CHAPTER VI

METHODOLOGY
METHODOLOGY

In the previous chapter, we have discussed the need, importance and formulation of the research problem, its theoretical and practical significance and how and why did we select the problem. In this chapter, we shall focus on the methodology of conducting the field experimental study, especially selection of experimental and control areas and workers, organisation of training, method of data collection, the before - after design for measuring changes in Knowledge, Attitude and Practice (KAP) in the experimental and control areas.

The objective of the family planning programme is to reduce the birth rate to 25 by the end of the Sixth Five Year Plan. As already seen in the previous chapters, the progress of the family planning is rather disappointing and it is difficult to achieve the set objective of the programme. Especially at this juncture it is most desirable to find out or search for imaginative new approaches to family planning in order to achieve better results. For this purpose, evaluative and experimental research studies are very much needed.
There are several types of studies for evaluation research. Here, we shall briefly describe two general types of evaluation studies.

The first is a 'Before - After' study wherein we could study the impact of a particular programme or approach in bringing about a desired change in a short time. This is a short duration study. The other study is comparatively for a longer period. It is also more comprehensive as in this study causes of changes that have occurred are also studied. Of course, the short duration Before-After study cannot be a thorough study as basic causes for bringing about the desired change are not identified and studied in a comprehensive manner. But it gives us quick results which could be useful to the ongoing action programme like the family planning programme. "The 'Before-After' study will in a situation such as exists in India, tell us whether or not an action program has brought about a change, and if so to what degree. This type of study will also demonstrate which of the various action programmes, with the same objectives and introduced simultaneously, has been most successful. I think
that in India, and in underdeveloped countries in general, there is a strong case for instituting such short time studies, while more comprehensive but longer range researches which study the causes of change are being conducted "(Agarwala, 1962:411).

It is clear that family planning programme can be effective only when people themselves begin to realize the desirability and need for small family size as well as use of contraception to limit the size of family.

Considering the need of sector priority target-oriented and time-bound family planning programme, the Government is also interested in Communication Action Research type studies which could be completed in a short time. Our present experimental study falls in the category of such studies.

Selection of experimental and control areas:

We have already discussed earlier the reasons for selecting the areas for the present study from Ahmedabad City.
Ahmedabad, the old Capital of Gujarat (now shifted to Gandhinagar) is the seventh largest city in India situated on river Sabarmati. The city is geographically located on 23° 1' North latitude and 72° 37' East longitude. It is spread over an area of 35.9 square miles. Gillion (1968) has pointed out the unique character of Ahmedabad as being a modern city known as 'Manchester of India'. Mahatma Gandhi lived in Sabarmati Ashram of the City and started his historical 'SATYAGRAH' ('righteous struggle').

As per the annual report of Ahmedabad Municipal Corporation (1972-73) the population of Ahmedabad was only 2.7 lakhs in the year 1921. It doubled by 1947 to 5.9 lakhs and increased from 7.88 lakhs in 1951 to 15.85 lakhs in 1971. As population of the city increases the slum population also increases and the varied problems stated above get multiplied and become more complex.

We shall now discuss why low-income groups were selected. Out of about 15.85 lakhs total population of Ahmedabad city in 1971, a sizable population of approximately 4.5 lakhs reside in slums. They live as squatters.
in slums developing a cultural identity of their own and a community life based on it. Housing is cheap as it only means erecting another hut on the vacant place or plot. Ahmedabad, being an industrial city, flow of unskilled and semi-skilled workers and other people continues to add up to a great extent to the slum population and consequently slum area gets overcrowded and slumming conditions get worse day by day (Rao, 1976: 3-6).

A pilot study of slumdwellers' attitudes towards family planning conducted in Ahmedabad indicated that majority of eligible slum-dwellers have not accepted family planning. Only 15.9 per cent eligible couples of slum areas accepted one of family planning methods (Patel, 1971: 1-2).

Poor people have the maximum need of family planning but acceptance amongst them is comparatively very low. It is observed that socio-economically backward people in urban areas are neglected or least attended for family planning education and motivation purpose. The most difficult aspect of family planning is motivation which was found more difficult in relatively less educated or illiterate people who are socio-economically backward.
Considering the above facts, it was decided to take up some of the socio-economically backward areas of the city for the present field experimental study. In order to have fair representation of socio-economically backward people in slum areas vis-a-vis, Industrial skilled and unskilled workers, Labourers, Small shop-keepers, Vegetable sellers, etc., in lower income groups, selection of the areas was done purposively by the researcher.

There are 33 Family Welfare Planning Centres (henceforth, we shall write FWPCs.) in Ahmedabad, each covering about 50,000 population. Out of them, five FWPCs. were purposively selected. Care was taken to give geographical distribution to the extent possible in addition to having representation of people having common characteristics of socio-economically backwardness and illiteracy.

Location of five urban Family Welfare Planning Centres (FWPCs.) out of 33 FWPCs. spread over throughout the city are shown in a map of Ahmedabad City and selected five experimental and five control areas of these five FWPCs. are spotted out in the enclosed map of the city.
A, B, C, D & E are the areas of Kalupur, Behrampura, Kanto-dia (Paidi), Kubernagar & Nawa-Vadaj respectively.

KEY
- Areas covered by 5 FWPCs.
- Location of FWPCs.
- Experimental Area
- Control Area.
The experimental and the control area, from each of the five FWPCs' jurisdiction areas, were selected with the assistance of the extension educators working in these centres, on the basis of the following criteria:

1. Cumulative methodwise performance;
2. Population;
3. Staffing pattern and availability of health and family planning services;
4. Communication channels and its effectiveness;
5. Leadership pattern and their influence on people of the area.
6. Socio-cultural background and levels of education and economic standards.

Before making selection of these areas the researcher thoroughly explained the selected educators about the need, importance, objective and methodology of the present study.

Care was taken to select the experimental and control areas from each of the FWPCs. in such a way that they do not differ markedly from each other in the above respects.
As shown above, the researcher selected five experimental and five control areas in the localities of Behrampura, Paldi, Kalupur, New Wadaj and Kubernagar. The composition of eligible couples was seen from eligible couple registers and other available data. It showed some variations among eligible couples may be due to the differences in respect of employment, income, education, family size etc., though generally all of them were socio-economically backward. Kubernagar was semiurban(suburb) situated in a close limit of the city.

The population of each of the experimental and control areas was purposely kept small as group approach is essentially meant for small groups. The population of each of these areas varied from 650 to 800 having 130 to 160 eligible couples. As our objective was to conduct small group sessions, we needed relatively limited number of couples for experimental study.

**Selection of the extension educators:**

Each of the five selected FWFCs. had an extension educator. The five extension educators working in the respective FWFCs. were utilized for the purpose.
So in reality there was no selection but those who were already working as extension educators in the FwPCs. were given special training and orientation and utilized for the purpose of the study. However, it may be noted that all the five extension educators were having minimum graduate qualification in one of the social sciences and 4 to 7 years experience in the field of family planning education and motivation in the same areas.

Each of them had undergone initially a few days orientation training and then the prescribed one month’s inservice training in family planning.

Training of extension educators in group dynamics:

Though the selected educators were qualified, experienced and trained in family planning, a training on a relatively new subject of 'Group Dynamics' was felt very necessary for conduction of planned group sessions. Therefore, a course of 3 days duration was planned, curriculum was prepared, finalised and then the special training was conducted, covering the academic and field aspects of the newly introduced topic of group-dynamics.
A detailed plan including curriculum for the training course in group-dynamics was prepared by the researcher with the help of Training Officers of Regional Family Planning Centre, Ahmedabad and finalised during special sessions for the purpose. The plan was submitted to the State Family Planning authorities who not only approved it but gave top-priority in implementing it. Accordingly, 3 days' training programme in group-dynamics was conducted at Regional Family Planning Training Centre, Ahmedabad. A brief but concentrated training in group-dynamics was imparted in local language (Gujarati) to all the 33 extension educators working in Ahmedabad in two separate batches. Since researcher was working as State Mass Education and Communication Media Officer in Family Planning Bureau of the Health Directorate, he thought it was useful to give training in group-dynamics to all the extension educators working in 33 FWPCs. in Ahmedabad. A proposal put up by him in this respect was approved by the higher authorities.

Important contents of the training included:
importance of group-dynamics, advantages of group approach over individual or mass approach, modern
trends in group dynamics, salient features of group
discussion and decision making process, formulation,
maintenance and organisation of groups, evaluation
of group discussion sessions, how to remove miscon-
ceptions regarding family planning especially regard-
ding vasectomy through group discussion (by using
educational aids) etc.

During the meeting appropriate time for
each of the operational steps was explained, discussed
and then each of the educators was given a target date
to complete the desired step or activity as per the
plan.

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Operational steps or activities</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A Meeting with the selected extension educators for giving them orientation about the field study and explaining the criteria for selection of experimental and control areas in each of their localities.</td>
<td>1 day</td>
</tr>
<tr>
<td>2</td>
<td>Preparation of a detailed Operational Plan by the researcher</td>
<td>7 days</td>
</tr>
<tr>
<td>3</td>
<td>Preparation of training curriculum in group dynamics by the researcher with the help of training officers and others.</td>
<td>15 days</td>
</tr>
<tr>
<td>4</td>
<td>Planning and preparing for organisation of the training course in group dynamics by the researcher.</td>
<td>7 days</td>
</tr>
</tbody>
</table>

5. Conduction of training course with the help of other resource persons  
   3 days
6. Meetings with the educators to explain and discuss about the operational plan 
   and finalize each of the activities to be undertaken and completed by the 
   prescribed dates.  
   2 days
7. Meeting with educators to explain and discuss how and when "Before-After 
   KAP Survey" was to be conducted.  
   1 day
8. Preparation and finalisation of interview schedule and evaluation proforma 
   by the researcher.  
   7 days
9. Selection of Experimental and Control Areas with the help of the educators.  
   7 days
10. Before KAP survey with the assistance of selected five educators 
    15 days
11. Development of various group media by the researcher with the help of Artists 
    of family planning department for using these media in the group sessions. 
    2 mont-hs
12. Selection of the group members (eligible males) as per the criteria for 
    group sessions.  
    7 days
13. Preparation and finalisation of 'A Guide for Group Discussion sessions' 
    15 days
14. Meeting with the extension educators for finalising the strategy for ensuring 
    presence of the members and conducting group sessions.  
    1 day
15. Distribution of different group media, A guide and other background material 
    to the educators after explaining how best are they to be used.  
    1 day
16. Individual contacts by the educators to the eligible males prior to and on the day 
    of group discussion for informing and motivating them to come and participate in the 
    session. (First contact before 3-5 days of the meeting & last contact before one hour 
    of the meeting on the schedule date) 
    5 to 10 days
17. Conducting of group sessions on the scheduled date, time and places by respective educators with the help of given educational aids. 5 to 6 weeks

18. Follow up through individual contacts during the week following conduction of two group sessions in each of the three sittings. 4 days

19. Post KAP survey of the same eligible couples (every alternate eligible couple as covered in pre KAP Survey) 15 days

20. Collection of progress report and post KAP survey forms from educators. 5 days

21. Compilation of data 4 months

22. Analysis and interpretation of the data by researcher 5 months

23. Documentation by the researcher 2½ years

The steps and activities mention above were carried out in time as per the plan. Some of them were carried out simultaneously.

After selecting the educators and areas and giving them training in group dynamics and preparing plan of action next step was to develop the schedule for before-after KAP survey of the eligible couples in experimental and control areas in order to measure the changes in KAP of the eligible couples in respect of family planning as per the objective of our present study.
Development of a schedule:

In order to find out the changes in KAP amongst eligible couples of both the areas an interview schedule was developed. In addition to KAP Survey questions, other relevant questions such as questions to find out the after effect of group sessions were included. This was done in order to assess the increase in degree of interpersonal communication of the group members with their friends, neighbours and relatives especially the spouses in respect of family planning. Interview schedule was pretested and modified on the basis of pretest.

As the selected population under study was small, it was decided to interview every alternate eligible couple of both experimental and control areas in order to get 50 per cent sample of total eligible couples. Since the number of eligible couples varied from 130 to 160 in each of the experimental and control areas each educator could complete the survey in 15 days in both of his areas at the rate of about 10 schedules per day. The couples of the area under study were identified - from the respective eligible couple registers. Every alternate couple from the serial
numbers of the identified couples in the register was selected in order to get fair representation.

Introduction of group approach:

Immediately after training in group dynamics, selected five extension educators were called for 3 days by the researcher as per the plan to explain and discuss further about the strategy and steps to be followed for implementation of the plan of the study. Each of them was asked to come with the map of his/her locality, showing the selected experimental and control areas, eligible couple register of their localities and other relevant information as already intimated to them during the training course. After reviewing and discussing about the selected areas and available data the plan of operation and strategy prepared by the researcher were finalised. As a part of the strategy it was decided to select the eligible males from amongst couples who have one or two male issues and a total number of three or more living children as record indicated that usually couples accept sterilization after having at least 1 or 2 sons.
The strategy included (a) prior adequate contacts with each of the selected eligible males for motivating him to come to attend the group session, (b) integrated approach of Maternity and Child Health, nutrition and family planning to be followed, (c) use of group media already supplied to them in an effective manner, (e) advance detailed planning before organising each of the group sessions, (f) effective use of a guide for group discussion already given to them, (g) organisation of two subsequent sessions on the same day, (h) Review meeting of the researcher and the educator after each of the sittings.

At the rate of six group discussion sessions in each of the experimental areas, total 30 group sessions were organised with the help of five trained and experienced extension educators. Arrangements were made for tea and refreshment between two sessions, by enlisting the help from some of the group members. The required money for the purpose was given to each of the educators in advance.

Two subsequent group discussions were carried out on the same day in one sitting of about 2½ to 3
hours with an interval of about 15 minutes in between the sessions. Thus, totally six group sessions were organised in three sittings (on three convenient days) in each of the five experimental areas. Necessary authority for selecting the day during three specified periods, was given to each of the educators. An interval of about 10 days was kept between two sittings. Constant supervision and guidance was provided by the researcher in the field as well as in special review sessions.

A guide for group discussion:

A guide on group discussion was specially prepared for the family planning extension educators. Their assistance was taken while employing the group work method in the field and hence they were also trained in this sphere.

Special efforts were made by the researcher in order to make the guide more effective.

First outline of the guide was prepared based on:

a) The fund of knowledge accumulated on the said subject.
b) personal experience of the researcher in the field of group work during last decade.

c) supervisory impression of the researcher based on the supervision of number of extension educators who had practised this method wrongly or partly rightly in the field.

Then the guide was experimented by the researcher in the areas other than the selected areas and after minute observation were made. The practicability of this guide was discussed with workers and training officers and then the draft outline was modified accordingly.

Again, this draft outline was discussed with the selected educators and training officers during the sessions and then finalised.

Objectives of the guide:

1. To guide the workers to conduct the group sessions on right lines and in a systematic way.

2. To create confidence among workers and provide ground to help them to acquire skills in methodology of conducting group discussion sessions.
Salient features and importance of the guide:

In order to make the guide more effective, special care was taken for its simplicity and workability in the field. Emphasis was laid upon 'Frame of Reference' and illustrations from the day to day life were used for imparting family planning education.

Usually we find that limited literature on group work includes 'WHAT TO DO' and 'HOW TO DO?'. In this guide utmost care was taken to give detailed steps and meaningful questions to enhance the group process through increased interactions in the group i.e., how to conduct group discussions on family planning.

This guide would be useful to family planning and maternity child welfare workers, motivators, leaders and persons engaged in promoting the thus voluntary acceptance in family planning. In this guide, special efforts have been made to provide help and guidance to the extension educators for enabling them to ask meaningful questions and in encouraging members to get involved and participate to the maximum extent. How to initiate discussion in a
group and ensure meaningful maximum participation from all the group members? is an art or a skill to be employed by the workers while conducting group discussions. With the given steps and suggested questions and the use of educational aids it would be possible for the worker to organise group discussion and remove social and cultural barriers and doubts and fears about methods coming in the way of adoption of family planning. A guide for group discussion is enclosed at Appendix-2.

As per plan, the researcher got prepared various group media such as Flip chart on socio-cultural barriers and vasectomy chart well in advance. Flash cards and family planning kit were also provided to them. During the training, educators were explained about the effective use of these educational aids in group sessions.

Post KAP survey:

The post KAP survey in both experimental and control areas was done as per the time schedule by interviewing and filling up schedules from the same 702 eligible couples with the help of the same educators. This post KAP survey was conducted after about
10 weeks of the completion of the planned group sessions. It was specifically seen by the researcher that sufficient time gap was allowed in order to cover after effect of the sessions in respect of interspouse communication as well as interpersonal communication with friends, neighbours and others. Based on the feedback received in the field and discussion with the educators and training officers, the researcher thought that 10 weeks time was sufficient to evaluate the after effect of group sessions.

Thus, the prescribed gap was specifically kept before measuring the impact through POST-KAP survey instrument. At the same time, information on no. of persons who had accepted family planning methods was collected from the progress reports and the same was checked by the researcher from the sterilization registers of the respective areas.

Decision making especially for family planning takes quite some time. The researcher interestingly observed this and found that there were many couples who were convinced about having a small family and had expressed that they were prepared to accept sterilization after the group sessions but only some of them come forward for sterilization during the
next 2 to 3 months period.

**Proforma for evaluation of the group sessions:**

The selected extension educators were given orientation for evaluating the group discussion and its process by employing observation technique. Each of them had undergone the experience of evaluating the subgroup discussion sessions as an observer in class room situations during training. The observers had then presented their reports in the general session. These were commented upon by other educators, researcher and training officers, who functioned as resource persons. The evaluation proforma prepared by the researcher was discussed during the training and ultimately finalised after pretest. (Please see Appendix-3)

The evaluation proforma was mimeographed and given to each of the workers with specific instructions to fill up immediately after the two sub-group sessions were over. In order to avoid subjectivity, the proforma was filled up by the educator of other area specially invited as per the strategic plan. It enabled the observer to devote maximum time for the given task. The proforma mainly included: attendance, atmosphere in the group (e.g. formal or informal, competitive or co-operative) quantity & quality of work accomplished change agents' behaviour, involvement of members & remarks of the educator. These proformae(sheets) were collected, compiled, analysed and interpreted.
They were also oriented on nonverbal communication especially the importance of observing facial expression, tone volume, voice quality, eye behaviour, attentiveness, gesture (there are over 700,000 possible physical signs that can be transmitted by gesture according to Birdwhistell, 1970) etc. (Burgoon/Heston/McCroskey, 1974; 24-26). The role play technique was found very useful in helping the educators to learn about observation technique by following the principle of learning by doing.

After completion of the study each of the educators who assisted the researcher in implementing the field study was given a merit certificate as per early announcement of the researcher.

Interesting observations and remarks on the group discussion sessions:

Following observations and remarks are given based on the researcher's field observations and experience as well as the feedback received from the five educators during the field experimental study.

1. In the first session members of the group were somewhat formal and did not participate freely
except for a few vocal persons. Majority of them felt hesitant to come out with their doubts and difficulties and remained as passive members.

2. During the tea break it was found that they were talking on the subject in sub-groups in a more informal manner.

3. During the second session, they were found to be a little more informal, some of them came out with questions and doubts and their participation was better than in the earlier session. This may be because they could act in a more informal manner due to an increase in group cohesion as a result of interaction process in their own homogeneous group.

4. Most of the group members did not leave the group after the first session was over and attended the second session in each sitting while some members came late and attended the second session. This can be seen from the attendance in various group sessions given in Table 7.16 in the next chapter.

5. Some members who attended first day sessions did not attend subsequent sessions but those who attended first session had mostly attended the second session on the same day except 4 sessions out of 30 sessions. This might be because the sessions were held at late evening and for males it is not difficult to remain
present in such meetings lasting for about 2½ hours at evening time. Moreover, they might have found the first session interesting and useful and therefore, might have continued in the second session. In addition, arrangements for tea, coffee and light refreshment were also made for them during the recess period between the 2 group sessions. This might have worked as an incentive to the group.

6. As the number of group sessions increase, there was also an appreciable increase in the participation of the members. This may be due to more opportunities for frequent interaction between the members. It may depended upon the skill of the trained extension educators and the gradual development of the group.

7. Whenever the extension educators used any of the group media the members felt more interested. They listened more attentively and asked more questions. Several of them answered the questions raised by the educators as well as other members.

8. Several group sessions could not be started at the scheduled time as most of the members did not come in time inspite of individual calls by the educators before the sessions. The concerned educator utilized this time
by reviewing what had already been discussed in the last session or sessions and when majority of the members came in, planned topics were discussed. Anyhow, it was interesting to observe that as members of the group were not particular in coming in time, they were also not very particular in going back in time. With the consent of the group members some group discussions even continued up to 11-30 p.m.

9. It was found that prior individual contacts and final call to the members before the group session made by the educators as a part of the accepted strategy was much useful in ensuring their presence in the group, which was a prerequisite for achieving the set goals of the planned group discussions. Wherever these prior contacts were not made adequately by the educators, the attendance was found to be poor.

10. During the last two sessions, when names were to be registered for accepting family planning methods especially vasectomy operations, in the initial stages, no body immediately volunteered but after some time when one or two members showed their willingness, others also gradually followed for registering their names as prospective clients for family planning. This show that
they have a tendency to follow the leader or initiators (Here, the initiators may be called as early adopters of the innovation. It was observed that most of them lack individual leadership and probably sought support of other members). Thus, another important reason for coming forward to accept family planning might be the 'group pressure', 'we-feeling' and 'group solidarity'.

11. It was interesting to note that while many members registered their names and showed willingness to accept suitable family planning methods especially vasectomy, only a few of them actually came forward for undergoing vasectomy or adopted other methods of family planning. This shows the big gap between desire or willingness to accept an innovation and actual adoption of the innovation.

12. Members generally appreciated individual and family advantages rather than advantages to the nation or society. On many occasions they were demanding for their felt needs such as public water supply, electricity and sufficient better quality ration.
These were only some of the important observations and remarks on the group discussions. It is most difficult to generalise on several other observations as it may not be true for most of the 30 group sessions.

This chapter included the strategy and methodology for plan group discussions evolved by the researcher based on a body of knowledge on the subject as well as experience in the field. However, it is felt to discuss the following two interesting and most important questions in order to understand the reasoning for accepting particular strategy considering its practicability.

Why 2 sessions together in one sitting?

1. It was more convenient to the people to come once rather than twice.

2. Once the group got interested and involved in a planned way, it would be easier to continue the group discussion on the same topic after an interval. It does not only give continuity but also perhaps helps in keeping a state of group cohesiveness and sustained interest on the topic of discussion. As a result, time for bringing the group to the same stage again in the next sitting
is saved. Moreover, the state of readiness or preparedness achieved in the first session can be encashed in the second session after giving them tea for coffee with refreshment.

3. It is also more convenient for the extension educators to have 2 sessions together as they find it difficult to bring same persons again without much motivational efforts.

4. For the males, to remain away for 2½ to 3 hours is not at all difficult particularly at evening time. It was observed that once they come for the first session, they usually continued for the next session. Thus, the major reason for keeping two group sessions on the same day was the convenience of the group members. However, this cannot be a hard and fast rule. Any such arrangement will have to depend upon the convenience of the local people and can be adjusted accordingly.

**Why more than six group discussion sessions were not held?**

1. Considering the low social status of family planning, especially among the low socio-economic strata of people, it required special efforts to motivate them to come repeatedly in the meetings.
Our field experience over last 2 decades has shown that it is very difficult to collect people for the purpose of family planning. Therefore, an indirect approach integrating Maternity and Child Health and Nutrition was adopted.

2. Government of India's scheme of giving Orientation Training Course for Family Planning for 3 days to the leaders was not much successful in the field due to the prolonged period of 3 days. Ultimately the OTC duration was reduced to one day. In the present project, the duration was reduced to only 4 to 5 hours. This is popularly known in Gujarat as Mini Shibirs or Mini Orientation Training Camps (Mini OTCs) for local leaders. These Mini OTCs found to be more successful because it was convenient for the leaders and change agents to come for a few hours. Thus, the success of any such scheme depends upon the practicability of the scheme in the field.

3. It is our experience that for purpose of Health and family planning, a maximum of 6 group sessions in 3 sittings are possible, especially among the socio-economically backward people having very low levels
of education and aspiration. It was extremely difficult to motivate the group members to come for the fourth sitting and that too for family planning.

4. The guide for group discussion on Health and Family Planning prepared and pretested by the researcher for the use of Extension Educators, also indicated that the contents required for the purpose of the present field study could very easily be covered in 6 group sessions. Therefore, from the point of view of coverage of subject matter, no need was felt by the researcher as well as workers to organise more than six group sessions, in the selected experimental area.

5. Had we decided to do so it was most likely that most of the group members would not have come to the proposed 7th session.

Why the group sessions were successful?

Even for motivating the group members to come in the third sitting i.e. for 5th and 6th group sessions, workers had to make strenuous efforts through individual
contact and by giving them recognition and importance. These six group sessions could be organised successfully because: (i) workers, with social science background, were working in the same communities since last 5 to 7 years and had already established rapport with the couples of their respective areas, (ii) all the extension educators were trained for long and short term training in health and family planning. Moreover, they were given 3 days special training on group dynamics, (iii) they were given guide for group discussion as well as other relevant media material. They were also given orientation by researcher for the job to be done as change agents in several individual as well as group discussion sessions, (iv) several effective and interesting group media were prepared and or made available in advance and used as educational aids during the group sessions.

Lastly, it may be mentioned here that it is the quality of group sessions that matters and not the quantity i.e. number of sessions held, especially when we are aiming to bring about desired change in their knowledge, attitude and ultimately in health behaviour. In fact, in these six group sessions; one of the objectives was to make them realise about the
problem and to take advantage of available scientific methods of family planning as well as motivate others (wives, neighbours, friends etc.) by purposeful discussions in the informal situations. As already seen in chapter IV, ample opportunities are available in our Indian way of living where if the persons are really educated, they are most likely to discuss about the subject with their fellow brothers especially with friends, neighbours or with their peers or reference groups. The need for giving this type of scientific information and education was specifically emphasised during the sessions.

The present study aimed at examining the changes in knowledge, attitude and practice in respect to family planning occurring due to treatment i.e. adoption of group approach in experimental areas. Therefore, for finding out the effectiveness of group approach our dependent variable was KAP. The impact was measured before and after the treatment; in other words, we observed the changes occurring in KAP due to the effect of planned group sessions in experimental areas. Thus, all other variables were kept constant or un-affected or if at all affected similarly and simul-
Simultaneously affected in both the experimental and control areas except the group approach employed only in experimental areas as a part of the experimental design.

**Indicators to measure effectiveness of group approach:**

Indicators, selected to measure the effectiveness of a group approach, were changes in knowledge, attitude and practice (KAP) observed before and after the study. These have been grouped in two broad categories (1) 'Attitudinal' and (2) 'Resultant' (S. N. Agarwala, 1962).

Attitudinal indicators are those which relate to the socio-psychological and cultural outlook and the attitude of the people regarding family planning while resultant indicators are those which measure behaviour directly relevant to family planning. Those indicators can be further subdivided as follows:

**Attitudinal Indicators:**

2. Awareness of eligible couples in respect of family planning.
2. Degree of knowledge of eligible couples about family planning methods.

3. Attitudes of the couples towards family planning.

Resultant Indicators:

1. Increase in number of persons undergoing vasectomy operations.

2. Increase in number of persons who have undergone tubectomy operations and accepted spacing methods such as Nirodh, loop and other conventional methods.

3. Number of excess births averted due to the increase in family planning acceptance (which can be attributed to the effectiveness of the group approach).

So far we have discussed what is included in the present study. It is also necessary to draw the boundaries of our experiment by mentioning the limits of the study.

Limitations of the study:

Initially it was intended to find out the role and effectiveness of the beneficiaries i.e. satisfied vasectomy acceptors during the planned group discussions to be held in the experimental area. In the modified
plan however, it was dropped because of difficulties in developing appropriate tools and limitations of time and money. As our focus was mainly on finding out the effectiveness of group approach in the field of family planning education and motivation it was decided to limit the study to find out the extent to which group work method could be effective or useful as a medium of family planning education and motivation. For this reason, it was decided to measure the overall impact of this single variable of group approach by keeping all the other variables constant. Therefore, we have depended on pre and post KAP surveys in both experimental and control areas by assessing the overall increase of knowledge and change in the attitudes and practice of the eligible couples of the experimental and control areas. Thus, KAP is the dependent variable and we have tried to assess the overall impact of group sessions on all the eligible couples of the experimental areas and not only on the group members who have attended the sessions because the very objective and strategy of such group approach is to increase purposeful interpersonal communication by the group members exposed in group discussions amongst their own peer groups, neighbours friends and even their spouses. So in this study considering several limitations we have not aimed at
finding out the effectiveness of the approach specifically amongst those who attended the group sessions as against those who did not attend the group sessions. Of course, this could be taken up in a separate study.

The problems in conducting field experiment:

1. The very first problem faced in the field was how to motivate the eligible males to attend the planned group session, especially in view of the very low aspiration level of the eligible couples of the selected areas. This difficulty was overcome to a great extent by employing educators working in the same areas for last several years. They had already established rapport and gained the confidence of the eligible couples of the selected areas. Knowing this difficulty very well, the researcher had discussed this problem in detail during the training and in special sessions with the educators. The educators were constantly guided to employ individual counselling techniques for motivating the eligible males to attend the meeting. During the series sessions conducted by the researcher they were oriented for this especially by using role play and other techniques.
Another difficulty was to ensure the presence of the same eligible males in the subsequent group sessions. When the researcher and educators inquired from them (eligible males) about convenient time and place they found that late evening time was more convenient to them and instead of each group session on separate day they wanted at least 2 sessions on the same day. It was observed that the experienced educators were also of the opinion to have 2 sessions on the same day with an interval of about 15 minutes as it was easier to keep them for the second session rather than to motivate all of them to come again on a separate day for the second session. So ultimately it was decided as a strategy to conduct 2 group sessions in one day as it was convenient to the participants as well as investigators in all five experimental areas.

Another difficulty was to find out the appropriate places for group sessions especially in slum areas. Appropriate places were little far from the areas and the danger in selecting such better facilitated places for group sessions was
that sufficient number of participants may not remain present if meeting is held little away from their area. Therefore, priority was given to their convenience to ensure their presence and places for sessions were selected within the community area or at the most very close to their area.

After knowing limitations of the study and problems in conducting field experiment, now we shall discuss about processing of data.

Processing of data:

All schedules were collected from the educators and area wise serial numbers were given and the data was compiled with the help of the research assistant of the State Family Planning Bureau. Again it was checked by the researcher and the data compiled were tabulated. Similarly evaluation forms of each group session duly filled in by each of the educators were also collected and compiled with the help of the research assistant. From these data appropriate number of tables and cross tables were prepared, interpreted and analysed by the researcher. Results derived from analysis of the data are presented and interpreted in details in the next chapter.