CHAPTER V

RESEARCH PROBLEM
The research problem of the present study is to find out the effectiveness of group approach (complemented by an understanding of group dynamics) in the field of family planning education and motivation. We have in the earlier three chapters given an overview of the problem of population explosion and family planning programme in India and have also reviewed the literature on group dynamics in order to get a proper background on the subject. In the present chapter, we shall discuss in detail our research problem.

The research problem:

This is a field experimental study to measure the effectiveness of a group approach among eligible males. The study was carried out in certain selected areas of Ahmedabad City in 1970-71.

Before we introduce our research problem, we shall discuss in brief the urgency to solve the problem of over population.
Urgency to solve the problem of over population:

Population explosion has become one of the most serious problems for the present world and as member of the human race all of us need to show concern and act in time and with responsibility before it makes our own existence impossible. Several thinkers, planners, social scientists and demographers have already pointed out that without result oriented specific measures, we are surely leading towards doom in the near future.

The greatest challenge being faced by the national family planning programme in India is the task of translation of the national goals in to the individuals' felt need for accepting family planning.

Despite the fact that the Indian family planning programme has been in operation for the last twenty years and intensively for the last ten years, it has so far failed to achieve the set goals.

Several approaches have been tried for motivation of people but it has not been possible
to accelerate the rate of acceptance to the desired extent. This has created the need to search for new strategies and approaches for effective family planning education and motivation. India is the largest democratic country in the world to-day and hence it is obvious that any new strategy has to be democratic and depending mainly upon intensive education and motivation.

The final objective of the national family planning programme is to reduce the birth rate to 25 by the end of the Sixth Five Year Plan i.e., in 1970. In the beginning, the objectives of family planning programme were not clearly but in 1963 when extended family planning programme was launched, the objective was clearly stated and it was aimed to reduce the birth rate to 25 by 1974. This objective, however, could not be achieved.

Hence, achievable targets were again worked out in 1975 and the present objective of the programme was decided by the Government of India considering the past experience. The non achievement of the desired results and the shifting of the programme objectives clearly indicate the difficulties
in achieving higher results in family planning.

Need to search for effective approach in family planning education

Today, the family planning programme is at the juncture where services for family planning could be made available to millions through a vast infrastructure and extensive service organisation under health and medical department. But the biggest problem is of motivation - that is how, to prepare or motivate millions of eligible couples for accepting family planning. Mainly three educational methods are employed viz., Individual approach, Group approach and Mass approach. In the individual approach emphasis is placed on motivating people by person to person contact. This approach has been followed since the inception of the programme while mass approach was introduced at a later stage. In mass approach we may include several activities such as mass communication, distribution of Nirodh, organisation of vasectomy camps and celebration of family planning weeks/fortnights/months. Mass approach, through mass media, helps in creating proper climate or atmosphere which can facilitate
the innovation. It can be useful in creating mass awareness and sensitization by providing continuous information and support through multi media to selected population within the reach. In our country, mass media such as radio, film and press do not cover majority of the rural areas where 80 per cent of the population lives.

Several research studies have indicated that mass media have varying and often limited effects both by failing to reach majority of the audience (population), and because of selective nature of communication. It has therefore, limited exposure and reinforcement. Thus, it is difficult to bring the desired changes in human behaviour only by using mass media. It usually reaches the persons having to some extent higher education and better socio-economic status than that of the common people (Griffiths, 1960).

Majority of the people of India are illiterate having low socio-economic standards and if we have to popularise the small family norm amongst them, then modern mass media approach may not probably can not yield the desired results.
The Operational Research Group (ORG) (1971) conducted a national Sample Survey to find out the current state of awareness, exposure to various media, attitudes and practice of family planning in India. The ORG survey results reveal that only 35.7 per cent of the eligible couples (women in the age group 15-44 years and their husbands) are exposed to any of the three media - press, cinema and radio.

Further, the ORG survey results revealed that wives are less exposed to media (28.5 per cent) as compared to their husbands (42.6 per cent). The leading media was cinema (31.3 per cent of the couples are exposed to it), next is radio (15 per cent) and then newspapers (7.9 per cent). This clearly suggests that the conventional media are inadequate to reach a majority of the couples. (ORG, 1971:5).

This can also be clearly seen from the concrete achievement of family planning in terms of prevention of births. The real impact of family planning can be better judged from the total number of births prevented rather than achievements of family
planning targets. (e.g., if the average number of children for sterilization acceptor is very high, say five then the prevention of births will be comparatively less, but if it is two then the prevention of births will be more with the same number of sterilizations).

Educational approach is essential:

As per our firm conviction in democratic values, we have to solve this most difficult problem of over population purely by educative and persuasive efforts. This has also been the philosophy and guiding principle of national family planning programme.

One can not possibly resort to any of the drastic actions such as legal compulsion or administrative pressure or coercion as per the new policy and approach declared by Government of India on 28th April, 1977. In view of this decision more and more experimentation and research studies are inevitable to find out effective approaches to family planning. Thus, field experimental studies like the present one will be very necessary to provide guidelines for a better performance.
Need for group approach:

Man is a social being and is influenced by several factors. Usually no single individual alone ever makes a decision. He is always influenced by other persons especially by forces interacting within the family, neighbourhood and society at large. Influence of his peer group or reference group cannot be ignored. Individuals incline to seek moral support from their reference or peer groups in many domestic issues. They need social support in general and group support in particular, in matters such as family planning as this has still not been socially well accepted. Planned group discussion sessions could be an effective medium to accelerate the social change (in respect of family planning). Purposefully planned group discussion by a trained educator (change agent) can result in group approval of an innovation like family planning. This kind of process of socialisation through the medium of groups could help in ensuring social support for acceptance of small family norm and contraception methods.

Knowledge can be considered a prerequisite for bringing desired change through adoption of
innovation like family planning. The people should know that it is possible to limit the size of their families by family planning methods. This can be achieved by intensive mass education and motivation programme. Socio cultural barriers, misconceptions, wrong beliefs and superstitions prevailing in any particular community need to be identified and removed through educational process.

Only knowledge about family planning is not enough. People need to be helped to create a strong desire to use the knowledge. They are likely to have favourable attitude provided their social values are changed in favour of small families. Due to high economic and educational standards and individualism in developed countries like USA, Sweden, U.K., etc., birth control was successful mainly on individual basis. But in a developing country like India, with the ageold culture and existing social system, high illiteracy and dependency on others (may be elders, leaders, friends, neighbours) for making decisions, we need a different approach than the one adopted by the western countries. Our approach should emphasize on benefits of family planning not only to the
individual and the family but also to the existing group and community (may be a village) especially as individuals and families are the units or parts of the society/comm unity and are governed by some sort of social order. Such an approach could bring about a rapid social change by creating proper social climate. It would ensure group and social support for desired social change through planned group discussions.

Moreover, it is observed that people have a tendency to follow others especially the influential persons. This is particularly true in Indian situation. 'If others do then we can also do' is the general thinking of the people. This can be exploited by employing group approach for bringing about desired change in the health behaviour.

The outline of the Third Five Year Plan had rightly envisaged the important step of educating the masses so as to create the "necessary social background" for the acceptance of family planning programme. Still much is to be done in this direction.

As discussed in detailed in chapter IV, group approach if accepted, the process of social change in
respect of family planning can be expedited/strengthen in the existing social milieu. In this context, the use of planned group discussion method may be more appropriate to bring desired social change in a comparatively short period. Considering all these factors, this field experimental study was designed.

After assessing the need for group approach, now we shall discuss the problem of urbanisation and its consequences in relation to family planning.

Urbanisation:

Growing urbanisation poses newer sets of challenges. As discussed in the third chapter, urban population has been growing at a faster pace than rural population mainly because of the continuous migration from rural to urban areas rapid urbanisation creates many varied and complex problems such as ever increasing slum areas, unemployment, juvenile delinquency, house burglary, prostitution, malnutrition, poor sanitation and over population. As the level of urban population rises higher and higher, stresses and strains on urban life also increase. As a result, the quality of life, maintenance of peace, and personal and social
security which are already at a low level will
further deteriorate, especially in the poorer sections
of the urban population, which constitute a sizable
population of the cities and towns.

In the wake of growing industrial and commer-
cial activities the population of cities is growing
at a rapid pace and at the same time health problems
are becoming alarmingly complex in character, calling
for a new approach. (Banerjee, 1976:192). Majority of
the urban population is poor and has many health problems
including sanitation and over population. It is most
unfortunate that the slum dwellers who need family
planning the most have accepted it the least. Since last
few years acceptance of family planning by urban popula-
tion is comparatively lower than that of rural popula-
tion in Gujarat State (State Family Planning Bureau,
Report, 1975). This is inspite of the fact that a vast
infrastructure is existing in urban areas under the present
set up of family planning programme.

In view of the urgency to provide health and
family planning services to rural areas, even more needy
poor sections of the urban areas have been ignored consi-
derably. The average family size of the slumdwellers is
larger than that of nonslumdwellers. How to motivate the
eligible couples of the slum dwellers is the big problem. Considering their low socio-economic and education levels and low level of aspiration, it is really very difficult to increase the rate of acceptance of family planning methods especially the method of vasectomy amongst the slum dwellers.

Low acceptance of vasectomy:

The main emphasis in our research study is on how to accelerate the rate of vasectomy acceptance through group discussion. Though emphasis was on vasectomy it was expected that performance of tubectomy (female sterilization) would go up considering the social aspect and therefore, arrangement for referring tubectomy cases was also worked out along with the provision of services of vasectomy. Greater acceptance of tubectomy can be attributed to several factors such as (1) man being an earning as well as dominating member of the family (2) woman is the sufferer from having more pregnancies and babies (3) low status of women (4) sacrificing role of the Indian women in the family as an institution and (5) easily accessible for motivation in comparison to males.
The research problem of the present study is to measure the effectiveness of group approach in accelerating the rate of acceptance of vasectomy operations among eligible males. The question arises that why did we select the method of vasectomy operation. It was selected because technically, economically and administratively it is feasible to take up the vasectomy programme on mass scale. Moreover, it is a terminal method and, therefore, requires one time action. In comparison to female sterilization it is simple and easier. (The importance of vasectomy has been adequately discussed in chapter III). In spite of these advantages performance of vasectomy operations was comparatively low in whole State of Gujarat especially in Ahmedabad (Please see table - 5.1).

Considering the low performance of family planning methods and need to popularise vasectomy, it was thought more appropriate to find out the effectiveness of group approach in family planning education and motivation especially for motivating males to accept vasectomy operations. It has also been the general experience that it is comparatively more difficult to motivate males to accept sterilization than women. Obvious reasons are that
the women has to undergo the repeated pangs of pregnancy and child birth. Moreover, the major responsibility of bearing and rearing of the children lies with the women and hence she is the main sufferer in having a large number of children. Therefore, it is easy to motivate her for family planning. The following figures of male and female sterilizations performed in Gujarat as well as Ahmedabad Municipal Corporation given in Table 5.1 clearly indicate the high acceptance of sterilization by women as compared to men in the city and the state. It is interesting to observe that female sterilization is 2.5 times higher than male sterilization in Ahmedabad Municipal Corporation.
Table: 5.1  Sex-wise break up of sterilization operations done in Gujarat State and in Ahmedabad City from 1967 to March 1971.

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of sterilizations in Gujarat</th>
<th>No. of sterilizations in Ahmedabad Municipal Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Vase.</td>
<td>Tube.</td>
</tr>
<tr>
<td>1</td>
<td>38790</td>
<td>46247</td>
</tr>
<tr>
<td>2</td>
<td>50823</td>
<td>49736</td>
</tr>
<tr>
<td>3</td>
<td>49232</td>
<td>45076</td>
</tr>
<tr>
<td>4</td>
<td>44104</td>
<td>50433</td>
</tr>
<tr>
<td></td>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>


The table 5.1 also reveals that the range of percentage of vasectomy in Ahmedabad Municipal Corporation and Gujarat State varied from 19.9 to 31.2 and 45.6 to 52.2 respectively during the period of 1967 to 1971. This clearly showed the need to boost up vasectomy programme in the city areas of the Municipal Corporation.
Need to popularise vasectomy:

Need to popularise vasectomy especially in urban areas was felt considering following reasons:

1. Low performance in vasectomy programme was a problem and the family planning workers and implementors needed to improve the vasectomy performance. This problem was acute in the urban areas especially in Ahmedabad Municipal Corporation.

2. Vasectomy is an economical and very simple operation while tubectomy is a major operation requiring hospitalisation for about a week and thus costing more.

3. Vasectomy, if popularized, can be performed on mass scale while it is not feasible to perform tubectomy operations on mass scale. It is comparatively easier to provide vasectomy services almost at the door step in a community through mobile sterilization units and by organising camps at appropriate places in the community such as school building.

4. In comparison to all other presently available methods, vasectomy is the most convenient method suitable to the majority of the rural & urban male population.
After knowing why we preferred to emphasise on vasectomy, we shall now discuss why we selected the research problem specifically in slum areas of Ahmedabad?

The rapid increase in urbanisation and industrialisation is a contributing factor to the population problem. Industrialisation has its own virtues and vices. One of the vices that came into existence in our country was the emergence of slum areas in the big cities.

The city of Ahmedabad, renowned as the Manchester of India, is fast developing because of the high degree of industrialisation. It is one of the biggest textile centres in the country. It has naturally promoted the migration of rural people to urban area, and the result is that Ahmedabad possesses the highest slum population in Gujarat State. The slum population is estimated to be about 4.5 lakhs out of the 16 lakhs population of Ahmedabad (Patel, 1971:1). Thus, the city of Ahmedabad had a sizable population of slum dwellers which was neglected in respect of family planning. These were the problem areas of family planning and it was worthwhile taking up a research project to find out a solution to the problem of motivation in these resistant areas. Moreover, the researcher is stationed in Ahmedabad and it was convenient for him to implement this research field study which required his close and constant supervision.
Most of the residents of the slum areas had migrated from rural areas and possessed the rural socio-cultural characteristics though living in the city. Thus, in reality, people of the selected areas presented semi rural-urban characteristics.

Another reason for selecting research problem in Ahmedabad was accessibility of facilities for conducting the envisaged research study.

**General objective of the study:**

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

After deciding the general objective, now we would identify and spell out the specific objectives of the present study.

**Specific objectives:**

1. To find out the effectiveness of group approach in the selected areas under study by measuring the changes in knowledge, attitude and practice of the eligible couples in respect of family planning through before-after KAP survey.
2. To examine the use of group dynamics to enhance the effectiveness of group approach in family planning.

After deciding the specific objectives, how it will be very important and relevant to understand the theoretical and practical significance of the study.

**Theoretical significance of the study:**

Number of experimental studies in different fields such as industry and health, have been conducted and it has been found that group approach can bring better results. If group approach is used in different fields in a scientific manner, it can yield better results without much investment. It could also be a good medium to bring about the desired changes in knowledge, attitude and practice for the health and happiness of the people.

Here the question arises whether we can employ group approach on a wider scale or not in the field of health and family planning. As already discussed change in human behaviour depends upon existing normative system and the process of socialisation. So far as the acceptance of family planning methods are concerned, we have to deal with the adults (eligible couples). It is learnt from
the theory of social change that through the process of socialisation desired change can be brought about even amongst adults. How far such efforts will succeed through planned group discussions was the main consideration while formulating the research problem.

Family planning is a more social rather than a medical problem. It is also a part of planned social change as it requires to change the basic attitudes of the people. More emphasis needs to be laid upon change in the deep rooted attitudes, fatalism, rampant ignorance, social values, customs, traditions and norms of the illiterate and literate poor people of our country.

As discussed in chapter II in detailed social change is a slow process and it is more difficult to bring about rapid social change in a developing democratic country like India without systematic and intensive educational efforts. This is evident from the experience of India in other social fields since independence. Inspite of considerable efforts to solve social problems such as un-touchability, beggary, prostitution, prohibition etc. We have not succeeded in bringing about any remarkable change in the social behaviour
of the people. Thus, social change in our country takes place at a very slow rate.

Most human behaviour occurs through contact with everpresent environmental issues. Human behaviour emerges from process generally labelled as social learning. As a person behaves and develops in a social world, his performances become increasingly tied to the socio-cultural milieu of which he is a part. The varied processes by which these normative controls become internalised, are generally summerised by the term "socialisation". Unfortunately, this very important social aspect of the programme has probably not been given adequate emphasis in implementation of the family planning programme. This may be an important cause for low level of acceptance of family planning. Efforts are needed for activating the process of socialisation which may also help in establishing social need to make people realize that family planning is necessary for their personal as well as social development. If this is done, we can probably make family planning socially more acceptable. It was further felt that the process of socialisation could be stimulated through group approach, if accepted on a wider scale and if people are brought in planned
group situations. People will then have an opportunity to share their ideas, feelings and experiences in respect of family planning and make proper decisions to accept the small family norm and adopt appropriate method of family planning. Thus, it was hoped that through the process of interaction in planned group discussion sessions, the desired change in their knowledge, attitudes and practice could be brought about rapidly. The group itself could be a source for change and could work as a medium of change. The process of interaction in small groups can lead the process of socialization in a given social system. Thus, the sanction of family planning in different types of groups ultimately can bring the social sanction for family planning.

Knutson (1961), while explaining the psychological basis of human behaviour, has also emphasized the importance of the process of socialisation. When we think of psychological behaviour of man, it is very necessary to consider the socio-cultural setting. Man's perception and cognitions, adjustment with the environment, personal as well as social motives and his style of living are greatly influenced by the process of socialisation. This very important process can be
Practical significance of the study:

The national family planning programme is a Government sponsored programme and has to be run on purely voluntary basis. Therefore, the main dependence will have to be on motivation through intensive education.

Group dynamics is relatively a new topic and hence very little work seems to have been done in this area. Likewise the effectiveness of group approach especially in the field of family planning education and motivation, does not appear to have been ascertained. It was therefore, felt that a field experimental study for measuring effectiveness of group approach, complemented by an understanding of group dynamics in family planning education and motivation would be useful not only to the family planning programme but to all health programmes.

As compared to people in the Western Countries, there is greater extent of informal interpersonal communication among Indians. This gives an outlet to their feelings and helps in relieving mental stress and tensions especially through informal group discussions with
their peer or reference groups. The existence of this traditional way of talking and discussing in informal group situations can be explored and exploited for creating meaningful and purposeful planned group situations to achieve specific group goals. This may help people to help themselves in ensuring the desired social change for the welfare of the people themselves.

This experiment may work as a model for educators and implementors working in health and family planning and provide some base for conducting for further studies to the researchers. This study itself may work as a stimulus to researchers to take up further studies on the subject.

Group approach essentially deals with several individuals at a time and enhances the interaction process among them. Thus, through group approach, desired changes can be brought about in the thinking, knowledge, attitude and practice in a relatively shorter time as compared to mass and individual approach. As per the strategy worked out in the research design the interaction process during planned group sessions and later in informal situations in their daily life stimulates and encourages the group members to influence.
others especially neighbours, friends and relatives. In this way each of the group members directly or indirectly works as a change agent. Thus, creating the possibility of multiple effects.

The most significant aspect of the study is that while implementing group approach, no extra expenditure was incurred. The study was conducted with the help of the existing family planning workers of the selected family welfare planning centres. Through group approach better results have been demonstrated in the neglected cross sections of certain selected slum areas.

Another practical significance of the study was that the results were obtained in a relatively short period of about four months. As the family planning programme is time bound and target-oriented, such results-oriented experimental studies of a short duration have immense importance and utility.

Although, this experimental study is limited to a small selected urban population, there is scope of utilising the same methodology elsewhere especially in rural areas. This is because the present study includes mainly the population of slum areas which has rural
socio-cultural characteristics. Many of the slum-dwellers had migrated in recent past from nearby villages to the city in search of jobs. Secondly, they were socio-economically backward which is also true in case of majority of the people of India.

The educators (change agents) selected for the field experiment were those who had already been working in that area for quite some times and belonged to the same category as extension educators working in the rural and urban areas throughout the state with similar qualifications, experience, pay-scale etc. Thus, there is no significant difference in the type of workers except the special orientation training given to the workers of field study area in group dynamics.

A detailed curriculum for giving orientation training on group dynamics to the educators has been prepared. This ready made document on training in a relatively new topic of group dynamics can be very useful to the programme implementers and training personnel. They can use it with required modification as per the local requirements.
It is noteworthy that after this experimental study, same training was given in subsequent years to all the extension educators of the state by Regional Health and Family Planning Centres by using the same curriculum prepared for the field experimental study. This itself shows the practical importance and utility of the study. Satisfied with the results, the authorities of the state health department of Government of Gujarat adopted group approach as an important method of family planning education.

After giving the orientation training even the educational targets for conducting particular number of planned group sessions by each of the extension educators were worked out and assigned to the workers. Thus, to some extent the practical significance of the study can be seen evidently. Similarly, when the results of the experimental study will be known to others, there is a probability of employing effective group approach as an important method of education not only in the family planning programme but also in the other health programmes for achieving desired results in a stipulated time.