Motivation and Communication in Family Planning

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Introduction :

It is universally, recognised that challenge of population growth can be met only by Family Welfare. The Government of India, the State Governments and the private bodies today are seized of the problem and there is a growing awareness among the people. But awareness by itself does not generate action; what is imperative is motivation.

Concept and Meaning of Motivation

Let us go into the details of motivation to be able to apply the technique to the problem of family planning.

What exactly do we mean by motivation? It means to "stimulate, or provide incentives or drives to initiate movement." In the present frame of reference, motivation means stimulating active interest in the people to accept small family norm and practise family planning method for enduring happiness of the family.

But the motivation to accept family planning is not an imperious urge like food, sex or shelter. It is only a secondary drive, not calling for immediate satisfaction. In such a drive, there is a time lag between action and satisfaction. A couple adopting family planning has to wait to see results. The specific nature of this drive provides the health workers a challenging opportunity to try different ways of motivating a couple.

Ways of Motivation

There are many ways of motivating people. Let us examine a few :

1. *Motivation through incentives* :— There is the monitary incentive This is being tried both in the case of workers and the target groups e.g. in I.U.C.D. vasectomy, tubectomy and leproscopy. This incentive has its demerits. Some are stimulated to action, though not for the same reasons. This initial or immediate motivation needs to be strengthened

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by other measures like giving assistance in registering one's infant in the M.C.H. Centre and making available supplementary food or iron and folic acid tablets or getting admission of the child in a school nearer home, or making arrangements to get a T B. patient in a family admitted to a hospital or treated through T.B. Clinic etc.

2. *Motivation through health point of view* :—Motivation through fear, a method not much useful in the field of education. For instance, one can create enough tension and fear in a mother of several children by stressing the dangers of repeated pregnancies. There are drives through recognition and application. We can multiply examples. The health of the mother or the father may not be fit for having a large family or it may be that both the parents are working and the children are neglected at home.

3. There may be economic reasons too.

The health worker has to recokon with two types of behaviour-the covert and the overt-in meeting people. *Covert-behaviour* functions at the subjective level of inner experience, known only to the individual. *Overt behaviour*, on the other hand, is at the public level, open to observation and interpretation by others. Mothers who visit the family planning clinic normally present these two types of behaviour. A mother who takes a contraceptive may not use it because of her subjective feelings, which need not have to be true; one needs help to change her subjective thinking through discussions, demonstrations etc.

While considering the problem of motivation, we must remember that man is a social being and any behavioural change in him is related to the cultural variations and to other people with whom he leaves. For instance, to some mothers the person who gives the contraceptive is very important; to others it is the place from which they collect them and to still others, it is a type of contraceptive that is more important. Workers often overlook these significant factors. When we try to motivate a person towards family planning, we have to accept him as an integrated whole and not approach him piecemeal.

In his totality of needs, you can not be indifferent to his immediate wants. At the same time, one has to be aware of one's own limitations and refrain from making false promises that breed only frustration and futitity. It must be remembered also that the worker's need can not be thrust on the people without raising their felt needs.

Most of our average desires in daily life are means to an end and not ends in themselves. The small family norm should be treated as means to an end, the end being better socio-economic condition and higher standard of living.

The fact, that culture plays an important role in the satisfaction of

ultimate desires of human beings. can not be over estimated. In some communities, for example, having more male children is a matter of prestige for the woman, while in others it may be valued as an economic asset. These factors should be borne in mind while considering the question of motivation.

Sometimes motivation may be many sided in character. For example, a motivated person may give expression to his or her other subtle needs. A mother who is motivated to practise family planning may point out about her friend not having children although married several years ago. Motivation therefore, cannot be viewed in isolation but in relation to the chain of desires a human being has e.g. providing better basic needs like food, clothing and shelter.

The possibility of attainments needs to be considered carefully in relation to motivation when a person is motivated to adopt a particular method of family planning say vasectomy. Necessary guidance and facility should be readily made available to him to undergo this operation, failing wh ch the achievement of satisfaction of his newly created interest is lost. On the other hand, such single imtances may even hamper or act as a barrier to thc success of our programme. The atmosphere that is created for learning is yet another factor in motivation. The attitudes and interests which are two aspects of motivating forces depend upon the leadership that is provided for a learner. Now all these factors are counted :

(i) Cultural variations.

(ii) Treatment of individual as an integrated whole.

(iii) Consideration of various desires as means to an end.

(iv) Relation of motivational behaviour to other expressed desires, sense of achievement. and lastly.

(v) The type of leadership provided- Indicate clearly that motivation is a complex, fluctuating and never-ending phenomenon and that people need help and guidance continuously after the first flush of motivation.

Steps involved in motivation

Here we may spell out a few of the main steps involved in this process before actual adoption.

1. Firstly, there is *the awareness* of the problem, its magnitude and its impact on the individual, the family planning and the community.

2. Secondly, there is the stage of *obtaining knowledge* on the what, why, how and when of family planning.

3. Thirdly, we have the building of a *favourable attitude* and the creation of interest in family planning.

4. Fourthly, there is the stage of initial *behavioural change* wherein

the decision to adopt-family planning has been taken on a trial basis.

5. Fifthly, it is the *sustaining of initial behavioural change* by continuous practice of family planning and finally there is the further strengthening of sustained behaviour by feed-back and follow-up.

Methods and Means of Motivation

All methods of communication be pressed into service, and they should be chosen in consonance with the background of the people, their culture, the facilities available and the purpose. The purpose may be to give some scientific information or to develop skills so as to help people practice or for both knowledge and practise. If the aids and methods are not selected carefully, it may only create some kind of curiosity without really educating them. For achieving our educational goals no single aid can be said to be more effective than others. A judicious combination of some of the aids which are understandable, simple, attractive and in expensive will meet the ends of education.

Problems of Motivation

This can be viewed from three different angles :

i) as related to the people,

ii) as related to their knowledge, attitudes and practices, and

iii) as related to the workers.

As the above problems are closely interrelated, they may be considered as a whole. Some of them are so pertinent to the ways of living of the people that it is imperative for family planning workers to tackle them with multipronged approach, utilising all community resources, channels of communication, community organisations, leaders and other people of influence. Some of the common problems and the way to meet them are tabulated as under (Table 1).

Table : 1

Thinking as related to past ideas	Probable answers
1. The prestige of a family depends on large size family.	Standard of living and of health to be counted more than number of chidren.
2. Large population for defending our country.	Modern warfare takes advantage of scientific development (weapons etc.)
3. For family survival, large number of children is very necessary.	Expansion of health services and varions developments made in the field of health has reduced general and infant mortality. More employment opportunities other than agriculture are also made available.

4. Family Planning contrary to some religious teaching.	There is no objection towards the idea. The objection may be to the methods of practice of Family Planning.
5. Family Planning may encourage people to immoral practices.	There are other factors responsible– lack of attention, care and affection in the family.

The trouble with such ideas is that they are often initiated by some leaders or influential people of the community. They are responsible for carrying these misconceptions to the people. It is, therefore, essential that the worker should work through the leaders. They have to be initially prepared and motivated.

We can overcome many of these problems if the workers address themselves to the task in a spirit of dedication and missionary zeal. We are building up our resources for service training and education. The programme is making headway towards the goal we have set for ourselves. It is now the duty of the dedicated hand of workers to involve the people in this great adventure and build a richer, happier and stronger nation.

CHART SHOWING METHODS AND MATERIALS FOR FAMILY PLANNING EXTENSION EDUCATION AND MOTIVATION

S.No.	Educational Method	Education Material	Purpose
1.	General Meeting	Film shows, talks, photographs, maps, slides, radio-broad cast, telecast through T.V., printed material including posters, dramatization, display of bulletins bearing wallpainting, newspapers.	To sensitize people. To give general information
2.	Individual and Group Discussion	Black-board, film strips, slides, puppet shows, role plays, khadi graph, Flip Book, Flashcard flannel graph, radio forums models, specimens.	The above and in addition to involve individuals in dis– cussion to motivate the people.
3.	Demonstration	Specimens, models, films, tapes and play back and their uses.	To give knowledge and to improve skills.

4.	Campaign & Camps	A. Educational guides for different categories of family planning and health workers field workers as well as clinic workers. B. Film shows, printed material and posters, exhibitions, dramatization, talks, models and specimens, (consultation services for family life education and sex education), audiovisual and educational kits, puppet shows.	Same as given for 1,2, and 3.
5.	Home Visit & Interviewing	Audio-visual and educational kits, photographs, specimens and scrolls.	To give knowledge, create interest to motivate to change by helping people to help themselves.
6.	Exhibition	Mobile exhibits, models, specimens, charts, graphs, illustrations, photographs, film shows, dramatization and extra talks.	Same as given for I and to give general information. To make available meaningful information.
7.	Spoken words quoting illustrations, examples, quotations from literature with which people are familiar.	Carefully selected words that are commonly used by people in community and in their culture.	To initiate such thinking which might lead to action.
8.	Slogans	Printed, handwritten or spoken words	Draws attention. Powerful message can be conveyed in the initial stage. This needs to be supplemented by other ways and means.

9.	Result demonstration	Mostly the same material as given for demonstration.	To develop skills and to involve people.
10.	Problem solving method	Most of the same materials as given for group contacts.	Same as above to widen knowledge and understanding.
11.	Project Methods	Same as above	Same as above to experience planning, organizing and conducting.
12.	Field trips & excursions	Printed material related to excursion, samples and specimens regarding the excursion and photograph.	Same as above plus to coordinate and to cooperate.
13.	Involving local leadership and orientation camps	Most of the same material as for home visits and group contacts.	Same as I above plus for initiating people to accept family planning.
14.	Involving those couples who are successfully practising family planning (adopted temporary or permanent methods)	Those who have uudergone operation-Vasectomy, Tubectomy, Laparoscopic, I.U.C.D. etc.	To help create better confidence and faith when personal experience is related by their own community member.

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I, S. R. Mehta, hereby declare that the particulars given above are true to the best of my knowledge and belief.

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