CHAPTER VI

DISCUSSION: EMERGING ISSUES AND FUTURE PERSPECTIVES
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Earlier in the analytical framework based on systems approach, three types of variables were considered namely independent variables (socio-economic factors), intervening variables (communication inputs) and dependent variables (acceptance and non-acceptance of family welfare measures). An attempt has been made in this chapter to synthesize and meaningfully analyze the major findings to look into the process of interaction of these variables. Figure I shows the aggregate profile of acceptors and non-acceptors in the study area with respect to select parameters.

![Graph showing profile of acceptors and non-acceptors of F.P.](image)
The study first examined whether the socio-economic characteristics of acceptors were different from those of non-acceptors. The study found that there was apparently no correlation between caste and acceptance of family planning, as among the scheduled castes in Tangi village there were more non-acceptors than acceptors whereas the reverse was found in Sundarpur. The reasons found were more urban exposure and non-agricultural occupation. Higher percentage of acceptors compared to non-acceptors belonged to nuclear family. Within the joint family the percentage of non-acceptors were more than that of the acceptors. This indicates a positive relationship between nuclear family and acceptance of family planning.

Average annual income of acceptors was more than that of the non-acceptors, whereas within the lower income group, non-acceptors were more than acceptors (Figure I). This was a common trend found in all the three different villages implying that higher the income; better the chances of accepting family planning. This finding has strong implications that children are viewed as a source of income generation amongst the lower income groups and is an area where media inputs alongwith other socio-economic developmental measures can play a role in changing attitudes of the non-acceptors.

Agriculture was the dominant occupation among both acceptors and non-acceptors. One of the findings of the study is that respondents having salaried job and opportunity to work outside the village have better chances of accepting family planning.
Their communication exposures and constraints of resource to rear more children and responsibilities associated with it has changed the perception and attitude in favour of the family planning.

The study points out a positive association between education and acceptance of family planning. Literacy level was found to be more among acceptors than non-acceptors (Figure I) and also with specific levels of formal education. This corroborates the fact that education and communication exposure leads to the development of responsible parenthood to provide better opportunities to a small number of children in a family. Similarly female literacy rate was low among non-acceptors compared to acceptors pointing to the importance of female education in demographic change.

Compared to acceptors, the average age of husband among non-acceptors was lower so also the age of wives. This implies that acceptors of family planning were maximum among older couples (wives age 30-40 years). Higher percentage of women who were non-acceptors were in the age group of 20-30 years - the most fertile age group. As significant percentage of non-acceptors were below 20 years and above 35 years, thus indicating a possible risk of complication of pregnancy and child birth. The average number of living children to currently married women who had accepted family planning was 3.4 in Tangi, the same for Sundarpur and Jajapur was 3.7 and 3.9 respectively. More than half of the couples in all the three villages had 3-4 children. This empirical data proves that the couples after completing the
desired family size have preferred to accept family planning. Further, this clearly implies that communication has not been able to convince them of the benefits of two children norm.

Figure 1 shows that although exposure to family welfare messages through at least one of the major mediums of communication carried out in the study area was more among acceptors than non-acceptors, however the differences were negligible implying that media exposure was not a significant variable in acceptance or non-acceptance of family planning. The study found that exposure depended on accessibility and availability of different mediums of communication. Exposure to family welfare messages through interpersonal channels was more in Sundarpur than in Tangi and Jajapur. Extent of exposure through home visit was much less in case of non-acceptors than acceptors. This was also true in case of group meetings. While in Tangi, female health workers had more home visits, in Sundarpur and Jajapur it was health guides and male health workers. The study also points out the failure of communication strategy in using opinion leaders as family welfare motivators. School teachers and young educated boys enjoyed high credibility as opinion leaders. Discussions during interpersonal communication mostly centred around sterilization than on maternal and child health. A significant and positive finding was that discussion on spacing methods was more with non-acceptors and also maternal and child health care and immunization. As non-acceptors were mostly from younger age
group, the message content of home visits (inter personal communication) is definitely geared towards target groups.

Regarding folk media, it was found that more acceptors than non-acceptors were aware of the programme and had attended it. More females had attended the programme than males. This is a significant finding so far as the nature of programme and target audience is concerned and speaks of the effective role this media can play in this regard.

Unlike interpersonal channels of communication, where exposure was more among acceptors, the study found that more non-acceptors than acceptors were exposed to family welfare messages through mass media channels, thus clearly indicating the motivational role of inter personal communication. The study also further found that mass media exposure was more in developed village like Tangi than other two villages. Ownership of both radio and TV was less compared to listenership and viewership thus indicating prevalence of group listening and viewing.

Contents of messages through recall of messages showed that many messages on important components of Family Welfare Programme like MCH and age at marriage could be recalled by a few. Even in a developed village like Tangi, amongst the acceptors, nobody could recall the message on age at marriage. This implies that messages on age at marriage and MCH were either very infrequently broadcasted or the time of broadcast was not convenient. Another possibility could be that the messages were not comprehended by
the listeners as related to raising the age at marriage and its implications for MCH. The study also found that both radio and TV did not have large multiplier effect as the sharing of information was reported to have been confined mainly to the spouse. The findings regarding other mass media like films, print media also pointed more or less in the same direction.

The major findings of this study proved that the effectiveness of mass media in communicating family welfare messages was limited to the raising of awareness about family planning methods. Further, the mass media had been quite unsuccessful in communicating the more vital and extended aspects of family welfare like MCH, age at marriage etc. Multiplier effect of family planning messages was limited because of the privacy of the subject involved.

Although awareness of family welfare was quite high, the overall quality of this awareness was discouraging as the understanding of the concept was found to be very poor. This awareness was not complete and functional as in-depth discussion revealed considerable gaps in terms of use of methods and their side effects. Compared to acceptors the non-acceptor's understanding was better as more of them could relate family welfare, with MCH, age at marriage and spacing methods etc. Awareness level of females regarding various family planning methods was less than that of males. Respondents' perception of mother's health seemed to be very negligible as majority of them had mentioned advantages for children only.
The study found that multiple factors with emphasis on a particular factor seemed to have influenced respondents' decision to accept family planning (Figure II). Economic reason was the predominant factor. The other reason was that they had achieved desired family size with preferred sex. Majority of them had accepted permanent method only after they had one or more sons. The various reasons for opting spacing method other than permanent method were expectation for a son, fear of sterilization and dissatisfaction with family welfare services specially with the follow up care. Direct media influence was negligible. As the figure shows a substantial section of the respondents had accepted family planning not out of conviction but as a result of various pressures either by health workers or family members. Major theme of the programme i.e. better quality of life was cited by only one fifth of the respondents.

The study found that although non-acceptors were aware of the programme and had a positive attitude, they had not accepted family planning due to various reasons like, desire for
additional children, desire for a son, lack of awareness of family planning methods, fear of health complications and poor quality of services (Figure III). Desire for additional children was mainly due to economic security and fear of infant mortality. As the non-acceptors were economically and educationally lower than acceptors, the analysis shows that it was not the lack of information rather the socio-economic factors coupled with lack of better health services that were the constraints.

Nature of decision making vis-a-vis family planning can provide insights into what affects the acceptance or rejection of the practice. Findings regarding decision-making process within the family indicated the low status of women. Husband was the final decision maker for various family matters and acceptance of family planning. However, half of the respondents mentioned that it was the joint decision by both husband and wife
not to accept family planning. Contrary to this, the qualitative findings showed that women were aware of adverse effects of large family and were interested for accepting family planning methods but due to husband's apathetic attitude towards child bearing they were unable to take decision.

Suggested ideal number of children by both acceptors and non-acceptors was more than government's recommended family size norm of two children. While more acceptors preferred to have two sons and one daughter, non-acceptors preference was for one son and one daughter. This implied that although desire for son was universal, however there had been a decline in desire to have atleast two sons. The value of son as economic and old age security was stressed to be more in all the three villages.

Respondents in the study area were found to be aware of age at marriage, however, actual knowledge compared to awareness level was very poor indicating failure of communication in disseminating proper information. Although awareness level was high in Tangi, correct knowledge was more in Sundarpur. Sundarpur respondents' better exposure to interpersonal communication might be one of the reasons for this difference. More non-acceptors than acceptors approved higher age at marriage for boys and girls. However, approval for girls was less than boys. In most of cases more males mentioned economic liability and loss of beauty as reasons for early marriage of girls. In case of females the reasons were mostly possibility of involving
in immoral activities. The study found that most important reason against lower age at marriage for girls that it had adverse consequences in the matter of mortality and health both for the mother and child was mentioned by very few respondents. This shows how communication had failed in projecting this important component of family welfare programme.

The study had attempted to unravel the oft-repeated demographic proverbial paradox of the wide gap in family welfare awareness and its actual adoption. Although awareness was high, it was very much limited in terms of its contents and very poor in regard to such important aspects as the health of mother and the child, spacing of births, age at marriage etc. In absence of integrated message, communication programme has largely failed in providing any stronger rationale for accepting the small family norm. Most of the couples believed that a family with few children is a "happy" family. However, while the message had been to a large extent internalized on account of a sustained communication campaign, qualitative research revealed that the concept held good only if one of the children was male. Changes in family size arise from within the situation which includes the realistic socio-economic environment and the value system that confronts the masses.

The study recognizes the role of communication in acceptance of family welfare measures, however, the role is limited only in creating awareness. In the absence of socio-economic development and better health services, awareness can not be translated into
acceptance (Figure I, II, III). The apparent gulf between awareness and practice can be sufficiently narrowed down provided messages and means are tailored to the varying basic needs of different audiences.

If this limited role of communication is to be enhanced as an intervening variable to bring about desired changes in behaviour and to plan a meaningful communication strategy in the said direction, it is necessary to blend the other variables such as socio-economic measures to improve the quality of life, status of women, better health services etc. This would create a natural motivation among the eligible couples to accept family planning measures. In this direction, the causes of behavioural change could be attributed to motivation levels of individuals for change, knowledge and specific skills which are necessary to undertake such a change and the environmental/situational factors for the achievement of goals. Different strategic models of communication could be developed (as intervening variables) depending on which aspects of these are to be intervened into. Broadly speaking, multiple causality of human behaviour could be more effective for diagnosing the determinants of human behaviour and thus an effective and systematic communication intervention for adoption of practice could be based on this. Thus, effectiveness of communication could be considerably enhanced in terms of behaviour change when the causal factors are primarily interpersonal in nature.
Another fact which emerged was that economic factors played a major part in the determinance of family size. A son is still thought of as an investment. Family size is a misnomer in the present context, and that limiting one's family size is possible only when one realizes the economic burden of additional children, and the investments to be made in their growing up. The real value of a child in terms of his growing into a healthy, educated and self sufficient individual has not taken roots as yet. Thus the concept of responsible parenthood is also a thing to be dealt in depth in any communication intervention.

Finally, it can be concluded that mass communication, essentially being a "one way communication media" has considerable constraints in bringing about behavioural changes leading to adoption. Consequently a model of communication intervention strategy to bridge the gap between awareness and practice would involve the formulation of models involving both human and socio-environmental factors, amenable to change and modification.