the ways in which unions are involved in the Programme:

(3b) What efforts have been made to involve them in the Programme:

(3c) In what form they provide support to the Programme:

(3d) Please suggest the ways how the unions can be involved in the Programme :

(4a) How are workers involved in popularising the f.w. Programme?

(4b) What efforts have been made to involve them in the Programme?

(4c) In what form they provide support to the Programme?

(4d) Please suggest ways how the workers can be made to take more interest in popularising the f.w. Programme:

(5) Has there any Committee to oversee progress of f.w. Programme in the industry/unit? Yes/No

(5a) If 'Yes', who are its members and how does it function?

(5b) Please suggest how such Committee can be made more effective:

(6) How is the planning and strategy formulation for f.w. work done in the industry? Please describe the mechanism:

(7) Describe the current strategies adopted for

(i) Conducting educational programmes :

(ii) Providing supplies to the workers :

(iii) Giving services to workers :

(8) If you are given free hand to strengthen the f.w. Programme in the industry, how you will go about

(i) Conducting educational activities :

(ii) Providing supplies to the workers regularly :

(iii) Providing services to the workers :

(9) Please list, various steps you will adopt to strengthen f.w. Programme in your industry

(10) Assuming that f.w. work in your industry is satisfactory and workers have accepted programme services, how one can utilise their help to spread message among their kith and kin? Please make suggestions to achieve the spread effect of your activity in industry.