



सत्यमेव जयते

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH

PROCEEDINGS  
OF THE  
FAMILY PLANNING  
COMMUNICATION  
MOTIVATION ACTION  
RESEARCH COMMITTEE

*(Second Meeting)*

DIRECTORATE GENERAL OF HEALTH SERVICES  
NEW DELHI



**SECOND MEETING OF FAMILY PLANNING COMMUNICATION  
RESEARCH ADVISORY COMMITTEE ON 27TH JANUARY, 1962**

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**PART I**

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**List of Members and Invitees present at the Second Meeting of Family  
Planning Communication Research Advisory Committee on  
27th January 1962**

*Present*

1. Shri D. P. Karmarkar, Minister for Health, Government of India . . . . *Chairman*
2. Prof. P. C. Mahalanobis, 8, King George Avenue, New Delhi . . . . *Member*
3. Shri B. R. Tandon, Secretary, Ministry of Health, New Delhi . . . . *Member*
4. Col. V. Srinivasan, Director General of Health Services, New Delhi . . . *Member*
5. Shri O. V. Ramadorai, Deputy Financial Adviser, Ministry of Health, New Delhi *Member*
6. Dr. V. Ramakrishna, Director, Central Health Education Bureau, Kotla Road, New Delhi . . . . *Member*
7. Dr. M. W. Freymann, Health Consultant, Ford Foundation, 32, Ferozeshah Road, New Delhi . . . . *Member*
8. Lieut.-Colonel B. L. Raina, Director,, Family Planning, Directorate General of Health Services, New Delhi . . . *Member-Secretary*

*Invitee*

1. Dr. Dorothy B. Nyswander, Ford Foundation, 32, Ferozeshah Road, New Delhi

**Speech of Shri D. P. Karmarkar, Health Minister,  
Government of India, at the Second Meeting of  
Family Planning Communication Research Advisory  
Committee on 27th January, 1962.**

1. I am glad to welcome you to the Second Meeting of the Communication, Research Committee.

2. Since we met last, an additional offer of \$ 603,000 has been received from the Ford Foundation. We are grateful to the Foundation for their generous offer. I may take this opportunity of expressing my tribute to Dr. Douglas Enslinger for his personal efforts. I may also express my appreciation of the hard and commendable work put in by his Health Consultant Dr. Moye Freymann. The Expert Committee on Communication Research has already met four times and has made valuable suggestions. I am sure you will like me to thank Professor Mahalanobis for his able guidance and sparing so much of his time.

3. The Expert Committee has recommended a budget provision of Rs. 64.51 lakhs for the Third Five Year Plan period. Ministry of Finance has suggested that the expenditure should not exceed the amount indicated in the Plan i.e. Rs. 50 lakhs. We may accept the advice of the Ministry of Finance. I may, however, add that the limitation of funds will not be a factor to hamper the extension of the family planning programme.

4. The question of personnel is indeed difficult. Often it is difficult to get suitable candidates. One, however, also comes across suitable candidates without employment. Persons trained in one field drift to others for want of suitable jobs. Lack of prompt assignments after training and security of employment leads to frustration. The proposal of creating a pool of technical personnel, therefore, requires serious consideration, not only in the field of communication research but also in medical and biological, demographic and other programmes. Such a pool may enable us to send personnel on deputation to State Governments who may require them. At the Central Family Planning Board meeting held recently it was suggested to form an *ad hoc* Committee on Manpower requirements for the family planning programme. This Committee should also consider the question of forming a pool of technical personnel for the family planning programme.

5. I am glad to note that appreciable progress has been made in the fellowship programme and a number of proposals has been sanctioned.

6. We should aim that at least one person in each State and more than one in each Family Planning Training Centre with training in communication and motivation is made available as soon as possible. Gradually such training should be available in India. Even now promising young men should be provided facilities of research fellowships in the country.

7. I do hope that vigorous steps will be taken to establish the Central Communication Action Research Centre. This Centre will really be an extension of the Central Family Planning Organisation, co-ordinating the work of field projects, collating knowledge gained, distilling field experience, training key personnel, translating into action the results of research. It is, therefore, imperative that this Centre should be established as soon as possible.

8. No doubt a certain amount of knowledge we already have. A great deal of experience has been gained during the last few years. Based on the available knowledge and experience the programme should be extended. The programme can be modified as we go along and results of research become available. As the Expert Committee has indicated, the main object of communication research would be to ascertain whether any promotional efforts can be devised which can be used on a country-wide scale backed by the resources of the nation, to bring about a sufficiently rapid decline in the birth rate in the course of the next 10 or 15 or 20 years.

9. I have no doubt that the problem of communication to create awareness, to change attitudes, to translate favourable attitudes into a way of life, is complex. A programme of research to explore the efficiency of different channels of communication in transmitting family planning information and to uncover motivational pattern underlying both acceptance and rejection should be given high priority. Such a research programme will be valuable not only to the family planning programme but also to a wide variety of fields with far-reaching significance.

10. The situation in India varies from State to State and different parts of a State. Observations gained on a study in one place may not be applicable to another. The various facets of family planning education like knowledge, presence and awareness of needs, absence and presence of objection to family planning generally or to specific methods, availability of means and the art of asking "WHY", have developed into a specialised science. You have, therefore, not a very easy task ahead. It is, however, heartening that the idea of family planning has gripped the imagination of the people. Generally the programme has been accepted and is reaching the rural areas. The needs at present are effective organisation and sustained, vigorous and organised efforts at all levels.

11. The three-pointed guide lines of the programme presented by the Expert Committee are realistic-diagnostic studies of short duration, action programme making use of clues derived from diagnostic studies, and statistical assessment of the programme result. The investigators should keep them in view while preparing their schemes and implementing them. We have made a good start. I have confidence that the pace will be accelerated.



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**PART II**

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**Agenda of the Meeting of the Family Planning Communication Research Committee to be held on 27th January 1962 at 10 a.m. in Room No. 72, Ground Floor, Central Secretariat, North Block, New Delhi.**

Sl. No.	Item	PAGE
1.	Confirmation of the Minutes of the Meeting held on the 10th August, 1960	8-13
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AGENDA ITEM NO. 1.—*Confirmation of the Minutes of the First Meeting of the Family Planning Communication Research Committee held on the Tenth August, 1960 at 3 p.m. in the Ministry of Health, New Delhi.*

*Present :*

Shri D. P. KARMARKAR, Minister for Health, Government of India . . . . .	<i>Chairman</i>
SMT. RENU CHAKRAVARTI, M.P. . . . .	<i>Member</i>
Professor M. N. SRINIVAS, Department of Sociology, Delhi University . . . . .	<i>Member</i>
DR. DOUGLAS ENSMINGER, Representative in India of Ford Foundation . . . . .	<i>Member</i>
Shri B. R. TANDON, I.C.S., Secretary, Ministry of Health . . . . .	<i>Member</i>
Lieut.-Colonel V. SRINIVASAN, Director General of Health Services . . . . .	<i>Member</i>
Shri O. V. RAMADORAI, Deputy Financial Adviser . . . . .	<i>Member</i>
DR. V. RAMAKRISHNA, Assistant Director General of Health Services (Health Education) . . . . .	<i>Member</i>
Lieut.-Colonel B. L. RAINA, Director, Family Planning . . . . .	<i>Member- Secretary</i>

2. Professor P. C. Mahalanobis and Professor D. R. Gadgil were unable to attend the meeting. Dr. M. W. Freymann attended the meeting by special invitation.

3. The Chairman, welcoming the members, recalled the observation of the Planning Commission made in the Draft Third Five Year Plan that "the objective of stabilising the population is certainly to be regarded as an essential element in the strategy of development." He said that the Committee was of great importance and had equally great responsibilities. He suggested recommending lump sum provision for recurring and non-recurring expenditure for each proposal and leave further changes and details, if any, at any stage, to the Director General of Health Services. He expressed the hope that it would be possible to fill posts requiring selection by the U.P.S.C. temporarily pending the recommendations of the U.P.S.C. He referred to the Ford

Foundation offer of \$ 330,000 and the suggestion to withhold \$ 240,500 for fellowships for study abroad for Indian personnel and for employment of professional personnel to advise on the programme and suggested to divert \$ 100,000 originally proposed to be withheld to non-recurring expenditure. He felt that the provision should be made for books, lending libraries and fellowships in India and grant for *ad hoc* studies. He further stated that the term normally used in respect of the programme was research-cum-action, which was obviously logical as action should flow the knowledge gained from research. But sometimes there was a tendency, he said, to wait indefinitely on results of research programme and the expert (rightly) hesitated to give categorical judgement and stipulated a number of assumptions and often recommended further research before he could give his advice. He was glad that the term used in this programme was action research. He further stated that research indeed was important and imperative, but urged that action should not be prevented because all the information we want, was not available. He referred to Ramanagaram and Delhi studies where 70.5% to 75.8% persons were reported to be in favour of family planning and in case of Bangalore study it appeared that 32.3% males and 27.7% females knew one or more methods of family planning. What seemed to be lacking was the adequate knowledge of physiology of human reproduction, family limitation and sufficiently strong motivation to continue a method prescribed. He recalled the suggestion of Professor Mahalanobis to distribute widely to the reading public a simple pamphlet. He suggested that the pamphlets already issued should be evaluated and a copy of such a pamphlet might be placed in the hands of every mother who had recently had a baby, if she could read or a person who could communicate to her the requisite information. He also suggested a simple book for newly married couples. Recalling the recently liberalised distribution of contraceptives by medical auxiliaries and non-medical personnel he suggested that investigations might be made to develop free flow of supplies. He further suggested that investigations might be made on what groups, rural and urban, planned their families, and which did not, and for what reason? Through what channels of communication did people come to acquire knowledge about family planning? What were the motives of the couples to restrict the size of the family? How did environment, social climate, hopes in future betterment, faith in measures for improvement of levels of living affected and behaviour of individuals, *e.g.*, if a farmer had full faith in the general development programme of the community his faith in family planning programme would be strengthened. How much did they know of the elementary physiology of human reproduction, contraception, what were the reasons for a choice of a particular contraceptive? Why did they give up after accepting contraceptive practice? What were their attitudes towards the family planning services provided? What were their sex problems? Comparative results of questionnaire and

Foundation offer of \$ 330,000 and the suggestion to withhold \$ 240,500 for fellowships for study abroad for Indian personnel and for employment of professional personnel to advise on the programme and suggested to divert \$ 100,000 originally proposed to be withheld to non-recurring expenditure. He felt that the provision should be made for books, lending libraries and fellowships in India and grant for *ad hoc* studies. He further stated that the term normally used in respect of the programme was research-cum-action, which was obviously logical as action should flow the knowledge gained from research. But sometimes there was a tendency, he said, to wait indefinitely on results of research programme and the expert (rightly) hesitated to give categorical judgement and stipulated a number of assumptions and often recommended further research before he could give his advice. He was glad that the term used in this programme was action research. He further stated that research indeed was important and imperative, but urged that action should not be prevented because all the information we want, was not available. He referred to Ramanagaram and Delhi studies where 70.5% to 75.8% persons were reported to be in favour of family planning and in case of Bangalore study it appeared that 32.3% males and 27.7% females knew one or more methods of family planning. What seemed to be lacking was the adequate knowledge of physiology of human reproduction, family limitation and sufficiently strong motivation to continue a method prescribed. He recalled the suggestion of Professor Mahalanobis to distribute widely to the reading public a simple pamphlet. He suggested that the pamphlets already issued should be evaluated and a copy of such a pamphlet might be placed in the hands of every mother who had recently had a baby, if she could read or a person who could communicate to her the requisite information. He also suggested a simple book for newly married couples. Recalling the recently liberalised distribution of contraceptives by medical auxiliaries and non-medical personnel he suggested that investigations might be made to develop free flow of supplies. He further suggested that investigations might be made on what groups, rural and urban, planned their families, and which did not, and for what reason? Through what channels of communication did people come to acquire knowledge about family planning? What were the motives of the couples to restrict the size of the family? How did environment, social climate, hopes in future betterment, faith in measures for improvement of levels of living affected and behaviour of individuals, e.g., if a farmer had full faith in the general development programme of the community his faith in family planning programme would be strengthened. How much did they know of the elementary physiology of human reproduction, contraception, what were the reasons for a choice of a particular contraceptive? Why did they give up after accepting contraceptive practice? What were their attitudes towards the family planning services provided? What were their sex problems? Comparative results of questionnaire and

anthropological approach could be investigated. Thus a variety of experimental studies, he said, could be undertaken including administrative and operational research, which would be useful not only to family planning but a wide variety of programmes and would have far-reaching significance. He further stated that family planning education programme so far had been discreet and cautious with emphasis on personal and group approach along with utilization of all available media. He suggested that normal sales-promotion techniques could also be tried. He considered that Family Planning Communication, Motivation Action Research Programme envisaged possibly was the first action research programme of this nature in the world and the task was difficult, in some directions the results might take time. He, however, expressed the hope that persistent efforts and realistic approach would enable us to unravel many complex problems related to family planning. Concluding his introductory remarks, the Chairman stated that the idea was very simple when we wanted to promote family planning programme we should find out best methods to promote it, we must understand the minds of the people. The programme had been accepted by the people at all level, as indicated by increasing number of sterilizations (now over 30,000 and a number of vasectomy camps, which was a small number, should be more than double) but indicated the trend.

4. Shrimati Renu Chakravarti observed that sterilization facilities should be free. Colonel Raina informed the Committee that Ministry of Health had already suggested to State Governments to make available sterilization facilities to all persons free of charge irrespective of income and had also offered financial assistance to State Governments to strengthen the staff of hospitals up to district level for conducting sterilization operations. Colonel Srinivasan observed that female sterilization cases were attended to in maternity hospitals and males at civil hospitals.

5. The Chairman read the letter received from Professor Mahalanobis, expressing his regret for not being able to attend the meeting and making the following two suggestions :—

- (i) From the scientific point of view, it is essential to provide statistically appropriate "control" areas in which no family planning efforts would be made for purposes of comparison and valid inference. This is a somewhat technical subject. If the Committee so desires, I should be glad to help in this matter in any way that may be possible for me. I expect to be back in New Delhi in 8 or 10 days and can have further discussion in this connection.
- (ii) If the Committee so desires, it may be possible for the Indian Statistical Institute to take up a project in a suitable area with a view to critical study of controlled

experimentation in this field. The Indian Statistical Institute already has qualified statisticians, demographers, sociologists and psychologists (and also biologists and medical men) on its staff ; it should be therefore possible for the Institute to provide the professional staff and thus undertake the work at marginal cost.

6. Colonel Raina read the extracts from a letter of Dr. Douglas Ensminger, Representative in India of Ford Foundation and stated that Dr. Ensminger had informed him that \$ 240,500 out of \$ 330,000 would continue to be withheld and that supplementary grant could be considered in October, 1960. During the discussion that followed Dr. Ensminger confirmed that the Ford Foundation would be prepared to give a supplementary grant for long term studies on the pattern of the Bombay proposal.

Shri Ramadorai stated that the grant was given to Government of India and for Government expenditure from the consolidated funds of India and the requisite scrutiny had to be exercised.

7. Shrimati Renu Chakaravarti enquired how far the work done had been evaluated and how far the information had been disseminated through midwives, health centres and C.D. Blocks ? She felt old women, midwives and nurses should be utilised and post-natal period would be the best time to give advice and towns should also be covered. Colonel Raina replied that (i) studies had been done in a few areas like Mysore, Singur, Delhi; (ii) an orientation camp for midwives was recently held in Najafgarh; (iii) it appeared that midwives were apprehensive of losing their main source of income (delivering babies) and some financial incentive to them would be necessary; (iv) it was too early to measure impact of the programme; (v) an evaluation organisation was being developed. The communication research was aimed precisely at evaluation of the existing educational efforts and development of proved methods; (vi) Family Planning Training was being given during normal courses of instruction to health visitors and auxiliary nurse-midwives ; (vii) instructions had been issued to ensure free flow of supplies. Sheaths now could be given by non-medical personnel, the foam tablets by medical auxiliaries and the persons need not come for replenishment of supplies to the Centre. The Chairman remarked that the programme had not yet been adequately evaluated and there should be concurrent evaluation. Referring to family planning programme in urban areas Dr. Ramakrishna drew the attention to the suggested programme for Health Education Bureaux in Corporations and for full time health educators and social workers for urban areas.

8. Briefly describing family planning education programme and the proposal for the Central Family Planning Communication Motivation Research Centre, Colonel Raina stated that

(a) family planning being a part of education for fuller and better life must be interwoven with all developmental efforts (i) at the periphery the family planning education work was to be done by C. D. Block Staff, Primary Health Centre, M. C. H. Staff, school teachers, workers in fields of agriculture, panchayats, etc., (ii) at the District level by orientation teams would conduct organised programme in C. D. Blocks—also (14 such pilot teams had been sanctioned), (iii) at District/Divisional level by mobile units (6 pilot units had been sanctioned), (iv) at Divisional level there would be honorary family planning education leaders, who would organise voluntary groups (some had been appointed and had done good work), (v) at State level there would be State Health Education Bureaux, and (vi) at National level Central Communication Action Research Centre (C.C.R.C.); (b) the C.C.-R.C. would conduct research, training and demonstrations, provide consultative service and technical guidance, pre-testing and evaluation, co-ordination of action research programme and information and publication to serve as a clearing house of information and its dissemination. Research programme would include short term (including amongst others those mentioned by the Chairman in his introductory remarks) and long term studies. The different steps in production of material, he stated, would be : the research section would plan, develop, analyse material produced by field investigators and suggested steps to be taken (*e.g.* they may suggest that the theme of bringing up children well with love develop the appealed to people most, the media section would and affection material after testing in the field, after development it would be passed to State Bureaux for adaptation to local background and culture. Ministry of I. & B. would assist in mass dissemination and production of material in large quantities).

Prof. Srinivas suggested that field research activities should be carried out in depth. Colonel Raina stated that provision had been made for that purpose.

9. Shri Karmarkar left the meeting to fulfil an urgent engagement at this stage and Shri Tandon took the Chair.

10. Smt. Renu Chakravarti suggested that a directory of rural and urban clinics should be made available so that people could readily know where to go for advice on family planning.

11. Dr. Ensminger drew the attention to the pay scale of social scientists and felt that it should be Rs. 800-1,250. Professor Srinivas considered this scale appropriate.

12. The Committee—

- (i) approved the draft summary statement of planned tentative plan for pilot project centres ;



- (ii) noted that the Ford Foundation would withhold \$ 240,500 and would make available Rs. 425,125 for the present and would be prepared to give a supplementary grant immediately (October, 1960);
- (iii) approved the proposals made in agenda items 3 to 8;
- (iv) agreed with the suggestion made by Professor Mahalanobis and by Smt. Renu Chakravarti that in addition to a centre at Lucknow, Delhi, Trivandrum, Gandhigram and Hubli, a centre may be opened in the eastern region ;
- (v) approved that the Central Family Planning Communication Motivation Action Research Centre in New Delhi and Bombay Centre should be started immediately; and
- (vi) recommended that the details might be examined by an expert committee consisting of the following :

Professor P. C. Mahalanobis . . . .	<i>Chairman.</i>
Professor M. N. Srinivas . . . .	<i>Member.</i>
Dr. V. Ramakrishna . . . .	<i>Member.</i>
A representative of Ford Foundation . . . .	<i>Member.</i>
Deputy Financial Adviser . . . .	<i>Member.</i>
Director, Family Planning . . . .	<i>Convener.</i>

Dr. C. Chandrasekaran might be invited to attend the meeting of the expert committee, if and when required.

AGENDA ITEM NO. 2.—*Action taken on the recommendation made at the last meeting*

The Government of India approved the recommendations in principle and the proposals were referred to the Expert Committee consisting of the following for detailed examination.

1. Professor P. C. Mahalanobis . . . . . *Chairman*
2. Professor M. N. Srinivas . . . . . *Member*
3. Dr. V. Ramakrishna . . . . . *Member*
4. A representative of Ford Foundation . . . . . *Member*
5. Deputy Financial Adviser, Ministry of Health . . . . . *Member*
6. Director, Family Planning . . . . . *Convener*

AGENDA ITEM NO. 3.—*Progress on implementation of proposals on communication research and training*

**1. Central Family Planning Communication Research Centre in New Delhi**

The sanction of Government of India for establishment of the Centre was issued on 28th November, 1961 (Copies at Enclosures 'I' & 'II'). The necessary action to recruit the staff is being taken.

**2. Collation and analysis of social studies relating to family planning which have already been conducted**

Selected heads of Social Science Departments in Indian universities have been invited to collate and summarise the findings of available thesis and other research documents relevant to the field of family planning education. The letter shown in Appendix A was sent in May, 1961 to 10 such heads of departments. The names of the Professors concerned, their universities, and their responses to date are indicated below:—

Serial No.	Professor	University	Response
1	2	3	4
1.	Prof. P. C. Mahalanobis	Indian Statistical Institute.	
2.	Prof. M. N. Srinivasan	Department of Sociology Delhi University,	Accepted.
3.	Dr. Radha Kamal Mukerjee.	J. K. Institute of Sociology, Lucknow University.	Proposal for <i>ad hoc</i> grant submitted.
4.	Dr. D. G. Karve	Poona University.	Referred this matter to Gokhale Institute.
5.	Prof. Adinarayan	Sociology Department, University of Annamalai.	No thesis available.
6.	Dr. K. C. K. E. Raja	University of Kerala, Trivandrum.	Accepted.
7.	Dr. T. S. Wilkinson	Nagpur University.	Will send the summary of the thesis available.

1	2	3	4
8.	Prof. Gadgil	Gokhale Institute, Poona.	Accepted
9.	Dr. Kapadia	Sociology Department, Bombay University, Bombay.	
10.	Prof. Dube	Anthropology Department, Saugar University, Saugar.	

Additional heads of Social Science Department are being contacted.

### 3. Provision for distribution of books and lending libraries

A general bibliography has been prepared, and sets of books for use in the family planning communication research centres are being ordered by the Ford Foundation. A preliminary order has been made of books for family planning training centres. Copies of a bibliography of books and scientific articles, relevant to family planning communications research, are now available to any interested person from the office of Director, Family Planning, Directorate General of Health Services, New Delhi (Appendix B). This is being enlarged as new publications are made available.

### 4. Development of field action research centres

4.1. *Demographic Research and Training Centre, Bombay*—After the family planning communications research project at this centre was approved at the first meeting of the Family Planning Communications Research Committee, the Expert Sub-Committee further reviewed and endorsed this proposal, on 10th September, 1960. The Government of India approved of the proposal in principle, in March, 1961. Now, detailed proposals have been re-submitted by the Demographic Research and Training Centre for this project.

The detailed plan of work at this centre is attached as Appendix C. It may be noted that the centre does not propose to set up by itself any large-scale action programme, but rather it plans to work with and through the existing local service agencies who are interested in family planning. The centre will assist such

agencies to identify and clarify barriers to programme progress. It will also help to study background factors influencing family planning, in order to obtain clues for improving programme methods. It will also provide some additional technical assistance, as needed, to the local service agencies with which it collaborates in development improved programme activities. The centre will then assist in evaluation of the effects of such improvements, and will disseminate the conclusions from such experiences for the use of other programme administrators.

4.2. *Indian Statistical Institute, Calcutta*—The proposal to initiate family planning communication research activities at the Indian Statistical Institute was also approved by the Expert Sub-Committee in September, 1960 and approved by the Government of India, in principle, in March, 1961. Detailed proposals are at Enclosure 'III'.

4.3. *Gandhigram, Madras*—A detailed proposal for communications research activities has been received from Gandhigram, as shown in Appendix D. Since the Gandhigram project is a relatively limited one, and there are already considerable resources available for carrying it out, this project may be considered under the programme and *ad hoc* grants which is now available for family planning research action projects.

4.4. *Planning, Research and Action Institute, Lucknow*.—A detailed proposal has been received from the Planning, Research and Action Institute, Lucknow, as shown in Appendix E. This also, is a very limited proposal, which extends for three years' time, and which makes use of facilities already available at the Planning, Research and Action Institute. This project has been considered under *ad hoc* grants for family planning action research programme. It may be noted that the Planning, Research and Action Institute has a long tradition of high quality action research work, in the health field as well as other fields of social development. It has recently completed comparative study of the effects of use of different types of family planning personnel, and of different schedules for making home visits. Since the Planning, Research and Action Institute is a unit of the Government of Uttar Pradesh, it maintains very close working relationships with governmental departments, which is highly advantageous for developing effective action-research activities.

4.5. *Hubli Medical College, Mysore State*—Detailed proposals are presumably still under preparation. A grant for a Demographic Research Centre, however, has been made in this area.

4.6. Grants to the Demographic Training and Research Centre, Bombay and Gandhigram, Madurai have been issued.

Offer of assistance for research programme at Planning, Research and Action Institute, Lucknow has been communicated to the State Government.

## 5. Fellowships for advanced training

5.1. Eight persons have been selected for one year's training abroad, starting September, 1961, in educational methods and communications research techniques applicable to the field of family planning. An additional five persons have been selected for fellowships to start in September, 1962. Their programme will involve observation and study in Singapore, Japan, U.S. Universities, Puerto Rico, U.K. and Sweden (Appendix F).

5.2. Of the persons selected, six are physicians, six have Master's Degrees in social work and have been employed in family planning educational work, and one is a social anthropologist. Less than half have done any systematic research and only 2, can be said to have a good grasp of social science research methods. This is partly due to the general lack of social science researchers, and also the difficulty of attracting these researchers to the field of family planning. Henceforth additional attention will be given to attracting the interest of social science researchers to this field.

5.3. Plans for future fellowship programme are as follows:

It is hoped that there may be firstly approximately 15 fellowships for study abroad in this field next year, and 10 annually for the succeeding three years. The main objectives may be to strengthen the Department of Sociology, Anthropology, Psychology and other social science research staff and to provide for research relating to family planning programme and also strengthening the teaching of health education methods and research techniques applicable to family planning programme for various types of Health Workers in service agencies. Secondly, there should be provision for short tours of study and observation of relevant family planning education and research activities, for approximately five persons each year. Thirdly, plans are now being made to try to build up facilities in India for advanced training in health education methods and communications research techniques. This is considered to be a high priority item, in order that the very great shortage of such trained personnel can be met. As soon as such training is available here, fellowships for Indian students to undertake this training will be provided. As

the present programme develops, there will be requests from other countries to send persons to India for study and observation. Since these visitors may help to bring in further ideas regarding techniques being developed in other countries, some assistance by way of fellowships for such visitors may also be considered.

6. Sanction has been issued for the following number of Fellowships in India:

Name of Institution	No. of Fellowships
1. Central Family Planning Communication Motivation Research Centre . . . . .	2
2. Demographic Training & Research Centre, Bombay . . . . .	2
3. Indian Statistical Institute, Calcutta . . . . .	1
4. All India Institute of Hygiene & Public Health, Calcutta . . . . .	1

Each person will get Rs. 250 per month for a period of two years.

**6.1.** *Ad hoc grants for family planning action research projects—* On receipt of approval in principle from the Government of India to proceed with the programme of *ad hoc* grants to support family planning action research projects, proposals were invited from all State Governments, Universities, Social Science Departments, Medical College Department of Preventive Medicine and other institutions and agencies who might be able to undertake such work. The invitation for proposals was sent in May, 1961 and the response up to date from various institutions is indicated in Appendix G. A summary of the proposals is presented in Appendix H and the originals in Appendix I.

**6.2.** There is a concentration of proposals from the Delhi area, since this area has been in most contact with the family planning education and research activities of the Ministry of Health. In the future, special efforts will be made to encourage proposals for *ad hoc* grants from institutions in other parts of India. It may be noted that the projects mentioned for the Delhi area will be technically guided and co-ordinated by the Central Family Planning Communications Research Centre, so it is thus quite appropriate that these field activities get underway as early as possible in this area.

## 7. Family Planning Communications Research Conference

7.1. A preliminary notification of this conference has been given to leading social science researchers interested in the family planning programme, and to selected educators connected with the family planning field. It is apparent that, if such a conference is to remain manageable and to delve deeply into technical details, the size will have to be kept fairly small. However, the interest in such conferences is high, because of the generally felt need for further guidance in the field of family planning education. The solution will be to plan for a regular series of such conferences.

7.2. Initially, it will be advisable to have a meeting which includes research persons (on an All-India basis, since the group of researchers is relatively small) and selected family planning educators. Subsequently, it is hoped that regional conference will be held, for all interested family planning educational personnel in the region, as well as the researchers in the region who are interested in assisting in this programme.

7.3. In response to the initial contracts about twenty working papers, on various aspects of family planning communications research, have been compiled in preparation for the conference. In addition, a number of other very helpful suggestions regarding discussion topics have been submitted.

7.4. The Central Health Education Bureau has been addressed to organize the conference.

## 8. Grants sanctioned

The following grants have been sanctioned :

Grantee	Duration	Amount	
		Rs.	Rs.
The Chairman, Pilot Health Project, Gandhigram, Madras . . . . .	2 years	2,50,000	62,500
The Dean, Faculty of Social Work, M. S. University, Baroda . . . . .	1 year	1,000	500
The Vice Chancellor, University of Kerala, Trivandrum . . . . .	1 year	1,00,000	50,000
The Principal, Lady Hardinge Medical College, New Delhi . . . . .	1 year	50,000	25,000
The Principal, Grant Medical College, Preventive & Social Medicine Department, Bombay . . . . .	1 year	4,000	2,000
The Joint Secretary, Indian Statistical Institute, Calcutta . . . . .	2 years	1,50,000	37,500
		5,55,000	1,77,500



AGENDA ITEM No. 4—*Consideration of recommendations of the Expert Committee.*

Copies of Minutes of the Expert Committee are at Enclosure. I & II

1. The rate of fertility in India would be either stagnant or would normally change very slowly; and the main object of the present scheme would be to ascertain whether any promotional efforts can be devised, which can be used on a country-wide scale and within the resources of the nations, to bring about a sufficiently rapid decline in the fertility rate in the course of the next 10 or 15 or 20 years. The Government of India have agreed with the observation.

1.2. The collection or analysis of demographic data on a comparatively small scale was not likely to be particularly useful because available evidence indicates that differences in the fertility rate, if any, are likely to be small in magnitude. Unless the size of the sample is sufficiently large and the design and the carrying out of the sample surveys are satisfactory, it is not likely that any useful results would emerge. There might be possibilities of extracting some useful information from the data already collected by the National Sample Survey and Dr. Freymann was requested to examine the position in consultation with the C.S.O. and the I.S.I. and report to the Committee. It was agreed that Dr. Freymann would also examine the question of future collection of data by the N.S.S. for the purposes of this Committee. Dr. Freymann's report is awaited.

1.3. The official sanction in the case of approved schemes should be given for the present for two years with a broad indication of the total amount of money which is likely to be available over five years provided the progress of work is considered satisfactory. The question of continuation or expansion of programmes should be decided on the basis of the evaluation of the past performance in every case. The Government of India have agreed with the suggestion.

**2. Further general guide lines for use in developing family planning communications research work:**

Family planning communications research activities could be usefully divided, in general, into three main types:

*Diagnostic Studies*—These would aim at discovering clues for improving upon the present family planning programme efforts. It is felt that much can be gained for this purpose by short-term studies on which the insights of the trained social scientist and of analytically-minded educators and administrators can be brought

to be focussed. Such diagnostic studies would have to be necessarily conducted on a small or microscalè which would not be normally amenable to quantitative statistical assessment.

A number of social and psychological factors may be important determinants of the ultimate acceptance of family planning. Factors operating at the level of the married couple can be broadly categorized as (1) *knowledge* that family planning is possible, as well as knowledge of certain techniques; (2) *feeling of need* for limiting the size of the family because of various value considerations; (3) *accessibility* of contraceptive methods, including factors of psychological acceptance as well as physical feasibility; (4) *Social Pressure* involving, basically, the knowledge that important other persons within the individuals particular group are in favour of the limiting of family size, and the use of contraceptive methods. It should be possible to devise methods of measuring specific factors within these categories. Such measures would be useful, in carrying out limited studies aimed at identifying barriers to acceptance of family planning and at providing clues for action programme improvements.

The diagnostic studies must be of a short term nature generally not exceeding one year and that its assessment would relate exclusively to the consideration whether any new idea had emerged for designing new methods or techniques and methods for the promotion of family planning. Such studies must be discontinued if now new ideas emerge in the course of a year or so. It may, of course happen that in the course of such diagnostic studies interesting or important problems may arise which are from the point of view of sociology, group psychology etc.; in such cases the Committee would exercise its good offices to have such researches continued by universities and other academic and scientific institutions.

*Action programme.*—Action programmes should be developed which make use of clues derived from the diagnostic studies and which also have the advantages of close, expert technical guidance, and of high flexibility of execution. Diagnostic studies should be continued as an intrinsic part of the action programme, in order continuously to improve it and achieve a maximum impact.

Each action programme would use a particular technique or method or a group of such techniques and methods in a "package" form. As the object of the present project is to reach tangible results, as quickly as possible. Time should not be wasted on trying to evaluate the relative merits of each individual method or technique; the institutions undertaking the action programme should have complete freedom to choose their single or package programme for action. This may be intimated to all those whom the communication to send proposals for action research scheme was sent and also to those whom grants have been recommended.

*Statistical Assessment of programme results.*—The three basic statistical indicators would be useful for assessment of the results achieved through any action programme, namely (a) the increase of knowledge or awareness of family planning through indirect contacts and communication, (b) the increase in the use of family planning practice including sterilization; and (c) the decline in the pregnancy rate or the birth rate. It is essential to use appropriate designs of statistical surveys with adequate size of samples and controls for the purpose in view. Such assessment surveys must start with base line data on the existing level of (a) awareness of family planning, (b) rate of level of utilisation of contraceptives methods, and (c) pregnancy or birth rates, in the areas in which the action programme is intended to be set up as well as in control areas adequate comparison for the purpose in view. Data on such items for previous periods where available would also supply valuable supplementary information. After the action-programme is brought into operation, it would be necessary to repeat the statistical assessment surveys, at suitable intervals of time, to measure what progress, if any, has been achieved. It was agreed that satisfactory estimates for an initial statistical assessment survey and for subsequent re-surveys would be an indispensable condition for the approval of this committee for action-programme, project and for the continuance of its support. It was further agreed that the Central Statistical Organisation (Department of Statistics) should be requested to help in organising and co-ordinating the proposed statistical surveys with the assistance of the National Sample Survey and the Indian Statistical Institute. The Central Statistical Organisation may be requested to give requisite help. Organisation given grants may be requested to seek assistance of Central Statistical Organisation.

### **3. Assuring Technical Guidance to the Family Planning Communication Research Activities**

The Committee discussed carefully the shortages of the technical personnel which are required for this programme. It noted that the F.P.C.R. programme is an integrated, national effort. It also noted the importance of basic comparability of at least the statistical measures of ultimate impact, among the various projects. On the basis of these considerations, two important recommendations are made.

**3.1. A pool of technical personnel**—The question of requirement of staff was considered in detail. It was appreciated that in order to secure able candidates, it is necessary and desirable to give security of tenure for five years. The Committee was of unanimous opinion that the best way of doing this would be to create a pool of professional workers of different levels; and for the present Committee to give each candidate approved by the Committee an assurance of a five tenure year on the usual con-

ditions of satisfactory performance of duties. Each approved institution would be free to make their own selection, but on supplying this Committee with detailed qualification of the candidate, the Committee would decide whether any particular candidate should be accepted in the pool. The concept of a pool would necessarily imply the possibility, on the advice of this Committee, of transferring any individual member of the pool from one institution or agency to another. Such mobility would promote maximum utilisation of human resources.

The Committee was of the unanimous opinion that the pool procedure should apply to staff employed under the present scheme in both Government and non-Government institutions and agencies. The Committee was also of unanimous opinion that all grants sanctioned on the advice of the present Committee should be treated as *ad hoc* and decentralized grants to be placed at the disposal of both non-governmental and governmental institutions and agencies on similar conditions so that government institutions and agencies may also retain complete freedom to recruit staff and utilise the funds in the same way as non-governmental institutions. The proposal may be considered along with the total manpower requirements for family planning programme.

**3.2. Help from Central Statistical Organisation**—For the third basic type of F. P. C. R. activity noted previously, that of statistical assessment of the ultimate impact of action programmes, expert statistical help is needed. The Central Statistical Organisation would be the appropriate agency to facilitate national comparability of results; it is recommended that C. S. O. should be requested to help in planning and also in executing the statistical assessments of various projects undertaken under the F.P.C.R. Programme, in close collaboration of the institution concerned. In the case of each action programme an appropriate statistical assessment survey would be conducted to collect base-line data before the action programme is put into operation and would be repeated after a suitable interval to assess the results achieved.

#### **4. Collation and analysis of social studies relating to family planning which have already been conducted**

The response so far received was noted. It may be possible to contact additional heads of Social Science Department. The additional heads of Social Science Department are being addressed.

#### **5. Provision for the distribution of books and lending libraries**

Action being taken was noted and approved. The Ford Foundation is taking requisite action.

**6.1. Fellowships for advanced training**—The progress of the fellowship programme to date and the plans for future fellowship programme were approved. It was recommended that at least 10 one-year fellowships be made available, for the next 4 years. Also, there should be provision for short-term tours for study and observation of family planning educational activities abroad, for senior persons who are in leadership positions in the family planning movement. In addition, the building up of facilities in India for training in health educational methods and communication research techniques should receive high priority. Basic training in applied social science methods, which would better equip social science researchers for carrying out the diagnostic studies related to the family planning programme, should also receive high priority. The Committee recommended that persons proposed to be sent for the one-year fellowships for advanced courses of study abroad will obviously be expected to meet the basic admission requirements of the academic institutions at which special training programme for this purpose are being arranged.

**6.2. Ministry of Health** may consider arranging selection of candidates for fellowships by the F.P.C.R. Expert sub-committee. Candidates for fellowships in Demography are selected by the Demographic Advisory Committee. Those for medical and biological research by I. C. M. R. Expert Committee. There may be no objection to allow Communication Action Research Expert Committee to select candidates for communication research.

## **7. Family Planning Communication Research Conference**

The suggestion in the agenda item regarding this subject was approved, that a relatively small initial conference be held in Delhi which would involve selected researchers and educators, on an All-India basis. This may be planned for January, 1962, by the Central Health Education Bureau. The suggestion was also approved that a subsequent series of regional conferences be planned, at which fuller representation of interested individuals and agencies will be possible.

## **8. Establishment of a Central Family Planning Communication Research Centre, New Delhi**

The delay in obtaining the necessary sanction from the Government of India for establishing this Centre was noted. Sanction as approved by E. F. C. has been issued.

## **9. Demographic Research and Training Centre, Bombay**

It was noted that the establishment of this centre was approved by the main Family Planning Communication Research Committee and the detailed proposals were further reviewed and endorsed in general terms by the Expert Sub-Committee, in September,

1960. The Ministry of Finance approved these proposals "in principle" in March, 1961. Although further detailed proposals were again required to be submitted in April, 1961 by the Ministry of Finance, as yet no sanction has been received.

On reviewing the most recent statement by the Bombay Centre, the Committee recommended that the Centre (a) should make more contact with the agencies in Bombay concerned with family planning action programme, so that even now the personnel of these agencies may be stimulated to examine their own programmes critically and suggest ways of achieving greater results; in this way, preparation may be made for further diagnostic studies and for implementation of improved action programmes, at an early date; and (b) should concentrate on action programmes instead of demographic studies and should send in due course to the Committee proposals for action programme at a concrete level so that statistical surveys for the determination of the base line and for subsequent assessment of results can be arranged with the help of the Central Statistical Organisation Director, Demographic Training and Research Centre has been requested to keep this observation in view and take proposed action.

## **10. Consideration of proposals for ad hoc grants for Family Planning Communication Research Projects**

**10.1. Gandhigram, Madras.**—It was recognised that this would be a very good base for action programme. The proposal submitted includes some demographic work; more emphasis should be given on diagnostic studies and action programme. It was recommended that an ad hoc grant, for a two year period in the first instance can be made available immediately but this centre should be requested to send the revised proposals to the Committee. The centre should be also requested to pay particular attention to arranging for adequate statistical evaluation of the effects of the Family Planning Action Programme through statistical assessment surveys and the details should be settled in consultation with the C.S.O. The organisation has been informed to take action as suggested and grant sanctioned.

**10.2. Planning, Research and Action Institute, Lucknow.**—The detailed proposal received from this Institute was approved. It was recommended that an ad hoc grant for a two year period in the first instance be made at once to support this work. This grant should be made, if possible, directly to the Planning, Research and Action Institute, to assure maximum flexibility, and freedom from the usual State rules of staff employment. Also they should be requested to develop and implement the programme with and through the technical personnel who are now existing in the area, adding staff to supplement such efforts after appropriate evaluations. Plans for work in these lines should now be sent to the Committee including arrangements for statistical base line and assessment surveys. Uttar Pradesh Government has been offered the assistance.

**10.3. Jadavpur University, Calcutta.**—It was felt that the findings of the study proposed, in its present form, would not be relevant to problems of family planning programme operations, as would be desired as part of the F.P.C.R. Programme. Hence it was not recommended. Jadavpur University was informed accordingly.

**10.4. Kerala University Family Planning Communication and Research Programme.**—The Committee agreed that a F.P.C.R. project should be started in Kerala at the earliest opportunity. It recommended that a grant be made, according to the proposal submitted, for one year period in the first instance, for the purpose of undertaking diagnostic type studies in the area within which the action programme is proposed eventually to be developed; a trained sociologist would be of great help for this work. The Kerala University should be requested to supply information on the nature of the diagnostic studies to be undertaken. They should be requested to indicate the nature of the activities relating to family planning which are underway or are proposed to be undertaken by various official or non-official agencies in the proposed pilot areas; also, the ways in which these agencies will be sharing responsibility for planning, study and action should be indicated. Grant was sanctioned and Kerala University was informed.

**10.5. Lady Hardinge Medical College.**—The Committee felt that the objectives of the project are unique and worth while; much will depend upon the availability of a top-quality social science researcher. The Committee recommended that a grant be made for a one year period, in the first instance. During this time, diagnostic studies of the present situation may be made, and the potentialities for further action may be assessed. The Committee felt that the staffing pattern which has been proposed may be excessive. During the one year initial period of study only a few key research and educational staff should be appointed, and no transport should be needed. A revised budget break-down for this year may therefore be submitted. The nature of further support will be determined on the basis of evaluation after the first year of work. The grant was issued to conduct studies as suggested.

**10.6. District Family Planning Sub-Committee, Ludhiana.**—The Committee felt that this will be a highly important project, and recommended that a grant be made as soon as possible to support the proposed activities for 2 years, in the first instance. Provision for foreign travel will be omitted. The project sponsors should be requested :

(1) to lay more emphasis on making full use in this programme of all the types of existing health staff the district as well as the other staff mentioned ;

(2) to develop plans for a continuing programme of intensive family planning educational activities, after the initial educational efforts;

(3) to call upon the Central Health Education Bureau for all possible assistance in developing the research and the educational activities;

(4) to formulate and submit to this Committee a plan developed in consultation with the Christian Medical College, Ludhiana, whereby the research activities under this project can make use of the findings of the Indian-Harvard Ludhiana project. This plan should also provide for special studies of the further developments in the Khanna area, subsequent to the termination of the previous project, as influenced by the recent family planning programme. If additional research staff are needed for this purpose, they will be provided under the present project. When and as necessary suitable arrangements for statistical assessment surveys should be made in consultation with the C.S.O. Grant has been offered to the Punjab Government.

**10.7. Central Health Education Bureau.**—The Committee discussed this project in detail, and recommended that an ad hoc grant be made as soon as possible to support the proposed activities, for a period of two years in the first instance. The Committee strongly recommended that this grant be made directly to C.H.E.B. in the same way that I.C.M.R. grants have been made independently to office under the Health Ministry or an independent research project operated by Malaria Institute of India. It was also desired that concrete proposal should be sent to the Committee especially for action programmes so that suitable arrangements can be made for appropriate statistical assessment surveys with the help of the C.S.O. The proposal is under consideration.

**10.8. Anthropological Survey of India.**—The Committee expressed interest in this project proposal, and requested that further details of work methods and budget be obtained. Of particular interest will be detailed comments on the ways in which the proposed project will add to the experience which has been already gained at the Rural Population Study of Singur. Also, it is desirable to learn more of the methods proposed for involving in the programme the existing technical personnel in the village area, and for working with and through village leaders and local groups. Further information is being collected.

**10.9 Kerala University, Department of Statistics.**—The findings of the proposed study would probably not be of such high operational significance as to justify support under the present F.P.C.R. programme. Therefore, the project could not be recommended. It was suggested that Professor of Statistics could be informed of the desirability of focussing the study more on possible differences between certain main population groups in Kerala, in a way which could provide clearer operational guide lines for family planning programmes. The Professor of Statistics may wish to contact



Professor Srinivas to discuss such a study design. Kerala University was informed accordingly.

**10.10. Karnatak University.**—The proposal simply to study causes of infant mortality, though relevant, would be beyond the scope of the present F.P.C.R. programmes. Hence it was not recommended. Karnatak University was informed accordingly.

**10.11. Grant Medical College.**—The proposal is sound, and the Committee recommended a grant of Rs. 4,000. Grant was sanctioned.

**10.12. Sardar Vallabhbhai Vidyapeeth University.**—More details should be requested regarding the research objectives and methods and the type of educational activities envisioned. Present proposal not recommended. The University was informed accordingly.

**10.13. Lucknow University.**—The Committee discussed the proposal in some detail, and recognised its worth. It was felt, however, that the testing of effectiveness and acceptance of media can well be done at other places, whereas the resources of Lucknow University would better be applied, to the more fundamental research areas relevant to the family planning programme, as guidance of outstanding sociologist like Professor Radhakamal Mukerjee is available in the University. The Lucknow University should therefore be invited to submit proposals for support of basic social science research, under the F.P.C.R. Programme. The Lucknow University was informed accordingly.

**10.14. Rural Health and Training Centre, Najafgarh.**—The scheme was received too late for careful review. It was suggested, however, that this scheme should be included under the F.P.C.R. project which has been approved for the Central Health Education Bureau. The scheme may be recast keeping in view the principles stated in para 2 above. Action as suggested has been taken.

**10.15. Indian Statistical Institute.**—Detailed working papers were presented to the Committee with the request that these be reviewed. Suggestions regarding further programme developments should be sent to the Committee. In general the Committee felt that F.P.C.R. activities at the Institute should be strongly encouraged and a grant on the basis of the decision of the Committee in September, 1960 be made available for a period of two years with maximum flexibility in the development of the programme. It is hoped that the Institute personnel would have strong contact with existing family planning services agencies in the area. The condition of base line survey and subsequent assessment survey must be fulfilled. The grant as suggested was issued.

## 10.16. Summary of Ad Hoc Grants :

Grantee	Duration	Amount in Rupees
1. Pilot Health Project, Gandhigram, Madras . . . . .	2 years	2,50,000
2. Planning, Research and Action Institute, Lucknow . . . . .	2 years	3,50,000
3. Faculty of Social Work, Baroda University . . . . .	1 year	1,000
4. Kerala University . . . . .	1 year	1,00,000
5. Lady Hardinge Medical College, New Delhi . . . . .	1 year	50,000
6. District Family Planning Sub-Committee, Ludhiana . . . . .	2 years	3,00,000
7. Central Health Education Bureau, New Delhi . . . . .	2 years	2,50,000
8. Preventive and Social Medicine Department, Grant Medical College, Bombay . . . . .	1 year	4,000
9. Indian Statistical Institute . . . . .	2 years	1,50,000

## 11. Budget Considerations

The Committee recommended the budget provision of Rs. 64,51,000 for Communication Research during the Third Five Year Plan period. The Committee recommended that fifty per cent of the estimated expenditure for one year on a proportionate basis be released to the institutions concerned. The proposal is submitted separately.

## ENCLOSURE I

### Summary Record of the Meeting of the Family Planning Communication Research Expert Committee held on 16th August, 1961, at 8, King George Avenue, New Delhi.

*Present: —*

Professor P. C. Mahalanobis . . .	Chairman
Dr. Moye W. Freymann . . .	Member
Professor M. N. Srinivas . . .	Do.
Dr. V. Ramakrishna . . .	Do.
Lieut.-Colonel B. L. Raina . . .	Member-Secretary

1. Minutes of the first meeting were confirmed and actions taken on previous recommendations were reviewed.

1.2. As some of the members of the Committee were unable to attend the earlier meetings, it was considered advisable to recapitulate the main conclusions at these meetings; there was complete agreement regarding the objects of the project as stated in the proceedings of the earlier meetings held on 6, 7 and 10 September, 1960. The rate of fertility in India would be either stagnant or would normally change very slowly; and the main object of the present scheme would be to ascertain whether any promotional efforts can be devised, which can be used on a country-wide scale and within the resources of the nation, to bring about a sufficiently rapid decline in the fertility rate in the course of the next 10 or 15 or 20 years.

1.3. After a thorough discussion it was agreed that the collection or analysis of demographic data on a comparatively small scale was not likely to be particularly useful because available evidence indicates that differences in the fertility rate, if any, are likely to be small in magnitude. Unless the size of the sample is sufficiently large and the design and the carrying out of the sample surveys are satisfactory, it is not likely that any useful results would emerge. It was however agreed that there might be possibilities of extracting some useful information from the data already collected by the National Sample Survey and Dr. Freymann was requested to examine the position in consultation with the C. S. O. and the I. S. I. and report to the Committee. It was agreed that Dr. Freymann would also examine the question of future collection of data by the N. S. S. for the purposes of this Committee.

1.4. It was agreed that the official sanction in the case of approved schemes should be given for the present for two years with a broad indication of the total amount of money which is

likely to be available over five years provided the progress of work is considered satisfactory. It was also agreed that the question of continuation or expansion of programmes should be decided on the basis of the evaluation of the past performances in every case.

## **2. Further general guidelines for use in developing family planning communications research work.**

The Committee considered that the family planning communications research activities could be usefully divided, in general, into three main types.

**2.1. Diagnostic studies.**—These would aim at discovering clues for improving upon the present family planning programme efforts. It is felt that much can be gained for this purpose by short-time studies on which the insights of the trained social scientist and of analytically-minded educators and administrators can be brought to be focussed. Such diagnostic studies would have to be necessarily conducted on a small or microscale which would not be normally amenable to quantitative statistical assessment.

The committee recognized that a number of social and psychological factors may be important determinants of the ultimate acceptance of family planning. Factors operating at the level of the married couple can be broadly categorized as : (a) *Knowledge* that family planning is possible, as well as knowledge of certain techniques ; (b) *feeling of need* for limiting the size of the family, because of various value considerations ; (c) *accessibility* of contraceptive methods including factors of psychological acceptance as well as physical feasibility ; (d) *social pressure*, involving, basically, the knowledge that important other persons within the individual's particular group are in favour of the limiting of family size, and the use of contraceptive methods. It should be possible to devise methods of measuring specific factors within these categories. Such measures would be useful, in carrying out limited studies aimed at identifying barriers to acceptance of family planning and at providing clues for action programme improvements.

It was agreed that the diagnostic studies must be of a short term nature generally not exceeding one year and that its assessment would relate exclusively to the consideration whether any new idea had emerged for designing new methods or techniques and methods for the promotion of family planning must be discontinued if no new ideas emerge in the course of a year or so. It may, of course happen that in the course of such diagnostic studies interesting or important problems may arise from the point of view of sociology, group psychology etc.; in such cases the Committee would exercise its good offices to have such researches continued by universities and other academic and scientific institutions.

**2.2. Action programmes.**—Action programmes should be developed, which make use of clues derived from the diagnostic studies, and which also have the advantages of close, expert technical guidance, and of high flexibility of execution. Diagnostic studies should be continued as an intrinsic part of the action programme, in order continuously to improve it and achieve a maximum impact.

Each action programme would use a particular technique or method or a group of such techniques and methods in a "package" form. As the object of the present project is to reach tangible results, as quickly as possible, it was agreed that time should not be wasted on trying to evaluate the relative merits of each individual method or technique; the institutions undertaking the action programme should have complete freedom to choose their single or package programme for action.

**2.3. Statistical assessment of programme results.**—It was also agreed that three basic statistical indicators would be useful for assessment of the results achieved through any action programme, namely, (a) the increase of knowledge or awareness of family planning through indirect contacts and communication, (b) the increase in the use of family planning practice including sterilization; and (c) the decline in the pregnancy rate or the birth rate. It was agreed that it is essential to use appropriate designs of statistical surveys with adequate size of samples and controls for the purpose in view. Such assessment surveys must start with base line data on the existing level of (a) awareness of family planning, (b) rate or level of utilization of contraceptive methods, and (c) pregnancy or birth rates, in the areas in which the action programme is intended to be set up as well as in control areas adequate for comparison for the purpose in view. Data on such items for previous periods where available would also supply valuable supplementary information. After the action-programme is brought into operation, it would be necessary to repeat the statistical assessment surveys, at suitable intervals of time, to measure what progress, if any, has been achieved. It was agreed that satisfactory estimates for an initial statistical assessment survey and for subsequent re-surveys would be an indispensable condition for the approval of this committee for any action-programme project, and for the continuance of its support. It was further agreed that the Central Statistical Organisation (Department of Statistics) should be requested to help in organising and co-ordinating the proposed statistical surveys with the assistance of the National Sample Survey and the Indian Statistical Institute.

### **3. Assuring technical guidance to the Family Planning Communication Research activities.**

The committee discussed carefully the shortage of the technical personnel which are required for this programme. It noted that the F. P. C. R. programme is an integrated, national

effort. It also noted the importance of basic comparability of at least the statistical measures of ultimate impact, among the various projects. On the basis of these considerations, two important recommendations are made.

3.1. *A pool of technical personnel*—The question of recruitment of staff was considered in detail. It was appreciated that in order to secure able candidates, it is necessary and desirable to give security of tenure for five years. The Committee was of unanimous opinion that the best way of doing this would be to create a pool of professional workers of different levels ; and for the present Committee to give each candidate approved by the Committee an assurance of a five year tenure on the usual conditions of satisfactory performance of duties. Each approved institution would be free to make their own selection, but on supplying this Committee with detailed qualifications of the candidate, the Committee would decide whether any particular candidate should be accepted in the pool. The concept of a pool would necessarily imply the possibility, on the advice of this Committee, of transferring any individual member of the pool from one institution or agency to another. Such mobility would promote maximum utilisation of human resources.

The Committee was of the unanimous opinion that the pool procedure should apply to staff employed under the present scheme in both Government and non-Government institutions and agencies. The Committee was also of unanimous opinion that all grants sanctioned on the advice of the present Committee should be treated as *ad hoc* and decentralized grants to be placed at the disposal of both non-Governmental and Governmental institutions and agencies on similar conditions so that Government institutions and agencies may also retain complete freedom to recruit staff and utilise the funds in the same way as non-Governmental institutions.

3.2. *Help from Central Statistical Organisation*—For the third basic type of F. P. C. R. activity noted previously, that of statistical assessment of the ultimate impact of action programmes, expert statistical help is needed. The Central Statistical Organisation would be the appropriate agency to facilitate national comparability of results ; it is recommended that C.S.O. should be requested to help in planning and also in executing the statistical assessments of various projects undertaken under the F. P. C. R. programme, in close collaboration of the institution concerned. It was agreed that in the case of each action programme an appropriate statistical assessment-survey would be conducted to collect base-line data before the action programme is put into operation and would be repeated after a suitable interval to assess the results achieved.

#### **4. Collation and analysis of social studies relating to family planning which have already been conducted.**

The response so far received were noted. It may be possible to contact additional heads of Social Science Departments.

#### **5. Provision for the distribution of books, and lending libraries.**

Action being taken was noted and approved.

#### **6. Fellowships for advanced training.**

The progress of the fellowship programme to date and the plans for future fellowships programme were approved. It was recommended that at least 10 one-year fellowships be made available for the next 4 years. Also, there should be provision for short-term tours for study and observation of family planning educational activities abroad, for senior persons who are in leadership positions in the family planning movement. In addition, the building up of facilities in India for training in health educational methods and communication research techniques should receive high priority. Basic training in applied social science methods which would better equip social science researchers for carrying out the diagnostic studies related to the family planning programme should also receive high priority. The Committee recommended that persons proposed to be sent for the one-year fellowships for advanced courses of study abroad, will obviously be expected to meet the basic admission requirements of the academic institutions at which special training programmes for this purpose are being arranged. Ministry of Health may consider arranging selection of candidates for fellowships by the F. P. C. R. expert Sub-Committee.

#### **7. Family Planning Communications Research Conference.**

The suggestions in the agenda item regarding this subject was approved, that a relatively small initial conference be held in Delhi which would involve selected researchers and educators, on an All-India basis. This may be planned for January, 1962, by the Central Health Education Bureau. The suggestion was also approved that a subsequent series of regional conferences be planned, at which fuller representation of interested individuals and agencies will be possible.

#### **8. Establishment of a Central Family Planning Communications Research Centre in New Delhi.**

The delay in obtaining the necessary sanction from the Government of India for establishing this Centre was noted.

### 9. Demographic Research and Training Centre, Bombay.

It was noted that the establishment of this Centre was approved by the main Family Planning Communication Research Committee and the detailed proposals were further reviewed and endorsed in general terms by the Expert Sub-Committee, in September, 1960. The Ministry of Finance approved these proposals "in principle" in March, 1961. Although further detailed proposals were again required to be submitted in April, 1961 by the Ministry of Finance, as yet no sanction has been received.

On reviewing the most recent statement by the Bombay Centre, the Committee recommended that the Centre (a) should make more contact with the agencies in Bombay concerned with family planning action programmes, so that even now the personnel of these agencies may be stimulated to examine their own programmes critically and suggest ways of achieving greater results ; in this way, preparation may be made for further diagnostic studies and for implementation of improved action programmes, at an early date ; and (b) should concentrate on action programmes instead of demographic studies and should send in due course to the Committee proposals for action programmes at a concrete level so that statistical surveys for the determination of the base line and for subsequent assessment of results can be arranged with the help of C. S. O.

### 10. Consideration of proposals for ad hoc grants for F. P. C. R. projects

10.1. *Gandhigram, Madras.*—It was recognised that this would be a very good base for action programmes. The proposals submitted includes some demographic work ; more emphasis should be given on diagnostic studies and action programmes. It was recommended that an *ad hoc* grant for a two year period in the first instance can be made available immediately but this centre should be requested to send the revised proposals to the Committee. The centre should be also requested to pay particular attention to arranging for adequate statistical evaluation of the effects of the family planning action programme through statistical assessment surveys and the details should be settled in consultation with the C. S. O.

10.2. *Planning, Research and Action Institute, Lucknow*—The detailed proposal received from this Institute was approved. It was recommended that an *ad hoc* grant for a two year period in the first instance be made at once to support this work. This grant should be made, if possible, directly to the Planning, Research and Action Institute, to assure maximum flexibility, and freedom from the usual State rules of staff employment. Also,



they should be requested to develop and implement the programme with and through the technical personnel who are now existing in the area, adding staff to supplement such efforts after appropriate evaluations. Plans for work in these lines should now be sent to the Committee including arrangements for statistical base line and assessment surveys.

**10.3. Faculty of Social Work, Baroda.**—Grant of Rs. 1,000 was recommended.

**10.4. Jadavpur University, Calcutta.**—It was felt that the findings of the study proposed, in its present form, would not be as relevant to problems of family planning programme operation as would be desired as part of the F. P. C. R. programme. Not recommended.

**10.5. Kerala University Family Planning Communication and Action Research Programme.**—The Committee agreed that a F. P.C.R. project should be started in Kerala at the earliest opportunity. It recommended that a grant be made, according to the proposal submitted, for a one year period in the first instance, for the purpose of undertaking diagnostic type studies in the area within which the action programme is proposed eventually to be developed ; a trained sociologist would be of great help for this work. The Kerala University should be requested to supply information on the nature of the diagnostic studies to be undertaken. They should be requested to indicate the nature of the activities relating to family planning which are underway or are proposed to be undertaken by various official or non-official agencies in the proposed pilot area ; also, the ways in which these agencies will be sharing responsibility for planning, study and action should be indicated.

**10.6. Lady Hardinge Medical College.**—The Committee felt that the objectives of the project are unique and work while much will depend upon the availability of a top-quality social science researcher. The Committee recommended that a grant be made for a one year period, in the first instance. During this time, diagnostic studies of the present situation may be made, and the potentialities for further action may be assessed. The Committee felt that the staffing pattern which has been proposed may be excessive. During the one year initial period of study only a few key research and educational staff should be appointed, and no transport should be needed. A revised budget breakdown for this year may therefore be submitted. The nature of further support will be determined on the basis of evaluation after the first year of work.

**10.7. District Family Planning Sub-Committee, Ludhiana.**—The Committee felt that this will be a highly important project, and recommended that a grant be made as soon as possible to support

the proposed activities for 2 years, in the first instance. Provisions for foreign travel will be omitted. The project sponsors should be requested (a) to lay more emphasis on making full use in this programme of all the types of existing health staff in the District, as well as the other staff mentioned; (b) to develop plans for a continuing programme of intensive family planning educational activities, after the initial educational effort; (c) to call upon the Central Health Education Bureau for all possible assistance in developing the research and the educational activities; (d) to formulate and submit to this Committee a plan developed in consultation with the Christian Medical College, Ludhiana, whereby the research activities under this project can make use of the findings of the Indian Harvard-Ludhiana project. This plan should also provide for special studies of the further developments in the Khanna area, subsequent to the termination of the previous project, as influenced by the recent family planning programmes. If additional research staff are needed for this purpose, they will be provided under the present project. When and as necessary suitable arrangements for statistical assessment surveys should be made in consultation with the C. S. O.

**10.8. Central Health Education Bureau.**—The Committee discussed this project in detail, and recommended that an *ad hoc* grant be made as soon as possible to support the proposed activities for a period of two years in the first instance. The Committee strongly recommended that this grant be made directly to C. H. E. B. in the same way that I. C. M. R. grants have been made independently to offices under the Health Ministry or an independent research project is operated by Malaria Institute of India. It was also desired that concrete proposals should be sent to the Committee especially for action programmes so that suitable arrangements can be made for appropriate statistical assessment surveys with the help of the C. S. O.

**10.9. Anthropological Survey of India.**—The Committee expressed interest in this project proposal, and requested that further details of work methods and budget be obtained. Of particular interest will be detailed comments on the ways in which the proposed project will add to the experience which has been already gained at the Rural Population Study at Singur. Also, it is desirable to learn more of the methods proposed for involving in the programme the existing technical personnel in the village area, and for working with and through village leaders and local groups.

**10.10. Kerala University, Department of Statistics.**—The findings of the proposed study would probably not be of such high operational significance as to justify support under the present F.P.C.R. programme. Therefore, the project could not be recommended. It was suggested that Professor of Statistics could be informed of the desirability of focussing the study more on possible differences

between certain main population groups in Kerala, in a way which could provide clearer operational guidelines for family planning programme. The Professor of Statistics may wish to contact Professor Srinivas to discuss such a study design.

**10.11. Karnatak University.**—The proposal simply to study causes of infant mortality, though relevant, would be beyond the scope of the present F. P. C. R. programme. Not recommended.

**10.12. Grant Medical College.**—The proposal is sound, and the Committee recommended a grant of Rs. 4,000.

**10.13. Sardar Vallabhbhai Vidyapeeth University.**—More details should be requested regarding the research objectives and methods, and the type of educational activities envisioned. Present proposal not recommended.

**10.14. Lucknow University.**—The Committee discussed the proposal in some detail, and recognized its worth. It was felt, however, that the testing of effectiveness and acceptance of media can well be done at other places, whereas the resources of Lucknow University would better be applied to the more fundamental research areas relevant to the family planning programme, as guidance of outstanding sociologist like Professional Radha Kamal Mukherjee is available in the University. The Lucknow University should, therefore, be invited to submit proposals for support of basic social science research, under the F. P. C. R. programme.

**10.15. Rural Health and Training Centre, Najafgarh.**—Detailed scheme was received too late for careful review. It was suggested, however, that this scheme should be included under the F. P. C. R. project which has been approved for the Central Health Educational Bureau. The scheme may be recast keeping in view the principles stated in para 2 above.

**10.16. Indian Statistical Institute.**—Detailed working papers were presented to the Committee with the request that these be reviewed. Suggestions regarding further programme developments should be sent to the Committee. In general, the Committee felt that F. P. C. R. activities at the Institute should be strongly encouraged and a grant on the basis of the decision of the Committee in September, 1960, be made available for a period of two years with maximum flexibility in the development of the programme. It is hoped that the Institute personnel would have strong contact with existing family planning service agencies in the area. The condition of base line survey and subsequent assessment survey must be fulfilled.

Grantee 1	Duration 2	Amount 3
1. Pilot Health Project, Gandhigram, Madras	2 years	Rs. 2,50,000
2. Planning, Research and Action Institute, Lucknow	2 years	3,50,000

1	2	3
		Rs.
3. Faculty of Social Work, Baroda University . . . . .	1 year	1,000
4. Kerala University . . . . .	1 year	1,00,000
5. Lady Hardinge Medical College, New Delhi . . . . .	1 year	50,000
6. District Family Planning Sub-Committee, . . . . . Ludhiana	2 years	3,00,000
7. Central Health Education Bureau, New Delhi . . . . .	2 years	2,50,000
8. Preventive and Social Medicine Department, Grant Medical College, Bombay . . . . .	1 year	4,000
9. Indian Statistical Institute . . . . .	2 years	1,50,000

### 11. Budget Considerations

The Committee recommended the budget provision of Rs. 64,51,000 for Communication Research during the Third Five Year Plan period. The Committee recommended that fifty per cent of the estimated expenditure for one year on a proportionate basis be released to the institutions concerned.

## ENCLOSURE II

### **Minutes of the meeting of the Family Planning, Communication, action-research expert committee held in New Delhi on 6, 7 and 10 September, 1960**

The *first meeting* was held at Yojana Bhavan from 3.30 to 6 p. m. and was attended by Professor P. C. Mahalanobis (Chairman), Dr. Douglas Ensminger (Ford Foundation, for the earlier part of the meeting), Dr. M. W. Freymann (Ford Foundation), Shri O. V. Ramadorai and Lt. Col. B. L. Raina (Convenor). Dr. Chandrasekaran was present by invitation.

The *second meeting* was held in Yojana Bhavan from 10.30 a.m. to 12.30 p.m. on 7 September and was attended by Professor P. C. Mahalanobis, Dr. M. W. Freymann and Dr. C. Chandrasekaran (by invitation).

The *third meeting* was held at 8, King George Avenue, from 10 a. m. to 12 noon and was attended by Professor P. C. Mahalanobis, Dr. M. W. Freymann and Lt. Col. B. L. Raina.

Professor M. N. Srinivas and Dr. V. Ramakrishna (Members) were unable to attend.

The general approach and programme of work was discussed in considerable detail at all the three meetings, and decisions regarding individual items were made in the course of the discussion. The minutes are being recorded in a consolidated form for convenience of presentation and reference.

#### **1. General Principles for Developing Communication Research Programme.**

**1.1.** The Committee accepted generally the 'Summary Statement of Family Planning Communication Action-Research Programme' as a satisfactory conceptual framework for its work; and also accepted the 'Plan for Pilot Project Centres' (mimeographed pamphlet) as a basis for further discussions.

**1.2.** The Committee felt further clarification at a concrete level would be useful in formulating the main objectives sought to be realised in the proposed Action-Research and in laying down suitable criteria to evaluate the success of such Action-Programme.

**1.3.** It was agreed that the ultimate object must be to develop method to promote the increasing practice of family planning which would lead to an appreciable decrease in the birth rate of India. The promotional method or methods must

such as would be capable of being used on an increasingly large scale with a view ultimately to cover the whole country and at a cost within the capacity of the nation.

**1.4.** It was agreed that an experimental approach was essential and that, in principle, it would be necessary to ascertain the magnitude of the promotional efforts in terms of resources (men, money and materials) which are put into the experiment and also to assess the magnitude of the results achieved with the help of suitable indicators such as increasing knowledge and practice of contraceptive methods and decreasing birth rates. It was agreed that it would be desirable to use appropriate statistical controls and methods to the extent possible to assess the significance of the results in a scientifically valid manner.

**1.5.** In the course of the discussion it was found that in India the efficacy of promotional efforts has not yet been clearly demonstrated. The Committee felt that an urgent task of the Action-Research should be to demonstrate in a valid manner the efficacy of promotional efforts as judged by increasing knowledge and increasing use of contraceptives in the course of two or three years and by a falling birth-rate in due course.

**1.6.** The Committee fully recognised the importance of collecting background information which would (a) enable suitable methods being developed for promotional efforts; and (b) enable such efforts being directed to suitable sectors of the population (for example, those having high birth-rate and/or being more amenable to promotional efforts).

**1.7.** One useful part of the background research would be the collection and processing of demographic information which may be already available in India.

**1.8.** While agreeing that it was most important to proceed with the background research of the types described in the two documents mentioned in paragraph 1.1, the committee felt there was urgent need of starting, as early as possible, properly designed Action-Research to study the 'input' and 'output' of promotional efforts.

## **2. General approach in Organisational matters.**

**2.1.** The Committee discussed at a concrete level the general approach in organisational matters and emphasized the need of flexibility. It would be advisable, therefore, (a) to start each programme, project, or centre on a small and exploratory scales; (b) to have a continuing assessment of results achieved; and (c) to modify and expand the next phase of the work in the light of experience gained.

2.2. The Committee felt that it would be advisable to sanction grants generally for two years in the first instance and to emphasize the need of some kind of report being prepared and an evaluation made after about a year from the commencement of operation.

2.3. The Committee felt that it would have a responsibility to make suitable arrangements for the review of the work from time to time and recommend further grants on the basis of the review, and an evaluation of future needs.

2.4. The Committee stressed the need and importance of recruiting really competent people to provide leadership in the programmes and projects, and offering them suitable terms and conditions of service to induce them to continue their work for at least a five year period. The Committee felt that it would be advisable to leave sanctioned post vacant rather than fill them with people who would not be able to shoulder the responsibility adequately.

2.5. The Committee stressed the need of maximum use being made of existing institutional staff and facilities; this would not only reduce money costs but would lead to greater efficiency. The size of projects undertaken by different institutions, would therefore, depend on the capacity to provide necessary guidance at higher levels and other facilities for the work. The programmes and projects should be expanded as and to the extent suitable staff can be trained or are otherwise available.

2.6. The Committee also stressed the need of decentralisation of budget and financial procedures to expedite decisions and implementation of the work. In the case of the Central Government organisation such as the Central Health Education Bureau or the Bombay Demographic Training and Research Centre, necessary simplification of procedural rules is recommended to ensure the above conditions. Non-Governmental institutions should be supported by appropriate contract grants on the basis of approved programmes of work and illustrative budgets with wide powers of re-appropriation of funds within the limits of the sanctioned grants. The emphasis must be on an audit of achievement.

2.7. It was agreed that Action-Research should be generally based on family planning action programmes to be developed in conjunction with projects within the framework of existing local agencies. The Committee felt that there was also scope for *ad hoc* programmes being initiated for research and experimental studies keeping in mind the possibility of integrating such programmes with the over-all national plan.

3.1. *Financial Arrangements.*—Lt. Col. B. L. Raina explained in a general way the financial arrangements and referred to the generous grant from the Ford Foundation. The Committee

noted and supported the proposed broad allocation of funds to be provided by the Government of India for the expansion of the activities of the local family planning action programmes and projects within the frame work of local agencies, that is, for the expansion of personnel, work on contraceptive materials, etc., as a part of the national action programme. The Committee noted and agreed that the contribution of the Ford Foundation could be used most effectively for the development of special project staff and facilities directed more specifically to Action-Research.

3.2. The Committee agreed that it would be desirable to recommend five-year tentative budget estimates in an aggregate form without, however, making commitments about specific projects or programmes or their phasing over time (which, as the Committee has already emphasized should be decided, from time to time, on the basis of the evaluation of results achieved, the experience gained and future needs). The Ford Foundation would be able to use these illustrative and aggregate estimates as a basis for the consideration of supplementary grants to assist the present programme. At this stage, Dr. Douglas Ensminger placed before the meeting certain proposals showing that the initial Ford Foundation grant of \$ 330,000 would provide \$ 240,500 for fellowships abroad and consultant services, leaving for expenditure in India \$ 89,500 to be applied broadly on the lines explained in certain statements placed before the meeting. He also explained that the amount proposed for the second grant was \$ 603,000. The Committee supported in a general way the above proposals. (At this stage Dr. Ensminger left the meeting.)

4.1. *Central Family Planning Communication Research Centre Delhi*—The Committee examined the details of the budget estimates for a total non-recurring expenditure of Rs. 1,90,000 per year and a recurring expenditure of Rs. 4,15,544 per year which had been approved by the Central Family Planning Communications Research Committee on the 10th August, 1960; the total expenditure on this basis would come to about Rs. 25 lakhs in five years.

4.2. In accordance with the general principles stated in paragraphs 1 and 2 above, the Committee recommended that the main emphasis should be given in the beginning to the building-up the research staff and the development of Action-Research in the Delhi area. The Committee felt that it would be advisable to augment certain existing facilities in the Delhi area in the Central Health Education Bureau for media production, training, information and publicity and administration to meet the needs of the programme of Action-Research, without duplicating similar facilities in the new centre. On this view, the Committee felt it should be possible to start the Central Institute with a non-recurring grant of Rs. 81,000 (of which Rs. 24,000



would be incurred in India and Rs. 57,000 for imports) and a recurring expenditure of about Rs. 2,70,000 per year (as shown in Annexure 2) together with a provision of Rs. 30,000 per year for contingent expenses (maintenance of transport, stationery, postage, etc.).

**5.1. Demographic Training & Research Centre Bombay.**—The Committee greatly appreciated the opportunity it had of personal discussion on 6 and 7 September with Dr. C. Chandrasekaran, Director of the Centre, regarding the programme of work of the Bombay Centre. The Committee felt that it would be advisable to provide Rs. 50,000 (out of which Rs. 33,000 for imports) for non-recurring expenditure and a recurring expenditure of Rs. 1,25,000 per year for two years, that is, Rs. 3,00,000 for two years, in the first instance, to start the work. Additional funds to strengthen the field action programmes and research can be provided as and when considered necessary on the basis of a review of the work done and in the light of experience gained. The Committee made it clear that suitable professional staff at higher levels could be recruited on the basis of a period of five years.

**5.2.** The Committee desired that the Director of the Bombay Centre should be requested to inform the Committee about the objectives to be achieved in the Action-Research programme during a period of one and two years and the criteria to be used in evaluating the results. The Committee thought it would be useful if the Chairman of the Committee and Dr. Chandrasekaran would maintain contact at the technical level in this regard.

**6. Action-Research Activities in the Indian Statistical Institute.**—It was agreed that a non-recurring grant of Rs. 37,000 (out of which Rs. 33,000 for imports) and a recurring grant of Rs. 85,000 per year for two years, that is, Rs. 2,00,000 for two years would be placed at the disposal of the Indian Statistical Institute provided the Institute agreed to take up Action-Research for the promotion of family planning and submitted proposals with objectives to be achieved in one or two years and criteria for assessing the same. Further funds would be made available on the basis of an evaluation of the work done and of future needs.

**7.1. Provision for other Research Projects**—It was agreed that proposals for possible Action-Research project or for background studies on a smaller scale, relevant to the promotion of family planning should be invited from all institutions likely to be interested in and capable of taking up such work. Suitable assistance can be given to such institutions on an *ad hoc* basis, where desirable, in the process of planning such work.

**7.2.** The Committee felt that the Ford Foundation aid could be used to help in the initiation of a number of such projects in the forthcoming year; and budget needs would be examined when proposals are received for such projects. Sma

grants to help in the planning of projects may be sanctioned at the discretion of the Convenor and reported to the Committee.

**8.1. Collation and Processing of Available Demographic Information relevant to Family Planning.**—It was agreed that it would be desirable to collate process, and summarize such information relevant to family planning as may be already available in these and other documents in different parts of the country.

**8.2.** As a first step, the Convenor of the Committee was requested and authorized to offer an honorarium of Rs. 1,000 to heads of social science departments and other suitable persons, through their respective institutions, to organize and supervise this type of work in their respective regions in the forthcoming year and to invite them to send proposals for this purpose. The Convenor was authorized to sanction up to Rs. 5,000 for each such project for one year depending on the volume and type of work and to report to the Committee.

**8.3.** It was mentioned in this connection that a great deal of very detailed information on size of family, sex and age composition, community, religion, occupation, family budget, housing, earnings from wages and salaries and productive enterprises, etc., had been collected for about 1,30,000 households from all over India by the National Sample Survey during the last ten years. It is likely that a great deal of information on the size of family in relation to various regional, social, and economic factors can be extracted from the available data; much (but not all) of the information had been already transferred to punched cards and can be processed at marginal cost. The bulk of the material was at present stored in the Indian Statistical Institute in Calcutta. It was agreed that it would be very useful if Dr. M. W. Freymann could kindly examine the available material in the Indian Statistical Institute and report to the Committee on possibilities of collation processing and tabulation of the same to extract information relevant to family planning.

**9. Communications Action-Research Conferences.**—It was agreed that it would be useful to organise conferences, regional seminars, and group discussions for the exchange of experience and for the critical appraisal and evaluation of work done in the field of Communication and Action-Research related to family planning. The Convenor was requested to put up proposals in this regard for consideration by the Committee by circulation or at its meetings.

**10.1. Fellowship training in India.**—The Committee agreed that fellowship training would provide suitable opportunities for young workers to gain experience as "research associates" in connection with the Action-Research programme. It would be convenient to include some provision for the award of such fellowships in the budget of projects for Action-Research.

10.2. It may also be convenient and useful to award such fellowships in connection with programmes and projects on a smaller scale. The Convenor was requested to put up proposals to the Committee in this regard.

10.3. The Committee noted that such fellowships would also be used for fostering advanced training in communication research and in health education as opportunities for such training become available.

11. *Technical publications.*—The Committee felt that emphasis should be put on the preparation and printing of technical publications in India. However, for the present the proposed purchase of books from abroad for the research centres and projects was recommended. The Chairman referred to the shortage in the supply of printing paper and thought small grants for imports of papers may be of help in publishing of research papers and other printed matter.

12. *Future meetings.*—It was agreed that the Convenor would keep the members generally informed of developments by circulation and that meetings would be arranged as and when necessary.

(Sd)  
P. C. MAHALANOBIS  
Chairman

16th October, 1960.

**Anexure 1.**  
**Central Communication Action-Research Centre,**  
*Non-recurring Expenditure*

	Rs.
1. Station Wagon bus . . . . .	21,000
2. Duplicating machine and type-writers . . . . .	27,000
3. Library Books (to be purchased in India) . . . . .	10,000
4. Facit automatic calculators hand (2) . . . . .	6,000
5. Furniture . . . . .	10,000
6. Motor Cycle . . . . .	3,000
7. Others . . . . .	4,000
	31,000
Audiovisual equipment:—	
(i) Value of items to be imported . . . . .	66,000
(ii) Value of items to be purchased internally . . . . .	1,24,000
	1,90,000
<b>TOTAL</b>	<b>1,90,000</b>

The punching machine, verifier, sorter not required. A provision of Rs. 20,000 may be made for getting the tabulation work done through the Statistical Organization of the Armed Forces.

Regarding expenditure per year for operating cost and maintenance of transport, library, stationery, postage, uniform for driver and peons, contingencies Rs. 30,000 per year may be provided

## Anexure 2.

**Proposed Staff for the Central Communication Action-  
Research Centre**

Staff Designation	No. of posts	Pay scale	Total monthly pay	Expenditure per annum
1	2	3	4	5
		Rs.	Rs.	Rs.
Director . . . . .	1	1,300—1,600	1,755	21,060
<i>Research Section</i>				
Sociologist . . . . .	1	900—1,200	900	10,800
Psychologist . . . . .	1	900—1,200	900	10,800
Anthropologist . . . . .	1	900—1,200	900	10,800
Senior Medical Officer . . . . .	1	600—1,150	730	8,760
Health Educator . . . . .	1	600—1,150	730	8,760
Field Research Supervisor . . . . .	1	600—1,150	730	8,760
Senior Statistician . . . . .	1	600—1,150	730	8,760
Investigators . . . . .	8	275—500	360	34,560
Computers . . . . .	2	80—220	157	3,768
Stenographers . . . . .	2	160—330	250	6,000
<i>Training Section</i>				
Junior Medical Officer . . . . .	1	350—850	450	5,400
Junior Health Educator . . . . .	1	350—850	450	5,400
Social Worker (i) male . . . . .	1	275—500	360	4,320
(ii) female . . . . .	1	275—500	360	4,320
Public Health Nurse (Sr.) . . . . .	1	275—500	240	3,300
Clinic Attendant . . . . .	2	40—60	90	2,160
<i>Media Section</i>				
Officer-in-charge Production (Audio-Visual Officer) . . . . .	1	600—1,150	730	8,760
Photographer (still/cine) . . . . .	1	350—800	450	5,400
Draftsman . . . . .	1	150—300	240	2,880

	1	2	3	4	5
			Rs.	Rs.	Rs.
Projectionist . . . .	1		80—220	157	1,884
Litho-operator . . . .	1		200—300	290	3,480
Photostat workman . . . .	1		150—250	240	2,680
Artist . . . . .	1		275—500	260	4,320
<i>Field Unit</i>					
Health Educator . . . .	1		350—850	450	5,400
Medical Officer . . . .	1		350—850	450	5,400
Field Workers (male) . . . .	8		160—330	250	24,000
<i>Administration</i>					
Administrative Officer . . . .	1		900—1,200	900	10,800
Section Officer . . . .	1		325—500	425	5,100
Accountant . . . . .	1		275—500	260	4,320
Assistants . . . . .	2		160—450	250	6,000
U.D.C.s . . . . .	2		80—220	157	2,768
L.D.Cs . . . . .	2		60—130	137	3,288
Stenographer . . . . .	1		160—330	250	3,000
Despatch Rider . . . . .	1		80—220	157	1,884
Peons . . . . .	6		30—35	80	5,760
Drivers . . . . .	2		60—75	137	2,368
Cleaner . . . . .	1		30—35	80	960

Information and publicity Section is important but should form part of Family Planning Section and not Central Communication Research Centre.

## AGENDA ITEM No.5.—Budget Consideration

The Third Plan financial provision for the family planning programme is, tentatively, Rs. 27 crores. The programmes ceiling for family planning programme is Rs. 50 crores. Of this the estimated amount available for communications research activities will be Rs. 50 lakhs. This includes assistance from International Agencies.

Pursuant to the discussions of the first meeting of the Family Planning Communications Research Committee, the Ford Foundation has provided a supplementary grant in support of this programme. The second grant of \$603,000 brings the total assistance for this programme from the Ford Foundation to \$933,000. Of this, it has been agreed that an amount of \$240,500 will be withheld for fellowships abroad and consultant services. This leaves. \$692,500 (Rs. 3,254,750) for expenditure in India.

Further budget requirements for this programme can now be more accurately estimated, on the basis of the review of the various proposals by the Expert-Sub-Committee and the responses to the programme in various parts of the country. Particularly notable has been the good quality of the proposals for *ad hoc* grants to support action research activities. This is reported to be a particularly useful part of the programme.

Estimated Budget for Family Planning Communication Research Programme during Third Five Year Plan recommending the Expert Committee is as follows :—

1. Central Family Planning Communication Research Centre, New Delhi.	12,81,000
2. D. T. R. C., Bombay . . . . .	6,00,000
3. Indian Statistical Institute, Calcutta . . . . .	4,00,000
4. Other Centres at Kerala, Uttar Pradesh, Madras, Punjab and other <i>ad hoc</i> grant.	26,40,000
5. Collation of existing social studies . . . . .	60,000
6. Conferences . . . . .	60,000
7. Books and Scientific literature . . . . .	14,10,000
<b>TOTAL</b>	<b>64,51,000</b>

Budget Estimated during 3rd Plan on the programme ceiling of Rs. 50 crores available during 3rd Plan. 50,00,000 (for Communication Motivation Research only).

		Withheld	Paid
Ford Foundation } Initial grant available during 3rd Plan. }	\$3,30,000		
	\$6,03,000	\$2,40,000	\$74,500
			(\$Rs. 3,50,000)

The expenditure for two years has actually been allocated by the Ford Foundation.

Ford Foundation Grants		*Withheld	Already paid
For 5 years (Initial grant).	\$3,30,000	\$2,40,000	\$74,500 (Rs. 3,50,000)
Supp. grant	\$6,03,000		
		Rs. 3,50,000 for establishment of Central Family planning Communication Research Centre.	

\*To be spent on the award of fellowships abroad and provision of International expert services.

Sanctions issued during 1961-62 and estimated expenditure during 1962-63 are as follows :

Name of the Grantee	Sanctioned issued	Estimated expenditure
	1961-62	1962-63
	Rs.	Rs.
1. The Chairman, Pilot Health Project, Gandhigram, Madras.	62,500	93,750
2. The Dean, Faculty of Social Work, M. S. University, Baroda.	500	750
3. The Vice Chancellor, University of Kerala, Trivandrum.	50,000	75,000
4. The Principal, Lady Hardinge Medical College, New Delhi.	25,000	37,500
5. The Principal, Grant Medical College, Preventive & Social Medicine Deptt., Bombay.	2,000	3,000
6. The Joint Secretary, Indian Statistical Institute, Calcutta.	37,500	56,250
7. Demographic Training & Research Centre, Bombay	..	93,750
8. Other <i>ad hoc</i> grants . . . . .	..	4,00,000
9. Collation of existing Social Studies . . . . .	..	60,000
10. Conferences . . . . .	..	20,000
11. Books, Scientific Literature . . . . .	..	5,00,000
	<b>TOTAL</b>	<b>13,40,000</b>



**Enclosure I**

**No. F.10-35/59-FP**

GOVERNMENT OF INDIA  
MINISTRY OF HEALTH

*New Delhi-2, dated the 25th November, 1961*

FROM

Shri Bashesar Nath,  
Under Secretary to the Govt. of India.

TO

The D.G.H.S., New Delhi.

SUBJECT.--*Establishment of the Central Family Planning Communication Action Research Centre with financial assistance from the Ford Foundation.*

SIR,

I am directed to convey the sanction of the President to the establishment of the Central Family Planning Communication Action Research Centre for a period of 2 years in the first instance with financial assistance from the Ford Foundation, New York.

Sanction is also accorded to the creation, up to the end of February, 1962, of the following temporary gazetted posts in the scales of pay noted against each, plus usual allowances admissible to Central Government servants, for the Family Planning Communication Action Research Centre, sanctioned in paragraph 1 above :—

Designation of Post	No. of posts	Scale of pay
Director . . . . .	One	Rs. 1600—100—2,000.
Sociologist . . . . .	One	Rs. 700—40—1,100—50/2—1,250
Psychologist . . . . .	One	Ditto.
Anthropologist . . . . .	One	Ditto.
Health Educator . . . . .	One	Ditto.
Medical Officer . . . . .	One	Ditto.
Audio-Visual Media Production Officer.	One	Ditto.
Health Educator . . . . .	One	Rs. 400—25—500—30—590— EB—30—800—EB—30—830— 35—900.
Statistician . . . . .	One	Rs. 400—400—450—30—600— 35—670—EB—25—950.
Administrative Officer . . . . .	One	Rs. 350—25—500—30—590— EB—30—800—EB—30—830— 35—900.

The expenditure involved may be met out of the sanctioned budget grant under Head of account 39—Public Health in Demand No. 44—Medical and Public Health B.5—Miscellaneous B.5(4)—Expenditure on Family Planning for 1961-62. The expenditure may ultimately be adjusted against the grant made by the Ford Foundation, New York for the Family Planning Communication Action Research Programme.

This letter issues with the concurrence of the Ministry of Finance (Department of Expenditure), *vide* their U. O. No. 6694-H/61, dated the 17th October, 1961.

Youys faithfully  
Sd:—  
*Uuder Secretary.*

1. Copy with two spare copies forwarded to the A.G. C. R., New Delhi.
2. Copy forwarded for information to Dr. Douglas Ensminger, Representative in India, Ford Foundation, 32 Ferozeshah Road, New Delhi.
3. Copy forwarded for information to the Members of the Family Planning Communication Action Research Committee.

**Enclosure II**  
**No. F.10-35/59-FP**  
**GOVERNMENT OF INDIA**  
**MINISTRY OF HEALTH**

*New Delhi-2, dated the 25th November, 1961*

FROM

Shri Basheshar Nath,  
 Under Secretary to the Govt. of India.

TO

The D.G.H.S., New Delhi.

SUBJECT.—*Establishment of Family Planning Communication Action Research Centre with financial assistance from the Ford Foundation.*

SIR,

In continuation of this Ministry's letter No. 10-35/59-FP, dated the 25th November, 1961 I am directed to convey the sanction of the President to the creation upto the end of February, 1962 of the following temporary non-gazetted posts in the scale of pay indicated against each, plus usual allowances admissible to Central Government employees for the Family Planning Communication Action Research Centre.

Designation of Post 1	No. of Post 2	Scale of Pay 3
Investigators . . .	Six	Rs. 325—15—475—EB—20—575.
Computors . . .	Two	Rs. 150—5—160—8—240—EB—8—280—10—300.
Stenographer . . .	Two	Rs. 130—5—160—8—200—EB—8—256—EB—8—280—10—300.
Social Workers (Male) . . .	One	Rs. 210—10—290—15—320—EB—15—425.
Social Worker (Female) . . .	One	Ditto.
Senior Public Health Nurse . . .	One	Rs. 325—15—475—EB—20—575.
Clinic Attendants . . .	Two	Rs. 80—1—85—2—95—EB—3—110.
Photographer (Still/cine) . . .	One	Rs. 210—10—290—15—320—EB—15—425.
Junior Draftsman . . .	One	Rs. 150—5—175—6—205—EB—7—240.
Projectionist . . .	One	Rs. 150—10—250—EB—10—290—15—320.

	1	2	3
Litho-operator . . . . .	One	Rs. 110—3—15.	
Photostat workman . . . . .	One	Rs. 150—5—160—8—240—EB	
		—8—280—10—300.	
Artist . . . . .	One	Rs. 150—5—175—6—205.	
Field Workers . . . . .	Ten	Ditto.	
Accountant (SAS). . . . .	One	Rs. 270—15—435—EB—20—	
		575.	
U. D. Clerks . . . . .	Two	Rs. 130—5—160—8—200—EB	
		—8—256—EB—8—280—10—	
		300.	
Typists . . . . .	Two	Rs. 110—3—131—4—155—EB	
		—4—175—5—180.	
Drivers . . . . .	Two	Rs. 110—3—131—4—139.	
Cleaner . . . . .	One	Rs. 75—1—85—EB—2—95.	
Packers . . . . .	Two	Ditto.	
Class IV . . . . .	Two	Rs. 70—1—80—EB—1—85.	
Peon . . . . .	One	Rs. 70—1—80—EB—1—85.	

Sanction is also accorded to the incurring of recurring expenditure not exceeding Rs. 30,000 on contingencies etc. during 1961-62.

The expenditure involved may be met out of the sanctioned budget grant under Head of account 39—Public Health under Demand No.44—Medical and Public Health B.5—Miscellaneous—(4) — Expenditure on Family Planning for 1961-62. The expenditure may ultimately be adjusted against the Ford Foundation grant for Family Planning Communication Action Research Programme.

This letter issues with the concurrence of the Ministry of Finance (Deptt. of Exp.), *vide* their U.O. No. 6694-H/61, dated 17th October, 1961.

Yours faithfully

*Under Secretary—*

**No. F. 10-35/59-FP**

Copy with two spare copies forwarded to the A.G.C.R., New Delhi.

*Under Secretary*

**No. F. 10-35/59-FP**

Copy forwarded for information to Dr. Douglas Ensminger Representative in India, Ford Foundation, 32 Ferozeshah Road, New, Delhi.

2. Copy forwarded for information to the Members of the Family Planning Communication Action Research Committee.

Sd/SHIV DAYAL,  
for Section Officer.

### Enclosure III

## A Scheme of Research into the Motivational and Communications aspects of Family Planning in India

*Prepared by the Indian Statistical Institute, Calcutta*

1. The Indian Statistical Institute has conducted several important investigations in the field of demography, particularly those relating to family planning. The Sociological Research Unit of the Institute has also conducted a number of studies bearing on family structures and function, group relations and other important sociological aspects pertinent to family planning. The study on contraceptive practices among Calcutta city population, the study of attitudes and motivations towards family planning among rural Bengalees, and structure of family organization in Bengal, are some of the important investigations referred above.

2. The Institute has a strong team of demographers, sociologists, other social scientists and statisticians, who have gathered wide experience in the field from various projects carried out by the Institute. The Institute can also offer extensive facilities for statistical tabulations as it has a complete set of Hollerith and Power Samas machines installed since a long time. Furthermore, there is a trained field staff of the Institute, having adequate experience in the conduct of socio-economic and demographic investigations.

3. In addition, the Institute has a library having one of the best collections of literature on statistics, demography, social and biological sciences, etc. The collection which includes 80,000 books, 16,000 journals and 22,000 reprints and monographs offers adequate facilities for research reference. It can also offer other ancillary facilities to a scheme of research at a nominal cost.

4. The Institute is thus in a position to undertake investigations into large-scale sociological and demographic problems. The following scheme of research into the motivational and communication aspects of family planning in India is, therefore, placed before the Expert Committee of the C.C.R.C.

5. The scheme envisages periodical assessment of the changes taking place in the attitudinal and motivational aspects of family planning, and of the end-defects resulting from the process of change. For this purpose selected segments of population will be brought under examination, the segments being defined and demarcated on the basis of their internal homogeneity and heterogeneity in between with respect to societal characteristics relevant to the study. Each of the segments, again will be differentiated as depicting an intervened situation or not with respect to family planning, and the situational analysis in either part will be based on both holistic and diagnostic approaches.

6. A technical note on the scheme, giving the rationale behind the study and the investigational procedures is under preparation. Meanwhile, a provisional budget for the scheme of research is given below.

**BUDGET—(all figures in lakhs)**

Budget head	Item	First year	Second year	Third year	Fourth year	Fifth year	Total	I.S.I. contribution*	Net total
I. Recurring.	1. Field work.	0.640	0.400	0.400	0.400	0.400	2.240		2.240
	2. Analysis	0.640	0.400	0.400	0.400	0.400	2.240		2.240
	3. Overhead	0.480	0.495	0.510	0.525	0.540	2.550	1.275	1.275
	(a) Director — I	0.140	0.145	0.150	0.155	0.160			
	(b) Research Officers 3.	0.340	0.350	0.360	0.370	0.380			
4. Office	0.070	0.070	0.070	0.070	0.070	0.350		0.350	
		1.830	1.365	1.380	1.395	1.410	7.380		6.105
II. Non-recurring	(Transport, floor space, library, tabulating and calculating machines, etc.						1.000	0.750	0.250
<b>GRAND TOTAL</b>							<b>8.380</b>	<b>2.025</b>	<b>6.355</b>

\*The Indian Statistical Institute has a strong team of research scientists working in a wide field of subjects. It would be possible to make the part-time services of some of them available for the project at a marginal cost. The item no. 1 (3) can, therefore, be reduced by 50% or 1.275 lakhs. The Institute can also make available the facilities noted under item II at a nominal cost, by charging only 25% or Rs. 0.25 lakhs of the budgeted estimate. The total economy thus effected will be about 25% of the budgeted estimate.

APPENDIX 'A'

No. 10-58/61-F.P.

DIRECTORATE GENERAL OF HEALTH SERVICES.

*New Delhi, dated the 10th May, 1961.*

FROM Lieut.-Colonel B. L. Raina,  
Director, Family Planning.

DEAR\*

A recent recommendation of the Family Planning Communications Research expert Committee is that steps be taken to collate and summarize the findings of available theses and other research documents which are relevant to the field of family planning education. The purpose is to make maximum use of existing knowledge, for this programme.

Selected heads of Social Science Departments in Indian Universities are being invited to undertake this work in their own institutions and for the immediately surrounding area. An honorarium of Rs. 1,000 may be made available to department heads who bear this responsibility. After an initial survey of existing material, and preparation of appropriate summarizations, it may be found that a considerable amount of valuable material yet remains. In such a case, proposal may be considered for further financial support, to cover research costs, upto Rs. 5,000.

It would be appreciated if you would inform of your possible interest intaking up this work. We would also welcome your comments on the situation in your area with respect to unpublished research reports of possible value.

\*1. Prof. M. N. Srinivas, Deptt. of Sociology, University of Delhi, Delhi.

2. Prof. P. C. Mahalanobis, 8-King George Avenue, New Delhi.

3. Prof. Kapadia, Sociology Deptt., Bombay University, Bombay.

4. Prof. Wilkinson, Sociology Department, Nagpur University, Nagpur.

5. Prof. Adinarayan, Psychology Department, Annamallai University, Chitanibaran (Madras).

6. Prof. Dube, Anthropology Department, Sagar University, Sagar.

7. Dr. K. C. K. E. Raja, Vice-Chancellor, Kerala University, Trivandrum.

8. Prof. Radhakamal Mukherjee, Lucknow Univeristy, Lucknow.

9. Dr. Karve, Former Vice-Chancellor, Poona University, Poona.

10. Dr. Gadgil, Poona University, Poona.

Copy for information to :

1. Shrimati Renu Chakravarti, 215, North Avenue, New Delhi.

2. Prof. M. N. Srinivas, Department of Sociology, University of Delhi, Delhi.

3. Dr. Douglas Ensminger, Representative in India, Ford Foundation, 32, Ferozeshah Road, New Delhi.

4. Shri O. V. Ramadorai, Deputy Financial Adviser, Ministry of Health, New Delhi.

5. Dr. V. Ramakrishna, Asstt. Director General (Health Education), Kotla Road, Temple Lane, New Delhi.



## APPENDIX 'C'

# FAMILY PLANNING COMMUNICATIONS AND ACTION-RESEARCH PROGRAMME OF THE DEMOGRAPHIC TRAINING AND RESEARCH CENTRE, BOMBAY.

## PLAN FOR FIRST TWO YEARS

### Introduction

A recurring expenditure of Rs. 1,25,000 per year for two years and a non-recurring expenditure of Rs. 50,000 (out of which Rs. 33,000 may be used for imports), making a total of Rs. 3,00,000 in the first instance to start the work has been recommended by the Family Planning Communications and Action-Research Committee. The "objectives to be achieved in the Bombay Action-Research programme during periods of one or two years and the criteria to be used in evaluating the results" as well as the details of financing are dealt with in this report.

### Plan of Work

#### General

##### *Phase A.—Preparation*

Contact will be made with local agencies concerned with various aspects of the family planning movement, to get better understanding of the existing situation, to take note of problems as they are now seen by people working in this field, and to develop collaborative relationships for further action-research activities.

Preliminary surveys will be carried out in order to establish baseline observations against which later progress can be measured, and to provide information valuable for guiding programme development.

Plans will then be made for trying out and evaluating those modifications or additions to present action programmes which give promise of raising programme effectiveness. These plans will be made in close collaboration with existing agencies.

##### *Phase B.—Programme implementation*

Efforts will be made to supply or strengthen various factors which will contribute to maximum acceptance of family planning, making use of the best available educational skills, and of knowledge from existing research and experience. New experiences and short-term research findings will then guide further improvements in the Programmes. Efforts initially confined to small areas will be extended as opportunities become available and as experience warrants.

Research during this period will be directed at concurrent evaluation of programme operations, identification and study of barriers to the operations, and small scale testing of various educational methods, as indicated, in order to provide information to use in further improving programme operations.

### *Phase C.—Extension*

As experiences accumulate and necessary arrangements can be made, new ideas and procedures which have been found useful may be applied in new settings. The action-research staff will help in the interpretation of results and training of new personnel, for this purpose. Assistance will be given in assessment of the effects of such programmes.

### **Plan for First Two years**

During the first two years, Phase A will be carried out and Phase B will be undertaken. A first task, of course, will be the careful recruitment of staff and their general orientation to the programme and to the local environment. The items of work then proposed to be taken up are as follows :

(1) Intensified contact with agencies concerned with various aspects of the family planning movement in Greater Bombay area, and promotion of an atmosphere conducive to action-research activities.

(2) Systematic fact-finding, regarding the extent of present family planning clinic services, availability of contraceptive supplies, and efforts to disseminate family planning information. Also, estimates of present awareness, knowledge, and use of family planning methods, and estimates of use of sterilization, will be made in areas to be taken up for special study.

(3) Development of action-research activities, directed at the following general goals :

- (a) To help increase the effectiveness of family planning clinics as agencies for popularising use of family planning.
- (b) To assist in developing non-clinical measures for popularising family planning with special attention to (1) provision of information and seeking of popular support through use of mass media and use of community organisations, and (2) provision for easy availability of supplies.
- (c) To assist in raising the effectiveness of education about family planning which is given during ante-natal visits to Maternity and Child Welfare Centres, or during the post-martum period.
- (d) To assist in raising the acceptability and use of sterilization, among those for whom this method is appropriate.

As noted above, efforts will initially be focussed on the Greater Bombay area. During the second year, however, "Phase A" will be undertaken for activities in rural areas.

### **Detailed Comments on Proposed Activities, during First Two years**

#### **i. Contacts with existing agencies**

The policy of the Demographic Centre in regard to the family planning action-research project will be to function essentially as a research resources; direct involvement in programme administration will be avoided as far as possible. A number of agencies responsible for various aspects of family planning services in the Bombay area already feel the need for further improving their work. In some cases, they have clear ideas about the nature of possible improvements, and desire evaluation of the impact of such changes. In other cases, they desire studies which can produce new information and clues to further improvements. The family planning communications research project personnel can help further to stimulate such interest, and can then help to meet the research needs which are involved. In some cases, where action-agency resources are not available to meet the costs of experimental improvements, these must be met by the budget of this project.

Collaboration with existing agencies is needed so that research efforts will be focussed on problems of real importance to programme development, and will take into proper consideration the use of the resources which may actually be available in the future. Also, unless the action agencies are completely involved as partners at this time, there is little likelihood that research findings will be taken by them and applied effectively to bring about programme improvements.

In the Bombay City area, the Municipal Health Department is the largest agency concerned with family planning. The Family Planning Association of India and the Family Planning Training and Research Centre are also located in the City. A number of voluntary associations have incorporated or can incorporate family planning in their activities. In addition, business associations interested in distribution of contraceptives, and those concerned with mass informational media, all might be involved in strengthening the family planning movement. Some coordination of these efforts, in order to identify gaps in various aspects of the programme and to stimulate further efforts along promising lines, would be useful.

A method of bringing the interested parties together, and to stimulate their active use of and participation in action-research activities, would be to help set up a Bombay Family Planning Action Committee in which they are all represented. Preventive

Medicine departments of Medical Colleges, who have potentialities for taking an active interest in family planning work may also be represented on this committee.

## **2. Fact Finding for operational purposes**

Three studies which are already in progress at the Demographic Centre are providing background information which will be valuable for action-programme development :

- (a) A survey of 53 family planning clinics in Greater Bombay will provide data regarding the distribution of clinics in relation to population, variations in clinic load, type of clientele attending clinics, and factors affecting visits to the clinics.
- (b) The Bombay Births Study has involved selection of a random sample of 1000 women who had births between September, 1959 and August, 1960, for interview in their homes. This was done primarily to check information provided in currently used Birth Registration forms. Advantage was taken of this visit to obtain information about the attitudes of the women to family planning, the extent of their knowledge and use of contraceptive methods, and the sources of such knowledge.
- (c) Another study at the Centre has been aimed at devising schedules which can be used to collect more detailed base-line data with respect to practice of family planning and related factors.

A considerable volume of basic data, in addition to what the Centre has already collected or now contemplates doing is desirable for laying a sound ground-work for the long term programme and for its continuous development through the years. Additional information desired includes the following :

- (1) Resource persons and organisations (doctors, social welfare workers, etc.) whose services can be used in promoting the programme: who are available and how are they presently involved in it.
- (2) Supply resources for contraceptives : their availability and volume of distribution.
- (3) Educational materials : which are available, such as pamphlets, posters, film-strips, flash cards, etc., and what is their suitability for the local setting.
- (4) In areas to be taken up for special study, further benchmark information will be needed about level of knowledge about family planning, the kinds of contraceptive practices used, and motives underlying their acceptance and use.

(5) Availability of sterilization facilities, the extent of their use and the characteristics of people who have been sterilized.

### 3. Specific studies

A. *Clinic Study*.—The purpose of the study will be to help to develop and to evaluate procedures aimed at increasing the operational efficiency of clinics as agencies for popularising family planning. The first phase of the survey of family planning clinics in Greater Bombay has shown that there is great disparity in their performance. Whereas the maximum case load for new cases was one case in 36 minutes, the lowest recorded was one case per 14 hours of clinic operation. With regard to revisits, the performance varied from one case in every 12 minutes to one in 12 hours. It appears from the analysis made so far that factors contributing to high scores on the performance indices are (1) clinic location (the clinic being accessible and its location prominently displayed), (2) staff participation in publicising the work of the clinic (within the institution in which the clinic is located, and through home visits and group or mass meetings, outside, and (3) active follow-up of those who have come to the clinic. The second phase of this survey, for which data have been collected, will give information on the social and economic characteristics of the clientele and the extent to which the clinic fails to draw clients from elements of the population most in need of family planning. The third phase, in progress, will give information on the stimuli which prompted women to attend the clinics.

These data, plus the insights of workers already involved with clinic operations, provide a number of clues for increasing the efficiency of clinics. In collaboration with interested agencies, a plan will be developed for implementing improvements in a sample of clinics. Changes which occur in case loads and in responses of the clientele can be compared with those occurring in a control set of clinics.

Aspects of the clinic operation which are likely to be modified or strengthened include :

- (a) Clinic locations will be made prominent (if the locations cannot be changed readily, which is likely, prominent signs will be used to indicate their positions).
- (b) Hours when the clinic is open may be changed or increased.
- (c) Clinic services will be publicised (1) through advertisement in neighbourhood cinemas, (2) through publicity in the institutions to which the clinic is attached, (3) through home visiting, (4) through group or mass meetings.
- (d) Staff-strength may be changed (the use of a male medical social workers will be considered).
- (e) The preparation and distribution of pamphlets will be considered.

The evaluation of this effort may be taken up at different levels. The overall effect will be assessed in terms of new cases and revisits per clinic hour of operation and per clinic hour of professional staff. The relative effectiveness of various procedures used to facilitate peoples' visits to the clinic may be assessed by obtaining relevant information during first visits to the clinic. For example, the value of pamphlets can be assessed by arranging their distribution only to some of the couples in the neighbourhood and not to others, and considering how the two groups report to the clinic. It may also be possible to record the extent of the knowledge of women with regard to the subjects discussed in the pamphlet, when they first report to the clinic.

*B. Use of Non-clinical Approaches to Popularising Family Planning.*—By and large, the effort currently made in India to popularise family planning is through clinics, which give information directly by personal contacts and indirectly by educational effort in the clinic areas. Possibilities for further stimulation of awareness and provision of information about family planning through mass-media need to be thoroughly explored. Also, there are promising opportunities for achieving these ends, and also for providing the social support needed for acceptance, through mobilising existing local organisations of various types. Bombay health authorities have stressed the value of working through such existing channels, and especially of trying to develop this aspect of the family planning movement.

Such community educational approaches must also be supported either by providing supplies in nearby depots which are physically and psychologically "accessible", or by referral to other places where supplies and additional information and advice may also be obtained.

These "non-clinical" aspects of the family planning movement can be strengthened in areas where clinic services are now sparse, and the effects may be evaluated by measures of changes in peoples' knowledge, attitudes, and family planning practices.

*C. Family Planning Education during Ante-natal and Post-natal Periods.*—There is a strong view that women are likely to be most responsive to decide in favour of family planning if advice on the subject is given during the ante-natal or immediate post natal period. It has been the practice to give such advice routinely in some of the maternity centres in Bombay City. However, this still does not appear to have given striking results. There is need to study the present effectiveness of this effort, and to see whether it can be made more effective.

It is proposed to study what kind of information is now given about family planning, under what conditions, to whom, and what impact this information actually has. The findings will

probably suggest specific ways of strengthening this portion of the family planning programme, and a trial of these improvements can be framed, to test their effects.

D. *Use of Sterilization.*—Data available seem to indicate that the number of sterilizations conducted is on the increase, particularly among males. It will be useful to know more about the characteristics of those who come for sterilization, in order to estimate the effect of the present sterilization programme on the population. It will be particularly useful to learn more about the process whereby persons decided to come for sterilization, the sources of information, the ways in which possible fears were overcome, etc. Knowledge of the normal process will then suggest ways to facilitate this process, among other people. The effectiveness of possible programme methods so formulated will then be subjected to field trial and evaluation.

### Budgetary and Personnel Requirements

The budget suggested in the original project proposal should make it possible to carry out the programme above outlined, during the first two years, and to lay the ground work for carrying on with the general Phases "B" & "C", as planned. On the basis of further planning and assessment of available personnel and resources since the earlier proposal, the revision of the details of the budget within the overall totals recommended is presented in the statement attached. It is stressed that maximum flexibility of operation is required, if the goals of an action-research programme of this type are to be achieved.

#### BUDGET

	1st year	2nd year
	Rs.	Rs.
Part I.—Non-Recurring expenditure . . . .	50,000	nil.
Part II.—Recurring expenditure . . . . .	1,25,000	1,25,000

#### PART I—Non-recurring expenditure

	1st year only	
	In India	Abroad
	Rs.	Rs.
1. Willys Jeep Station Wagon . . . . .	..	20,000
2. One IBM Electric Typewriter, 12", modern type, 220 volts, 60 cycles.	..	2,500
3. One Monromatic Statistical Calculator . . . . .	..	4,000
4. One Facit hand calculator Model Cl-13 . . . . .	..	2,000
5. One Water Cooler . . . . .	2,000	..
6. Furniture (for a staff of 12 persons) . . . . .	6,000	..
7. Provision for other items . . . . .	13,500	..
	<b>21,500</b>	<b>28,500</b>

NOTE.—The expenditure abroad would be \$ 5,500 approx.

PART II.—*Recurring expenditure*

	1st year	2nd year
	Rs.	Rs.
1. Salaries (details attached) . . . . .	78,636	84,930
2. Assistance to Action Agencies towards increase of staff provision of new record forms, media etc.	15,000	12,000
3. Appointment of temporary staff for <i>ad hoc</i> pieces of work.	6,000	5,000
4. Travel in India . . . . .	3,000	2,000
5. Maintenance of Station Wagon . . . . .	3,600	4,000
6. Library . . . . .	2,000	500
7. Stationery & printing . . . . .	1,000	800
8. Postage . . . . .	480	480
9. Uniforms for Driver and Peons . . . . .	100	100
10. Accommodation including electricity . . . . .	12,000	12,000
11. Contingencies . . . . .	3,184	3,190
	<u>1,25,000</u>	<u>1,25,000</u>



*Recurring Expenditure*

Post	Scale	1st year					2nd year				
		Pay	CCA	DA	HRA	Total p.m.	Pay	CCA	DA	HRA	Total p.m.
		3	4	5	6	7	8	9	10	11	12
1. Programme Coordinator.	800—1,300	800	75·00	75	120·00	1,070·00	900	75·00	75	130·00	1,180·00
2. Senior Health Educator.	800—1,300	800	75·00	75	120·00	1,070·00	900	75·00	75	130·00	1,180·00
3. Senior Research Officer.	800—1,300	800	75·00	75	120·00	1,070·00	900	75·00	75	130·00	1,180·00
4. Research Officer .	350—800	350	50·00	40	52·50	492·50	375	50·00	40	56·25	521·25
5. Statistician . . .	350—800	350	50·00	40	52·50	492·50	375	50·00	40	56·25	521·25
6 Field Investigators (4) Conveyance allo- wance.	300—600 75	1,200	70·00	280	133·00	1,683·00 300*	1,300	80·00	280	144·00	1,804·00 300*
7. Clerk-cum-typist .	80—5—220	80	12·50	50	15·00	157·50	85	12·50	50	20·00	167·50
8. Peon . . . . .	30—1—35	30	7·50	40	10·00	87·50	30½	7·50	40	10·00	88·00
9. Driver . . . . .	55—3—85	55	10·00	50	15·00	130·00	58	12·50	50	15·00	135·50
						<b>TOTAL P.M.</b>					<b>TOTAL P.M.</b>
						6,253·00					6,777·5
						300·00*					300·00*
						<b>PER ANNUM</b>					<b>PER ANNUM</b>
						75,036·00					81,330·00
						3,600·00*					3,600·00*
						<b>Rs.</b>					<b>Rs.</b>
						78636·00					84,930·00

## APPENDIX 'D'

### Family Planning Communications & Action Research Project, Gandhigram, Madras State

#### I. OBJECTIVES

The ultimate objective of the scheme is to develop, through operational research methods, effective, reproducible methods of helping rural people in Madras State to accept family planning.

#### II. BACKGROUND

It is proposed to link the activities of this project with the Gandhigram Pilot Health Project. Responsibility for technical guidance of all health activities in the project area has been vested in the Director of the Pilot Health Project. An Advisory Board for the project includes various State Health authorities. There is an experienced *core* staff already available to the project (See Section IV).

For the last two years, the Pilot Health Project has been studying basic health problems and resources in the Gandhigram area and has helped in launching, on a pilot basis, improvements in various aspects of rural health practice. The staff are continuing to look at the broad community health picture in the area, and helping to develop, try out, and evaluate various improvements. In the course of this work, it has become evident that there is both need and opportunity in this area to intensify action-research work in the family planning line.

The Athoor I Panchayat Union is the area of the Gandhigram Pilot Health Project. The Union has an area of 91.17 square miles, and had an estimated resident population of 1,02,000 on 1st July, 1960. Of the 24 census villages, three are major panchayats (Villages of semi-urban character). There are 21,075 families and estimated 18,000 married women in the reproductive age group 15-44.

#### III. METHODS

The activities can be divided into three main stages, with "educational" and "research" activities in each stage.

##### Stage I :

1. *Educational*.—The personnel who will be connected with this scheme will be oriented to the goals and methods of the scheme. These personnel will include the technical personnel of the Pilot Health Project, the medical officers and health personnel of the two Primary Health Centres in the project area (Athoor &

Chinnalapatti), the medical officers and staff of the Avvai Rural Medical Service, Gandhigram, the Social Educational Organizers, Social Worker, Gram Sevaks and Gram Sevika of Athoor I Panchayat Union, the Head of the Department of Extension and Principal of Sanitation Faculty, Gandhigram Rural Institute of Higher Education, the married ladies undergoing training in Sevika-sramam (Gandhigram) and the Social Educational Organizers undergoing training in Gandhigram. Most importantly local panchayat officials and other leaders from the area will be closely involved at every stage of work.

This training will be organized in collaboration with the State Health Education Bureau, Madras State. The training will provide background knowledge of the anatomy and physiology of reproduction, methods of family planning and educational principles and methods applicable to propagating planned parenthood. The problem questions that are likely to be asked by the people and the possible answers to them will be discussed. The educational methods and aids that could be used by the field staff will also be developed, demonstrated and explained. The staff will also be oriented to some of the research studies likely to be undertaken and will be helped to appreciate the usefulness of careful evaluations of the progress of family planning action programmes.

2. *Research Activities.*—Baseline data will be collected for two purposes (i) discovering clues for planning more effective action programmes, and (ii) providing a means of assessing the impact of various parts of the programme. Some such baseline data are already available from the Baseline Survey conducted by the Pilot Health Project during 1959-60. A questionnaire will be designed to get further information, as needed, on the relationships between fertility patterns and income, occupation, social status, education and cultural background. Special attention will be given to the problems of estimating prevalence of abortion, infanticide and frequency of sexual union. Prevailing knowledge and practice of family planning practices and related motivating factors will also be assessed.

For various categories of the population, estimates will be made of the number and proportion of spouses who are at different levels of acceptance with respect to family planning. The spouses at various levels may be classified as follows:—

- (1) Those who are just aware of the idea of family planning.
- (2) Those who are somewhat interested in family planning.
- (3) Those who are actively trying to evaluate the desirability or otherwise of family planning.
- (4) Those who are giving a trial to use of family planning methods.
- (5) Those who have definitely adopted family planning.

In addition to these studies, and as important, will be a careful analysis of existing family planning efforts in the area, of resources which might be used for intensifying the programme and of present workers' ideas about possible methods for increasing the effectiveness of educational work, of supply lines, or of clinic services.

From these preliminary observations, some key problems will be identified and more clearly defined, and working hypotheses regarding programme improvements be formulated. In closest cooperation with existing action agencies in the area, plans will be developed for launching intensified activities aimed at getting the maximum acceptance of family planning.

## Stage II—Implementation :

1. *Educational.*—The detailed programme activities will depend much on possibilities which are worked out in cooperation with local agencies such as panchayats, Panchayat Union staff etc. Special attention will be given to the population segments found most receptive to the programme. Different approaches to family planning, including various temporary and permanent methods will be explained in detail to those who wish to know, and will be made easily available. Persons who are already practising family planning will be helped to explain the methods practised and the benefits derived therefrom. The contraceptive distribution points will be strategically arranged to be of easy reach of the people and contraceptives will initially be supplied free.

2. *Research activities.*—There will be concurrent observations and evaluation of general programme progress. The hypotheses made earlier will be tested in the field in so far as possible. Efficiency of different educational methods and aids will be assessed, in particular. Points where the programme is being slowed down, will be identified, documented and studied as the programme develops. Where feasible, small-scale experiments will be designed and worked into the programmes in order to clarify specified points. It is stressed that hypotheses which are framed and studies to be carried out will be selected according to the extent they provide information really meaningful for programme development.

The offtake of the contraceptives will be watched by periodic checks. The rate of adoption of different practices and the reactions of adopters will also be followed as closely as feasible. The extent of changes in the birth-rates, induced abortion rates and the various "levels of acceptance" short of adoption, will be studied and analysed. It may not be possible to estimate the efficacy of different contraceptives used, but this will not be

a main objective. The primary aim will be the development of effective programme methods for selling the idea of planned parenthood to the people.

During the service programme, some specific research problems will also be undertaken. The contemplated problems are :

- (1) Assessment of knowledge of family planning versus increased sexual indulgence. Ability to study this will depend on earlier research aimed at finding adequate measuring tools for these factors.
- (2) Study on the decision-makers in the house-hold for adoption of family planning (husband's and wife's influence ; also, influence of other members).
- (3) Family Planning practices, their failures and their association with abortion rates. Again, this will depend on earlier research on finding a way to estimate abortion rates.
- (4) Preference among the people for different methods of family planning.

### Stage III—Consolidation & Extension :

1. *Educational Activities.*—The findings resulting from the implementation of the programme will be consolidated, further analysed, and used to formulate suitable recommendations. Attention will be especially given to interpretation of these findings to programme administrators, technical workers, and panchayat leaders, in other areas.

The field programme operations will be extended atleast to the adjacent Athoor II Panchayat Union and consultation will be given to District authorities in developing a District-wide intensive programme in Madurai District.

2. *Research Activities.*—The data collected during the programme will be used to formulate further action hypotheses if indicated and these may be tested in the extended areas. Assistance will be given in interpretation of findings. Special attention will be given to working out simple methods of programme evaluation for use in future programmes.

## IV. AVAILABLE RESOURCES

I. Advisory Board of the Pilot Health Project, Gandhigram  
(Consultants)

- |  |                 |                  |
|--|-----------------|------------------|
| (1) Dr. (Mrs.) T. S. Soundram Ramchandran.   | <i>Chairman</i> |                  |
| (2) Dr. Moye W. Freymann, Consultant in Health, Ford Foundation, New Delhi.                                  | }               |                  |
| (3) Dr. V. R. Thayumanaswamy, Director of Medical Services, Madras.  |                 |                  |
| (4) Dr. N. Parthasarathy, Director of Public Health, Madras.   |                 |                  |
| (5) Shri G. Venkatachalapathy, Additional Development Commissioner, Madras Government.                       |                 |                  |
| (6) Shri N. D. Sundaravadivelu, Director of Public Instruction, Madras State.                                |                 |                  |
| (7) Dr. K. Gokale, Officer in charge, Orientation Training Centre, Poonamalee Nr. Madras.                    |                 |                  |
| (8) Shri G. Ramachandran, Hony. Director, Gandhigram, Madurai District, Madras State.                        |                 |                  |
| (9) Dr. M. D. Anantachari, M. D., Retired Principal, Madurai Medical College, Madurai.                       |                 | <i>Members</i>   |
| (10) Dr. G. Victor, Principal, Madurai Medical College, Madurai.   |                 |                  |
| (11) Dr. V. S. Ramaswamy, Professor of Preventive & Social Medicine, Madurai Medical College, Madurai.       |                 |                  |
| (12) Shri S. Viswanathan, Collector, Madurai.  |                 |                  |
| (13) Dr. E. R. Menon, District Medical Officer, Madurai.   |                 |                  |
| (14) Dr. P. M. Rajarathnam, District Health Officer, Madurai.  |                 |                  |
| (15) Shri M. Belliappa, I.A.S. Assistant Collector, Madurai.   |                 |                  |
| (16) Dr. N. R. Ramakrishnan, Director, Pilot Health Project.   |                 |                  |
| (17) Dr. Isaac Joseph, Professor of Preventive & Social Medicine, Vellore Medical College (Special invitee). |                 | <i>Secretary</i> |

**2. Pilot Health Project staff :**

Shri K. Srinivasan, Statistician  
 Shri A., Govindachari, Social Scientist  
 Kumari S. Sarojini, Health Educator  
 Sri S. Sethu, Health Inspector

**3. Trainees from Gandhigram :**

- (1) Married ladies and widows undergoing training in Sevikasramam—about 80 in number.
- (2) Social Educational Organizers under training, male and female—about 80 in number.

**4. Gandhigram Rural Institute of Higher Education :**

- (1) Head of Department of Extension : Sh. M. K. Selvaraj.
- (2) Principal of Sanitation Faculty : Sh. K. A. Pisharoti.

**5. Madras State Health Department :**

Assistant Director, Public Health (Health Education)  
 Health Educator

**6. Service Agencies in the Area :**

Primary Health Centres already working	2
Primary Health Centre proposed to be opened in 1962	1
Existing staff—Medical Officers	2
Health Visitors	2
Auxiliary Nurse-Midwives	2
Maternity Assistants	6
Health Inspectors	2

**7. Athoor I Panchayat Union Commissioner.****8. Athoor I Panchayat Union Staff :**

Social Educational Organizer (male)	1
Gramsevaks	12
Gramsevika	1
Social Welfare Worker (male)	1

### 9. Staff of the Avvai Rural Medical Service, Gandhigram:

Medical Officers (women)	. . . . .	2
Medical Officers (male)	. . . . .	1
Nursing Tutor	. . . . .	1
Staff nurses	. . . . .	2
Pharmacist-cum-Technician	. . . . .	1
Auxiliary Nurse-Midwives	. . . . .	8
Health Visitors	. . . . .	2
Welfare Worker (female)	. . . . .	1

Operational facilities for vasectomy and salpingectomy will be available in the Kasturba Maternity Hospital (Avvai Rural Medical Service) Gandhigram.

A Family Planning Clinic is already working as part of the Avvai Rural Medical Service in Chinnalapatti major panchayat (near Gandhigram) from March 1958. One Health Visitor, one Auxiliary Nurse-Midwife, one Welfare Worker are carrying out a programme, assisted by the medical officers of the Avvai Rural Medical Service. The information gathered by the Health Visitor working in the above Family Planning Clinic has already been reported in a paper entitled "Observations on Family Life of a Weaver Community".

### V. ADDITIONAL RESOURCES NEEDED

The Additional resources needed are :

- (1) Social Worker trained in family planning to help intensify educational activities among women . . . . . 1
- (2) Public Health Nurse (to strengthen the nursing aspect of the project) . . . . . 1
- (3) Health Educator (male) to stimulate and coordinate health education work by male technical workers and among village men (basic qualification—Doctor) . . . . . 1
- (4) Social Scientist (female) to carry out research activities indicated above . . . . . 1
- (5) Clerk-cum-Store-Keeper at Panchayat Union level to take charge of family planning appliances and help develop local distribution points, near the people . . . . . 1
- (6) Artist, to help in developing and preparing educational aids . . . . . 1



(7) Driver . . . . .	1
(8) Sevaks . . . . .	2
(9) Stenographer-cum-manager (for general Office support) . . . . .	1

## VI. BUDGET

The following are the items of expenditure proposed under "Non-Recurring" and "Recurring".

*Non-Recurring*

	Rs. nP.	Rs. nP.
Office Equipment . . . . .	1,300.00	3,000.00
Typewriter . . . . .	1,700.00	
Furniture (Tables, Chairs, Steel almirah File cabinet). . . . .		
Jeep Station Wagon . . . . .		25,500.00
Educational materials . . . . .		1,000.00
Slide Projector and film strips . . . . .		1,000.00
Uncommitted Contingencies . . . . .		10,000.00
		<u>Rs. 40,500.00</u>

*Recurring*

I (a) Salaries	I year	II year	III year	Total	
Health Educator (male). (Rs. 450—25—800). . . . .	5,400	22,380	23,424	24,468	70,272
Behavioral Scientist (female) (Rs. 450—25—800). . . . .	5,400				
Public Health Nurse (Rs. 225—10—275—350). . . . .	2,700				
Social Worker (female) (Graduate trained in Family Planning). (Rs. 150—10—200). . . . .	1,800				
Artist (male) . . . . .	1,500				
(Rs. 125—5—175). . . . .					
Manager-cum-Stenographer (Rs. 180—5—200). . . . .	2,160				
Clerk-cum-Store-keeper (Rs. 100—4—120). . . . .	1,200				
Driver . . . . .	900				
(Rs. 75—1—85). . . . .					
Sevaks—2 . . . . .	1,320				

	I year	II year.	III year	Total
(b) Provident Fund Contributions.	1,343	1,407	1,467	4,217
(c) House rent allowance . .	1,679	1,759	1,836	5,274
(d) Dearness allowance . .	1,320	1,320	1,320	3,960
	26,722	27,910	29,091	83,723
I. Salaries including allowances	26,722	27,910	29,091	83,723
II. Office Stationery and forms	2,000	2,000	2,000	6,000
III. Maintenance of Station Wagon.	4,500	4,500	4,500	13,500
IV. Publication of Reports .	1,000	1,000	1,000	3,000
V. Travel inside India . .	5,000	5,000	5,000	15,000
VI. Books & Literature . .	1,000	1,000	1,000	3,000
VII. Cost of contraceptives*	1,20,000	1,20,000	1,20,000	3,60,000
	1,60,222	1,61,410	1,62,591	4,84,223

TOTAL :

Non-Recurring Rs. 40,500

Recurring Rs. 4,84,223

TOTAL Rs. 5,24,723 or Rs. 25,000

\*There are ten communities in the area. 200 couples from each community are the basic minimum to be followed up. At the rate of Rs. 5 per couple per month towards expenditure on contraceptives, a sum of Rs. 1,20,000 is required Per year (60 × 2000).

The contraceptives may either be provided free or provision made in the budget for their purchase.

#### VII. ADMINISTRATIVE ARRANGEMENTS

The budget of the Pilot Health Project is provided largely by a grant from the Ford Foundation. Regular technical and administrative review of expenditure is carried out by the Pilot Health Project Board. This assures careful control plus the flexibility required for an action-research operation. It is proposed, therefore, that the "ad hoc" grant for the present project also be made to the Treasurer, Gandhigram, for administration along with the Pilot Health Project activities. Regular accounting will also be made to the Government of India.

The duration of the project should be fixed at three years in the first instance. The first *ad hoc* grant should cover the first one year's operations.

(Sd.) N. R. RAMAKISHNA,  
Director, Pilot Health Project,  
Gandhigram.

## APPENDIX 'E'

### **Planning, Research and Action Institute, U.P. Outline of Family Planning Communication Research Study**

#### I. TITLE OF PROJECT

Family Planning Communication Research Study, Planning, Research and Action Institute.

#### II. CONCISE DESCRIPTION OF PROJECT

The purpose of the experiment will be to develop pilot project areas in the field of family planning where an action research programme will be carried out on the following lines :—

- (1) Finding out an organizational pattern for intensive family planning work in the blocks, utilizing the existing agencies and resources available in the community'
- (2) Locating factors for and against acceptance of family planning.
- (3) Study of problems facing the family planning workers.
- (4) Finding out suitable and effective media of communication.

Specific Objectives to develop methods and techniques for the following :—

- (a) Creating awareness about the need of family planning.
- (b) Imparting knowledge about the modern methods of family planning (simple and inexpensive methods).
- (c) Trial of the following educational techniques for making family planning programme more effective :
  - (i) Individual group ;
  - (ii) Group approach ; and
  - (iii) Mass approach.
- (d) Developing the family planning clinic activities in the primary health centre in close coordination with block and other agencies.
- (e) Locating hidden channels of communication.

#### III. INSTITUTION TO WHICH GRANT SHOULD BE ADDRESSED

Planning, Research and Action Institute, U.P., Lucknow.

## IV. BACKGROUND OF THE PROJECT

(1) *Brief review of the previous relevant studies.*—A Family Planning Research Project was carried out in 6 family planning clinics in the city of Lucknow. Two hypotheses were put to test :

- (a) That the use of male and female workers to educate the people would be more effective for bringing about acceptance of family planning methods than use of female workers alone.
- (b) That the intensity of contact, frequency being the same would affect acceptance.

The study report has been completed and circulated.

(2) *What the proposed project is expected to contribute to general knowledge in the family planning field.*—The project would bring out the following :—

- (a) Basic information about common attitudes, beliefs and practices regarding family planning in rural areas of U.P.
- (b) Difficulties of family planning social workers in the primary health centres.
- (c) Barriers—organizational, educational, socio-economic and cultural—to family planning work in U.P.
- (d) Other organizations which can be utilised for family planning work.
- (e) Methodology of holding successful group discussions amongst village groups of both sexes; content and philosophy, which can be discussed in such meetings.
- (f) Suitability of A. V. aids available.
- (g) Impact of mass communication approach when used alone in family planning.

(3) *In what ways findings from this project are likely to have specific practical usefulness for the promotion of family planning.*—(1) The project will help to find a suitable organizational pattern which could be extended successfully to the rest of the State.

(2) The project will point out effective channels of communication.

(3) The project experiences will bring out effective educational techniques in family planning.

## V. METHOD OF WORK

The project will be carried out in three phases :—

**Phase 1**

(a) *Selection of area.*—A representative area will be selected for study having a primary health centre, family planning clinic and the block. Families for the study will be selected according to family bearing age, social status, caste groups, etc.

(b) Pre-action exploratory field studies will be under-taken for knowing the fertility rates in different groups of population, attitudes of people towards family planning and usual channels of communication in the family. This will form the base line and will also be helpful for laying down some hypotheses for action work.

(c) Six rural and two urban clinics will be undertaken for study of the following :—

- (i) Popularity of the clinic in the different villages of the area, identification of visitors to the clinic by sex, age, socio-economic status etc. and factors affecting visits to the clinic.
- (ii) Main barriers to family planning work as observed by social and other workers in the family planning clinic—administration, staffing, lack of suitable education, material, contraceptives, supplies and cultural barriers.
- (iii) Family Planning activities of maternity centres.
- (iv) Other organizations which could be usefully employed in family planning work.

**Phase 2**

(i) *Action Programme.*—Development of family planning activities will be undertaken in the family planning clinic attached to the primary health centre as follows :—

- (a) Providing 1 female and 1 male social worker in the clinic.
- (b) Providing sufficient privacy and suitable visiting hours convenient to the people for family planning work.
- (c) By publicising the clinic activities in all men and women organizations, institutions, entertainment and market places and through home visits, group or mass meetings.
- (d) By holding regular staff meetings to utilize the services of all members of the public health team in promoting family planning activities.

(e) By providing educational situations in the primary health centre for visiting patients, specially pregnant women.

(ii) *Research Activities*.—Utilizing the basic data collected in Phase I, Research activities will be carried out on the following aspects :—

- (a) Utilising male social workers as compared to female workers in the primary health centre clinics.
- (b) Impact of group discussion programmes on acceptance of family planning amongst :
  - (i) Block and other institutional staff.
  - (ii) Selected village leaders.
  - (iii) Men and women groups in villages.

The group approach will aim to draw out a Methodology for holding successful group discussions, their procedure, content and Audio-Visual aids required.

(iii) *Mass Communication Approach*—will try to determine the following :—

- (a) In what stage is mass communication most effective in a programme.
- (b) Effectiveness of mass communication approach when used alone.
- (iv) Pre-testing, available A. V. aids and prepare new ones—suitable for individual group or mass approach.

#### *Staff Placements :*

Besides the normal staff of the family planning clinic and the primary health centre, 8 social workers divided into two following groups will be utilized :—

*Group 1*—will work as Research Investigators for carrying out pre-action survey, current appraisal, pre-testing of A. V. aids and post-evaluation. They will work intimately with the Health Education staff to enable adjustments and modifications in the action programme as and when needed.

*Group 2*.—4 Social workers will work on research items as indicated above. One of the male social workers will work in the clinic and carry out group discussions amongst the staff of the primary health centre and block.

2 Social workers will work in men and women groups, pre-planning and holding group discussions with follow-up, etc.

One Social workers will work on training camps for village leaders.

Besides the above 2 senior workers, one in the field of Social Science and other in Health Education, will guide and supervise the field work.

Three other Senior Social workers comparable to District level Health Educators will be appointed as and when the Project is extended.

### Phase 3

*Extension phase.*—Experiences and findings of Phase 2 will be tried in limited areas and then final recommendations given for wider extension.

## VI. RESOURCES AVAILABLE FOR THIS PROJECT

1. (a) *Project Advisory Committee.*—At the State level, a Project Advisory Committee with the Director of Medical & Health Services as Chairman and Asstt. Director (Family Planning) as Vice Chairman will be formed to give overall guidance, approve programmes and decide policy matters. Representatives of all organizations interested in the problem will be its members. Some experts from the Central Government and International agencies will also be coopted as its members.

(b) Specialist services of sectional heads of Rural Life Analyst; Rural Health; Women's Programme, Extension, Panchayat & Statistics will be available along with other resources of the Planning; Research and Action Institute.

2. *Staff Requirements.*—There are two aspects of the problem which the study proposes to investigate :—

- (1) How can the present organization for family planning be best utilised for promotion of family planning activities. A senior medical officer, who can work as Director of the project and have sufficient say with the district and block organization, has been proposed. The Medical Officer will also plan and guide the Health Education work of the project.
- (2) *Research & Evaluations.*—A Social Scientist has been proposed to efficiently conduct the research investigations. He will also help in correctly designing the research studies.
- (3) The Health Educator proposed will work at the District level during the extension phase when trial of significant findings is being done in the normal organization of the Health Department.

- (4) The number of social workers (senior and junior) appointed will depend on the number of field research studies undertaken and approved by the Project Advisory Committee.
- (5) Audio-Visual staff has been proposed to help preparation of audio-visual material required for the educational phases of the programme.

3. *Method of administering project funds*—The project funds will be administered by the Director, Planning Research & Action Institute.

#### VII. TIME SCHEDULE

1. **Date when grant desired to be available**—October, 1961.

2. **Estimated dates of accomplishment of stages of work :**

(i) *First phase :*

Selection of area	}	One year.
Training of workers		
Pre-action surveys		
Designing the details of research studies to be taken up		
Developing the Family Planning activities at the Primary Health Centres		

(ii) *Second phase:*

Action programme in the rural and urban clinics.	}	Two years.
Trial of educational techniques		
Field trial of research studies		
Compilation and analysis of data collected		

(iii) *Third phase:*

Drafting of reports and recommendations	}	Two years.
Trial of significant experiences in different areas of the State under normal conditions.		
Final report of the project.		

#### VIII. FINANCIAL & BUDGET REQUIREMENTS

As given in Appendix II:— for a period of 3 years.



## Appendix I

### *Details of scale of pay and establishment*

#### Staff :

##### *Pay of Officers*

Officer Incharge Project . . . . .	1	Rs. 1,000—50—1,200.
Social Scientist . . . . .	1	Rs. 500—50—1,000—EB—50— 1,200.
Health Educator . . . . .	1	Rs. 250—25—400—EB—30— 700—EB—50—850.
Junior Associate to Socio- Scientist. . . . .	1	Ditto.

##### *Project Staff for each Pilot Area:*

Social Workers Senior] . . . . .	5	Rs. 200—15—350.
Social Workers Junior . . . . .	8	Rs. 120—250.

##### *Audio-Visual Section Staff:*

Publicity Officer . . . . .	1	Rs. 300—500.
Photographer . . . . .	1	Rs. 120—6—162—EB—6— 210—EB—10—250.
Artist . . . . .	1	Ditto.
Cinema Operator . . . . .	1	Rs. 75—5—100—EB—5—125.

##### *Office Staff :*

Assistant Superintendent . . . . .	1	Rs. 160—15—220—EB—15— 280—EB—20—300—EB—20— 400 plus Rs. 40.
Upper Division Assistants . . . . .	2	Rs. 160—15—220—EB—15— 280—EB—20—300—EB—20— 400.
Lower Division Assistants . . . . .	4	Rs. 80—200.
Typists . . . . .	2	Rs. 80—200.
Stenographers . . . . .	2	Rs. 160—15—220—EB—15— 280—EB—20—300—EB—20— 400.
Orderly Peons . . . . .	4	Rs. 27— $\frac{1}{2}$ —32.
Cyclostyle Operator . . . . .	1	Rs. 32—1—37.
Office Peons . . . . .	2	Rs. 27— $\frac{1}{2}$ —32.
Motor Driver . . . . .	1	Rs. 45—2—65—3—80.
Messenger . . . . .	1	Rs. 27— $\frac{1}{2}$ —32.

**Appendix II**  
*Financial Implications*  
(For One Year)

	Rs.	
Pay of Officers . . . . .	22,000	
Pay of Establishment. . . . .	40,300	
D.A. & C.A. . . . .	21,000	
T.A. . . . .	10,000	
	93,300	93,300

**Contingencies :**

<i>Recurring—</i>	Rs.	
Contraceptives & Medicines . . . . .	37,000	
P.O.L. for two vehicles . . . . .	3,000	
Service Postage Stamp, Telephone, Misc. Contingen- cies and office equipment.	5,000	
	45,000	45,000

<i>Non-Recurring—</i>	Rs.	
A.V.A. Material & Equipment . . . . .	22,000	
Two Publicity Vans . . . . .	70,000	
One Cinema Machine . . . . .	25,000	
One Public Address Equipment . . . . .	15,000	
35 Tables . . . . .	3,500	
70 Chairs . . . . .	800	
6 Typewriters . . . . .	6,000	
One Cyclostyle Machine . . . . .	2,000	
Stationery & Office Equipment . . . . .	5,000	
	1,49,300	1,49,300

<b>GRAND TOTAL</b> . . . . .		2,87,600
or, Rs. . . . .		3,00,000

*Budget requirement for three years*

Year	Pay of Officers	Pay of Establish-ment	Allowances and Honoraria		Contingencies		Total
			D.A.	T.A.	Recur-ring	Non-Recur-ring	
First Year .	22,000	40,300	21,000	10,000	45,000	1,49,300	2,87,600
Second Year .	23,800	43,800	21,000	10,000	45,000	1,000	1,44,600
Third Year .	25,600	47,500	21,000	10,000	45,000	1,000	1,50,100
<b>TOTAL .</b>	<b>71,400</b>	<b>1,31,600</b>	<b>63,000</b>	<b>30,000</b>	<b>1,35,000</b>	<b>1,51,300</b>	<b>5,82,300</b>
							Say, 6 lakhs

APPENDIX 'F'

**Ford Foundation Fellowships in Family Planning  
Communications Research 1961-62**

Serial No.	Name of Candidate	Designation	Name of Sponsoring Institutions
<b>1961-62</b>			
1.	Dr. (Miss) Uma Choudhury.	Research Analyst	Rural Field Study Population Control, Singur (West Bengal).
2.	Mrs. Asha Atmaram Bhende.	Instructor (Health Education).	Family Planning Training and Research Centre, Bombay.
3.	Dr. (Miss) Surjit Kaur Pannu.	Regional Family Planning Officer.	Directorate General of Health Services, New Delhi.
4.	Miss M. B. Talpallikar	Instructor Social Work	Family Planning Training and Research Centre, Bombay.
5.	Shri Krishan K. Kapil.	Propaganda and Education Officer.	Family Planning Association of Delhi.
6.	Dr. Sohan Singh	Additional District Medical Officer of Health.	Director of Health Services, Chandigarh.
7.	Dr. K. T. Chitre	Officer-in-charge, Family Planning.	Poona, (Maharashtra)
8.	Dr. (Mrs.) P. K. Bhinder	Assistant Superintendent, M.C.W.	Delhi Corporation.
<b>1962-63</b>			
1.	Dr. R. N. Basu	Principal Officer	Rural Field Study of Population Control, Singur.
2.	Miss M. P. Mammen	Research Aide	Research-cum-Action Project, Poona-mallee (Madras).
3.	Miss Lakshmi Abhichandni.	Health Educator	Ministry of Health.
4.	Dr. (Mrs.) J. Khanna	Assist. Surgeon Grade I.	Ministry of Health.
5.	Shri K. G. Menon	Health Educator	Ministry of Health

## APPENDIX 'G'

## Family Planning Communication Research Schemes

Serial No.	Institute	Title of Scheme
1	2	3
1.	Faculty of Social Work, Baroda	A study of the reaction of the person who have undergone surgery as a method of Family Planning.
2.	Pilot Health Project, Gandhigram	Family Planning Communications & Action Research Project, Gandhigram, Madras State.
3.	Jadavpur University	A study of inter-regional and inter-class differential fertility in India from available demographic statistics.
4.	Planning Research & Action Institute, U.P.	Group discussion decision technique in Family Planning.
5.	Kerala University, Trivandrum	Family Planning Communication Action and Research Programme in Kerala.
6.	Lady Hardinge Medical College & Hospital, Delhi.	Study of Methods for raising the effectiveness of Hospitals in promoting Family Planning.
7.	District Family Planning Sub-Committee, Ludhiana.	Family Planning Communication Action Project, Ludhiana.
8.	Central Health Education Bureau, New Delhi.	Developing a Family Planning Promotion Programmes. Capable of duplication on a wider scale.
9.	Anthropological Survey of India, Calcutta.	Differential acceptance of Family Planning methods under three types of Approach.
10.	University of Kerala, Trivandrum	Study of differential fertility of mothers in Kerala.
11.	Social Anthropology Deptt., Karnatak University, Dharwar.	Infant mortality in an Indian Village Amminbhavi.
12.	Preventive and Social Medicine Department, Grant Medical College, Bombay.	Acceptability of contraceptive, measures by class IV servant residing in J. J. Hospital Bombay.

1	2	3
13.	Sardar Vallabhbhai Vidyapeeth, District Kaira.	Action Research Project in Family Planning.
14.	J. K. Institute of Sociology and Human Relations, Lucknow University.	Intensive Family Planning Work through utilisation of indigenous media of mass communication.
15.	Rural Health & Training Centre Najafgarh, Delhi.	Project Scheme awaited.
16.	Darbhanga Medical College, Bihar .	Project Scheme awaited.
17.	University of Gorakhpur . . .	Project Scheme awaited.
18.	Marathwada University, Aurangabad	No Scheme for present.
19.	Hindu University, Banaras . . .	No Scheme.
20.	Indian Institute of Science, Bangalore	No Scheme.
21.	School of Social Work, Indore . . .	No Scheme for present.

**Summary of Project proposals submitted for Ad hoc grants under family planning Communication research programme, as on July, 1961**

**I. FACULTY OF SOCIAL WORK, BARODA UNIVERSITY**

**Study of Reactions of persons undergoing surgical sterilization.**—The Faculty of Social Work has already undertaken exploratory studies which indicate the frequent presence of misconceptions regarding surgical sterilization. Detailed work plan is not described. The medical adviser to the Project is not specified. The investigation will involve use of two female and one male students to interview persons before and after surgical sterilization. It is hypothesized that people who are well prepared before the operation will be more likely to accept it as satisfactory afterwards. The whole duration of Project : 3 months, total cost : Rs. 1,000.

**2. PILOT HEALTH PROJECT, GANDHIGRAM, MADRAS**

**Family Planning Communications and Action-Research Project, Gandhigram.**—The objective is to develop, through operational research methods, effective, reproducible methods of helping rural people of Madras State to accept family planning. The Project is proposed to be linked with the activities of the Gandhigram Pilot Health Project, which, for the past two years, has undertaken extensive studies of basic health problems and resources in the Gandhigram area, has acquired considerable basic population data, and has helped to launch, on a pilot basis, a number of improvements in rural health practices. The Project area covers approximately 1 lakh of population, including an estimated 18,000 married couples in reproductive ages. The methods of work are described in some detail, in three stages, (1) preparation, (2) implementation, and (3) consolidation and extension. It is intended that maximum use will be made of existing health, community development, and school teacher personnel in the area, as channels for the dissemination of the programme. Various methods will also be used to try to stimulate local leadership, and to establish contraceptive distribution points. The research activities will involve an additional base-line investigation, aimed at getting further information on relationships between various factors and fertility. Special attention will be given to the problems of estimating prevalence of abortion, and frequency of sexual union. As a way of estimating the effect of various programme methods, couples will be classified according to their level of readiness to accept family planning, at the outset of the programme. During the course of the programme, concurrent observations and

the valuations will be carried out, as well as testing of hypotheses made at the outset. Various methods will be used to estimate the rate of contraceptives up-take in the area. During the course of the programme, there will be special studies of the decision-making process in the household, and the influence of the programme on abortion rates and sexual union. Duration of Project; 3 years. Estimated cost for first year : 1.6 lakhs. Estimated total cost : 5.2 lakhs.

### 3. JADAVPUR UNIVERSITY

**Study of Inter-regional and inter-class differential fertility.**—The objective is to investigate, from available demographic statistics, the magnitude of the fertility differentials among different sections of the people, and to relate these differentials, if possible, to socio-economic factors. The first stage of the work will involve a survey of sources of information, which will then be subjected to statistical analysis. Some incidental data collection may be needed to fill in gaps. The work is to be done in the Department of Economics, where studies of an explanatory nature along these lines have already been undertaken. The sponsors point out that the identification of factors which influence fertility will have importance to programme policy-makers. Duration of Project : 3 years. Cost for first year : Rs. 23,700. Total costs : 64,240.

### 4. PLANNING, RESEARCH AND ACTION INSTITUTE, U. P.

**Action-Research Project in Family Planning.**—The objective is to develop pilot project areas in the field of family planning where an action-research programme will be carried out in order to find an organizational pattern for intensive family planning work which will have maximum effectiveness, utilizing the existing agencies and resources available in the community. In order to do this, special studies will aim at locating factors for and against acceptance of family planning, studying the difficulties of family planning workers, and developing and testing suitable media of communication. The specific objectives include the trial of individual contacts, small group approaches, and a mass communication approaches. The institute has already carried out a careful study of family planning clinics in the city of Lucknow, testing hypotheses regarding the effectiveness of using male and female family planning education personnel, *versus* the use of female workers alone. Also, the effects of different intensities of contact (frequency of visits) was also studied.

The methods of work for the present proposal are carefully outlined, in a phased fashion. Six primary health centre blocks are conceived as the basic units of work. Pre-action exploratory field studies will be undertaken, in order to gather information needed for formulating the action programmes. Also, base-line measures of fertility rates will be done. Some studies will also be



done in two urban areas, using the family planning clinic and its neighbourhood as the basic unit of work. Similar pre-action studies will be carried out here.

In the action programme, it is proposed to add to the block or to the clinic staff an additional female and male social workers. Various other specific methods for immediately improving clinic effectiveness are proposed, and evaluation of these methods will be made. In the general community, the impact of group discussion programmes, especially, will be assessed, among block staff, among village leaders, and among men and women in the villages. Also, detailed studies of the dissemination of message content through mass media will be done.

It should be noted that the work will be done with the guidance of a Project Advisory Committee which including State Government officials, and the field work will be carried out in close collaboration with the State Family Planning Officer. There is, however, not much mention of the methods of utilisation of the existing health, community development, or other technical staff in the new programme to be undertaken. Total duration of project : 3 years. Proposed cost for first year : Rs. 2·87 lakhs. Total cost for three years : Rs. 6 lakhs.

#### 5. KERALA UNIVERSITY

**Family Planning Communication and Action Research Programme in Kerala.**—Here, again, a general action-research programme is proposed to be developed, as in the case of Gandhigram and the Planning Research and Action Institute in Lucknow. The University Department of Statistics, the Department of Psychology, and the Medical College Department of Preventive Medicine, have all been interested in population matters, including family planning, and have done a few studies in this field. Again, the method of work proposed is to undertake some preliminary studies, in this case in two community development blocks. Basic demographic data will be collected, as well as socio-psychological data relating to acceptance of family planning. On this basis, educational and other services will be developed. As the programme progresses, regular evaluative and problem-oriented studies will be undertaken. Although the project advisory committee includes representation from the State Health Department, the ways in which the official agencies will be involved in the programme and will carry their share of responsibilities for it are not specified. Duration of project : five years. Budget for first year : Rs. 1·5 lakhs. Budget for total period : Rs. 5·16 lakhs.

#### 6. LADY HARDINGE MEDICAL COLLEGE, NEW DELHI

**Study of Methods for Effective Promotion of Family Planning through Hospitals.**—The object is to evolve basic methods of analyzing the hospital as a social system, to study the

information and attitudes about family planning among the staff, students, and patients, to identify factors which explain these, and to use this information in developing and trying out methods for increasing the effective impact of the hospital system upon the people who come into contact with it, with reference to family planning. The staff of the Department of Preventive Medicine of the Lady Hardinge Medical College have had some interest in family planning work for several years, and have had contact with action-research studies at Najafgarh. They have also already done basic studies in their hospital M.C.W. clinics. The methods of work is described in phases. The preliminary research will involve, especially, studies of the role-perceptions of the hospital staff, their relations to the family planning programme, and assessment of their potential contributions. Base-line data will also be collected regarding the knowledge and practice of family planning among people in contact with the hospital. On the basis of this, educational methods will be developed which will be aimed at increasing the total impact of the hospital with regard to family planning. Periodic assessments and special problem-oriented studies are anticipated. Duration of project : 4 years. Proposed budget for first year (including station wagon) : Rs. 85,000. Proposed budget for four years : Rs. 2.65 lakhs.

#### 7. DISTRICT FAMILY PLANNING SUB-COMMITTEE, LUDHIANA

**Family Planning Communication Action Project, Ludhiana.**—The object of the work is to develop effective methods for helping people to accept family planning on a district-wide basis, in conjunction with the intensive agricultural development programme being implemented in Ludhiana District. In this district base-line studies have been carried out through the Harvard-India-Ludhiana project. Extensive studies of various aspects of agricultural economics and of the process of acceptance of farm practices are being carried out in connection with the agricultural development programme. At the Agricultural College and the Medical College in Ludhiana there is interest also in further study of methods for promoting the family planning programme. The methods of work in the proposed project are again, similar to the broad-scale programmes being proposed in certain other centres. Emphasis, however, will be especially laid on working with and through the agricultural workers. Also, a special feature will be the development of honorary family planning workers in each village, and the supply of contraceptives through local persons in the villages. Duration of project : two years, in the first instance, probably to be extended to five years. Cost of first year : 1.90 lakhs. Estimated cost for five years: Rs. 8.0 lakhs.

#### 8. CENTRAL HEALTH EDUCATION BUREAU, D.G.H.S.

**Developing a Family Planning Promotion Programme Capable of Duplication on a Wider Scale.**—The project has the general goals outlined for the broad scale action-research

proposals submitted from certain other centres. The sponsoring Bureau has deep interest in, and experience in, action-research type of work. It has done exploratory studies in family planning, as well as training of family planning educational personnel. The methods of work proposed are unique, in that it suggests the use of six different types of 'package' programmes. Each of these approaches is discussed in careful detail, under the sub-headings of : goals, assumptions, components, strong points, and limitations. It is proposed to study whether the predicted dynamics of these approaches are actually observed, and to test the predicted outcomes. In this way, it is felt that a strong basis can be given for ultimate programme policy regarding family planning educational methods in rural areas. The project will make good use of a considerable amount of equipment, transportation, and personnel already available to the Health Education Bureau. Duration of project : three years. Cost of first year : Rs. 1.5 lakhs. Cost for three years : Rs. 3.8 lakhs.

#### 9. ANTHROPOLOGICAL SURVEY OF INDIA

**Differential Acceptance of Family Planning Methods under Three Types of Approach.**—The purpose of the project is first to survey the use of different types of family planning in three rural groups of West Bengal, and then to develop family planning educational work involving mass media, media plus individual contact with women, and media plus contact with women plus contact with men. The sponsoring group has already done a survey of fertility levels and has studied other anthropological aspects of the population to be involved in this study. In the seven villages concerned, there are approximately three thousand couples in the reproductive age. It is proposed to use two anthropologists as supervisory personnel, social workers as educators, and village level workers as field investigators. Duration of project:—one year. Budget not specified.

#### 10. KERALA UNIVERSITY, DEPARTMENT OF STATISTICS

**Study of Differential Fertility of Mothers in Kerala.**—The purpose is to use available statistical data to study various aspects of fertility of women, in different population groups in Kerala. Where insufficient data is available, additional surveys would need to be done. The department concerned has had interest in this subjects for some time, though relatively little field survey experience as yet. The methods of work would involve basically compilation and tabulation of available data, plus household surveys. Duration of Project :—two years. Budget for first year : Rs. 33,700. Total budget : Rs. 69,000.

#### 11. KARNATAK UNIVERSITY

**Infant Mortality in an Indian village, Amminbhavi.**—The objectives of the project are to reveal causes of infant mortality in Indian rural community which will reflect on the village people,

towards understanding basic factors influencing the acceptance of Family Planning. The study will be conducted by questionnaire method and direct participation in the life of the community under investigation. One village Amminbhavi with a population of 6,000 will be selected for work. Time schedule is 18 months from the date of commencement of the project. The total expenditure is Rs. 22,180.

#### 12. GRANT MEDICAL COLLEGE, BOMBAY

**Acceptability of contraceptives measure by class IV servants residing in J. J. Hospital, Bombay.**—The object is to ascertain the reactions and the acceptability of the family planning advice by the members of the low income group. More than 500 families of low income group will be interviewed and followed and the reaction studied. The specific and the practical importance of the project would be in ascertaining the choice of methods of contraception by members of lower income group, which would form the basis for the large scale production of contraceptive appliances. The project would also try to establish the methodology and the approach to the individual to achieve the objects of the family planning programme. Time schedule would be 1st January, 1962 to February, 1963. The total expenditure for 14 months is Rs. 4,000.

#### 13. SARDAR VALLABHBHAI VIDYAPEETH UNIVERSITY

**Action Research Project in Family Planning.**—A general action-research programme is proposed to be developed in two villages to find out the basic factors influencing the popularity or otherwise of family planning and attitude of people towards family planning. One village has a family planning clinic functioning for the last two years, services will be provided in the other one also after initial phase line data is collected. The service programme would take into consideration the findings of the initial survey and attempts will be made to evolve an effective programme to solve all problems which hinder family planning. The duration of the onset would be for two years with total expenditure for entire period amounting to approximately Rs. 25,000.

#### 14. LUCKNOW UNIVERSITY

**Intensive family planning work through the utilisation of Indigenous media of mass communication.**—The project is proposed to explore the possibilities of reducing the current high birth rates within a period of three to five years through intensive propaganda and education, utilising the puppet show the drama, the storey telling, the ballad and the song that are time honoured in the rural areas. The hypothesis underlying the present project is that strong motivation is basic to the whole programme of planned parenthood.

The objective of the study is to test acceptability and effectiveness of the different media of mass communication and initiation of a new set of values and attitudes in favour of voluntary planned parenthood.

The project will be operated by two Units : (1) The Mass Media Communication Unit and (2) The Evaluation Unit. Duration of project :—3 years. Estimated total cost : Rs. 3,6,280.-

## APPENDIX 'I'

### M. S. UNIVERSITY BARODA

#### OUTLINE OF FAMILY PLANNING COMMUNICATIONS RESEARCH PROJECT PROPOSALS

#### MOTIVATION AND COMMUNICATION ACTION RESEARCH

##### I. TITLE OF PROJECT

A study of the reactions of persons who have undergone surgery as a method of family planning.

##### II. CONCISE DESCRIPTION OF PROJECT

This study is undertaken to understand the reactions of the persons who have undergone surgery as a method of Family Planning. Our aim is to study the before and after reactions of those planning to undergo surgery. The knowledge gained from this study would be useful to popularise surgery as a positive method of family planning.

##### III. INSTITUTION AND/OR DEPARTMENT TO WHICH GRANT SHOULD BE ADDRESSED

Faculty of Social Work, The M.S. University of Baroda,  
Baroda 2.

##### IV. BACKGROUND OF PROJECT

**1. Brief Review of Previous relevant studies.**—A group of students from this Faculty under the guidance of an experienced teacher had undertaken a study of the Attitudes of Different Socio-Economic Groups (Doctors) university staff, factory workers towards the practice of family planning. This study was completed and the reports were submitted in January 1961. One of the major findings of this study was that a large number of our samples had considerable misconception regarding the use of surgery as a method of family planning.

**2. What the proposed project is expected to contribute to general knowledge in the family planning field.**—The proposed project is expected to contribute to the general knowledge in the family planning field :

The increasing population of the country is an alarmingly perplexing problem to the national leaders and administrators. After the achievement of independence, conscious organized efforts are being made to raise the standard of living of the masses through the Five Year Plans. But the stupendous growth in the birth rate of our people has been a constant challenge to the planners. They are confronted with a series of questions : (1) How to check the increasing rate in our population ? (2) How to help people understand and adopt methods of family planning. (3) What methods are to be adopted? Use of contraceptives are voted against because of inadequate housing and living conditions.

Some favour surgery for men and women vasectomy and Salpingectomy. The medical group is called upon to perform these operations. These operations involve the vital elements of human life and have to be performed with caution. At the same time, the reaction of the subjects to this operation is an important factor. There is a lot of misconception regarding these surgical methods; many believe that they would be deprived of potency and are afraid of facing it.

It becomes an important problem for the social worker to make an intensive study of the cases to check whether that the proposition which is generally believed is infact tenable?

**3. In what ways the findings from this project are likely to have specific, practical usefulness for the promotion of family planning.**—We know that our people are primarily understanding of human physiology. It is our belief that if people who are planning to undergo sterilization operation are well prepared before the operation then they may react in a more positive way towards it, and would learn to accept it as a satisfying way of family planning. The findings would reassure people that these operations are quite harmless and do not decrease sexual desire, potency or pleasure. The cheapest and the most convenient method for our masses is operation as it is a permanent method.

#### V. RESOURCES AVAILABLE FOR THIS PROJECT

1. Name and position of investigator :  
(if a student, also indicate Faculty Advisor)

Three post-graduate students from the Faculty of Social Work.

(1) Kum. A.C. Patel (2) Kum. M.M. Mehta and (3) Shri A. S. Pathan.

The male student will interview the male candidates and the female students will interview the female candidates.

Faculty Advisor : Dr. (Smt.) A.M. Muzumdar, Professor and Dean, Faculty of Social Work.

2. Supporting and advisory staff (if any). NIL.

3. Other local agencies or institutions collaborating actively in the project.—(1) Kutumb Kalyana Kendra, Baroda. (2) Red Cross Society. (3) Kalpana Maternity Clinic.

4. Method of administering project funds : (Describe briefly, with particular reference to factors which may facilitate freedom and flexibility in project execution)—The project funds would be administered by the Dean, Faculty of Social Work; the students would be given an honorarium to cover the cost of typing of the project and other incidental expenses

## VI. TIME SCHEDULE

1. Date when grant desired to be available September, 1961.
2. Estimated dates of accomplishment of stages or work :  
Data collection—June—August, 1961. Analysing data and writing of the report—August—December, 1961.
3. Date when project report should be completed : 31st January, 1962.

## VII. BUDGET REQUIREMENTS

1. Equipment : (Types, costs) NIL.
2. Materials : For questionnaires, interview guide etc. Rs. 200.
3. Salaries : (types of personnel, monthly costs, duration of employ, total costs). NIL.
4. Other Categories : Typing charges of the project reports : Rs. 800.
5. Contingencies : NIL.

We hope to make a follow-up study of the same group during 1962-63.

(Smt.) AMMU M. MUZUMDAR,  
*Dean*

*Faculty of Social Work,  
M. S. University, Baroda.*



## JADAVPUR UNIVERSITY

### **Scheme for a Research Project under the family planning research programme of the Ministry of Health**

#### **I. TITLE OF THE PROJECT**

A study of inter-regional and inter-class differential fertility in India from available demographic statistics.

#### **II. CONCISE DESCRIPTION OF PROJECT**

The objective of the study is to make an investigation of the available demographic information in the country to study the magnitude of the fertility differential among different sections of the people and the associated socio-economic factors behind it.

#### **III. INSTITUTION AND/OR, DEPARTMENT TO WHICH GRANT SHOULD BE ADDRESSED**

Department of Economics, Jadavpur University, Calcutta 32.

#### **IV. BACKGROUND OF PROJECT**

Relevant studies of an exploratory nature was carried out by Dr. A. Ghosh who is the proposed Director of the present project, as a Post Doctoral Fellow of the Population Council in the London School of Economics working in association with Prof. D.V. Glass. The results were published in a set of papers in the Population Studies in 1955. A monograph consisting of the said papers is expected to be published by the courtesy of the Population Council Inc. of New York.

The proposed study falls under category (4) in general Principles of the Programme being collection of background materials on the demographic habits of the people. The information should lead us to an understanding of the factors favourable to a high or low birth rate in this country. As a bye-product it will also throw light on many interesting aspects of the vital statistics of the country which is essential to the efficient carrying out of any family planning programme.

#### **V. RESOURCES FOR THIS PROJECT**

Part-time services will be available from Dr. A. Ghosh who is prepared to work as Director of the project. Dr. Ghosh is Reader in Economics of this University and has fairly long experience in executing projects of this type in this country and abroad.

He will be assisted by research officers who will be recruited from among the post-graduate research students of this University.

No other agency is associated with this proposed work.

The project fund should be administered by the Registrar, Jadavpur University. The disbursement of the Fund will be on the recommendation of the Director of the scheme who will be responsible for its execution.

VII. THE GRANT SHOULD BE MADE AVAILABLE FROM OCTOBER, 1961

**The project is planned to take three years for completion.**—The first stage of the work will be a survey of the sources of information and compilation of required information which should take approximately a year or so. The second stage will consist mainly of statistical analysis of the materials with occasional work or filling up gaps in the compiled information. In the third stage the results of the analysis will be put in to a report for circulation. *Interim reports and incidental papers in partial fulfilment of the project will be available from the second year.* The work will be completed in the third year.

*Budget :*

Description of items	1st year	2nd year	3rd year	Total
	Rs.	Rs.	Rs.	Rs.
<b>Equipment :</b>				
I. Type-writer Rs. . . . .	1,500			
I. Computing machine . . . . .	2,000			
Office furniture. . . . .	500			
I. Duplicator . . . . .	1,500			
<b>TOTAL</b> . . . . .	<b>5,500</b>	<b>5,000</b>	<b>00</b>	<b>00</b>
<b>Materials :</b>				
Stationery and papers (annual)	1,000	1,000	1,000	1,000
<b>Salaries :</b>				
Director Rs. 200 do . . . . .	2,400	2,400	2,400	2,400
Two Research Officers . . . . . Rs. 250—25—300.	..	6,000	6,600	7,200
Two Computers . . . . . Rs. 200—25—500.	..	4,800	5,400	6,000
One Typist-clerk . . . . . Rs. 150—15—180.	..	1,800	1,980	2,160
<b>Other categories :</b>				
Travelling (annual) . . . . .	1,000	1,000	1,000	1,000
Contingencies (annual) . . . . .	1,200	1,200	1,200	1,200
<b>TOTAL</b> . . . . .	<b>..</b>	<b>23,700</b>	<b>19,580</b>	<b>20,960</b>
				<b>64,240</b>

## **Family Planning Communication Research Programme proposed for Kerala**

### I. TITLE OF PROJECT

Family Planning Communication Action and Research Programme in Kerala.

### II. CONCISE DESCRIPTION OF PROJECT

To provide a better understanding of the basic factors which might influence the community to accept family planning and to use the information so obtained to develop a more effective family planning programme.

### III. INSTITUTION AND/OR DEPARTMENT TO WHICH GRANT SHOULD BE ADDRESSED

University of Kerala, Trivandrum

The project when developed will be in collaboration with the State Department of Family Planning, two Community Development Blocks selected for the study and the State Department of Statistics. (See Item V-3).

### IV. BACKGROUND OF PROJECT

**i. Brief Review of previous relevant studies**—The Department of Statistics of the Government of Kerala conducted a survey in the State on 'Attitude to family planning' during 1958-59. Their report on the survey conducted is ready for Trivandrum City. The health unit attached to the Department of Preventive Medicine of the Medical College, Trivandrum, has made a series of surveys on the living conditions of people residing in villages near about the Medical College. The findings of these surveys, which throw light on certain aspects of family planning, are discussed in the paper on 'Family Planning Studies in Kerala' by Dr. (Miss.) A. George, which was forwarded to Lt. Col. Raina by her (*vide* letter No. 116/60/St. L. dated 12th August, 1960). Later, the Vice-Chancellor sent a copy of it to Dr. V. Ramakrishna of the Central Health Education Bureau at New Delhi, along with his letter of 27th February, 1961 to him.

Earlier, Shri N. Krishnan Namboodri and Shri V. Bala krishnan of the Department of Statistics, University of Kerala made the following studies on certain problems having a bearing on family planning when interpreted in a broad sense :—

- (i) On the effect of maternal age and parity on the birth weight of the offspring (Indian infants). (Published in the *Annals of Human Genetics*, Vol. 23, Part, 3, pp. 189-203, 1959).

- (ii) A contribution to the study of birth weight and survival of twins based on an Indian sample. (Published in the Annals of Human Genetics, Vol. 23, part, 4, pp. 334-348, 1959).
- (iii) Data on the gestation period of Indian mothers. (Published in the Annals of Human Genetics, Lond. (1960).

**2. What the proposed project is expected to contribute to general knowledge in the family planning field.**—To provide a better understanding of the basic factors which might influence the community to accept family planning.

**3. In what ways the findings from this project are likely to have specific practical usefulness for the promotion of family planning.**—A preliminary study is proposed to be conducted in two Community Development Blocks, one for action and the other for control, as a first step towards providing basic demographic data and information about social psychological and other factors involved in planning a family planning action programme and this study will be followed by an intensive action programme, which will utilise the data and other information thus derived to prepare the strategy for a successful campaign to expand family planning activity in the selected communities. As the action of programme develops, regular evaluation of its effects will be made and short-term studies will be conducted to assess the progress of the programme. Information from such studies will be used as the basis for further programme—improvements, in order to achieve a maximum impact on the population.

#### V. RESOURCES AVAILABLE FOR THIS PROJECT

**1. Name and positions of investigator.**—Eight Investigators (4 men and 4 women) are proposed to be appointed in the project for the collection and analysis of data.

**2. Supporting and Advisory Staff.**—The following staff are also required for the effective working of the project :—

- (1) *Director.*—The project will be initially directed by Dr. N. Krishnan Tampi, whose wide experience in this field is a great asset. He should be given an honorarium of Rs. 500. When his place is taken over by one in the regular service, the scale should be Rs. 800-1250 (*viz.*, that of a Professor).
- (2) *Health Educator*—in the scale Rs. 250-500.
- (3) *Doctor.*—in the scale Rs. 250-500.

Non practising allowance 50% of the salary not exceeding Rs. 200 per mensem.

- (4) *Social Scientist*.—in the scale of Rs. 250-500.  
 (5) *Statistician*.—in the scale of Rs. 250-500.  
 (6) *Public Health Nurse*.—in the scale of Rs. 150-250.

**3. Other local agencies or institutions collaborating actively in the project.**—Two Community Development Blocks selected for study, Department of Statistics of the Kerala Government and State Department of Health Services.

**4. Method of administering project funds.**—Flexibility is necessary in regard to the procedure for recruitment of staff and expenditure of funds. If the rules of Government pertaining to such matters were enforced, considerable delay might take place and this would reduce materially the speed and efficiency of the proposed programmes of study. The local committee will act as an Advisory Board to the project operations. It will be incharge of administrating the funds and of promoting all the measures necessary for the successful operation of the schemes of research. The committee consists of the following members:—

1. Dr. K.C.K.E. Raja (Chairman), Vice-Chancellor, University of Kerala.
2. Dr. C.O. Karunakaran, Retired Principal of Trivandrum Medical College and till recently President of the Indian Medical Association.
3. Dr. N. Krishnan Tampi, Retired Director of Public Health and a previous Professor of Preventive and Social Medicine, Trivandrum Medical College.
4. Mr. Lakshmana Panicker, Professor in the Department of Economics, University College, Trivandrum.
5. Mr. N. Nilakantan Nair, Health Education Officer, Health Department, Kerala State.
6. Dr. E.I. George, Head of the Department of Psychology, University of Kerala, Trivandrum.
7. State Family Planning Officer.
8. K.P. Joseph, Associate Professor Preventive Medicine Medical College, Trivandrum.
9. Dr. (Miss.) A. Geroge (Secretary), Professor and Head of the Department of Statistics, University of Kerala.

#### VI. TIME SCHEDULE

1. **Date when grant desired to be available**—As soon as possible.

## 2. Estimated dates of accomplishment of stages of work.

—(1) Preliminary study—one year. (2) Action and Research Programme about three years.

## 3. Date when project report would be completed.—

(1) Three-four months after the completion of the preliminary study. (2) Six to eight months after the completion of the Action and Research Programme.

## VII. BUDGET REQUIREMENTS

### 1. *Equipment :*

Type	Cost Rs
1 Station Wagon & 1 Jeep.	40,000
1 Type writer	1,400
1 Projector, Camera & 1 tape recorder	10,000
Furniture	5,000

### 2. *Material :*

Family planning materials for the whole period	25,000
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3. *Salaries.*—Total amount of salaries for one month has been worked out to be Rs. 5,525 for the personnel already mentioned and for those of the establishment, which includes a Clerk, a Typist, two Drivers, a Peon and a Watcher. The duration of employment is approximately five years, and the total cost of salaries including the annual increments of the employees has been worked out to be Rs. 3,31,500 (rounded) for the whole staff; nearly all the outdoor staff will be dispensed with by the end of the fourth year.

### 4. *Other categories—Other items of expenditure for the whole period*

	Rs.
1. Travelling allowances	25,000
2. Operating costs and maintenance of van and jeep	39,000
3. Books and periodicals	3,000
4. Stationery and printing	10,000
5. Postage and telegram	2,500
6. Telephones	5,000
7. Uniforms for Drivers and Peons	500
8. Rent for the field office	3,500

5. *Contingencies :*

Other contingent expenditure	15,000
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6. *Budget at a glance :*

1. Total expenditure on salaries for the whole staff for five years	3,31,500
2. Total expenditure on equipments, family planning materials and other items of expenditure for the whole period.	1,84,900
GRAND TOTAL	5,16,400

*Proposal for ad hoc grant under the Family Planning Communication Research Programme*

I. TITLE OF PROJECT.—Study of Methods for Raising the Effectiveness of Hospitals in Promoting Family Planning.

II. CONCISE DESCRIPTION OF PROJECT.—It is proposed (1) to evolve basic methods of analysing the hospital as a system, (2) to study especially the information and attitudes about family planning among the staff, students and patients, with special reference to the staff's ideas about what they can and should do to promote family planning, (3) to identify factors which explain these beliefs, (4) to use this background information in developing, trying out, and evaluating methods for increasing the effective impact of the hospital system upon patients who come into contact with it, with reference to family planning.

III. DEPARTMENT TO WHICH GRANT SHOULD BE ADDRESSED.—Department of Preventive and Social Medicine, Lady Hardinge Medical College, New Delhi.

## IV. BACKGROUND OF PROJECT

1. *Brief review of previous relevant studies.*—There have been no general studies of the hospital as a social system, in India. Though there are manuals of procedures, there are no systematic, critical reviews even of present administrative staffing and practices. In other countries, such studies are available. Many of the methods and techniques used for such studies abroad can be usefully applied here; but, in addition, newer research methods should be devised, to meet specific problems which are encountered.

There have been a number of family planning studies of women in outpatient clinics, in India; and researchers such as Agarwala, and Malhotra and Khan, in Delhi, have, in the course of such studies, noted the importance of further research on the roles of the outpatient clinic personnel themselves.

2. *Expected contribution to general knowledge.*—The methods of study which will be evolved should be able to be applied by workers in other parts of India, to analyse hospital situations and

provide information which may be used to improve their efficiency. Observation of professional and student relationships in the hospital setting should also contribute much to building of the general field of medical sociology in India.

3. *Expected specific practical usefulness.*—The project should lead to (a) much greater total effectiveness of Lady Hardinge Hospital, in promoting family planning; (b) demonstration of methods which may be applicable for achieving similar results in many other hospitals; (c) development of methods for teaching medical students about family planning, as well as giving in-service training to hospital staff, which will enable them to contribute much more to the family planning movement.

V. **METHODS OF WORK.**—The study is based on the assumption that family planning programme to be effective, cannot be restricted to the the operation of separate family planning clinics only. Not only must it extend outward into the community, but it should also permeate inward, to reach to whole pattern of hospital services. Various members of the hospital staff, working in the O. P.D., indoor, and specialized clinics should all be able to contribute something to the promotion of family planning. To work out methods for this purpose first requires more understanding of the nature of present duties performed by the hospital staff, their work load, and the extent to which they can be prepared to accept new roles. There is then need to create new education situations, and supplement the existing resources.

The aim will be to make people to come in contact with the hospital services more aware of the need of family planning and of helping them to accept family planning. In addition to this basic index for measuring the result of the action phase of the project, other indices for judging the results will include :

- (a) Improvement in the knowledge of the hospital staff about family planning.
- (b) Increase in the time and the quality of work devoted to family planning advice by the hospital staff, with out decreasing the efficiency of other services.
- (c) Better appreciation by medical and nursing students of family planning services, and how they can be integrated into a hospital programme.

The work will be carried out in three phases, after the necessary staff are recruited and oriented.

**Phase I—Preparatory phase.**—During this phase, work will be carried out on the lines indicated below :

- (a) Preparation of methodology of work for study of the hospital system. This will form the key-note of the



subsequent action-oriented research programme. It will, therefore, need careful planning discussions with experts particularly in the field of hospital administration and, in the later phase, compilation of data to demonstrate various aspects of the present system.

- (b) Analytical study of the role of hospital staff will include time studies as well as qualitative studies, to answer :—
  - (i) What they think they should do ?
  - (ii) What do they do ?
  - (iii) Failures to do what they want to ? Why ?
  - (iv) Understanding of the role others play in family planning programme.
- (c) Extent of knowledge of family planning amongst various categories of hospital staff.
- (d) Preliminary time-studies to estimate the work load on various staff members. This will give correct information about the practicability of participation of the various staff members in family planning education work.
- (e) Orientation of the research project staff and inservice training of the hospital staff. In view of the transient duty of the house surgeons, the inservice training may have to be repeated every six months. This will require considerable attention by the research staff as it is vitally linked with the action phase of the programme.
- (f) *Base Line data* will also be collected during this period to assess the extent of peoples knowledge and practice of family planning, and also the extent to which the information has been gained out of their visits to the hospital.

**Phase II—Operative phase.**—The hospital will provide educational and family planning services according to the plan, which in turn will make use of the findings from the data collected in the first phase. The services will aim at informing people that family limitation is possible, helping them to realize it is desirable, and helping them to accept family planning practices. Among the hospital staff, the aim will be to show the correlation of family planning services with other health needs. The entire programme will be so organised as to mobilize all available opportunities in the hospital for focussing attention on family planning, without undermining the efficiency of other services.

Education aids will be prepared and pretested to meet the requirements of all situations. In the preparation of these aids, care will be taken to produce only cheap media which can be easily reproduced in other parts of the country. These may be broadly classified as flash cards and flip book; flannel graphs; posters and view boxes. Short studies on the advantages and limitations of these materials will be undertaken.

It will be desirable to follow up some of the couples accepting family planning advice, as rendered in the hospital. In order to meet this need a portion of the city area contributing the largest percentage of patients will be selected and developed as a field for research.

With the help of the social scientist, special studies relevant to people's needs can also be conducted, to explore :

- (a) Attitudes of patients admitted for abortion towards family planning. This will cover detailed information on the predisposing causes, and the mental make up of the patients.
- (b) Attitudes of medical and nursing students toward the provision of family planning services.

**Phase III—Evaluation and reporting Phase.**—During this final phase, the educational programme will continue as planned in the II phase. The evaluation will be carried out by undertaking :

- (a) A second survey to assess the knowledge and acceptance of family planning among people in contact with the hospital.
- (b) Study of improvements in the knowledge of the hospital staff and the time spent in giving family planning advice.
- (c) Studies regarding medical and nursing student's knowledge and attitude toward family planning.
- (d) Follow up studies in a nearby community to study the result of exposure to the family planning programme in the hospital.

Reports to be expected as a result of this work are as follows:—

- (a) Work principles for organising family planning programme in hospitals.
- (b) Operation guide to assist the hospital staff to undertake work according to (a).
- (c) Educational aids and their effectiveness.
- (d) Methodology of work for studying the hospital working system.
- (e) Pattern of collaboration with other agencies needed for a hospital to make its best contribution to family planning programme.
- (f) Existing gaps in the preparation of students for giving family planning services.
- (g) Reports of other short studies undertaken during the programme.

It is expected that the project staff will be made available during this final phase to interpret their findings to others and, if desired, to help other hospitals in improving their family planning work.

#### VI. RESOURCES :

1. Dr. D. Anand, Professor, Preventive and Social Medicine. Names of co-investigators will be communicated later.

2. Staff of the Department of Preventive and Social Medicine.

3. Health staff and the area covered by—New Delhi Municipal Committee and Municipal Corporation.

4. *Method of administering funds.*—The *ad hoc* grant for the expenditure on the project may be placed at the disposal of the Department of Social & Preventive Medicine of Lady Hardinge Medical College, as is customary with the grants made available by the I.C.M.R. Regular technical reports and financial accounting will be submitted by the Department to the Government of India. This arrangement is needed to minimize delays and ensure efficiency, as needed in any action—research operation.

It is further suggested that I.C.M.R. regulations be followed in matters of appointment of the staff which provides the rights of appointment to the officer-in-charge of the project (the Head of the Department) with the help of a locally-constituted selection committee.

Project staff will not be treated as vacation staff but will be entitled to benefits of leave, etc., as admissible to other staff members of the College.

#### VII. SCHEDULE OF WORK :

1. Preferred date for receipt of grant: July, 1961.

2. Stages of work :

Recruitment of staff and final planning complete by :  
Oct. 1961.

Phase I (Preparatory) complete after 1½ year : April 1963.

Phase II (Operational) complete after 1 year : April 1964.

Phase III (Evaluation and reporting) complete after 1½ year : Oct. 1965.

3. Project completed, including all reports, by October, 1965.

VIII. BUDGET REQUIREMENTS.—The summary outline of the budget proposed for this project is presented below. Detailed explanations for each of the various items included in this budget are presented in the attached Appendix I and II.

**Summary outline of budget proposal :**

*A. Budget estimate for one year for the staff 1-13 in the list attached (Appendix II).*

	Rs.
Salary—Pay . . . . .	43,740·00
Dearness Allowance . . . . .	4,560·00
House Rent . . . . .	3,519·00
Compensatory Allowance . . . . .	1,074·00
TOTAL	<u>52,893·00</u>

*B. Estimated total expenditure of Research Project for the first year.*

	Rs. nP.
1. Pay and allowances . . . . .	52,893·00
2. Furniture & A.V. equipment, typewriter etc. . . . .	6,000·00
3. Contingencies to cover cost of petrol, repair, honorarium, books etc. . . . .	3,000·00
4. Stationery and printing . . . . .	2,000·00
5. Jeep Station Wagon . . . . .	20,000·00
6. Miscellaneous . . . . .	1,000·00
GRAND TOTAL	<u>84,893·00</u>

*Additional staff required for the research project (Budget Estimate)  
for one year*

APPENDIX II

Sl. No.	Designation	No. of posts	Pay Scale	D.A.	H.R.	C.A.	Total
1.	Social Scientist	1	500—30—800	50.00	37.50	..	587.50
2.	Health Educator	1	450—10—550	50.00	33.75	..	533.75
3.	Medical Officer	1	450—10—550	50.00	33.75	..	533.75
4.	Research Aids.	1	450—10—550	50.00	33.75	..	533.75
5.	Investigators	2	210—425	20.00	15.75	10.00	255.75 X 2
6.	Social Workers	2	210—425	20.00	15.75	10.00	255.75 X 2
7.	Public Health Nurse.	1	210—425	20.00	15.75	10.00	255.75
8.	Artist	1	210—425	20.00	15.75	10.00	255.75
9.	Secretary (Steno-typist).	1	130—300	10.00	15.00	6.50	161.50
10.	L. D. C..	1	110—185	10.00	15.00	5.50	140.50
11.	Computer	1	150—300	20.00	15.00	7.50	192.50
12.	Sweeper.	1	70—85	10.00	7.50	5.00	92.00
13.	Lab. Attendant	1	75—95	10.00	7.50	5.00	97.50

*N.B.—1-4* : Subject to the revision of pay scales *vide* Pay Commission's Recommendations.

SUMMARY

	Rs.	nP.
Salary—Pay	43,740.00	
Dearness allowance.	4,560.00	
House Rent	3,519.00	
Compensatory allowance	1,074.00	
<b>TOTAL</b>	<b>52,893.00</b>	

**Staff**

The pattern of research as out-lined above needs coordinated approach between the disciplines of hospital administration, social science and health education on one hand and all the specialities represented in the L.H.M.C. & H. on the other. The staff recommended for appointment with the Research Project is such as is not available at present with the sponsoring Department and is needed full time for carrying out the Research. There is a need to give adequate salaries to attract experienced person for such short term studies. Full justification for the senior staff along with the duties to be assigned are given below

The staff as suggested for the Project can be divided in three categories :

*Category one.*—Senior staff meant to assist in planning designing the research, supervising the work and initiating the action programme. This will consist of one social scientist, one doctor, one research aids, and one health educator.

*Category two.*—Field investigators and staff meant to assist in provision of services or follow up. This will include research investigators, social workers, projectionist and artist.

*Category three.*—Staff meant to assist in maintaining correspondence, help in compilation of data, and typing of the reports. This will include stenotypists, lower division clerk and a computer.

Ancillary staff such as a peon, sweeper and driver complete the requirement of the Project.

*Honorarium.*—Certain category of staff like psychologist, cultural anthropologist are not provided in the plan as there will not be sufficient load of work for justifying their inclusion in the staff. However, there advice will be extremely important for the project. If they are not provided on the Central team, assistance will be obtained from those working with other institution like University of Delhi.

In order to maintain the interest of short time consultant an honorarium is suggested to be paid to such consultants. Total sum paid as honorarium not should exceed 500 rupees (five hundred) in any one year.

Only two investigators are recommended for whole time employment. There will be a need, however, for the employment of 4 more investigators for 4 months—once in the beginning

of the Project when collecting base-line data and again in the third year when conducting the II mass survey. The expenditure to be incurred on account of pay etc. for the staff in the first year is enclosed at Appendix II.

### **Transport**

The mobility in work is required for conducting two types of activities, namely :

- (a) Health education programmes.
- (b) Research investigation and follow-up visits.

The activities in relation to (a) will require availability of educational material in various work situation inside the hospital as well as in the community selected for intensive work. Long distances are involved in covering the clinic in the two hospitals attached to L.H.M.C. and the community. A station-wagon van fitted with all the equipment will therefore be extremely useful in transporting the projection material and equipment required for the display of exhibits.

The provision of a van, therefore, is recommended for the Project. It is desirable that only Jeep chassis is used for the van so as to facilitate movement and also reduce the running cost.

Activities as covered under (b) will require visit to all the Centres and agencies likely to get involved in the programme regular discussion with the heads of various agencies. In the later stages, the transport facility will help in collection of base line data and regular follow-up in the area selected for intensive study.

Considering the distances to be covered by the Research staff and to increase the efficiency, it will be desirable to provide a transport for use of the Research Project.

It is, therefore, recommended that a jeep station wagon may be made available to the Project within six months of the beginning of the programme.

### **Equipment and material**

Besides the routine material required for establishing an office there will be need to provide hand operated tabulating machine, cyclostyling machine and full equipment for the work of an artist.

### **Books**

An attempt will be made to supplement the College and the Department Library with the books needed for reference.

There is however a possibility of some books not being available with either of the two sources. In that case, it will be desirable to purchase some books that may have a direct bearing on one or the other aspects of the research.

A ceiling may be placed by not allowing any books of the value of more than rupees three hundred to be purchased in any one year.

### **Justification for Staff requested**

Justification for the staff suggested for the Research Project with details of the nature of duties required to be performed are given below. For purpose of description, staff has been divided in three categories as mentioned earlier,

*Category one.*—The term social scientist and the research aids has been used to indicate the requirements of the Social Science Section of the Research Project. A review of the aims of the Research Plan will indicate that both quantitative and qualitative data is required on the attitude of the Staff providing hospital services. Furthermore the Social Science Wing will have to provide staff services for feeding the educational programme and at the same time assisting in making an analytical study of the educational process.

The demand of the Research Project is more in terms of a behavioural scientist (cultural anthropologist) and a psychologist. Since it is difficult to find a social scientist who may have an allround experience in all aspects, the requirements have been split up to cover a senior person—preferably a Social Scientist possessing Masters degree in social work with understanding of the techniques of evaluation and experience in community programme. Previous experience in field research will be an additional qualification. Junior person—named research aid who may be a psychologist and should have an experience in interviewing technique with additional knowledge in statistical tabulation.

In view of the fact that the Research will be conducted in a purely women's Institute, it will be desirable to have—

- (a) preferably an all women team and failing that,
- (b) a male, female combination, the Junior person being female as she will be required to undertake interviews and supervise field staff.

Considering the importance of the contribution to be made by Social Science Section, the senior member is also suggested as the head of the Research team.



**Social Scientist:***Duties :*

- (1) To assist in developing the Research Plan.
- (2) To co-ordinate the research programme with the assistance of outside agencies Departments.
- (3) To evaluate the services provided according to research plans.
- (4) To analyse the sociological data collected from time to time.
- (5) To assist in the framing of the research staff and the orientation of hospital staff.
- (6) Any other work referred by the Office-in-charge.

*Research aid :*

- (1) To assist and pretest the research design as developed by the Project.
- (2) To undertake interviews and supervise the work of research investigations.
- (3) To assist in critical evaluation of health education media and programme.
- (4) To compile the research data to undertake short term study as required to supplement the information from time to time.

**Social Workers**

The application stage along with the follow-up period will need the services of a Social Worker. The Social Workers will attempt to bridge the gulf between the physicians knowledge and the patients understanding on one side and the hospital care and the community services on the other;

Their participation in the pattern of services developed will also provide an important by-product of the research as it will help to define the duties that can be assigned to a social worker in a hospital.

In view of the heavy load of work both in the Clinic and in the indoor, it will be desirable to employ two women Social Workers.

*Duties :*

- (1) To assist health educator in planning the educational programme for individual and group education.
- (2) To undertake case study of some of the important cases referred by specialised clinics.

- (3) To continue follow-up of certain families so as to make a long term study of the educational programme.
- (4) To assist in training programme.
- (5) Any other duty assigned by the Officer-in-charge.

### **Medical Officer**

The Medical Officer attached to the Research Project will be required to strengthen the knowledge in family planning of the non-medical staff of the Project.

She will also assist in planning the Orientation Courses for the benefit of the house surgeons and the nursing students, which will be held every six months. In all about 10—15 courses may have to be organized to meet the requirements of the various groups for the Project period.

The application phase of the Project will also require a follow-up of the educational programmes conducted for the group as stated above. This will help in improving the successive training programmes. In the third and the final stage of the Project, the field area, will need attention by the Medical Officer for purposes of providing service and giving guidance to the Social Worker.

Briefly stated, therefore, the medical officer will form the pivot for organizing the training and will reinforce the research and the service aspects. As a result of her work the Research will be able to provide detailed information on the training and preparation of the hospital staff to provide family planning service.

### **Health Educator**

Motivation of the people for acceptance of family planning services through the education method forms the pivot of the research theme. There is, therefore, a need to provide a whole-time health educator to investigate the opportunities, development media and organize educational activities in hospital care programme.

#### *Duties:*

- (1) To undertake assessment of the existing educational methods and practices employed in hospitals.
- (2) To develop educational media in family planning suited to the hospital programme.
- (3) To carry out longitudinal studies on the evaluation of media.
- (4) Assist in the development of educational programme in a hospital.
- 5) Any other duties assigned.

# FAMILY PLANNING COMMUNICATIONS RESEARCH PROJECT

## I. TITLE OF PROJECT

Family Planning Communication Action Project, Ludhiana.

## II. CONCISE DESCRIPTION OF PROJECT

To demonstrate effective methods of educating people in rural areas for acceptance of family planning and to measure their effectiveness by :—

- (i) increased knowledge of family planning;
- (ii) regular use of contraceptives;
- (iii) reduction in birth rate;
- (iv) increased interval between excessive births i.e. spacing.

*Methods for achieving the objects.*—(i) Sustained and continuous Health Education Programme will be conducted amongst villagers by means of audio-visual aid, group meetings and individual contacts etc. Prior to initiating the programme efforts would be made to measure the extent of knowledge of family planning and use of family planning methods by the population as also factors influencing for and against their use.

(ii) Action programme—In this phase the contraceptives will be made available to the villagers within their villages through the staff of Cooperative Credit Societies etc. Hony. Workers etc.

(iii) Specific Health education technique effectives in this behalf will be offered;

(iv) Evaluation of the programme with regard to the specific problems which retard the progress of the family planning will be done concurrently and at the end of the Project.

## III. INSTITUTION AND/OR DEPARTMENT TO WHICH GRANT SHOULD BE ADDRESSED

Chairman, Family Planning Sub-Committee, District Ludhiana (Deputy Commissioner, Ludhiana).

## IV. BACKGROUND OF PROJECT

From 1955 to 1959, a contraceptive study on Population dynamics of rural areas consisting of seven villages with a population of 8,000 was carried on in the villages near Khanna and

Samrala under the auspices of India-Harvard Population Study, Khanna, District Ludhiana. The aims of the study were—

- (i) To find out the effect of simple contraceptives on birth rate when offered to the village population as a whole;
- (ii) To find out the effect of contraceptives on death rate;
- (iii) To find out effect of contraceptives on socio-economic conditions and health of population.

A population of 4,000 consisting of 4 villages near Ludhiana was taken as a control.

Package Programme has been initiated in Ludhiana District. This is with a view to supply information and means for improved agriculture. This is all being done to help the farmers to raise their economic standard.

This project aims to impart health education for family planning so that they may plan their families within their resources and increased income may be utilised for really increasing their economic and social conditions. Otherwise the increased birth rate will not allow the farmers to improve their socio-economic conditions. This project will contribute to increase the knowledge of family planning and its acceptance by the rural folks and demonstrate the specific health education media and teachings that help in propagation and acceptance of family planning programme.

#### V. RESOURCES AVAILABLE FOR THIS PROJECT

The help of 300 workers being utilized in the Package Programme will be available for imparting Health education to the villagers and giving them necessary knowledge on the basic needs for family planning.

The staff of the Health Directorate will be available for advice and guidance, specially Assistant Director, Health Services (F.P.), the Statistical Section of the Health Directorate for preparing various schedules, arranging compilation and analysis of the data thus collected.

Dr. Harold Capener, Incharge, Package Programme (Agriculture College, Ludhiana), Ludhiana, Department of Social and Preventive Medicine, Christian Medical College, Ludhiana and Services of Civil Surgeon, Ludhiana will be available

Family Planning Touring Teams will be utilized for imparting Health education. District Medical Officers of Health, Ludhiana and staff will also be available for necessary help and cooperation on the spot.

District Medical Officer of Health in charge of the Project will be Drawing and Disbursing Officer.

The whole programme will be steered under the guidance of District Family Planning Sub-Committee, Ludhiana of which Deputy Commissioner is the Chairman.

## VI. TIME SCHEDULE

Appointment of staff and training of workers already working in the package programme in D.M.O.H. office/Voluntary Social Workers that may offer their help in the programme—

- (i) From 1st September, 1961.
- (ii) Health Education Campaign will be started from 15th October, 1961, and will continue till March, 1962.
- (iii) Action programme will be started in those villages where health education and Seminars will/have been held with effect from 15th November, 1961 and will continue and will closely follow the Health Education Programme.

First preliminary report about the background of the people regarding information of family planning and use of various methods will be available within 12 months of the start of the programme. A second report of the actual extent of the communication action project will be made available at varying interval depending how far the programme has advanced. In the initial stage the programme will be of 2 years, duration; if conducted successfully it may be got extended as long as the Package Programme lasts.

The Family Planning Sub-Committee will be guided and advised by Assistant Director, Health Services, Family Planning, under whose guidance this has been prepared. He will visit the area more often and will supervise the day-to-day working of the Project.

Health Education Programme will consist of—

- (i) Film shows, Exhibition, Drama, Folk Songs on Family Planning—To arouse awakens of ruvacties towards Family Planning.
- (ii) Holding of Group Meetings separately—Males and female to know their view about family planning and to remove their doubts and suspicions.
- (iii) Seminars for lay persons in 2 or 3 groups of villages—This is with a view to strengthen the knowledge that the villages have so far joined of their own and the result of health over educational efforts.

*Action Programme.*—This means providing of services *i.e.* contraceptives to be made available to the needy persons, when they have been motivated for it. It is difficult to demark when it will start, roughly it will start, when Health Education by means of 1st Seminar for lay persons is going to end. In the seminar, it will be assessed by means of questions and answers on family planning whether the people like family planning services. If so, do they like to go to clinic. If answer is not which in 100 cases will be: Do they desire that contraceptives be made available at their doors. If they agree to this then contraceptives will be supplied through the Cooperative Societies, Workers, Panches, Lambardars. The contraceptives will be given to persons in whom they have full faith. He will be called honorary worker, for which he will get Rs. 10 P. M. honorarium. He will maintain the record in a note book, the columns of which should be as simple and as small in number as possible.

**Schedule of the scheme regarding formation of Family  
Planning Communication Action Project Ludhiana District  
for six months from 1-9-1961 to 28-2-1962**

<i>Pay of officers :</i>	Rs.
One District Medical Officer of Health in the scale Rs. 400—25—600/40—920 for 6 months.	2,400
One Social Scientist (Psychologist or Sociologist) in the scale of Rs. 400—25—600/40—920.	2,400
Total pay of officers .	4,800
 <i>Pay of establishment :</i>	
One Assistant in the scale of Rs. 106—200 for 6 months .	640
One steno-typist in the scale of Rs. 60—4—80/5—120/5—175 plus Rs. 15 p.m. as special pay for 6 months.	450
Three peons in the scale of Rs. 30— $\frac{1}{2}$ —35 for 6 months . . .	540
One Driver in the scale of Rs. 60—3—90 for 6 months . . .	360
One Cleaner in the scale of Rs. 30— $\frac{1}{2}$ —35 for 6 months . . .	180
One Mechanic-cum-Projectionist in the scale of Rs. 75—5—125 for 6 months.	450
Twenty Family Planning Educators in the scale of Rs. 150—225 for 6 months (10 males and 10 females).	18,000
Nine clerks-cum-store keepers in the scale of Rs. 60—175 for 6 months.	3,240
Total pay of establishment :	<hr/> 23,860 <hr/>
Total travelling allowance (Open). .	10,000
 <i>Other allowances and honoraria :</i>	
Dearness allowance . . . . .	9,480
Temporary allowance . . . . .	2,060
Honorarium to District Medical Officer of Health @ 100 p.m. and 750 persons @ Rs. 10 p.m.	45,600
Total other allowances and honoraria .	<hr/> 57,140 <hr/>

*Contingencies :*

	Rs.
Purchase of one jeep with trailer . . . . . (It would be good if jeep trailer and other audio visual aid e.g. projector is supplied by Govt. of India).	25,000
Purchase of petrol and maintenance . . . . .	10,000
Purchase of typewriter . . . . .	2,000
Publicity material . . . . .	10,000
Purchase of cycles . . . . .	4,800
Purchase of furniture . . . . .	3,000
Purchase of contraceptives . . . . .	25,000
Miscellaneous contingencies . . . . .	5,000
Family Planning Orientation Seminars 40 in number at Rs. 400 per seminar.	16,000
Total contingencies . . . . .	1,00,800

*Training abroad :*

Estimated expenditure on training abroad . . . . .	30,000
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GRAND TOTAL . . . . .	2,26,600
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**Application For ad hoc Grant under  
Family Planning Communication Research Programme  
Ministry of Health**

**I. TITLE OF THE PROJECT**

Developing a Family Planning Promotion Programme Capable of Duplication on a wider-scale.

**II. CONCISE DESCRIPTION OF THE PROJECT**

The project aims at :—

(a) Developing feasible and effective Family Planning Programme in conjunction with the existing agencies in a realistic administrative unit,

by giving

(b) Special emphasis on improving educational and organisational aspects,

and conducting

(c) Current appraisals, systematic evaluations and short-term problem-oriented studies,



as well as

- (d) Finding out the applicability of the findings of the field studies conducted in Research set-ups (communication research centre and other pilot projects in family planning, and
- (e) Assisting the training centres by feeding them with new ideas and experiences and evolving appropriate syllabi for orientation training programme.

Programmes for promotion of family planning are developed based on the findings of the field studies conducted in the pilot projects on family planning. As there is a good deal of variation in the findings available and also because some of the hypothesis are yet to be validated, five sets of total programmes (package programme) are worked out for experimentation in selected areas with a view to ultimately develop a suitable programme capable of duplication on a wider scale.

It may be emphasised that the objective is not to study the efficacy of specific educational techniques but to proceed with a total programme to find out how useful it is in achieving its ultimate goal i.e. popularization of family planning practices. The subtle distinction between "Programmes" and "Techniques" is indicated keeping in view two factors. First, when emphasis is laid on testing the efficacy of educational techniques, the goals are sometimes forgotten and efforts are directed towards finding out comparative efficacy of various educational aids and techniques. This is what has frequently been experienced in *Research-um-Action* projects; instead of proceeding with efforts for popularization of latrines, time and efforts were devoted for finding out usefulness of flash cards, posters, children clubs, etc. Though this is useful from research point of view, it hampers and slows down the process of education for adoption of latrines by people. Secondly in view of the limited resources of the study unit, it will not be feasible to evaluate and find out the usefulness of each specific technique as these are tried in combination with each other when the goal is to popularize a particular practice rather than testing the technique.

With the aid of current appraisals and systematic periodic evaluations of the on-going programmes, attempts will be made to alter and modify the components of each package programme for better achievement of goals. The alternations and modifications will of course be made within the general frame work of the programme.

### III. INSTITUTIONS TO WHICH GRANT SHOULD BE ADDRESSED

Director, Central Health Education Bureau, Directorate  
General of Health Services.

#### IV. BACKGROUND OF THE PROJECT

(1) *Brief review of previous studies.*—The research and training staff of the Central Health Education Bureau has had an experience of over one year in conducting (a) training programmes, (b) field studies, and (c) holding leader's training camps in connection with family planning for the trainees of the touring training team, orientation training team and pilot study units.

(2) *Contribution of the proposed project to general knowledge in the field of family planning.*—The experiences gathered by the research unit in developing a total programme for family planning, will provide additional insight into the stages involved in the process of acceptance of new practices. It will also indicate the usefulness of various educational aids and techniques in popularising family planning.

As the project aims at full utilisation of existing personnel, it will indicate the extent to which the different categories of health and development personnel can be utilized for the programme.

It will indicate the social and cultural factors which limit and promote peoples participation in the programme. And will also show the extent to which local leadership and institutions can be involved in the programme and utilize for making the programme largely self-propelling by providing social recognition for the problem and generating social pressure for it.

(3) *Practical usefulness of the findings of the proposed project.*—The project will act as a functional link between communication research centre (and other research set-ups) and service units as well as feed the training institutions with new ideas and experiences. It will act as a processing unit to experiment and find out the functional applicability of the scientific findings of research units. And will in turn evolve action principles for trial in the service units on a wider scale, as well as indicate to the communication research units the limitations of their findings for re-appraisal. Besides, it will feed the communication research units with broad findings and hypo-thesis based on its systematic observations of the on-going programme and short-term studies, for further validation.

#### V. METHODS OF WORK

##### (1) Strategy of work

The action research or operational studies are cyclic in nature in the sense that experiences gathered are utilized in formulating action-principles and programmes which in turn are again tried and further modified in the light of new experiences gathered. And it is through this cyclic process of formulation and modification of action principles that the programme proceeds further towards the achievement of its ultimate goals. The research methodology is, herefore, oriented towards studying the process of operation of

the programme, locating the problems and difficulties involved in carrying out the programme, conducting short-term problem oriented studies to explore the resistive factors as well as the positive or supportive factors, to indicate ways and means for encountering problems and achieving peoples participation. Though no rigid formulation of research programme is suggested, the programme can, however, be phased into following four stages :

## (2) Stages of work

(i) *Preparatory phase.*—This includes working out the details of the project, its objectives in specific terms and methods of operation; administrative sanction of the project; selection of personnel and purchase of equipment ; Selection of areas and building up of contacts for inter-departmental support.

(ii) *Maturation and early - action phase.*—This includes collection and compilation of data and findings of the studies so far conducted on problems related to family planning programme; collection of background and baseline data for the areas selected; training of personnel; designing of record proformas; identifying variables for measuring progress of work; conducting exploratory studies to find out the factors (beliefs and practices) which promote and limit the programme; building up educational materials; and contacting official and non-official agencies for achieving their cooperation and support; collecting data for determining typology of villages in regard their readiness to accept the programme.

(iii) *Action Phase.*—The implementation phase will extend approximately for two years. It will proceed in cyclic process including the following elements.

- (a) The five types of programmes will be tried first as an experimental measure in one or two villages each, with a view to identify problems and work out the details of the pattern work to be adopted.
- (b) Based on the experiences gathered in the trial-phase, the programme will be extended to other villages in the selected areas.
- (c) Identification of problems and conducting short term problem oriented studies for locating factors which influence the programme and to find out ways and means for encountering the problems faced.
- (d) Interim-evaluation; programme will be evaluated every six months to measure the success achieved and to suggest modifications for further improvements in the pattern of work.

(iv) *Consolidation and extension phase.*—The experiences gathered from the cyclic process of implementation, evaluation and modification will be consolidated for formulation of action principles. The action-principles thus derived will be further tried and experimented in a few community development blocks in conjunction with Development Authorities.

The details of these five proposed programmes is under item 5.3.

Besides, the findings will be at the same time utilized in the training of health and development personnel at the Central Health Education Bureau and other training institutions.

### (3) Package Programmes

Six types of package programmes suggested for the popularization of family planning are discussed below. Each approach is discussed under five heads, namely, goals, assumptions, components, strong points, and limitations.

**First Approach.**—*Massive Approach.*—for horizontal spread of programme to involve local institutions, cover susceptibles by mass media methods and sustain their interest and strengthen social pressure by periodic campaigns, and contacts with local leadership.

#### 1. Goals :

1.1. To cover the susceptibles *i.e.* those who are ripe and predisposed for the programme.

1.2. To facilitate and enhance the growth of social pressure by spreading the programme simultaneously over a large number of villages in a compact area and thus develop a core of the agents of social change in every village.

1.3. To sustain, stimulate and strengthen social pressure by fighting against the factor of shyness and by facilitating the inter-flow of ideas between social agents of different villages.

1.4. To develop self-reliance and make the programme self-propelling by encouraging participation of local institutions and leadership in all aspects of the programme including maintenance of supply line and by providing recognition to them.

1.5. To achieve maximum results with minimum in-pur of resources and time.

#### 2. Assumptions :

2.1. There is a varying degree of acceptance of family planning programme by different sections of the community. The village community can be broadly categorised into following stratas according to their receptivity to family planning : (a) susceptibles (zone of no-resistance composed of those who are strongly favourable

and fairly motivated); (b) zone of hesitants (favourable with weak motivations); (c) zone of indifference (indifferent with 'zero' motivations); zone of hostility (opposed and negatively motivated).

2.2. Proportion of population in the above said zones vary from village to village, education efforts required will also vary accordingly.

2.3. There is a section of village population, however small in number it may be, which is already ripe predisposed for adoption of family planning practices.

2.4. Susceptibles or early acceptors of family planning are by and large well-to-do, educated and influential.

2.5. Though all the susceptibles do not carry leadership status yet a substantial number of leaders are susceptibles.

2.6. When the susceptibles are covered by the programme they will develop a core of local agents who will generate social pressure and carry the programme into other sections of the village community, as well as, to some extent to the neighbouring villages.

2.7. Larger the number of villages covered at a time, the greater will be the social pressure generated, as the pressure increases in direct proportion to the number of villages covered by reinforcing inter-action of social pressure between villages. A model indicating increase in social pressure is attached as appendix III. Also see figures 3, 4, 5, 6 and 7.

2.8. Prestige develops around a programme when the influence carriers, educated and well-to-do accept it and vocalise its adoption.

2.9. Shyness factor is the major obstacle in dissemination of information, interflow of ideas and experiences between people, and adoption of family planning practices.

2.10. In view of country's limited resources, the programme should not be heavy in staff and resource consumption.

### 3. *Components of the Approach :*

3.1. Spread the programme simultaneously over a large number of villages in a compact area.

3.2. Emphasis on extending information by mass communication lecture methods.

3.3. Holding mass meetings, puppet film and cultural shows, etc. to inform and sensitize the community as well as to locate the susceptibles and gauge the response of the village.

3.4. To identify and cover the susceptibles and involve local institutions and leadership by developing contacts and holding discussions with local institutions (panchayat) and organizing leaders training camps, seminars, etc.

3.5. Periodic efforts by way of successive campaigns to sustain the interest of the susceptibles and local institutions for the programme.

3.6. Providing recognition, channelising the programme and arranging supply line through local institutions (panchayats), private practitioners, shopkeepers, and influence carriers with a view to develop self-reliance and make the programme self-regenerative.

3.7. Holding inter-village camps and programmes to facilitate inter-flow of ideas and experiences between villages and thereby reinforce the social pressure generated in each village by mutual inter-action.

3.8. Using mobile exhibition vans, dramas, folk parties exhibitions, etc. to fight against the factor of shyness by publically discussing the problem and thereby facilitating the growth of social pressure.

3.9. Disseminating information on only a few selected points (10 to 15) on family planning repeatedly so as to facilitate retention and summation. (For this purpose a well thought out list of points to be repeatedly told will be prepared in advance.)

3.10. Encouraging people to come to the clinics for clearance of their doubts and problems.

3.11. Preparing the local leaders and institutions to clear the doubts of the hesitant elements of the community and to effectively meet the opposition from hostile sections.

3.12. A powerful supply line and arrangements for sterilisation facilities as well as reasonable clinical services to support and back the programme. Sterilization facilities should be adequate to the extent that if there is demand even from a single person in a village, it should be met without delay.

#### 4. *Strong points :*

4.1. Resource consumption in terms of personnel and cost of educational materials is comparatively low.

4.2. Better results are achieved with comparatively less in-pu of efforts as full use is made of local resources and agents of social change for building up social recognition for the problem and generation of social pressure which makes the programme largely self-propelling.

4.3. Time factor : In a minimum possible time the programme is spread over a comparatively large area by a minimum consumption of resources.

## 5. *Limitations :*

5.1. The approach may result in spreading the programme too thin over a large area and thereby diluting its impact down to a negligible level.

5.2. The programme designed to cover, influence and strengthen susceptibles alone, who constitute only a small section of the community, may fail to generate social pressure required for carrying the programme on to the hesitant, indifferent and resistive sections of the community and thus keep it contained to only a few progressive, well-to-do and educated people in the village.

5.3. The programme ignores the possibilities of a powerful influential section of hostile and resistive elements reacting negatively to the programme spread out too thin over a large unmanageable area and thereby succeeding in generating negative social pressure.

**Second Approach.—*Mass approach.***—Initiating the programme by holding leaders training camps, seminars and conferences to involve local institutions and leaderships and to cover the susceptibles, and following it up by continuous efforts by way of lecture method and also by holding limited group discussions in as big groups as possible to extend the programme to the hesitant and reluctant sections of the community, with the help of 'covered' susceptibles and leadership.

*Distinction between 1st and 2nd approach.*—The first and second approach differ in regard to the points indicated below :

- (a) In the first approach the emphasis is on covering susceptibles, sustaining their interest and helping them in carrying the programme further. The initiative and responsibility for expansion of the programme, therefore, largely, rests with them. We act only as catalytic agents and stimulating forces. The activities are channelised through the covered susceptibles and leadership, rather than working with the larger section of the population directly.

In the second approach the emphasis is not only on covering susceptibles, sustaining their interest and helping them in carrying the programme further, but also in utilising their help for further expansion of the programme to reluctant and hesitant sections of the community. The responsibility for further expansion of programme is not entirely left on the local leadership but rather rests mainly with the workers at least in the initial stages.

- (b) In the first approach the sustenance of interest is assured by launching periodic campaigns, while in the latter approach the educational process by way of mass media methods is a continuous one.

- (c) The emphasis in the first approach is on dissemination of information by lecture method, besides holding leaders training camps. In the second approach the education of the general public is also taken up by holding discussions, besides lecture method, in as large groups as possible.

### 1. Goals :

Besides the first four objectives indicated for the first approach (massive approach), the additional objective is as follows :

“To ensure the expansion of the programme to the hesitant and reluctant sections of the community (vertical penetration in a village), by working directly with them and utilising the help of the ‘covered’ susceptibles, local leadership and institutions.”

### *Assumptions :*

In addition to the assumptions indicated for the first approach, except item No. 2.6, the following assumptions are taken into account.

2.1. The programme cannot be left entirely to a thin section of susceptibles and local leadership. The workers rather have to make sustained efforts with the help of local leadership, to cover a substantial section of the hesitant and reluctant sections of the community by working directly with them with a view to intensify and sufficiently strengthen the social pressure to make the programme self-regenerative.

2.2. There is no resistance on the part of the hesitant and reluctant sections of the community to discuss the problem of family planning in big groups.

2.3. Not all who initially accept family planning practices (trial-adoption) continue to practise it, a significant proportion of initial acceptors give-up family planning practices after its use for sometime.

2.4. Habit formation for regular use of contraceptive measures, without lapses, develops gradually and this implies periodic contact with the individuals to facilitate this process of habit formation.

### 3. Components of Approach :

Components of approach are the same as for first approach except that item No. 3.5 is replaced by the following component.

“Continuous efforts will be made by way of holding meetings and conducting educational programmes in as large groups as available as a follow-up measure for extending the programme further to the hesitant and reluctant members of the community; the assumption being that they are not resitive to discuss the problem of family planning in large groups.”



#### 4. *Strong Points* :

4.1. Continuous educational efforts will generate, strengthen and sustain motivation for family planning and ensure wider coverage as well as growing social pressure for the programme.

4.2 Wider coverage and continuous strengthening of the programme will to a great extent eliminate the possibilities of resistive forces mustering sufficient strength to react negatively and backfire the programme.

#### 5. *Limitations* :

5.1 As compared to 1st approach, it is more time and resource consuming.

5.2 The hypothesis that people in general are not resistive to the idea of publically discussing the problem of family planning may prove incorrect and thereby limit the effectiveness of the programme.

**Third Approach.**—*Group Discussion—Decision Method*—Initiating the programme by holding leaders training camps, seminars and conferences to involve local leadership and institutions and following it up by continuous efforts in terms of holding small group meetings and individual contacts to cover as wider a section of the community as possible.

#### 1. *Goals* :

1.1 To cover the susceptibles and involve local leadership and institutions for the programme.

1.2 To sustain the interest of local leadership and institutions in family planning and securing their help for further percolation of the programme to hesitant and reluctant sections of the community.

1.3 To contact, inform and repeatedly educate every eligible couple in the village so as to ensure continuous acceptance of the family planning practices by as large section of the community as possible.

#### 2. *Assumptions* :

2.1 It is a touchy problem and cannot be discussed openly in large groups, except for the influence carriers and progressive sections of the community.

2.2 It is largely a personal problem and its ultimate adoption, therefore, depends upon repeated persuasions, either at individual level or in small groups.

2.3 In the process of acceptance and adoption of family planning practices, a number of personal problems are encountered by an individual, and these can only be resolved by counselling at couple level.

2.4 Except for item Nos. 2.6, 2.7, 2.9 and 2.10, all other assumptions as laid down for the first approach are applicable for this approach also.

### 3. *Components* :

3.1 Community organization efforts in terms of group discussions, leaders training camps, seminars and conferences, etc. to cover susceptible, local leadership and institutions and to help them in further extension of the programme.

3.2 This is to be followed up by continuous educational and motivational activities in small groups with the aid of audio-visual aids like flash cards, flannel graphs, flip charts, slides and filmstrips. This component of the approach aims to motivate hesitant and reluctant sections of the community by group discussion-decision method.

3.3 Besides group discussions, individual contacts will also be made to clear doubts and resolve personal problems of hesitants and reluctants.

### 4. *Strong Points* :

4.1 Group discussion-decision method coupled with individual contacts for clearing doubts and resolving personal problems, besides efforts for community organization, ensures wider coverage and sustained interest and adoption of practices.

4.2 A strong follow-up programme in terms of discussions in small groups and encouraging people to take group decisions eliminates the possibility of resistive elements mustering sufficient strength to counteract and back-fire the programme.

### 5. *Limitations* :

5.1 Group discussion-decision method is comparatively more resource consuming in terms of time, personnel and money.

5.2 The approach does not fully utilize the possibility of generating and utilizing social pressure generated by simultaneously covering a large number of villages, as the work has to be contained to a few villages at a time because of the resources consuming nature of the approach.

**Fourth Approach.**—*Couple oriented approach.*—Individual (couple) education-cum-counselling approach to extend the programme to all the eligible couples in a village and cover as many as possible by reputed educational and counselling activities. The outstanding way by which this approach differs from the others is that in this no effort for community organisation is made, while involving local institutions and leadership is the pivotal point for all other approaches.

## 1. Goals :

1.1 To cover every eligible couple of the community including the members of hesitant, reluctant and hostile sections and thus extend the programme vertically down to the bottom of each selected village.

1.2 To make efforts to motivate each individual couple by educating them and resolving their personal problems and doubts by counselling at individual and couple level.

1.3 To strengthen the habit formation for regular use of contraceptives and to convert the stage of trial-adoption into sustained-adoption by making repeated contacts with the couples.

## 2. Assumptions :

2.1 Villagers do not appreciate the discussion of sex in public and this is true even for the influence-carriers and the progressive sections of the village community.

2.2 People do not communicate matters related to sex and family planning and this limits the possibilities of automatic spread of programme from influence-carriers down to the general public.

## 3. Components :

3.1 Holding at least two meetings, either at individual level or in small homogeneous groups of 5—10 persons, to appraise all the eligible couples about the physiology of reproduction and methods of contraception.

3.2 Make repeated contacts at couple and individual level to create and sustain interest in family planning and to clear doubts and resolve personal problems.

## 4. Strong Points :

4.1 It aims at educating all the eligible couples and this brings about the possibility of a wider section of population accepting family planning practices.

4.2 Repeated contacts with individual couples ensures sustained interest and the conversion of "trial-adoption" into "sustained-adoption".

4.3 Since sex-matters are not discussed in public, the possibility of hostile elements getting together and back-firing the programme is eliminated.

## 5. Limitations :

5.1 This couple-oriented approach is very much resource consuming in terms of time, personnel and money and is, therefore, not capable of duplication at national level.

5.2 The entire load of educational work is under taken by the workers themselves as the possibility of generating social forces for furtherance of the programme is totally ignored.

**Fifth Approach.**—*Mass dissemination of information without efforts for community organisation.*—For purposes of building up a complete conceptual framework, it may be indicated that large scale dissemination of information by mass-media methods without efforts for community organisation is another possibility. It is similar to Fourth Approach in the sense that no efforts for Community organisation are made in either of these approaches ; while in the former, the emphasis is on individual contacts, the latter points out to mass scale dissemination of information.

This approach suggests the possibility of disseminating information to as large a section of population as possible and catering to the needs of those who themselves come to the clinic either for supply of contraceptives or for clearing doubts.

**Sixth Mixed Approach.**—It places no limitations in regard to the type of technique and strategy of approach to be followed for the attainment of the objective, namely, popularization of family planning practices. The strong points of all the above said approaches can be dove-tailed for developing the mixed approach.

### *Summary*

Based on the experience so far gathered in different parts of the country, five types of package programmes are suggested for trial and adoption. Each is based on specific assumptions and will be successful to the extent of the validity of the assumptions. In a nut-shell, the first approach aims at, (a) community organisation in terms of involving local institutions and leadership; (b) covering susceptibles; (c) maintaining contacts with covered susceptibles and local leadership to sustain their interest in the problem and to help them in carrying it on to other sections of the community.

The second approach, besides having all the above said components, aims at having continued follow-up by way of mass media methods (lectures and limited discussion in as large groups as possible) to cover with the aid of local leadership, the hesitant and reluctant sections of the community.

The third approach aims at community organisation (*i.e.*, first three components of 1st approach) and following it up by group discussion-decision method and individual contacts for wider expansion of the programme.

The fourth approach excludes the elements of community organisation and rests exclusively on workers' efforts for couple-orientated activities (besides holding meetings of small homogeneous groups for dissemination of information on physiology of reproduction and methods of contraception).

Similarly the fifth approach excludes efforts of community organisation and aims only at dissemination of information to a large section of population by way of mass media methods, and rendering services only through clinics.

#### 4. Personnel Requirements for each Approach

The personnel requirements progressively increase from 1st to Fourth approach. An estimate of personnel requirements for each approach is given in the table below :

*Chart showing progressive increase in staff requirements (from 1st to 4th approach)*

Approach	No. of Field Workers	No. of villages	Population
1st	1	20—25	20,000—25,000
2nd	1	10—12	10,00—12,000
3rd	2 (one male and one female).	4 (or 2 per worker)	4,000 (or 2,000 per worker)
4th	2	2 (one per worker)	2,000 (1,000 per worker).

It may, however, be noted that all the above outlined programmes aim at making maximum use of existing community development and health personnel.

#### 5. Selection of Area

It is proposed to try the programme in a realistic administrative unit, so that the findings arrived at are capable of duplication in other areas. It is, therefore, suggested that a representative primary health centre is selected in an area which can broadly represent the social, cultural and economic conditions obtained in North-Western Zone of India. The Centre should neither be too far off from Delhi (because of administrative reasons) nor too close to it (because of urban influence).

All the villages of the primary health centres will be selected for the purposes of action-research project. The health centre's area will be divided into four zones in a way that all the zones have similar social and cultural factors, and service facilities.

The first approach will be tried in a compact unit of twenty villages, the second approach will be tried in two units of ten villages each, the third approach in two units four villages each and the mixed approach will be tried in an area of about ten villages.

## 6. Staffing

1. Director, Central Health Education Bureau will be the overall incharge of the project. The Deputy Assistant Director General of Health Services (Research) will be the Principal Officer for the proposed Project. He will have the overall responsibility for designing, coordinating, guiding and supervising the project programmes and will also be responsible for processing of research data and write-up of reports. Furthermore, under the guidance of Director, Central Health Education Bureau, he will coordinate the activities of this Unit with those of Pilot study unit and proposed communication research centre likely to be established in Delhi.

2. *The Health Educator*, Pilot Study Unit, will guide and supervise the educational activities carried out by the Family Planning Extension Workers.

3. *Research Officer* will help the Deputy Assistant Director General of Health Services (Research) in designing research programmes and will conduct, guide and supervise field research and staff. The four *Field Investigators* will administer questionnaires, undertake problem oriented studies and process the data under the guidance of Research Officer. The Investigators will also assist the Statistician in the analysis of Questionnaires and tabulation of data.

4. The *Statistician* with the assistance of two Tabulators will be responsible for scrutiny of questionnaires, coding tabulation and statistical processing of data.

5. *Research Assistant* termed as H.E.T. Grade I (Audio-Visual Aids) will undertake studies in relation to audio-visual aids under the guidance of Research Officer and the Deputy Assistant Director General (Research).

6. *Family Planning Extension Workers*.—Of the seven extension workers, the senior one will be responsible for developing programme in the area (20 villages) selected for the "First Approach". Of the remaining 6 workers, two will be responsible for educational activities in the area (10 villages each) selected for the "Second Approach" and the other four for educational activities in the area (two workers, one male and one female or every four villages) selected for the third approach.

## VI. RESOURCES AVAILABLE FOR THE PROJECT

1. *Name and position of incharge.*—Director, Central Health Education Bureau.

2. *Supporting and Advisory Staff.*—The Research, Training and Pilot Study Unit of the Central Health Education Bureau will support and guide the programme. It may be indicated that the Deputy Assistant Director General (Research), proposed as Principal Officer for the project, has considerable experience in action-research in relation to public health and other development activities. Moreover he was closely associated with the research activities of the Family Planning Pilot Project, Singur, West Bengal. Both the Research Investigators, who will be closely associated with the project have had experiences of research work both in rural and urban areas. Besides the activities of the project will be closely coordinated with that of the communication research centre, which is likely to be established in Delhi. In addition, a project advisory committee will be constituted with a view to achieve cooperation from other officials who are responsible for developmental activities in the area.

3. *Local agencies or institutions collaborating actively with the project.*—The staff of the Primary Health Centre, the Community Development Staff, local panchayats, school teachers, mahila samitis, youth clubs, etc. will be actively involved in the operation of the project.

Besides co-operation and guidance of demographic research centre, regional family planning office, family planning training centre, and Delhi School of Social Work will be sought for the benefit of the project.

4. *Methods of administering project funds.*—*Ad-hoc* grants for the project should be made directly to the Director, Central Health Education Bureau in the same way as the grants are given by the Indian Council of Medical Research. It is absolutely essential for the effective functioning of the action research project like this, that maximum flexibility and freedom of operation is provided, in research, administrative and financial matters.

## VII. TIME SCHEDULE

1. *Date when grant is to be made available.*—Grant may be made available as soon as possible so that the detailed planning of the programme of recruitment of additional staff may be undertaken. It is assumed that the project will be sanctioned by September 1961.

2. *Estimated dates of accomplishment of stages.*—Preparatory phase will be completed by December 1961, the maturation and earlier action phase will be completed by March 1962.

The third stage of implementation will be completed by March 1964.

The fourth stage of consolidation and extension will be completed by September 1964.

3. *Date when project report should be completed.*—September 1964 (reports on interim evaluation will be submitted every 6 months).

*Total duration of the project.*—Three years *i.e.*, from September 1961 to September 1964.

#### VIII. BUDGET

The scheme involves a recurring expenditure of Rs. 1,11,317 per annum and a non-recurring expenditure of Rs. 37,500 as estimated in the following tables.



*Annual Budget Estimates for the Project*

S. No	Name of the post and pay scale	No. of posts	Pay	Dearness Allowance	City Compensatory Allowance/ House Rent Allowance	Total per month	Total for 12 months
			Rs	Rs.	Rs.	Rs.	Rs.
1	2	3	4	5	6	7	8
1.	Staff of the Research Section of the Central Health Education Bureau. Special pay 20% of the salary. DADG (R) two investigators and one Stenographer.	..	..	..	..	350.00	4,200.00
2.	Research Officer (400—25—500—30—830—35—900).	1	400	..	10+7½%	440.00	5,280.00
3.	Statistician (325—15—475—EB—1—20—575)	1	325	..	Do.	359.37	4,312.50
4.	Health Education Technician Gr. I (Audio-Visual 370—20—450—25—575).	1	370	..	Do.	407.75	4,893.00
5.	Senior Investigator (325—575)	1	325	..	Do.	359.37	4,312.50
6.	Junior Investigator (210—10—290—15—320—EB—15—425).	4	210	20	Do.	1,023.00	12,276.00
7.	Computer (150—5—160—8—240—EB—8—280—10—300).	2	150	10	7.50+15	365.00	4,380.00
8.	Family Planning Extension Workers—						
	Junior (160—8—300)	6	160	20	8.00+15	1,218.00	14,616.00
	Senior (325—15—475—EB—20—575)	2	325	..	10+7½%	718.74	8,624.88

1	2	3	4	5	6	7	8
9.	Projectionist-cum-Driver (150—216)	1	150	10	7.50+15	182.50	2,190.00
10.	Assistant (210—530)	1	210	20	10.7½%	255.75	3,069.00
11.	Upper Division Clerk (130—280)	1	130	10	6.50+15	161.50	1,938.00
12.	Lower Division Clerk (110—180)	2	110	10	5.50+15	281.00	3,372.00
13.	Steno-typist (110—180) plus Rs. 20 as special pay	2	130	10	6.50+15	323.00	3,876.00
14.	Field Assistants (70—185)	4	70	10	5.00+7½	370.00	4,440.00
TOTAL							81,779.88

	Rs.
Pay of officers and staff . . . . .	81,780.00
Travelling Allowance . . . . .	5,000.00
<i>Recurring (Other charges) :</i>	
* (1) Cost of petrol mobile oil servicing and maintenance of two vehicles.	6,000.00
(2) Stationery, printing cards, forms, etc. . . . .	2,500.00
(3) Purchase of material for teaching aids . . . . .	3,000.00
(4) Expenditure on seminars and camps . . . . .	10,000.00
(5) Folk parties . . . . .	5,000.00
(6) Miscellaneous contingent and expenditure . . . . .	2,000.00
Annual Total Recurring expenditure . . . . .	1,15,280.00
<i>Non-recurring (Other charges) :</i>	
(1) Multipurpose Station Wagon with trailer . . . . .	25,000.00
(2) Calculating machines, typewriters and duplicators . . . . .	10,000.00
(3) Furniture and equipment . . . . .	2,500.00
Annual Total Non-recurring expenditure . . . . .	37,500.00

\*It is assumed that contraceptives worth an amount of Rs. 10,000 will be distributed by the clinics existing in the areas selected for the project.

**Social pressure increases in direct proportion to the number of villages covered simultaneously by educational and motivational activities**

When educational activities are carried out in a village, the susceptibles constituting zone of no resistance, are motivated in comparatively less time and with less efforts. The influence carriers among the covered susceptibles than in turn exert educational influence by providing social recognition to the problem and developing social pressure in its favour. This core of the agents of social change gradually develops and make the programme largely as self regenerated.

It is assumed that the external motivational and educational force required to cover susceptibles is equal to 'x'. This 'x' in turn produces same amount of motivational force termed as 'y' by way of social pressure generated by the 'core' developed within the community. If the total educational force is taken as 'f', it will work out as follows :

$$f = x + y$$

f = total educational force

x = external educational force

y = internal educational force generated by the core of the agents of social change.

It is further assumed that all the social pressure generated within the village does not operate within that village alone, but a fraction of it flows horizontally to the neighbouring village. It is assumed that 1/5th of the social pressure generated within the village flows to the adjacent village. The formula indicating the total educational force operating within the village will be as follows :

$$f = x + y - 1/5y$$

$$\text{or } f = x + x - 1/5 (x = y)$$

If  $x = 10$  then  $f = 10 + 10 - 10/5 = 18$  — Units of force by applying 10 units.

Now if educational activities are carried out simultaneously in the second village, the force operating there will be :—

$$f = (x + x/5) + (x + x/5) = 1/5(x + x/5)$$

$x/5$  = the fraction of force coming from previous village.

$x + x/5$  = external force is  $x$  and  $x/5$  comes from previous village, this again produce same amount of force *i.e.*  $x + x/5$ .

$1/5(x + x/5)$  = is the fraction *i.e.* (1/5 of total force generated) that goes to adjacent village.

If the value of 'x' is kept constant i.e. 10, the output in the second village is,

$$f = (10 + 10/5) + (10 + 10/5) - (10 + 10/5) = 21.6$$

A formula can be worked out on this hypothesis which will show the gradual growth of social pressure when educational activities are carried out in a number of villages at a time. The formula is as follows :

$$T_1 = \frac{9}{5} \times X \quad X = \text{External force i. e. } 10$$

$$T_2 = \frac{9}{5} \times \frac{6}{5} \times T \quad T = \text{Serial number of village}$$

$$T_3 = \frac{9}{5} \times \frac{3^1}{25} \times T_7 \quad T_7 = \text{Last village of series.}$$

$$T_4 = \frac{9}{5} \times \frac{156}{125} \times$$

$$T_7 = \frac{9}{5} \times \frac{5^{\eta-1} \times}{4 \times 5^{\eta-1}}$$

## OUTLINE OF THE RESEARCH PROJECT

### I. TITLE OF THE PROJECT

“Infant Mortality in an Indian Village : Amminbhavi”.

### II. DESCRIPTION OF THE PROJECT

(a) *Objectives*.—To reveal the causes for infant mortality in the Indian rural community and to find out the basic factors influencing the acceptance of family planning.

(b) *Methodology*.—Questionnaire, schedule and direct participation in the life of the community under investigation.

### III. DEPARTMENT FOR WHICH GRANTS TO BE ADDRESSED

The Department of Social Anthropology, Karnatak University, Dharwar (Mysore State).

### IV. BACKGROUND OF THE PROJECT

1(a) The head of the Department of Social Anthropology, Dr. K. Ishwaran, has carried out an empirical research in Western Europe and has published the field monograph entitled, “Family Life in the Netherlands”.

(b) The head of the same department is again superceiving a doctoral student who is conducting field research on “planned parenthood in an Indian Village : Amminbhavi”.

2 & 3. The findings of the investigation are expected to reveal conditions of rural India which is experiencing high rate of infant mortality. And at the same time, the findings would throw light in discovering ways of minimising the birth rate so as to help rural people contribute to the health and longevity of their posterity.

### V. RESOURCES AVAILABLE FOR THIS PROJECT

#### A. Staff and Research Students :

1. Dr. K. Ishwaran, M.A., Ph.D., B. Litt. (Oxon) M.S.S. (The Hague), D.Litt. (Leiden). Head of the Department of Social Anthropology.
2. (i) Dr. L. K. Mahapatra, M.A. (Calcutta) Ph.D. (Hamburg).
- (ii) H. M. Marulasiddaiah, M.A. (Mysore), M.A. (Social Work) (Delhi).
- (iii) Smt. S. S. Kurthakoti, M.A. (Research Student. Also Family planning organiser).
3. Nil.

4. *Administration of Funds :*  
Through the University.

VI. TIME SCHEDULE

1. At the earliest date.
2. (i) Preparation of questionnaire, schedule and training personnel . . . . . 3 months.
- (ii) Interviewing, participation and collection of data . . . . . 9 months.
- (iii) Processing of the data . . . . . 3 months.
- (iv) Drafting the report . . . . . 3 months.
3. 18 months from the date of commencement of the project.

VII. BUDGET REQUIREMENTS

1. & 2 <i>Equipment and Materials :</i>				<i>Amount</i>
				Rs. nP.
(i)	Tape-writer, file-cabinet etc. . . . .			3,000.00
(ii)	Stationery & printing . . . . .			2,500.00
3. <i>Salaries (for personnel) :</i>				
	Designation	Period	Scale	Rs. nP.
(i)	One supervisor . . . . .	18 months	250	4,200.00
(ii)	Two investigators . . . . .	12 months	150	3,600.00
(iii)	One Statistician . . . . .	6 months	250	1,500.00
(iv)	One Clerk-cum-typist . . . . .	18 months	100	1,800.00
(v)	One peon . . . . .	18 months	60	1,080.00
4. <i>Other categories :</i>				
Travelling Allowance :				
(Village is 15 miles away from the Campus of the University).				3,500.00
5.	Contingencies . . . . .			1,000.00
				22,180.00

NOTE.—Auditors of the University will be responsible for auditing the accounts of the project.

Sd./ K. ISHWARAN,  
Reader & Head of the Deptt. of  
Social Anthropology, Karnatak Uni-  
versity, Dharwar.

**APPLICATION FOR SUPPORT OF A RESEARCH PROJECT  
UNDER THE FAMILY PLANNING COMMUNICATION  
RESEARCH PROGRAMME**

**I. TITLE OF THE PROJECT**

Acceptability of contraceptive measures by Class IV Servants residing in J. J. Hospital compound, Bombay.

**II. CONCISE DESCRIPTION OF THE PROJECT**

The object is to ascertain the reactions and the acceptability of the family planning advice by the members of the low income group.

The object can be achieved by personal interview and follow up visits. More than 500 families of low income group reside within the hospital compound of the J. J. Group of Hospitals.

**III. INSTITUTION TO WHICH GRANT SHOULD BE ADDRESSED**

Department of Preventive and Social Medicine, Grant Medical College, Bombay.

**IV. BACKGROUND OF THE PROJECT**

1. Generally the low income group is not much inclined to accept the advice on family planning due to various reasons, related to ideas and beliefs, privacy, ease of use, lack of storage facilities etc.

2. The proposed project would try to ascertain the various causes responsible for the non-acceptability of family planning advice, and would thus contribute greatly to the problem of successfully implementing the family planning programme.

3. The specific and the practical importance of the project would be in ascertaining the choice of method of contraception by members of lower income group, which would form the basis for the large scale production of contractive appliances. The project would also try to establish the methodology and the approach to the individual to achieve the objects of the family planning programme.

**V. RESOURCES AVAILABLE FOR THE PROJECT**

1. Department of Preventive and Social Medicine, Grant Medical College, Bombay.

2. Staff of the family planning unit of the Grant Medical College, Bombay.



3. The funds should be available to the Prof. of Preventive and Social Medicine for the purpose of drawing staff salary and incurring contingent expenditure etc.

#### VII. TIME SCHEDULE

1. 1st of January 1962.
2. 1st April, 1962, 1st October, 1962, 31st December, 1962.
3. February, 1963.

#### VIII. BUDGET

Female Social worker at a flat rate of Rs. 250/- p.m. for a period of 14 months. Rs. 3500/-. Contingencies etc. Rs. 500/-.

**APPLICATION FOR SUPPORT OF A RESEARCH PROJECT  
UNDER THE FAMILY PLANNING COMMUNICATION  
RESEARCH PROGRAMME**

**TITLE OF THE PROJECT**

Action-research Project in Family Planning.

**Object of the scheme.**— To find out :—

- (i) the basic factors influencing the popularity or otherwise of family Planning;
- (ii) problems which hinder family planning;
- (iii) the attitudes of people towards family planning; and
- (iv) to start an action research on the basis of the findings of the survey.

**Design of Survey.**—Two villages will be purposively selected not very far from Vallabh Vidyanagar, one which has a family planning clinic for about the last two to three years and the other having no influence of the family planning propaganda. General information about the married couple between the ages of 18 and 45 will be collected at first. There will also be a pilot survey to test the questionnaire designed specially for this survey.

In order to conduct this survey it will be necessary to appoint two sets of investigators, one consisting of two lady investigators and the other consisting of two male investigators. The job of the lady investigators will be to interview all married ladies between the age of 18 to 45 and who have experienced at least one pregnancy, while the male investigators will interview the husbands of the responsive married ladies. The schedule will not be filled at one sitting. Probably two or three visits will be necessary in view of the fact that investigators gain the confidence of the married ladies. The investigators should also get satisfied about the genuine response of the respondents. Probably it will be necessary for the investigators to visit the village a month or two before the commencement of the survey just to gain the confidence of the local public.

**Period of study.**—About six months will be required for the purpose of field investigation. The tabulation and drafting of the report will take another six months. Thus the whole study will spread over for a period of one calendar year.

Having completed this survey, action research will start in the village which has not been influenced by the family planning propaganda, by taking suitable steps for a period of one year. Attempts will be made to solve all the problems which hinder the family planning, and also efforts will be made to popularise

various techniques of family planning. By the end of one year, the results will be assessed and the extent of the success will be measured. Further action can only be taken by the end of this study. In all the study will be spread over a period of two years.

**Staff :**

1. One Director (Honorary)  $\rightarrow$  The Head of the Department of Economics will act as the Director.
2. One Astd. Director . . . The Lecturer in Economics statistics of the Department will work in an honorary capacity.
3. One Research Officer for a period of  $1\frac{1}{2}$  years.
4. Two Lady investigators for about a period of one year.
5. Two male investigators for about a period of one year.
6. One Investigator for about a period of one year for processing of data.

The staff will not be appointed at a time. They will be appointed as and when necessary. Some time they may be appointed on a part-time basis. The duration of the period has been indicated on the basis of the quantum of their work.

**Cost of the Survey.**—The entire cost of the project may be about Rs. 24,600/-. The details of the estimated expenditure are as under :

Two lady investigators for a period of one year . . . . .	Rs. 4,800
Two male investigators for a period of one year . . . . .	4,800
One Research Officer . . . . .	3,600
One Investigator . . . . .	2,400
Travelling expenses of the Honorary staff . . . . .	2,000
Halting & Travelling Allowances of investigators . . . . .	2,000
Stationery, Postage & Printing . . . . .	1,000
Typing and tabulation . . . . .	1,000
Publication of the Report . . . . .	1,000
Contingencies . . . . .	2,000
	<hr/>
	24,600
Say Approximately Rs. . . . .	<hr/> 25,000

## PROJECT FOR INTENSIVE FAMILY PLANNING WORK THROUGH THE UTILISATION OF INDIGENOUS MEDIA OF MASS COMMUNICATION

Since family planning is a matter of re-education of mores of the family and culture with regard to family size and voluntary parenthood, any success in the family planning programme, especially in the rural areas, will have to depend largely on the acceptability and effectiveness of the techniques and methods of mass communication.

It is proposed to explore the possibilities of reducing the current high birth rates within a period of three to five years through intensive propaganda and education, utilizing the puppet show, the drama, the story-telling, the ballad and the song that are time-honoured in the rural areas. The hypothesis underlying the present project is that strong motivation is basic to the whole programme of planned parenthood. In the absence of proper attitudes and motives, money spent on birth control counselling and distribution of contraceptives may be a pure waste; given proper motivation, facilities offered by birth control clinics will give lasting results. Hence it will be no part of our programme to establish new birth control clinics or to undertake house to house distribution of contraceptives. Facilities available at the existing clinic will be taken as given. Our interest will be in estimating how far people take increasing advantage of these facilities as a result of our social education programme. However, if the pressure on the existing clinics becomes too heavy, these may have to be expanded.

The main object of our research programme is to test the acceptability and effectiveness of the different media of mass communication and initiation of a new set of values and attitudes in favour of voluntary planned parenthood. For this purpose it is proposed to select a rural block for experiment in various techniques of education and propaganda for family planning. We may start with a group of 5 villages comprising roughly 2000 households. At the same time we will select a block in the city proper (preferably a predominantly depressed area, inhabited by people of the lowest income stratum) for a similar experiment, and take a sample of 1000 house holds for the evaluation of the results attained.

The project will be operated by two Units : (1) The Mass Media Communication Unit and (2) The Evaluation Unit. The Mass Media Communication Unit will undertake the re-education of the masses in new attitudes and values with respect to reproduction behaviour. This Unit will prepare the necessary material in the form of *Nautankis* (folk theatrical performance),

*Kathas* (mythological stories), puppet plays, flash cards, khaddar-graphs, wall stencils, film-strips, films etc. The main emphasis will be on producing a set of audio-visual media especially designed to impress on the mind of the illiterate folk the need for reorienting their values in regard to child-bearing and rearing. This unit will also be responsible for the effective display of the materials and the operation of the performances prepared by it.

The Evaluation Unit will observe and study the reactions of the subject to the different media of education put into operation and to submit regular reports to the Mass Media Communication Unit to help the latter in improving the quality of materials and their presentation in terms of mass acceptability and responsiveness. Another major task of this Unit will be to undertake follow-up studies with a view to evaluating the over-all effectiveness of the programme as judged by the trends in the acceptance and practice of contraception and in fertility patterns and birth rate. The Evaluation Unit will also consist of two wings : (i) The field unit responsible for field studies and collection of data and (ii) The Central Unit responsible for designing the experiment of research, statistical analysis and interpretation of data.

A brief statement of the scope of activities, the staff requirements and the estimated expenditure is submitted below :

### **Mass Media Communication work**

This section relates to the Production and testing of mass communication media for family planning education.

**Objectives.**—The main objectives of this section are the following :—

- (1) To adapt indigenous methods of mass communication such as *Nautanki* : *Katha* and *Kirtan* for use in family planning education.
- (2) To prepare and given ten different forms of each medium and pre-test them in the field with respect to
  - (a) simplicity of presentation
  - (b) effectiveness in creating new attitudes, values and motivations
  - (c) ease in making and showing
  - (d) low cost of production
  - (e) adaptability for use in different parts of the country.

**Administration.**—The proposed unit will be section of the intensive Family Planning Project of the J. K. Institute. It will be located at Literacy House and will be administered jointly by the Director of J. K. Institute and the Executive Director of Literacy House. The Unit will be responsible for the production and testing

of the media. The final proto-type material produced after field testing will be the property of the Family Planning Project which will have the right to reproduce and publish the materials. Writers, Artists and others engaged in this unit will not be given individual credit for the materials published but general credit will be given to the unit, to Literacy House and the Project as a whole.

**Production of Media.**—Media to be produced and tested have been grouped for team presentation as follows :—

**GROUP I.—*Song, Word and Play***

	No. per year
1. Nautankis . . . . .	4—6
2. Alhas & Radhe Shyams . . . . .	4—6
3. Kathas and Kirtans . . . . .	6—9
4. Puppet Plays . . . . .	6—9
5. Recordings, gramophone and tape . . . . .	4—6

**GROUP II.—*Visual Presentations***

1. Posters and Charts . . . . .	6—8
2. Flash Cards . . . . .	4—6
3. Khaddargraphs . . . . .	4—6
4. Wall Stencils . . . . .	4—6
5. Wall Newspapers and Bulletin Boards . . . . .	One or two in each village.
6. Calendars . . . . .	One each year.

**GROUP III.—*Projected Materials***

	No. per year
1. Filmstrips . . . . .	2—4
2. Films . . . . .	..

**GROUP IV.—*Written Materials***

1. Folders . . . . .	6—8
2. Pamphlets . . . . .	4—6
3. Booklets . . . . .	4—6

The number of first copies of each form of medium expected to be produced has been indicated in the above list. These will be tested in about 25 villages by teams in rotation. Field workers who use them in their educational programme will be given training in the use of these media. After training teams will be formed to go round from village to village giving performances.

**Duration.**—The unit will function for a period of two and half years.

**Staff.**—The following is a tentative list of staff that will be needed. This list may be modified, if found necessary, provided the budget limit is not exceeded.

1. Coordinator of the Unit . . . . .	1
2. Artist . . . . .	1
3. Photographer . . . . .	1
4. Editor . . . . .	1
5. Writer . . . . .	1
6. Stage Director . . . . .	1
7. Lady Writer & Musician . . . . .	1
8. Supervisors . . . . .	2
9. <i>Junior Staff:</i>	
(a) Hindi Typist . . . . .	1
(b) Clerk-Typist . . . . .	1
(c) Accounts Clerk . . . . .	1
(d) Puppeteers . . . . .	2
(e) Junior Artist . . . . .	1
(f) Katha Vachak . . . . .	2
(g) Field Workers . . . . .	2
(h) Production Assistant . . . . .	1
(i) Lab. Assistant . . . . .	1
(j) Drivers . . . . .	2
(k) Peons . . . . .	2
(l) Janitor . . . . .	1
(m) Chowkidar . . . . .	1

**Programme Schedule.**—A tentative plan of work of the proposed unit is given below. This has been used as the basis for preparing budget estimates for the first year. However, it should be mentioned that adherence to this schedule, depends on a number of factors such as, availability of suitable personnel, equipment and supplies. Every effort will be made to follow this schedule.

<i>Work to be accomplished</i>	<i>Period from the receipt of grant</i>
1. Recruitment of Production-staff	1—2 months.
2. Obtaining equipment and initial supplies	1—2 months.
3. Production of first copy of at least one medium under each group.	2—4 months.
4. Recruitment of Field staff and their training	3—4 months.
5. Begin the testing of media in the field	4 months

Four to six months after the project gets underway, the production of media will be a month or two ahead of field testing so that when one medium has gone round to 25 villages, a new one of the same kind will be available for testing.

At the rate of 2 or 3 performances a week at each of the four or five centers it will take about 6 to 8 weeks to cover 25 villages with one medium. The production schedule will, therefore, be such that a new first-copy of a medium will be ready in less than 2 months. This period includes time for the pre-testing of the medium under production in 3 or 4 villages.

Evaluation of the acceptability of each set of media will be undertaken soon after it has been put into the field. Evaluation program will be planned by the Central Evaluation Unit but executed by the Field Staff of both the Units in collaboration with each other.

### Evaluation Unit

**Organization.**—The evaluation Unit will be another section of the Family Planning Project of the J. K. Institute. It will be located at the J. K. Institute, Lucknow University, Lucknow and will be administered jointly by the Director of J. K. Institute and the Executive Director of the Evaluation Unit. The unit will consist of two wings : (i) the Central Wing responsible for the design of experiment, the preparation of investigation schedules, statistical analysis and interpretation of data, and (ii) The field wing responsible for on-the-spot collection will be carried on by this unit on the lines determined by the central unit.

**Objectives.**—(i) To assist the Production Unit in preparing the best media of traditional mass communication for strengthening family planning motivations by testing the acceptability of individual media and making continual reports on the same; and

(ii) to measure the overall effect of the program of social education on the attitudes of the people towards family planning and contraception and on fertility patterns.



**Evaluation Programme.**—Evaluation programme may be divided into four stages :

*Ist Stage.*—Preliminary Demographic Survey : To collect data on size of family, age and sex structure, births and deaths, marriage and fertility patterns and attitudes towards contraception with a view to providing the base against which to measure the subsequent changes likely to follow the execution of the family planning programme. The survey will cover about 25 villages selected for the experiment comprising about 2,000 households, and an additional group of about a thousand households selected from a few blocks in the city. Necessary data will be collected by the field staff and analysed by the Central Wing of the Evaluation Unit.

*IInd Stage.*—Evaluating the reaction of the people exposed to the different media of mass communication. This will be done both by the on-the-spot observations and by subsequent follow-ups, the object being to test the comparative acceptability of the media in terms of the interest aroused among the people and their understanding and appreciation of the main theme presented through each of them. Necessary information will be collected by the Field Staff of the Evaluation Unit in collaboration with the field Staff of the Mass Media Communication Unit and transmitted to the latter through the Central Evaluation Unit along with the latter's interpretation and remarks.

*IIIrd Stage.*—Investigating changes in the motivation and attitudes towards planned parenthood, in the interest in contraceptive advice and facilities available at the existing clinics, and in the practice of contraception. Necessary data will be collected by the Field Staff of the Evaluation Unit and analysed by the Central Unit.

*IVth Stage.*—Measuring the overall effect of the programme on fertility patterns and birth rate. Data will be collected by the Field Staff and analysed by the Central Unit.

### Time Schedule

#### *Ist Stage :*

Preliminary Demographic Survey . . . . .	To begin one month after the commencement of the Project.
Data collection . . . . .	About 5 months.
Report writing . . . . .	About 3 months.
Total Time required . . . . .	About 8 months.

#### *IInd Stage :*

Testing the acceptability of the different media and reporting the results to the production wing of the Social Education Unit.	This will be a continuous operation to begin almost simultaneously with the introduction of the first set of media into the field and to terminate just before the last set are put into the field.
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**IIIrd Stage :**

Measuring changes in motivations and attitudes.	To be undertaken at the end of the first and the second year of the project.
Data Collection	3 months.
Data Analysis and Report writing	1½ months.
Total time required	4½ months.

**IVth Stage :**

Measuring changes in Fertility patterns	To be undertaken at the end of 1½ and 2½ years respectively.
Data Collection	About 3 months.
Data Analysis and Report writing	About 2½ months.
Total time Required	5—6 months.

At the close of the three year period of the project, the Central Evaluation Unit will have determined :

- (i) the most acceptable media of mass education in new values and attitudes regarding child-bearing.
- (ii) the impact of the whole programme of mass education on motivations and attitudes towards planned parenthood (this report will also be submitted twice).

Since more substantial effect on fertility are expected in later periods two *ad hoc* fertility surveys at the end of the 4th and 5th year are also suggested.

**Staff of the Evaluation Unit.—Salaries and Duration of Employment.**

	Salary	Duration of employment
<b>I. Central Unit.</b>		
1. Director-General (Honorary)	Honorarium Rs.3,000 per year.	
2. Executive Director (Honorary)	Honorarium Rs. 3,000 per year.	3 years.
3. Statistical Assistant (2)	Rs. 200 p.m.	2½ years.
4. Typist-cum-correspondence clerk	Rs. 150 p.m.	3 years.
5. Messenger-cum-peon (1)	Rs. 60 p.m.	3 years.
<b>II. Field Staff :</b>		
6. Social Workers, Rural (2)	Rs. 200 p.m.	3 years.
7. Social Worker, Urban	Rs. 200 p.m.	3 years.

## Financial Estimates

## A. Mass Media Communication Unit

## I. Non-Recurring

## 1. Equipment—

	Rs.
(a) Stage curtains, drops, side curtains etc. . . . .	1,000
(b) Portable puppet stage . . . . .	400
(c) P. A. system with record player . . . . .	1,600
(d) Musical Instruments 3 sets . . . . .	900
(e) Gramophone records, 100 . . . . .	450
(f) Battery operated tape recorder (4 cells) . . . . .	2,000
(g) Filmstrip Projector (Kerosene) 2 . . . . .	1,000
(h) Press Camera with attachments and accessories . . . . .	5,000
(i) Miscellaneous equipment like bulletin boards, khaddar-graph boards, folding tables, boxes.	1,600

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 13,950
 

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## 2. Vehicles—

One jeep Station Wagon, 4 wheel drive . . . . .	22,000
Two autocyces . . . . .	2,000
Three Bicycles . . . . .	800
Tools . . . . .	500

## 3. Furniture &amp; Office Equipment.

Typewriter, Hindi . . . . .	1,500
Typewriter, English . . . . .	1,200

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 TOTAL . 43,950
 

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## II. Recurring

Proposed grades for staff are as follows :

Co-ordinator . . . . .	Rs. 350—20—550—25—650.
Editor . . . . .	Rs. 200—10—240—15—450.
Artist, Photographer, Writers, Stage-Director, Supervisor.	Rs. 150—10—250—15—400.
Clerk-typist Senior Gr. . . . .	Rs. 125—10—225—15—300.
Junior Grade : . . . . .	Rs. 75—5—100—10—150
Puppeteer, Junior Artist Katha Vachak.	Rs. 125—10—225—15—300.

Field Workers . . . . .	Rs. 75—5—100—10—150.
Production Assistant :	
Studio Assistant . . . . .	Rs. 75—5—100—10—150.
Drivers . . . . .	Rs. 60—5—90—7—125.
Messenger, Janitor & Chowkidar . . . . .	Rs. 50—5—80—5—100.

NOTES.—1. The above grades are consolidated inclusive of D.A. There will be no field work allowance.

2. Candidates appointed may be started at any level in the grade depending on qualifications, experience, market value etc.

### 1. Salaries—

	Rs.p.m.	Rs.	
Co-ordinator . . . . .	510 p.m.	5,610	for 11 months.
Editor . . . . .	360 p.m.	3,600	for 10 months.
Artist . . . . .	310 p.m.	3,100	Ditto.
Photographer . . . . .	310 p.m.	3,100	Ditto.
Writer . . . . .	250 p.m.	2,500	Ditto.
Stage Director . . . . .	250 p.m.	2,500	Ditto.
Lady Writer & Musician . . . . .	250 p.m.	2,500	Ditto.
Supervisors . . . . .	200 p.m.	3,200	for 8 months. X 2
Accounts Clerk . . . . .	145 p.m.	1,740	for 12 months.
Clerk-Typist . . . . .	100 p.m.	1,200	Ditto.
Hindi Typist . . . . .	100 p.m.	1,200	Ditto.
Puppeteers 2 . . . . .	125 p.m.	2,000	for 8 months. X 2
Junior Artist . . . . .	145 p.m.	1,450	for 10 months.
Katha Vachak . . . . .	125 p.m.	1,250	Ditto.
Field Workers . . . . .	100 p.m.	1,600	for 8 months. X 2
Production Assistant . . . . .	100 p.m.	1,000	for 10 months.
Lab. Assistant . . . . .	80 p.m.	800	Ditto.
Driver . . . . .	90 p.m.	900	Ditto.
Peons . . . . .	50 p.m.	1,200	for 12 months. X 2
Janitor . . . . .	50 p.m.	600	Ditto.
Chowkidar . . . . .	50 p.m.	600	Ditto.

TOTAL

41,650

Salaries Total for the First year . . . . .	41,650
Salaries Total for the Second year . . . . .	53,580
Salaries Total for the half-third year . . . . .	28,440
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TOTAL (Includes normal increments) . . . . .	1,23,670

\*Literary House will be able to provide the following facilities and services to the production unit of the Family Project of J. K. Institute.

1. Building space for offices studio, etc.
2. Garrages for the vehicles.
3. Mimeographing and other duplicating services.
4. Postage Franking Machine Service.
5. Electric Tape Recorder.
6. Film Projector, 16 mm. sound.
7. Generator and Oil Engine.
8. 38 mm. still Camera.
9. Petromax lanterns 6.
10. Use of other facilities such as open theatre.

2. Production Expenses—

	Rs.
Group 1.—(1) Nautanki . . . . .	500
(2) Alhas & R. S. . . . .	500
(3) Katha & Kirtan . . . . .	500
(4) Puppet Plays . . . . .	1,000
(5) Recordings (includes cost of Tape). . . . .	2,500
Group 2.—Art Materials . . . . .	1,200
Paper and Printing . . . . .	4,000
Stencils, Boards, etc. . . . .	1,000
Group 3.—Filmstrip, Master copy at Rs. 100 (10). . . . .	1,000
Photographers . . . . .	900
Films (Hire charges only) . . . . .	1,000
Group 4.—Printing & Paper for 5 of each item . . . . .	2,000

	Rs.	
3. <i>Honoraria</i> .—To Director, Writers and guest performers.	5,000	
4. <i>Office Expenses</i> .—(1) Postage, Telegrams, Telephone.	1,200	
(2) Stationery . . . . .	1,200	
5. <i>Transportation</i> .—(1) Petrol, Oil .	} 5,000	
(2) Maintenance of Vehicles .		
(3) Insurance, registration etc.		
6. Reference Books and other Literature . . . . .	1,200	
7. Miscellaneous & overhead . . . . .	2,000	
	32,900	for one year.
	98,700	
For three years . . . . .	123,670	
Non-recurring expenses . . . . .	43,950	
TOTAL . . . . .	2,66,320	

*B. Evaluation Unit*

1. *Salaries* :

Director-General . . . . .	9,000	(Honorarium for three years).
Executive Directors . . . . .	9,000	(Honorarium for three years).
Statistical Assistant . . . . .	12,000	(Salary for 2 persons for 2½ years).
Typist-cum-correspondence clerk . . . . .	5,400	
Messenger-cum-peon . . . . .	2,160	(Salary for 3 years).
Social Workers, Rural . . . . .	14,400	(Salary for 2 persons for 3 years).
Social Workers, Urban . . . . .	7,200	(Salary for 3 years).
TOTAL . . . . .	59,960	
2. Stationery, postage & printing . . . . .	8,000	
3. Overhead expenses (including office equipment).	2,000	
	69,960	
(Evaluation Unit).	69,960	
	2,66,320	
(Mass Media Communication Unit)	2,66,320	
GRAND TOTAL . . . . .	3,36,280	

**SUMMARY RECORD OF THE MEETING OF THE FAMILY  
PLANNING COMMUNICATION RESEARCH COM-  
MITTEE HELD ON 27TH JANUARY, 1962, IN HEALTH  
MINISTER'S ROOM**

**1.1. Present :**

Shri D. P. Karmarkar,	<i>Chairman</i>
Prof. P. C. Mahalanobis,	<i>Member</i>
Shri B. R. Tandan,	<i>Member</i>
Lieut.-Col. V. Srinivasan,	<i>Member</i>
Shri O. V. Ramdorai,	<i>Member</i>
Doctor M. W. Freymann,	<i>Member</i>
Doctor V. Ramakrishna,	<i>Member</i>
Lieut.-Col. B. L. Raina.	<i>Secretary</i>

1.2. Professor D. R. Gadgil, Shrimati Renu Chakravarti and Professor M. N. Srinivas were unable to attend.

1.3. Dr. D. Nyswander was present by special invitation.

2.1. The Chairman welcoming the members to the Second Meeting of the Communication Research Committee thanked the Ford Foundation for the additional offer of \$ 603,000. He paid tribute to Dr. Douglas Ensminger for his personal efforts and expressed his appreciation of the hard and commendable work put in by his Health Consultant Doctor Moye Freymann. He thanked Professor Mahalanobis for his able guidance and sparing so much of his time.

2.2. He referred to the recommendations of the Expert Committee for a budget provision of Rs. 64.51 lakhs for the Third Five Year Plan period and observed that the suggestion of Ministry of Finance to limit the expenditure to Rs. 50 lakhs might be accepted. He, however, added that the limitation of funds would not be a factor to hamper the extension of the family planning programme.

2.3. He further stated that the question of personnel was difficult. Often it was difficult to get suitable candidates; one, however, also came across suitable candidates without employment. Persons trained in one field drifted to others for want of suitable jobs. Lack of prompt assignments after training and in security of employment seemed to lead to frustration. He felt that the proposal for creating a pool of technical personnel, therefore, required serious consideration, not only in the field of communication research but also in medical and biological, demographic and other programmes. Such a pool might enable us to send personnel on deputation to

State Governments who may require them. He referred to the suggestion made at the Central Family Planning Board meeting to form an *ad hoc* Committee on Manpower requirements for the family planning programme. He suggested that this Committee should also consider the question of forming a pool of technical personnel for the family planning programme.

2.4. He was glad to note that appreciable progress had been made in the fellowship programme and a number of proposals had been sanctioned. He said that the aim should be to have at least one person in each State and more than one in each Family Planning Training Centre with training in "Communication and Motivation" as soon as possible. Gradually such training should be available in India. Even now promising young men should be provided facilities of research fellowships in the country.

2.5. He hoped that vigorous steps would be taken to establish the Central Communication Action Research Centre. This Centre would really be an extension of the Central Family Planning Organisation, co-ordinating the work of field projects, collating knowledge distilling field experience, training key personnel and translating into action the results of research. It was, therefore, imperative that this centre should be established as soon as possible.

2.6. He further said that a certain amount of knowledge was available. A great deal of experience had been gained during the last few years. Based on the available knowledge and experience the programme should be extended. The programme could be modified as result of research become available. The main object of communication research would be to ascertain whether any promotional efforts could be devised which could be used on a country-wide scale backed by the resources of the country, to bring about a sufficiently rapid decline in the birth rate in the course of the next 10 or 15 or 20 years.

2.7. The problem of communication, to create awareness, to change attitudes, to translate favourable attitudes into a way of life, was complex. A programme of research to explore the efficiency of different channels of communication in transmitting family planning information and to uncover motivational pattern underlying both acceptance and rejection should be given high priority. Such a research programme would be valuable not only to the family planning programme but also to a wide variety of fields with far reaching significance.

2.8. The situation in India varies from State to State and different parts of a State. Observations gained on a study in one place might not be applicable to another. The various facts of family planning education like knowledge, presence and awareness of needs, absence and presence of objection to family planning



generally or to specific methods, availability of means and the art of asking "WHY", have developed into a specialised science. He felt that the task ahead was not very easy. It was, however, heartening that the idea of family planning had gripped the imagination of the people. Generally the programme had been accepted and was reaching the rural areas. He emphasised that the needs at present were effective organisation and sustained, vigorous and organised efforts at all levels.

2.9. He commended the realistic three-pointed guide line of the programme presented by the Expert Committee—diagnostic studies of short duration, action programme making use of clues derived from diagnostic studies, and statistical assessment of the programme result. The investigators should keep them in view while preparing their schemes and implementing them. He observed that a good start had been made and expressed the confidence that the pace would be accelerated. He urged that we should concentrate on the programme related to the people and study their reaction in the cities, the villages and every where.

3. Shri Tandan suggested that priority should be given to motivating the groups which were having large families, *e. g.*, the labouring and the un-educated classes.

4.1. The Minutes of the meeting held on 10th August, 1960 were confirmed.

4.2. The action taken on the recommendations made at the last meeting, and the progress in implementation of the proposals, were noted.

4.3. The recommendations of the Expert Committee were considered. The Committee generally approved the recommendations.

5.1. Lieut.-Colonel B. L. Raina drew attention to the main recommendation of the Expert Committee. The Committee suggested that the Central Statistical Organisation, the Indian Statistical Institute and other Institutions should be requested to help in organising and co-ordinating the statistical assessment of programme results.

5.2. Lieut.-Colonel V. Srinivasan commending the scheme to form a pool of technical personnel suggested that the remuneration to the persons in the pool should be like that of the C.S.I.R., *viz.* Rs. 400/- or Rs.500/-per month. The Committee approved the proposal to form a pool of technical personnel and recommended that to begin with a pool of 10 persons on the pattern of the C.S.I.R. should be formed. This pool should not only provide for the Indian Scientists who return to India after training aboard but would be a pool of professional workers at different levels.

who would be given an assurance of tennure for prolonged employment. Individual members from one institution could be transferred to another. Formation of such a pool and mobility of personnel would not only prevent frustration amongst trained personnel and their drifting to occupations other than in which they were trained but also promote maximum utilization of trained personnel and fill a great need of attracting people to work in the field of family planning programme.

5.3. The Chairman further suggested that the details could be discussed by the Director, Family Planning and the Deputy Financial Adviser. The Committee recommended that the selection of candidates for fellowships in communication Research may be done by a Selection Committee formed for this purpose. The Selection Committee may include Doctor V. Ramakrishna, Doctor M. W. Freymann, Shri O. V. Ramadorai and Lieut.-Col. B. L. Raina. The Committee may co-opt members *ad hoc* whenever necessary.

5.4. The Committee recommended a budget provision of Rs. 50 lakhs for the Third Five Year Plan period and a provision of Rs. 13.5 lakhs for 1962-63.

5.5. The Committee noted the proposals for communication research in addition to those examined by Expert Committee received from the following institutions :—

- (i) Osmania University, Hyderabad.
- (ii) Director of Health Services, Orissa.
- (iii) University of Gorakhpur.
- (iv) Gujarat University, Ahmedabad.
- (v) The University of Roorkee Campus and Environs Family Planning Project :

The Committee recommended that they should be examined by the Expert Committee in due course.

6.1. During the discussions Professor Mahalanobis drew attention of the Committee to the following observations of the Expert Committee and emphasised the importance of diagnostic studies, action programme and statistical assessment of the programme result : "The family planning communication research activities could be usefully divided, in general, into three main types.

(a) *Diagnostic studies.*—These would aim the discovering clues for improving upon the present family planning programme efforts. It is felt that much can be gained for this purpose by short-term studies on which the insights of the trained social scientists and of analytical minded educators and administrators can be brought to be focussed. Such diagnostic studies would have to be necessarily conducted on a small or microscale which would not be normally amenable to quantitative statistical assessment. A number

of social and psychological factors may be important determinants of the ultimate acceptance of family planning. Factors operating at the level of the married couple can be broadly categorized as : (a) *knowledge* that family planning is possible, as well as knowledge of certain techniques; (b) *feeling of need*, for limiting the size of the family, because of various value considerations; (c) *accessibility* of contraceptive methods including factors of psychological acceptance as well as physical feasibility; (d) *social pressure*, involving, basically the knowledge that important other persons within the individual's particular group are in favour of the limiting of family size, and the use of contraceptive methods. It should be possible to devise methods of measuring specific factors within these categories. Such measures would be useful, in carrying out limited studies aimed at identifying barriers to acceptance of family planning and at providing clues for action programme improvements. The diagnostic studies must be of a short term nature generally not exceeding one year and their assessment would relate exclusively to the consideration whether any new idea had emerged for designing new methods of techniques and methods for the promotion of family planning. They must be discontinued if no new ideas emerge in the course of a year or so. It may, of course happen that in the course of such diagnostic studies interesting or important problems may arise from the point of view of sociology, group psychology etc.; in such cases the Expert Committee would exercise its good offices to have such researches continued by Universities and other academic and scientific Institutions.

(b) *Action Programme*.—Action programmes should be developed which make use of clues derived from the diagnostic studies, and which also have the advantages of close expert technical guidance and of high flexibility of execution. Diagnostic studies should be continued as an intrinsic part of the action programme, in order continuously to improve it and achieve a maximum impact.

Each action programme would use a particular technique or method or a group of such techniques and methods in a 'package' form. As the object of the present project is to reach tangible results, as quickly as possible, time should not be wasted on trying to evaluate the relative merits of each individual method or techniques; the institutions undertaking the action programme should have complete freedom to choose their single or package programme for action.

(c) *Statistical assessment of programme results*.—Three basic statistical indicators would be useful for assessment of the results achieved through any action programme, namely (a) the increase of knowledge or awareness of family planning through indirect contacts and communication, (b) the increase in the use of family planning practice including sterilization; and (c) the decline in the pregnancy rate or the birth rate. It is essential to use appropriate designs of statistical surveys with adequate size of

samples and controls for the purpose in view. Such assessment surveys must start with base line data on the existing level of (a) awareness of family planning, (b) rate or level of utilization of contraceptive methods, and (c) pregnancy or birth rates, in the areas in which the action programme is intended to be set up as well as in control areas adequate for comparison for the purpose in view. Data on such items for previous periods where available would also supply valuable supplementary information. After the action-programme is brought into operation, it would be necessary to repeat the statistical assessment surveys, at suitable intervals of time, to measure what progress, if any, has been achieved. Satisfactory estimates for an initial statistical assessment surveys and for subsequent re-surveys would be an indispensable condition for the approval of his committee for any action programme project and for the continuance of its support. It was further agreed that the Central Statistical Organisation (Department of Statistics) should be requested to help in organising and co-ordinating the proposed statistical surveys with the assistance of the National Sample Survey and the Indian Statistical Institute.

6.2. Professor Mahalanobis stressed that the research programme should have freedom of action and should not be centrally dominated. He stated that evaluation and co-ordination of research projects should be in hands of small committees of research personnel and the Expert Committee should watch the implementation and evaluation of the Action Programme.

6.3. The Chairman suggested that the reports of research projects (preferably quarterly) should be considered by the Expert Committee. The Committee could co-opt members to discuss the papers prepared by research investigators. The research papers could be circulated and discussed by this Committee.

6.4. The Chairman also suggested that if Professor Mahalanobis could spare some time, he might visit Communication Research Centres.

7.1. The Committee considered that the Post of Director of the Central Communication Research Centre should be filled as soon as possible and noted that for co-ordination and leadership in the communication research programme it was essential that the Director, Central Communication Research Centre, should have experience and skill in the field of health education, since this is required in order to focus diagnostic studies on the most relevant problem for programme administrators; this background was also necessary in order to provide leadership in formulating effective action programme, as proposed under the Communication Research Projects.

7.2 The Committee noted in the projects proposals submitted up to now that health education aspects were extremely weak. The Committee suggested that in order to strengthen the educational aspects of the family planning programme in general and to provide necessary background support for the communication research

projects in various States, the general development of the State Health Education Bureaux should be accelerated in whatever way possible.

8.1 In view of the administrative and financial difficulties being faced by the Family Planning communication Research Project, the Committee recommended that there should be maximum flexibility. The scales of pay in the Communication Research Projects could be adjusted to meet recruitment needs, so long as these were within the general standards of pay prevailing in the institutions or agencies, and as long as the budget ceiling was not exceeded.

8.2 The Chairman suggested that the development of the Central Communication Research Centre as a non-official organisation with appropriate financial control like the Tuberculosis Association of India or the Indian Council of Medical Research should be considered. He further observed that in the meantime the scheme already sanctioned should, however be implemented expeditiously.

9.1 The Committee felt that to find sociologists/anthropologists with basic medical qualifications would be very difficult. The emphasis should be on persons able to do the task required. Dr. Nyswander stated that the personnel to be employed should be qualified to do the task which had already been laid down in the meetings and committees. There were many types of social scientists the personnel should be carefully selected to ensure their competence to carry out the specific researches required in the family planning programme.

9.2. Doctor Ramakrishna said that the C.H.E.B. had already worked out qualifications suitable to their needs, and they have been sent to the Director, Family Planning. He suggested that a proposal to establish State Health Education Bureaux with 50 per cent assistance from the Government of India and 50 per cent from the Ford Foundation could be considered.

9.3. Colonel Srinivasan observed that in the scheme for the intensification of District Health Programme development the proposal to strengthen staff at the State Headquarters was also envisaged. Development of Health Education Bureaux in States could be considered alongwith that scheme.

10. Acute need for training in Health Education was referred to by Doctor Freymann, Dr. Nyswander and Doctor Ramakrishna. The Chairman expressed the view that there should be a centre or centres where varied types of courses from one week to over a year could be held to provide the great need of trained personnel of many types.

11. The meeting concluded with a vote of thanks to the Chairman.

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