

**A STUDY ON THE PROMOTION OF
KNOWLEDGE OF CONTRACEPTION
BY EDUCATION PROGRAMME IN
FAMILY PLANNING, 1965**

A. SEN GUPTA

INTRODUCTION

THE OBJECTIVES of the family planning action-programme as indicated in the official report of the Director of Family Planning in 1962-63¹ are: (1) facilitating the development of group pressures towards adoption of the norm of a smaller size; (2) provision of personal information regarding the advantages of smaller family size (educational, nutritional, economic, etc.), and also information regarding contraceptive methodology (including effective non-device methods); (3) provision of contraceptive supplies with a minimum of physical, psychological, financial or other barriers for the recipient.

It appears from the above stated objectives that one of the basic conditions needed for accelerating the adoption of family planning by active couples is the availability of two types of information regarding why family planning is necessary and how family planning should reach the people. The importance of providing knowledge on family planning in general and specifically on birth control techniques was indicated in studies of popular attitudes and practices undertaken among groups of people in different parts of India.² In the total process

beginning from awareness to adoption (awareness, interest, evaluation, trial, adoption)³ of family planning, the role of knowledge cannot be minimised. As a matter of fact, motivation and action may take place only when knowledge has been disseminated.

The methods by which information should be transmitted to the target couples may vary from group to group or from place to place, and will depend upon the pertinent variables such as, the educational level, age, culture, residence, occupation, fertility performance and psychological characteristics of the group.

The communication media are the vehicles through which message content is transmitted to target individuals. Whatever the media, by proper planning, execution and intensive drive, people can be taught the essentials of family planning emphasizing that birth control is possible; that this can help them achieve the goals; that supplies are available at designated places; that family planning is not injurious and that information on birth control techniques is available.⁴

THE STUDY AND ITS LIMITATIONS

Object.—The present study is related to the action programme development in

* Dr. (Miss) Sen Gupta is associated with the Family Planning Research Unit of the Indian Statistical Institute, Calcutta.

¹ Raina, B. L. *Family Planning Programme for 1962-63*, New Delhi, 1963, pp. 33-34.

² *Ibid.*, p. 32.

³ Lionberger, H. F. *Adoption of New Ideas and Practices*, Ames, 1960, pp. 3-4.

⁴ *Some observations regarding the nature and scope of action-research in family planning*, New Delhi, 1961, p. 4.

family planning in the Calcutta City project. This project comprises two compact areas—experimental and control—each with a population of about ten thousand and covers about 0.50 sq. miles in the northern part of the city. The baseline data on fertility, socio-economic and demographic characteristics were collected from an equal number of 1501 active^b couples in each area during February-July 1964. Although it was presumed that both the experimental and the control areas would be exposed to varying degrees of motivating forces of the family planning movement, direct or indirect, an organised educational programme to produce positive changes of attitude and behaviour with respect to fertility control was inaugurated in the experimental area only after the collection of baseline data. A number of educational techniques such as case visits, leaflet materials group meetings, film shows, tarja recital, etc., were designed and put into operation gradually from June 1964. The control area was kept free from any such treatment. The objective of this study was not to evaluate the relative effectiveness of the various educational techniques mentioned above, but primarily to explore the role of group meetings as a communication medium, specifically to ascertain (1) to what extent does awareness, interest and knowledge of family planning spread through organized group meetings with the target couples; and (2) how much learning on family planning techniques takes place through this direct method of communication.

Method of enquiry and coverage:—This study is based on data collected through a questionnaire and included items on (1) household characteristics like religion, caste, mother tongue, household income, number of household members and type of house, (2) socio-economic particulars of the

spouses like age, education, occupation and number of living children, (3) knowledge of family planning methods and their mode of use, sources of supply, and sources of information (4) social attitudes on barrenness, time factor for manipulation of the sex of the baby, (5) knowledge on menstruation, pregnancy and menopause, (6) use of general mass media like radio, newspaper and cinema by the respondents, (7) use-effectiveness of educational techniques and, (8) awareness of the problems of large families.

The above particulars were collected by interviewing 137 currently mated married Hindu women in the reproductive age range and 88 married men selected at random, who attended generally speaking one of the group meetings conducted by the project field staff. Both the male and female respondents formed couples selected for the educational programme and study in the experimental area.

To explore the potentialities of the educational techniques as change agents, a sample of 138 married males, who never attended the project group meetings, was selected at random from the control group of population and interviewed with the same questionnaire. In accordance with the research design the control group did not receive any educational treatment from the project.

Limitations of the study: In the experimental population, the interview was done by two regular project investigators who conducted the group meetings, the male investigator interviewing the male respondents and the female investigator interviewing the female respondents. However, in the control population three investigators quite unknown to the respondents carried out the interview. It is not known if unfamiliarity has made the

^b 'Active' means currently mated married couples who are susceptible to pregnancies.

controlled respondents more free for discussion. Although only baseline and resurvey data were collected from the control population without conducting any propaganda there, it cannot be assumed that the control area was controlled in every aspect and was free from the influences of other agencies. As a matter of fact, normal change is always occurring there, like any other area, including experimental area, and perhaps some kind of education in family planning is being imparted there by other means, if not by us. It is for this reason that the current trend is to do away with the control. Moreover, fertility surveys and resurveys in the control area also help the interviewers to be familiar with some of the basic knowledge of family planning. These factors should be kept in mind when we present the data and try to evaluate the effects of the education programme in the experimental area.

Group discussion: The total population (1501) in the experimental area was divided into six zones each consisting of 250 couples. Each zone was sub-divided into two sub-areas on the basis of physical proximity for conducting group meetings. Meetings were conducted in all the zones every month by four investigators. To arouse interest in the community, such meetings were usually held in the houses of the target population. About 30 persons were invited to attend each meeting, but attendance was not in

large numbers. Consequently the size of the group was small and intensive discussion was possible. Generally speaking the respondents of this study attended only one group meeting. Data collection, distribution of leaflets, film show, tarja recital, contraceptive supply and informal discussions arranged in addition to group discussions must have also helped promote knowledge of family planning. Considering the educational level of the respondents^a and their responses on source of knowledge regarding family planning, it was apparent that their knowledge on the subject was inadequate before the education programme started. As a matter of fact about 71.6% male and 97.8% female respondents mentioned field or social worker as a source. This fact is important for measuring changes in knowledge before and after treatment. For this reason emphasis was laid on (a) category listed below.

COMMUNICATION AND CONTENT

Categories of content: The communication content used in the group meetings may be divided into the following categories:

(a) *Informational content:* Supply of factual information to the couples attending group meeting to help adopt birth control: (1) Physiology of reproduction, explained through charts and models; (2) Birth control techniques, their use and working techniques, explained through demonstration

	Illiterate	Upto class III	School standard (below S.F.)	College	Graduate and above	Not recorded
Male respondents (88)	5.7%	3.4%	58.0%	4.5%	15.9%	12.5%
Female respondents (137)	3.6%	18.2%	51.1%	6.5%	19.7%	0.7%

^a Bogue, Donald J. et al, *How to improve written communication for birth control*, New York. 1963, pp. 19-20.

and charts; and (3) Availability of methods, various sources of supply with cost structure.

(b) *Motivational content*: Intended to make people aware of and interested in or decide to try birth control or to continue to use methods adopted.

(1) Benefits of birth control and disadvantages when not used.

(2) Many people have already adopted it.

(c) *Legitimation*: That family planning has the approval of physicians, neighbours, local leaders and other people whose opinion is respected by them.

(d) *Ancillary content*: Topics which indirectly help improve the attitudes towards family planning such as discussions of child care, marital happiness and sex adjustments.

Through the above stated contents, efforts were made to assist people passing through each of the five stages of adoption stated before. Although we are aware of the innovators, the late adopters, the droppers and the resistant groups, nevertheless, the group meetings help an individual to some extent at least to be conscious of his personal problems and the need to solve them. Discussion and exchange of ideas in a group situation do help people to strengthen the desire to adopt family planning as a controlling measure for the solution of those problems.

CONCEPTS, DEFINITIONS AND BASIC ASSUMPTIONS

The concepts and definitions of some of the terms used here are explained below:

Family Planning: Measures taken by married couple to postpone a period (spacing), or prevent conception. These measures

include with-appliance, without-appliance, and clinical methods.

Knowledge and Practice of Family Planning: These terms refer to information about family planning and to methods that are adopted by family planners through control of births.

Action Programme: A coordinated group of activities maintained over a period of time aimed at fostering a particular type of behaviour change in respect of family planning. The main objectives of the programme are programme development and operation. So all factors which influence the action-behaviour of target population towards the promotion of ideas and practices of family planning come within its scope. The operation system includes supply of information about family planning and motivation of couples and provision of contraceptive and other services.

Education programme: It is one of the major aspects of a total family planning programme. It helps the couples in the process of learning and decision-making by giving them information about family planning and by helping them to become aware of their birth control needs. Through a well-planned communication programme it helps to meet the arguments against birth control. Generally speaking, an education programme makes use of mass media, such as exhibition, newspapers, radio, film shows, pamphlets, posters, public meetings and personal contacts such as, home visits, group discussions, clinic visits and personal consultations.

Promotion of knowledge: Promotion of knowledge of family planning means advancing, helping forward or encouraging the acquiring of information about family planning. In this process either learning takes place for the first time or more and correct information is supposed to be collected by the learners. Each family planning action

programme has its promotional aspect. As a matter of fact the promotion group forms the dynamic element of the family planning movement. On the basis of an issue and an ideology this group engages itself in propaganda work through mass media and individual contact work for bringing about a behaviour change in the target population. Mere imparting of knowledge may not help the process of conversion although that is apparently the first step.

Communications research: The education programme is a part of the communications research projects, the overall purpose of which is to try out and assess in the field the educational and organizational methods being proposed for a wider adoption in the national family planning programme. In the course of such trials, not only careful assessments of total impact (ultimate and intermediate) required, but diagnostic and small studies leading to new hypotheses about ways in which impacts are being achieved and for refining and clarifying questions raised by such hypotheses are also necessary. The objectives of a birth control communication programme are: (1) to inform every couple in the reproductive ages about birth control methods, (2) to provide them with the knowledge which they must have for deciding to try one of these techniques, and (3) to motivate them to use a method and to be its sustained users once they have adopted it.

Basic assumptions: The concepts of 'adda' and 'majlis' are very basic to Indian thinking and used to be and still are some of the important forms of social control. Much informal communication goes on inside a gang or in a street corner society and so also in a group, be it primary, formal, informal. Apparently a member of a group is inclined to feel a sense of loyalty, obligation and commitment when the theory and practice of family planning receive

strong consensus in the group. The group judgement may help promote adoption of birth control by the person who is deciding to give it a trial. Moreover, through the support of friendly local leaders the communication programme may gain community support.

THE COLLECTED DATA

The schedule: The four-page schedule consists of identification particulars of the couples; some demographic characteristics including age, education, occupation and number of living children, including male children of the couple; size of household; income of household and type of house.

The questionnaire contains 36 questions on (1) knowledge of family planning methods and their uses, (2) sources of supply of the birth control techniques, (3) sources of information about the contraceptive methods, (4) social attitudes on barrenness, (5) time factor for manipulation of the sex of the baby, (6) knowledge of menstruation, pregnancy and menopause, (7) use of general mass media, like radio, newspaper and cinema by the respondents, (8) use—effectiveness of educational techniques, (9) awareness of current problems and suggestions for their solutions.

The Pretesting of the Schedule: The schedule was discussed in a conference and the field investigators received training in the investigation work. The pre-testing of the schedule was conducted in one of the experimental zones where no group meeting was held. It was found during the pre-testing that it was advisable to have the questions written in English, translated into Bengali in order to ensure that questions are properly understood by the respondents. Secondly, it was found that the responses to questions of social attitudes were not only inadequate but many respondents hardly

expressed any opinion. It was also apparent that many among the respondents during the pre-testing did not include the problem of large families as one of the problems. These omissions made the data on these items not very useful for the purpose of family planning.

In the subsequent sections of this study the results based on the promotion of knowledge of contraception data collected through a questionnaire were discussed. The data presented have been classified into four broad categories: (1) distribution of couples—characteristic profile of the respondents, (2) measurement of knowledge of the interviewees pertaining to birth control techniques, (3) distribution of ever-practised couples by caste and number of living children, and (4) attitude towards childless-

ness, programme participation and present day problems and their possible solutions and use of mass communication media.

ANALYSIS OF THE DATA

Characteristic profile of the respondents: In this section the distribution of couples by different socio-economic groups for the action and control areas has been presented. A sample of 88 males and 137 females in the action area and 138 males in the control area was selected for this study for assessing the changes in knowledge of contraception.

Age-group of wife: Table 1 gives the distribution of couples by age-group of wife for the control and action centres. The three groups contain couples in all the age-groups. Although the distribution is not perfect, it is not very different.

TABLE 1

DISTRIBUTION OF SAMPLES COUPLE BY AGE-GROUP OF WIFE FOR THE CONTROL AND ACTION CENTRES.

Age-group (years) of wife	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 15 - 19	5	3.6	7	7.95	3	2.19
2 20 - 24	12	8.7	28	31.82	27	19.71
3 25 - 29	38	27.5	18	20.46	30	21.90
4 30 - 34	33	23.9	13	14.77	38	27.74
5 35 - 39	23	16.7	8	9.09	21	15.33
6 40 and above	27	19.6	3	3.41	16	11.68
7 Not recorded	—	—	11	12.50	2	1.45
8 All	138	100.0	88	100.00	137	100.00

Age-group of husband: Table 2 gives the distribution of couples by age-groups of husband for the control and action centres.

It appears from the table that the proportion of husband in the higher age-groups is appreciably large in both the centres.

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TABLE 2

DISTRIBUTION OF SAMPLE COUPLES BY AGE-GROUP OF HUSBAND FOR THE CONTROL AND ACTION CENTRES.

Age-group (years) of husband	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 20 - 24	2	1.5	4	4.55	2	1.46
2 25 - 29	3	2.2	11	12.50	9	6.57
3 30 - 34	22	15.9	24	27.27	32	23.36
4 35 - 39	29	21.0	16	18.18	27	19.71
5 40 and above	81	58.7	22	25.00	65	47.44
6 Not recorded	1	0.7	11	12.50	2	1.46
7 All	138	100.0	88	100.00	137	100.00

Education of wife: Table 3 shows the distribution of sample couples by educational level of wife for the control and action centres.

Although the majority of female partners are educated at the primary level and above, the percentage of illiterates is large indeed.

TABLE 3

DISTRIBUTION OF SAMPLE COUPLES BY EDUCATIONAL LEVEL OF WIFE FOR THE CONTROL AND ACTION CENTRES.

Educational level of wife	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 Illiterate	29	21.0	18	20.45	20	14.60
2 Below primary	11	8.0	12	13.64	34	24.82
3 Primary and above	92	66.7	40	45.35	73	53.28
4 Below graduate	4	2.9	3	3.41	3	2.19
5 Graduate and above	2	1.4	3	3.41	7	5.11
6 Unrecorded	—	—	12	13.64	—	—
7 All	138	100.0	88	100.00	137	100.00

Education of husband: Table 4 presents the distribution of sample couples by educational standard of husband for the control and action centres. The percentage of illiterates here is low and that of the graduates is

14.5%, 15.91% and 18.25% in the control and the two action centres respectively. But the majority, like the female partners, are educated at the primary level and above.

TABLE 4

DISTRIBUTION OF SAMPLE COUPLES BY EDUCATIONAL LEVEL OF HUSBAND FOR THE CONTROL AND ACTION CENTRES.

Educational level of husband	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 Illiterate	3	2.1	6	6.82	4	2.92
2 Below primary	3	2.2	2	2.27	25	18.25
3 Primary and above	82	59.5	51	57.95	73	53.28
4 Below graduate	30	21.7	4	4.55	9	6.57
5 Graduate and above	20	14.5	14	15.91	25	18.25
6 Unrecorded	—	—	11	12.50	1	0.73
7 All	138	100.0	88	100.00	137	100.00

Occupation of husband: In Table 5 the distribution of couples by the occupational groups of husband is shown for both the centres. It appears that more than 26% of the husbands belong to the 'technical and clerical' group and more than 7% to the 'manager, 'supervisor' group and more than 9% to the 'manual worker' group.

TABLE 5

DISTRIBUTION OF SAMPLE COUPLES BY OCCUPATION GROUP OF HUSBAND FOR THE CONTROL AND ACTION CENTRES.

Occupation group of husband	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 Menials, labourers	15	10.9	8	9.09	21	15.33
2 Technical workers, clerks	55	39.9	23	26.13	41	29.93
3 Managers, supervisors etc.	13	9.4	7	7.95	21	15.33
4 Businessmen	17	12.3	37	42.05	49	35.76
5 Other gainful workers	30	21.8	1	1.14	3	2.19
6 Non-gainful workers	6	4.3	—	—	1	0.73
7 Unrecorded	2	1.4	12	13.64	1	0.73
8 All	138	100.0	88	100.00	137	100.00

Per capita monthly income: Table 6 shows the distribution of sample couples by the per capita monthly income of the household.

TABLE 6

DISTRIBUTION OF COUPLES BY PER CAPITA MONTHLY INCOME OF HOUSEHOLD FOR THE CONTROL AND ACTION CENTRES.

Per capita monthly income (Rs.)	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 0 - 20	14	10.1	28	31.82	15	10.95
2 21 - 50	71	54.4	26	29.54	64	46.71
3 51 - 100	35	25.4	6	6.82	31	22.63
4 101 and above	15	10.9	3	3.41	8	5.84
5 Unrecorded	3	2.2	25	28.41	19	13.87
6 All	138	100.0	88	100.00	137	100.00

Caste Group: Table 7 gives the distribution of sample couples by caste for both the centres. It appears that the Brahmin and the Kayastha caste groups form more than 18% and more than 30% of the sample respectively.

TABLE 7
DISTRIBUTION OF SAMPLE COUPLES BY CASTE FOR THE CONTROL AND ACTION CENTRES.

Caste	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 Brahmin	25	18.1	16	18.2	32	23.3
2 Kayastha	52	37.8	24	27.3	47	34.3
3 Baidya	5	3.6	3	3.4	6	4.4
4 Bania	28	20.3	5	5.7	6	4.4
5 Tili	—	—	3	3.4	8	5.8
6 Karmakar	1	0.7	1	1.1	5	3.7
7 Others	27	19.5	27	30.7	32	23.4
8 Unspecified	—	—	9	10.2	1	0.7
9 All	138	100.0	88	100.0	137	100.0

Average number of children by husband's age: In Table 8 is presented the average number of children (per couple) living, "by age-group of husband" in both the centres. It appears from the Table that the average in the control evaluation work. The average in the experimental zone which works out to 2.0 males and 2.9 females. This may serve as a good indicator in programme

TABLE 8
AVERAGE NUMBER OF CHILDREN (PER COUPLE) LIVING BY AGE-GROUP OF HUSBAND FOR THE CONTROL AND ACTION CENTRES.

Age-group (years) of husband	Control Centre		Action Centre			
	n	Average Number of Children	Male Informants		Female Informants	
			n	Average Number of Children	n	Average Number of Children
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 20-24	2	2.5	5	1.2	1	1.0
2 25-29	3	0.3	10	1.4	8	1.4
3 30-34	22	2.1	24	1.7	31	1.8
4 35-39	29	2.2	16	2.0	29	2.6
5 40 and above	81	3.7	22	4.0	66	4.0
6 Unrecorded	1	8.0	11	0.0	2	1.0
7 All	138	3.1	88	2.0	137	2.9

Average number of children by wife's age: Table 9 gives the average number of children (per couple) living, by age group of wife.

TABLE 9
AVERAGE NUMBER OF CHILDREN (PER COUPLE) LIVING BY AGE-GROUP OF WIFE FOR CONTROL AND ACTION CENTRES.

Age-group (years) of wife	Control Centre		Action Centre			
	n	Average	Male Informants		Female Informants	
			n	Average	n	Average
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 15-19	5	1.4	7	0.7	3	1.0
2 20-24	12	1.7	25	1.6	28	1.3
3 25-29	38	2.5	21	2.3	30	2.8
4 30-34	33	3.2	12	2.8	38	3.5
5 35-39	23	3.5	10	4.3	21	4.0
6 40 and above	27	4.4	2	5.0	15	4.3
7 Unrecorded	—	—	11	0	2	1.0
8 All	138	3.1	88	2.0	137	2.9

Category 2:

Measurement of knowledge of the birth control methods: The data presented under this category contain seven tables showing the distribution of couples by different categories of knowledge of family planning including (1) knowledge of appliance methods, (2) knowledge of male and female methods, (3) knowledge of the manner of using a method, (4) knowledge of sources of information, (5) knowledge of sources of procurement, (6) knowledge of the physiology of reproduction, and (7) knowledge of different

items connected with pregnancy. As a matter of fact this is the most important section of this study.

Knowledge of methods of family planning: Table 10 shows the distribution of couples by knowledge displayed by them by recognising the names of family planning appliance methods from a mixed list of birth control methods and other terms. It appears that, on the whole experimental population is better acquainted with the names of the methods.

TABLE 10
COUPLES DISTRIBUTED ACCORDING TO APPLIANCE METHODS RECOGNISED FOR CONTROL AND ACTION CENTRES.

Appliance methods recognised	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1 Condom	114	82.6	87	98.9	137	100.0
2 Diaphragm	42	30.4	7	8.0	23	16.8
3 Loop (IUD)	98	71.0	51	58.0	129	94.2
4 Foam tablets	41	29.7	70	79.5	107	78.1
5 Conovid tablets	9	6.5	1	1.1	15	10.9
6 Jelly	59	42.8	57	64.8	60	43.8
7 Total no. of couples	138		88		137	

Knowledge of the use of husband-methods and wife-methods: Table 11 shows the distribution of couples by knowledge of the male methods and the female methods. Respondents were asked to recognise those methods which were used by the husband and those methods used by the wife from a list. In Table 11 the distribution of the control and the two experimental groups have been given

in three separate sub-tables. It would appear from the sub-tables that the experimental population has displayed a better knowledge of the common methods of control, such as condom, foam, jelly and loop. Only 2.9%, 1.1% and 0.0% of the couples could not recognise any of the methods in the control, male-action and female-action samples respectively.

TABLE 11

DISTRIBUTION OF SAMPLE COUPLES BY THE MALE AND FEMALE USER OF FAMILY PLANNING METHODS FOR CONTROL AND ACTION CENTRES.

Method of F. P.	Used by								All	Per cent of couples under each method to total	
	Husband		Wife		Both		Unspecified				
	n	%	n	%	n	%	n	%			
1. Control centre											
1 Safe period	8	10.3	30	38.4	34	43.6	6	7.7	78	100.0	56.5
2 Abstinence	2	5.4	1	2.7	31	83.8	3	8.1	37	100.0	26.8
3 Withdrawal	65	90.3	—	—	2	2.8	5	6.9	72	100.0	52.2
4 Condom	112	98.2	—	—	—	—	2	1.8	114	100.0	82.6
5 Diaphragm	—	—	37	88.1	—	—	5	11.9	42	100.0	30.4
6 Foam tablet	—	—	38	92.7	—	—	3	7.3	41	100.0	29.7
7 Conovid tablet	—	—	7	77.8	—	—	2	22.2	9	100.0	6.5
8 Jelly	1	1.7	55	93.2	—	—	3	5.1	59	100.0	42.8
9 Douche	—	—	24	92.3	—	—	2	7.7	26	100.0	18.8
10 Abortion	—	—	63	98.4	—	—	1	1.6	64	100.0	46.4
11 Loop (I.U.D.)	—	—	93	94.9	—	—	5	5.1	98	100.0	71.0
12 Operation	2	3.6	25	44.6	27	48.2	2	3.6	56	100.0	40.6
13 Vasectomy	19	47.5	9	22.5	10	25.0	2	5.0	40	100.0	29.0
14 None	—	—	—	—	—	—	4	100.0	4	100.0	2.9
15 Total no. of couples										138=100%	
2. Action centre: male informants											
1 Safe period	21	70.0	5	16.7	1	3.3	3	10.0	30	100.0	34.1
2 Abstinence	—	—	1	11.1	6	66.7	2	22.2	9	100.0	10.2
3 Withdrawal	22	91.6	1	4.2	—	—	1	4.2	24	100.0	27.3
4 Condom	87	100.0	—	—	—	—	—	—	87	100.0	98.9
5 Diaphragm	—	—	5	71.4	—	—	2	28.6	7	100.0	8.0
6 Foam tablet	—	—	65	92.9	—	—	5	7.1	70	100.0	79.5
7 Conovid tablet	—	—	1	—	—	—	—	1	—	—	1.1
8 Jelly	—	—	52	91.2	—	—	5	8.8	57	100.0	64.8
9 Douche	—	—	1	—	—	—	—	1	—	—	1.1
10 Abortion	—	—	2	—	—	—	—	2	—	—	2.2
11 Loop (I.U.D.)	—	—	46	90.2	—	—	5	9.8	51	100.0	58.0
12 Operation	1	25.0	—	—	2	50.0	1	25.0	4	100.0	4.5
13 Vasectomy	10	76.9	1	—	—	7.7	2	15.4	13	100.0	14.7
14 None	—	—	—	—	—	—	1	—	1	100.0	1.1
15 Total no. of couples										88=100%	

TABLE 11 (Contd.)

DISTRIBUTION OF SAMPLE COUPLES BY THE MALE AND FEMALE USER OF FAMILY PLANNING METHODS FOR CONTROL AND ACTION CENTRES.

Method of F. P.	Used by										Per cent of couples under each method to total
	Husband		Wife		Both		Unspecified		All		
	n	%	n	%	n	%	n	%	n	%	
3. Action centre: female informants											
1 Safe period	23	31.9	1	1.4	42	58.4	6	8.3	72	100.0	52.6
2 Abstinence	4	4.3	2	2.2	83	90.2	3	3.3	92	100.0	67.2
3 Withdrawal	60	87.0	—	—	1	1.4	8	11.6	69	100.0	50.4
4 Condom	137	100.0	—	—	—	—	—	—	137	100.0	100.0
5 Diaphragm	1	4.3	18	78.3	—	—	4	17.4	23	100.0	16.8
6 Foam tablet	—	—	99	92.5	—	—	8	7.5	107	100.0	78.1
7 Conovid tablet	—	—	14	93.3	—	—	1	6.7	15	100.0	10.9
8 Jelly	—	—	52	86.7	—	—	8	13.3	60	100.0	43.8
9 Douche	—	—	—	—	—	—	—	—	—	—	—
10 Abortion	—	—	7	87.5	—	—	1	12.5	8	100.0	5.8
11 Loop (I.U.D.)	1	0.8	127	98.4	—	—	1	0.8	129	100.0	94.2
12 Operation	1	2.9	29	85.3	—	—	4	11.8	34	100.0	24.8
13 Vasectomy	20	90.9	—	—	—	—	2	9.1	22	100.0	16.1
14 None	—	—	—	—	—	—	—	—	—	—	—
15 Total no. of couples											137 = 100%

Knowledge on efficiency use and technology of the appliance methods: In Table 12 is presented the distribution of the detailed knowledge of the couples regarding the efficacy of the methods, their manner of use, their time of

use in relation to sex act, and the relationship between regular-irregular use and prevention of birth. It appears from the distribution that the experimental population is much better informed on these items.

TABLE 12

COUPLES DISTRIBUTED ACCORDING TO KNOWLEDGE ON EFFICIENCY—APPLICATION—TECHNIQUES OF THE NON-PERMANENT PREVENTIVE 'NON-NATURAL' METHODS (APPLIANCE) FOR CONTROL AND ACTION CENTRES.

Question on appliance method of F. P.	Replies	Control Centre		Action Centre			
		n	%	Male Informants		Female Informants	
				n	%	n	%
1 If such a method is used once how long does it control birth	1 One occasion	89	64.4	81	92.1	137	100.0
	2 One month	3	2.2	1	1.1	—	—
	3 One year	3	2.2	—	—	—	—
	4 For ever	16	11.6	5	5.7	—	—
	5 Not knowing	27	19.6	1	1.1	—	—
6 All	138 100.0		88 100.0		137 100.0		

TABLE 12 (Contd.)

COUPLES DISTRIBUTED ACCORDING TO KNOWLEDGE ON EFFICIENCY—APPLICATION—TECHNIQUES OF THE NON-PERMANENT PREVENTIVE 'NON-NATURAL' METHODS (APPLIANCE) FOR CONTROL AND ACTION CENTRES.

Question on appliance method of F. P.	Replies	Control Centre		Action Centre			
		n	%	Male Informants		Female Informants	
				n	%	n	%
2 When should a couple use it	1 Just before coitus	110	79.7	87	98.9	133	97.1
	2 Just after coitus	4	2.9	—	—	1	0.7
	3 4 Hrs. or so before coitus	1	0.7	—	—	1	0.7
	4 4 Hrs. or so after coitus	—	—	—	—	—	—
	5 Everyday	2	1.5	—	—	—	—
	6 Not knowing	21	15.2	1	1.1	2	1.5
	All	138	100.0	88	100.0	137	100.0
3 What should he/she/they do with it	1 Swallow it	1	0.7	—	—	1	0.7
	2 Put it over the genitals	115	83.3	87	98.9	133	97.1
	3 Wear it on the arm	—	—	—	—	1	0.7
	4 Not knowing	22	16.0	1	1.1	2	1.5
	5 All	138	100.0	88	100.0	137	100.0
4 If such a method is used for a short time and then stopped, the chance of pregnancy is	1 More likely	28	20.3	—	—	—	—
	2 Less likely	12	8.7	11	12.5	4	2.9
	3 Just as likely	59	42.8	76	86.4	131	95.6
	4 Not knowing	39	28.2	1	1.1	2	1.5
	5 All	138	100.0	88	100.0	137	100.0

Source of Knowledge: Table 13 shows the distribution of couples by source of knowledge about family planning. It appears from the table that field or social workers, doctors and friends (for males) and spouses (for females) have provided knowledge of family planning in most cases to the experimental population. The control group was educated by mass communication methods, such as books and newspapers and by personal

sources, such as doctors and friends. It appears from Table 22 that the male informants in the control area formed a higher percentage of subscribers and readers/listeners of newspapers compared to the informants of the active area. Moreover, from Tables 3 and 4 it appears that the control group is a slightly better educated group. These factors may account partially for the use of the mass media mentioned.

TABLE 13

DISTRIBUTION OF SAMPLE COUPLES BY SOURCE OF KNOWLEDGE REGARDING FAMILY PLANNING FOR CONTROL AND ACTION CENTRES.

Source of knowledge regarding F. P.	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
1 Field/social workers	7	5.1	63	71.6	134	97.8
2 Films	18	13.0	7	8.0	2	1.5
3 Pamphlets	7	5.1	24	27.3	4	2.9
4 Doctors	61	44.2	59	67.0	—	—
5 Friends	90	65.2	57	64.8	18	13.1
6 Books	49	35.5	6	6.8	12	8.8
7 Posters	12	8.7	3	3.4	—	—
8 Exhibitions	10	7.2	1	1.1	—	—
9 Hospitals	21	15.2	1	1.1	6	4.4
10 Clinics	13	9.4	9	10.2	2	1.5
11 Relatives	16	11.6	3	3.4	14	10.2
12 Spouse	7	5.1	1	1.1	48	35.0
13 Newspaper	47	34.1	11	12.5	5	3.6
14 Others	7	5.1	—	—	—	—
15 Not stated	8	5.8	4	4.5	2	1.5
16 Total no. of couples	138	100.0	88	100.0	137	100.0

Knowledge of source of procurement of contraceptives: Table 14 presents the distribution of couples by source of procurement of contraceptives.

TABLE 14

DISTRIBUTION OF SAMPLES BY SOURCE OF PROCUREMENT OF CONTRACEPTIVES

Source of procurement	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
1 Hospital	78	56.5	65	73.9	21	15.3
2 F. P. clinic	73	52.9	56	63.6	119	86.9
3 Chemist shop	58	42.0	48	54.5	53	38.7
4 Paanwallah	6	4.3	36	40.9	—	—
5 Other shops*	52	37.7	1	1.1	3	2.2
6 Not recorded	2	1.4	3	3.4	3	2.2
7 Not knowing	6	4.3	—	—	—	—
8 Total no. of couples	138	(=100%)	88	(=100%)	137	(=100%)

*Mostly stationery and rubber goods shops

Knowledge of some common terms used in family planning: In order to test the knowledge of the respondents in different terms used in family planning vocabulary, the respondents were asked about the meaning of menstruation, menopause, baby days

and loop, and about the safest time to take out a diaphragm after coitus. Table 15 gives below the distribution of the couples by knowledge of those terms. It seems from the table that the experimental population has a better conception of the terms selected here.

TABLE 15

DISTRIBUTION OF SAMPLE COUPLES BY NATURE OF KNOWLEDGE IN DIFFERENT ITEMS RELEVANT TO F.P. FOR CONTROL AND ACTION CENTRES

Items	Nature of knowledge	Control Centre		Action Centre			
		n	%	Male Informants		Female Informants	
				n	%	n	%
Menstruation	Correct	123	89.1	83	94.3	131	95.6
	Incorrect	7	5.1	—	—	6	4.4
	Not known	8	5.8	5	5.7	—	—
	All	138	100.0	88	100.0	137	100.0
2 Menopause	Correct	71	51.5	57	64.8	133	97.1
	Incorrect	5	3.6	—	—	3	2.2
	Not known	62	44.9	31	35.2	1	0.7
	All	138	100.0	88	100.0	137	100.0
3 Baby days	Correct	78	56.5	76	86.4	89	65.0
	Incorrect	9	6.5	—	—	3	2.2
	Not known	51	37.0	12	13.6	45	32.8
	All	138	100.0	88	100.0	137	100.0
4 Diaphragm	Correct	2	1.4	5	5.7	11	8.0
	Incorrect	25	18.1	—	—	3	2.2
	Not known	111	80.5	83	94.3	123	89.8
	All	138	100.0	88	100.0	137	100.0
5 Loop (I.U.D.)	Correct	76	55.1	51	58.0	126	92.0
	Incorrect	6	4.3	—	—	1	0.7
	Not known	56	40.6	37	42.0	10	7.3
	All	138	100.0	88	100.0	137	100.0

Knowledge of pregnancy: To test the knowledge of the respondents on the occurrence of pregnancy a series of five questions was asked. Table 16 gives the distribution of the couples by knowledge on

these items. The experimental population displayed a better understanding in at least three items relevant to pregnancy. In question 5, the respondents were asked to fill up the gaps.

TABLE 16

DISTRIBUTION OF SAMPLE COUPLES BY KNOWLEDGE ON PREGNANCY FOR CONTROL AND ACTION CENTRES

Question on pregnancy	Nature of Answer	Control Centre		Action Centre			
		n	%	Male Informants		Female Informants	
				n	%	n	%
<i>Can a woman become pregnant :</i>							
1 Any day in the year	Correct	108	78.3	38	43.2	82	59.9
	Incorrect	28	20.3	46	52.3	2	1.4
	Unspecified	2	1.4	4	4.5	53	38.7
	All	138	100.0	88	100.0	137	100.0
2 While she is nursing a baby	Correct	71	51.5	78	88.7	94	68.6
	Incorrect	66	47.8	6	6.8	17	12.4
	Unspecified	1	0.7	4	4.5	26	19.0
	All	138	100.0	88	100.0	137	100.0
3 If she drinks any semen	Correct	117	84.8	83	94.3	134	97.8
	Incorrect	20	14.5	—	—	—	—
	Unspecified	1	0.7	5	5.7	3	2.2
	All	138	100.0	88	100.0	137	100.0
4 By being kissed	Correct	136	98.6	83	94.3	135	98.5
	Incorrect	1	0.7	—	—	—	—
	Unspecified	1	0.7	5	5.7	2	1.5
	All	138	100.0	88	100.0	137	100.0
5 By combining husband's sperms with her egg in the tube	Correct	115	83.4	83	94.3	135	98.5
	Incorrect	21	15.2	—	—	—	—
	Unspecified	2	1.4	5	5.7	2	1.5
	All	138	100.0	88	100.0	137	100.0

*Category 3:**Distribution of ever practised-*

couples: The data presented under this category include three tables showing (1) the general distribution of ever practised couples; and the relationship between family planning practices, (2) number of living children;

and (3) caste.

Ever practised couples: Table 17 gives the general distribution of ever-practised couples in the sample. It appears that the experimental population has a higher percentage of ever practised couples.

TABLE 17

DISTRIBUTION OF SAMPLE COUPLES BY CATEGORY OF F.P. PRACTICE FOR THE CONTROL AND ACTION CENTRES

Category of couples	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
1 Ever-practised F.P. :	70	50.7	68	77.3	82	59.9
(a) Currently practising	48	34.8	41	46.6	72	52.6
(b) Currently discontinued	22	15.9	27	30.7	10	7.3
2 Never-practised F.P.	68	49.3	11	12.5	54	39.4
3 Not recorded	—	—	9	10.2	1	0.7
4 Total no of couples	138	100.0	88	100.0	137	100.0

Number of living children: Table 18 couples by the number of living children. shows the distribution of ever-practised children.

TABLE 18

DISTRIBUTION OF EVER-PRACTISED COUPLES BY TOTAL NUMBER OF CHILDREN LIVING FOR CONTROL AND ACTION CENTRES

Total no. of children living per couple	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
0	2	2.9	4	5.9	—	—
1	16	22.9	14	20.6	16	19.5
2	22	31.4	19	28.0	17	20.8
3	11	15.7	13	19.1	15	18.3
4	7	10.0	3	4.4	12	14.6
5	4	5.7	3	4.4	11	13.4
6 and more	8	11.4	3	4.4	10	12.2
Not recorded	—	—	9	13.2	1	1.2
All	70	100.0	68	100.0	82	100.0

Ever practised couples and caste: Table 19 higher castes have higher percentages of ever-practised couples. presents the distribution of ever-practised couples by caste. This Table shows that the

TABLE 19

DISTRIBUTION OF SAMPLE COUPLES BY CASTE AND BROAD CATEGORIES OF F. P. PRACTICE FOR CONTROL AND ACTION CENTRES.

Caste	F. P. Practice	Control Centre		Action Centre			
		n	%	Male Informants		Female Informants	
				n	%	n	%
1 Brahmin	} ever used never used	15	10.9	14	15.9	19	13.9
		10	7.2	2	2.3	13	9.4
2 Kayastha	} ever used never used	32	23.2	22	25.0	32	23.4
		20	14.5	2	2.3	15	10.9
3 Baidya	} ever used never used	5	3.6	3	3.4	3	2.2
		—	—	—	—	3	2.2
4 Bania	} ever used never used	9	6.5	4	4.6	4	2.9
		19	13.8	1	1.1	2	1.5
5 Tili	} ever used never used	—	—	2	2.3	5	3.6
		—	—	1	1.1	3	2.2
6 Karmakar	} ever used never used	—	—	1	1.1	3	2.2
		1	0.7	—	—	2	1.5
7 Others	} ever used never used	9	6.5	22	25.0	16	11.7
		18	13.0	5	5.7	16	11.7
8 All Castes	} ever used never used	70	50.7	68	77.3	82	59.9
		68	49.3	11	12.5	54	39.4
9 Unspecified		—	—	9	10.2	1	0.7
10 Total		138	100.0	88	100.0	137	100.0

Category 4:

Social attitudes, communications and current problems: In this category, four items including the prevailing social attitude on childlessness, opinion on family planning, programme participation, the extent of use of mass media and the awareness of current problems on the part of the respondents have been included. The results have been presented in four tables.

Share of blame for childlessness: In Table 20 is given the distribution of couples in accordance with their opinion on the question

of share of blame for childlessness. Effort have been made to find out if the respondents have any idea about the reasons for childlessness or they merely subscribe to the prevalent social attitude on the subject. It appears that the majority of the respondents have a correct knowledge of the subject although the experimental population showed much better understanding. It is interesting to note that there are some fatalists still in society who are inclined to blame God for this want. Women in larger proportion than men have held wife or husband singly responsible for childlessness.

TABLE 20

COUPLES DISTRIBUTED ACCORDING TO EXPRESSION OF APPORTIONMENT OF BLAME FOR CHILDLESSNESS

The Accused for Childlessness	Male Control Centre		Female Action Centre			
	n	%	Informants		Informants	
			n	%	n	%
1 wife	2	1.4	—	—	21	15.3
2 husband	3	2.2	—	—	22	16.1
3 either husband or wife	86	62.3	73	83.0	117	85.4
4 both husband and wife	33	23.9	11	12.5	5	3.6
5 God	17	12.3	—	—	22	16.1
6 unspecified	6	4.3	5	5.7	2	1.5
7 total no. of couples considered	138	100%	88	100%	137	100%

Programme participation: In order to find out the attitude of the respondents towards programme participation a series of five questions was asked. The distribution is shown in Table 21. It appears that more persons in the experimental area are interested in role-playing in the motivation—dissemination of knowledge process. And the control population has a larger percentage of negative role players in the same process. As to the questions of suggesting media for family planning education—acceptance programme, the experimental female population emphasized the importance of personal contact and group meetings. The control population emphasized personal contact and mass media. Since the population was never invited to participate in a group discussion it could not appreciate its role as change agent. It appears from the responses of the

experimental population that attendance at group meetings is quite acceptable to the partners of the sample. In the case of about 40% of the control population, no such approval could be obtained. About acquiring knowledge, the decision-making was done by the husband in the majority of cases in the case of control(male) and experimental (male) population. But in case of female population it appears that the decision-making was done by the wife and husband together. The influence of other people here is practically negligible. It appears that both the groups were motivated either to plan their family or prevent conception. However, the experimental group was more inclined to prevent conception and it did not express any indifference like the control group (10.25%).

TABLE 21

DISTRIBUTION OF SAMPLE COUPLES BY NATURE OF RESPONSE TO PROGRAMME PARTICIPATION FOR CONTROL AND ACTION CENTRES

Question on Programme Participation	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
1 will you encourage others to acquire knowledge on F.P.:						
(a) yes	112	81.2	79	89.8	124	90.5
(b) no	26	18.8	3	3.4	11	8.0
(c) unspecified	—	—	6	6.8	2	1.5
(d) total no. of couples	138	100.0	88	100.0	137	100.0

TABLE 21 (Contd.)

DISTRIBUTION OF SAMPLE COUPLES BY NATURE OF RESPONSE TO PROGRAMME PARTICIPATION FOR CONTROL AND ACTION CENTRES.

Question on Programme Participation	Control Centre		Action Centre			
	n	%	Male Informants		Female Informants	
			n	%	n	%
2 in what ways people could be encouraged to accept F.P.:						
(a) group meetings	33	23.9	30	34.1	81	59.1
(b) personal contact	50	40.6	28	31.8	102	74.4
(c) radio	2	1.4	—	—	3	2.2
(d) booklet and pamphlets	49	35.5	—	—	9	6.6
(e) exhibition and cinemas, etc.	53	38.4	16	18.2	21	15.3
(f) unspecified	14	10.1	19	21.6	12	8.8
(g) total no. of couples	138	100%	88	100%	137	100%
3 does your spouse approve of your attending group meetings, etc.:						
(a) yes	68	49.3	79	89.8	116	84.7
(b) no	55	39.9	2	2.3	17	12.4
(c) unspecified	15	10.8	7	7.9	4	2.9
(d) total no. of couples	138	100.0	88	100.0	137	100.0
4 who first decided that acquiring knowledge would be a good step for you:						
(a) respondent	78	56.5	44	50.0	31	22.6
(b) respondent and spouse	30	21.7	39	44.3	84	61.4
(c) spouse	11	8.0	—	—	20	14.6
(d) some one else	5	3.6	—	—	1	0.7
(e) unspecified	14	10.2	5	5.7	1	0.7
(f) total no. of couples	138	100.0	88	100.0	137	100.0
5 how will this knowledge help you:						
(a) planned parenthood	74	53.6	5	5.7	20	14.6
(b) prevent conception	36	26.1	67	76.1	86	62.8
(c) refused	6	4.3	—	—	2	1.5
(d) indifferent	14	10.2	—	—	—	—
(e) unspecified	8	5.8	16	18.2	31	22.6
(f) total no. of couples	138	100.0	88	100.0	137	100%

The use of the mass media: The respondents were asked about the use of newspapers, radio, and cinema. This was intended to find out as to how far such media act as sources of information about family planning. It appears that the control group has a higher percentage of both subscribers and readers.

The female sample has a higher percentage of radio-owner under the category of every-day-listener group. Most of the population in the three groups will come under once a month—less than once a month group—as far as cinema going is concerned.

TABLE 22

DISTRIBUTION OF SAMPLE COUPLES BY PARTICULARS OF USE OF THE MASS COMMUNICATIONS MEDIA FOR CONTROL AND ACTION CENTRES

Particulars of Communications	Control Centre		Action Centres			
	n	%	Male Informants		Female Informants	
			n	%	n	%
1 newspaper						
a.1 subscribers	76	55.1	37	42.0	75	54.7
a.2 non-subscribers	62	44.9	51	58.0	62	45.3
a.3 total no. of couples	138	100.0	88	100.0	137	100.0
b.1 readers/listeners	88	63.8	51	58.0	77	56.2
b.2 non-readers/non-listeners	50	36.2	27	30.7	45	32.8
b.3 unspecified	—	—	10	11.3	15	11.0
b.4 total no. of couples	138	100.0	88	100.0	137	100.0
2 radio						
1 having a set	80	58.0	46	52.3	100	73.0
2 not having a set	58	42.0	42	47.7	37	27.0
3 total no. of couples	138	100.0	88	100.0	137	100.0
b frequency of listening:						
1 every day	81	58.7	34	38.7	85	62.0
2 more than once a week	30	21.7	10	11.3	20	14.6
3 once a week	4	2.9	27	30.7	7	5.1
4 less than once a month	4	2.9	5	5.7	6	4.4
5 unspecified	19	13.8	12	13.6	19	13.9
6 total no. of couples	138	100.0	88	100.0	137	100.0
3 cinema						
frequency of going						
(1) more than once a week	8	5.8	—	—	2	1.5
(2) once a week	21	15.2	1	1.1	4	2.9
(3) once a month	55	39.9	29	33.0	29	21.2
(4) less than once a month	31	22.4	44	50.0	92	67.1
(5) do not go at all	20	14.5	—	—	—	—
(6) unspecified	3	2.2	14	15.9	10	7.3
(7) total no. of couples	138	100.0	88	100.0	137	100.0

Current problems and suggested solutions: The data in Table 23 were intended to explore if the respondents realized the enormous problems that people like them faced these days for supporting large families. Moreover, they should be familiar with the population explosion idea which is engaging the attention of the national and international leaders. It appears that about five problems including population problem were mentioned by the respondents. Curiously enough, under the control group although only one listed population problem as one of the current problems, persons who have mentioned other problems have also cited family planning as the solution. The male group (experimental) seems to be indifferent to these problems. In the female group about 23.4% are aware of the population problem.

It appears from this Table that the people in general are not yet aware of the population problem; only a few expressed it verbally. Some kind of guilt feeling may be associated with this non-verbal expression. Moreover, when family planning will be institutionalised^a and accepted as a social *more* the verbal expression and conscious action will be easier for these people. At present they are content to suggest family planning as the possible solution to many socio-economic problems, for others, probably without adopting it themselves. At least, theoretically speaking, family planning has been accepted as a solution to many problems. This shows that by action programme and by other drives a stage has been reached at least in urban areas where family planning is at least mentioned as a control measure.

TABLE 23

DISTRIBUTION OF SAMPLE COUPLES BY PROBLEMS CONFRONTED AND BROAD CATEGORIES OF SOLUTIONS SUGGESTED FOR CONTROL AND ACTION CENTRES

Problems confronted	Suggested Solutions						All	
	Adopting F. P. methods		Other than F. P. methods		No Suggestion			
	n	%	n	%	n	%	n	%
1. control centre								
1 food	47	34.1	41	29.7	—	—	88	63.8
2 economic	49	35.5	17	12.3	—	—	66	47.8
3 population	1	0.7	—	—	—	—	1	0.7
4 space	7	5.1	8	5.7	—	—	15	10.8
5 education	15	10.9	12	8.7	—	—	27	19.6
6 not stated	—	—	—	—	5	3.6	5	3.6
7 total no. of couples							138	100.0
2. action centre : male informants								
1 food	—	—	5	5.7	5	5.7	10	11.4
2 economic	—	—	4	4.5	—	—	4	4.5
3 population	2	2.3	—	—	—	—	2	2.3
4 space	—	—	—	—	—	—	—	—
5 education	—	—	1	1.1	—	—	1	1.1
6 not stated	—	—	—	—	71	80.7	71	80.7
7 total no. of couples							88	100.0

^a Discussed in "Some thoughts relating to the Family Planning Movement and its Problems" by the writer *Medical Digest*, Bombay. Nov. 1965.

TABLE 23 (Contd.)

DISTRIBUTION OF SAMPLE COUPLES BY PROBLEMS CONFRONTED AND BROAD CATEGORIES OF SOLUTIONS SUGGESTED FOR CONTROL AND ACTION CENTRES

Problems confronted	Suggested Solutions						All	
	Adopting F. P. methods		Other than F. P. methods		No Suggestion			
	n	%	n	%	n	%	n	%
3. action centre : female informants								
1 food	71	51.8	21	15.3	5	3.6	97	70.7
2 economic	46	33.6	9	6.5	2	1.4	57	41.5
3 population	32	23.4	—	—	1	0.7	33	24.1
4 space	16	11.7	2	1.5	1	0.7	19	13.9
5 education	10	7.3	1	0.7	—	—	11	8.0
6. not stated	—	—	—	—	5	3.6	5	3.6
7 total no. of couples							137	100.0

Attendance at Group meetings: It has been pointed out under *Group Discussion*, that the respondents did not attend the meetings in large numbers. Table 24 shows that in a period of one year about 271 meetings were held where 5992 persons were invited. But only 1707 persons attended the meetings. So it appears that the average number of

invitees and participants in a meeting was 22.1 and 6.3 respectively whereas about 28.48% of the invitees attended group meetings. This figure is rather low. Although the Table does not give male—female attendances separately, male attendance was rather poor and this was mainly responsible for the low average attendance.

TABLE 24

ATTENDANCE AT GROUP MEETINGS

month of attendance		number of meetings	number of invitees	number attended
(1)	(2)	(3)	(4)	
August 1964	4	130	29	
September 1964	11	219	111	
October 1964	4	124	36	
November 1964	7	205	56	
December 1964	41	987	276	
January 1965	24	682	167	
February 1965	31	645	181	
March 1965	37	747	195	
April 1965	33	624	181	
May 1965	26	508	146	
June 1965	33	686	181	
July 1965	20	435	148	
Total	271	5992	1707	

Social-Cultural learning: In order to understand learning in family planning which was attempted through the group discussion technique, we have to consider some of its other aspects as well, such as habit, memory, forgetting and remembering in the cultural setting. It may be useful to restate some of the basic principles which govern learning in order to appreciate the performance of the learners.

Human behaviour is a function of the personality in relation to its physical and social-cultural environment. The study of the personality has to take into account learning as well as motivation. "Learning may be defined as a change in response system brought about by deliberate or unconscious linkage or association of new stimuli and old or new responses."⁹ The test of learning is that a given response having once taken place, it will be more likely to occur again than some other responses. The most important principle of learning as enunciated by Thorndike¹⁰ is the Law of Effect. It means that when a satisfying connection has been established between a given stimulus and a given response then the bond is strengthened and when a connection is attempted under adverse conditions, then the tie is weakened. By repetition, practice and elements of motivation and reward, the basic principle of effect is advanced. Both internal and external factors, such as physical condition, age, maturation and motivation affect the process of learning. The trial-and-error method is the most common form of learning. Sympathy plays a tremendous role in enhancing the learning of new behaviour. Learning is a kind of habit formation adjusted by the stimulus-response bond.

Habit and memory to be effective are associated with reproduction of effects. Recency and intensity of the experience and its rewarding nature help to retain the experience. Moreover, what an individual will observe or otherwise perceive and what he will recall are connected with his own particular society and culture. "In perceiving, in imagining, in remembering proper and in constructive work, the passing fashion of the group, the social catch-word, the prevailing approved general interest, the persistent social custom and institution set the stage and direct the action."¹¹ As a matter of fact, individuals give meaning to their experience in terms of their frame of reference, value-system and interests.

These psychological principles will help us to detect the drawbacks and the strength of the learning system adopted in the programme. We have already stated that the attenders were present at one of the meetings only, so repetition and practice were limited to assist in the habit formation process. Since sympathy from the teacher plays a tremendous role in enhancing the learning of new behaviour, some of the loopholes may also lie here. About 50% of the learners belonged to the 20-30 age group. Moreover, without motivation and the feeling of reward not much learning takes place. These are the two important aspects of the family planning programme. The programme is striving to assert that if the target population is motivated to acquire knowledge and to adopt family planning after trial, then the results would be rewarding. Until this stage is reached the question that would be asked is "Knowledge for what?"—Social, psychological, situational and cultural barriers

⁹ Young, Kimball, *Personality and Problems of Adjustment*, New York, 1952, p. 70.

¹⁰ Thorndike, Edward, *Educational Psychology*, Vol. II, New York, Bureau of Publications, Teachers College Columbia Univ., 1913.

¹¹ Bartlett, F. C., *Remembering a Study in Experimental and Social Psychology*, London, Cambridge Univ. Press, 1932, pp. 239-240.

still exist and this also makes social-cultural learning difficult. For a break through interest in general learning should also be advocated, because novel experiences in family planning may tend to establish some kind of linkage with the previously acquired general learning.

SUMMARY

It appears from this study, that the organised group meetings can be a very effective method in improving people's knowledge about birth control methods, and making them aware of the need for family planning. Information obtained by the attenders in a group situation about birth control receives prompt and careful attention and causes an individual to feel a sense of obligation and commitment to the group consensus. This process assists in the trial and final adoption stages.

The meeting attenders usually discuss freely both the positive and negative aspects of family planning and this exchange of ideas clarifies many of the problems and makes individual decision making, perception and solution of the problem by the individual easier.

Attendance at meetings does signify some kind of favourable attitude towards family planning. Moreover, informal get-togethers help to develop an intimate relationship between the target group and the project staff. It awakens an interest in the community and invitation and attendance at meetings are likely to start comments about the project, its staff and the subject of family planning. Group meetings bring together people of different background in age, education, occupation, income and caste.

Group meeting is a face-to-face communication channel and permits "feed back" unlike newspapers and broadcasting which because of the anonymity of the "audience"

cannot be used as a means of securing specific commitments. Face-to-face speech has a wide range of feed-back possibilities including the semantic content of the utterances of the voice, tone, cadence, and a variety of cues including facial expression, gestures, posture, touch, etc. This type of communication is very "concrete" or "diffuse" and has definite advantages over the printed word.¹² The most important drawback of group meetings is the indifference of the non-attenders as shown in Table 24.

In summarising the results of the study we observe that group discussion, reading of distributed materials, listening to the leader of the group and picture-posters demonstration at the meeting, contributed towards promotion of learning. From the Tables it is also apparent that as a result of learning the behaviour of the target population was changed to some extent. The pertinent results are presented below:

(1) From Tables 8 and 9 it appears that the average number of children of the control, experimental-male and experimental-female is 3.1, 2.0 and 2.9 respectively.

(2) The percentages of ever practised couples in the control, experimental-male and experimental-female groups are 50.7%, 77.3% and 59.9% respectively as it appears from Table 17.

(3) It appears from Tables 10-16 that the experimental population displayed a better knowledge of the (1) birth control techniques, (2) male and female methods, (3) efficacy-application-techniques of the appliance methods, (4) some terms related to pregnancy and methods, and (5) the way in which pregnancy takes place.

(4) The percentages of couples in the control, experimental-male and experimental female groups whose responses were correct regarding the responsibility for childlessness

¹² Parsons Talcott, *Structure and Process in Modern Societies*, Glencoe, Illinois. 1960. pp. 269-70.

are 62.3%, 83.0% and 85.4% respectively.

(5) In the question on programme participation (1) 18.8%, 3.4% and 8.0% among the control, male-experimental and female-experimental respectively resisted the idea of encouraging others to acquire knowledge; (2) 40.6%, 31.8% and 74.4% respectively among the same groups thought that people could be motivated to accept family planning through personal contact; (3) 49.8%, 89.8% and 84.7% couples among the control, male-experimental and female-experimental groups respectively informed that their spouses approved of their attending group meetings. Here, of course, it should be noted that the control group was never invited to any of the group meetings;

(4) it appears also that in both the experimental groups there is better communication between the spouses as indicated by their concurring on knowledge gathering. The percentage is 21.7%, 44.3% and 61.4% respectively among the three groups; (5) in another question, 26.1%, 76.1% and 62.8% in the control, male-experimental and female-experimental groups respectively thought that they could use family planning knowledge for preventing conception; (6) it appears from Table 23 that only a few listed population explosion as one of the current problems and only 0.7%, 2.3% and 23.4% among the control, male-experimental and female-experimental groups respectively suggested birth control as the possible solution.