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**BUREAU OF ECONOMICS AND STATISTICS
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REPORT ON

THE MINI VASECTOMY CAMP AT THE PREMISES OF
THE HINDUSTAN LATEX AT PEROORKADA, TRIVANDRUM
(26-2-76 To 1-3-76)

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P R E F A C E

The mini vasectomy camp held at the Hindustan Latex is a pioneer attempt to study the feasibility of conducting similar camps in the organised sector. In this camp, the role of promoters has been completely eliminated. Instead, the managements of the various industrial organisations have played the role of promoters with a sense of social responsibility.

The salient characteristics of deviation from the general pattern observed in the earlier camps, have been amplified at appropriate places, especially in the analysis of education, occupation, income and the number of children born. It is hoped that the present analysis will be helpful in focussing our attention to a new strategy of sector-wise approach to family planning.

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Trivandrum
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A mini Vasectomy Camp at the premises of the Hindustan Latex at Perporcada, Trivandrum during 26-2-76 to 1-3-76 -- A pioneer mini camp in the organised sector.

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1. Introduction.

A series of mini camps were organised through out the State during February and March 1976 (from 26-2-1976 to 1--3--1976). The camp held at Hindustan Latex for five days was one of them. This camp was organised exclusively for employees of the organised sector.

287 industrial employees attended the camp for vasectomy. They were drawn from the various industrial units in and around Trivandrum City. A preliminary screening and medical check-up were conducted before accepting a person for sterilisation. Thus 27 persons had been found unsuitable for vasectomy operation in the mini camp and were rejected.

2. Nature and scope of the camp.

The mini camp at the Hindustan Latex has far-reaching implications. The camp has helped to project a new approach in introducing family planning in selected sectors. The mini camp had certain special features worth mentioning. Vasectomy operations were performed in an air-conditioned cabin by qualified and experienced doctors. A limited number of cases was selected every day for operation. Since only a small number of vasectomies was attended to, there was no hectic fervour which was generally seen in the mass camps. The camp was designed for a short period of five days with due emphasis, not on the number of operations, but on the quality. This instilled in the minds of persons selected for sterilisation, a feeling of confidence and satisfaction. Above all, the managements of the various organisations transmitted the message of family planning to their employees with a sense of civic responsibility and accepted no gratification. Thus, the role of promoters, hitherto prominent in the previous mass camps, was eliminated. The mini camp assumed greater importance in the sense that the organisers of the camp considered it an experimental project to study the feasibility of organising similar camps in the organised sector.

3. Objects of the study.

The principal focus of this paper is to point out briefly the unique features of the mini camp conducted in the organised sector and its merits over the previous mass camps. A comparative study of the features of the mini camp with that of the previous mass camp conducted in Trivandrum in June 1972 is made where ever possible. A review of the mass camps and mini camps will bring out certain useful indicators in the organisation of family planning camps. This is attempted in a later section of this paper.

4. Medical check-up and rejected cases.

Before embarking upon the salient features of persons sterilised in the mini camp, it is worth while to examine the reasons for rejecting 27 persons from those who came forward to undergo vasectomy operation. 9 out of 27 persons were found

unfit for vasectomy as they were found suffering from hydrocele. One person was rejected for the simple reason that he had only one child living and was of a very young age. Another person was rejected, because he had been vasectomised earlier. Two persons suffering from Hernia were also rejected. Further, thirteen persons more were rejected for other reasons like "Looking weak and unhealthy", etc.

<u>Sl.No.</u>	<u>Cause of rejections</u>	<u>No.</u>
1.	Operated earlier	1
2	Having only one child	1
3	Suffering from:	
	i) Hydrocele	9
	ii) Scabbies	1
	iii) Hernia	2
	iv) Others	13

	Total	27
		=====

The fact, that the mini camp would have only a limited coverage, was fully realised by the doctors and the organisers of the camp. They did not like to give room for adverse criticism and in fact wanted to eliminate the undesirable features and the reported malpractices of earlier mass camps. Those persons who required prolonged medical attention and care had been rejected with the simple advice to make use of the services of some hospital for vasectomy. The duration of the camp was so short a period that the organisers did not want to go beyond the scope of the camp.

5. Household size and religion.

The average household size of those who adopted vasectomy at this camp is six. Out of 260 persons who adopted vasectomy in the mini camp, 227 are Hindus, 29 Christians. Only 4 persons are from the Muslim community.

6. Age composition.

The medium age at vasectomy of the adopters of the mini camp is 37.6 years and that of their wives is 29.6 years. This is almost identical with that of the age at vasectomy of the adopters at the mass camp held in Trivandrum in January 1972. The age distribution of the adopters at the mini camp and the mass camp is given in table 1 appended.

In the mini camp all persons who accepted vasectomy are above 25 years of age. But in the mass camp³ of Trivandrum, 0.7% of the acceptors are seen in the age category of below 25 years. In the mini camp, 8% of the acceptors are in the 25-29 age group; the corresponding percentage in the mass camp is 12.5%. 56% of those vasectomised in the mini camp is in the 30-39 age group; the corresponding figure for the mass camp³ is only 46%.

The age composition of the wives of persons sterilised in the mini camp reveals that 53% of the wives of the adopters of the mini camp are in the age group 15-29 against 50% in the mass camp.

7. Level of education.

The level of education of persons vasectomised indicates the effectiveness of family planning education among the various sections of the population. The adopters at the mini camp are comparatively better educated. Only 21 persons (8%) out of 260 vasectomised are illiterates. Three-fourth of the adopters are below matric standard and 17% are above matric level. (Table 2 appended).

As a special feature of the mini camp, it may be mentioned, that 7 persons have graduate or post graduate qualification. One of them is holding a doctorate degree.

The percentage of illiterate adopters in the mass camp³ is about four times higher than that corresponding percentage in the mini camp. Illiteracy, it may be pointed out, has the effect of insulating the minds of people from the progressive influence of the written word. It is true that there is an interval of four years between the mass camp and the present camp and the difference perceived in illiteracy cannot wholly be attributed to the time factor. The special nature of the recent mini camp must have had its effect on the quality of persons who came forward to adopt vasectomy in the camp.

8. Income.

The mini camp has projected a higher level of monthly income. Only 27% has reported a monthly income of less than 3 Rs.200/-. The corresponding figure for the previous mass camp is as high as 91%. As a matter of fact, the average monthly income of an adopter of the mini camp is about Rs.353/-. The monthly income of adopters ranges from as low at Rs.100/-, to as high at Rs.1899. (Table 3 appended).

63% of the adopters are in the income range Rs.200-599, 8% in the range of Rs.600-799 and 1.5% in the Rs.1000 and above range.

A few employees of The Indian Space Research Organisation, Thumba (I.S.R.O.) with high salary range had availed of the services of this camp. This may be one of the possible reasons for the unusual leap perceived in the monthly income of the adopters above Rs.400/-.

9. Occupational composition.

The occupational classification of camp adopters reveals the fact that the mini camp has attracted mostly people from skilled workers, professional and clerical workers. They form 71% of the adopters of the mini camp (Table 4 appended). On the contrary, the mass camp adopters are mostly, agricultural labourers, unskilled workers, cultivators, and petty shop keepers. They form 73% of the adopters.

10. Number of children born and living.

The average number of children born to a person vasectomised in the mini camp is 3.6 children. The level of education of the adopters and the number of children born to them show an inverse relation. Illiterates have the largest

family size of 3.9 children. The average number of children born, decreases with increase in the level of education. Those adopters with 'matric and above' standard have an average of 3 children born to them (Table 7). The fact that the level of literacy of the acceptors has direct influence on the number of children, is tested by simple correlation analysis.

The correlation co-efficient of acceptor's literacy level with that of average number of children born is worked out as 0.5989, which is significant at 5% level. This suggests that it is the lower educated and illiterate who should be the prime targets for family planning.

Vasectomy, being a permanent birth control method is gaining popularity in recent years. The number of living children to a person at the time of sterilisation is to be regarded as this desired family size.

The average number of children living to a person vasectomised in the mini camp is 3.4 children and in the mass camp³ it is 3.9 children. This indicates that the tendency to adopt a permanent method of family planning among the couples is growing and notably at lower parities. The preference of male children, though a factor for post-poning the permanent form of birth control, is losing ground among the educated couples. Out of 7 graduates who adopted vasectomy in the camp, 5 of them had either male or female children only. Three of them have had three children each, of the same sex and the other four have had two children each of the same sex. 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.

In the mini camp, 13.5% of the adopters has no male children at all and 14% has no female children living at the time of vasectomy.

In the mass camp 8% of the adopters has no male children and 9% has no female children at the time of sterilisation. Those adopters with two or less than 2 children living, formed 35% in the mini camp and 26% in the mass camp³. This remarkable increase in the proportion of adopters having 2 or less than 2 children living, in the mini camp has some bearing on the quality of adopters in respect of education, occupation and income over the mass camp adopters. While 31% of the adopters of the mini camp had 3 children living, only 26% were with 3 children in the mass camp.

In fact half the number of adopters of the mass camp³ had more than 3 children living at the time of vasectomy but only 34% adopters of mini camp has more than 3 children (Table 5). This upholds the view that greater the living standard, the smaller the possible number of children, the couples like to have.

Literacy of the persons sterilised seems to have played an important role in limiting the size of the family. The greater the education, the greater is the tendency to have a smaller family size. Table 6 reveals that persons with matric and above standard have an average of 2.8 children living at the time of vasectomy. The average number of children living to

illiterate adopters is 3.5 children but those below middle school standard have an average of 3.6 children. Those with below matric but above middle standard, have an average of 3.1 children living at the time of vasectomy. As a matter of fact the average number of children decreases with the increase in the level of education. The only exception noted is in the case of those below middle school standard. They are akin to the illiterate group.

11. Interval between the age of last living child and acceptance of sterilisation.

This interval gives an indication of the youngest living child and the acceptance of sterilisation. The average interval works out to 31 months which is much higher than the corresponding figure (20 months) of the mini camp held in connection with the Santosh Trophy Football Tournament held at Kozhikode. In 75% cases, the interval is "12 months and above" (Table 9 appended).

12. A review of the camps.*

In this connection, it is pertinent to high-light a few aspects of the adopters of the mini camp and compare it with that of the mass camp adopters. The data relating to the previous five major mass vasectomy camps and the two special mini camps are examined for this purpose. The two mini camps are the mini camp held at the site of the Santosh Trophy Tournament at Kozhikode in January 1976** and the mini camp under study.

Apart from the few common characteristics, the mini camps had with the mass camp, it had projected certain special features of its own, worthy to be noted. In the age composition of the adopters it is seen that more than half the number of the adopters of the mini camp (ranging from 50-55%) are in 30-39 age-group. In the mass camp, the proportion in 30-39 age-group ranged between 40 to 48%. In the case of the wives of the adopters also, the Santosh Trophy mini camp had shown a slight increase over the mass camp in 20-24 age group (Table 8 appended).

The level of literacy also showed substantial variation. Only a small proportion of the adopters of the mini camp are illiterate. It ranges from 8% to 12%. But a good proportion of the adopters of the mass camps are illiterates. It ranges from 21% to 40%.

Another point which needs mention is that, only 1/3 of the adopters are having 3 or more children living at the time of vasectomy in the mini camps while the corresponding figure for the mass camps was 1/2 (Table 8 appended).

In short, the mini camp adopters are more educated and have a smaller number of children than the adopters of the mass

* References 1, 2, 3, 4 & 5
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camps in the State. The peculiarities seen in the characteristics of the adopters in the mini camp reveal that the camp had the desired effect and was able to attract the people, whom the organisers of the camp desired to cover by the mini camp. This is an encouraging factor for future consideration and for organising sector-wise family planning camps at convenient places.

12. Summary and implications.

Industrial employees in and around Trivandrum attended the mini camp which was organised exclusively for persons of the organised sector. In the mini camp all persons who accepted vasectomy are above 25 years of age but in the mass camp 0.7% of the acceptors are below 25 years of age. An important feature to be noted here is that the large proportion of adopters in the mass camp is in the age below 30 years group and above 40 years of age but a major portion of the adopters in the mini camp is in the 30-39 age-group.

Level of education, between mini and mass camp adopters, shows a wide range of difference. In the mini camp 21 out of 260 acceptors (8%) are illiterates, 75% below matric standard and 17% above matric standard. The percentage of illiterates in the mass camp are four times higher than those at the mini camp. The proportion of matric and above is only 1/6 of those at the mini camp. This indicates the social back ground of the adopters in these camps.

The vasectomy acceptors of the mini camp have a monthly income ranging from Rs.100 to 1899. Only 27% of them has reported a monthly income less than Rs.200/-. In the mass camp 91% of the acceptors had reported an income of less than Rs.200/- a month.

Professionals, clerical and skilled workers have attended the mini camp in greater numbers. They form 71% of the total acceptors. But in the mass camp a different set of people attended in large numbers; agricultural labourers, cultivators, unskilled workers and petty shop keepers form 73% of the adopters.

The average number of children living at the time of vasectomy at the mass camp is 3.9 and at the mini camp it is 3.4 children. A decline of 0.5 in the average number of children, indicates that the tendency, among the couples to accept permanent birth control method at comparatively earlier ages, is growing.

Preference for male children is also losing ground among the educated couples. 5 out of 7 graduates and post graduates vasectomised in the mini camp have only either male or female children. The tendency to wait for a male child to be born at the risk of too many additions to the family, is also weakening among the educated people. 13.5% of mini camp adopters had no male children and 14% had no female children at the time of sterilisation.

Illiterate adopters have more living children than the educated class at the time of adoption. While the illiterates have an average of 3.5 living children, those above matric standard have only 2.8 children living, 1/3 of the adopters of the mini camp have only 2 or less than 2 children, in the mass camp 1/4 of the adopters, have 2 or less than 2 children. As a matter of fact, 50% of the adopters of the mass camp had 3 children living at the time of vasectomy, where as only 3.4% of the adopters of the mini camp had 3 children at the time of adoption.

The mini camp conducted at Hindustan Latex is a pioneer attempt to study the feasibility of conducting mini 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.

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4. Trichur Mass Vasectomy Camp 1972 - An analysis.
5. Family Planning festival at Cannanore - (11--3--1972 to 10--4--1972).
6. An innovative sterilisation campaign (A Report of a Mini Family Planning Camp during Santosh Trophy Foot Ball Tournament at Kozhikode from 1--12--1975 to 9--1--1976)

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TABLE - 1.

Distribution of persons sterilised and their wives according to age.

5 days mini camp held at Latex during 26-2-1976 to 1-3-1976 in Trivandrum

30 days mass vasectomy camp held at Tagnre Centenary Hall during January 1972

Age-group

Adopters Wives of adopters

Number % Number %

Age group Adopters Wives of adopters

%

Number

15	..	..	1	0.4	15	..	0.5
20	..	..	44	16.9	20	0.61	20.3
25	21	8.1	93	35.7	25	12.5	29.4
30	70	26.9	53	20.4	30	20.2	23.7
35	75	28.8	55	21.2	35	25.8	21.8
40	47	18.1	13	5.0	40	21.6	3.9
45	47	18.1	1	0.4	45	19.3	0.4
N.R.	..	..	..	..	N.R.	..	..
Total	260	100.0	260	100.0	Total	100.0	100.0
Median age		37.6		29.57		37.2	29.50

TABIE 2.

Percentage distribution of persons sterilised according to educational standard.

Educational Standard	Mini Camp held at Latex for 5 days during 26-2-1976 to 1-3-1976.		Mass Vasectomy Camp at Tagore Centenary Hall for 30 days in January 1972.	
	%	No. of persons	%	No. of persons
Illiterates	8.03	81	30.85	81
Literates but below metric	74.61	194	66.79	194
Metric & above	17.31	45	2.86	45
Total	100.00	260	100.00	260

TABIE - 3.

Distribution of vasectomy adopters according to monthly income.

Monthly income	Mini camp held at Trivandrum during 25-2-1976 to 1-3-76 (Latex mini camp) - 5 days		Mass Vasectomy camp held at Trivandrum during January 1972 for 30 days.	
	No.	%	No.	%
Rs. 100	6	2.31	125	47.79
Rs. 100-199	65	25.00	125	47.71
Rs. 200-399	115	44.22	125	9.50
Rs. 400-599	49	18.85	..	..
Rs. 600-799	14	5.39	..	..
Rs. 800-999	7	2.69	..	..
Rs. 1000-1899	4	1.54	..	..
Total	260	100.00	260	100.00

TABLE - 4.

Percentage distribution of persons according to occupation.

Occupation	5 days mini vasectomy camp held at the Latex curing 26-2-'76 to 1-3-76 in Trivandrum.		30 days mass vasectomy camp at Tagore Contenary Hall during January 1972.
	Number	%	%
Agricultural labourer	6	2.31	40.17
Skilled workers	145	55.77	16.30
Unskilled workers	40	15.39	21.80
Cultivators & farmers	1	0.33	5.22
Professional workers	15	5.77	1.42
Traders & businessmen	6	2.31	5.61
Clerical workers	24	9.23	1.41
Others	23	8.85	8.07
Total	260	100.00	100.00

TABLE - 5.

Percentage distribution of sterilised persons according to the number of children living at the time of vasectomy operation.

No. of children living	Mini Vasectomy camp 2/73 (5 days) %	Mass Vasectomy camp 1/73 (30 days) %
Two or less than two children	34.62	25.34
3 children living	31.15	25.53
More than 3 children living	34.23	49.13
Total	100.00	100.00
Average number of children living to persons who adopted vasectomy	3.36	3.9
Percentage of those with no male children living at the time of vasectomy	13.46	8.11
Percentage of those with no female children living at the time of vasectomy	14.22	9.00

TABLE 6.

Percentage distribution of persons vasectomised according to educational status and the number of living children.

Mini vasectomy Camp at Hindustan Latex during 26-2-1973 to 1-3-1973.

Educational status.	Percentage distribution of person vasectomised according to number of children living.		Total.	Average No. of children living.
	Less than 3 children	More than 3 children		
Illiterate	63	33	100	3.5
Below middle school standard	60	40	100	3.5
Above middle but below matric standard	70	30	100	3.0
Above matric	87	13	100	2.3

TABLE - 7.

Percentage distribution of persons according to educational status and No. of children born

Educational status	Percentage distribution of persons vasectomised according to number of children born.			Total	Average number of children born.	
	3 or less than 3 children born	More than 3 children born.				
Illiterate	12	57.14	9	42.86	100	3.90
Below middle school standard	79	49.07	82	50.93	100	3.9
Above middle but below matric standard	21	63.64	12	36.36	100	3.2
Above matric	36	80.00	9	20.00	100	2.98
All	148	56.92	112	43.08	100	3.67

TABLE B

Mass camps and mini camps compared.

Age-group.	Percentage distribution of sterilised persons.						
	Trivandrum camps		Kozhi- kode mini camp 1978	Trichur mass camp '72	Ernakulam mass camps (1) 1970	(2) 1971	Cannanore mass camp '72
	Latex mini camp 2/76	Mass camp 1/1972					
20-29	8.1	13.1	15.61	8.9	9.5	13.5	6.3
30-39	55.2	46.0	50.10	40.5	44.3	48.3	41.3

Percentage distribution of wives of sterilised persons.

Age-group	Trivandrum camps		Kozhikode mini camp 1/76	Tri- chur mass camp '72	Ernakulam mass camps 1971-	Cannanore mass camp 1972
	Latex mini camp 2/76	Mass camp 1/72				
20-24	16.9	20.3	30	11.3	15.3	13.2
25-29	35.7	29.4	35	22.3	27.4	29.4

Percentage distribution of illiterates in the various
Vasectomy Camp.

Trivandrum Camps		Kozhikode Mini camp 1/76	Trichur Mass camp 1972	Cannanore mass camp 1972	REMARKS
Mini 2/76	Mass 1/72				
8.1	40.2	11.7	20.8	27.1	The percentage of these illiterate adopters in Trivandrum mini and Kozhikode mini camps are the lowest.

Percentage distribution of sterilised persons according to
number of children living.

Number of children living	Trivandrum		Kozhikode mini camp 1/1976	Trichur camp 1972	Ernakulam Mass camp 1970	1971	REMARKS
	Mini camp 2/76	Mass camp 1/72					
2 and below	34.6	25.4	36.7	19.7	22.8	22.4	There is greater resemblance in percentage of adopters of Mini camps of Trivandrum & Kozhikode with respect to the number of children they had at the time of sterilisation. Both these camps are organised to cater the needs of a special type of people.
3	31.2	25.6	29.0	22.7	27.6	26.3	
3 & above	34.2	49.0	34.3	57.6	49.6	51.3	

TABLE - 9.

Distribution of acceptors according to age of youngest living child.

Age of living child.	Mini camp	
	No.	%
0 - 2 months	15	5.77
3 - 11 "	43	18.85
12 - 23 "	43	18.46
25 - 59 "	119	45.77
60 and above "	29	11.15
Total	260	100.00

Average interval = 30.96 months.

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