CHAPTER VIII

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SUMMARY AND SUGGESTIONS

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Population problem:

Increasing population problem of a developing country is the most crucial issue of our times. Rapidly rising population is neutralising the gains of last three decades. In spite of a remarkable record in planned economic development, especially in the fields of food and industrial production, the average Indian hardly feels the marginal benefits of this development. It also seems difficult to honour our commitment to the doctrine of human rights declared by the United Nations and UNESCO. Considering the limited resources to meet the varied needs of 620 million people, wide acceptance of family planning appears to be the only remedy to check rapid increase in population and the consequent pressure on the limited resources.

Changes in fertility behaviour are more likely to occur as an integral part of an overall process of social and economic change which is, generally speaking, not yet occurring on a sufficiently broad scale.
Karan Singh has rightly said that "Development is the best contraceptive ", while according to Chandrasekhar family planning is the "Instrument of Social Change ". Economic development should bring about a change in thinking, attitudes, and behaviour of the people in relation to the size of a family, thereby ensuring a better and more equitable distribution of resources, and also hastening of the transformation of Indian society into a modern and industrialized nation.

The problem of population increase has reached such grave proportions that we cannot simply afford to wait for long in order to achieve the objective of the family planning programme. To do so, we have to search for newer and more effective approaches and methods of education which can accelerate the rate of acceptance of family planning methods.

Voluntary acceptance:

In a democratic country like India, success of family planning programme depends on voluntary acceptance by the people. This can be achieved through a process of motivation and education, and enlightened realization by the people of the advantages that
accrued to individuals and families by accepting the norm of a small family. This is in accordance with the philosophy and guiding principles accepted since the inception of the National Family Planning Programme. Therefore, the approaches and strategies to be decided and adopted by policymakers and implementors of the programme should be in the line of this Programme.

Basically, we must have a faith and confidence in democratic ways of life, educational methods, human dignity, and ability of people to change. Therefore, in our education and motivation approach we follow the principle of "Help the people to help themselves."

It is recently experienced that Indians do not favour coercion and compulsion in family planning. It is also not in conformity with the philosophy and guiding principles of the Indian family planning programme. This has further increased the importance of educational programmes and responsibilities of the educators and change agents engaged in the programme.
Today, the most difficult problem is of motivation; that is, how to motivate and prepare millions of eligible couples to accept appropriate family planning methods. For this purpose, extensive use of individual as well as mass approach has been made but perhaps not so much of group approach. This is probably because it is relatively more difficult and requires tested methodology to be followed by better trained and experienced workers in the field. In group approach, effort has to be made to educate and motivate members of the existing or formal groups through group discussions on health and family planning. It is felt that understanding of group dynamics will enhance the effectiveness of group approach in the field of family planning education and motivation. Considering the advantages of a simple and effective sterilization method of vasectomy it was decided to accelerate the voluntary acceptance of vasectomy through the medium of group discussions.

Significance of the study:

Group approach can enhance the process of socialisation - through which desired change can be
brought about rapidly. How far such efforts will succeed through planned group sessions was the main consideration for the study.

Family planning is more a social rather than medical problem. It is our experience that inspite of considerable efforts to solve social problems such as untouchability, beggary and prostitution, we have not succeeded in bringing about any remarkable change in the social behaviour of the people in last 30 years. Thus, social change in our country takes place at a very slow rate and planned, purposeful and deliberate educational efforts are needed to fasten the rate of social change in respect of family planning. It is difficult to bring the rapid change in the basic attitudes of the people. Group approach if adopted on wider scale and if people are brought in planned group situations, it is possible to change their basic attitudes in favour of family planning.

This experimental study may work as a model for educators and implementors working in health field and provide some base for further studies to the researchers.
Group approach essentially deals with individuals of a group at a time and enhance the interaction process amongst them. Group as a medium of change can provide learning situations and opportunities to bring changes in KAP. Each group member can work as change agent and discuss about family planning with his friend, neighbour and relative in an informal situation. This will possibly create the multiple effects.

While implementing the study no extra expenditure was involved as the existing infrastructure of the programme was used. Moreover, better results have been demonstrated in neglected low out put urban areas possessing the rural socio-cultural characteristics as they had migrated from rural area. Therefore, the scope of utilising the methodology of this study elsewhere is ample. The ready made document on training curriculum on a relatively new topic of group dynamics can be useful to the programme implementors and training personnel working in health field.

It is noteworthy that after this experimental study intensive group approach was adopted in Gujarat
State Family Planning Programme and the same training on group dynamics were given to all extension educators of the State.

Being a relatively new discipline, very little work has been done in group dynamics also the effectiveness of group approach in family planning education does not appear to have been measured. Consequently, it was felt that a field experimental study for measuring effectiveness of group approach would be useful to the Family Planning Programme.

Objective of the study:

To find out how far a group approach complemented by an understanding of group dynamics would be useful for making family planning education and motivation more effective.

Specific objectives:

(i) To find out the effectiveness of group approach by measuring the changes in knowledge, attitude, and practice among eligible couples of certain selected areas in respect of family planning through before - after KAP survey.
(ii) To examine the use of group dynamics to enhance the effectiveness of group discussions in family planning.

Every alternate eligible couple was interviewed and thus total 702 schedules were filled up (351 from the experimental area and 351 from the control area) during each of the Prior and Post KAP surveys.

Methodology:

In order to have a fair representation of persons amongst socio-economically backward and poor people, ten areas were selected - one area for 'experiment' and other for 'control'. These areas were under the jurisdiction of five Family Welfare Planning Centres located in different parts of Ahmedabad. These five centres were purposively selected out of 33 Family Welfare Planning Centres of the City. Selected family planning extension educators were given orientation training in group dynamics, with the help of the Regional Family Planning Centre, Ahmedabad - experiment study was carried out with their assistance.
Care was taken while selecting experimental and control areas that they do not differ markedly from each other in respects of population, performance, services, socio-cultural background and level-s of economy, and education etc. Out of such selected five areas four were slum areas existing within the city while one was a semislam area of refugees' colony situated in a close suburb of the city (Kubernagar).

A guide for group discussions and selected group media was prepared and pretested and it could be helpful to the workers while conducting group discussions in the experimental area. At the rate of 6 group discussion sessions, a total of 30 group sessions were held in the five selected experimental areas.

An interview schedule for carrying out knowledge, attitude and practice (KAP) survey was prepared, pretested, finalized, mimeographed and then administered with the help of the selected educators after they were given proper orientation for conducting 'before' and 'after' KAP survey in the experimental and control areas.
Thus the primary data obtained in the study came from:

(i) Before - After KAP surveys before and after the treatment (group discussions)
(ii) Observations by the researcher and his team of five educators regarding the process within the groups in the experimental areas and by filling up an evaluation proforma for each of the 30 group discussion sessions.

These instruments were relatively structured. The data collected have been analysed in terms of frequency/percentage distribution and cross tabulations, and appropriate tests ($x^2$ test and $z$ test) of significance have been performed as and when felt necessary.

Considering the low acceptance of family planning among socio-economically backward and poor people staying in slums, the areas under study were purposely selected for field trials. Treatment of group approach was given in experimental areas with the help of five educators specially trained in group dynamics. Group media like flip charts, family planning kits and flash cards were used as educational aids in a planned manner during group discussions. A guide for conducting group sessions was prepared
by the researcher in consultation with experts."
It was pretested, finalized, and given to each of
the educators along with other background material
useful in employing the group approach (Please see
Appendix 2, 4 and 5).

Considering the convenience of participants
as well as investigators, it was planned to conduct
subsequent two group sessions the same day at eve-
nowing time for 2½ to 3 hours with an interval of
about 15 minutes for tea and refreshment between
two sessions. Six group sessions in each of the 5 ex-
perimetal areas on three different days with an
interval of about 10 days were conducted. In this
way, in five experimental areas 30 planned group
sessions were conducted with the help of trained
educators. Each of the five educators was also given
the evaluation proforma to note down their observa-
tions about the effectiveness of group sessions held
in other than his own area in order to get the feed-
back about working of the group and success of each
of the group sessions. All the 30 evaluation proformas
were collected, compiled, analysed and interpreted in
order to evaluate group sessions. The educators have
used mainly the observation technique for this purpose.
All KAP schedules were collected and the data on both the experimental and control areas were analysed and appropriate tables and cross tables were prepared, analysed and interpreted.

Results:

The group approach, adopted in the selected five experimental areas representing socioeconomically backward poor people, has proven its capacity to accelerate the rate of acceptance of family planning methods, especially, vasectomy. Planned group sessions conducted by enlisting the help of trained extension educators have proven its efficiency by not only increasing the vasectomy acceptance by 170 per cent but also demonstrated subsequently the increase in the acceptance of other methods such as tubectomy, Nirodh and IUD. Tubectomy (female sterilization) acceptance was increased by 61.36 per cent in experimental area, in comparison to 31.25 per cent increase in control area. The increase in Nirodh and IUD was 58.1 and 56.2 per cent respectively in experimental area against only 6.2 respectively in control area after completion of the study. This shows efficacy of the group approach.
The study also revealed an appreciable increase in awareness from 92.6 per cent to 99.7 per cent and in knowledge of any of the family planning methods from 89.5 per cent to 98 per cent in the experimental area. Similarly, significant increase in the percentage of eligible couples having favourable attitude for family planning (from 76.06 to 92.87) was noticed in the experimental area during the period under study. At the same time, changes in respect of knowledge, attitude and practice for family planning, were simultaneously observed in control areas increase in all respects was only marginal or meagre and was not statistically significant.

The study also revealed that interspouse communication increased significantly. Percentage of couples who had discussed about family planning with their spouses was found to have increased from 53 to 85.4. Interspouse communication is considered to be very important for accelerating decision-making to accept family planning and for bringing significant improvement in favourable towards family planning.

It is most interesting to note that after group sessions, the interpersonal and interspouse communications had increased considerably. Group members, who were exposed to group session experiences were stimulated to carry out discussions on family planning.
with their neighbours, friends, and spouses. This was one of the great advantages of planned group sessions which might have helped in arousing positive interest and strengthening the process of thinking, discussing, and decision-making among the group members during the group sessions as well as after the sessions in informal situations.

The experiment has shown remarkable results in proving the efficiency of all group sessions. The use of group dynamics in planned group sessions might have increased the cohesiveness and emotional tie up amongst the members. Group morale, group solidarity and group support to accept family planning methods might have created confidence among the eligible couples. Moreover, frank and informal group discussions helped in removing different kinds of fears about methods, misconceptions, and wrong notions regarding family planning.

The evaluation of group sessions done by employing the observation technique, also suggests that they were effective. Most members of the group participated in discussions with interest. Thirty group discussions were held mostly according to plan
and achieved the set objectives. The average attendance in 30 group-sessions was 19.1 which in itself indicates the extent of motivation and interest of the members. The members probably felt usefulness of the learning experiences accruing from the group sessions and therefore, most of them continued to attend subsequent group sessions organised in the experimental area.

Suggestions and recommendations:

In order to achieve goals of the family planning programme, more experimental studies like this need to be conducted in search of newer approaches for effective education and motivation programmes.

1. The effectiveness of group approach by needs to be studied in depth by utilizing beneficiaries (satisfied family planning acceptors) and/or community leaders/change agents and extension educators in accelerating the acceptance rate of family planning methods in selected rural and urban areas. For the purpose, separate research studies are recommended.

2. Qualitative evaluation to measure the effectiveness of each of the planned group sessions by analysing the group process, viz., interactions and quali-
tative and quantitative participation of the members in relation to achievement of the group goal, etc., will be of much use.

3. Group approach effectiveness may also be measured sex-wise, rural area-wise, community-wise, and worker-wise. Several variables like economic and education standards, age groups and religions can also be manipulated by keeping each of them as dependent variable and undertaking separate studies.

Utility of the experimental study:

1. A curriculum for giving three days' orientation training for selected extension workers in a comparatively new subject like group dynamics was prepared, finalized and implemented by the researchers with the help of the training officers of the Regional Family Planning Training Center, Ahmedabad. Considering utility and usefulness of the training, the State authorities in following years gave the same training to all extension educators in the state.

2. At policy level, group approach was intensified as one of the important approaches throughout the state of Gujarat after the study. An average monthly target of organizing at least two orientation training camps (mini OTE) for leaders and selected eligible couples
per Primary Health Centre/Urban Family/Planning Centre (4 planned group sessions for 4½ to 5 hours) was given in all the districts. Directives were also issued to all districts to spend 60 per cent of Mass Education grant under family planning for organising the Mini OTCs. i.e. planned group discussion sessions.

3. The flip chart on socio-cultural barriers (13 poster size pages with pictures) was got prepared by the researcher and it was used as an educational aid during the group discussions sessions held in the experimental area.

After the study, 5000 copies of the flipchart were printed by the Government within two years and given to all extension educators and training personnel in the state for use in group discussions. Considering the effectiveness and usefulness of this media (developed by the researcher during the present study) it was printed and now being used by hundreds of workers in the field in the State of Gujarat.

4. Due to extensive efforts made for intensifying group approach (by using methodology tested in the study) along with intensive use of individual and mass approach...
since 1971, Gujarat has maintained its position in family planning education and motivation. The State has also succeeded in achieving family planning targets and bagging several National Awards from Government of India since 1971 onwards.

With the harnessing of all available knowledge, skills, experience, and new knowledge on effective approaches, methods and contraceptives resulting from various kinds of research studies, especially field experimental studies, humanity can gain control over its fertility. If we take timely action with dedication, objectively, and humility, it is possible to prevent world catastrophe by solving the manmade problem of population explosion. If we can solve this problem, we can hope not only for a bright future but for moving beyond the levels of civilization and concord not yet dreamt of by man.