

COMMUNICATION AND MOTIVATION IN FAMILY PLANNING

Since the advent of Indian Independence, an era of planned development has ushered in our country. The formation of the Planning Commission and its first and the subsequent two Five Year Plans are a clear indication of the changed context of circumstances. In the first Five Year the Planning Commission sanctioned a meagre amount of Rs. 65 lakhs for Family Planning programme. The Government of India itself was not very sure about the reactions and attitudes of the Indian people. Hence it was a slow and cautious start. In the words of the then Union Health Minister Rajkumari Amrit Kaur, "Sufficient reliable data must be collected and also other relevant information made available before we launched out on an unchartered sea so to speak."

The Government of India, viewed the Family Planning programme in a larger perspective and from a broader sociological angle. The Family Planning Research and Programme Committee in its first meeting held in July 1953 clearly emphasised that the family planning programme should not be conceived in the narrow sense of birth control, or merely spacing of birth of children. The purpose of family planning was to promote, as far as possible, the growth of the family as a unit of Society in a manner designed to facilitate the fulfilment of those conditions which were necessary for the welfare of this unit from the social, economic and cultural points of

view. The functions of a Family Planning Centre, if it works on a comprehensive basis—would include sex education, marriage counselling, marriage hygiene, the spacing of children and advice on such other measures as may be necessary to promote the welfare of families. Advice on infertility should also be a part of family planning programme.

The problem of population control and family planning programme are the two sides of the same coin. The policy of the Government of India regarding population control is well expressed by the Planning Commission. "The objective of stabilizing the growth of population over a reasonable period must be at the very centre of planned development...in the circumstances of the country family planning has to be undertaken, not merely as a major development programme, but as a nation-wide movement which embodies a basic attitude towards a better life for the individual, the family and the Community."

What is the Indian Population Problem ?
—The population in India is second in the world population and it is seventh in respect of land area. With an area of only 2.4 per cent of the total land area of the world, India has to maintain about 14 per cent of the total world population. At the time of the first, though incomplete, census, the population stood at 254 millions. The highest rate of growth during a decade was during 1951-61 and the 1961 census recorded

the population as 22 per cent or 2.2 per cent per annum. A more detailed analysis of the data of the 1961 census has revealed that the rate of increase is perhaps about 2.4 per cent per annum and the estimated population is already around 465 million. It shows an annual increase of about 10 million. The estimated figure in 1976 is around 625 million.

The 16 States in the country has shown different demographic trends in 1961 census. During the last 10 years the increase ranges from over 219 per cent in Assam to 51.1 per cent in Uttar Pradesh. The varying population trends in the 16 States are a function of a variety of factors—social, educational, economic, cultural and ecological and so on. The population problem in India has to be studied against the background of the above factors. Even each State has got a heterogenous situation in its different regions—divisions and districts. Hence there cannot be a strictly uniform policy regarding family planning programme. There has to be a population control programme in each State, but each State needs a different treatment in the light of its agricultural production, death rates, infant mortality rates, birth rate, employment pattern, literacy and educational standard, cultural background, migration trends and other allied factors.

Impact of Family Planning Programme.—To educate and motivate people for the acceptance of family planning method is really an uphill task. Since it involves a fundamental change in behavioural pattern of individuals, the pace has to be slow and hence one cannot expect any spectacular results immediately after the programme is put up. An amount of only 15.82 lakhs out of the sanctioned amount of Rs. 65 lakhs was spent during the 1st plan period. During this period a beginning of family planning programme was done, ground work for the

programme was laid from the scratch. The cautious approach and the spade work done in the 1st plan period set the family planning programme on the path of progress. In the second Five Year Plan a more detailed scheme and a much more amount was chalked out and sanctioned. In this plan period were started a number of Regional Training Centres in the States and 3 Central Family Planning Centres. There was a greater fillip to the training programme, mass educational work, service in form of advice and distribution of contraceptives. There was an appreciable increase in the number of urban and rural clinics. This plan period was the basis of a future 'key' programme, a status that was achieved by the Family Planning work done during 1951-61. With the new status of 'key' programme in the 3rd Plan the money grant increased to Rs. 27 crores with a ceiling of Rs. 50 crores. *One* can interpret the above performance in the light of the many family planning attitude—surveys undertaken during the last few years.

Findings of the Surveys.—Since attitude is the beginning of any action or no action, it will be worthwhile to analyse the findings of the Family Planning Attitude Surveys. Change in a behavioural pattern is brought about at three levels—Cognition, conation and action—knowledge, feeling, action.

Within the last few years, roughly 28 family planning attitude surveys and studies had been conducted in the different parts of the country. These studies are different from one another in regard to the questionnaire and the method and system in which they were carried out. It will be therefore appropriate not to generalize or compare the data and basis of the surveys. However, some broad common facts revealed through them are as follows :—

1. Villagers feel four children is the ideal size of a family and for

- urbanites three is the proper number.
2. In both areas—rural and urban—3-4 years' spacing is considered desirable between one child and the birth of another.
 3. Family planning knowledge and the willingness of people to learn about methods have a close relationship with the educational standards, age and the number of children. Caste or religion does not much affect the family planning programme.
 4. Among the currently married females of the reproductive age group (15 to 45) family planning knowledge varies between 10% and 20% of women in the rural areas and between 20% and 30% to women in urban areas.
 5. Roughly 70 per cent of women with 35 years or more and with four or more children are willing to know and learn about family planning.
 6. The mother-in-law is no source of opposition, nor does the father-in-law interfere.
 7. Villagers cannot afford to purchase the family planning methods, they want the contraceptives should be made available to them free of cost.
 8. There is a problem of the type of contraceptive, which villagers can use conveniently and effectively.
 9. Village women are rather reluctant to attend the far off clinics and exclusively devoted to family planning work as they feel shy of being seen by other women.
 10. Family Planning in villages is generally understood to mean complete stoppage of childbirth.
 11. Man is the dominant partner in the villages particularly and women, therefore, cannot take any initiative in favour of family planning.

Husband's consent is a pre-requisite to such actions.

12. There is no organised religious or social opposition to family planning in rural areas.

These survey findings broadly indicate that there is a fairly favourable background for the family planning work. The main problem is to spread the message of planned parenthood to the millions of people living in the nook and corner of this vast sub-continent with the maximum rate and with greater effectivity. Here one has to consider the Communication process with regard to family planning.

Communication—Crux of a Social Change Programme.—Social Welfare programme requires the continuous co-operation of the people for whom the programme is meant and Administrators who want to execute and implement the programme and an effective communicating media to carry the message of programme to the people. Unless there is an identity of purpose, oneness of ideas, common objectives, no programme of development will succeed. This is possible only when the significant role of the Communicator is properly and adequately and fully understood. In the words of Dr. J. Paul Leagans, "The world has never seen a time when the role of the Communicator has been as important as it is today This is so because the world has never seen a time when there was so much to know, so much people need to know, and so many who want to know so much and so quickly."

The word 'Communication' is derived from the Latin 'Communis' meaning common. The goal and objective of communication is to establish a commonness between the source and the destination, the sender and the receiver and applied to family planning programme between the workers and the people for whom the message of planned parenthood is directed.

The responsibility and the major share of execution and implementation of the family planning programme in India were taken by the Family Planning clinics in urban areas and the primary Health Centres in rural areas. The clinics and the Primary Health Centres did both the educational and service types of work. They have, by their very nature, got limitations and inadequacies, as the Report for 1962-63 has well put it, (page 27). "The extension education wing of the programme has not yet been fully developed and greatest dependence so far has had to be put on developing educational activities in the clinic setting, or through home visit interviews. There are serious limitations inherent in the nature of these activities. The population able to be reached is very limited. It is known for example, that usually about 90 per cent of the primary Health Centre Clinic clientele comes from a few miles' radius and even the clientele represents only a small fraction of the people needing service in that immediate area. Also, the educational effort in a clinic situation tends to be one-way, person to-person information-giving, a method of relatively low efficiency. Finally, the over crowded clinics and heavy routine work load limits the time available for even this type of instruction." The attitude-survey findings and the above report amply prove that people are more motivated about family planning than what they are communicated about the methods of planned parenthood. A few of the urban people residing near the Family Planning clinics do not even know about the existence of the Family Planning clinics and the services they offer. Coupled with this situation are the two factors—female bias of the clinic-setting and the sign board—as Family Planning Clinic—which discourage men and women to attend the clinic. Rural men also do not like to

be interviewed by female workers on this personal and delicate subject, while rural women do not want their entry to Family Planning clinic to be seen by other women. Reluctance and shyness prevent them to visit the Family Planning clinics. The future role of the clinics in the Family Planning programme has been well put in the Report for 1962-63. "The "Clinic approach" could be expected to reach only a relatively small fraction of the people, and could not be expected to make much impact on the birth rates. Ultimately clinics would be viewed as a "Second echelon" resource, for providing special services," p. 5.

Group Acceptance in Family Planning Programme.—Change begins in the minds of men. Any change to become a behavioural social pattern must precede a thorough psychological transformation. This is a slow, gradual process. It goes through various stages of acceptance—acceptance by a few individuals, group's acceptance and mass acceptance.

Family Planning Communication at the individual—one-to-one—level has a very limited role to play in our country, since the problem has to be tackled in a bigger scale in lesser time. Mass Communication media like cinema, poster, radio, newspaper etc. can pass on the message to the public that is 'remote, unseen'. An information passed on and a message received should be able to produce the relevant action in the recipients. It is very difficult to know whether a particular mass-communication technique has produced the desired result. The role of mass communication as disseminators of information is certainly of much importance and value in family planning programmes, but for acceptance of a particular behavioural pattern, we have to consider the group and its role. 'Darwin Cartwright and Ronald Lippitt have well described the functions of Groups. "Groups

exist; they are inevitable and ubiquitous; they mobilize powerful forces having profound effects upon individuals; these effects may be good or bad, and through a knowledge of group dynamics there lies the possibility of maximizing their good value."

Ever)' individual is a member of a number of groups, family, professional group, interest group, informal group. These various groups have got a sanction behind them and they hold a powerful influence upon the actions and activities of individual members. Any new behavioural pattern requires a group's acceptance before it becomes stable and accepted by the individuals. What can a group do is aptly expressed by Lt. Col. B. L. Raina, Director, Family Planning, Government of India, in his report for 1962-63. "The power inherent in a group itself to bring about change in deeply rooted practices, among the members of the group, is greater than the influence of individual institution by outsiders." The group's acceptance is brought about at three levels of motivation—willingness to know, willingness to feel and willingness to act in the total process of group acceptance.

The ultimate goal of family planning programme is to motivate people to accept family planning as a way of life for Economic security of the family. Educational opportunities and health guarantee for children, enrichment of the total personality of husband and wife. The promotion of family planning programmes involves discussion of such personal and delicate subjects as sex, marriage, attitudes towards husband, wife, children and family and dissemination of information on planned parenthood, concept of planning in general and its relation to individual, family and society and nation. Family Planning, has therefore, to be linked with a Community Welfare Programme and it should not be treated as an isolated entity.

Family Planning in a Community Development Scheme.—The goal of Community Development Scheme is to arouse the interest, initiative and enthusiasm of the Community Development Block area about their felt needs and common problems of life. Family Planning programme has to be considered as one of the entire CD. activity and programme. Agriculture, Education, Animal Husbandry, Industries, Sanitation—all these are directed with the villager's life and family planning has to be integrated with them and the Extension Education approach which is used for carrying out the C.D. activity can also be used profitably for promotion of family planning in a Community Development area. Since people's participation is the crux of the Community Development programme, family planning also should become a people's programme with Government participation in form of financial grants, technical personnel. To achieve this, the extension approach with the help of group pressure should locate the natural and indigenous leadership among the rural population. These leaders should be encouraged to establish the small family norm among their different sub-groups. They will be the communicators of Family planning message, disseminating basic information regarding family planning and methods. They will have a sense of participation in the family planning programme. The leaders and lay men should be involved in all stages of the programme—e.g. in case of orientation training camp—from programme planning to programme implementation.

Mass communication media should have a closer relation with the values, aspirations and ideals of a community. A lot of effort through research studies of communication action has to be taken to find out the language, and picture symbols associated with the values of a child, a mother, a marriage

and family. Folk-dramas, folk-songs and other forms of community recreation should be written in such a style and manner that the message of family planning will be conveyed to the audience in a subtle and indirect fashion. As Daniel Katz says "Language is symbolic in nature, it can only evoke meanings in the recipient if the recipient has experiences corresponding to the symbol The individual lives in a private world of his own perception, emotion and thought Language itself, even if exact and precise is a very limited device for producing common understanding when it has no basis in common experience." Research in Family Planning Communication

Action has to be done with an interdisciplinary approach—a research team consisting of a sociologist, cultural anthropologist, a social worker and an artist.

Last, but not the least, communication and motivation in Family Planning has to be done with emphasis on health of the mother and children and a means for total family welfare. The individual and the community should not be given a darker, grimmer picture of population growth of frightening figures of birth-rates, instead they should be convinced about the wider meaning and objective of a fuller, richer and happier life.