



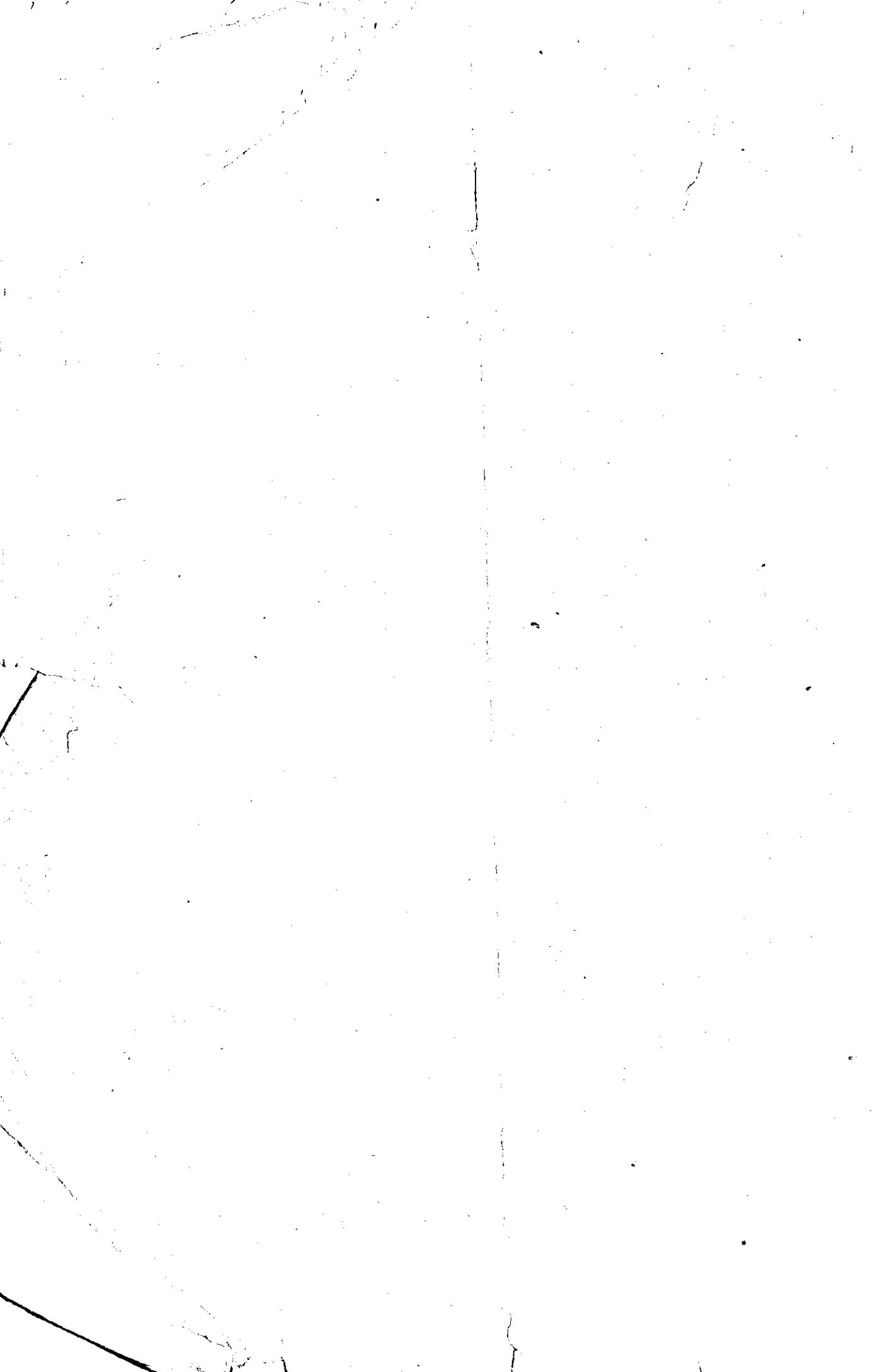
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# KERALA DEMOGRAPHIC NEWS LETTER

Vol. xv

No. 2

Issued by  
THE DEMOGRAPHIC RESEARCH CENTRE  
BUREAU OF ECONOMICS & STATISTICS  
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OCTOBER 1976.

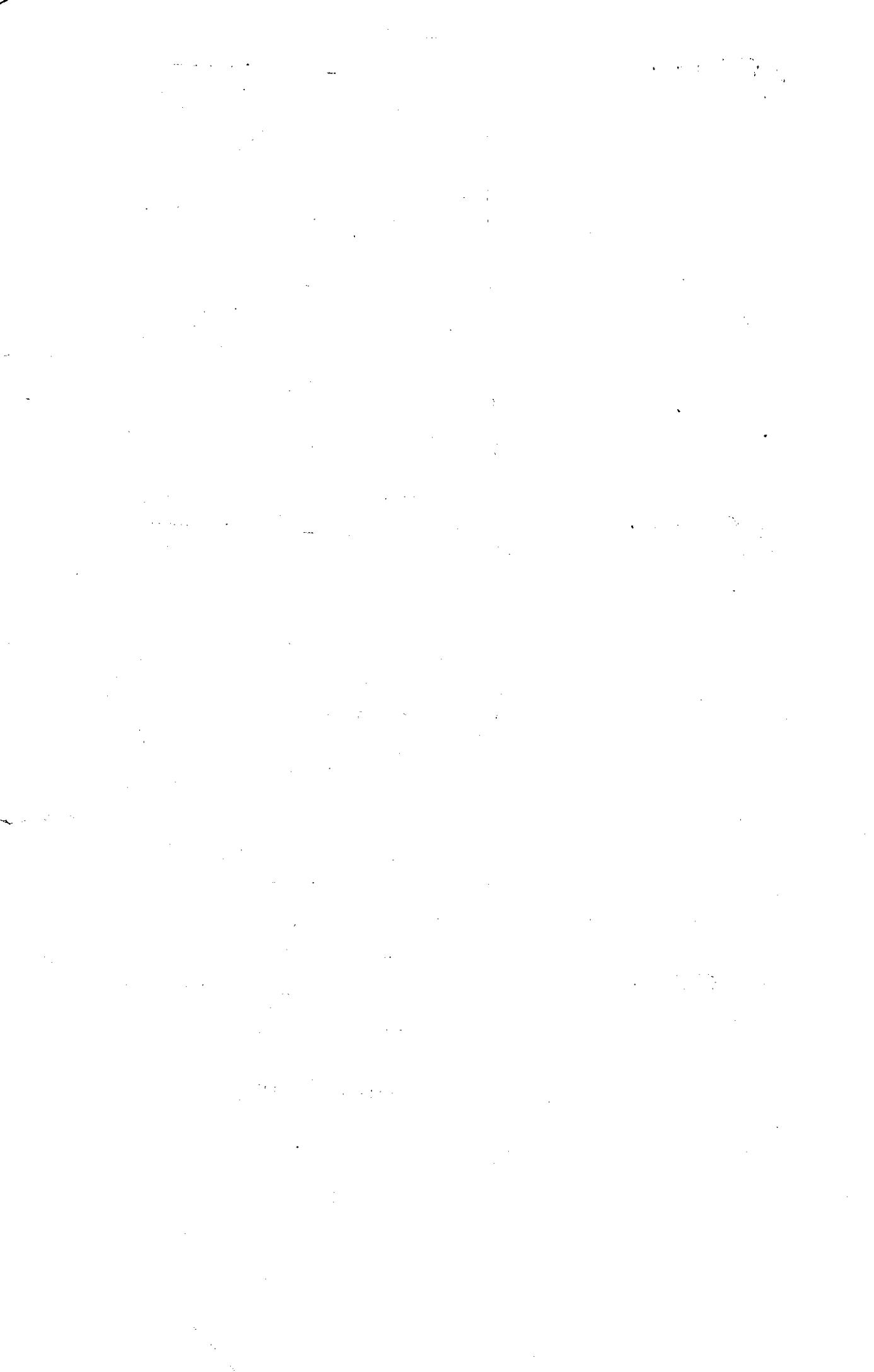
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Vol. XV

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October, 1976.

The present issue is the 29th in the series of Newsletters published by the Demographic Research Centre. It covers the activities of the centre for the half year period from April to September, 1976.

A brief review of the activities of the Centre is given in the following paragraphs.

**A. Studies completed:**

**1. An Innovative sterilisation campaign (Report on the family planning camp during Santhosh Trophy Football Tournament at Kozhikode from 1-12-1975 to 9-1-1976)**

A new strategy in popularising sterilisation through Melas and festivals where people congregate has been successfully experimented with, by the Organisers of this camp. The young people from middle and upper middle classes who form the majority of football lovers is a selective group, some of whom have been motivated for sterilisation.

This report presents the characteristics of the 1018 persons who accepted vasectomy operation at the mini-vasectomy camp during Santhosh Trophy Football Tournament at Kozhikode from 1-12-1975 to 9-1-1976, as compared to the acceptors of normal programme and other mass camps.

50.10% of the acceptors belong to the age group 30-39 years and 15.61% to the age group 20-29 years. These percentages are higher compared to the other Camps. 30% of the wives of the sterilised males belong to the age group 20-24 years and 35% belong to 25-29 years. 69% of the sterilised are Hindus, 25.3% Muslims and 5.8% Christians. Of the acceptors, the percentage of illiterate is comparatively lower and the percentage of matric and above (12.59%) is higher when compared to the normal programme in the District.

Compared to the pattern of acceptors in the District, there is a notable increase in the proportion of clerical workers and skilled workers and a sharp decrease in the proportion of agricultural labourers, unskilled workers and cultivators and farmers. The shift in the pattern is evidently due to the relative predominance of certain occupational categories among the football lovers who are drawn from urban and semi-urban areas.

The average number of children born to a person sterilised in the mini-camp is 3.5. The average interval between the date of last live-birth and acceptance of sterilisation comes to 20 months. The average number of children living to the acceptors of the mini-camp (3.24) is lower than that of normal programme in the District (3.90).

It is evident that this innovation approach has yielded better results of demographic effect as compared to the normal programme.

2. A mini-vasectomy camp at the premises of the Hindustan Latex, Peroorkada, Trivandrum during 26-2-1976 to 1-3-'76  
- A pioneer mini-camp in the organised sector

The study is intended to find out the feasibility of conducting mini-camps in the organised sector and its merits over the previous mass camps.

287 industrial employees from various Industrial Units attended the camp for vasectomy. A preliminary screening and medical check up were conducted before operation and 27 cases were rejected due to various reasons.

Out of 260 persons who accepted vasectomy, 227 are Hindus, 29 Christians and 4 Muslims.

The median age at vasectomy of the adopters of the mini camp is 37.6 years and that of their wives is 29.6 years. They are identical with that of the age at vasectomy at the mass camp held in Trivandrum. In the mini-camp all persons who accepted vasectomy are above 25 years of age.

The adopters of the mini-camp are comparatively better educated. Only 8% of the acceptors are illiterate. Three-fourth of the acceptors are "below metric" standard and 17% are "above metric" level. The percentage of illiterate adopters in the mass camps is about four times higher than the corresponding percentage in the mini-camp. The mini-camp has projected a higher level of monthly income. The average monthly income of an adopter of the mini-camp is Rs.353/- Skilled workers, professional and clerical workers, who form 71% of the acceptors, indicate the occupational pattern of acceptors.

The average number of children born to a person vasectomised in the camp is 3.6. It is revealed in the study that the level of literacy of the adopters has direct influence on the number of children. The average number of children living at the time of adoption is 3.4. The average interval between the date of last live-birth and the acceptance of sterilisation is 31 months. Only one-third of the acceptors are having 3 or more children living at the time of adoption. Preference to male children is also found loosing ground among the educated couples. The tendency to wait for a male child to be born at the risk of too many additions to the family is also weakening in recent years among the educated class. Illiterate acceptors have more living children than the educated class at the time of adoption.

The mini-camp conducted at Hindustan Latex is a pioneer attempt to study the feasibility of conducting similar camps in the organised sector. It has proved a success which would usher in an era wherein sector-wise approach to family planning will be the main strategy.

### 3. An assessment of the camp performance and the un-protected couples in Palghat District

The presentation of a profile of eligible couples by their age and parity as well as of those sterilised, is attempted here. This profile reveals that poor quality acceptors from the demographic view-point, also the volume of work that remains to be done especially among the more fertile groups is assessed.

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The study examines the demographic and socio-economic characteristics of persons sterilised at the mass camps and the impact of the above factors on knowledge, attitude and practice, number of children etc.. In addition, the after-effects of sterilisation, performance for sterilisation at the mass camp, the acceptability of various media of publicity, role of incentive, impressions and suggestions of the acceptors about the camp and arrangements, role of health and family planning staff in the after-care and follow-up also come within the scope of this study.

According to the follow-up survey, 73% of the acceptors belong to the broad age group 26-39. Nevertheless the camp acceptors are not younger than those under the normal programme. Of the total acceptors, 84% are Hindus, 12% muslims and 3% Christians. 28% of the acceptors and 42% of their wives are illiterate. Only 9.07% of the acceptors have their educational level "matric and above". Average number of living children to the illiterate acceptors is 5.3; while it is 5.0 for "literate but below primary" and 4.9 for those who are "matric and above". Thus, there is a negative relationship between education and average number of living children of the acceptors. 35% of the total acceptors are unskilled workers, 31.0% agricultural labourers, 11.0% cultivators, 9.7% businessmen and merchants and 5% professionals. Skilled workers have the lowest average number of children (4.17) as compared to other professional categories. Cultivators have the highest average number of children (5.35). 69% of the acceptors belong to the expenditure group of below Rs. 200/- per month. There is a negative relationship between expenditure and the average number of living children of the couple.

Only 21.5% of the total acceptors have used family planning methods before operation. Average number of living children for those who used family planning method is found to be lower than for the non-users of family planning methods. Condom is the most popular contraceptive among the acceptors.

Nearly 50% of the promoters are family planning staff. Of the total acceptors, 46.3% preferred mass vasectomy camp for greater monetary remuneration, 26.7% for the services of the expert Doctors, 12.6% for the careful performances and 5.3% for rest and refreshment. About 72% of the acceptors are satisfied with the amount of monetary remuneration they received. 19% of the acceptors had complaints after the operation. Physical weakness, pain at the time of ejaculation, pus formation, lack of sex desire etc. are the complaints.

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60% of the total acceptors preferred vasectomy as a permanent method of birth control, 9.5% for monetary remuneration, 8.3% for its simple nature, 7.3% due to their ignorance of other methods and the remaining 8% due to other reasons. 38.1 of the acceptors underwent vasectomy for avoiding poverty by reducing the number of children, 11.7% for improving the health of the mother and children, 10% for unfavourable physical condition of wives for further conception and the remaining for other reasons.

Nearly 50% of the acceptors contacted, suggested to enhance monetary remuneration in future cases, 22.4% to increase food and cortyzine facilities, 12.4% for the services of the expert doctors and 3.6% for medical follow-up.

Considering those with two children and above, as eligible for sterilization, a large number (1.50 lakhs) still remains to be covered. Besides, even among the acceptors, more than two-thirds are from the 4 + parity group. In view of this, the work that remains to be done even after the camp, is very heavy.

#### 4. Studies in Progress

##### 1) Re-survey on attitude to Family Planning

The object of the survey is to study the opinion in the level of knowledge, attitude and practices of family planning, since the previous survey, conducted in 1958-59.

##### 2) Study of factors responsible for good and bad performance in family planning

This is a pilot study to identify the factors responsible for good as well as bad performance in family planning. Data collected so far are insufficient to arrive at any firm conclusion and hence the compilation of the survey has been postponed till more relevant data are obtained from the pilot survey of Action research are obtained from the concerned Primary Health Centres.

##### 3) Analytical study on the influence of marital status on age-specific death rates

The study is to find out the influence, if any, of marital status on age-specific death rates, by utilising the data available in Sample Registration Records. In view of the insufficiency of data collected, the possibility of collecting more data is being examined.

##### 4) Socio-economic survey in Sample Registration Villages in Tirumala District

The objective of the study is to identify the socio-economic determinants of fertility at the micro-level, namely, villages.

##### 5) Fertility survey in Malappuram District

The objective of the survey is to get reliable estimates of the level of fertility in the rural and urban areas of the District.

6) Study of the Demographic characteristics of persons sterilised during 1971-72

The objective of the study is to analyse the socio-economic characteristics of persons sterilised during 1971-72.

7) Study of the demographic characteristics of IUD adopters

1971-72 The aim of the study is to analyse the socio-economic and demographic characteristics of families who adopted IUD during 1971-72.

8) Conduct of action research study and in participative approach of the Primary Health Centres

The study is carried out in two Primary Health Centres in Trivandrum District.

This is a pilot scheme to find out the methods which motivate the specific group of population of eligible couples to analyse the eligible couple together so as to find out the favourable groups classified by age and parity and to targets which the centre would prefer to set for a year or each of the month to plan the activities in a Primary Health Centre and would help in the propagation of the programme.

9) Survey to estimate the birth and death rates in Perumbavila Primary Health Centre

The survey is to estimate the present birth and death rates in the area of Perumbavila Primary Health Centre.

III. Seminars, Meetings and Training Classes

The Officers of the Demographic Research Section continued to be associated with the Orientation Training Course to the Medical Officers at the Orientation Training Centre, Royapettah, the training course for computers and Statistical Assistants of the Health Department at the Family Planning Training Centre, Trivandrum and the training course to Local Administration Officials in the State.

Sri P.S.Copinathan Nair, Assistant Director (Demography) also participated in a workshop on Population Education organised by the Family Planning Association of India (FPAI) at Bombay from 9th to 12th April, 1973. He was attending the Workshop, as a representative of the FPAI, Trivandrum Branch.

IV. Publications

1) An Innovative Sterilisation Campaign (Report on the mini-family planning Camp during British Trophy, Foo Ball Tournament at Kozhikode from 1-12-1975 to 9-1-1976).

2) A mini vasectomy camp at the premises of the Hindustan Latex, Trivandrum during 20-2-1976 to 1-3-1976 - A pioneer mini camp in the organised sector.

3) An assessment of the camp performance and the unprotected couples in Paignat District.

V. Visitors to the Centre

- (1) Dr. John B. Tyon, World Health Organisation
- (2) Dr. K. C. Zacharia, Senior Demographer, World Bank, Washington
- (3) Dr. K. C. Cherian, U.N. Expert, Sudan, Khartoum.
- (4) Dr. S. Chandrasekhar, Vice-Chancellor, Annamai University
- (5) Dr. (Miss) A. George
- (6) Dr. R. Krishna Pillai, Professor of Statistics, University of Kerala
- (7) Dr. K. Srinivasan, Director, India Population Project, Bangalore,

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This Demographic Research Centre started in August 1958 gives top priority to

- (i) collection of information on attitude towards family planning which may be of immediate use in education programme and later help in assessing the changes in these attitudes brought about by family planning programme;
- (ii) investigation of socio-economic factors affecting fertility which may lead to appropriate social action for reducing birth rates  
and
- (iii) study of the effect of family planning programme on attitudes and birth rates in areas where it is being implemented.