

## FAMILY PLANNING PROGRAMS IN INDUSTRIAL ESTABLISHMENTS: AN OPERATIONS RESEARCH STUDY

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### Abstract

This paper covers factors that are likely to affect the sustainability of management support for family planning programs in industrial establishments as elicited from the perceptions of company owners, program implementors, and beneficiaries. Included are implementation experiences in the first and second cycles of the three-cycle RP/FP-MCH program. While companies in a given cycle differ in the extent of institutionalization of family planning, all were able to maintain the FP service delivery component. This paper discusses these variations, including quality differentiations and recommendations for improving and building upon current strategies.

### INTRODUCTION

Presidential Decree 148, as was issued in 1975, required Philippine companies with more than 200 employees to provide family planning services for their workers. A 1987 survey conducted by the Department of Labor and Employment (DOLE) revealed that only 38 percent of 1,091 institutions complied with this law at any given time. Of those providing family welfare programs, only 27 percent offered family planning (FP) services. Moreover, the level of FP acceptance in these companies was far below that of non-government and non-industrial FP clinics.

The Philippine Center for Population and Development (PCPD) provided assistance to companies to set-up an in-plant Responsible Parenthood/Family Planning-Maternal Health (RP/FP-

MCH) Program. Known as the Population Center Foundation when it launched its Responsible Parenthood Program (RPP) for the Industrial Sector in 1985, it has implemented this project in three cycles: RPPI (May 1985 - August 1987); RPPII (September 1987 - August 1990); and RPPIII (September 1990 - December 1994). For a given cycle, it provided similar project inputs to all participating companies. However, the later the cycle, the more inputs were introduced. It is expected, therefore, that levels of implementation and sustainability of these inputs will vary between cycles.

All participating companies under a given cycle were expected to continue the RP/FP-MCH program after the end of the contract period with PCPD. Among the participating companies continuing to implement the first two

cycles, very few managed to continue all of the four components of the program: FP service delivery (SD); an Information-Education-Communication (IEC) campaign; training; and mobilization of in-plant volunteers (IPVs). In the latter cycles, there were teams of Liaison Officers (LO) and IPVs, later known as "kaugnays", for RPPII and teams of LOs, nurses, and IPVs for RPPIII.

Only two of the 24 companies still in operation under RPPI and four of the 18 companies under RPPII continued implementing all the program components. Only one company under RPPI and three under RPPII were able to sustain three program activities. Six companies under RPPI and four under RPPII were able to sustain two program components (service delivery and mobilization of IPVs) while most of the companies under RPPI (15) and RPPII (7) were maintaining only the service delivery component. However, three companies from RPPI which did not have clinics when they joined the RP/FP-MCH Program, continued FP service delivery through a network and referral system introduced to them by PCPD. These results call for the examination of reasons for the variability in company support of the RP/FP-MCH program with implications for program sustainability.

## RESEARCH OBJECTIVES AND DESIGN

Problems were encountered in project implementation of RPPIII in 1990-1993.

Recognition of these problems led to the present study, using operations research (OR), defined as a "continuous process of problem identification and diagnosis, strategy selection, experimentation, and evaluation, information dissemination and information utilization" (Fisher *et al.*, 1991:1). The objective of this OR is to identify programmatically manipulable variables influencing the sustainability of the RP/FP-MCH program in the industrial sector.

The study covered 47 companies: 20 from the first two cycles and 27 from RPPIII. These companies were randomly selected from within clusters based on the type of business and status of on-going RP/FP-MCH program components. Geographic representation was also considered in the stratification process. Looking at all three cycles, the type of business (manufacturing, semiconductor, garment, hotel, restaurant, department store and agri-industrial) was the main criterion for purposive selection.

Given the qualitative nature of the study, the analysis is interpretive rather than descriptive. Its main purpose is to develop hypotheses and ascertain attitudes, beliefs, motives and behaviors of company owners, implementors and beneficiaries of the RP/FP-MCH program that may have implications for program sustainability.

Thus, the research tasks included: (1) observing and interviewing the target population; (2) observing the program

operation; (3) eliciting perceptions about institutionalization of the program by company management and program implementors; and (4) determining the factors influencing and inhibiting institutionalization of the program as perceived by the key implementors. Such tasks were quite helpful given that, at the same time that this research was being carried out, PCPD was negotiating with RPPI and RPPII companies for a new memorandum of agreement to revitalize their RP/FP-MCH programs.

### THE RP/FP-MCH PROGRAM

Eight companies within the first cycle of operations continued only the SD component of the program from the end of the first contract to the beginning of the second contract. In its post-project evaluation, PCPD found that the prospects for sustainability of all four components of the program had actually dimmed with only the SD and IPV components being continued. The only other company found by PCPD to have continued three components also backed away from its commitment to include the SD component.

The retrogression problem declined during the second cycle in eleven study companies. Six study companies maintained at least three program components. However, three of the four study companies continuing SD and IPV were unable to maintain the IPV during the interval between the end of the first contract and beginning of the second contract. Two had SD problems;

namely, that supplies were limited or management supervision was lacking.

Influential factors that encourage continuation of an RP/FP-MCH program may be summarized as follows: (1) management support, even to the extent of using company funds to sustain the program; (2) the presence of various complementing agencies in addressing the welfare and health needs of the workers; (3) a harmonious relationship between the labor union and management; (4) an efficient network of communication from top management to the beneficiary levels; (5) ingenuity and resourcefulness of program implementors; (6) the existence of a broad and successful health and welfare program integrated with an RP/FP-MCH program; (7) participatory planning or planning from the bottom to provide for employee input and FP ideas; and (8) awareness and utilization of the RP/FP-MCH services by beneficiaries.

The main reason for the discontinuation of some activities of the RP/FP-MCH program in the previous cycles were: (1) unwillingness by management to sustain the program; (2) retrenchment or resignation and non-replacement of trained personnel; (3) lack of support on the part of management; (4) insufficient FP supplies; (5) indifference of clinic staff; (6) lack of follow-up by management; and (7) nebulous perception of the institutional thrust of the project.

Irrespective of the status of the RP/FP-MCH program, time constraints

have been most important in slowing down the institutionalization process of the RP/FP-MCH program. Responsibility for family planning competes with company productivity. In addition, there is the fatigue factor, particularly for those night-shift employees who must attend the daytime family planning lectures.

Two companies which originally committed to the program but which lagged in sustaining it gave two reasons for their slowed enthusiasm. First, a decline in the demand for products of the companies and the dwindling raw materials for production resulted in a series of retrenchment moves. In many cases, this meant a loss of well-trained and dedicated implementors. Secondly, the nature of the establishment and the culture of the work force were also cited since companies which have experienced changes in management needed the support and commitment of the new management team.

Male-dominated companies appear slower in the institutionalization of the FP program compared to those which are female-dominated. This is expected as the direct or more obvious beneficiaries of the program are females. Moreover, institutionalization required more time in companies where opposing views on the use of artificial birth control were common among the work force. It was likewise noted that most of the workers were still more concerned with their economic subsistence than their health or maintenance of the program.

## RESPONDENTS' PERSPECTIVES

Most companies included in the study will probably continue with the program based on the perceptions by managers and RP/FP-MCH teams. However, there has been a clamor for further extension of the program among companies whose contracts are nearing termination.

Some general suggestions elicited from company personnel during the in-depth interviews and focus group discussions are as follows:

1. In order to correct the misconception that responsible parenthood simply means family planning or birth control, training modules should include value formation at the different stages of the family life cycle (from early courtship to marriage, reproduction and child rearing);
2. Training outputs should be echoed to employees immediately;
3. Orientation of senior and line managers on RP/FP-MCH program should be a priority;
4. Recruitment of *kaugnays* should occur at each level of the work-force hierarchy.

For those companies in which institutionalization of the RP/FP-MCH program has been proceeding well, specific ideas for improvement include the following:

1. Ad hoc committees of LOs have been active in facilitating institutionalization. These initiatives should be strengthened and sustained. Perhaps DOLE or some relevant non-government agencies may be helpful in this area.
2. Considering the time constraints for the IEC component, planning for an appropriate IEC strategy that can respond to the inability of most employees to participate, even during break times is important. For example, would a one-on-one communication strategy between the RP/FP-MCH team and the client be more effective during break times than a one-hour film?
3. Sectoral targeting should be made even if only a small sector will be reached initially. The role of PCPD will be to negotiate with management to allow this particular sector to participate in the activity.

For those companies that have lagged in the institutionalization process, the following strategies are posited:

1. PCPD inputs should be provided in accordance with the prevailing economic situation and culture of a given company. These may be initiated on a staggered basis and timed when production demand is not at its peak. A close link between management and the RP/FP-MCH team should be maintained through regular visits of PCPD staff to discuss operational problems during the contract period.
2. Training on team-building should be introduced at the early stage of the contract period and thereafter incorporated as a regular activity.
3. An appropriate IEC strategy that responds to the inability of most employees to participate, even during break times, should be planned. Examples are short film showings not exceeding 30 minutes or one-on-one communications during breaks.
4. Training on team-building should be made at the earlier stage of the contract period and subsequently incorporated as a regular activity.
5. Sectoral targeting should be used within a given company even if

## RECOMMENDATIONS

Recommendations based on the above insights include the following:

1. Training outputs should be echoed by those who have undergone training to employees immediately.
2. Kaugnays should be recruited from each level of the work force hierarchy for more effective implementation of the program.
3. An appropriate IEC strategy that responds to the inability of most employees to participate, even during break times, should be planned. Examples are short film showings not exceeding 30 minutes or one-on-one communications during breaks.
4. Training on team-building should be made at the earlier stage of the contract period and subsequently incorporated as a regular activity.
5. Sectoral targeting should be used within a given company even if

only a very small sector is reached at first. The lists of potential sectoral targets can come from the RP/FP-MCH team. PCPD can negotiate with management to allow this particular sector to participate in any PCPD-sponsored IEC activity.

6. There is a need for PCPD to design the training programs for each of the three types of team members in such a way that there will be some overlapping of basic topics. This will enable any team member still left in the company to continue the program should the others stop working for the firm.
7. The spirit of teamwork and mutual assistance are of vital importance and should be developed. For example, higher level team members should allow subordinates to perform more demanding jobs under their supervision in order to put into practice what was learned in training sessions.
8. Recognition of the accomplishments of the RP/FP-MCH team in terms of incentives or tokens should be given.
9. Commendable initiatives of liaison officers (e.g. formation of ad hoc committees) should be strengthened and sustained.
10. PCPD inputs may be provided in accordance with the prevailing economic status and culture of a given company. This may be done on a staggered basis and timed when production demand is not on its peak. However, a close linkage with management through the RP/FP-MCH team should be maintained through a persistent and regular visit of PCPD staff members to the company to discuss operational problems during the contract period.
11. More intensive orientations (e.g. through seminars) on the RP/FP-MCH program are needed for senior and line managers.
12. Gradual withdrawal or extension of the PCPD technical and financial assistance may be followed up to the point where such companies are ready to sustain the program on their own.
13. To reduce cost, time and effort for the implementation of future projects, rigid criteria for a company to avail of the project may be helpful. For example, a brief screening process through a survey of the prevailing RP/FP-MCH needs of the beneficiaries and commitment to the RP/FP-MCH program of management and work force may be held.
14. The undertaking of OR in a collaborative manner between the program implementor and a researcher should be continued.

15. The addition of a "quality of care" dimension of service delivery in assessing successful institutionalization in the research and evaluation component of the RP/FP-MCH program, as well as in the training of clinic staff and motivators, should prove helpful.

#### REFERENCE

- Fisher, A., J.E. Laing and J. Stoeckel. 1991. *Handbook for Family Planning Operations Research Design. Second Edition.* New York: The Population Council.