

**FAMILY PLANNING COMMUNICATION POLICY AND PROGRAMME**  
**A REVIEW OF THE INDIAN EXPERIENCE**

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## CERTIFICATE

Certified that the dissertation entitled  
"FAMILY PLANNING COMMUNICATION POLICY  
AND PROGRAMME: A REVIEW OF THE INDIAN  
EXPERIENCE", submitted by LALITENDU JAGATDEB  
is in partial fulfillment for the degree of  
Master of Philosophy (MPhil.) of this  
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University or any other University, and is  
his own work.

We recommend that this dissertation  
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*Lalitendu Jagatdeb*  
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C O N T E N T S

	<u>Page No</u>
ACKNOWLEDGEMENT	(i)
LIST OF TABLES	(iv)
CHAPTER - I - INTRODUCTION	
1. The Problem	1
2. A Review of General theories of Communication	6
3. A Frame work for Analysis	15
CHAPTER - II - INDIA'S FAMILY PLANNING PROGRAMME AND ITS COMMUNICATION POLICIES	
1. An over view of the Family Planning Programme ✓	19
2. Family Planning Communication Policies - Evolution and Milestones.	33
3. Links between Communication Policies and the overall Policy of the Family Planning Programme.	49
CHAPTER - III - EVOLUTION OF FAMILY PLANNING COMMUNICATION PROGRAMMES AND THEIR PROBLEMS.	
1. Evolution of Family Planning Communication programmes	53
2. Research in the field of Family Planning Communication	70
3. The problems of Family Planning Communication Programmes and Family Planning Communication Research.	92

Page No

CHAPTER - IV

1. Some basic considerations  
for an alternative Family  
Planning Communication Policy. 104
2. Summary and Conclusion 108

BIBLIOGRAPHY 112

LIST OF TABLES

Table No	Title	Page No
I	Budget Outlay and Actual Expenditure on Family Planning - 1951-56 to 1980-85	24
II	Technical Staff position at the district family planning bureau in India	65
III	Money allocation for Mass Communication.	66
IV	Age Specific Fertility Rates, 1972, 1976 and 1978	98

**CHAPTER-I - INTRODUCTION**

## 1. The Problem

India was one of the first countries to adopt the Family Planning Programme on a national scale. The expectation was that a lower rate of population increase would aid economic and social advancement. Thus, the Government sponsored various birth control measures. The programme changed over time from a pure and simple clinical approach to extension education; from that to mass sterilisation camps; and from such camps to small camps which could be managed without much difficulties. This new basis of the programme was reflected in its epidemiological base as well as its technological component. These two together determined its organisational structure and the strategies which were adopted to reduce population growth. The Indian population planners, however, did not take into account "a vast array of social, economic and demographic, as well as epidemiological factors that shape the course of population change."<sup>1</sup>

The Government's approach to population control was heavily dependent upon the use of technology. It first

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<sup>1</sup> A.R. Omran; "The Epidemiologic Transition. A theory of the Epidemiology of population change"; Milbank Memorial Fund Quarterly, October, 1971, Vol. XLIX, No. 4, Part 1, P. 356.



put its hopes on IUCD (Intra Uterine Contraceptive Device) and when that did not bear fruits, it shifted emphasis on to sterilisations. This required a massive structure, which was built up with heavy investment. By 1968, apart from the non-technical staff, an organisation employing 1,25,000 technical personnel<sup>2</sup> was ready for India's Family Planning Programme. Despite this massive structure the achievements remain much below the expectation. To catch up with the targets, one of the strategies adopted within the programme was the use of communication technology for propagating the message of family planning and for motivating people to accept the small family as a norm. The importance of education and motivation through communication was brought into the limelight only when the traditional clinical approach was found to be inadequate. From the Third Plan onwards, Communication had become a part and parcel of the family planning programme. There has been a massive financial allotment for communication in various Five Year Plans. There has been extensive use of various media of mass communication. From interpersonal communication to mass media to integrated media, almost all methods of communication have been used. Government has constituted

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<sup>2</sup> Government of India, Department of Family Planning (1968); "India Family Planning Programme since 1965"; New Delhi, Department of Family Planning.

various communication boards to guide, supervise and co-ordinate communication activities. Along with the decision to establish mass media and extension services for person to person communication special units of mass communication were created at the Central and State levels within the Department of Health and Family Planning. These were provided with staff, equipment and vehicles. Inputs were also provided to the Central Ministry of Information and Broadcasting for the purpose of promoting family planning amongst the people. And, last but not the least, Government also took the help of foreign communication experts.

Despite these large scale efforts at educating and motivating people for accepting the small family norms the programme was eventually forced to go in for coercive means of mobilisation. The problem that we want to address ourselves to is, why were people reluctant to adopt the family planning programme? Put another way, why has the impact of communication been so incidental to actual adoption?

Several studies have been undertaken since the beginning of the programme to assess to what extent the people of India have internalised knowledge of family planning, transformed their attitude towards, and adopted birth control measures. Usually known as KAP (Knowledge,

attitude, and practice) studies they indicate that knowledge of Family Planning has gone up and the bulk of the fertile population have a favourable attitude towards family planning. But the level of adoption of family planning measures remains much lower than the level of knowledge or attitude.<sup>3</sup>

Even if we grant that the findings of these studies are valid and acceptable it is obvious that the communication strategies within the Family Planning Programme were only able to provide information and increase the knowledge of the public about various aspects of family planning. Communication strategies as such had little impact on contraceptive practices of the people.

The reasons of the failure of the Family Planning Programme to change the practices of the population it was meant to serve, may be located at the overall policy level or within the nature of strategies that were developed to concretise the policy. We would here explore the successes and the failures of the communication strategies within the programme. We would like to investigate whether the fault

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<sup>3</sup> Susanta Banerji; Family Planning Communication; A Critique of the Indian Programme. Radiant Publishers, New Delhi, 1979.

lies with the communication policy itself and the ensuing programmes or that a good strategy of communication could not be implemented because of the limitation within the overall policy of family planning programmes. Whether the fault lies with the communication policy itself or the programme implementations? These questions will also bring into focus other hitherto unanswered questions related to media choice, decentralised communication, fixation of target audience, studies on communication and influence of socio-economic factors.

## 2. A Review of General Theories of Communication

The area of communication has acquired the status of a sub-discipline over the past three decades. Communication experts have made attempts to express the relationship between the various elements of communication and have produced a number of Models to depict these relationships.

Various scholars have defined communication in different ways. The most widely accepted definition of the 20th Century is that of LASSWELL<sup>4</sup> who substantially augmented ARISTOTLE's earlier definition of 'rhetoric' as being composed of three elements - the speaker, the speech, and the listener. Aristotle declared its aim to be "the search for all possible means of persuasion." Lasswell added two more elements to the "who", "what" and "to whom" of communication and thus defined his scheme by stipulating the "how" and making implicit the "what for" in a schematic order represented by who says what, in which channel, to whom, with what effect.

Another influential model of communication is

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<sup>4</sup> Lasswell in Berelson and Janowitz (eds.) Reader, Public opinion and communication; Free Press, New York, 1967.

that of CLAUDE SHANNON.<sup>5</sup> He developed a model to assist in the construction of a mathematical theory of communication which would apply to any situation of information transfer by men, machine or other systems. This model, known as engineering model, conceives of a communication system encompassing five distinct aspects; (a) an information source which produces a chain of messages to be communicated to the receiving terminal; (b) a transmitter which operates on the message in some way to produce a signal suitable for transmission over the channel; (c) the channel is merely the medium used to transmit the signal from transmitter to receiver; (d) the receiver performing the inverse operation of that achieved by the transmitter i.e. reconstructing the message from the signal; and (e) the destination is the person or the group for whom the message is intended in the first place.

Schramm<sup>6</sup> was able to adopt this model to extend the electro-mechanical communication world to human communication, stressing that the messages refer to "encoding and decoding functions of the mind". Defining communication

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<sup>5</sup> C.E. Shannon and U. Weaver; The Mathematical Theory of Communication; University of Illinois Press, 1949.

<sup>6</sup> W. Schramm; The nature of communication between humans, in W. Schramm and D.F. Roberts (eds.); The process and effects of mass communication; University of Illinois Press, 1971.

as "the sharing of information, ideas, or attitudes" he placed singular emphasis on the encoder and decoder components of the scheme. To paraphrase schramm "Substitute microphone for encoder and earphone for decoder and you are talking about electronic communication. Consider that the sources and the encoder are one person, decoder and destination are another, and the signal is language and you are talking about human communication."

More or less contemporaneously with this work another information theorist, NORBERT WIENER,<sup>7</sup> was proposing a general science of communication which would apply equally to men or machines to be called "CYBERNETICS" a word derived from Greek for "Steering". In Cybernetics the emphasis is on the "Feedback" in a communication system which enables the system to adopt to changes in the environment. A communication source similarly can respond and adopt to information about the result of the messages it transmits. Feedback typically has a modifying and guiding effect on the encoding and transmitting activities of a communication and takes different forms depending on the type of communication event. Feedback makes the process of communication spiral, rather than linear and one-directional, and no representative

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<sup>7</sup> N. Wiener, "Cybernetics", Wiley, 1948.

of the human communication process can omit this key element.

Another model known as Social System model of communication can be applied to any situation where there is some persistent relationship between the constituent elements, i.e. senders, receivers and the environment. A simple model of communication process which illustrates the systems approach is suggested by New Comb<sup>8</sup>. This is based on the central assumption that communication among humanbeings performs the essential function of enabling two or more individuals to maintain simultaneous orientation to each other and towards objects of their external environment. The model is a triangular one, the points of the triangle being taken up by two individuals A and B and an object in their common environment, X. Both individuals are oriented to each other and to X and communication is conceived of as the process which supports this orientational structure in the sense of maintaining the symmetry of the relationship between the three elements by transmitting information about any change and allowing adjustment to take place. The model assumes that at any given moment ADK system is 'at rest' or balanced.

To summarise, the traditional definition of

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<sup>8</sup> T. New Comb; "An approach to the study of Communicative acts"; Psychological Review; 60, 1953, pp 393-404.



communication, is an act or process of transmission of messages from sources to receivers by means of the exchange of symbols through signal-carrying channels. In this paradigm the objective of communication is the communicator's intent to produce certain effects on the receiver's attitude, through persuasion and thereby affect in given ways the behaviour of the communicatee. In the traditional models of communication feedback is designated as instrumental in ensuring the achievement of the communicator's goal.

The first explicit challenge to these models of communication came from Berlo,<sup>9</sup> who argued against what he labelled as the 'bucket theory of communication'; this viewpoint assumes that meanings are to be found in words or other symbols and communication consists of transmission of ideas from one individual to another through the use of symbols. This can be characterized as a process of taking ideas from the source in a bucket such as a film, literature, a book, a television programme or what have you - and shipping the bucket over to the receiver and depositing the content into his head.

Berlo, therefore, points out that in a communica-

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<sup>9</sup> David Berlo; The process of Communication; New York, Holt, Rinehart, and Winston, 1960.

tion process. Meanings are not contained in the symbols used but are found in the people who produce and receive these symbols. There are no right meanings for symbol. They have only whatever meanings people give them.

Correspondingly, communication is not viewed as the transmission of ideas or information through the use of a message-media vehicle. Rather it is considered as the selection and transmission of symbols which have a probability of eliciting the intended meaning from the receiver. The basic assumption underlining the conception of communication is being put to question here the Mechanical notion of knowledge transferred from one mind to another by means of signals transmitted via channels is replaced by the idea that symbols are only stimulated by the sources and aimed at the receiver in the expectation that they would prompt the latter to retrieve the meanings involved from his own experience, thus implying a non-passive role for the receiver. This formulation involves a relationship or interaction rather than a unilateral dominance of the source/emitter. This assumption formed the edifice of treating communication as a process by Barlo. If communication is perceived as an interactive process the concept of feedback acquires larger significance in terms of a two-way flow from a contextual standpoint.

Daniel Learner<sup>10</sup> provided the critique of the existing Models of communication based on linear operations in which the sender is the active person. Even Schramm later admitted the interactive aspects of communication. The essential element is not something passing from sender to receiver like a base-ball from pitcher to catcher but rather a relationship.

A critique of the traditional communication models could be broadly demarcated as follows :-

- 1) These models are unilinear, postulating mechanical notion of communication as a process of transmission of information from active sources to passive receivers. But in reality, transmission *per se* does not occur. In fact, communication takes place only through an elucidation of meanings already existing in people's minds who, in decoding symbols, become actively involved.
- 2) They are based on a mistaken notion that communication is a static phenomenon in which the eminent position belongs to the

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<sup>10</sup> Daniel Learner; Towards a communication, Theory of Modernisation in Lucien W. Pye "Communication and Political Development"; Princeton University Press, 1963.

source. The point is that communication is the process where all the elements interact dynamically. Hence it is a process concerned with social relations a phenomenon of exchange of experiences and not a unilateral exercise of individual influences.

- 3) Information and communication are mistakenly taken as synonymous and the distinctions are not clarified. Communication is a much more comprehensive concept than information, which is a unilateral act. It portrays a two-way flow involving interaction, common meaning, and common awareness.
- 4) These communication models completely ignore that the communication process is subordinate to the structure and process of a social system. According to Railey<sup>11</sup> "the recipient of communication is affected by his environment, by his relationship to primary group, and through these, to the wider structure. At the same time the communicator emerges as part of a larger pattern, sending his messages in accordance with the expectations and actions

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<sup>11</sup> M.U. Railey and J.W. Railey; Mass communication and the Social System; in R.K. Merton et al (ed) "Sociology Today Basic books, 1959, p. 567.

of other persons and groups within the same system, and is related to the recipient."

Though the critique of traditional models is well developed and these concepts have been theoretically explicated, they have not been actualised in practice. The notion of transmission still regards communication as unilateral. The preponderance of this transmission paradigm produces one-dimensional communication research without trying to cope with the dynamic and complex social realities. In practice the researchers who conduct communication studies are predominately attached to the traditional unilateral SMCR (Source-Message-Channel-Receiver) Paradigm.

### 3. A Framework for Analysis

For the purposes of our analysis we have made certain assumptions. In this section we would make explicit these assumptions and attempt at presenting the reasons for having chosen them.

Communication as such has two aspects to it. One, it can be used for providing information to people. Two, it can be used for propaganda, brainwashing or motivating people. While the first aspect has its value it is the more limited function of communication. As far as its second aspect is concerned we would not for our purposes, consider propaganda or brain-washing as activities of communication. Thus, our focus would be to assess the motivational role of communication, which means that people grasp the meaning of the message and thereby adopt the new values imbibed in it.

With the understanding of motivation the model of communication that we would use has its roots in the critique of the traditional models. The crucial aspects of our framework would be (a) approaching communication as a two-way process, (b) giving priority to the contextual dimension of the communication process, (c) evaluating

messages and symbols for their popular meanings and not for the meanings for which they were incorporated in the programme.

- a) **Communication as a Two-way Process.-** The strength of this assumption lies in its corrective role in any communication process. Even if the programme starts with a wrong message if the communicators are conscious of the two-way nature of communication they would not only be able to recapture the feedback but would consciously seek it. This assumption, therefore, provides an inbuilt mechanism for self-evaluation and correction for any programme and helps the planners to improve upon the programme.
  
- b) **Contextual Dimension of Communication Process.-** Communication process is not purely a technical question to be treated with clinical gloves. It presupposes an environment in which various social, economic, political and cultural structures are enmeshed. An effective communication, therefore, has to be based on the linkages between the micro context of the family with whom it is taking place and the macro context of society in which they live.

In the Indian situation this would mean taking cognisance of the economic classes and the social groups and the implications of individual families for belonging to one or the other. The relevance of contextual dimensions becomes still more when realised that in the Family Planning Programme the issue was not simply acceptance of contraceptive technology, but also of making people accept a small family norms. The problem is that contraception is a technique whereas family size is a value and as such integral with the dynamics of society. Even if perfect contraception techniques could be advised by themselves they cannot change social attitudes towards birth control. It should be remembered that attitude is only an aspect or an expression of the entire personality of the individual as a social being and hence any modification of behaviour patterns in the desired direction would of necessity entail a comprehension of myriad forms of intervening variables like education, income, status and greater physical and material security.

- c) The meaning of Messages.- It is critical for our analysis to keep in mind that the objectives



of the messages arising out of macro-contextual analysis may not be the same as that of the people whose perception and ambition are based upon their experiences within their own micro context. Added to this is the problem of class perspective of the planners. For any analysis, therefore, it is crucial that the perceptions and experiences of the people be given the highest priority.

It is with these assumptions that we take up the analysis of communication policies and programmes within the Indian Family Planning Programme.

**CHAPTER-II - INDIA'S FAMILY PLANNING PROGRAMME  
AND ITS COMMUNICATION POLICIES.**

## 1. An Overview of the Family Planning Programme

In India since the beginning of this Century we find a growing realisation of the detrimental impact of a fast rising population. In Pyare Kishan Watal's book, "The population problem in India" written in 1916 we find attention drawn to the relationship between a rapidly growing population and its impact on the country's economic and social development. Very soon concern was converted into action when Prof. N.S. Phadke in Bombay and G.D. Kulkarni in Pune formed the "Birth Control League" in 1923. In 1925, Prof. R.D. Karve opened the first Family Planning Clinic in Bombay.<sup>1</sup>

By 1930, the Government of Mysore started operating birth control clinics with the Government of Madras following in 1933. In 1932 the Madras University accepted the proposal to give instructions on contraceptives. The All India Women's Conference held in Lucknow in 1932 passed a resolution recommending instructions on birth control methods.<sup>2</sup> In 1940

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<sup>1</sup> K.P. Bahadur, Population Crisis in India; National Publishing House, 1977.

See also M.K. Premi, A. Ramanamma and Usha Bombawale. An Introduction to Social Demography; Vikas Publishing House Pvt. Ltd., 1983.

<sup>2</sup> Population (Report of the Sub-Committee); National Planning Committee series, Vora & Co. Publishers Ltd. Bombay, July, 1947, p. 144. Quoted in S. Banerji; Family Planning Communication, A critique of the Indian Programme, Radiant Publishers, 1979.

the report of the Sub-Committee of the National Planning Committee set up by the Indian National Congress not only mentioned the population growth as a problem but also indicated its causes and went on to suggest remedies.<sup>3</sup>

This evidence indicates a consciousness in India about the problem of population control even in pre-Independence period. Soon after Independence the Government of India appointed the Planning Commission to formulate a plan for the most effective and balanced utilisation of natural resources for economic development. One of the first measures that the health panel of the planning Commission took on 11th April, 1951 was to appoint a Committee to report on population growth and family planning programme.

The Planning Commission in formulating the first five year plan 1951-56 recognised that a population policy oriented towards restraining the rate of population increase is essential to planning and that family planning is a step towards improvement in health, particularly of mothers and children.<sup>4</sup> In this plan a provision of Rs.6.5 million was made for the family planning programme designed to discover

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<sup>3</sup> S. Banerji, Ibid, p.1.

<sup>4</sup> Government of India, Planning Commission; First Five Year Plan; New Delhi, 1951.

effective techniques of family limitation and to suggest methods by which knowledge of the techniques could be widely disseminated. Thus India became the first country in the world to have a State sponsored population control programme.

After making a start in the first five year plan, which was more or less exploratory in nature, considerably greater emphasis was placed in the second plan on family planning. The second plan period (1956-61) saw an increase in the tempo of activities. The funds allotted for family planning were raised to Rs.21.56 million but the approach continued to remain essentially clinical. A central family planning board was formed in 1956. Further, high level family planning boards were established at the Centre and States. During this plan period over 1,030 rural and 400 urban family planning clinics were established and contraceptives were made available at a further 1,865 rural and 330 urban health centres.<sup>5</sup>

The findings of the 1961 census made it urgent for the planners to reorganise the programme on a much wider scale. The Census figures showed that, as against the second plan calculations of 408 million, India's population had increased to a total 438 million. The third plan recognised

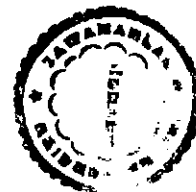
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<sup>5</sup> S. Banerji, Op. cit., pp 5-6.

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the seriousness of population growth and assigned a high priority to the objective of "stabilising the growth of population over a reasonable period" without specifying any clear target.<sup>6</sup> To take advantage of the possible valuable contribution of voluntary sterilisations to the family planning programme, necessary facilities had to be provided at District and Sub-Divisional hospitals and P.H.C's and also through mobile units which would service camps in rural areas.

Soon the limited role of clinics in the programme was reconisid and an 'extensive approach' initiated. Taking cue from the community development movement in the United States an extension wing was added to these clinics.<sup>7</sup>

The emphasis in the programme from 1965 onwards for a few years was on the intra-uterine contraceptive device. However, when the IUD programme also failed, it became a "target oriented time bound programme, adopting the cafeteria approach."<sup>8</sup> This involved -

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<sup>6</sup> Government of India, Ministry of Health and Family Welfare, Family Welfare Programme of India, New Delhi, Year Book, January, 1981.

<sup>7</sup> D. Banerji, Family Planning in India: A critique and perspectives. Peoples Publishing House, New Delhi, 1971.

<sup>8</sup> D. Banerji, Family Planning in India. The outlook for 2000 A.D. Centre of social Medicine and community health JNU, 1974 (Mimeo).

- a) Offer of 'Monetary incentives' to the doctors, to the Motivators and to the acceptors.
- b) Mobilisation of government functionaries belonging to other departments, including the revenue collection staff for family planning work, and
- c) Exerting administrative pressure on field workers to ensure that they attain certain predetermined family planning targets.

This 'time bound' and 'target oriented' programme was developed more fully while formulating fourth five year plan wherein it was explicitly stated that "it is proposed to aim at its (birth rate) reduction from 39 per thousand to 25 per thousand of population within the next 10-12 years.<sup>9</sup> The outlay was increased from an initial Rs.950 million to Rs.3,150 million for the fourth five year plan.

Though incentives and disincentives had already become a part of the 'strategy of achieving the targets' the efforts in the late 60's still concentrated on motivation on a voluntary basis. For this purpose in addition to the

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9. M.K. Premi, A Ramanamma and Usha Bombawala, "An Introduction to Social Demography", Vikas Publishing House Pvt. Ltd., 1983, p. 162.

Table-1

BUDGET OUTLAY AND ACTUAL EXPENDITURE  
ON FAMILY PLANNING - 1951-56 TO 1980-85.

Five Year Plan Period.	All Deve- lopment activities	Family Plann- ing	Family planning as % of total deve- lopment outlay	Actual expenditure on Family Planning
	(mn Rs.)	(Mn Rs.)		(mn Rs.)
First 1951-56	23,560	6.50	0.03	1.45
Second 1956-61	48,000	49.70	0.10	21.56
Third 1961-66	75,000	269.76	0.36	248.60
Annual 1966-69	67,565	829.30	1.23	704.64
Fourth 1969-74	159,020	3,150.00	1.98	2,800.40
Fifth 1975-79	393,220	4,970.00	1.26	4,090.00
Sixth 1980-85	975,000	10,000.00	1.04	

SOURCES : P. Visaria and L. Visaria, "Indian Population  
Scene after 1981 Census: A perspective"  
Economic and Political Weekly, Special Number,  
November, 1981, p. 1759.



extension approach, mass media was used in a big way to propagate the message of family planning.

In the early seventies the Indian Family Planning Programme strategies initiated two measures. They were -

(a) The setting up of mass vasectomy camps with higher than usual incentives (about Rs.100/-). They began first in Kerala in 1970 and subsequently spread to almost all the States of India by 1972-73. Nevertheless, they were withdrawn during 1973-74.

The reasons for withdrawal were several. For instance there were some cases of tetanus and death following vasectomies which led to adverse publicity. Many difficulties were experienced in controlling the quality of the acceptors in terms of their demographic characteristics, that is, those persons were also sterilised who had passed the age of 45 or 50 years. Because of the camps the regular programme during the year suffered very badly. And there was a drastic cut in the funds allocated to family planning in 1973-74.<sup>10</sup>

(b) The passing of the "Medical termination of pregnancy Act" of 1971 which went into effect in 1972. Under

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<sup>10</sup> M.K. Premi, Op.Cit, p. 165.

this Act, legal abortion is permissible under three grounds -

- 1) On health grounds when there is danger to the life or risk of grave injury to the physical or mental health of the woman;
- 2) On humanitarian grounds, when pregnancy results from a sex crime such as rape; and
- 3) On eugenic grounds when there is substantial risk that the child born would suffer from such physical or mental abnormalities as to be seriously handicapped. A pregnancy resulting from contraceptive failure can also be terminated by induced abortion under this law.<sup>11</sup>

The sharp decline in the number of sterilisations during 1973-74 after the discontinuation of mass vasectomy camps, led to some questioning of whether family planning could really progress without rapid socio-economic development.<sup>12</sup> At the world Bucharest Conference the then Minister of Health and Family Planning coined the new famous slogan

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<sup>11</sup> Ibid p. 166.

<sup>12</sup> P. Visaria and L. Visaria; Indian Population Scene after 1981 Census, A perspective; Economic and Political weekly, Special Number, 1981, pp. 1727-8.

"development is the best contraceptive".<sup>13</sup>

Within a few months of the Bucharest Conference the Health Minister declared that India was launching "an entirely new programme in family planning" under which family planning would be offered as part of a package deal together with maternity and child welfare services, malaria eradication, etc. The reference was to the Multipurpose workers (MPW) scheme, suggested by a Committee in 1973 and accepted under the fifth five year plan (1974-79) which was to progressively convert different national programme workers into multipurpose workers who would pay special attention to the task of motivating couples to adopt family planning while providing necessary services.<sup>14</sup>

In such a situation a comprehensive national population policy<sup>15</sup> was evolved and presented to the Parliament by the Health Minister on 16th April, 1976. Besides emphasizing that population control has to play a crucial role in the movement towards economic independence

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<sup>13</sup> Karan Singh; Population, Poverty and the future of India; New Delhi, National Institute of Family Planning, 1975.

<sup>14</sup> P. Visaria and L. Visaria Op.cit.

<sup>15</sup> Government of India; National Population Policy, New Delhi; Ministry of Health and Family Planning, 1976.

and social transformation specially in light of the 20 point programme, the statement said, "The Government has decided on a series of fundamental measures which it is hoped will enable us to achieve the planned target of reducing the birth rate from an estimated 35 per thousand in the beginning of the fifth plan to 25 per thousand at the end of the sixth plan".

This policy included; (1) setting aside eight percent of the central assistance to State plans specifically against performance in family planning; (2) freezing of the representation in the central and state legislature on the basis of the 1971 census population for the next 25 years; (3) raising the age at marriage to 18 for girls and 21 for boys. Other measures proposed included higher graded monetary compensation, priority for girls' education up to middle level and improvement in child nutrition.<sup>16</sup>

The implementation of the policy statement was taken up in all the States. Family Welfare and Health Departments became very active. But in reality, due to the target oriented nature of the programme, the effect of the implementa-

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<sup>16</sup> D. Banerji; The making of the Health services in India; Part Two, Major Health and Family Welfare Programmes and their implication for the people of India, May, 1983 (Mimeo).

tion of the policy statement turned out to be a sterilization programme with a certain degree of compulsion and coercion. Thus, while in 1974-75 1.3 million sterilisations were performed in the whole country, the figure rose to 2.6 million in 1975-76 and to 8.3 million in 1976-77. This sudden upsurge in the Family Planning Programme achievements created an interest all over the world. It is significant that the President of the World Bank who visited India during the Emergency, "paid tributes to the political will and determination shown by the leadership at the highest level in intensifying the family planning drive with a rare courage of conviction."<sup>17</sup>

Special measures were taken by various States to make this programme a success by introducing incentives and disincentives to encourage atleast the State and Central Government employees to come forward for sterilisations. Maharashtra State even introduced a bill in the State Legislative Assembly to compulsorily carry out sterilisation. The country obviously was not prepared for the harshness which was involved in compulsion and coercion. As a result, "due to nation-wide excesses committed in the implementation

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<sup>17</sup> Government of India, Ministry of Health and Family Planning, Centre Calling, Vol. XI, No.11, November, 1976.  
Quoted in D. Banerji - Population Control in India, 1977 (Mimeo).

of target goals Mrs. Gandhi's government lost its legitimacy and was subsequently overthrown in the 1977 Lok Sabha Election."<sup>18</sup>

The Janta Party which came to power in March, 1977 recognised the need for checking the growth of population. It promised to pursue a vigorous Family Planning Programme on a "wholly voluntary" basis and as an integral part of the comprehensive policy covering education, health, maternity and child care, family welfare, women's rights and nutrition." To highlight the shift, the programme and the executive department of the Central Government were renamed "Family Welfare Programme and Family Welfare Department, respectively."<sup>19</sup>

The population policy statement of the new Government announced in June, 1977 was essentially similar to that issued in April, 1976. It emphasised the Government's desire to promote through the family welfare programme the total welfare of the family and community, without any 'compulsion, coercion or pressure of any sort' all the while

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<sup>18</sup> R.G. Davidson "Political will and family planning" The implication of India's Emergency Experiences" Population & Development Review, Vol. 5, No.1, March, 1979, p. 29.59.

<sup>19</sup> V.A. Pai, Parandkar et al. Family Planning under Emergency: Policy implications of Incentive and Disincentives. New Delhi, Radiant Publishers, 1978.

reiterating the need to reduce birth rate 30 per 1,000 in 1978-79 and 25 per 1,000 in 1983-84. The term "target" was replaced by the term "expectations of achievement" with respect to various methods.<sup>20</sup>

The 1980 report of the Planning Commission's Working group on population policy<sup>21</sup> is yet another significant landmark. It stressed the need to bring about a synergistic relationship between population and development programmes as the implications of not doing so would be grave for national social, economic and political life. On the recommendation of the working group on population, the sixth plan envisages the long term goal of Net Reproductive Rate (NRR) of one on an average for the country by 1996 and one in all the States by 2001.

The basic strategies for achievement of the objectives were (a) developing the necessary level of demand and (b) provision of supply of services of all kinds needed by the people. The principal factors having important linkages with fertility control were identified as health care, education, water supply, and economic factors such as employment and per capita income and urbanisation. And it was felt that given the political will and support and active

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<sup>20</sup> Planning Commission; "Sixth Five Year Plan"; 1980-85, New Delhi; 1981; p. 389.

<sup>21</sup> India, Planning Commission (1979); "Population outlook and Policy" in Draft Sixth Five Year Plan 1978-83, revised, New Delhi, Planning Commission, pp 45-52.

involvement of the people the problem was amenable to solution.

Thus the policy makers of Family Planning Programme took a whole circle to come back to the earlier decision of a broad based programme.



## 2. Family Planning Communication Policies - Evolution and Milestones

When the family planning programme was officially taken up in the country in 1952, its approach was mainly clinical and not much attention was given to education and motivation. Efforts were no doubt made here and there to spread information about the programme and to promote contraception.

It was only during the sixties that the importance of education and motivation was brought into limelight when the traditional clinical approach was found to be inadequate. The third plan stated, "the intensification of the educational programme is crucial to the success of the entire movement. Information has to be made available to the largest possible scale and conditions created in which individuals can freely resort to family planning."<sup>22</sup>

Almost all media were utilised. Publicity set-ups wherever they existed were called upon to accept family planning as one more subject to be promoted, but in the absence of a proper mass education and media structure, these efforts were bound to be limited. There was hardly any

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<sup>22</sup> Government of India, "The third five year Plan"; Planning Commission; p. 675.

guidance available to them and there was virtually no coordination of these efforts due to the absence of a coherent communication policy.

During this period an educational approach was adopted to supplement the previously 'clinic oriented' approach. The idea was that instead of waiting for the people to come to the clinics the field workers of the Primary Health Centres and Sub-Centres would go to the clients and motivate and inform them. The basis of incorporating an extension approach was the recommendation of the then Director General of Health Services who in his report on family planning considered the American experiment in agriculture a successful story. On that basis it was recommended that India in its efforts to reduce population growth rate should also adopt this strategy. A decision to expand the rural infrastructure - both in terms of peripheral units as well as man power - was a consequence of this recommendation.

Though the planners adopted some strategies to incorporate the use of mass media for educational purposes from 1961 onwards, the massive thrust on mass communications and incorporation of communication expertise in a big way took place only after the recommendations of the U.N. Advisory Mission and the First Programme Evaluation Organisation (PEO)

evaluation report of 1965. These two expert reports were preceded by a team of internationally known Mass communication specialists sponsored by Ford Foundation in co-operation with a group of leading information officials of the Indian Ministry of Information and Broadcasting. In 1963, they made a survey and analysis of the use of mass communication in facilitating India's development. Speaking specifically on the progress of family planning communication during the period the team said, "the flow of family planning information to urban and village public is very small. The village Level Workers (VLWs) have little time for this, the Social Educational Organisers are relatively few and primary health centres are not yet available in large numbers. Much of the programme depends on volunteers. Of all developmental programmes, this one requires the most of expert person to person communication, but the needed supply of trained workers is not available. There is also a shortage of film and other media material to support the direct flow of information and persuasion.<sup>23</sup>

The strategy for mass education and publicity which evolved was to flash continuously and repeatedly a

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<sup>23</sup> Report of the Mass Communication Study Team, sponsored by the Ford Foundation, Ministry of Information and Broadcasting, Government of India, 1963, p. 9, Quoted in S. Banerjee, Op.cit., p.9.

few, meaningful, positive and understandable message to the public through all modern mass communication media, and more importantly the traditional cultural media to which people are accustomed and in which they participate.<sup>24</sup>

The basic philosophy underlying the strategy was "to disseminate only a few messages, to present these in a few words, make them meaningful, report them in the same form through all available and possible channels."<sup>25</sup>

In other words the communication experts took a very simplistic and linear view of the communication process at the policy level.

Several evaluation studies made during this period, both by Government and non-government agencies suggested the difficulties of reaching the rural masses through the 'standard' media like newspaper, radio and films.<sup>26</sup> The limitation of the existing media therefore called for a strategy which would combine new elements with the use of media. After many debates a few simple symbols were developed. A simple basic design - the four stylised faces of a happy family of two children - was evolved. A simple understandable message specifying the limits of small family ("two or three children are enough") was designed.<sup>27</sup> It was this period

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25 Ibid.

26 S. Banerji, Op.cit, p. 10.

27 Ibid, pp. 10-11.

again which saw the birth of the new famous symbol the Red triangle. During September-October, 1966, the Department of Family Planning was considering the idea of adopting a national symbol for the family planning programme. After much discussion an equilateral, inverted Red Triangle was adopted. The reasons for adopting the symbol were mainly that it is simple distinctive and easily recognizable. The Red Colour has great visibility even from a distance and it generally associated with auspiciousness and gaiety. It has no connotation and it does not conjure up any earlier implanted image. Besides it can be easily verbalized (Lal Tikon) in all languages, and no special artistic talent is needed to paint it anywhere.<sup>28</sup> The entire reorganised programme of mass education revolved round the projection of these symbols through various means and the propagation of the messages of Family Planning. For this purpose, decisions were taken not only to expand the structure of communication system within the Family Planning Programme to devise innovative programmes but also to involve departments other than that of Family Planning and mobilising their mass communication units for the purpose of Family Planning. Between 1965-66 and 1969 a massive effort was made at developing communication programmes through the mass

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<sup>28</sup> A note on Family Planning Mass Education, Prepared by the Planning Department, Government of India, in connection with a meeting on motivational strategy, 1st December, 1973, p.7 (Mimeographed copy).

campaigns. In the beginning these campaigns were meant for the purposes of communication. As the number of sterilisations increased during these campaigns, their potential as sources of getting cases became obvious. By 1969-70 instead of having mass campaigns of education, mass vasectomy camps came into being.

After the disaster of mass camps, a working group of media choice and media organisation was set up by the Department of Family Planning at the instance of the Minister of Health and Family Planning. The group met in December, 1973 and reviewed the role of the communication media in Family Planning till then and discussed the possibility of evolving a new media strategy.

All the aspects of past media performance, the content, the mode of presentation, the choice of media, the receptivity of the target audience were exhaustively gone into.

A working paper was presented at the meeting. The preparation of this paper was preceded by discussions among communication experts and family planning department officials who made several interesting observations. Some salient points made by the group are given below.

Regarding the content of the messages projected till then the paper felt "our approach has generally revolved

around simple and direct slogans. In fact we have adopted a conscious policy of a simple approach. Often it is simplistic. As a result the paper continued, "..... what we have done is to use a demographic idea as an exhortatory slogan. The thing that we did succeeded in doing was to create an association of a symbol - the Red Triangle with a slogan."<sup>29</sup>

About the style of presentation the paper stated that the approach was one of bureaucratic imposition from the top. '... we have regarded communication as a one-way traffic of information .... New ideas and norms will arise if these ideas are debated and tested by the people and found compatible with their aspirations. Such debate and testing is possible only if the manner in which these are presented to the people helps them to articulate their own ideas and their aspirations.'<sup>30</sup>

The paper also questioned the wisdom of repeating the same slogans through media - like posters kiosks and wall paintings among other similar things and suggested that there might have been a communication over kill on the symbol and the slogan. "So far as posters kiosks wall paintings etc. are concerned it said, these have a tendency

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<sup>29</sup> "Towards New approaches for a Health and Motivational Strategy", Working paper of the Indian Ministry of Health and Family Planning, December, 1983 (Mimeographed copy).

<sup>30</sup> Ibid.

to become a ritual unless used with discretion or as ancillary to a campaign.<sup>31</sup> But perhaps the most important aspect of the working paper was an attempt to probe into the minds of the target audience and relate the messages to their norms. It stated "the question of communication has to be viewed in the context of the needs and motivations of the people; giving a graphic account of the distance between the communicators and the audience the paper said, 'it is true that we have plastered the countryside with our slogans. It is also true that much energy and creativity might have gone into making these slogans and symbols rhythmic and artistic and attractive. But the question is, are they relevant ?'<sup>32</sup>

The paper commented "changes in norms about family size have to arise from within the situation - including the objective socio-economic environment and the value systems - which confront the mass of people, for whom human hands often are the only tangible capital. The idea of a child as consumption rather than as investment capital may be relevant to the upper strata to which the communicator too belongs. It may be totally irrelevant to the people from whom the communicator demands a change of norms."<sup>33</sup> It was

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31 Ibid

32 Ibid

33 Ibid.



admitted that "the ability of family planning communication to break through the barriers of poverty and backwardness has yet to be demonstrated".<sup>34</sup>

The recommendations that followed from these observations emphasised the need for relating the messages to the need of the target audience and following it up with demonstrable evidence of the things suggested in the messages being within the reach of the audience.

The working group<sup>35</sup> recognised the social and structural constraints on certain groups which prevented them from accepting small family norms and hence they also realised the limitations of isolated programmes of mass persuasion. It accepted that the mass communication programme should be a part of a package simultaneously tackling other related problems like family welfare, child care, nutrition, status and rights of women and the economic opportunities." Another point that the working group emphasised was the involvement of Panchayati Raj and voluntary agencies.

Noting that the mass communication resources in India

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<sup>34</sup> Ibid.

<sup>35</sup> "Communication Policy for Family Planning", Integrated Report of the working groups, Ministry of Health and Family Planning, Department of Family Planning, January, 1974.

were limited, the working paper suggested that films should be the principal instrument, since it suited the atmosphere of prevailing low levels of literacy. It added 'on the condition that adequate number of community viewing sets are being placed in the field, TV would be logically as important. 'Next to this would come the radio because of its reach.<sup>36</sup>

The paper also indicated the necessity of some sort of decentralisation of media production to allow the people on the spot to participate in the debate and come out with their own suggestions.<sup>37</sup>

It was also during this period that the role of personal communicators, Family Planning workers, extension agents, medical and para-medical workers and local leaders came in for an exhaustive review.

The government set up in 1972 a study group to go into the question of the functioning of extension staff in mass education and media units in the field and to make recommendations to improve their working.

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<sup>36</sup> 'Towards New Approaches for a Health and Motivational Strategy', Op.cit.

<sup>37</sup> Ibid.

The group recommended equipping audio-visual vans with a mix of films dealing with economic development and social change besides family planning in an effort to closely weave family planning communication system into developmental communication. The need for constant collection of feedback from the audience was also emphasised. Another important suggestion was the utilisation of traditional media like folk theatre and songs to propagate the message.<sup>38</sup>

For the purpose of personal communication the study group recommended the use of local leaders like village pradhans (elders), teachers, priests and educated persons. For the purpose of studying the impact of such communication even barbers, washermen, welfare officers in big establishments, depot holders and volunteers were included in the list of local leaders, since by virtue of their functioning they were expected to communicate with people.

By the end of the fourth plan the country's planners were armed with enough data and findings to recognise the deficiencies in the role played by the communication component of the family planning programme.

While formulating outlays for mass communication for family planning, the fifth plan considered certain

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<sup>38</sup> Ibid.

factors like the limitations of the existing media infrastructure, the need to make use of new technologies that would be more accessible to the villagers and the future utilisation of television.<sup>39</sup>

In keeping with the fifth plan's main strategy of increasingly integrating family planning services with those for health, maternal and child care and nutrition, it was decided that communication for family planning would also be gradually integrated with communication activities under different developmental programmes. The family planning extension worker was also converted into a multi purpose worker thereby making family planning work a concern of all health workers.<sup>40</sup>

An important development in the seventies was the expansion of television. A significant step in expanding television facilities to the rural areas was taken with the experimental use of NASA's ATS-6 satellite to distribute television broadcasts in 2,400 villages of India from August, 1975 to July, 1976. Family Planning messages featured prominently in these Satellite Instructional Television

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<sup>39</sup> S. Banerji, Op.cit, p.29.

<sup>40</sup> "Background to the News", a note prepared by the Research and Reference Division, Ministry of Information and Broadcasting, for use by the media units of the Ministry, 17th February, 1976. Quoted in *ibid*, p.30.

Experiment (SITE) programmes.<sup>41</sup>

In the year 1976, the then Union Health Minister Dr. Karan Singh announced that a new multi-media motivational strategy was being evolved to spread the message of family planning, throughout the nation which would utilise all the existing media channels. He stressed the attempt to move henceforth from an 'Urban elitist' approach to vigorous 'rural oriented' approach and emphasised in this connection the importance of the use of Jatra, folk songs, folk dances and other similar media.<sup>42</sup>

The above pronouncements on communication policy were shelved during the period of national emergency. Family planning again became target oriented. Incentives and disincentives were introduced at a massive scale, to encourage the State and Central Government employees to come forward for sterilisation. Use of pressure and force alongwith monetary incentives became the legitimate means to motivate people to take to birth control.

There was still another policy change following the March, 1977 elections when the new government categorically ruled out the use of force in any form in implementing

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<sup>41</sup> K.K. Verma, "Family Planning" in Binod C. Aggarwal, Satellite Instructional Television Experiment, Social Evaluation - Impact on Adults, Technical Report, Part I, September, 1977.

<sup>42</sup> S. Banerji, Op.cit, p.33.

what is now called the family welfare programme.<sup>43</sup>

Following the formulation of this new population policy in June, 1977 the Ministry of Health and Family Welfare on the basis of experience gained in the past and in consonance with the demands of the new situation, developed yet another communication strategy for the guidance of media and extension personnel in the area of population communication. The tasks assigned to them were spelt out as follows (1) To spread information and knowledge (2) to increase awareness of the importance of the programme (3) to identify reasons for the gap between awareness and attitude on the one hand and attitude and acceptance on the other hand (4) to motivate people to accept family planning methods (5) dispel misgivings (6) impart information about where to go for family welfare, including maternal and child health services and (7) stimulate inter-personal contact.<sup>44</sup>

The new communication strategy emphasised the importance of integrated role of media and extension personnel. It also emphasised the need to use indigenous media. Regarding message content it emphasised the importance of designing different messages for different audiences

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<sup>43</sup> D. Banerji, The making of Health Services, Op.cit. p. 348.

<sup>44</sup> V.N. Kakar, Op.cit, p.35.

keeping in view their composition, attitude and the change sought in behaviour.<sup>45</sup>

Following the communication policy of 1977 the Planning Commission set up a working group on Population policy. This group made an extensive analysis of the Family Planning programme and the communication policy within it. The working group considered the nature of communication support that could be rendered by the population oriented development programmes. The group noted that in the field of family planning there is a three-pronged motivational strategy.<sup>46</sup>

- a) Strengthening of the climate in favour of the programme through mass media.
- b) Increasing acceptance through group situation and interpersonal communication; and
- c) Publication of population education in the formal and non-formal systems already in vogue.

The group was not in favour of high cost media. It suggested the increasing use of radio in view of its extensive

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45 Ibid, p.38.

46 Government of India, working group on population policy (1980), Report, New Delhi, Planning Commission.

outreach. It also suggested differential communication strategy for specific target groups such as agricultural and landless workers, industrial workers, plantation workers, urban slum dwellers, etc. It also suggested separate communication strategy for different states taking into consideration their demographic situation, the needs, resources and socio-cultural setting.

Following the broad recommendations of the group, the Sixth Five year plan (1978-79 to 1983-84) draft document of the Ministry of Health and Family Welfare spelt out the communication objectives in relation to family welfare programme as follows<sup>47</sup>:-

- i) To strengthen credibility of the programme.
- ii) To increase acceptance of the small family norms, in order to achieve the demographic goals through adoption of various methods.
- iii) To increase utilisation of facilities available under the expanded maternal and child health care programme.
- iv) To increase positive factors other than contraception which influence fertility.
- v) To increase community participation in the rural health schemes, and
- vi) To promote population education through formal and non-formal channels.

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<sup>47</sup> V.N. Kakar, Op.cit. p.45.



### 3. Links between Communication Policies and the Overall Policy of the Family Planning Programme

Despite the National debate on birth control and some efforts by the government to provide birth control services, a planned effort at population control started only after the 1961 census. To begin with, the guiding principles of India's Family Planning Programmes were :<sup>48</sup>

- 1) The community must be prepared to feel the need for the services in order that these may be accepted, when provided.
- 2) Parents alone must decide the number of children they want and their obligation towards them.
- 3) People should be approached through the media they respect, through their recognised and trusted leaders and without offending their religious and moral values and susceptibility.
- 4) Services should be made available to the people as near to their door steps as possible.
- 5) Services have greater relevance and effectiveness if made an integral part of medical and public health services, specially of maternal and child health programmes.

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<sup>48</sup> Government of India, India: Family Planning Programme since 1965, Op.cit.

However, with pressures from the national as well as international experts, the concept of targets, incentives, disincentives and mass camps soon became an important part of the programme. The programme thus gradually undermined the very principles on which it was based. The means which were adopted to achieve birth control were heavily technical. They shifted from IUD to Tubectomy to vasectomy. Despite sufficient talk of motivational strategies, achieving targets became the central focus. Over the 60's and early 70's the more we lagged behind the targets the greater was the use of force and coercion legitimised. The initial mood of hope in the early 60's gave way to desperation in the 70's. The efforts at evolving innovative strategies (like post partum programme, extension services, MTP Depot Holder Scheme, maternal child health services, etc. were shelved and mobilisation of administrative machinery to run mass camps became important. Though the achievements of these camps in terms of numbers operated upon were tremendous, the impact was devastating. Even the enthusiasts within the Government had to stop and think. As a result of the rethinking a more rational approach towards motivation of people for accepting family planning was developed. In the Bucharest Conference India declared its commitment to "Development" as the best contraceptive. These resolutions however are yet to materialise in practice, as in the late

seventies the programme was overtaken by the Emergency and in the 80's the Government has yet to implement the policies that have been recently formulated by its planning experts.

Our review of the programme reflects that though theoretically Family Planning Policy was considered a part of the overall socio-economic policy, it practically remained independent of it. Planners took a very narrow view of the problem and did not realise that in the process of reducing population growth rates, Family Planning Programme can only play a supportive role. They failed to appreciate the social and economic factors which were crucial for the conceptualisation of an integrated approach towards Family Planning. Even within the narrow limits of Family Welfare, the impact of services like maternal and child health and family health care was ignored. Further, it was presumed that it is possible to motivate people to accept the norm of a small family through simple propagand techniques without bringing about any changes in the conditions of their lives.

The decision to incorporate communicational strategies was a part of the overall narrow policy of the Family Planning Programme where just like achievement of targets, the process of communication too was seen as independent of the socio-economic context of the country. The national and international experts who came to help

were a party to the decision of evolving a unilateral programme of communication where the Mass Education and Media Division of the Department of Family Planning decided what the people should know and how they should behave without having a proper feedback system. On the basis of simplistic assumptions it was believed that family planning would be accepted because it is good for the people. The result was the evolution of a communication policy which was geared to inundate the people with the message of family planning, irrespective of what it meant to them. The experience of the mass communication policy shows that only after the total failure of the general strategy in the 70's were the decision makers forced to review their policies in general alongwith their communication strategies. This is apparent from the Health Minister's statement of 1974<sup>49</sup> and the recommendations of the working group on communication policy in 1973.<sup>50</sup> However, though in the fifth five year plan certain structural changes were introduced in the family planning programme, its communication strategy remained largely the same. In the next section we would see the implications of this policy for the programmes of family planning communication.

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<sup>49</sup> Karan Singh, Population, Poverty and the Future of India, National Institute of Family Planning, New Delhi, 1975.

<sup>50</sup> "Communication Policy for Family Planning", Integrated Report of the Working Group, Op.cit.

**CHAPTER-III - EVOLUTION OF FAMILY PLANNING  
COMMUNICATION PROGRAMMES AND  
THEIR PROBLEMS.**

## 1. Evolution of Family Planning Communication Programmes

In the earlier section we have noted that during the first two five Year Plans there was no conscious effort to evolve an integral communication policy within the programme. Though some activities of Mass communication were carried out, they were neither coordinated nor they shared a common perspective. The family planning clinics did provide an opportunity for communication and diffusion of knowledge about Family Planning methods but their scope was extremely limited. Only in the first plan, "A beginning was made in production of leaflets, posters, and other literature and two films were produced and some family planning exhibitions were held."<sup>1</sup>

During the second plan, there was a slight increase in the tempo of activities. As part of the communication drive, by 1960 about 4,60,000 copies of posters, 80,000 copies of pamphlets and 70,000 folders on family planning had been distributed. Films and slides were also provided. Occasional radio broadcasts on family planning also became more common.<sup>2</sup> Along with this the growth in the number of rural and urban family planning centres (from

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1 "Review of First Five Year Plan", Planning Commission, Government of India, May 1957, pp. 281-2.

2 "Family Planning in India", Director General of Health Services, Ministry of Health and Family Planning, Government of India.

126 urban and 21 rural clinics in the first plan period to 540 urban and 1,100 rural clinics in the second plan period) paved the way for educational work by health workers in face to face situations. The second Plan basically provided inputs for extension of the educational activities, Family Planning services, and training and research programmes that were initiated in the first Plan period. The United Nation Advisory Mission appointed under the U.N. Programme of technical cooperation advised the Indian Government to strengthen its organisation for mass education both at central and the state levels. It also advised recruitment of fully qualified communication specialists and a full time coordinating council. (i) The Programme Evaluation Organisation of the Planning Commission (PEO) came out with similar recommendations and the government went ahead with its programme of expansion of Mass Education and Media (MEM) component of Family Planning Programme.

Following these recommendations in the sixties and ushering in of the extension approach, important developments took place in the communication programmes. The extension approach resulted in the development of a vast network of family planning centres and rapidly increasing number of family planning field workers. From 1963 onwards it was planned to have one Block Extension Educator in every primary Health Centre assisted by four Family Planning Health assistants (one per 2000 populations).

In addition, in every Primary Health Centre four to <sup>five</sup> give additional ANMS (one per 1000 population) were to be posted. At the districted headquarter, a District extension educator was to work under the mass education and information officer. In addition to these, extension staff were also added to urban family planning clinics. Apart from the salaried workers, honorary education leaders were assigned at the State and District levels. At the village level a category of paid voluntary workers was created known as PARIVAR KALYAN SAHAYAKS OR SAHAYIKAS. They were paid Rs. 50/- per month each. These extension educators were required to educate and motivate married couples for family planning by means of individual and group discussions. While for the extension services- needed for interpersonal communication- an extensive net work of field workers was created, for the purposes of mass education through the media, preparation of Educational materials, relevant films, audiovisual programmes and the use of traditional forms of communication were the major challenges.

To meet these challenges a high powered mass educational and motivational programme was formulated after detailed discussions with the Planning Commission, the Ministries of Finance and Information and Broadcasting, and the State Governments. The re-organised mass education programme envisaged the mobilisation of all mass media- Press, films, and radio, and also traditional media like



song and Drama, Kathas etc.<sup>3</sup>

Several important decisions were made in evolving the strategy for mass communication under the existing conditions, these were the following:

- i) To provide effective support to the programme the media units of the Ministry of Information and Broadcasting were strengthened. Twenty seven percent of the mass education budget in the fourth plan was allocated for this purpose.
- ii) A single vivid design incorporating a direct slogan was evolved. For creating basic awareness, materials including posters, hoardings, bus boards, match box labels, and certain advertisements were widely distributed.
- iii) Since the States had full responsibilities for the action programme, 70% of the mass education budget was allotted to them.

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<sup>3</sup> Report 1966-67, Government of India, Ministry of Health and Family Planning, New Delhi, p.215.

The programmes that were moved by the various collaborating ministries for mass education, included the following:

- i) Radio Programmes.- Special family planning cells of All India Radio were established in 22 States. Family Planning Programmes were multiplied both in the regular broadcasting and Vivid Bharati.
- ii) Press.- Information was disseminated through news papers, stories, editorials, commentaries, and advertisements.
- iii) Films.- Films of various lengths and themes were shown in commercial theatres and in a limited way through the mobile vans of the ministry of Information and Broadcasting. Family Planning Programmes were introduced in the All India Radio on a regular basis from May 1967. From 6,000 programmes in 1967, the number went up to 12,000 in 1968, and to more than 16,000 in 1969.<sup>4</sup>
- iv) Outdoor publicity.- Through the use of hoardings and bus boards the message of family planning was propogated.

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4 Sumanta Banerji, Family Planning Communication : A Critique of the Indian Programme, Radiant Publishers, 1979.

- v) **Advertisements.-** New advertisements on family planning were issued as general release to news papers.
- vi) **Special Postage Stamp.-** A special postage stamp showing a happy family with two children was issued by the Department of Post and Telegraph during the Family Planning fortnight in December 1966.

In the following years fresh ideas and efforts were added to the above. These consisted of:-

A monthly news letter "Centre Calling" was started by the department of Family Planning to publicise family planning work. Secondly, in view of regional, social, cultural, and linguistic differences, State and District action programmes were emphasised. In addition to the above activities, the State and District Units also took up the following activities.<sup>5</sup>

- a) A mobile audio visual van complete with audio visual equipment such as 16mm projector generator, PAE set, slide projector etc. was provided for each District Family Planning bureau.

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<sup>5</sup> Report 1967-68, Government of India, Ministry of Health, Family Planning and Urban Development, New Delhi, pp. 191-193.

- b) Arranging exhibitions periodically for which one portable exhibition set was envisaged to be provided to every District family planning bureau.
- c) Production and distribution of printed material so that at least 5% of the literate target would be covered every year.
- d) For involving a large number of Family Planning workers in the programme the following steps were taken:
  - i) The State AMOs/FPOs were advised to take the help of local leaders from the same community to help with family planning work.
  - ii) State Governments were advised to consider the question of appointing locally influential persons as helpers.

To further strengthen the audio visual programme the centre supported the media units of the Ministry of Information and Broadcasting on the following lines:

- a) Apart from the 22 special Family Planning programme cells in the 22 regional AIR stations, one cell at the headquarters of the Director General of AIR was set up for family planning organisation at various levels.

- b) The Films Division of the Ministry of Information and Broadcasting was strengthened to produce statutory family planning films for regular release to the commercial theatres' distribution circuits
- c) Funds were provided to the Directorate of Advertising and Visual Publicity for issuing advertisements to national news papers, Educational materials for the specific leading groups were also produced by the DAVP and directly mailed to them.
- d) Six regional exhibition units were set up with the Regional Directorate of Family Planning. Six regional 'Feature Units' were set up by the Press Information Bureau, Ministry of Information and Broadcasting. Located at the headquarters of Regional Director (F.P.) these units would prepare photo features and other releases for release to the mass papers.

During the year 68-69 a few more experiments were added to this long list of activities.<sup>6</sup>

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6 Report 1968-69, Government of India, Ministry of Health and Family Planning and Works, Housing and Urban Development, Department of Health and Family Planning, New Delhi, P.262.

- i) **Training and Orientation.** - Three orientation workshops were organised for training district mass education and information officers appointed in Haryana, Punjab, Uttar Pradesh, and Kerala.
- ii) "Prototype materials" like metallic tablets, plastic literature racks were produced in lakhs with national family planning symbols inscribed on them.
- iii) For informing, educating, and motivating opinion leaders a programme for direct mailing of special oriented publications was formulated and approved. In the formulation of this programme the central family planning Institute, Delhi played an important part in 1965. The attempted to reach and activate the elite in remote villages by directly mailing to them printed material on Family planning, and thus stimulating them to transfer the information to others in the village through word of mouth. Later surveys by the institute revealed that a large number of people, of whom a quarter were illiterate villagers, had been made aware

of family planning through the method.<sup>7</sup>

Inspired by the method, the Government later adopted it. At the beginning of the fourth plan it decided to develop a mass direct mailing system, designed to reach 2.5 million key local opinion leaders.

- iv) Thirty audio visual units were provided under the Directorate of Field Publicity for carrying on an intensive campaign in selected districts.<sup>8</sup>

To support these massive programmes of communication strategies the Department of Family Planning went in for major structural changes.

#### ORGANISATIONAL STRUCTURE OF MASS COMMUNICATION SERVICES.

Under the commissioner of family planning together with other deputy commissioners, the post of a Chief, Media and Mass Communication, was created to look after the Mass education and media section of the Department of Family Planning. Under him a Controller of mass mailing to look after production and distribution

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7 D.C. Dubey, Family Planning Communication Studies in India, Central Family Planning Institute, Monograph Series No.8, 1969.

8 Fourth Five Year Plan, 1969-74, Planning Commission, Government of India, P. 392.

of material in the mass mailing section and various programme officers for audio visual media, Mass campaigns, publication, and photography, and a senior artist were appointed.

At the level of the States, Mass Education and Media (MEM) officers were created. These officers worked under the coordination of MEM Coordination Committee involving officials from the other relevant departments.

At the District level a MEM cell was created with a District MEM officer under whom an artist, one mobile audio-visual unit and a vehicle were provided with sufficient manpower to run the mass campaigns.

In addition to these, under the Directorate of Field Publicity, 30 family planning units were created for field tours with their own educational programmes.

To further streamline the work of mass communication two important committees were set up to guide the over all strategy of the MEM unit. One was the "National Mass Education Advisory Committee",<sup>9</sup> the other

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9 Report 1968-69, Government of India



was "Central Media Coordination Committee. Apart from these, committees were constituted also to coordinate media activities. These were field publicity committee, Radio & T.V. committee, Film committee and Press committees.

The organisation that was built up over the 60's was massive. Some idea of its staffing can be had from the tables below which give some of the technical manpower at District and block levels and the investment in mass communication.

Table.II

Technical Staff position at the District Family Planning  
Bureau in India

Mass education and information officer.	District Extension education.		Auxiliary nurse and midwives		F.P. field workers.		
	R	P	R	P	R	P	
All India							
	326	216	652	475	678	300	650 243

R = Required

P = Position

Source : "Progress of Family Planning Programme In India."  
Ministry of Health and Family Planning,  
Department of Family Planning, Govt. of India.

Table.III**Money Allocation For Mass Communication**

1966-67	Rs 16.5 Millions
1967-68	Rs 28.7 Millions
1968-69	Rs 28.2 Millions
1969-74	Rs 321.1 Millions (10%)
1974-79	Rs 131,300,000 (2.6%)
1978-83 <sup>1</sup>	Rs 270,000,000 (3.5%)
1980-85 <sup>2</sup>	Rs 320,000,000 (3.1%)

Figures in Paragraphs are percentage of the total allocation to Family Planning Programme.

1 Sixth Five Year Plan proposed by Janata Government.

2 Present Sixth Five Year Plan.

The mass media and communication assumed an important place in the fourth plan. While the earlier phase emphasised the growth of awareness, the new phase aimed at increasing motivation. The fourth plan stated "the strategy will be to bridge the gap between knowledge and adoption of family planning by couples in reproductive age groups." Enumerating the programme of mass communication, it said, "Mass education activities will be strengthened in rural areas and small towns. Traditional and cultural media like song, drama and folk entertainment will be effectively used. Extension education will be strengthened and population education will be introduced."<sup>10</sup>

The various media units of the Ministry of Information and Broadcasting were expanded and strengthened. Three main family planning cells were created in each of All India Radio's thirty six stations.

In keeping with the fourth plan objective of making a more direct onslaught on the problem, the message was redesigned. Retaining the old format of presentation, the Red Triangle symbols and the picture

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<sup>10</sup> "Fourth Five Year Plan, 1969-74. Planning Commission, OP. cit, P. 395.

of the happy family, the new message was a forceful exhortation against having the next child immediately after the first one (Agla Buchcha Abhi Nahin) and against ever having a fourth child (Teen Ke Bad Kabhi Nahin). Thus an attempt was made to institute among the people the desirability of spacing childbirth.

The increased importance of television during the fourth plan opened up a new and revolutionary dimension to the educational activity in family planning. This was further advanced in the fifth plan when 2400 villages were covered by the SITE programmes.<sup>11</sup>

At the programmatic level, the working group on communication policy<sup>12</sup> for family planning had little impact despite its very keen insights. The Emergency promulgated in the year 1975 turned the tables on a rational communication policy. Since then despite policy decisions of the government committees and groups mentioned

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11 Binod Aggrawal, "Satellite Instructional Television Experiment, Social Evaluation - Impact on Adults". Part-I, Technical Report, Indian Space Research Organisation, September, 1977.

12 "Communication Policy For Family Planning, Integrated Report of the Working Group," Ministry of Health and Family Planning (Department of Family Planning) January, 1974.

in the earlier section, few changes have been made in the actual programme which still awaits an integrated handling. The few additional efforts made in the year 1979 and 1980 include programmes such as orientation camps,<sup>13</sup> , family welfare fortnights and population education in the school. These, however, touch only the fringe of the real problem.

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13 Government of India, Ministry of Health and Family Welfare. "Annual Report" 1980-81.

## 2. Research in the Field of Family Planning Communication.

Against the background of the broad communication policy and strategy as assessed from available documents an attempt is made in this Chapter to make a review of available studies in terms of their relevance for the programme. It must however be admitted that the review is selective and illustrative, rather than exhaustive. The general approach adopted for the review is to consider individually all the important methods of communication, identify gaps in knowledge, attitude and practice, and make tentative suggestions for new research studies of the programme.

The review falls into five sections i.e.

1. Studies on personal communication.
2. Studies on Mass Media.
3. Studies on integrated media.
4. Studies on message.
5. Audience surveys.

### 1. Personal communication :

The Indian family planning programme has been

using change agents such as informal and formal leaders, medical and other health personnel, for providing knowledge about family planning methods. This strategy is reflected in the scheme of "PARIVAR KALYAN SAHAYAKAS" and the appointment of extension educators under the programme ever since the programme shifted from its earlier "clinical approach" to the "extension approach" in 1963. In this context it is important to know the characteristics of change agents, the interaction between change agents and their clients and the differential credibility of different change agents as source of information about family planning. In addition to the use of village leaders, both formal and informal, to legitimise family planning, department holders were appointed in rural areas to store and distribute contraceptives and give some information on contraceptive methods.

I) Role of family planning workers as communicators:-

This category broadly includes all educational, medical and paramedical staff working for family planning programme. These workers can perform this role in two ways. They can limit their activities to clinics and communicate with persons who are curious and interested to persuade them to pay a visit to family planning clinics or alternatively they can go out of the clinics to the work and living places of the people.



There are a few studies in this aspect. Kumudini Dandekar in her study<sup>14</sup> indicated that family planning clinics did not prove to be a very effective medium of communication. Another study<sup>15</sup> at the Indian Statistical Institute Calcutta, reported that about 29 percent of the couples in rural areas cited hospitals as their main source of information. This may only mean that clinics are less effective as the first source of first information.

A slightly different situation is presented when a family planning clinic is an integrated part of a maternity hospital or of a general hospital with a maternity wing. Studies made in this aspect have somewhat contradictory findings to report. Ananda's study<sup>16</sup> at the Lady Hardinge Medical College, New Delhi indicated that a large number of indoor women patients in maternity wards constitute an ideal group most likely to receive such

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- 14 Kumudini Dandekar - Communication in Family Planning Report on Experiment, Gokhale Institute of Economics and Politics, Poona, Asia Publishing House Bombay, 1967.
- 15 Family Planning Research Unit, Indian Statistical Institute. "A Study of the General attitude towards Family Planning in West Bengal". Public Reference Surveys 1962-63, quoted in D.C. Dubey, Family Planning Communication Studies in India, CFPI Monograph Series No.8, Central Family Planning Institute, New Delhi, 1969.
- 16 Department of Social and Preventive Medicine, Lady Hardinge Medical College, New Delhi, "Family Planning Research Project", Presented at the Fifth Family Planning Communication Action Research Workshop, Central Family Planning Institute, April 1967.

information. On the other hand Dandekar's study<sup>17</sup> concluded that the idea of communicating information regarding possibilities of family planning and limitation of family size during the period of confinement did not prove successful.

The second approach of family planning workers seeking out people to communicate family planning information has been studied more extensively. In a study<sup>18</sup> conducted by the University of Kerala it was found that the group which was contacted by workers through home visits had the highest response rate in terms of visits to the clinic. PRAI Family Planning Action Research project at Lucknow<sup>19</sup> found individual contacts by workers necessary in the initial stages of the programme.

However, according to a public opinion survey<sup>20</sup> of eleven cities in India carried out in 1967 only 10% of the adult literate respondents credited family planning workers for their information in this area.

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17 Kumudini Dandekar, OP. Cit.

18 "Report of the Fifth Family Planning Communication Action Research Project", University of Kerala Presented at the Fifth Family Planning Communication Action Research Workshop, CFP1, New Delhi, 1967.

19 Family Planning Communication Action Research Project-Planning, Research and Action Institute, Lucknow "Project Reports Presented at the Fifth Family Planning Communication Action Research Workshop, CFP1, New Delhi 1967.

20 The Indian Institute of Public Opinion, New Delhi, "Urban attitude towards Family Planning. A survey of eleven cities". Monthly Public opinion surveys vol.XIII, No.1, Oct, 1967, Quoted in D.C.Dubey CFP1, Monograph Series No. 8 OP.Cit.

Thus with the exception of one study we find a consistent trend validating the role of family planning workers as communicators..

## II) Local Leaders as communicators:

In this category, social leaders such as Pradhans, teachers, priests, and educated persons are included. It also includes such persons who by virtue of their functions can be expected to communicate in this area of knowledge, such as barbers, washermen, welfare officers in big establishments, and volunteers for family planning programme.

Two studies, one at Bombay<sup>21</sup> and the other at<sup>22</sup> University of Kerala, seem to report conflicting findings with regard to local volunteers and depot holders. While in Kerala local volunteers were found to be ineffective, in Bombay depot holders were reported as a source of IUCD information by 24 percent of the respondents.

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21 Family Planning Communication Action Research Unit, Demographic and Research Centre, Bombay, "A follow-up study of IUCD Acceptors". Presented at the Fourth Family Planning Communication Action Research Workshop, Lucknow, 1966.

22 Report of the Family Planning Communication Research Project, the University of Kerala, OP. Cit.

Relatively speaking more information on the communication role of functional or social status leaders is available. According to a study<sup>23</sup> at the Central Family Planning Institute, Delhi the status and functional leaders were found to be effective communicators. Mitra<sup>24</sup> has recognised a definite role of personal voluntary channels representing the social elite, the makers of public opinion, the manipulators of cultural orientation, the representatives of social and cultural and local prestige as communicators of family planning information.

Bogue<sup>25</sup> has also very much emphasised the communication role of social leaders and literate persons in India.

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- 23 Raina, B.L., Blake, Robert. R. and Weiss, Eugene, M, "A study of Family Planning Communication, Meerut, District, CFP1, New Delhi, 1967.
- 24 Ashok Mitra "the use of radio in coordinated Media Approach for Family Planning Programme" Presented at the ECAFE Working Group on Communication aspects of Family Planning Programme, Singapore, Sep 1967. (Monograph) Quoted in D.C. Dubey, CFPI Monograph Series No.8, OP Cit.
- 25 Donald, J. Bogue, "Some tentative recommendations for a sociologically correct family planning communication and motivation programme in India" in Clyde V. Kaiser (ed) Research in Family Planning, Princeton University Press, 1962, PP 503-538.

In brief there is a marked unanimity about the effective role as communicator of this group of local leaders.

## 2. Studies on Mass Media :

In this category all the different mass media channels such as Radio, Television, News paper, Film and some of the audio visual aids are included.

1) News Paper.- Chandrasekhar and Kuder in their study <sup>26</sup> Family Planning through clinics found the role of newspapers along with other printed material very insignificant in disseminating information on family planning. In another survey <sup>27</sup> of the Indian Institute of Public Opinion in 1967 it was found that one out of every seven respondents reported newspapers as the source of information. On the contrary, in a study <sup>28</sup> at the Central family planning Institute, Dubey found newspapers

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26 C.Chandrasekhar and K.Kuder, Family Planning through Clinics. Report of a survey of Family Planning Clinics in Greater Bombay. Athd Publishers Private Limited, Bombay 1965.

27. Indian Institute of Public Opinion, OP Cit.

28 D.C. Dubey, "Adoption of a new Contraceptive in Urban India. Analysis of Communication and Family decision making Process" (un published Ph.D dissertation, Department of Sociology, Michigan State University 1967, Quoted in D.C. Dubey CFPI, Series No. 8 . OP cit.

as a significant source of information about IUCD for the educated Middle class, male government employees of Delhi. In another study Vasa<sup>29</sup> also found newspapers as a major source of information.

Thus, speaking in general, the studies seem to indicate that newspapers have a restricted scope as a communicator of family planning messages. The findings by Dubey and Vasa, although apparently contradictory to other studies, are quite understandable in view of the Urban samples used in these studies and, therefore, represent the pace of change in a typical urban metropolitan population. It also clarifies the picture a little by indicating that income and education seems to be associated with newspapers as a possible source of information.

ii) Radio.- The impact of radio as a source of disseminating family planning information, though meagrely investigated, has yielded somewhat contradictory results. At least three studies Chandrasekharan and Kuder,<sup>30</sup>

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29 S. Vasa "IUCD and its different aspects. A study of 400 cases of Family Planning News", 1967. Quoted in D.C. Dubey CFPI Monograph Series No.8, OP.cit.

30 Chandrasekharan and Kuder, OP, Cit.

Dubey<sup>31</sup>, Indian Institute of Public Opinion,<sup>32</sup> reported radio as a poor or insignificant source for disseminating information about family planning. Along with increase in the number of radio programmes on family planning after 1967 there was also a shift from the descriptive and exploratory studies to evaluative and experimental studies using planned intervention strategies and before-after surveying. Bhande<sup>33</sup> in her study on the impact of a radio broadcast on IUCD, used a before-after survey and found that only 28% of the sample heard the broadcast and some of the reasons for not hearing the radio broadcast were related to the unsuitability of the time of broadcast which usually clashed with peak hours of household work. In a study, Vinod Bhandari<sup>34</sup> found

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31 D.C. Dubey, OP, Cit.

32 Indian Institute of Public Opinion, Op, Cit.

33 A. Bhande - "Impact of Radio broadcast on IUCD, Five Years of Research in Family Planning", Bombay, Indian Institute of Population Studies, 1968 (Nimnographed), quoted in Dr(Mrs) Kamala Gopal Rao - "Studies Relating to strategies of Communication, Motivation and Education for Family Planning", Bulletin of Gandhigram Institute of Rural Health and Family Planning, Vol.XII, No.2, Nov, 1977, Seminar Special.

34 Vinod Bhandari "A Study of Radio Listening habits of the villagers around Najafgarh", The Journal of Family Welfare, 1970, 16.3

54% of respondents in a village near Delhi having heard of family planning on radio. The respondents preferred easy language and understandability of material in broadcasts and felt that family planning programmes on the radio were less effective due to complex language and mode of presentation in the-form of tales- discussions interviews etc. The respondents suggested simple language, later evening broadcasts and presentation through drama and folk songs as measures to increase the popularity of radio programmes on family planning.

In brief we can make the observation that by and large radio has yet to demonstrate its claim of being one of the important means of family planning communication. However in order to have better appreciation it is necessary to know how frequently radio is used for this purpose and what are the contents of the programme. Radio can act as an effective medium of communication if the programmes are planned in terms of specific information and concern of specific groups of people.

iii) Television.- The Indian space Research Organisation (ISRO) had been engaged in collecting daily feedback ever since the inception of SITE. Its preliminary findings reveal that the village audience appear to be indifferent towards family planning programmes although the viewers have been found to be quite aware of family



planning campaigns and various contraceptive methods. The apathy, according to ISRO investigations might be because of repeated exposure to family planning programmes through television. Non-official investigators feel that lack of privacy in a community viewing situation might also be responsible for evasiveness among the women audience.<sup>35</sup>

An experimental study by Helen Paris,<sup>36</sup> attempted to assess the differential impact of two types of television sources used in imparting a family planning message to adults in twenty experimental villages near Delhi with the sources matched on age, size of family, positive attitude towards family planning, and communication skills. A village opinion leader and an urban medical expert presented the same family planning content in alternative television programmes and their relative effectiveness was measured in terms of changes in knowledge, attitude, and motivation to seek additional information among viewers. The village opinion leader was perceived as significantly more homophilious by the subjects than the urban medical expert. Viewers exposed to the village leader gained significantly

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35 Sunanta-Banerji, Op. Cit, P.31.

36 Helen Paris, "Facilitating India's Family Planning Programme through Television - A study of source effectiveness" - Abstract of a research project, 1970.

Quoted in Kamala Gopal Rao - Op. Cit.

more knowledge of family planning concepts than their counterparts exposed to the urban expert. The study suggested the advantage in utilising informal village opinion leaders in rural family planning television programmes to achieve knowledge gains in the target population.

iv) Films.- There are quite a few studies on the role of films in disseminating family planning messages.

In Singur study<sup>37</sup> the role of films was evaluated as a limited one. A study of the India Institute of Mass communication<sup>38</sup> Delhi revealed that 72% of the couples visited film shows organised by it.

Another study<sup>39</sup> undertaken by the centre for development of Instructional Technology (Cendit) in some villages in the Saharanpur District of Uttar Pradesh can be regarded as the most important contribution to the

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37 All India Institute of Hygiene and Public Health, Calcutta. "Action-cum-Research Family Planning programme at Singur", Presented at the Family Planning Communication Action Research Workshop. Quoted in D.C. Dubey Op.cit.

38 Indian Institute of Mass Communication, New Delhi, "Communication and Family Planning". Report of an intensive Family Planning Promotion Campaign. An experimental and survey in South Delhi, 1967.

39 "A project in Family Planning Communication For Rural Young married Couples", Centre for Development of Instructional Technology, Delhi, December 1973.

family planning communication programme. The general purpose of the study was to find out how effective the film medium was in delivering a serious message such as family planning message to a rural audience in a typical film exhibition situation. The findings are related to two broad aspects: first, the perception patterns of the audience to the films and the various factors influencing the patterns; and second, the attitudes of the audience towards the arguments for family planning as presented in the films. It was found that more than half the number of women and some men had difficulty in remembering the next morning what they were shown in the previous night. Expectations from the film medium different between men and women.

The Cendit team observed two inherent disadvantages of the film viewing situation in a rural context: Firstly, the possibility of the film viewing situation where the audience just watches the distant screen without participating; Secondly, the context of the filmshow has no relationship to the villagers' life pattern.<sup>40</sup> The team suggested "the present limitations of a film as a communication trial for this particular audience suggest a search for alternative media which

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40 Report of the Phase I, of the Project by CENDIT, Op. cit. Vol. II, P 1/42.

should be able to evoke immediately and participation and film can function as a supportive system of communication."<sup>41</sup> Regarding the second aspect of the findings, namely the attitude of the audience to the message of the films, the Cendit team discovered that there was no general opposition to family planning as such. But there was some reluctance to adopt family planning measures when it came to their own lives.

The above findings indicate the need for more experience and studies to find out the circumstances under which film can be of maximum use to the programme.

v) Posters.- There are very few studies on the impact of posters in disseminating family planning messages.

<sup>42</sup>  
In a study of the Indian Institute of Mass communication it is reported that about 47 percent respondents had either read the literatures or seen a family planning poster.

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41 Ibid P1/43.

42 Indian Institute of Mass Communication, Op. cit.

The impact of four selected family Planning posters on awareness of family planning among rural women was investigated by Bhargava<sup>43</sup> wherein the results indicated that in a comparison of mothers-in-law and daughters-in-law, 40 percent of the latter had learnt about family planning through posters, while the mothers-in-law had come to know more through inter personal sources of communication. Language and symbolism appear to be the main factors in the young women's preference for posters. The nationally used symbol of family planning- the inverted Red Triangle- Conveyed no meaning to the sample and the stylised faces of a couple with two children were not liked by the women.

### 3. Studies on Integrated media :

As the above title indicates, this "broad category" represents a sort of package approach to communication. It involves use of both personal and mass media in a structured and coordinated manner and simultaneously involving interdepartmental and inter ministerial coordination.

Campaigns, exhibitions, and meetings are good

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43 B.Y. Bhargava. "An evaluation of the few of the Family Planning Posters." unpublished dissertation, Lady Irwin College, University of Delhi, 1968. Quoted in D.C. Dubey, CFPI Monograph series No.8. Op.cit.

examples of this approach linking services, personal contacts, and a broad supporting programme of information and education.

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The Meerut study<sup>44</sup> by Raina using a combination of low keyed informational and educational programme involving mailing of family planning literature to pradhans, showing cinema slides, sending news letter to opinion leaders etc. and commercial distribution of condoms found this multi-strategy approach to be more effective. With a before-after survey, the study reported mass mailing and newsletter as much more effective than cinema slides and newspaper inserts. Fifteen percent were able to identify a family planning slide; of 62 percent who read newspaper insertions very few remembered it; and only 42 percent of opinion leaders receiving the news letter read it. Both rural and urban samples showed increase in knowledge and sale of condoms went up.

A few studies on exhibitions have reported interesting results. Some studies found increased knowledge about family planning methods and place of service after the exhibition<sup>45</sup>. It also reported more

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44 Raina, Op. cit.

45 T.S. Naikrajan W.S. Krishna Murty (1972), "A Study of family Planning Exhibition in a Rural Fair", Bulletin of Gandhigram Institute of Rural Health and Family Planning, Gandhigram 6(2), 1972.

illiterates gaining knowledge as a result of the exhibition. About 86 percent of the visitors sought additional information in the counselling booth. That exhibitions were successful in increasing interest and awareness is reported by studies in West Bengal, Lucknow and Baroda.<sup>46</sup>

#### 4. Studies on Message :

By virtue of its being the substance of the communication, any information about this aspect assumes great importance for those who are concerned with the information programme in family planning. A review of studies considered here indicate that relative to its importance very few studies are concerned with this element of communication.

A study of organisations responsible for printed family planning messages in use in India was made by Heiskanen.<sup>47</sup> The findings note that only 7 percent of the messages originated at local level which could be

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46 Poffenberger, Urban Indian attitudinal response and behaviour related to family planning, possible programme implications, Population Review 12(1-2), 1968. Quoted in Mr. K Rao, Op. cit.

47 Veronica Heiskanen "A cross cultural content Analysis of Family Planning Publications", in Donald J. Bogue (ed) Sociological Contribution to Family Planning Research, Community and Family Study Centre, University of Chicago, Chicago, 1966.

assumed to be more aware of local needs and situations and consequently would be in the best position to develop messages most congruent with local specifications. In a large country like India with so many sub-cultures this would ofinitely seem to be an important handicap in developing an effective communication programme.

Another aspect of this problem lies in the suppressed or accepted credibility of the organisation originating the message. According to a well accepted principle of communication a message is more likely be accepted if the source is accepted as trustworthy.<sup>48</sup>

Mitra's wide and close experience with government mass media (particularly of radio) has led him to question the trustworthiness of mass messages originating from such official sources.<sup>49</sup>

A systematic study on message content of family planning using the existing socio-psychological concepts in the field of persuasion and attitude change was done by Bhandari.<sup>50</sup> A systematic analysis of content variables

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48 Brajesh Bhatia "Importance of Content in Family Planning" CFPI, New Delhi (Monograph).

49 Ashok Mitra, Op. cit.

50 L.R. Bhandari (1976) "Communication for Social Marketing, Methodology for developing Communication appeals for family Planning programme", unpublished Ph.D thesis, University of Columbia, USA, Quoted in Dr (Mrs). K.Rao, Op.cit.



of messages covering style of delivery, appeals etc. and structural analysis covering organisation of content, repetition of persuasive messages was done in relation to family planning. The more effective communication appeals in family planning programme suggested by the study, are health related appeals, children being worthy to look after parents if fewer were born, moral and religious indications of birth control, land (ownership and division) and karm related appeal for rural population. The value hierarchy investigated in the study provide the content of messages. The message content/communication appeal to promote family planning is closely connected with an assessment of the value and perceived instrumentality components of attitude structure of the target population.

##### 5. Audience Surveys :

Several studies have been undertaken to know to what extent people have internalised knowledge of family planning, transformed their attitude towards it, and adopted birth control measures. Usually known as KAP studies (KAP being an acronym taken from the terms knowledge, attitude and practice) they indicate that knowledge of family planning has gone up and the bulk of fertile population have a favourable attitude towards family planning. But the levels of adoption of family

planning measures remain much lower than level of attitude referents.

It appears that in between the awareness and changed attitude on the one hand and final act of acceptance on the other, there is a zone or stage of uncertainty or ambivalence during which the individual hesitates to plunge and take a decision. A vast majority of people seem to fall into this twilight zone of conflicting attitudes.

According to findings the family size is usually higher among the rural samples. One of the reasons for the prevalence of such norms could be inaccessibility to family planning centres.<sup>51</sup> Another reason suggested by some findings is the low level of income and education. A survey of a rural health centre in West Bengal indicated that the level of practice of family planning depended on family income, age of wife and education of husband,<sup>52</sup>

A rare indepth survey<sup>53</sup> of rural parts of Lucknow gives us an inkling as to some of the motives

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51 Kamala Gopal Rao, Studies in Family Planning: India, Abhinav Publications, New Delhi, December, 1974, PP.16

52 Ibid, PP.228

53 Ibid, P.269.

operating behind the desire for a large family. The reasons advanced for preferring large families were that big families represented (a) power in village affairs, (b) hands in agricultural activities, and (c) more earning capacity for the family. On the whole the villagers preferred boys. They were considered assets to the family, indispensable for the continuance of the lineage and security in old age, essential for fulfilling religious obligations, adding strength and power to the family, and bringing more working hands in the form of their wives.

An all India survey of family planning practices carried out in 1972 indicated the role of interspouse communication in increased adoption of family planning measures. The practice was significantly higher among husbands and wives who frequently communicated than among those who did not.<sup>54</sup> Lack of privacy, shyness of too young brides, inability of women to claim an equal footing with their husbands, often prevent frank discussion among rural couples. Since family planning is a subject of mutual concern for the husband and wife,

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54 Ibid p.344

absence of opportunity to communicate between the two  
impedes the diffusion of family planning information.<sup>55</sup>

When all the studies are considered, one finds that there is no uniform relationship between fertility and religion, income, or any other socio-economic status all over India.

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<sup>55</sup> Ibid p. 721.

3. The problems of Family Planning Communication Programmes and Family Planning Communication researches.

a) Nature of Problems within Family Planning Communication Programme:-

The problems of the communication strategies within the family planning programme arise out of an inadequate communication policy as well as the basic conflicts between the overall policy of the Family Planning Programme and the very concept of communication as we have defined it. In its efforts to over look or scuttle these conflicts the programme has only ended up harming itself more than what was necessary. We identify these conflicts as follows:

The very concept of communicational strategies for the purposes of information and motivation is contradictory to a target oriented family planning programme which demands results rather than education or motivation.

The essence of communication lies in understanding the target population so that the communication process could be modified according to their needs and the main objectives ( or message) might have to wait or be integrated with certain intermediary objectives. This principle is again in contradiction

with the overall policy of the programme where the objective is determined by the macro perspective and where micro perspectives of social groups and classes are not taken into account.

The implication of these major contradictions between the over all policy of Family Planning Programme and the concept of communication was that communication got muted to the needs of the overall programme policy. Its function became propaganda instead of education or motivation and the content of communication itself was very often contradictory to the reality and the experience of the people. Even in the latter phases when the programme planners conceded that an integrated approach towards communication was essential, the propaganda Machinery of the earlier Communication strategy absorbed so much resources that nothing was left for investment into the new programme.

The impact of these contradictions is clearly visible in the programmes of communication. When the organised Family Planning Programme and its communication failed in increasing the number of acceptors, the very tomb of communication strategy-the mass camps- were heavily decorated by mass media itself. Similarly, the peripheral workers who were required to do the work of extension education were simultaneously given targets

to fulfil without which they were liable to be penalised. This did not give a chance to the educational approach which requires not only patience but also competence. The planners "persuaded themselves that an ill-educated, ill-motivated, ill-suited, and ill-trained extension educator from a city, by his merely using 'skills' of motivation, will kindle a virtual social revolution in rural communities so that the small family norm became a part of their way of life. Motivational techniques were considered to be some sort of a magic which could be applied by everybody to make anybody accept family Planning."<sup>56</sup>

In the drive to keep mass education simple and wide spread the effort lost its educational component and became pure propaganda. The result was that instead of educating, it started creating Myths which were bound to have a back lash. This was clear after the IUD drive as well as the mass camps. The lack of appreciation of socio economic variations among social classes and of the need for a broader participation in the local programme tended to make the communication strategies highly centralised. It did not allow flexibility for the regional

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56 D.Banerji, "Family Planning in India, the Outlook for 2000 AD," Centre of Social Medicine and Community Health, JNU - 1974, P.8 (Mimeo).

social and cultural variations to the extent that was necessary and it did not use the knowledge and talent of the local programmers who perhaps were more conscious of the socio economic peculiarities of their areas. The only attempt to reach the rural mass and take up the issue of their specification were made through the SITE experiments.

In 1975 government gave a big spurt to television with its decision to launch Satellite Instructional Television Experiment (SITE). Television broadcasts were transmitted to 2400 villages in backward areas in six States - Andhra Pradesh, Karnataka, Bihar, Orissa, Madhya Pradesh, and Rajasthan for one year. Many successes were claimed by the SITE Programmes both at the research and educational levels.<sup>57</sup> But there were other disquieting signs. There was a gradual decline in the numbers of the audience. This could have been due to apathy and disinterest among viewers. Some of the factors that were acting as obstructions in the viewing of SITE programmes were the distance of the centre where the television set was put up from the home of the viewer and the social taboo operating in some villages banning women from going out and seeing community television. There was also a general complaint from most of the non viewers that they spent most of their time in making both ends meet and

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57 Binod Aggarwal, Satellite Instructional Television Experiment, Op.cit.



had no spare time left to watch television.

The other reasons for the limited social impact of SITE was that there were only three base production centres (BPCS) to make the bulk of the programmes for villages with varied agro-economic and cultural backgrounds, many of them more than a thousand kilometers apart. Area specific programmes were therefore minimal and it is a commonsensical truth that decentralised and area specific programmes employing the local dialect and depicting the local agro-economic and human landscape are necessary in any attempt to persuade people to change their attitudes and practices in agriculture or hygiene or, even more, in family planning.<sup>58</sup>

In spite of the severe limitations of centralised communication for development brought out by the Satellite Instructional Television Experiment Government went on expanding television without giving due importance to other related factors. The planning for the utilisation of the domestic INSAT is essentially on the basis that the SITE pattern is to be replicated. It is quite revealing that while this highly expensive and imported technology was

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58 G.N.S. Raghvan - "Centralised Communication - 1 Software and hardware Implication"

Mainstream, May 14, 1983, p.25.

given so much attention, the use of traditional media and Indian art forms has not received the attention which it deserved. The use of Puppet shows, local dramas and folk art forms have played only a marginal role in communication strategies.

The "urgency" of the situation also did not allow the planners of communication policy and programmes to pay attention to the various needs of different classes before they could be voluntarily brought under the umbrella of the programme. Thus, instead of the mass media covering areas like health, education, sanitation, and child health-even the message "small family is a happy family", became a contradiction in itself. The implications of this short sightedness were far reaching. The rural areas where the majority lived (76.3%) where age specific fertility rates were comparatively higher (Table IV) was given priority but the programme failed to evolve an appropriate strategy for handling the majority of the rural population. A detailed analysis of the fertility rates in terms of selected socio economic indicators-religion, caste, education and occupation age at marriage, and per capita expenditure - show a consistent decline with the increase in the educational level. Decreases in fertility incidences are also observed with increase in age at marriage and increase in per capita monthly expenditure. Similarly the rates

Table IV.

## AGE SPECIFIC FERTILITY RATES 1972, 1976 AND 1978

## All India

Age group	Rural			Urban.			
	1972(1)	1976(2)	1978(3)	1972(1)	1976(2)	1978(3)	
	1	2	3	4	5	6	7
15-19	97.5	83.0	72.7	32.2	64.6	41.9	
20-24	273.5	260.2	237.3	220.6	213.7	192.1	
25-29	283.4	250.8	240.7	247.3	197.5	190.5	
30-34	227.2	190.9	167.9	173.4	133.9	133.4	
35-39	151.2	126.3	115.0	108.2	73.6	70.0	
40-44	82.7	58.9	52.3	43.3	28.9	24.1	
45-49	23.7	17.3	24.9	13.0	8.3	6.8	

1. Fertility differentials in India 1972.
2. Sample registration system 1976.
3. Infant and child mortality survey 1979  
A preliminary report office of the Registrar  
General India, New Delhi.

Source: Registrar General, Ministry of Home Affairs  
New Delhi - Survey of Infant and child Mortality 1979.

A preliminary Report statement Nos. 32 and 35

are much higher among non-workers as compared to workers.<sup>59</sup>

Surveys carried out all these years also reveal one common fact- the prevalence of knowledge and practice of family planning among couples increased with the level of education of the wife and the income of the household and was higher among urban than among rural couples.<sup>60</sup> All this meant that the urban population which was more amenable to motivation continued to get the benefits of the communication policy as well, while the rural population, where resistance to small family norms resulted from a need for manpower and high mortality, all the above factors remained neglected.

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59 D. Banerji, "The Making of the Health Services in India - Part Two, major Health and Family Welfare programmes and their implications for people of India"- May 1983 (Mimeo).

60 "Family Planning Practices in India", Operation Research Group, Baroda, 1971.

b) The nature of research in Family Planning Communications.

The complex issues that need consideration in formulating family planning communication programme opens up new fields of research. These fields pose new challenges before the research workers. Because of the crucial importance of the programme and because of the huge amount of resources that were made available for research there ought to have been a revolution in the field of policy formulation, programme planning, and programme implementation and evaluation. But it is clear from our review that communication research in family planning has by and large concerned itself only with the psychological process of the transfer of ideas and information and their differences. This is indeed a legitimate area of research but this cannot be the only area of research. Most of the studies concentrated on selected aspects of the total communication process with relative neglect of the other aspects in the process of communication.

Designed mostly on exploratory or descriptive studies, conducted on small purposive samples, the studies do not provide meaningful generalisations that contribute to administrative or policy decisions, on communication. The issues which needed the researcher's attention were whether more investment should be made in personal or mass media of communication, what combination of media could be more effective, what are the credible sources

of information for the target audience, what is the cost effectiveness of different types and combinations of communication-motivation strategies to achieve optimal and lasting results, how to link micro-specificities to macro-generalities; how-in short- to tackle the contradictions in the existing programme.

Communication research has almost been based on K.A.P. surveys whose very methodologies and conclusions are suspect in the India situation. While findings of these surveys often provide some measure of programme effectiveness in publicising family planning services they are yet to give an indepth view of the socio economic structures that go to shape the attitude and practice.

For one thing the sphere of surveys is mainly confined to urban areas and the majority of studies used questionnaires and interview schedules, either guided or open-ended. As a result of such an approach, most of the KAP surveys do not go beyond a descriptive function in the sense that they only report the fact of the existence of knowledge, attitude, or practices among the respondents. Hardly any follow up questions are asked to measure the intensity with which the respondents hold an opinion. Research in the area of feedback is almost absent.

In many cases the aim has been of quantitative

measurement. Most studies are retrospective and post factum, following rather than guiding administrative decisions. The quantitative methodology which emphasises collection of figures and description of mere existence of external situations can be suitable for the external study of objects which require such numerical assessments. But it is not reliable for the study of a subject which necessitates considerable access to the subject's inner personality and his social milieu.

"Family Planning involves subjective motivations and change in collective consciousness built up through thousands of years. Questions of family planning are often of a very personal and delicate nature. Responses depend very much on who is asking questions and the rapport between the interlocutor and the interviewee and also the situation in which the interviews are held. A questionnaire which ignores the socio economic factors of a poor rural society might end up with responses emphasising high fertility without going in to the motives that operate behind it."<sup>61</sup>

It appears therefore that KAP and other

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61 Sumanta Banerji, Op.cit, p.80.

studies relying on quantitative methods deal with the 'what' of family planning adoption and diffusion of knowledge rather than with the 'why'. Variables like economic and social status, social relationship, socio psychological factors are generally left out in the surveys. And demographic variables like age and education are correlated with knowledge, attitude and, practice. Thus, there is little or no correspondence between the problems emerging in the actual family planning communication programmes and the problems taken up for family planning communication research.



## CHAPTER-IV

1. Some Basic Considerations for an Alternative Family Planning Communication Policy

Given its problems India's experience with Family Planning Communication provides a good learning situation. The analysis of this experience suggests some basic formulations about the necessary conditions for and the components of an effective and rational communication policy. It is this which we attempt to present here, in this section.

- 1) Family Planning Communication policy and programme cannot be independent of the overall policies of the Family Planning Programme. Hence it is necessary to have a broad-based and integrated overall policy for the Family Planning Programme which places family planning at the centre of its planning process and attempts at carrying it forward with the rest of the developmental programmes and not in isolation.
- ii) To implement such a policy the entire structure of the Family Planning Programme will have to be dismantled and reorganised so that the Family Planning Programme comes down from its domineering heights and becomes a part of the government health services. Within the new structure, a

new set of norms have to be evolved to give priority to areas which hitherto have been neglected like MCH, water supply and sanitation immunisation, ICDS and other nutrition programmes along with Family Planning services.

- iii) It is only within this new policy framework and structure of the family planning programme that the implementation of a rational Family Planning communication policy is feasible.

( The challenge for the new Family Planning communication policy will be in terms of its message content, the media mix and the organisation of media. This new perspective has to take into account the following factors : decentralisation of media, choice of media, an integrated approach to message content, and last but not the least, the socio-economic environment which influences the fertility behaviour.

The importance of decentralised communication is because of India's vast and diversified socio-economic and geographical structure. When we look at India's mass media set-up, we find that it is urban-oriented with control over policy, production, and transmission vested in an urban-oriented elite group. But for a programme like Family Planning one cannot ignore the existence of the vast mass of rural people and urban poor who should generally form the

target audience. So the media needs to be decentralised with a proper urban-rural mix so as to reach the far corners of this vast country. The other factors which are related to decentralised communication are the context of messages and choice of Media.

For a country like ours where the rate of illiteracy and level of people's purchasing power is very low, the choice of media assumes importance for any meaningful communication strategy. The government uses almost all types of media without giving any particular importance to any specific type of media. [The question here is not only of providing information but also of people's acceptance.] [For the rural people, who have their own cultural set-up, the importance of traditional media cannot be ignored. The message delivered through such forms as are familiar to the people will have more effect, particularly in eliciting their participation. Regarding the message, our review demonstrates that it has been greatly influenced by an urban alienating culture. Pictures of a happy family with all modern luxuries have no effect, unless the messages give some information regarding the economic advantages of the Family Planning Programme reflecting the real life aspirations of the rural and urban masses.

The most important factor for the successful

implementation of the above suggested communication strategy is the influence of the socio-economic environment. Changes in family size arise from within the situation which includes the objective socio-economic environment and value system which confronts the masses. The idea of a child as a consumption unit rather than a investment may be relevant for the upper strata of our society. But for the people family size is very much determined by old age security, land-holding, etc. [Education, especially the education of women, is of paramount importance.] If the women get educated and economically become independent, they can decide the family size themselves without depending on the dominating members of the family like the husband, mother-in-law and father-in-law.

Evolution of any effective programme must be based on good research which would look into various socio-economic factors that determine people's participation. This is a primary need for the evolution of any alternative strategy.

[It is not suggested in the above discussion that human consciousness cannot change except in direct proportion to economic change.] [It is only suggested that change in values and changes in socio-economic environment are inter-related categories, mutually determining each other.]

## 2. Summary and Conclusions

We have tried to evolve a framework for the analysis of our problem on the basis of our understanding of the general theories of communication. We have argued that communication is different from information as it deals with the active process of decoding and interpretation of messages. It is based on an effective feedback mechanism and for being successful it demands that the contextual background of the audience must be taken into account.

With this understanding of the process of communication one seeks to evaluate the successes and failures of India's Family Planning communication policies keeping in mind the socio-economic structure of Indian society, the immense inequalities of opportunities available to different classes and their regional, social and cultural variations.

Our review of the Family Planning programme shows that the planners despite talking of family planning as an integral part of socio-economic planning, took a narrow view of population control. They did not take the complex factors determining the size of a family into account and thereby stumbled from one strategy to another. The programme essentially remained time bound and target-oriented and was

heavily based on technology alone. In the sixties some efforts were made at educational and motivational strategies which collapsed under the pressure of achieving targets and a wrongly conceived motivational thrust. Even the force and coercion of 75-77 did not work and the government was finally forced to accept the limitations of its entire policy. Since then some efforts have been made to develop a more integrated approach to the Family Planning Programme but it largely remains the same despite some minor structural changes.

Within such an overall policy, when the use of communication was brought in for enhancing the pace of acceptance of the family planning programme, the communication policy as well as strategy were bound to be affected. The theoretical possibility of a rational communication policy is rejected when we review the nature of family planning communication policy and programmes. Our review shows that the communication policy suffered with the same maladies as those of the overall programme. It was isolated, unilinear, did not take the socio-economic realities of the audience and did not make any distinction between different audience groups.

Despite major investments in research in Family Planning communications no coherent and integrated programmes could be developed. What did develop was primarily a

propaganda machinery which did not react to its own impact and hence failed miserably. Like the Family Planning Programme its communication policies also underwent a radical change after the failures of the mass camps and the coercive phase of 1975-77. Since then, at the policy level, both the Family Planning Programme as well as Family Planning Communication policy have been placed within a more rational perspective arising out of an integrated view of the problem of family planning. The translation of policies into programmes is yet very tentative. The few efforts at integration like orientation camps, population education, family planning fortnights, etc. are not very different from what was being done earlier.

The crux of the problem, which lies in bringing about structural changes in the Family Planning programme bringing it down from its domineering heights to the level of the general health services (which must be strengthened) and making it a part of the primary health care, has yet to be handled. The implications for the Family Planning Communication policy are obvious; it cannot integrate non-existent programmes and hence continues to remain isolated. Half hearted attempts have been made at decentralisation of media and reorganising it but the content of the message remains what it was. It appears from our analysis that despite an intellectual acceptance of the rationality of an



integrated approach the Family Planning communication policy is still caught between the basic contradictions of the overall thrust of the Family Planning Programme which continues to be tilted towards a target-oriented approach and its professed policy dictates.

In the last section we present some basic considerations for an alternative Family Planning communication policy. Here we underline two things; one, the components of the alternate communication policy and the principles underlying them; two, necessary conditions for the implementation of this policy. Both are implicit in an integrated approach which places Family Planning within the ambit of the economic and political relationships of a society. It is towards an understanding of these relationships and the consequent integration of planning, that we must move.

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