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Family Planning Programme in Seven Most Populous Developing Countries—A Comparison

Introduction

FAMILY planning programmes have been initiated in developing countries with a goal of reducing fertility and population growth or improving health of the population, particularly mothers and children. Though the statements of goals of these programmes may differ but they require enabling couples to plan their families. Two important components of the programme, which can enable couples to plan families, are to create demand for planned family and to supply services to meet this demand. The programme infrastructure is so created to fulfil these dual objectives. Despite the fact that overall family planning programmes have been receiving emphasis almost in all the countries (UN 1990), their achievements have been of varying degrees. These achievements are obviously affected by the socio-economic background of the country, overall fund allocation to the programme and the emphasis different programme components have been receiving within the overall programme. This paper is an attempt to discuss and compare the emphasis laid on different components of the programmes of less developed countries and relate them with the overall achievement. Such information is useful not only on its own but may have pointer value for the Indian programme—it may suggest the areas where more emphasis is needed in the Indian programme.

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Seven most populous countries from the less developed world have been taken for comparison of emphasis on different components and relate them with their achievements. These seven countries arranged by population size around 1990 are given below:

<i>Country</i>	<i>Pop. (million)</i>
China	1153.3
India	846.3
Indonesia	184.3
Brazil	149.0
Pakistan	118.1
Bangladesh	113.7
Nigeria	108.5

It may be noted that a little less than half the total population of the World lives in these seven countries and they have large population programmes. Therefore, study of these countries will have relevance for the family planning, in general. Their experience may have relevance for the Indian programme.

Sources of Data

This paper uses socio-economic background, demographic profile, family planning programme achievements and family planning programme characteristics for these seven countries to analyse their achievements and the factors, which might be partly responsible for it. The idea was to compare how programme achievements in these countries are related with the programme characteristics and the socio-economic profile of the country. These data have been taken from "Family Planning and Population: A Compendium of International Statistics" (Ross *et al.*, 1993). Though all attempts were made to take data for the year 1990, but it was not always possible for all the countries. In case such data for the year 1990 was not available, data for the year closest to 1990 has been taken. Figures were taken only from the source cited above. In many cases, different figures, known to be perhaps more reliable, were available but they were not taken. It was done with the assumption that utilization of the same source overcomes the usual problem of non-comparability and dis-similar conceptual definitions.

Planning Programme Achievements

One can take two indicators of family planning programme achievements; one could be based on changes in fertility, Total Fertility Rate (TFR) in this case, and the other on Contraceptive Prevalence Rate (CPR). These two indicators for seven countries are shown in Table 1.

TABLE 1: CHANGE IN TOTAL FERTILITY RATE AND CONTRACEPTIVE PREVALENCE RATE FOR SEVEN COUNTRIES

<i>Country</i>	<i>Total</i>	<i>Fertility Rate</i>	<i>Decline in TFR(%)</i>	<i>CPR</i>
	<i>1960-65</i>	<i>1985-90</i>	<i>(1960-65 to 1985-90)</i>	
China	5.9	2.4	59	72
India	5.8	4.2	28	43
Indonesia	5.4	3.5	35	50
Brazil	6.2	3.2	48	66
Pakistan	7.0	6.8	3-	12
Bangladesh	6.7	5.1	24	40
Nigeria	6.9	6.9	0	8

The highest decline in fertility has been in China, followed by Brazil, Indonesia, India, Bangladesh, Pakistan and Nigeria in this order. It may be noted that as per expectations, this decline corresponds with contraceptive prevalence rate. That is, the ordering of countries by declines in fertility in the period 1960-65 to 1985-90 completely matches with increase in the contraceptive prevalence rate (shown in the last column). The ranking of the seven countries, on the basis of programme achievements is China, Brazil, Indonesia, India, Bangladesh, Pakistan and Nigeria. For discussion sake, these countries can be grouped in the following categories:

- High Achievements : China and Brazil
- Medium Achievements : Indonesia, India and Bangladesh
- Low Achievements : Pakistan and Nigeria

and Socio-economic Profile of the Country

Three indicators of socio-economic level of the country have been taken in this paper. They are shown in Table 2 against each country after arranging them in order of achievements in the family planning programme.

TABLE 2: COUNTRIES ARRANGED IN ORDER OF THEIR PROGRAMME ACHIEVEMENTS AND SOME INDICATORS OF THEIR SOCIO-ECONOMIC PROFILE

<i>Country</i>	<i>Female Literacy (%)</i>	<i>GNPC(\$)</i>	<i>% Urban</i>
China	62	370	30.2
Brazil	80	2940	78.7
Indonesia	68	610	32.5
India	34	330	26.8
Bangladesh	22	220	19.5
Pakistan	21	400	34.7
Nigeria	39	340	39.3

Though Brazil with a large family planning programme achievements shows higher values on all socio-economic indicators, there is, in general, no correspondence in the programme achievements and the socio-economic development of the country. For instance, Nigeria is better compared to several other countries considered here on all socio-economic indicators and yet its achievements in family planning programme are the lowest. It may suggest that, as many times stated, socio-economic development may not be a pre-requisite for effectiveness of the programme.

Relationship of Programme Achievements with Efforts on the Programme

Four indicators used to measure efforts on the family planning programme are: (i) source of funding—it is suggestive of the priority the country assigns to the programme, (ii) per capita funding on family planning programme (iii) married women of reproductive ages (MWRA) per family planning staff, and (iv) total effort score developed by Parker and Ross (1991)¹. These indicators are shown for all the seven countries arranged by their programme achievements in Table 3.

¹ Thirty indices were employed to compute total effort score, each index could range from 0 to 4 and thus making total possible effort score as 120. Total scores given here are percentage of the maximum.

TABLE 3: DIFFERENT MEASURES OF EFFORTS ON THE FP PROGRAMME BY COUNTRIES
ARRANGED BY ACHIEVEMENTS

Country	Source of Funding (% total budget)				Per capita cost (US cents)	MWRA per staff	Total effort Score
	Govt.	Inter- national	Foreign	Pvt.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
China	NA	NA	NA	NA	NA	1295	87
Brazil	0.0	12.6	51.2	36.2	3.5	11712	32
Indonesia	62.0	19.0	19.0	0.0	48.1	712	80
India	89.1	7.6	3.3	0.0	51.0	1201	72
Bangladesh	20.8	45.7	29.7	3.7	109.4	1815	72
Pakistan	28.1	25.7	46.2	0.0	15.0	1083	48
Nigeria	0.0	16.4	59.6	24.0	4.5	3731	43

Data on source of funding is not available for China (Cols. 2-5). Among other countries, programme of Brazil is voluntary and therefore it could attract funds bilaterally from other governments and private organizations. These donors and private organisations had ensured strong IEC and evaluation/monitoring activities (Table 5). Thus though government had not committed their own funds for the programme but its allocation to different components ensured right emphasis. (It is difficult to explain why score computed by Parker and Ross (1991) is zero for Research and Evaluation (Table 4). There seems to be some error in the responses compiled by the authors of the paper cited above.) Funds availability from international agencies is limited and therefore they form limited source except for Bangladesh where more than 45 per cent funds came from such agencies. India and Indonesia, being large-population countries have to provide for most of the programme funds from their own resources to build necessary network of services. Bangladesh, Pakistan and Nigeria depended mostly on the sources other than of their own. This sort of lesser financial commitment of government in their programmes may suggest lower priority assigned to the programme (except in the case of Bangladesh which has very limited resources of their own and thus has to depend on other resources) by the country. Depending on funding from other sources may also imply better monitoring, evaluation and research systems set up by the donors to strengthen the programme in order for them to be answerable to their own boards and committees for right utilization of funds.

Second indicator, namely, per capita cost of family planning activities (Col. 6) is suggestive of the allocation of funds (from all sources) to the programme.

Brazil's investment is quite low and still the programme achievements are quite high; probably its socio-economic profile and better monitoring are the factors responsible for higher achievements. Very low investments in Pakistan and Nigeria perhaps explain low programme achievements of these countries. Bangladesh's per capita investment is almost double that of Indonesia and India and still its achievements are less than these countries. It may be because of the fact that programme of Bangladesh has taken off recently and therefore decline in fertility has recently set in. Perhaps it will accelerate overtime and thus their higher per capita investment may show better results in near future.

The indicator of number of married women of reproductive ages per staff (Col. 7) shows the following:

- (i) Brazil and Nigeria have much smaller staff compared to other countries. Brazil's low per capita cost on the programme is reflection of this.
- (ii) Bangladesh spends maximum on the basis of per capita cost and yet its ratio of MWRA per staff member is relatively low. It suggests that the programme cost per staff is high in Bangladesh. This might mean that their programme staff is heavy on high salaried class—perhaps has more medical staff.
- (iii) Per capita programme cost for India and Indonesia is almost similar but staff density in Indonesia is much higher than India. It indicates that the field staff (whose salaries are lower than the medical staff) is higher in Indonesia than in India.

The Total Effort Scores (Ross *et al.*, 1993) of China, Indonesia, India and Bangladesh are comparable and quite high. This suggests that these countries have accorded high priority to this programme. Their achievements are also comparable—slightly more in Indonesia and slightly less in Bangladesh (than India).

In other words, commitments of the country (reflected in their own investment in the programme, higher total effort score and higher per capita allocation to the programme) had affected achievements positively. *Also, greater investment on the field staff and IEC staff may be necessary to reach wider sections of population. This could be done by either greater allocation to the field and IEC staff or by transferring expenditure from senior highly paid to junior field and IEC staff.*

Relationship of Programme Achievements with the Programme Development

Programme achievements have been indicated by listing the countries in order of their achievements and the programme development by following three indicators:

- (i) Family Planning Effort Scores in (a) Policy and Stage Setting, (b) Service and Service related activities, (c) Record Keeping and Evaluation, and (d) Availability and Accessibility;² (ii) Method-mix of contraceptive methods; and
- (iii) Distribution of family planning programme expenditure in different components.

Table 4 shows the first and second indicators and Table 5 the third indicator for each of the seven countries arranged in order of achievements in family planning programme. The following are the relationships observed of achievements with emphasis on the programme components:

- (i) The efforts on the part of Pakistan and Nigeria have been low in all the effort categories listed here. (ii) The Scores in Brazil have also been low. Again, perhaps better socio-economic status and better monitoring of the programme have been helpful in better achievements. (iii) In general, political and bureaucratic support, better quality services and monitoring and evaluation have been helpful in improving achievements of the programme. (iv) All methods—terminal and spacing—get emphasis in better achieving programmes.

The relationship between achievements and emphasis on different components of the programme (shown by expenditure in the component) are shown in Table 5.

² The total score was divided into four indices: *Policy and Stage Setting Activities*—covering policy regarding fertility reduction and family planning, statement by leaders, level of programme leadership, policy regarding age at marriage, import laws and legal regulations, whether advertising of contraceptives was allowed, whether other ministries/public agencies were involved, in-country budget for programme; *Service and Service-Related activities*—covering involvement of private sector agencies and groups, whether civil bureaucracy was used, community-based distribution, social marketing, post-partum programme, home-visiting workers, administrative structure, training programme, whether staff carry out assigned tasks, logistic and transport, supervision system, mass-media for IEC, incentives/disincentives; *Record Keeping and Evaluation*—covering record keeping, evaluation, management, use of evaluation findings; *Availability and Accessibility of Fertility Control Supplies and Services*—covering services like male sterilization, female sterilization, pills (and injectable), condom (and other conventional methods), IUDs and abortion. *The figures given in each category (in Table 4) are percentages of the maximum possible score 'in the category.*

TABLE 4: PROGRAMME ACHIEVEMENTS AND PROGRAMME DEVELOPMENT INDICATORS FOR SEVEN LESS DEVELOPED COUNTRIES

Country	Family Planning Effort Score				Method-mix (%)	
	(a)	(b)	(c)	(d)	Ster.	Spacing
China	95	80	67	100	51	49
Brazil	41	20	0	61	49	51
Indonesia	81	83	83	69	9	91
India	81	63	58	87	79	21
Bangladesh	73	73	56	78	32	68
Pakistan	58	49	54	28	44	55
Nigeria	50	46	42	28	10	90

Note: (a) = Policy and Stage Setting; (b) = Service and Service-Related; (c) = Record Keeping and Evaluation; (d) = Availability and Accessibility.

TABLE 5: ACHIEVEMENTS AND PERCENTAGE DISTRIBUTION ON FP PROGRAMME EXPENDITURE IN SEVEN COUNTRIES

Country	Percent Dist. of FP Programme Expenditure					
	Services	IEC	Res. & Eval.	Trg.	Adm.	Others
China	NA	NA	NA	NA	NA	NA
Brazil	35	15	6	1	30	13
Indonesia	27	20	5	10	26	12
India	89	4	2	2	4	0
Bangladesh	22	46	4	4	24	0
Pakistan	17	11	2	4	51	15
Nigeria	NA	NA	NA	NA	NA	NA

Since in India service providers also have responsibility of administration like that of Chief Medical Officer, Deputy Chief Medical Officer or Medical Officer of Primary Health Centre, there is a thin line difference between these two categories. Hence expenditure on administration and services is added for all the programmes to make statement on relative emphasis given to different components of the programme in a country. The major findings are:

- (i) The components of services and administration involve 50 to 60 percent expenditure. India tops in this category of expenditure—93 percent expenditure

is incurred on this line item. Quite a large proportion of this expenditure is due to incentive payment and salary of staff. Such large fraction expenditure on this line item leaves hardly any flexibility in the Indian programme.

- (ii) India's programme is spending too little on IEC activities—only about four percent of the expenditure. On the other extreme is Bangladesh which spends as high as 46 percent on this line item. Other countries are spending about 10 to 15 percent on this item. India may consider raising its allocation for IEC activities.
- (iii) Expenditure on research and evaluation (and monitoring) is quite low in India. Brazil and Indonesia have shown greater allocation with better results. Even Bangladesh allocation is higher.
- (iv) Expenditure on training is about four percent in Bangladesh and Pakistan. Indonesia spends about 10 percent and India only two percent. Again, there is need to increase expenditure on training in India. This is partly being done through adding training components to all the Area Projects.

In other words, India should spend more money on IEC, Research and Evaluation and Training.

Summary Findings and their Programme Relevance for the Indian Programme

1. No relationship was found to be existing between socio-economic development and programme achievements. Therefore, economic development may not be a prerequisite for effective family planning programme. The programme efforts are more important.
2. The country should have its own commitment to the programme by allocating adequate funding from its own budget and ensure its optimum utilization so as to score very well on its effort score developed by Parker and Ross. After its own budget allocation, funding from other sources like international agencies, bilateral funding or funding from other private organizations should be taken. Outside funding is no substitute for country's own funding which is a reflection of imparting a commitment to the programme. In order to give necessary seriousness and have the programme score well on its effort score it is necessary that officers with very good reputation in implementation should be posted in the programme.
3. Higher the allocation of budget (as measured by per capita expenditure) to the programme, higher are the expected achievements.
4. The programme need not be top heavy. The experience of these large programmes shows that larger field staff (with relatively lower salaries are able to give better

achievements than with senior staff (with higher salaries). The population staff ratio should not be too large. This is only possible by higher allocation to the programme or by relatively greater deployment of the field staff (than senior staff). India may consider for some more staff at grassroots level to conduct service and IEC activity. The additional advantage is, larger field staff, probably at lower administrative levels, can give the programme community orientation.

5. Better quality services and sound system of monitoring, research and evaluation can contribute to better achievements in the programme. The Indian programme should make greater allocation of funds to its monitoring, research and evaluation systems and utilize it better for the management of the programme.
6. Programmes with a balanced emphasis on terminal and spacing methods have shown better achievements. India's programme should show more emphasis to spacing methods. The programme workers should be oriented to this balanced emphasis so that couples receive services as per their needs.
7. India's programme needs to reduce cost on services and administration, perhaps by (i) reducing emphasis on incentive payments, and (ii) by reducing staff from being top heavy and shifting to more field staff.
8. There is need for Indian programme to spend more money on IEC activities. The budget allocation should increase from about four percent (present outlay) to about ten percent gradually. Almost all large programmes (considered here) have allocation of 10% or higher.
9. India's expenditure on training around 1990 was about two percent compared to about four percent in Bangladesh and Pakistan and about ten percent in Indonesia. Though it seems that per capita expenditure on training has increased with recent training project of the World Bank and other projects with a strong component of training, still there is need to ensure at least four percent allocation to the training.

References

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