CHAPTER - 3
RESEARCH METHODOLOGY

3.1 RESEARCH DESIGN

A research design is a plan of study (Oppenheim 1996; McMillan & Schumacher 1993). Huysamen (1987) views a research design as “a preconceived plan according to which data is to be collected and analyzed to investigate research hypotheses.” Borg and Gall (1989) add that a research design refers to “all the procedures selected by a researcher for studying a particular set of questions or hypotheses.” This indicates that a research design is a programme that guides the researcher as he or she collects, analyses and interprets data. It is a logical model of proof that allows the researcher to draw inferences concerning causal relationships among the variables under investigation. A research design also defines the domain of generalize-ability, that is, whether their obtained interpretations can be generalized to a larger population or to different situations (Nachmias & Nachmias 1996). The research design of the present study is given below.

3.1.1 The Quantitative Approach

The study adopted mainly the quantitative method of research. Quantitative research methods use numbers to describe a phenomenon (Fitz-Gibbon & Morris 1987). McMillan and Schumacher (1993) state that quantitative approaches are used with “experimental, descriptive and co-relational designs as a way to summarize a large number of observations.” The quantitative approach was best for this study because the study used the survey design that is descriptive for a very large sample of the population under scrutiny.

Barker, Pistrang and Elliot (1995) add that the quantitative approach uses numbers that ensure precision in measurement while Makori-Rukuni (2001) states that quantitative data is objective and empirical. Since it would deliver specific and precise information which could have an impact on policy and planning for FCC services, this approach was used for this study.
Quantitative data can be easily summarized, thereby facilitating communication of findings. Quantitative methods also facilitate comparison. A researcher can collect data from several respondents, settings and times and then compare the findings (Makori-Rukuni, 2001). Quantitative approaches allow the researcher to handle a large number of cases. In this study, the approach was appropriate because it allowed the researcher to collect data from a large number of beneficiaries to study their expectations from the services of FCCs and their satisfaction with the services provided.

In the next subsection, the survey design, which is quantitative in nature, is discussed in relation to the research problem of this study.

3.1.2 Survey Design

Surveys involve the selection of a sample of respondents and administering questionnaires or conducting interviews to gather information on variables of interest (McMillan & Schumacher, 1993). The survey method is the most appropriate for obtaining factual and attitudinal information and for research questions about self-reported beliefs, opinions, values, motives, ideas, habits, feelings, desires, characteristics and present or past behaviour (David & Sutton 2004; Gray 2004; Pratt & Loizos 2003). Since the present study sought to obtain descriptive and self-reported data from beneficiaries of FCCs about their perceptions of the services being provided by the FCCs, the survey design was the most appropriate.

Studies in the field of client satisfaction generally use the survey method. Kerlinger (1986) regards the survey method as a useful tool for fact finding. Brog and Gall (1989) say surveys can be “used for purposes of internal evaluation and improvement” while Hughey et al. (1993) and Pine (1975) state that the survey method is commonly used to evaluate guidance and counseling services. Thus, results of surveys are used for practical purposes such as improving the delivery of a programme.

Since this study assessed the perceptions of beneficiaries about the effectiveness of the guidance and counseling services at FCCs with a view to improving them, the survey method was chosen as the most appropriate design.
Stower, (2003) concluded that the survey method is an appropriate design for assessing counseling programmes and services and the findings from such studies have made valuable contributions to literature on counseling. Hence the use of survey design in assessing the quality of guidance and counseling services being provided by FCCs.

3.1.3 Population (Sample)

When one is conducting a survey, one would be collecting data from part of the population. Best and Khan (1993) define a population as a “group of individuals that have one or more characteristics in common that are of interest to the researcher.” The population is “a group of people who are the focus of a research study and to which the results would apply” (Cardwell, 1999). Thus, the population is the group to which the researcher would like to make inferences.

The population for this study comprised of all the beneficiaries who availed services at each of the five FCCs situated in the Union Territory of Chandigarh during the period from 1 April 2009 to 31 March 2010.

Chandigarh, the capital of the states of Punjab and Haryana, is the most advanced and fast-growing city of North-West India. According to Census of India, 2011, Chandigarh has a population of 960,787, with 55 percent Males and 45 percent females. The sex ratio is 829 females for every 1,000 males. Being the richest city in India with a per capita income of Rs. 99,262, Chandigarh also has an average literacy rate of 86.77 percent, higher than the national average; with male literacy of 90.81 percent and female literacy of 81.88 percent.

Chandigarh has a mixed population, comprising of both urban and rural people spanning the lower, middle and upper classes with varying degrees of literacy and education. Chandigarh could well be the model for most tier-two cities across India, which are growing fast, attracting economic migrants and witnessing profound changes in the socio-economic fabric of society. It can be said that Chandigarh is also developing into a metropolitan. For these reasons, the FCCs established in this city were selected for the purpose of this study.
3.2 RESEARCH METHOD

This section briefly describes the instruments used in this study, and how the data were analyzed and presented:-

3.2.1 Survey Instruments

The questionnaire and the interview are the most commonly used instruments for data collection in survey research (Gall et al. 1996:289; Babbie 1992; Dooley 1990). The questionnaire was chosen for this study.

3.2.1.1 Questionnaire

There were two self-constructed questionnaires used in the study. A questionnaire is a research tool through which respondents are asked to answer similar questions in a predetermined order (Gray, 2004). “A questionnaire is relatively economical, has standardized questions, can ensure anonymity, and questions can be written for specific purpose” (McMillan & Schumacher, 1993). Furthermore, respondents get something in written format and usually respond in written format (McMillan & Schumacher, 1993). Questionnaires “make it possible to measure what a person knows (knowledge or information), what a person likes and dislikes (values and preferences), and what a person thinks (attitudes and beliefs)” (Tuckman, 1994).

In the present study, questionnaires were used because they were seen to reduce bias that may result from the personal characteristics of the interviewee, and because anonymity would significantly increase the chances of genuine responses given the personal nature of problems that people approach FCCs for.

Questionnaire items can be presented as either closed or open-ended questions. With closed questions, respondents are given a set of pre-designed replies such as “agree or disagree” or are given the opportunity to choose from a set of numbers representing strengths of feeling or attitude (Gray, 2004). Open-ended questions require the respondents to write their own answers without following any pre-designed responses.

Data analysis from closed questions is relatively simpler and questions can be coded quickly (Gray, 2004). In the opinion of Gray (2004), closed questions make it easier to compare the attitudes of one group with another. Closed questions require no
extended writing, thereby saving the respondent’s time. McMillan & Schumacher (1993) state that “it is best to use closed-form items with a large number of subjects or a large number of items.” Since the sample for this study was large and there were a number of items, the questionnaires for this study had mainly closed items.

3.2.1.2 Questionnaires used for data collection

There were two questionnaires used for the present study:

3.2.1.2a Interview schedule

An interview schedule is a questionnaire with a number of questions to produce quick, cheap and easy quantitative data. Frey and Oishi (1995) defined it as “a purposeful conversation in which one person asks prepared questions (interviewer) and another answers (respondent). This is done to obtain information on a number of topics or a particular area to be researched. Interviews are a useful tool which can also lead to other research using other methodologies such as observation and experiment.

The interview schedule prepared for the present study comprises of three parts.

**Part A** contains questions regarding:

a) The help-seeking behaviour of the beneficiaries
b) Their source of knowledge about the FCC
c) The role of previous beneficiaries’ experience (if any) or other reasons of selecting the particular FCC.

**Part B** the following sections:

a) Statement of the problem for which the beneficiary contacted the FCC
b) Duration of the problem
c) The incidence that brought the crisis into focus
d) The expectations from the FCC

**Part C** pertains to the scheduled demographic profile of the beneficiaries. In this part information regarding age, sex, marital status, religion, place of
residence, occupation, monthly income, type of family, number and age of children, etc. was collected.

3.2.1.2b Level of satisfaction questionnaire

The second tool in this study was the level of satisfaction survey questionnaire. This tool was prepared on the basis of three dimensions of service quality, i.e. service product, service delivered and service environment. This questionnaire contained 25 questions.

The questionnaire to study the level of satisfaction is in the form of a Likert-Scale. “A scale is a series of gradations, levels, or values that describe various degrees of something. Scales are used extensively in questionnaires because they allow fairly accurate assessments of beliefs or opinions” (McMillan & Schumacher, 1993). Likert-Type Scales are “used to register the extent of agreement or disagreement with a particular statement of attitude, belief or judgment” (Tuckman, 1994). The advantage of Likert Type Scales is that they provide “greater” flexibility since the descriptors on the scale can vary to fit the nature of the questions or statement” (McMillan & Schumacher, 1993). The mostly used Likert Type Scale is either a four or five point scale (Gray, 2004). In this study a five point scale was used.

3.2.3 Preparation of Questionnaire

For the purpose of collecting data for the study, the structured interview questionnaire was prepared in the following manner.

3.2.3.1 Structured interview schedule

Initially a bank of questions was prepared on the basis of relevance to the objectives of the study by consulting a large number of questionnaires used in the past by various researchers. These questions were then analyzed and those found irrelevant for the purposes of this study were discarded. The selected questions were then shown to subject experts as well as to the counselors working in FCCs to ascertain their views regarding the suitability of the questions in the light of how counseling sessions are conducted, what procedure is adopted to begin counseling, what counseling techniques are used and what kinds of specific needs beneficiaries have.
Two beneficiaries each from the five FCCs were also contacted and interviewed personally by the researcher. Information pertaining to their socio-demographic profile, reasons for their approaching the FCC and their expectations from the FCC were recorded. They were also asked about the counseling experience as well as their level of satisfaction with the services provided by the FCC.

Based on these inputs, a draft interview schedule was prepared which was used in the pilot study.

3.2.3.2 Level of satisfaction questionnaire

The concept of client satisfaction has gained the attention of both researchers and practitioners, with some scholars suggesting that it be included in the evaluations of clinical programmes and practices (Heppner, Cooper, Mulholland, & Wei, 2001). Counseling services comprise of two factors: counseling and system (i.e., how the centres organize their administration to deliver their services). System means the procedures and environment surrounding clients, including calling clients again, setting appointments, recording, setting up a specific number of sessions, notices of charge or no charge, waiting room setting, length of time awaiting counselors, and the overall atmosphere of the counseling centre. Clients begin to develop their impression while seeking an appointment and from the moment they step into a counseling centre, so clients’ satisfaction is broader than what is covered by outcome evaluations of counseling alone. Therefore, some researchers (Pascoe, 1983) have suggested adopting a broad definition of client satisfaction. Pascoe emphasized that it is important to know how “the receptor reacts to context, process, and result of his or her service experience”. Context refers to the systemic or administrative aspects of counseling centres that are quite relevant to how clients receive counseling services. According to Gilmer and Deci (1977), organizational rules and systems have an impact upon people’s satisfaction. Counseling centres also involve organizational processes such as scheduling, referrals and session limits for most clients besides offering counseling services. Clients also form impressions from intake forms and problem checklists that they are asked to complete. Eklund and Hansson (2001) found that the overall atmosphere of mental health service settings, including order and organization, is significantly relevant to clients’ satisfaction and therapy. In the study by Haywood (1988), service quality was described as comprising of three elements:

- Physical facilities, processes and procedures
• Personal behaviour on the part of serving staff
• Professional judgment on the part of serving staff.

These components easily fit into the Rust & Oliver (1994) model of service quality (which has been used in the present study) where the service environment is the physical facilities at the FCC, service delivery is the personal behaviour of the service staff and service product is the professional judgment on the part of the serving staff.

In line with the above observations, the level of satisfaction questionnaire was developed keeping in view the following dimensions of service quality:

(i) Physical facilities
   I. Access to the FCC
   II. General cleanliness
   III. General facilities

(ii) Personal behavior of service staff
   I. Privacy and confidentiality maintained by the FCC
   II. Promptness and quickness in providing help

(iii) Professional judgment on the part of serving staff
   I. Expertise of counselors
   II. Effectiveness of guidance and counseling

(iv) Outcome of the service experience

The dimension-wise distribution of items (questions) is access-2, general cleanliness-2, general facilities -2, privacy and confidentiality-2, promptness of help by counselors-4, expertise of counselors-6, effectiveness of counseling -3, and outcome-4.

3.2.3.3 Validity and Reliability

Validity and reliability have to be established for the standardization of an instrument to be used in research. Characteristics of respondents used to establish the questionnaire’s reliability and validity should be similar to the respondents in the
study (McMillan & Schumacher, 1993). Reliability and validity are important in quantitative research designs (Makori-Rukuni, 2001). Appropriate sampling strategies and accurate measurements promote validity and reliability. The two sub-sections below explain the concepts of reliability and validity and how these were established.

(i) Validity

Validity refers to the degree to which an instrument accurately measures what it was intended to measure (Saunders et al., 2007). The validity of the satisfaction questionnaire was established in the following manner:

First, face validity was established for the questionnaire by basing it on the relevant literature pertaining to customer satisfaction with service-centred environments. Further, an assessment of validity was made in terms of content (i.e., content validity). This type of validity deals with the extent to which an instrument reflects the meaningful elements of the content without extraneous elements. Content validity is often judged simply by comparing the content of an instrument with the domains that are intended as the areas to be measured, and sometimes it is judged by seeking expert opinion. This was achieved through clearly asking the FCC counselors and beneficiaries questions about counseling issues they were familiar with, issues relevant to them and concepts peculiar to FCC services. In addition, two experts and one FCC chairperson were contacted and requested to review and comment on the draft. Further amendments were made according to their opinions on question content, questionnaire design, basic data and wording. The revised draft was reviewed once again by these experts from Panjab University, Chandigarh. Experts included one professor of sociology and one associate professor of business studies with a track record of published papers.

The second assessment of validity was formulated as an assessment of concurrent validity. Concurrent validity is a measure of the degree to which an instrument correlates with a criterion variable that is available at the time the instrument is administered. This criterion variable is known to be a valid measure of the construct under investigation. Thus, if the instrument has a high correlation with the criterion variable, then the instrument is known also to be a valid measure of the construct. The criterion variable used for this assessment was overall satisfaction. The
items of overall satisfaction represent the broadest aspect of satisfaction, and, therefore, all other domains of satisfaction should correlate with this domain.

To assess concurrent validity, 4 of the 25 items (questions) for assessing satisfaction were removed so that they could be used as criterion measures. The 4 items that were removed were: (1) “If I were to seek help again, I would come back to this FCC?” (Question 22), (2) “If a friend was in need of similar help, I would recommend this FCC to him or her?” (Question 23), (3) “I am satisfied with the outcome of help provided by this FCC” (question 24) and (4) “Overall, I can say that I am satisfied with the services provided by this FCC” (Question 25). It can be safely assumed that these items have face validity as the best overall indicators of satisfaction. The four items are the best behavioral indicators of satisfaction. The fourth item asks directly about overall satisfaction. The remaining 21 items were then used to form a summary score for the remainder of the survey instrument. This summary score was correlated with each of the criterion variables. The obtained correlations were

\[ r_{.878} (P,.01) \] for question 22 and the summary score,

\[ r_{.845} (P,.01) \] for question 23 and the summary score,

\[ r_{.817} (P,.01) \] for question 24 and the summary score, and

\[ r_{.805} (P,.01) \] for question 25 and the summary score

These correlations indicate a high level of agreement between the summary score and each of the criterion variables.

(ii) Reliability

Reliability is a measure of the degree of consistency or accuracy with which an instrument measures the attributes it is designed to measure Carlson and Heth (2010) view reliability as “an indication of the consistency between two means of the same thing. The means could be from two separate instruments, two like halves of an instrument, (or) the same instrument administered by two different people”. McMillan & Schumacher (1993) state that the goal of developing reliable instruments “is to minimize the influence of chance or other variables unrelated to the intent of the measure”. Unreliable instruments gather useless data.
Cronbach’s alpha is a coefficient of reliability and is used to estimate the measure of internal consistency between different items (Allen and Yen, 2002). This statistic calculates how well a set of variables correlate with one another in a single one-dimensional latent construct (Cortina, 1993). Cronbach’s alpha was calculated utilising responses from questions scored on the five-point Likert scale. An alpha value of 0.70 indicates moderate internal consistency, 0.80 indicates strong internally consistency and 0.90 are considered excellent (Nunnally & Bernstein, 1994). This study found good levels of reliability with an alpha of 0.9.

3.3 PILOT STUDY

To finalize the questionnaire and interview schedule, a pilot study was conducted. The purpose of the pilot study was to (a) eliminate some ambiguous items, (b) establish if there were problems in administering the questionnaire, (c) test data collections, (d) establish the feasibility of the study, (e) anticipate and amend any logical and procedural difficulties regarding the study and (f) allow a preliminary data analysis to establish whether there would be difficulties in the main data analysis and to ensure that the collected data answer the researcher’s questions (David & Sutton 2004; Pratt & Loizos 2003; Saunders et al. 1997; Cardwell 1999; Oppenheim 1996; Bell 1989). In the opinion of Bell (1989), the pilot study helps to perfect the instrument so that participants in the main study would experience fewer difficulties in completing it. In the present research work, the pilot study respondents were asked to evaluate and report on the clarity of instructions, as well as the ambiguity and relevance of items. They were asked to suggest improvements to the questionnaire. The psychometric characteristics (reliability, validity and practicality) of the instruments were established.

Pilot testing is done with a group similar to the final sample (David & Sutton 2004; Saunders et al. 1997; Oppenheim 1996). The pilot group was not involved in the main study because the group had obtained the FCC services during the previous year, i.e. 2008-2009. As such, they could not be a part of the sample of the present study.

The pilot study was conducted by the present researcher in December 2008. Out of the five FCCs in the UT of Chandigarh opened with grants from the Social Welfare Board, the FCC being run by the Police Family Welfare Society in Sector 17, Chandigarh, organized its half-yearly feedback session in December 2008. 51
beneficiaries who had utilized the services of this FCC were invited to participate in this feedback session. Out of these 51 beneficiaries, 41 attended this session. 39 of these beneficiaries agreed to participate in the pilot study with two beneficiaries refusing to participate. Each beneficiary was interviewed personally by using the structured interview schedule. They were then administered the satisfaction questionnaire and the results thus obtained were tabulated and analyzed.

3.4 ANALYSIS OF DATA

The analysis of data covered coding, statistical analysis and variables.

3.4.1 Coding

Collected data from an empirical study must be put in a form that makes it amenable to computer analysis. The process of translating the data to make it amenable to computer analysis is called coding (Dooley 1990; Babbie, 1992). Nachmias and Nachmias (1996) present coding as a process of classifying responses into meaningful categories.

Babbie (1992) states that coding is the process where raw data is transformed into standardised and quantitative form. The collected data are converted into numerical codes. Tuckman (1994) adds that when coding responses from rating scales the responses are converted into scores in an objective fashion. Each point on the scale is assigned a score. In other words, coding involves assigning numbers to observations. The assigned score or number to an observation is called a code (Nachmias & Nachmias, 1996). They further add that the assigned code “should be consistent across cases or units of analysis when the same condition exists”. In this study, each individual respondent was termed a case and each case had a number of representing that individual’s score for each variable or measure. Furthermore, each individual respondent or case had a serial number. Each item on the questionnaire was assigned a column number. The serial number for each case was captured first, followed by the column number for each item. Responses for each item were also assigned codes. The codes for each item were entered against each column number. For example, on the questionnaire for satisfaction with services a code of 1 was
entered for a male respondent or a code of 2 was entered for a female respondent against the column which represented gender.

3.4.2 Statistical analysis

The data collected was coded and subjected to statistical analysis. The analysis included tabulation and computation of frequencies, percentages and ratios of the quantitative data obtained from closed and the very few open-ended questions.

One way frequency tables were calculated for each and every questionnaire item as an initial step in the exploratory analysis. This step was undertaken to validate data and correct or remove any spurious responses. One-way frequency tables on the socio-demographic variables were calculated as a way of describing the sample population. Combined two-way frequency tables were also calculated for the demographic variables to arrive at results of manageable proportions.

3.4.3 Statistical Techniques

Following statistical techniques were used for comparing the responses of various beneficiaries availing themselves of the services provided by the different FCCs.

(i) **Student’s t test**: The test was employed to compare the responses of the beneficiaries when they were classified on the basis of sex i.e. males and females.

(ii) **One way ANOVA (One way Analysis of Variance)**: The technique is employed to compare the responses of beneficiaries when they are placed in more than two classes or groups (as indicated above student’s t test is employed if there are two groups). In the study the comparison of responses was carried out by classifying the beneficiaries on the basis of age, income, educational status, marital status, religion and problems faced.

(iii) **Regression**: The service quality offered by various FCCs was considered to be based on some underlying factors like Effectiveness, Expertise of the staff, General facilities, Approach and Privacy etc. Both the service quality and the outcome in the form of satisfaction of the beneficiaries was measured on Likert scale. ANOVA was used to compare the service quality along different dimensions, offered by various FCCs. Regression
was used to determine the most important or the significant factor of the service quality which determine the satisfaction of the beneficiaries. The satisfaction of the beneficiaries was taken as dependent variable and the factors of the service quality were taken as the independent variables.

3.5 ETHICAL CONSIDERATIONS

In the words of Cardwell (1999) “the research should be carried out in a way that is in the best interest of the respondents”. The following paragraph highlights the ethical guidelines and how these were considered in this research, i.e. informed consent, confidentiality, anonymity and privacy.

(i) Informed consent

Informed consent is an ethical requirement which demands that the respondents be allowed to choose to participate or not to participate in the research after receiving full information about the possible risks or benefits of participating (Urombo 2000; Makore-Ruikuni 2001). In the present study, all the subjects were personally contacted and their consent was obtained after explaining to them the purpose of this study.

(ii) Confidentiality, anonymity and privacy

Confidentiality indicates the researcher’s ethical obligation to keep the respondent’s identity and responses private (Makore-Rukuni 2001; Nueman 2000; Urombo 2000; Babbie 1992). A respondent has the right to have his or her identity remain anonymous (David & Sutton 2004; Tucknan 1994). Babbie (1992) states that a respondent’s anonymity is guaranteed “when the researcher cannot identify a given response with a given respondent.”

In this study, confidentiality and anonymity were achieved by not asking participants to write their names on the questionnaires. Furthermore, participants in this study were identified by serial numbers rather than by name.

3.6 METHOD OF DATA COLLECTION

In the present study data was collected in two phases. In October 2008, the present researcher applied to the Social Welfare Board, Chandigarh, for permission to conduct the study on the FCCs established in the Union Territory of Chandigarh with the grant of Central Social Welfare Board (CSWB). After obtaining the permission,
the Chairpersons/Presidents of the five NGOs who have established FCCs in Chandigarh were contacted personally and explained the purpose of this study with a request for help in this endeavour. With their permission, the counselors working in these FCCs were contacted and apprised of the purposes of this study. After establishing a complete rapport with them, they were requested that whenever any beneficiary contacts the FCC for seeking help starting with effect from 1 April 2009, they may immediately inform the present researcher so that they could be interviewed for the purposes of this study. All the beneficiaries who visited the FCC during the period from 1 April 2009 to 31 March 2010 were personally contacted and administered the interview schedule as soon as possible. The counselors were also requested by the present researcher that once counseling of these beneficiaries is complete, they may be called for one last time to the FCC so that the level of satisfaction questionnaire may be administered to them.

Table 3.1  
Showing the Number of Beneficiaries NGO/FCC-wise Included in the Sample of Present Study

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Name of the Family Counseling Centre</th>
<th>Total number of cases in the financial year 2009-2010</th>
<th>Number of cases completed during the year 2009-2010</th>
<th>Number of cases dropped / discontinued</th>
<th>Number of cases who refused to participate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>SOFOSH</td>
<td>166</td>
<td>165</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>SURYA</td>
<td>171</td>
<td>155</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>3.</td>
<td>ICSW</td>
<td>114</td>
<td>96</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>4.</td>
<td>DON BOSCO</td>
<td>40</td>
<td>37</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>5.</td>
<td>W &amp; CSU-17</td>
<td>98</td>
<td>94</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>589</td>
<td>547</td>
<td>23</td>
<td>19</td>
</tr>
</tbody>
</table>

3.6.1 Data Collection

Data was collected in two phases.

First Phase

In the first phase subjects were administered an interview schedule after obtaining their consent and establishing a rapport with them. They were contacted in the premises of the FCC and explained the purpose of study. After putting them at
ease, they were interviewed with the interview schedule and their response recorded in the response sheet. Time taken for each interview varied between 2 and 3 hours. Not more than two beneficiaries were interviewed in one FCC on any particular day.

**Second Phase**

The counselor s in each FCC were requested to inform the researcher when the counseling process was over. They were further requested to call the beneficiaries to the FCC for one final time so that the level of satisfaction questionnaire could be administered to them. On the fixed date the researcher visited the FCC at the fixed time and administered the level of satisfaction questionnaire. On the same day the counselors were requested to complete a detailed closure sheet which was like a feedback from the counselor stating the duration of the case, number of sessions taken, perception of the problem as per the counselor and the final decision taken in that case.