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ROLE OF WELFARE OFFICERS
IN
FAMILY PLANNING AND WELFARE

Pramod Verma
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PREFACE

This study aims at sharing the experience of conducting a phased action research in family planning and welfare. The rationale for action research lies in the increasing gap between efforts to create positive attitude towards small family and the limited adoption of family planning techniques on the one hand, and the failure of "KAP" surveys to suggest viable strategies for adoption of family planning techniques, on the other. We feel that only through action oriented experiments will it be possible to evolve strategies appropriate to family welfare. The strategy includes the choice of target group, the identification of change agents, and their aptitudes and abilities, and an understanding of the environment in which the change agents have to execute their plans. The success or failure of a particular strategy depends on the quality and quantity of the change agent's efforts in the formulation and implementation of his own plans. And for a researcher, both success or failure provide an understanding of the social process.

Family planning workers in the open community face problems of contacting people, educating them and motivating them because they lack clearcut strategies for influencing people. Any strategy of change should start with an accurate diagnosis of the problem, followed by setting goals, explorations of mechanisms to reach the

goals, working out action strategies, experimenting with them on a limited basis and large scale field try-out, in that order. But the family planning workers of the governmental agencies start with an action strategy straightway without making an accurate diagnosis. This results in frustration. Such a sequential strategy based research attempt is presented in this study. Hence, the research effort reported here might prove useful to family planning and welfare programmes in different settings such as a village community, educational institution, rural labour, trade unions, etc.

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CHAPTER 1

ACTION RESEARCH IN FAMILY PLANNING AND WELFARE

Review of Research

The awareness of the need for effective family planning and welfare programmes has been on the increase in the past decade. Several methods are in vogue and several organizations are in the field, some to spread this knowledge, some to invent new methods, some to experiment with new ways, some to execute, some to extend the results of such programmes, and some to keep on reviewing and researching the various aspects of family planning and welfare.

Scientists from various disciplines are involved in contributing to the cause of family planning and welfare directly or indirectly. Groups of bio-medical scientists, demographers, psychologists, sociologists, anthropologists, educationists, statisticians, economists, other medical personnel, and recently, management scientists are working in this area. Various kinds of efforts are also being made by politicians, administrators, and scientists. Some of these efforts are action-based, and some research-based.

In exclusively action-based efforts, ideas are implemented as soon as they occur with only little or no systematic thinking about the feasibility of implementing the ideas, outcome probabilities, and conditions favouring or inhibiting the success of these ideas. Often

some of these ideas die out and those successful reveal very little of why they were successful. Systematic follow-up studies would make use of such failures and successes which can be of much educative value. The trouble is that the action programmes are not supplemented by research.

Research programmes, on the other hand, are purely theoretical efforts with little scope for action. Scientists working in this area are so highly research-oriented that they often forget the action implications. Consequently, numerous studies are now available explaining how factors like education, income, religion, family structure, communication channels, and communication patterns influence the acceptance of family planning practices. Most of these studies indicate positive or negative relationships (which are often inconsistent for the same factors in different studies) between different variables and nothing more. Although such research findings have a high intrinsic value, they cannot help the administrator much in terms of giving him action guidelines. For example, if education, income, and living in urban areas are positively associated with acceptance of family planning, one action implication for the administrator is to "make" all non-acceptors belong to high income groups, educate them better, and place them in an urban community. This kind of action implication is so unrealistic that administrators not only reject outright the

research findings but also ignore researchers even when they have something worth while to say. The administrators want researchers to answer the question : "What should be done to increase the acceptance of family planning with the given resources?"

Several reviews of researches, reports, thoughts, action programmes, etc., have appeared in India in the past decade that give a comprehensive idea on population research. A few bibliographies like those of Dasai (undated); Dubey and Devgun (1969); Goyal (undated); Kapil (undated); Krishnamurthy (1968); Paroek, Chattopadhyay, and Advani (1971); Patankar (undated); and Rao (1968) cover all the researches done in India. Recently, the Family Planning Foundation of India launched a project in which it brought out three volumes dealing with behavioural sciences, demography, and bio-medicine, as status reports on population research in India. A review of these researches shows a gap between the research and action programmes.

Several agencies are doing research in family planning. A Guide to Voluntary Action in Family Planning, published by the Population Council of India, lists 26 such agencies in India. A review of their work indicates again that many efforts have been concentrated on research studies but their action implications are limited.

Research studies and action programmes aimed at influencing people show that very little work has been done in the organized sector which has a lot of potential to contribute to population control.

For example, one area greatly neglected is the educational sector. In their overconcern with the day to day problems, family planning administrators are not as futuristic as they should be. College students are one potential source, as in another 10 years they will be in their adult roles. Population education programmes introduced at these levels will reap great benefit in the future. Unfortunately, very little is being done in this area. Workers in various government organizations are another potential source for some action programmes on family planning. Industrial organizations have great scope to play change agent roles in family planning. A few of them have introduced some action programmes like incentive schemes, opening family planning clinics, etc. to promote family planning. Some researches done in the organized sector are reviewed here.

Morrison's study (1961) on industrial workers was conducted in the Ambarnath area of Bombay. This surveyed only the knowledge and attitudes of industrial workers, and reported the association between personal background factors and attitudes towards family planning. It did not discuss the role of industry in the promotion of knowledge of and attitude towards family planning, although differences in attitudes between industrial workers and some villagers were analysed.

Ramu (1966) analysed the opinions of gold miners from the Kolar Gold Mines and compared their attitudes towards family planning with those of a group of farmers from a nearby district. Fifty-three per cent

of the gold miners were opposed to family planning. Another survey of knowledge of family planning was reported in Family Planning News (CFPI, 1967). This was a survey of 132 families living in the Bhir camp of the Tata Power Company. Mandke (1968) reported a follow up study of 30 vasectomy cases in Kohinoor Mills, Bombay. The social worker of the mill was found to play a vital role in communicating with the workers and motivating them to undergo vasectomy. Incentives did not seem to have influenced the sample studied.

Kamla Rao, Bardhan, and Garg (1968) studied 60 male workers at DCM Chemical Works in an attempt to outline the process of overcoming resistance to change. All the workers were aware of family planning. Insufficient involvement in decision making was a factor contributing to the resistance offered to vasectomy. Although the workers as a group had a favourable attitude towards vasectomy, group pressure did not seem to work as they ultimately resisted vasectomy when it came to individual level decisions. Another survey conducted in this area by Bhogle and Kaur (1972), through a project by the Council for Social Development studied 500 workers from Godrej Factory, Vikhroli, Bombay, and Vazir Sultan Tobacco, Hyderabad. Adoption of family planning practices was about four times higher among the Godrej workers than among the Vazir Sultan workers.

The Indian Chamber of Commerce (1968) surveyed the family planning service facilities available in the industrial area of Bombay. The sample included 416,000 employees from 230 units. Only about 54 per cent of the units provided health facilities to their staff and five per cent undertook some educational work in family planning. However, facilities were provided in 26.5 per cent of the units, covering 52.6 per cent of the employees. The article describes the family planning services available in these units at the time of the survey. Of the 61 units with family planning activities, 46 allowed their employees to take time off during working hours for family planning consultation. Cash incentives varying from Rs. 15 to Rs. 300, and special leave were provided in 40 units for vasectomy. The 60 units reported 14,788 cases of family planning. These included vasectomy and tubectomy cases and users of the loop, the condom, and the oral contraceptive.

Sandhu and Bardwaj (1970), in an article on family planning in industries, observe that some establishments had either attempted to or had done exceptionally well in propagating family planning programmes among their workers. However, in quite a few establishments, no family planning scheme, sponsored by the industry, was in operation, but there was a general willingness among the industries

to undertake this work. Godrej (1971), in a paper presented at the Western Regional Conference on Population Policy held at Ahmedabad, observed that industrialists in our country were in a position to provide leadership and resources for the development of family planning programmes. He also observed that many industrial organizations were showing a keen interest in promoting family planning programmes in the major cities of India.

In the Tata industrial organizations, it is estimated that out of the 110,000 permanent employees, nearly 18,600 have been sterilized. Family planning programmes are launched in a very effective manner in this group of organizations. Cash incentives and other benefits are given to the person undergoing the operation as well as to the motivator. Of the total workforce of 6,239, 1,026 have been sterilized.

To develop family planning programmes more effectively, powerful propaganda and advertisements through radio, television, and other mass media are essential. The Family Planning Association of India (1969, 1970) has brought out some monographs on family planning in industries of some selected towns. There is a great need for research in this area. The role of industries should not be limited to providing family planning service facilities and incentives. Family planning educational programmes should be increased. As a part of the family planning service facilities, research facilities to generate ways and means of motivating employees, if provided, might help to promote the programmes.

Verma and colleagues (1966) and Goyal (undated) covered the railways. These studies were only surveys of the knowledge of, attitude towards, and practice of, family planning, and not of the role of the railways as an organization in family planning promotion, the facilities provided, or the impact of these services.

Tea estates have undertaken some work in promoting family planning. Ridker (1971) reported a savings bank incentive system being tried out in the tea estates of southern India for the adopters of family planning. This effort by the tea estates is indicative of their zeal to work for family planning. Gilroy (1970) conducted a survey of family planning in the tea estates of Assam. The results show that in 10 years, 10,114 people were sterilized and 45,115 women went in for IUCD. The sterilization rate was 13 per 1000 in these estates. The birth rate, previously 38.6 per 1000, decreased to 22.7 per 1000 in 1963. These figures indicate a great achievement by these organizations.

A few researches like those by Agarwal (1968) and Tiwari, Marwah, and Murthy (1972) definitely indicate the acceptance of family planning by university employees. However, no organized interest is being taken by universities to provide family planning facilities.

This review reveals that a few organizations in the industrial, commercial, and academic sectors are doing a lot for family planning. But it is not widespread enough to cover the whole organized sector. Often it is said that paucity of financial and other resources hinders the establishment of any effective family planning programme in the organized sector. But the industries, in managing such activities, are sometimes not aware of the internal resources they have.

An example where internal resources were effectively managed for increased acceptance of family planning is an action experiment conducted at the Indian Statistical Institute, Calcutta. Sen Gupta (1965) reported this interesting action experiment which brings out the role an organization can play to promote family planning even if the resources are limited. In this experiment leaders were selected from different sections of the Institute and were given a three-day orientation on family planning. They were then requested to conduct group discussions with workers and act as depot holders to distribute contraceptives. Consequently, about 70 per cent of the workers took contraceptives from these depot holders. Of those, about 55 per cent had not practised family planning prior to this programme. In this programme, internal resources (leaders selected from different departments) had worked as change agents.

Action research programmes of this kind are rare. In fact the research reviewed earlier indicates that a sufficient number of KAP surveys have been made and what is required now is to use these surveys for promoting further family planning in industries. While KAP surveys are useful in knowing where the members of an organization stand in relation to family planning activities, they should not be ends in themselves. The use of the information provided by these studies for action programmes would carry the efforts much nearer to the goals.

2. Objectives of Present Study

It is in the context of the existing state of affairs of the family planning work in the organized sector that this action-research study was undertaken. The following assumptions were the starting points for this study:

1. Industries offer a great scope for family welfare activities through family planning and population control work.
2. Industries have with them internal human resources which can act as potential change agents to bring about change in the family welfare behaviour of industrial labour.
3. Researches in the form of KAP surveys have indicated the scope, but have not been used effectively for bringing about such a change.
4. Through the use of research data and by identifying internal change agents, family welfare activities in industries can be managed effectively with minimal resources.
5. The work done in the area of family planning by government agencies offers ample support to the kind of activities outlined above.

These assumptions bring out the need to (a) identify internal human resources, (b) conduct research to help the internal resources work out strategies of change and increase welfare activities in industries, (c) use the results of such research in working out strategies and strengthening the internal resources identified, (d) participate in bringing about change, and (e) evaluate the effects.

The organized sector has already identified the role of the welfare officer who looks after the family welfare of the workers, as legitimate. In an industrial organization, the welfare officer assumes a key role in transmitting the problems of workers to the top management and implementing welfare policies which are formulated at the management level. It should be possible for the welfare officer to play an increasingly important role as a link between the family planning needs of the workers and the policies of the management. Keeping in view this strategic (and change agent) role of welfare officers, the existing research findings, and suggestions made by Pareek and Rao (1974), this project attempted a research-cum-action programme for welfare officers in some selected industrial organizations in Ahmedabad city.

The objectives of this study were:

1. To study the role of labour welfare officers in the organization, their attitudes towards family planning, their adoption behaviour, and their motivation to play an extension agent role for helping workers accept family planning practices.

2. To collect baseline data, in the selected undertakings, concerning health, education, welfare and family planning facilities offered to the employees.
3. To study the perceptions, motivation, and adoption behaviour of textile workers in relation to family planning.
4. To study the factors associated with the acceptance of family planning and the problems related to the acceptance and effective adoption of family planning practices.
5. To conduct a seminar for change agents (welfare officers) on the basis of the information collected so as to equip them, through training, with the knowledge, attitude, and skills required to perform the role of extension agents and to carry the message to the workers.
6. To study the effects of such an action programme in terms of the increased acceptance of family planning at the worker level and the impact on the health and satisfaction of the workers.

Approach and Design

The textile industry, a dominant industry in and around Ahmedabad (having a cluster of 62 mills) was taken up for this study. Each of these 62 mills had at least one labour welfare officer. About two lakh workers were under the charge of these labour welfare officers. There was no standard policy on welfare activities and duties of the welfare officer applicable to all the mills, so it was necessary to study the role of welfare officers and their activities. The results of this role analysis were to form the basis for selecting 20 mills for the

baseline survey. The baseline survey, to be conducted on the workers in these 20 selected mills, had the objective of studying the perceptions, motivations, extent of adoption of family planning methods, and health status of these workers. On the basis of the information gathered from this baseline survey, half the mills (10) were to form the experimental group and the other parallel half, the control group. The control group was designed to compare the programme effects when other inputs from other sources were likely to intervene. The experimental condition involved was a one-week seminar for welfare officers of the experimental mills in which they would use the baseline data of their mills for diagnostic purposes and for working out strategies of change. The experimental condition also included a follow-up of the experimental group of welfare officers through reviews and monitoring over a period of three years.

Survey Questionnaire for Welfare Officers

After discussions with a few welfare officers a questionnaire was drawn up. It contained three parts. Part A elicited background information about the welfare officer, the mill, family planning activities in the mill, and the management's attitude towards family planning. Part B had questions regarding the various activities performed by the welfare officer and the activities he would like to perform. Part C assessed the attitude of the welfare officer to

family planning. The questionnaire had 18 items to be checked on agree/disagree dimensions. These items were taken from Kothandapani's (1971) monograph A Psychological Approach to the Prediction of Contraceptive Behaviour. The "Feeling Scale," "Belief Scale," and "Intention to Act Scale" of Guttman, which were part of 13 scales designed by Kothandapani (1971), were included in the questionnaire. From the same monograph, Osgood's "Semantic Differential Scale" was also taken. Three pairs of adjectives listed in that scale were dropped and four more were added. There were in all 11 pairs of adjectives. There were also several questions on the family planning techniques adopted by the welfare officer. A copy of the questionnaire is appended as Exhibit 1.

The questionnaire was sent to welfare officers of 57 mills. Welfare Officers from 17 mills responded promptly to the questionnaire. The responses were coded and scored for each part. Another three mills were directly contacted and permission was granted for conducting the survey in these three mills. Welfare officers from these mills were selected for conducting the survey on workers. A list of these 20 mills is appended as Exhibit 2.

Survey Questionnaire for Workers

As mentioned earlier, the data collected through the survey questionnaire from workers would form the basis for the training and action programme. The questionnaire had to be so designed as to elicit

a fair amount of background information on the living conditions of the mill workers including their family background, children, family structure, housing, education, income, experience, and previous exposure to urban life. Such background information about the workers would help welfare officers understand their workers better and facilitate the generation of functional strategies for a family planning programme in the mills. While welfare officers have some awareness of this information, the survey results were expected to systematize the information.

For any action programme, besides understanding the living context (background) of the client, information on his position with regard to the activity is very important. Thus a welfare officer would be able to work out a strategy or strategies for organizing a family welfare programme for the workers of his mill well if he knows, in addition to the above, (a) the present level of knowledge of the workers on different techniques of family welfare planning, (b) their attitudes towards a small family, (c) their source of knowledge and the bases of their attitudes, (d) their acceptance rates, and (e) their perception of the relationship between the size of the family and the family welfare status. Such information would have both research and action implications.

Thus, the final questionnaire was designed to collect information on all the different aspects mentioned above. It had five parts dealing with (a) background and socio-economic data, (b) attitude to a small family, (c) knowledge about the various methods of family planning, (d) acceptance of family planning techniques and sources of information, and (e) perception of the relationship between health and a large number of children. The survey questionnaire is reproduced in Exhibit 3.

Part 1 of the questionnaire had 19 questions on background, living conditions, socio-economic status, family structure, etc., of the husband and wife.

Part 2 had 19 statements about family size which required a 'yes' or 'no' answer. These 19 statements formed a scale to measure the attitude towards family size. The scale was developed by Sengupta (1966). The number of positive responses towards a small family would give the score of the respondent on this scale. Thus a maximum score of 19 and a minimum score of 0 could be obtained on this scale.

Part 3 included questions on the various techniques of family planning. These questions assessed knowledge about vasectomy, tubectomy, the condom, and the loop. The dimensions of knowledge

included awareness of the method, facilities offered by the government for those practising it, how it is administered, interference with work, possibility of having children, change in sexual experience, and after-effects of the method. Multiple-choice items were used.

Part 4 dealt with the acceptance of family planning techniques. The frequency of use, time of adoption, sources from where information was procured, etc., were assessed. These questions were taken from the study by Verma (1973). Questions on the workers' expectation from management in regard to family planning services were included.

Part 5 included questions on the worker's perception of his health, his wife's health, and the health of his children. The aim was to study the perceived effect of every additional child on the health of the parents and the health of the child. It was hypothesized that with each additional child the health of the mother would suffer and the health of the child would also be consequently affected.

Conducting the Survey

Five field investigators who had experience in family planning work were employed for data collection. Some methodological details about interviewing and the use of the questionnaire were explained to them. A random sample of 100 workers in the age range of 20 to 45 years

was selected from each mill for the survey. In some cases the welfare officers helped in selecting the samples. The textiles industry employed men as a matter of policy, hence most of the respondents were men and some of them unmarried. Thus the sample consisted of 100 workers from each of the 20 selected mills. It took about two months for the five investigators to complete the 2,000 interviews conducted in the local language. The interviews were conducted on the mill premises throughout the day. Some of the workers had to be contacted at their homes in the chawls adjoining the mill concerned.

Each interview lasted 30 to 45 minutes. The respondents were hesitant to give information. Rapport building took some time in each interview. There was no difficulty in making the workers understand the questions.

Data thus collected was analysed for trends. Data from all the 20 mills was pooled to study the general background patterns of textile mill workers, with regard to the five major areas of the questionnaire. These trends for all the 2,000 workers ~~are~~ presented in the next chapter.

Training of Welfare Officers

The seminar for welfare officers in the experimental group consisted of sessions on motivation, technical information, organizational diagnosis, action plans, and commitments for future activities. This content reflected the assumption that training could help the welfare officers to not only improve their motivational level but could also give them an opportunity to learn about strategy formulation. The resource persons for the seminar were drawn from the IIMA as well as from outside. Several training methods including micro-lab, case discussion, lectures, group discussion and audio-visual aids were used in the seminar. Strategy formulation and commitment to action were focussed upon in the seminar. Contents of the seminar are summarized in Exhibit 4.

Monitoring and Evaluation

In the actual development of FP programmes in the mills, the researchers had intervened minimally. The assumption here was that the welfare officer ought to be able to develop programmes within the constraints imposed by the organization and the attitude, knowledge and practice of FP by the mill workers. Welfare officers were encouraged to undertake periodical reviews and monitor their performance with a view to helping each other. Such reviews provided a forum for exchange of experiences and information.

The task of evaluating the progress of experimental group mills and contrasting this achievement vis-a-vis that of control group was finally undertaken by the principal investigators. Instead of attempting a repeat survey of KAP type, a detailed questionnaire was administered to the welfare officers belonging to both experimental group as well as control group. This questionnaire is reproduced in Exhibit 5. Based on the data generated, the following analytic models were adopted:

Model I : Experimental Group

Profile of Welfare Officers 1974	Profile of workers 1974	Profile of achievement 1977
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Model II : Experimental vs. Control Groups

Profile of experimental group 1977	Profile of control group 1977	Significant differences
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It was assumed that the two models would throw up data to test the hypothesis that welfare officers could play the extension agent role in family planning.

Organization of the study

The study is divided into six chapters. The subsequent chapters 2, 3, 4, and 5 analyse specific stages in the action research. Chapter 6 puts the research data in the perspective of future direction.

Chapter 2 is concerned with the base-line survey of workers in the twenty mills. Certain patterns of attitude--knowledge--practice--health emerged from the survey. This pattern analysis is further probed for possible future strategies.

Chapter 3 presents the data on welfare officers in the experimental group. An attempt is made to build a profile of welfare officers which could reflect the constraints within which the welfare officer had to operate. The motivational and organizational constraints are then juxtaposed against the workers' profile developed in Chapter 2. The challenges that lie ahead for welfare officers are identified.

Chapter 4 discusses in detail the training programme which enabled the experimental group welfare officers to strengthen their motivation for FP activities, to be exposed to the technical details of FP methods, and to work out the strategies for developing FP programme in their organizations.

Chapter 5 analyses the efforts which welfare officers made to develop FP programmes in their organizations. It also provides some indicators of the progress achieved by the welfare officers.

Chapter 6 summarises the findings of this study. Some action implications are highlighted for the purpose of further research in the field of family planning and welfare.

CHAPTER 2

THE TEXTILE MILL WORKER : A PROFILE

A. Background and Orientations to Family Planning

This chapter analyses various characteristics of the sample. A survey of the background factors and orientations of the workers was necessary to understand the nature of the sample at the time of the action programme. The data also would help welfare officers to plan and design strategies for working with this sample.

I. Socio-economic Background

Sex

The distribution of the sample by sex is presented in Table 2.1.

Table 2.1

Distribution of the Sample by Sex

<u>Sex</u>	<u>Per cent</u>
Male	97.90
Female	2.10
Total	<u>100.00</u>

Marital Status

The marital status of the sample surveyed is presented in Table 2.2. The small number of single had to be included as they formed part of the sample selected on the basis of the age.

Table 2.2

Marital Status of the Respondents

<u>Marital status</u>	<u>Per cent</u>
Married	98.95
Single	1.05
Total	<u>100.00</u>

Age

The age distribution of husbands and wives is presented in Table 2.3

Table 2.3
Age of Husband and Wife

Age group : husband (years)	No.	Per cent	Age group: wife (years)	No.	Per cent
Upto 25	137	6.85	Upto 20	152	7.60
Between 25 and 35	902	45.10	Between 20 and 30	974	48.70
Between 35 and 50	961	48.05	More than 30	874	43.70
Total	<u>2000</u>	<u>100.00</u>	Total	<u>2000</u>	<u>100.00</u>

Education

Table 2.4 presents the level of education in the sample separately for husband and wife. About 70 per cent of the husbands and 90 per cent of the wives had not even completed high school.

Table 2.4
Education of Husband and Wife

Level of education	Husband		Wife	
	Number	Per cent	Number	Per cent
Illiterate or not applicable	323	16.15	1042	52.10
Less than high school	1118	55.90	775	38.75
High school	507	25.35	168	8.40
Graduate and more	52	2.60	15	0.75
	<u>2000</u>	<u>100.00</u>	<u>2000</u>	<u>100.00</u>

Occupation

Table 2.5 gives the distribution of the sample by some occupational categories : unskilled, semi-skilled, and skilled. The distribution of the male sample (husbands) is almost equal in all the categories with a little more concentration in the 'unskilled' category. The distribution of the female sample (wives) differs; there is a predominant concentration in the 'stay at home' category with 96 per cent of the wives staying at home. Staying at home may have implications for the method of contraception preferred. For example, one of the considerations for tubectomy may be whether the wife is working or stays at home.

Table 2.5

Occupation of Husband and Wife

Occupation	Husband		Wife	
	Number	Per cent	Number	Per cent
Stays at home or not applicable	11	0.55	1929	96.45
Unskilled	862	43.10	29	1.45
Semi-skilled	683	34.15	36	1.80
Skilled	444	22.20	6	0.30
Total	2000	100.00	2000	100.00

Income

Income in the textile industry is directly related to the nature of the work. Since almost all the husbands work, 99.45 per cent of the husbands in the sample had an income, the concentration being in the Rs. 200 to Rs. 400 per month category. The wives were mainly concentrated in the 'no income' category, obviously as about 96 per cent of them stayed at home. Table 2.6 shows the detailed distribution.

Table 2.6
Distribution by Income of Husband and Wife

Income category	Husband		Wife	
	Number	Per cent	Number	Per cent
No income or not applicable	11	0.55	1929	96.45
Up to Rs. 200	19	0.95	21	1.05
Rs. 200 - Rs. 400	1755	87.75	43	2.15
More than Rs. 400	215	10.75	7	0.35
Total	2000	100.00	2000	100.00

Type of Family

The percentage of respondents living in joint families or nuclear families is presented in Table 2.7. A little more than half of the respondents lived in single families, while the rest lived in joint families.

Table 2.7
Type of Family

Type of family	Number	Per cent
Single-family	1166	58.30
Joint family	834	41.70
Total	2000	100.00

Environment in the First Fifteen Years of Life

Most of the labour force has its origin in villages. In this sample more than half the respondents had spent their early childhood in a rural environment and a little more than a third had spent their childhood in an urban environment (Table 2.8)

Table 2.8
Environment in Childhood

Environment in childhood	Number	Per cent
Rural		55.05
Rural and urban	143	7.15
Urban	756	37.80
Total	2000	100.00

Length of Stay in Urban Areas

Table 2.9 gives the distribution of the sample by the number of years of stay in urban areas. About 80 per cent of the sample had been in urban areas since the last 10 years or so.

Table 2.9
Length of Stay in Urban Areas

Length of stay in urban areas (years)	Number	Per cent
Less than 5 years	85	4.25
Between 5 and 10 years	322	16.10
More than 10 years	1593	79.65
Total	2000	100.00

Type of Accommodation

More than 80 per cent of the respondents lived in one room or one room and a kitchen. The remaining 20 per cent had bigger accommodation (Table 2.10).

Table 2.10
Type of Accommodation

Number of rooms	Number	Per cent
One room	920	45.95
One room & kitchen	767	38.35
Two rooms & kitchen	220	11.05
Three & more rooms and kitchen	93	4.65
Total	2000	100.00

Toilet and Bathroom Facilities

About 50 per cent of the respondents did not have any facilities for a bathroom and about 32 per cent did not have any toilet facilities. The rest of the respondents had common or separate facilities for both bathroom and toilet (Table 2.11).

Table 2.11
Facilities for Toilet and Bathroom

Type of facility	Toilet		Bathroom	
	Number	Per cent	Number	Per cent
No facility	992	49.60	640	32.0
Common facility	490	24.50	903	45.15
Separate facility	518	25.90	457	22.85
	2000	100.00	2000	100.00

Age of Marriage

Information on the age of marriage was collected separately for husband and wife. More than 60 per cent of the respondents were married before they were 20 years old. Thirty-five per cent of the wives were less than 15 years old when they were married and 64 per cent were between 15 and 25 years old. Table 2.12 shows the actual distribution separately for husband and wife.

Table 2.12

Age of Husband and Wife at Marriage

Age group : husband (years)	No.	Per cent	Age group : wife (years)	No.	Per cent
Up to 20	1239	61.95	Up to 15	707	35.35
Between 20 and 30	733	36.65	Between 15 & 25	1292	64.10
More than 30	28	1.40	More than 25	11	0.55
Total	2000	100.00	Total	2000	100.00

Number of Children

Table 2.13 gives the distribution of respondents according to the number of male and female children and children dead. A little more than 20 per cent of the respondents had no male child and about 70 per cent of the respondents had between one and three male children. The remaining 10 per cent had more than three male children. A little

more than 25 per cent of the respondents had no female child and about 65 per cent had between one and three female children. The remaining 10 per cent had more than three female children. About 35 per cent had lost up to three children. The remaining three percent had lost more than three children.

Table 2.13

Number of Children

Number of children	Male Children		Female children		Children dead	
	Number	Per cent	Number	Per cent	Number	Per cent
None	449	22.45	551	27.55	1240	62.0
One	568	28.40	638	31.90	392	19.60
Two	510	25.50	439	21.95	214	10.70
Three	274	13.70	229	11.45	90	4.50
Four	122	6.10	89	4.45	40	2.00
Five	52	2.60	45	2.25	11	0.55
Six	22	1.10	6	0.30	6	0.30
Seven	3	0.15	3	0.15	5	0.25
Eight	0	0	0	0	2	0.10
Nine and more	0	0	0	0	0	0
	2000	100.00	2000	100.00	2000	100.00

II. Attitude to a Small Family

Nineteen statements requiring a yes/no response were included in this part of the questionnaire which covered the attitude of the workers to a small family. A positive response to each statement indicated a favourable attitude to a small family and hence implied a favourable attitude to family planning. Thus a maximum score of 19 indicated 19 positive responses and a minimum score of zero indicated no positive response.

Respondents scoring 0 to 10 positive responses were grouped in the "low" positive response category, respondents scoring 11 to 14 positive responses were grouped in the "medium" category, and respondents scoring 15 to 19 positive responses were grouped in the "high" category. Table 2.14 shows the distribution of the sample according to these categories. Almost 90 per cent of the respondents were in the high category; seven per cent in the low category, and three per cent in the medium category.

Table 2.14

Attitude to a Small Family

Attitude as a score	Number	Per cent
Low (0-10)	144	7.20
Medium (11-14)	72	3.60
High (15-19)	1784	89.20
Total	2000	100.00

Mean score = 16.20; Standard deviation = 4.56.

On the whole, the sample had a very positive attitude to a small family. This was probably the result of the several programmes that were in operation to bring about an increase in the awareness level and a change in the attitudes of the workers.

III. Knowledge of Family Planning Techniques

This part of the questionnaire covering knowledge of family planning techniques included questions on four techniques of family planning — vasectomy, tubectomy, the condom, and the loop. The questionnaire had five questions each on vasectomy, tubectomy, and the condom and six questions on the loop. These questions covered different aspects of the method concerned (awareness, technical information, etc.) Each question had a correct answer. For every correct answer one point was assigned. If the respondent gave all correct answers on a particular method indicating "complete knowledge" he scored five points each on vasectomy, tubectomy, and the condom, and six points on the loop. If no answer was correct, it indicated a zero score on the method. Respondents getting zero scores were grouped under the "no knowledge" group. Respondents having scores ranging from 1 to 4 on vasectomy, tubectomy, and the condom each and a score of 1 to 5 on the loop were grouped under the "inadequate knowledge" group. Respondents getting full scores for each method were grouped under the "complete knowledge" group. The percentage of respondents under each group is presented in Tables 2.15, 2.16, 2.17, and 2.18. The mean scores are also presented in the tables.

Knowledge of Vasectomy

At the time of this survey, almost 27 per cent of the respondents had no knowledge of vasectomy, about 68 per cent had inadequate knowledge and 11 per cent had complete knowledge of vasectomy (Table 2.15).

Table 2.15
Knowledge of Vasectomy

<u>Level of knowledge</u>	<u>Number</u>	<u>Per cent</u>
No knowledge (zero point)	539	26.95
Inadequate knowledge (1 to 4 points)	1233	61.65
Complete knowledge (5 points)	228	11.40
Total	2000	100.00

Mean score = 2.69; Standard deviation = 1.83.

Knowledge of Tubectomy

About 18 per cent of the respondents had no knowledge of tubectomy. Almost 45 per cent had complete knowledge and 37 per cent had inadequate knowledge of tubectomy (Table 2.16).

Table 2.16
Knowledge of Tubectomy

Level of knowledge	Number	Per cent
No knowledge (zero point)	366	18.30
Inadequate knowledge (1 to 4 points)	729	36.45
Complete knowledge (5 points)	905	45.25
Total	2000	100.00

Mean score = 3.11; Standard deviation = 1.73.

Knowledge of the Condom

Fifty per cent of the respondents had complete knowledge of the condom. About 42 per cent had inadequate knowledge and eight per cent had no knowledge about the condom (Table 2.17).

Table 2.17
Knowledge of the Condom

Level of knowledge	Number	Per cent
No knowledge (zero point)	166	8.30
Inadequate knowledge (1 to 4 points)	829	41.45
Complete knowledge (5 points)	1005	50.25
Total	2000	100.00

Mean score = 3.74; Standard deviation = 1.62.

Knowledge of the Loop

About 35 per cent of the respondents had no knowledge of the loop and a little more than 50 per cent had inadequate knowledge. About 13 per cent had complete knowledge of the loop (Table 2.18).

Table 2.18
Knowledge of the Loop

Level of knowledge	Number	Per cent
No knowledge (zero point)	701	35.05
Inadequate knowledge (1 to 5 points)	1041	52.05
Complete knowledge (6 points)	258	12.90
Total	2000	100.00

Mean score = 2.74; Standard deviation = 2.31.

Scores on different methods were added up to get a comprehensive knowledge score. Thus a minimum composite score of zero and a maximum composite score of 21 was possible theoretically for the methods described above. An extra point was assigned for knowledge of any other method assessed in response to an additional item in the questionnaire. This gave a maximum composite score of 22 on knowledge. The range from 0 to 22 was divided into four categories -- "low" ranging from 0 to 4, "low medium" ranging from 5 to 9, "high medium" ranging from 10 to 15, and "high" ranging from 16 to 22. Table 2.19 shows the distribution of the sample in these four categories. A mean composite knowledge score was also computed.

Almost 40 per cent of the respondents fell in the high category. About 30 per cent were in the high medium and about 25 per cent in the low medium category. The low category had about five per cent of the respondents.

Table 2.19
Composite Knowledge of Family Planning Techniques

Level of knowledge	Number	Per cent
Low (0 to 4 points)	105	5.25
Low medium (5 to 9 points)	491	24.55
High medium (10 to 14 points)	591	29.55
High (15 to 22 points)	813	40.65
Total	2000	100.00

Mean score = 12.39; Standard deviation = 5.73.

To summarize, the data on knowledge of family planning techniques suggests that the condom was the most popular with 50 per cent of the sample having complete knowledge about it. Only 18 per cent of the sample had complete knowledge about tubectomy and 12 per cent about vasectomy. The knowledge about the loop was also low with only 13 per cent knowing it. On the whole, about 41 per cent of the respondents were aware of the various techniques of family planning.

IV. Acceptance of Family Planning

This part of the questionnaire dealing with the acceptance of family planning included questions on 12 variables of miscellaneous nature. The variables included were knowledge of family planning before marriage, sources of knowledge of family planning, the best technique of family planning, the technique of family planning adopted, the reason why respondents considered the adopted technique appropriate, source of supply of contraceptives, the time when family planning was first practised, discontinuance of the technique first adopted, reason for discontinuance, attitude towards abortion as a family planning technique, and the sources of counselling on family planning. Questions on each of these variables had a set of alternatives and the respondent was to mention the alternative of his choice. Each variable is described and explained below.

Knowledge of Family Planning before Marriage

Ninety-eight per cent of the respondents stated that they had no knowledge about family planning before marriage.

Sources of Knowledge of Family Planning

The different sources listed by the workers were grouped into three categories -- "factory-related" sources, "family planning agency-related" sources, and "other sources." The percentage of respondents

mentioning each of these sources is given in Table 2.20. About 20 per cent of the respondents had learnt about family planning from factory-related sources and about 24 per cent had learnt from family planning agency-related (government organized) sources. Nearly 30 per cent of the respondents had learnt about family planning from other sources (friends, neighbours, etc.) and a little more than 23 per cent had learnt from more than one source. The "not applicable" category in Table 2.20 includes those who were not aware or were unable to identify the sources and other miscellaneous responses.

Table 2.20

Sources of Knowledge of Family Planning

Source	Number	Per cent
Factory-related	412	20.60
Family planning agency-related	469	23.45
Others	592	29.60
Learnt from more than one source	464	23.20
Not applicable	63	3.15
Total	2000	100.00

Best Technique of Family Planning

Table 2.21 gives the distribution of the sample according to the technique of family planning perceived as best. About 10 per cent of the respondents did not consider any method of family planning good. This brings out the need to develop new techniques that will be of interest to these groups of respondents. The World Health Organization (WHO) has recently taken up a study to find out combinations of family planning methodological attributes that may have good acceptance. Almost 62 per cent thought that sterilization was the best technique, while 26 per cent thought that the condom was the best method. It is interesting to note a generally favourable attitude of the respondents to tubectomy as compared to vasectomy. The small popularity of the other techniques in terms of granting the method the "best technique" status could be partly due to poor knowledge.

Table 2.21
Best Technique of Family Planning

Technique	Number	Per cent
Tubectomy	768	38.40
Vasectomy	467	23.35
Condom	517	25.85
Loop	23	1.15
Pill	5	0.25
Rhythm method	7	0.35
Coitus interruptus	7	0.35
Not applicable (no response, no knowledge, etc.)	206	10.30
Total	2000	100.00

Technique of Family Planning Adopted

Table 2.22 shows the distribution of respondents by the technique of family planning adopted. About 33 per cent of the respondents did not use any family planning method. About 25 per cent had got themselves or their spouses sterilized and about 40 per cent reported using contraceptives. About two per cent of the respondents practised the natural method of family planning.

Table 2.22
Technique of Family Planning Adopted

<u>Technique:</u>	<u>Number</u>	<u>Per cent</u>
Tubectomy	387	19.35
Vasectomy	126	6.30
Condom	642	32.10
Loop	121	6.05
Pill	36	1.80
Rhythm method	24	1.20
Coitus Interruptus	10	0.50
None	654	32.70
Total	2000	100.00

Reason for Adopting a Technique

Table 2.23 gives the distribution of the respondents according to the various reasons given for adopting a particular method of family planning. About 33 per cent did not practise family planning so the question was not applicable to them. Economic considerations seemed to be the main reason for the adoption of any particular method of family planning for most of the respondents.

Table 2.23

Reason Why Respondents Considered the Adopted Technique Appropriate

Reason	Number	Per cent
Not applicable	654	32.70
Economical	725	36.25
Safe for husband/wife	141	7.05
Easily available	248	12.40
Not associated health problem	216	10.80
Lack of knowledge of other methods	16	0.80
Total	2000	100.00

Source of Supply of Contraceptives

Table 2.24 gives the distribution of the respondents according to the various sources of supply of contraceptives. The question was not appropriate to about 58 per cent of the respondents because they

had adopted a permanent method or because they were not users of any method. For about 33 per cent, the sources of supply of contraceptives were mainly ESIS, urban welfare centres, and mill dispensaries. About five per cent got their supply of contraceptives from the open market and the remaining four per cent got their supply from government, social welfare, or family planning agencies.

Table 2.24
Source of Supply of Contraceptives

Source	Number	Per cent
Not applicable	1156	57.80
ESIS	197	9.85
Urban Welfare Centres	308	15.40
Government agency	37	1.85
Mill dispensary	143	7.15
Social welfare agency	27	1.35
Local family planning centre	37	1.85
Open market	95	4.75
Total	2000	100.00

Time When Family Planning was First Practised

Table 2.25 gives the distribution of the sample according to the time when family planning was first practised by the respondents. Thirty-three per cent of the respondents did not practise family planning. Almost four per cent started practising family planning before their first child was born, 26 per cent started practising after their first child, about 33 per cent started practising after their second, third, fourth, or fifth child was born, and four per cent started practising family planning after their sixth child.

Table 2.25.

Time When Family Planning was First Practised

<u>Time when FP was first practised</u>	<u>Number</u>	<u>Per cent</u>
Not applicable	654	32.70
Before the first child	78	3.90
After the first child	511	25.55
After the second child	257	12.85
After the third child	197	9.85
After the fourth child	111	5.55
After the fifth child	119	5.95
After the sixth child	73	3.65
Total	2000	100.00

Discontinuance of the Technique First Adopted

Table 2.26 gives the distribution of the sample according to the discontinuance of the family planning technique used. Almost 46 per cent of the respondents had discontinued the practice of the family planning technique they had first adopted, while 28 per cent had not done so. The remaining 33 per cent did not practise family planning. It may be noted, however, that those who had discontinued the practice of the family planning technique first adopted included some respondents who underwent sterilization at a later date.

Table 2.26

Discontinuance of the Technique First Adopted

Discontinued the practice of the technique	Number	Per cent
Not applicable	654	32.70
Yes	910	45.50
No	436	21.80
Total	2000	100.00

Reason for Discontinuance

Table 2.27 gives the distribution of the sample according to the various reasons for discontinuance. The "not applicable" category includes those who had not adopted any technique and those who had not discontinued the use of the technique adopted.

Table 2.27
Reason for Discontinuance

Reason	Number	Per cent
Not applicable	1090	54.50
Was not suitable	14	0.70
Adopted another technique	11	0.55
No reason	103	5.15
No satisfaction	98	4.90
Restriction from husband/wife	13	0.65
Advised by doctor	88	4.40
Wanted more children	575	28.75
Any other reason	8	0.40
Total	2000	100.00

Attitude towards Abortion as a Family Planning Technique

Table 2.28 gives the distribution of the responses of the sample on abortion as a family planning technique. Almost 85 per cent of the respondents did not favour abortion as a family planning technique. About eight per cent favoured abortion as a family planning technique, while another eight per cent favoured it under medical advice only.

Table 2.28

Attitude towards Abortion as a Family Planning Technique

Favour abortion as a family planning technique	Number	Per cent
Yes	154	7.70
Under medical advice	162	8.10
No	1684	84.20
Total	2000	100.00

Sources of Counsel on Family Planning

Table 3.29 gives the distribution of the sample by the various sources of counselling used for counsel on family planning techniques. About 13 per cent of the respondents did not seek counsel on family planning. About 43 per cent went to family planning agencies and the remaining 44 per cent either went to a doctor or to a mill dispensary or to friends or to social workers for advice on family planning.

Table 2.29
Sources of Counsel on Family Planning

Source	Number	Per cent
Not applicable	247	12.35
FP agency	852	42.60
Government doctor	337	16.85
Private doctor	221	11.05
Mill dispensary	269	13.45
Friends	54	2.70
Social workers	20	1.00
Total	2000	100.00

Data on the acceptance of family planning shows that about 98 per cent of the sample did not know of family planning before marriage. The source of knowledge was either the factory and/or the family planning agency and/or other media; the distribution of the respondents was almost equal in each category. About 62 per cent of the sample thought that sterilization was the best technique of family planning, while 26 per cent believed that the condom was the best. About two per cent believed that other techniques like the loop, the pill, and the natural methods (rhythm and coitus interruptus) were the best techniques. About 10 per cent did not think any method of family

planning was the best. About 33 per cent of the respondents did not practise family planning. About 25 per cent of the respondents were sterilized and about 40 per cent used contraceptives. Almost two per cent of the sample practised the natural methods of family planning. Almost 37 per cent of the sample practised a particular method of family planning for economic reasons and about 32 per cent practised a particular method of family planning either because it was safe for the husband/wife or it was easily available or there was no health problem associated with it or because of the lack of knowledge of other methods. About 33 per cent of the sample got their supply of contraceptives mainly from ESIS, urban welfare centres, and mill dispensaries. About five per cent got their supply of contraceptives from the open market and four per cent from government, social welfare, or family planning agencies. Four per cent of the sample started practising family planning for the first time before their first child was born. Almost 26 per cent started practising family planning after their first child was born. About 33 per cent started practising family planning after their second, third, fourth and fifth child was born. Four per cent started practising family planning after the sixth child was born. Almost 46 per cent of the respondents had discontinued the practice of the family planning technique they had

first adopted, while 22 per cent had not done so. Of those who had discontinued, 29 per cent did so because they wanted more children, 15 per cent either for no reason at all or for receiving satisfaction or on doctor's advice. Almost two per cent had discontinued the technique they had adopted either because it did not suit them or because they had adopted another technique or because of restriction from the spouse. About 85 per cent of the sample did not favour abortion as a technique for family planning. The remaining 15 per cent favoured it with or without medical advice. Thirteen per cent of the sample did not seek any counselling on family planning. About 43 per cent went to family planning agencies for counselling and the remaining 44 per cent either went to a doctor or the mill dispensary or friends or to social workers for advice on family planning.

V. Perception of the Relationship between Family Size and Health

This part of the questionnaire divided the past life of the husband into seven stages and that of the wife into six stages, on the basis of the number of children. For each stage the health status of the respondent and his/her wife/husband was categorized into -- "excellent", "good," "neither good nor bad," "poor," and "very poor." These five categories corresponded to a five-point scale with excellent getting five points and very poor getting one point. Mean scores were computed on the five-point scale for each stage. Tables 2.30 and 2.31 show the distribution of the responses in each stage for husband and wife respectively. The mean scores for each stage are also given.

Table 2.30

Health of the Husband

Stage of Life	Number of respondents who considered their health to be						Total	Mean health condition
	Excellent	Good	Neither good nor bad	Poor	Very poor	Not applicable		
	5	4	3	2	1	0		
Childhood	1063	899	25	10	0	3	2000	4.52
Five years before marriage	506	1441	32	4	0	17	2000	4.24
Immediately after marriage and before the birth of the first child	492	1209	55	2	0	172	2000	4.18
Between the birth of the 1st and second child	305	1251	70	3	0	391	2000	4.14
Between the birth of the 2nd and 3rd child	245	971	100	6	0	678	2000	4.10
Between the birth of the 3rd and 4th child	182	702	109	4	0	1003	2000	4.06
Between the birth of the 4th and 5th child	120	465	96	4	0	1315	2000	4.02

Table 2.31

Health of the Wife

Stage of Life	Number of respondents who considered the health of their wife in the respective stage of life as					Total	Mean health condition
	Excellent	Good	Neither good nor bad	Poor	Very poor		
	5	4	3	2	1	0	
Before marriage	1026	875	23	9	0	67	4.49
After marriage and before the birth of the first child	408	1345	68	5	0	174	4.18
Between the birth of the 1st and 2nd child	302	1174	124	10	0	390	4.10
Between the birth of the 2nd and 3rd child	214	902	202	13	2	657	3.98
Between the birth of the 3rd and 4th child	149	600	232	17	2	1000	3.88
Between the birth of the 4th and 5th child	90	362	207	29	3	1300	3.76

The health of the children (for each successive child) was similarly recorded on a five-point scale ranging from excellent to very poor (Table 2.32). The table also gives the mean age and the mean health condition.

The mean health condition declined marginally as the number of children increased. This suggests that with the birth of every child the health of the parents suffers. The declines are indicative of the lack of general awareness of this phenomenon among the respondents.

Table 2.32

Health of the Children

Ordinal position of the child	Health of the child described as					Total	Mean health condi- tion	Mean age
	Excel- lent	Good	Neither good nor bad	Poor	Very poor			
First child	340	1201	217	20	2	22	4.19	12.43
Second child	334	1124	50	8	4	480	4.18	10.56
Third child	314	817	41	5	2	821	4.17	9.33
Fourth child	172	564	42	4	0	1218	4.16	8.44
Fifth child	189	326	25	4	1	1555	4.15	8.04
Sixth child	42	180	15	4	1	1758	4.14	6.85
Seventh child	22	76	5	4	0	1893	4.12	6.93
Eighth child	12	38	4	2	0	1944	4.05	6.40
Ninth child	5	11	4	2	0	1978	3.86	4.10

To see if the decline in the health condition was significant or not, a semi-log type equation was formulated and the test of significance was applied.

The semi-log equation was :

$$\text{Log } Y = a + bt$$

Where 'Y' was the mean health condition, 't' was the stage of life, 'a' was a constant, and 'b' was the rate of decline. From the equation, the 't' ratio was found for the decline in health condition of the husband, wife, and children separately. Table 2.33 shows the rates of decline and the 't' ratios.

Table 2.33

Rate of Decline in Health Condition

Unit of family	Rate of decline	Computed 't' ratio	Degree of freedom
Husband	0.016	5.187	5
Wife	0.026	9.026	4
Children	0.007	3.77	7

The rates of decline were significant at five per cent level suggesting that the decline in the health of the parents with each successive child was real and not due to chance.

B. Comparative Data of the 20 Mills

The descriptions so far dealt with the trends in the attitudes to family welfare planning and in perceptions of health. Four sets of variables, viz., attitude to a small family, knowledge of techniques of family planning, acceptance of these techniques, and perceptions regarding the relationship of family size with health formed the bases of the descriptions. An attempt is made in this section to classify each mill on the basis of its relative standing on each of these variables. With regard to each variable, a mill was classified as falling under one of the three categories: high, medium, and low. Several patterns emerged with the four variables and their three categories each. Only some salient patterns are described here. The results for each of the mills are given in Table 2.34. However, the table provides information (in percentage terms) on only those respondents who had high scores on each variable. For example, 1.8 per cent of the workers from Mill 6 had complete knowledge of vasectomy as against one per cent from Mill 17.

Table 34

Comparative Data on Selected Variables for the 20 Mills

Variable	Mill No.	Percentage of the respondents from the mill having																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
High scores (15-19) on attitude to small family		73	97	87	97	99	99	89	81	98	81	94	95	97	63	100	93	75	99	85	77	
Complete knowledge of Vasectomy		12	5	12	2	5	18	17	27	11	6	12	25	22	4	4	19	1	2	13	12	
Complete knowledge of tubectomy		13	22	17	16	37	18	12	31	14	14	14	15	20	5	28	17	6	22	22	11	
Complete knowledge of the condom		45	95	50	85	62	52	50	23	55	60	48	58	44	10	98	33	21	90	13	3	
Complete knowledge of the loop		11	27	11	16	8	21	7	27	6	6	9	10	12	3	25	8	4	22	14	10	
High composite score on knowledge (15-22)		57	8	39	4	7	62	60	62	54	65	53	58	62	18	4	38	60	10	44	62	
Technique adopted	Tubectomy	21	23	11	25	45	18	17	22	18	18	10	10	15	10	28	17	15	25	23	15	
	Vasectomy	16	6	11	1	0	7	14	8	4	10	4	12	6	3	4	18	3	3	4	2	
	Condom	19	41	42	42	36	36	38	6	47	45	42	40	35	12	34	26	20	35	31	15	
	Loop	19	22	0	24	2	1	2	1	2	2	3	10	1	1	21	0	2	21	1	2	
	Pill	1	5	1	1	2	0	0	0	0	0	0	0	0	0	1	11	0	0	11	3	0
	Coitus interruptus	3	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	7
	Rhythm method	0	0	3	3	3	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	9
	Not applicable	40	3	31	4	2	37	27	63	29	25	43	36	35	73	2	60	60	3	37	50	
	Health (Rate of decline)	Husband	.006	.023*	.028	.024*	.025	.009	.016	.005	.009	.024	.122	.004*	.005	.028	.026	.004	.009	.023*	.023*	.000
Wife		.019	.037	.038	.032	.037	.023	.039	.011	.03	.036	.041	.012	.037	.028	.035	.021	.019	.066	.051	.007	
Children		.019*	.001	.0008	.012	.020	.014	.007	.001	.001	.006*	.010	.006*	.014	.004	.00006	.021	.001	.002	.012	.003	

K E Y

Experimental Group

1. Advance Mill
2. Jupiter Mills
3. Arvind Mills
4. New Shorrock Mills
5. Rustom Jehangir Vakil Mills
6. Maneklal Harilal Mills
7. Nutan Mills
8. Mihir Mills
9. Aryodaya Ginning Mills
10. Ashoka Mills

Control Group

11. Bharat Suryodaya Mills
12. Arun Mills
13. Nagri Mills
14. Soma Textiles
15. Tarun Commercial Mills
16. Saraspur Mills
17. Monegram Mills
18. Marsden Mills
19. Raipur Mills
20. Ajit Mills

On the basis of the results presented in this table, the mills can be classified under some distinct patterns. Some of these are described below. The profile of each mill emerging from these results has implications for any action programme for that mill. A low profile on one variable (say, knowledge on IUCD) may imply that the mill needs to organize programmes to boost up that area. As these profiles form the basis for the action programme of the study, they are described in detail below. Details of the action programme are described in Chapter IV.

1. Attitude — High; Knowledge — Low; Practice — Moderate
Rate of Decline in Health — Moderate :

This pattern was observed in mills 1,3,4,6,18, and 19. The attitude to family planning was positive; more than 80 per cent of the respondents in these mills had a high score. Knowledge of various techniques of family planning was low except for knowledge of the condom which was fairly high. In spite of the low knowledge, the practice level was moderate. (This may be indicative of some blind acceptors). The rate of decline in health seemed to be significant in some cases, whereas in other cases, the health level had improved.

This pattern indicated that a favourable attitude towards family planning was reflected in the practice of family planning by

the respondents. A suitable course of action for mills falling within this pattern would be to develop intensive means of imparting knowledge of family planning techniques, especially sterilization, simultaneously emphasizing the useful role of family planning in improving family health. Blind acceptors needed to be reduced as they posed a danger to the programme in the long run.

2. Attitude -- High; Knowledge -- Low; Practice -- Low; Rate of Decline in Health -- High

This pattern emerged in mills 5,7,9,10,11,15,16,17, and 20.

The attitude to family planning was positive, but the knowledge and practise of family planning techniques were low. In this case, a positive attitude did not appear to have had any impact on either the desire to know more about family planning or on the adoption of techniques of family planning. More than merely a positive attitude was required in these mills to motivate the respondents to accept family planning techniques. The low practise of family planning was also reflected in the high rate of decline in family health.

A suitable course of action for mills falling into this pattern would be to first develop intensive training media for imparting knowledge of family planning and then capitalize on the positive attitude and high knowledge and emphasize the usefulness of adopting family planning techniques.

3. Attitude — High; Knowledge — Moderate; Practice — Low; Rate of Decline in Health — Moderate

This pattern was observed in mills 8, 12, and 13. The attitude to family planning was positive and was supported by a moderate level of knowledge of family planning techniques, but the practice of family planning was still low. Apparently there seemed to be something hindering the practice from reaching a high level. The decline in health in these three mills was not as significant as in other situations. In view of the fact that the practice level was low in this group this result might seem somewhat surprising. Knowledge being moderate, the health condition may have been influenced by the size of the family.

4. Attitude — High; Knowledge — Moderate; Practice — High; Rate of Decline in Health — Low

This pattern was seen in mill 2. The attitude was positive, the knowledge moderate, and the practice high. Here both the positive attitude and the fairly good level of knowledge seemed to have interacted positively to produce a high level of adoption of family planning techniques and consequently the impact on family health was relatively positive.

The appropriate course of action would be to bring the level of knowledge at par with the level of attitude, so that all the three factors would mutually support and reinforce each other and the high levels of all the three -- attitude, knowledge, and practice -- as well as the improved health could be maintained.

5. Attitude — Moderate; Knowledge — Low; Practice — Low;
Rate of Decline in Health — High

This pattern was observed in mill 14. The attitude was only moderate and the knowledge low. With both the factors being unfavourable, practice was low as expected and family health also showed a significant decline.

The appropriate action in this case would be to first develop a positive attitude by emphasizing the good points of family planning and supplement it with an intensive knowledge-imparting campaign. The practice of family planning could then be facilitated to a large extent which in turn would have an impact on family health.

The five patterns which emerge from the comparative data of the 20 mills formed the basis for the action programmes designed by the individual mills in the experimental group. To a great extent the classification in the above categories was arbitrary. With different cut-off points some mills might get reclassified into other categories. The absolute standing of a mill on each variable rather than its relative standing formed the basis of the action programme.

The pattern which emerged for the sample as a whole can be studied from Table 2.35.

Table 2.35

Data on Selected Variables for Total Sample

Variable	Number	Per cent of Respondents
Attitude to small family (15-19)	1784	89.20
Knowledge of vasectomy (Complete Knowledge)	228	11.40
Knowledge of tubectomy (Complete knowledge)	356	17.80
Knowledge of the condom (Complete knowledge)	1005	50.25
Knowledge of the loop (Complete knowledge)	258	12.90
Composite score on knowledge (High scorers 15-22)	813	40.65

Techniques adopted	Tubectomy	387	19.35
	Condom	642	32.10
	Loop	121	6.05
	Vasectomy	126	6.30
	Pill	36	1.80
	Rhythm	24	1.20
	Coitus interruptus	10	0.50
	Not applicable	654	32.70

Rate of decline of health	Rate of decline 't' ratio d.f.		
	Husband	.016	5.187 5
	Wife	.026	9.026 4
	Child	.007	3.770 7

The data of the sample taken as a whole would seem to suggest that despite variations within the sample, there was a significant decline in family health associated with low knowledge and low practise of family planning techniques. Attitude did not seem to make much difference. Although each individual mill would have to develop its own strategy for improving the situation, the data for all the 20 mills implied a need for a collective effort to impart adequate knowledge and motivate industrial workers to adopt techniques of family planning. Only by individual and collective action the mills would attain the objective of improved family health.

CHAPTER 3

WELFARE OFFICERS : ORIENTATION AND CHALLENGE

Although the role of a welfare officer is statutorily defined, it is possible for him to play a change agency role in family welfare activities. This depends crucially upon his own orientation to family planning, the organizational situation which might facilitate or hamper his efforts and the family planning profile of the mill workers. In this chapter, first a brief summary of the survey data for welfare officers is presented, and then an attempt is made to examine the situational variables faced by the welfare officers in the experimental group of mills.

Statutory Duties

The Factories Act 1948 requires that "the occupier of every factory wherein five hundred or more workers are ordinarily employed shall appoint at least one welfare officer." The statutory qualifications and the mode of selection of these welfare officers are also given in the Act. There is also provision of appointing assistant welfare officer or additional welfare officer or both to assist the welfare officer. The welfare officer and the additional welfare officer are supposed to be given status comparable to that of a

departmental head. According to the Act, the post of welfare officer cannot be kept vacant for more than three months. The main duty of the welfare officer is to maintain harmonious relations between the factory management and workers by keeping himself impartial. To ensure that he does not work under the pressure of management it is provided that "if the employer proposes discharge or dismissal of a welfare officer, he shall before taking action, place before the Commissioner of Labour, Ahmedabad, the nature of the proposed action and the ground thereof."

The duties of a welfare officer as described by the Act are as follows:

1. To establish contacts and hold consultations with a view to maintaining harmonious relations between the factory management and workers.
2. To bring to the notice of the factory management the grievances of workers individual as well as collective, with a view to securing their expeditious redress.
3. To study and understand the point of view of labour in order to help the factory management to shape and formulate labour policies and to interpret these policies to the workers in a language they can understand.
4. To watch industrial relations with a view to using his influence to prevent a dispute arising between the factory management and workers and in the event of a dispute having arisen to help to bring about a settlement by persuasive efforts.

5. To advise workers against going on illegal strikes and the management against declaring illegal lockouts, and to help in preventing anti-social activities.
6. To maintain an impartial attitude during legal strikes or lockouts and help to bring about a peaceful settlement.
7. To advise and assist the factory management in the fulfilment of obligations, statutory or otherwise, concerning the application of provisions of the Factories Act 1948, and the Rules made thereunder and to establish liaison with the factory inspector and the Medical Service concerning medical examination of employees, health records, supervision of hazardous jobs, sick, visiting and convalescence, accident, prevention and supervision of safety committees, systematic plant inspection, safety education, investigation of accidents, maternity benefits and workmen's compensation.
8. To promote relations between factory management and workers which will ensure productive efficiency as well as amelioration in the working conditions and to help workers to adjust and adapt themselves to their working environments.
9. To encourage the formation of Works and Joint Production committees, Cooperative Societies and Safety-First and Welfare committees, and to supervise their work.
10. To advise and assist factory management in provisions of amenities, such as canteens, shelters for rest, creches, adequate latrine facilities, drinking water, sickness and benevolent scheme payments, pension and superannuation funds, and gratuity payments.

11. To help the factory management in regulating the grant of leave with wages and explain to the workers the provisions relating to leave with wages and other leave privileges and to guide the workers in the matter of submission of application for grant of leave for regulating authorised absence.
12. To advise and assist factory management in providing welfare facilities such as housing facilities, food-stuff, social and recreational facilities, sanitation, education of children and advise on individual personal problems.
13. To advise the factory management on question relating to training of new starters, apprentices, workers on transfer and promotion, instructors and supervisors, supervision and control of notice board and information bulletins to further education of workers and encourage their attendance at Technical Institutes;
14. To suggest measures which will serve to raise the standard of living of workers and in general promote their well being.
15. To bring to the notice of their right and liabilities under the standing orders of the factory and other rules which grant rights to, and define the duties of workers or which are directed to the discipline, safety and protection of workers and the factory.

The Act also stipulates that the welfare officer shall not deal with any disciplinary cases against a worker or that he will not appear before any conciliation officer or court or Tribunal on behalf of the factory management against a worker or workers.

In the context of such a broad framework, the family welfare and family planning activities could easily be subsumed under the Act. Particularly duties number 12 and 14 outlined in the Act offer

ample opportunities for the welfare officer or the management to organize family welfare activities for workers. Although there is no explicit recognition of such activities under the Act, sincere interpretation would lead to the provision of family welfare schemes for the workers in consultation with the welfare officer. At present, however, it depends to a large extent upon the management's interest in family planning. Such a situation existed in varying degrees among the experimental group of mills.

Profile of Welfare Officers

A survey was conducted to understand the existing role of welfare officers and their orientation to family planning. Data from 17 welfare officers collected through the questionnaire is appended as Exhibit 1. Ten of these officers belonged to the experimental group and the rest to the control group of mills. The profile of all the 17 welfare officers may be analysed on three major dimensions.

Personal Data

Of the 17 welfare officers, 14 were in the age group of 25 to 45 years and three in the age group of 46 to 60. These officers had predominantly an urban background. Four spent the first 15 years of their life in rural areas, two in semi-urban areas and 11 in urban areas. All the officers had a post graduate specialization in

labour welfare or law. In terms of work experience there was a marked heterogeneity. While one officer had work experience of less than five years, eight had between five and 10 years and the rest more than 10 years. All were married, one did not have a child, 10 had two or less than two children, and six had between three and five children. This personal background did not show any difference between the control group and experimental group of mills.

Orientation to Family Planning

There was generally a positive attitude towards family planning. While the majority in both the control and experimental groups had high scores on the items included in the questionnaire there were one or two from each group who did not have a very positive attitude. On the first agree/disagree scale the maximum score of 36 indicated most positive attitude to family planning. On this scale 16 welfare officers scored between 31 and 36 indicating a positive attitude, while only one person scored 22 implying not a very positive attitude to family planning. On the second scale -- a semantic differential scale -- a maximum score of 77 was possible with the high score indicating a more positive attitude to family planning. It was found that 15 welfare officers scored between 58 and 77 indicating a positive attitude to family planning while only two scored between 48 and 51 indicating a not so positive attitude to family planning.

Family Planning Facilities & Activities

The existing facilities and activities were evenly spread between the two groups of mills. It was found that in two out of seven control group mills facilities did exist for family planning activities while in others there were hardly any facilities. In five out of 10 experimental group mills there were some facilities for family planning. Thus 10 mills did not have family planning centres or any other arrangements whereas seven had either a full-fledged family planning centre or some arrangements with hospitals or voluntary agencies. Despite the lack of family planning facilities some activities had been undertaken in the majority of mills. Sixteen welfare officers said that their managements would take a positive view toward family planning if they were to take initiative in promoting the idea among the workers. Only one welfare officer differed on this point.

Present work and future plans

All the welfare officers in the sample were carrying out activities in accordance with the provisions of the Factories Act. However, all the welfare officers from the experimental group and two officers from the control group were also involved in welfare activities such as recreation, education, loan assistance, sports, etc.

The time spent on such activities was limited due to the emphasis on statutory requirements. Nevertheless, this limited involvement in welfare activities had resulted in these welfare officers expanding their role. Therefore they felt that they should not only improve upon the activities which were statutorily required but also be given freedom by managements to develop non-statutory welfare activities such as education, community service, and family welfare among workers. In fact some welfare officers were already involved in family planning activities in their mills.

Welfare Officers in the Experimental Group

Each of the welfare officers in the experimental group faced a set of circumstances which could be called unique. Most welfare officers had positive attitudes to family planning. Only the differences on their practice patterns are presented below.

Case 1

He is 38 years old and has done his BA (Eco) and MLW. He has got 12 years of working experience. His father has a LCPS degree and is doctor. He spent his first 15 years of life in rural area. He is married and is having three children. The oldest is of 10 years, the next of four years and the youngest is of eight months. His wife has undergone tubectomy. At present he is doing work relating to FP, welfare education, medical, publicity and advertisement, sports and routine work. He wants to do work relating to FP, recreation, and culture, surveys and counselling. He does not think that welfare officers need on-the-job training.

His mill has 3500 workers working in three shifts. They do not have any FP Centre of their own, nor do they have any arrangements with other agencies for the same. To promote FP in the mill they are providing cash incentive for operation, contraceptives, and free medical care. The welfare officer thinks that the management's attitude towards FP is positive, and the mill will be interested if he tries to start some promotional activities on family planning.

Case 2

He is of 60 years and has done his B Sc and LLB. He has 32 years of working experience. His father was a non-matric and cloth merchant. He is married and has two sons (32 years and 14 years) and a daughter (23 years). At present he is attending to all the statutory labour matters and other works entrusted by management. He has job satisfaction. He is of the view that on-the-job training is not required for welfare officers.

He is living in a joint family and has never used any contraceptives. For future he will consider, if needed, to use contraceptives.

His mill has 2400 workers and works two full and one partial shifts. His mill does not have a FP Centre of its own but the Red Cross Society advises its workers and organises FP camps. The mill also organises programmes for promotion of FP as advised by the Red Cross Society. The management's view on FP is positive and the welfare officer thinks that the mill will be interested if tries to take up some activities to promote FP.

Case 3

He is 31 years old and has done his B Sc (Hons) and MLW. He has seven years of working experience. His father was SSC and is no more. He spent the first 15 years of his life in an urban area. He is married and has two children. The older one is six years old and the younger one is four years old. He spends 10 per cent of his time each on house keeping, research project and apprentice scheme. His job satisfaction is very high. He spends 10 per cent of his time on

visitors and O & T club from which the percentage of satisfaction derived is moderate. He spends 20 per cent of his time on New India (health scheme) and 15 per cent each on contract labour and training, from them the percentage of satisfaction is very high. He likes to do work on training, visitors, Apprentice Act and research projects and he likes to spend 25 per cent of his time on each of them. He thinks that welfare officers need on-the-job training and they should be trained for induction and correspondence. He is living in a joint family and was willing to use contraceptives.

His mill has 4900 workers and is having three shifts. There is an FP Centre of its own in which two Field Workers and one Social Worker have been employed. The FP Centre is serving the locality around the mill. They have arrangements with the group mill hospital also to promote FP activities. To promote the FP activities in the mill they have employed field workers and social workers. They are also arranging exhibition, film shows, meeting etc. The welfare officer thinks that the attitude of management towards FP is positive and the mill will be interested if he tries to start some more promotional activities on family planning.

Case 4

He is 44 years old and has done his BA (Hons), LLB & MSW. He has 21 years of working experience. His father is an advocate. He spent the first 15 years of his life in an urban area. He is married and is having three sons. The eldest is 20 years old, the next is 18 years old and the youngest is 16 years old. At present he is spending 50 per cent of his time on the work of cooperative societies, recruitment and manpower planning, entertainment programmes, welfare, sports and family planning. The rest on industrial relations. The degree of satisfaction derived from this work is high. He does not think that welfare officers need on-the-job training.

He is living in a joint family, has never used contraceptives, will consider their use when needed.

His mill is having 1800 workers, working in three shifts. Its dispensary is used as FP Centre and one doctor and three compounders are advising workers to adopt FP. When needed the doctor contacts some hospital for operation, etc. To promote FP activities

in the mill they are giving cash incentives, leave, contraceptives and are providing free medical care to those undergoing FP operation. The management's attitude towards FP is positive and the welfare officer thinks that if he starts some promotional activities on FP, the mill will take interest in them.

Case 5

He is 47 years old and has done his B Sc, LLB and DLW. He has 11 years of working experience. His father has expired. He spent the first 15 years of his life in an urban area. He is married and has one son and one daughter. His son is 19 years old and his daughter is 17 years old. At present he is working as a coordinator between his management and various other agencies, e.g. government officers, trade unions, etc. The time taken by each activity depends upon the nature of the work. The satisfaction derived from the work is moderate. He wants to work on education, welfare activities, working condition, and team morale. He does not think that there is any need for on-the-job training for welfare officers.

He feels that birth control encourages people to be immoral. He would like to listen to people who tell him some good things about birth control. He is living in a single family and using contraceptives regularly.

His mill is having 1500 workers, with three shifts. There is no FP Centre, but the mill has an arrangement with Red Cross Society for the purpose. To promote FP in the mill they arrange exhibitions, lectures, etc. He thinks that his management's views on FP are positive and the mill will be interested if he does some promotional activities on family planning.

Case 6

He is 46 years old and has done B Com, LLB & MLW. He has 18 years of working experience. His father was a non-matric. He has spent his first 15 years of life in a rural area. He is married and has a daughter of 23 years and a son of 15 years. At present he is looking after the works regarding textile mill and spends 80 per cent of his office time on it, he gets high and moderate satisfaction from it. After office hours he does some social work and spends 80 per cent of the time on it, here also he gets high and moderate satisfaction. After that he spends 50 per cent of the time on religious works and he gets very high satisfaction from it. He thinks that there is no need of on-the-job training for welfare officers.

He also believes that birth control encourages people to be immoral. He is ready to listen to the people who tell him something good about birth control. He is living in a joint family and is using contraceptives regularly. He is interested in using the contraceptives in future also.

Two thousand and five hundred workers are working in three shifts in his mill. Neither the mill has any FP Centre of its own nor does it have any arrangements with other agencies for the same. No attempt has been made for promotion of FP in the mill. But the welfare officer thinks that the attitude of the management is positive and the mill will be interested if he tries to do some promotional activities on family planning.

Case 7

He is 43 years old and has done BA, B Com, LLB & DLW. He has working experience of 14 years. His father had an LCPS degree, and was a Doctor, now he is no more. He spent the first 15 years of his life in an urban area. He is married and is having two children, a daughter of 14 years and a 12-year old son. At present he is looking after the statutory welfare activities from which he is deriving very high satisfaction. Besides, he is attending labour and conciliation courts from which he is getting high satisfaction. He also maintains the compound and works for liason between different contractors, from which he gets moderate satisfaction. He coordinates the work of different social agencies too. From it also he gets very high satisfaction. He wants to involve himself in statutory activities, extra curricular activities and in coordinating the work of different social agencies. He thinks that welfare officer needs on-the-job training and they should be trained in recruitment **selection & placement**, in implementation of social services by modern methods and in conducting sports, games and dramatics.

There are 1800 workers in his mill. The mill is having two full shifts and one partial shift. His mill has no FP Centre of its own, but it has arrangements with Ashoka Mill hospital whose motivators visit the mills, distribute contraceptives and arrange operations. The mill organizes lectures, exhibitions, personal contacts, and takes the help of specialised agencies to promote FP activities in the mill. The welfare officer thinks that the attitude of management toward FP is positive and the mill will take interest if he starts some promotional activities on family planning.

Case 8

He is 36 years old and has done his BA & MSW. He has working experience of 10 years. His father has a BE (Civil) degree and was an Executive Engineer in the Government. He spent his first 15 years of life in a semi-urban area. He is married and has a child of 8 months. At present he is spending about 80 per cent of his time on works required under the Factories Act, 15 per cent of the time on personnel functions and 5 per cent of the time on allied activities. Satisfaction derived from the work to be done under the Factories Act is high and from personnel functions and allied activities is moderate. He wants to spend 75 per cent of his time for work required under the Factories Act and 25 per cent of the time for personnel functions. He is of the view that welfare officers require on-the-job training and they must be trained in working and technology of manufacturing process and relationship pattern between management and union.

There are 2500 workers in his mill and they are working in three shifts. The mill has neither a FP Centre of its own, nor does it have any arrangement with other agencies. The welfare officer is not sure about the promotional activities of FP in his mill. But he thinks that the attitude of management towards FP is positive and the mill will be interested if he tries to start some promotional activities of FP in the mill.

Case 9

He is 28 years old and has done B Sc, LLB & MLW. He has four years of working experience to his credit. His father is a graduate and is Director of Calico Mills. He is married and has one child of nine months. He spent his first 15 years of life in an urban area. At present he is spending 75 per cent of office time on recruitment of employees and deriving very high degree of satisfaction from it. The rest of his time is spent on welfare activities, sports club, personal difficulties of the staff, etc. The degree of satisfaction derived from it is high. He wants to spend 75 per cent of his time on personnel work and 25 per cent on welfare activities of the mill. He is of the view that on-the-job training should be given to the welfare officers and they should be trained in welfare activities.

He is working in a mill having 2450 workers and three shifts. There is no FP Centre in his mill, but provides some monetary incentives to the worker undergoing FP operation. He feels that his management's view on family planning is positive and the mill will be interested if he starts some promotional activities on family planning.

Case 10

He is 35 years old and has done his B Sc (Hons), LLB & DLW. He has working experience of 11 years. His father is an SSC and is a Post Master. He spent the first 15 years of his life in an urban area. He is married, but no children. He spends 30 per cent of his time on welfare activities and 20 per cent time in personnel work, the degree of satisfaction derived from these is very high. He spends remaining 30 per cent of his time on PF & ESI work, 10 per cent on insurance and 10 per cent on FP Centre, from them he derives a high percentage of satisfaction. He wants to spend 50 per cent of the time on welfare activities and 50 per cent on recruitment and other administrative work. He feels that welfare officers need on-the-job training and should be trained according to the firms' needs.

His mill is having 2450 workers working in three shifts. The mill has a FP Centre of its own having two doctors (one male and one female), two extension educators, two field workers, one accountant and an ayah. The Centre is serving the entire locality near the factory. To promote FP activity the mill is giving cash incentives and leave to those who undergoes FP operation. The attitude of the management towards FP is positive and the welfare officer thinks that the mill will take interest if he tries to start some promotional activities on FP in the mill.

These individual profiles are briefly summarized in Table 3.1. The dimensions chosen for this summary are : allocation of time on welfare activities; orientation to and usage of family planning techniques; and, existence of family planning facilities in the mills. These dimensions of welfare officer profile suggest the personal and organizational constraints which limit family planning activities.

Table 3.1

Case	Allocation of time on welfare activities	Orientation to and usage of FP techniques	Organizational facilities
1	Moderate	High	Moderate
2	Moderate	Moderate	Moderate
3	Moderate	Moderate	High
4	Moderate	Low	High
5	Low	High	Moderate
6	Moderate	High	Low
7	Low	High	High
8	Low	Moderate	Low
9	Moderate	Moderate	Low
10	Moderate	Low	High

Allocation of time on welfare activities :

- Spending less than 25% time on welfare activities -- Low
- Spending between 25% & 50% of time on welfare activities -- Moderate
- Spending above 50% of time on welfare activities -- High

Orientation to and usage of FP techniques :

- Having positive attitude & positive usage -- High
- Having positive attitude & negative usage (to some extent) -- Moderate
- Having negative attitude & negative usage -- Low
- Having positive attitude & extremely negative usage -- Low

Organizational facilities :

- Mill having their own FP Centre -- High
- Mill not having its own Centre but having arrangements with some agencies -- Moderate
- Mill having neither its own Centre nor any arrangements -- Low

It may be observed that while three welfare officers are not able to devote sufficient time to welfare activities, the rest allocate nearly 25 to 50 per cent of their time on worker welfare. In terms of orientation toward family planning and the usage of FP methods, four are on the high side, four are moderate, and only two are in the low region. Organizational facilities are found low in three cases, moderate in another three and high in four.

We may expect that where the motivation (attitude and practice) is in the region of high to moderate, as it is in eight out of ten cases, the limiting factors could either be low time allocation on welfare activities or low organizational facilities. In the cases of welfare officers 5,7 and 8, there may be a need to allocate more time on welfare activities. For case 8, an additional limiting factor appears to be low organizational facilities. These facilities become constraints for cases 9 and 6 also. Constraint factors do not seem to exist for cases 1,2, and 3.

Cases 4 and 10 appear to be unique in the sense that organizational constraints do not exist, but the basic motivation of welfare officers themselves is on the lower side.

The analysis presented here suggests that welfare officers may require, apart from some motivational change, increased allocation of time for welfare activities and better facilities for FP programme. Both these crucially depend upon top management's approach toward family planning activities.

Challenges Ahead

While the welfare officer is constrained by time which he can allocate to FP activities and by the organizational environment, his plan of action depends upon the workers' profile (already analysed in Chapter 2). We therefore intend to juxtapose the two profiles -- welfare officers' profile and workers' profile -- for each mill (Table 3.2) to focus upon the challenges that lie ahead for welfare officers.

1. Low practice mills : These may be identified as mill nos. 5, 7, 8, 9 and 10. Except for mill no. 8, the knowledge level is also found to be low in these mills. The welfare officers of mill nos. 5 and 7 are not able to devote more time to FP activities. In mill no. 8, neither the welfare officer is able to devote time nor are there adequate FP facilities. The facilities are also not adequate in mill no. 9. Welfare officer's own motivation seems to be the problem in mill no. 10. This analysis for low practice mills suggests that the organizational constraints may have to be removed in these mills (excepting mill no. 10) before programmes to improve knowledge and practice are undertaken. Under such circumstances, welfare officer will be called upon to motivate not only the workers to accept FP as a way of life but to impress upon the managements to allocate resources, both human and monetary, for FP activities.

Table 3.2

Family Planning Profile, 1974

Mills	Wolfero Officer's profile			Workers' profile			
	Wolfero activities	Attitude to & usage of FP	Organizational facilities	Attitude	Knowledge	Practice	Rate of decline in health
1	Moderate	High	Moderate	High	Low	Moderate	Moderate
2	Moderate	Moderate	Moderate	High	Moderate	High	Low
3	Moderate	Moderate	High	High	Low	Moderate	Moderate
4	Moderate	Low	High	High	Low	Moderate	Moderate
5	Low	High	Moderate	High	Low	Low	High
6	Moderate	High	Low	High	Low	Moderate	Moderate
7	Low	High	High	High	Low	Low	High
8	Low	Moderate	Low	High	Moderate	Low	Moderate
9	Moderate	Moderate	Low	High	Low	Low	High
10	Moderate	Low	High	High	Low	Low	High

2. Moderate practice mills : These are mill nos. 1,3,4 & 6. While in mill nos. 1 and 3, there are no organizational constraints, knowledge level of workers appears to be low. In those cases,, the welfare officer may be required to adopt strategies which could improve knowledge about specific FP methods. There are constraints in cases 4 and 6. In mill no. 4 for instance, motivation of welfare officer himself is a constraining factor. On the contrary, organizational facilities are found lacking in mill no. 6. The welfare officer in mill no. 6 may therefore have to persuade management for increased resource allocation for FP activities.

3. High practice mill : This is no. 2 mill. Most favourable circumstances seem to exist in such a case. In such a situation, the role of welfare officers may be to build upon the past achievements which might have been fortuitous to some extent. The strategy in such a case may be to develop a more systematic approach toward FP activities.

Conclusion

Although FP activities do not figure explicitly in the provisions of Factories Act, such activities may be seen as an extension of welfare duties. Many welfare officers are indeed engaged in these activities.

The profile of welfare officers indicates that some welfare officers may need to improve their motivation levels, while others require some more time to be allocated for welfare, particularly FP activities or development of FP facilities for mill workers. The former could be taken care of by motivational training, while the latter could depend upon management approach to FP.

It is within the constraints of motivation, time allocation and monetary resources which are partly beyond his control that the welfare officer is called upon to perform the role of a change agent. The success or failure of a welfare officer in promoting FP activities may be evaluated within these constraints.

CHAPTER 4

DEVELOPING WELFARE OFFICER AS CHANGE AGENT

As mentioned in the earlier chapters, this research project was action-oriented and was intended to experiment with some strategies of managing, through welfare officers, the family planning programme in textile mills. After the experimental and control groups of welfare officers were identified, a seminar was arranged for the experimental group of welfare officers. The following philosophy and assumptions were used in designing and conducting the seminar:

1. Family welfare is an integral part of labour welfare activities and therefore it is legitimate to expect the welfare officer to perform the role of a change agent promoting family welfare through planned parenthood.
2. One of the ways of dealing with family welfare for the welfare officer is to get concerned about the health and family planning aspects of the workers' lives. As the general tendency among the workers is to have large families (with more children) at the cost of their health and welfare, the welfare officer would do well to propagate the idea of a small family.

3. To create an awareness in the welfare officer about the importance of this problem he should be provided with adequate knowledge of the population problem, its consequences on labour welfare, its effect on society, the economic situation, and so on. He would have a better appreciation of his role in the promotion of family welfare if he can study the effects of a large family on the welfare of workers.
4. To motivate him to perform the role of an extension agent and carry the message of family welfare and population problem to the labour force, the welfare officer himself should be sufficiently convinced about family planning practices. An effective demonstration of how the population problem would affect him personally is one way of increasing his concern for family welfare in particular and labour welfare in general.
5. After arousing the motivation of the welfare officer and by providing a conducive climate in the mill, family planning practices can be encouraged through the efforts of the welfare officer.
6. For creating conditions to help the welfare officer to play an effective extension role, the management of these mills should have an understanding of the population problem and of the need for family planning in their mills. They should express their concern about this so that the welfare officers see the need to play this new role.
7. While creating awareness among the management and the welfare officers and motivating them is necessary to prepare the ground, it is not sufficient for effective work. The welfare officer should be trained in some basic approaches like influencing people and formulating strategies to bring about change in the mill. In other words, the welfare officer should be trained and equipped to perform the role of a change agent.

8. One way of equipping the change agent is to help him make a diagnosis of the situation at hand in his own mill, so that he spends a considerable amount of time tackling the problem. Providing him with diagnostic tools would help him do an effective and quick job.

The seminar was planned on the basis of these assumptions and the various sessions of the seminar took care of the different dimensions mentioned above. The starting point of the seminar was the baseline survey conducted in the experimental group of mills. It was designed such that besides providing the welfare officer adequate knowledge of family planning practices, educating him about the population problems, and providing him with knowledge of the state of affairs in his own mill, it would enable him to work out strategies for bringing about a change in his mill. The seminar lasted five half days and one full day. The division of inputs of the seminar are given in Table 4.1. Details of various sessions are presented in Exhibit 4.

Table 4.1

Break-up of the Seminar Content

Motivational

1. Role of welfare officers in promoting family planning
2. Population problem and its effects on the society and on individuals.

Technical Information

1. Family planning techniques -- technical details
2. Family planning techniques -- people's beliefs

Organizational Diagnosis

1. Trends of family planning behaviour among mill workers
2. Position of each mill in the acceptance of family planning

Action Plan and Commitments

1. Setting goals and action strategies for change
2. Commitment and review

Organizational Aspects

After the experimental group was selected, letters were sent to the management of all 10 experimental mills requesting them to sponsor their welfare officers for the seminar being arranged by the International Labour Organization (ILO). All the mills responded. Probably, concern expressed a few months earlier by labour leaders, the management, and several other associations had made it easier to get the cooperation from the mills. All 10 welfare officers from these mills expressed their eagerness to participate in this programme. As a daily routine the welfare officers attend court sessions in the morning and since this was important for the mills, it was decided to hold the seminar from 2.30 pm to 7.30 pm everyday. On each day (except the last day), there were three sessions. It was also decided to involve the management on the first day of the programme, when expectations about the programme would be shared, and on the last day, when each welfare officer would speak about the strategies of change

for his mill. However, due to unavoidable circumstances the managers could not attend the programme. Only one manager participated on both these days; he also attended some sessions in the programme.

Training Inputs

As mentioned earlier the programme was organized into three parts, each part covering two days. The first part was devoted to increasing the motivation of welfare officers to work for population control and family welfare. The second part was devoted to providing them with knowledge on the techniques of family planning and relating to them experiences of doctors and family planning workers. The third part was devoted to a diagnosis of each mill and to working out strategies of change, to increase family planning acceptance.

The first day was devoted to sharing the expectations and creating a mutual understanding. The president of the Textile Labour Association and the president of the Mill Owners' Association of Ahmedabad initiated the seminar by expressing their views on the population problem and the role that welfare officers and the organized sector can play in tackling it. Since these two speakers represented two different dimensions of the organised sector, i.e., management and labour, and since they were addressing the middle management level (welfare officers), it was felt that the sessions would help bring about a mutual understanding between these three

sectors. It also aimed at legitimizing the role played by welfare officers in this activity. As both the leaders favoured the organized sector to take initiative to solve the problem, reactions from the welfare officers were very favourable. The welfare officers raised several questions and brought the issues to the open.

In the second session, details of the project were presented and the principal investigators of the project put forth their expectations to the welfare officers. The welfare officers sought several clarifications. Suggestions were made on the involvement of the management and the labour unions in this kind of venture.

The last session of the first day was also devoted to sharing expectations and several issues like whether was it the job of the welfare officers to be concerned about family welfare, how much time they could devote to this kind of work, how interested they were in a project of this kind, what were their motives behind attending this seminar, what they wanted to achieve after the seminar, and what kind of help would they expect were discussed. Since the welfare officers had been involved in conducting the base-line survey, some time was devoted to discussing the way in which the survey was conducted, the field investigators who conducted this survey, authenticity of the data, and so on. In this process the welfare officers also shared with each other personal experiences, information on the methods of family planning they adopted, and their

attitudes towards family planning. None of the welfare officers had more than three children and all of them were positively in favour of family planning.

In the first and second sessions of the second day the population problem and its impact on various aspects of life were discussed. A film was shown on the population problem. Statistics were presented about birth rates, death rates, population growth, and so on. The impact of population on the food situation, on savings, economics, standards of living, etc., were discussed. Several questions were raised on whether family planning was the solution to the population problem. Two experts, one from the economics area and the other from the public health and family planning area, handled these sessions. The discussions covered almost all the areas where the impact of the population problem and the population growth could be felt. Several issues were raised and several crisis situations considered to be a consequence of the population problem were thought of.

The last session of this day was a micro-lab organised with the intention of defreezing the participants and increasing their concern for problem. In this micro-lab personalized discussions were arranged between pairs of participants. The participants discussed their own hopes, aspirations, fears, apprehensions, etc. They shared with each other information on the kind of life they lived, their standard of

living, the socio-economic status they enjoyed, the aspirations they had for educating their children and getting them jobs, etc. After this the participants were asked to imagine they were living in 2000 AD by which time the population of India would have doubled and there would be a struggle for living, a struggle for food, in fact, a struggle for everything. The participants thought over for some time and shared with each other their life under these circumstances. Living in 2000 AD, they discussed their life style and what had happened to the aspirations they had for their children. Later, the participants were told the story of trust and individual contribution : if each individual thought that all the others were working for the solution of the population problem and it did not matter if he did not do his part, then no one would be working for population control. An appeal was made to them to assume that every bit of their contribution was important and not to consider their contribution to be of marginal value so that, in this manner, something would be done about the population problem.

The first session of the third day was devoted to the discussion of a case study on family planning in an industrial undertaking. The case study revealed several organizational aspects of a family planning programme in an industrial undertaking. During the discussion, the historical facts of the programme,

its organizational aspects, the incentives offered, targets achieved, gains, industrial climate, future achievements of target, commitments of the workers, etc., were brought out. This session gave several insights into the organization of a family planning programme in a mill, how to go about it, and the implications of such a programme.

The second and third sessions on the third day were devoted to technical lectures by doctors working in the area of family planning. Two male doctors discussed male family planning techniques. Under this, vasectomy, nirodh, the rhythm method, coitus interruptus, pills for the male, etc., were discussed. The anatomy of the male reproduction system was presented and films were shown on the process of vasectomy operations. One significant aspect of these sessions was that the doctors came down to the level of the welfare officers and presented all technical information in laymen's language so that every bit of information they presented was understood by the welfare officers. They also presented their experiences with several patients and talked about the false beliefs with which patients approached doctors. They explained the strategies that could be employed in dealing with illiterate workers and their belief systems.

The same approach was used for discussing female family planning techniques the next day. The welfare officers were shown some films on tubectomy and IUCD and were given details on the pill, etc. Again,

the doctors presented their experiences with different patients. The fears and misconceptions of the clients and other related problems in handling clients were very well brought out. The doctors discussed ways of tackling the illiterate patient seeking advice with several misconceptions.

In the last session of this day some time was spent on explaining the questionnaire used for the baseline survey. The results of this survey in relation to the attitude towards, the practise of, and the motivation to adopt family planning were discussed. This session was planned as an introductory session to the last part of the programme which dealt with working out strategies for influencing people.

On the fifth day, the welfare officers were given the questionnaires used for the baseline survey. The questionnaire was explained part by part and the general trends detected in all the 20 mills (combined) were discussed. This was followed by a discussion of individual mills. Each welfare officer was given his mill data and asked to study it. Then each participant presented to the group the status of family planning in his mill on the basis of the survey of the 100 sample workers. The welfare officers also discussed what the data meant to them. They particularly concentrated on the data related

to the background of the mill workers, including the present economic status, number of children, conditions of living, educational level, etc. They further interpreted the level of knowledge of the workers on different methods of family planning as reflected in the results of the survey. After such a detailed discussion on the current state of affairs of each mill, the officers devoted some time to discussing the strategies for bringing about change in the textile mills in relation to family welfare and population control. For example, in some mills the knowledge of IUCD and pill was extremely low. Welfare officers of such mills wanted to concentrate on providing educational programmes for these workers in these methods. Some other mills wanted to concentrate on sterilization. In mills where the acceptance rates were low for any particular method, welfare officers wanted to concentrate on gaining acceptance for that method. In general, as the attitudes expressed by most of the mill workers were quite favourable, the welfare officers thought that at that stage they need not concentrate on inculcating positive attitudes, etc., in the workers. The data showed high positive attitudes on the one hand and low acceptance rates on the other; this discrepancy revealed the need for welfare officers to adopt a new strategy. For example, the fact that in some mills most of the workers knew about only the condom but all of them had extremely positive attitudes towards family planning, it was

considered, indicated that family planning had been identified with the use of Nirodh. Therefore, the right strategy would be to increase awareness and impart knowledge about other methods of family planning and at the same time try to inculcate positive attitudes towards these methods in particular and family planning in general. Similarly, in another mill where people knew mostly about tubectomy and had a somewhat negative attitude towards family planning, the effort would have to be directed to make them understand that there were several other methods of family planning also available. Such a selective knowledge about family planning methods was observed in different mills; it was probably due to the fact that different agencies worked in the localities of these different mills and each agency concentrated on one method or the other. In other words, the mill workers lacked a general knowledge of the different methods of family planning, but had specific knowledge about any one method. To that extent, their attitudes was determined by the method they knew. Hence the group worked out a general strategy on trying to educate these people on different methods. At the end of the fifth day the group came to an agreement that a full day needed to be spent on working out detailed strategies and plan of action for each individual mill. They decided to meet on a Sunday to work out the details. However, they came out

with a detailed proforma on which each of them agreed to do some homework before they attended the last day's programme. The dimensions covered were:

1. A brief description of the socio-cultural conditions of the workers and the background of the mill, giving details of the organizational aspects of family planning programmes and indicating implications for future family planning activities.
2. The status of knowledge, acceptance, and motivation for family planning in the mills. (A matrix was presented where each of the welfare officers had to categorize his mill into one or the other cell of the matrix. The matrix is given in Appendix A. As the matrix indicates, each welfare officer had to indicate in relation to each variable the position of his mill. This was the status matrix of the mill.)
3. A profile of the mill on the matrix as the welfare officer would like the mill to be one year from the date of the programme.
4. The areas in the matrix requiring the concentration of the welfare officer in order of priority so that the movement from the present status to the expected status is fast.
5. The strategies to be adopted by the welfare officer immediately and later to change the profile of the unit from what it is today to what he would like it to be in a year. (The different strategies to be used by the welfare officer in each of the items listed above in order of priority were to be presented.)
6. The strategy the welfare officer would like to use to bring about this change in his mill and the kind of review the welfare officer would like to make every month or year.

A test code was given to the welfare officers to do this exercise. They were requested to bring a written statement on all these aspects for discussion by the group.

On the last day, each welfare officer presented for about half an hour, in detail, all the dimensions mentioned earlier. While presenting the strategies, each welfare officer listed what his immediate task would be, what he would like to do within one month, what he would like to do in three months, and six months, and in one year. Some of the salient features of the strategies worked out by the welfare officers are the following:

1. To procure films from the regional family planning centre or any other centre on the population problem and to show them to the workers in the mills.
2. To identify the labour leaders in the mills who can be potential sources of communication of the family planning message and to try to influence the workers through these leaders.
3. To identify the acceptors who are motivated to do some promotional work and take their help in the promotion of family planning programmes.
4. To convince the management about the utility of these kinds of programmes and to introduce incentive systems wherever possible for those willing to be vasectomized and tubectomized.
5. To make use of local social workers and field workers of the family planning department and work in collaboration with them to influence the mill workers in accepting family planning.

6. To conduct similar surveys and understand the present status of family planning so far as the target couples of the mill are concerned.
7. To organize lectures by well known doctors to persuade and motivate mill workers to accept family planning.
8. To try to introduce a punishment system for those having a large number of children.
9. To adopt family planning as a programme of the mill and to devote one day a week exclusively to this programme.
10. To get as much material as possible on family planning for the use of the layman.
11. To review progress made by the members in the experimental group and share with each other these experiences every month.

The welfare officers wanted the IIMA to play a major role in the whole process. It was, however, made clear to the welfare officers that although IIMA would do its best to help them, it would be entirely their responsibility to work within the constraints of their organizational environment. The participants agreed with this strategy; they said that the main advantage of IIMA involvement was the guidance it would give to the officers.

After these commitments were made, it was decided to meet every month and review the programme. Each strategy suggested by the welfare officers was discussed in detail and in the light of these discussions the welfare officers undertook to revise their activity plans and send them to the Institute.

The last session of the programme was a role play on the resistant worker. One of the welfare officers played the role of the worker who is not willing to accept any family planning and who is very critical of all the efforts made by the mill and the welfare officer to promote family planning. Another welfare officer played the role of a welfare officer trying to discuss and change his attitudes. The rest of the group acted as observers. Later, the observers discussed the way of approach adopted by the welfare officer in dealing with the worker, how he could or could not put across his points to the worker, the communication block, the stubbornness of the worker, the strategies to be adopted in dealing with resistant workers, the advantages and disadvantages of confrontation, and many other dimensions. This role play session provided some insights into the strategies required for interacting with resistant workers in particular and influencing the workers in general.

The programme ended with a detailed discussion of role play followed by commitments on the part of the welfare officers to undertake a monthly review.

CHAPTER 5

WELFARE OFFICERS IN ACTION

As planned already there was to be monitoring after the training programme. Since the training programme may have helped the welfare officers to perform more involved roles in relation to family welfare, it was decided to provide monitoring help so as to create confidence in them. Accordingly, it was planned to monitor the activities of the experimental group of welfare officers for a few months and leave them on their own. In an experimental design of this kind it is necessary to minimise the extent to which the external agency should be involved. In this project, it was decided as a strategy to minimise the post-training interventions by the principal investigators. The principal investigators attempted to develop self-monitoring systems among the welfare officers. From their side only the following monitoring activities were undertaken:

1. A review meeting was held two months after the programme at the initiative of the principal investigators. In this meeting the welfare officers decided to meet periodically on their own. The venue of the meeting was decided to be rotary, from mill to mill. They had the rest of the meetings without the physical presence of the principal investigators and on their own initiative. In fact, in the later period, one of the welfare officers used to telephone the investigators to inform of the progress.

2. A review meeting was held at the Institute a year after the training at which each welfare officer presented a progress report on the activities of his mill. The meeting lasted one full day.
3. A second review meeting was held at the initiative of the principal investigators, again at the Institute. Each welfare officer again presented a report.
4. Only in one case where there were problems of lack of support from the management, the investigators had a dialogue with the management. It was of no use. In other cases, even when the welfare officers requested the investigators to talk to the management, it was avoided and the welfare officers had to manage the situation themselves. Thus the monitoring by the investigators was limited and was deliberately aimed at encouraging independence. The welfare officers showed keen interest in meeting periodically after the training programme. While the attendance and the frequency of meetings were found to be declining after the first year, the activities in some mills were fairly fast and in some other mills slow. Some welfare officers sent a group of assistants and other persons for further training at the family planning training centre. This was organised by the Regional Family Planning Training Centre at the request of this group of welfare officers. They organised a mobile exhibition on family planning. A few of them organised lectures by medical experts for the selected groups of workers in their mills. A few of them identified informal leaders among their workers and started taking their help. In some cases, they made use of the offers by the Family Planning Association of India and the Red Cross Society.

During a review meeting held at IIMA after a year, the experiential group of welfare officers expressed their desire to visit a particular organization which, they had heard, was doing very well in terms of implementing the family welfare programme. With partial assistance from the project, all the welfare officers visited that place, observed the activities being undertaken there.

Follow-up studies

A follow-up survey was planned two years after the training programme. However, the survey could be conducted only two and a half years after the training programme was over.

An ideal design to assess their affectiveness would have been to follow up those 100 from each of the experimental and control groups of mills and to assess their progress in terms of their attitudes to family planning. If the percentage of acceptors from the 100 persons surveyed and resurveyed was high, and if there were more positive attitudes observed in the experimental groups after the experiment was over, ^{one} could say with confidence that the training programme has helped. However, such a focus on 100 persons only in each mill would have meant a narrow outlook at the role of the welfare officers for the sake of our project. Instead it was felt that an assessment of the process by which the welfare officers played their change agency roles to contribute to welfare activities itself may have a high learning value. Therefore, the resurvey aimed at assessing the various processes that have taken place in both the experimental and control groups drawing a comparative picture of family welfare activities of both the experimental and control groups of mills.

Significant Activities in the Experimental and Control Groups Before December 1974

To find out the impact of training programme on the experimental group of mills the activities relating to family welfare in these mills before the training programme and after the training programme were compared. To be able to attribute the increased activities, if any, in the experimental mills to the training intervention, the activities of the control group of mills were also analysed. The following trends were observed on the basis of reports from nine experimental and nine control groups of mills who responded to our survey.

Of the nine control group of mills six reported that no significant activity was going on before 1974 December (approximately the period of intervention). One mill reported that it was educating the workers about FP, another was involved in distributing contraceptives and the other was running an FP centre and also persuading workers to accept FP.

After 1974 till the date of survey, of the six mills which had no significant activity in FP, four continued to be the same. One mill reported that it had started persuading workers to accept FP and also started giving incentives, and another mill had started encouraging workers to accept FP and also distribute contraceptives.

Of the three mills which reported some activities before 1974 no new activities started in two mills. In one mill that was only distributing contraceptives, a survey of workers was conducted, incentives were introduced and motivational work started.

This analysis indicates that in six out of nine mills there was status-quo and in three mills there were some increased activities. The nature of the increased activities are limited however, to giving incentives, and educating the workers.

In contrast, an analysis of the experimental group of mills indicated the following:

In only one of the nine mills which responded to our questionnaire, no activity was reported as being done prior to training. In the rest of the mills some activity was going on. Four mills were operating incentive schemes and one of these also had educational activities through pamphlets, etc. Nirodh was being distributed in another mill. Two other mills had a family planning centre and were distributing contraceptives. Another mill had organised a vasectomy camp in 1970. Apart from this no other activities were being undertaken. Strikingly, in eight of the mills there were no educational activities. Interpersonal contacts by welfare officers for family welfare work were practically nil.

After the training, however, there was a considerable increase in the activities of the mills. Eight of the nine welfare officers in these mills started some kind of educational activity. Personal contacts were used for educational purposes in these mills. In one mill that was giving only incentives, pills were distributed after 1974 at a subsidised price. Four mills introduced new incentive schemes.

A comparison of the family welfare related activities of both the control and experimental groups of mills before and after 1974 is presented in Table 5.1.

The table (5.1) indicates that both the control and experimental groups of mills were doing better in 1975-77 than in 1974 and before. However, the increase in activities is much higher in the experimental group than the control group. Only a few activities that are considered as significant are presented in the table. As the table reveals because of training the educational activities increased considerably in the experimental group of mills. As a strategy for increased welfare, education should precede any other activity. As the adoption process begins with awareness the initial efforts should be on providing education to workers on family welfare. This is what has been reflected in the table. As reported in the beginning of this chapter the welfare officers of experimental mills

Table 5.1

Number of Mills from Experimental and Control Groups Reporting Different Family Welfare Related Activities Before and After the Training Intervention

Nature of activity	No. of mills reporting this activity			
	from control group		from experimental group	
	Before 1974	After 1974	Before 1974	After 1974
1. Giving incentives	0	0	4	4
2. Started new incentive schemes	-	1	-	4
3. Educating & motivating mill workers through personal contacts	-	-	-	8
4. Educating & motivating workers through other methods	2	4	1	8
5. Distributing contraceptives	1	1	2	4
6. Surveying workers	-	1	-	1
7. Providing facilities for sterilization	-	-	1	3
8. Arranging FP camps	-	-	-	2
9. Operating an FP centre	1	1	2	3
10. Helping other agencies	-	-	0	7
11. Sending people for training in FP	-	-	-	3
12. No activity	6	4	1	0

used a variety of strategies of educating their workers. These included getting doctors to address the workers, distributing pamphlets giving personal advise, arranging exhibitions, showing films, etc. The nature and extent of seriousness with which these were done indicate the experimental effects. The details are presented in the mill-wise description of activities (upto the end of 1975, i.e., 15 months after the training).

Case 1

In this mill motivation work was going on in a limited way before 1974. Facilities were also being provided for workers intending to limit their families. Cash incentives were being offered as the mill accepted the family planning programme since 1967. The following activities have been reported by the welfare officer since the time he attended the programme:

1. The welfare officer had personal meetings with workers to explain about family welfare planning and was able to motivate several people.
2. Started distribution of oral contraceptives regularly.
3. Recruited a nurse with background in family planning to advise people in FP matters.
4. Organised lectures for mill workers.
5. Took the help of the mill doctor in distributing oral pills.
6. Organised an exhibition of FP.
7. Making use of staff-councils and joint-management councils for family planning work.

8. Started taking the help of red-cross society and the municipality for motivating and providing services to people.
9. Organised regular film shows and slide shows.
10. Issued individual letters to people.
11. Had talks by important people.

In this mill the environment for family welfare activities got a set back due to some unforeseen traumatic events. For example one person had some bleeding after the operation and he came to the mill bleeding. Many people came to know about it and it created a scare. Another person took a long leave after the operation on the pretext of sickness and therefore the rumour about sterilization's after effects got spread. The third case was a septic case who had to be admitted into a hospital. All these cases spread rumours against family planning activities in the mill. These cases needed the personal attention of the welfare officer and the climate became very inhibitive afterwards for any other activities.

Cases 3, 10

These mills are combined here for the similarities they have in various dimensions. Both the mills had a common family planning centre offering facilities for interested workers.

The action plan prepared by welfare officer of Mill 3 envisaged the following:

1. To depute a clerk for training.
2. To have a family survey conducted.
3. To organise meetings and group discussions.

The welfare officer of Mill 10 had the following plan of action for his mill after the training in 1974:

1. To resurvey his workers (by 15th November 1974).
2. With the help of social workers of his FP centre he wanted to try to meet every worker personally and try to convince him to adopt FP techniques.

3. By the end of April 1975 he wanted to increase the number of vasectomy and tubectomy cases and also the number of condoms distributed.
4. To achieve the above he wanted to have group discussions, film shows and exhibitions.
5. Try to convince the target couples using temporary methods of FP to adopt a permanent one.

The following activities have taken place in these two mills under the dynamism of these two welfare officers:

1. They had a meeting on family planning in which they decided to get their staff members trained in family planning.
2. Their staff members got training at Regional Family Planning Training Centre.
3. Approached the management to raise the incentives for acceptors.
4. Visited another organization in another town that is running a good family welfare programme to learn its operations.
5. Drafted a scheme for the mills for family planning.
6. Introduced an insurance scheme in case of post-operation problems.
7. Organized a training programme for next level workers to work as change agents.
8. Started paying money to motivators.
9. Planned classes for motivators.
10. Arranged an exhibition.
11. Printed posters and other publicity materials.

12. Had personal contacts for motivation work.
13. Organised film shows.
14. Conducted a survey of workers for diagnosis of their family welfare needs.
15. Helped the Family Planning Association of India in their survey and analysis.
16. Planned for recruiting one FP Officer to work for the whole group of mills (six of them form a group).
17. Organized talks by doctors to educate mill workers.

All these activities indicate a great movement in these mills. The tempo is continuing to be at this level.

Case 4

This mill had accepted the family planning programme in 1968 and has an incentive scheme operating since then.

The Labour & Welfare Officer who attended the training programme prepared the following action plan for his mill:

1. To convince the target couples to undergo FP operation.
2. To advise the non-target couples to use various contraceptives.
3. To take the help of 13 medical attendants and one laboratory man in the mill to convince the target couples. They will talk to the employees individually and try to remove their misunderstandings through doctors and social workers.
4. To organise exhibitions, film shows, and talks by social workers.

5. To approach and educate and motivate the female workers of the mill and wives of male workers of the mill.

A survey of the activities that were carried on by this mill after the training programme indicated the following:

1. A survey was conducted on 1265 workers by the Family Planning Association of India.
2. Compounders were involved in FP work.
3. Made more use of ESI facilities and social workers and FP Centres.
4. Help of the social workers who visit the mill was taken to advise people.
5. The trained leaders have started working as motivators.
6. Contraceptives are being distributed. An exhibition was held and population literature was distributed.

Case 5

In this mill prior to the programme only Nirodh was being distributed freely. The labour officer who attended the training prepared the following action plan for his mill:

1. To educate the workers through the workers of TLA and the representatives of the workers.
2. Arrange film shows, posters and exhibition for workers.
3. Personally meet the workers with the help of one social worker.

A follow-up survey indicated that the following activities took place in this mill under the leadership of this labour officer.

1. One additional welfare officer and a compounder were sent for training at RFP Centre to equip them for educating workers.

2. Approximate 22 workers were operated for vasectomy and the mill paid them incentives.
3. Had talks and discussion at unit levels and arranged talks by social workers of TLA.
4. Social workers of FPAI distributed contraceptives and had a survey of mill workers.
5. The mill tried to arrange supply of oral pills and had a committee on family planning to promote family planning activities in the mill.
6. Had several meetings with workers.
7. One film show was organised.
8. Arrangements were made with a hospital from which doctors come and visit the mill for advise to workers and providing health and welfare services.

Case 6

In this mill no activity related to family welfare was taking place before 1974. After the training programme till early 1977 the following activities were reported to have taken place.

1. An intensive campaign for family planning was started from November 1974.
2. Workers were explained the advantages of family planning and the role of small family in family welfare through personal contacts.
3. A group of people identified to be leaders were given special attention and education for educating the workers in turn.
4. Documentary films on family planning were shown.
5. A series of lectures were arranged for the workers on family welfare.

It is estimated that about 40 per cent of the employees have been covered by the permanent methods of family planning in this mill.

Case 7

Before the training programme this mill had an incentive scheme for acceptors of family planning and was also providing facilities for those accepting FP methods. Some education work also was going on. After the training programme the welfare officer of this mill prepared an action plan in which he expressed his intentions to conduct a survey of attitudes, knowledge, etc. of his mill workers. Then he planned to educate them through various techniques. The various activities undertaken by this welfare officer were:

1. Arranged group discussions and film shows on family welfare and family planning between January and June 1975.
2. Surveyed family composition of employees for identifying those who needed his attention.
3. Organised lectures by doctors on various methods of FP.
4. Deputed one clerk and two workers for training at the Regional Family Planning Centre.
5. Got the cash incentives revised from Rs. 25 to Rs. 50 for vasectomy and tubectomy operations.
6. Organised a poster exhibition and an incentive drive for vasectomy.
7. Surveyed the workers of different departments and started motivation work after the analysis of the survey.
8. Addressed the workers in education classes on various methods of family planning.
9. Had discussions with union representatives for seeking their co-operation in propagating family planning.
10. Arranged for free distribution of condoms at the mills.
11. Individually advised the workers who had got a child of late.

These activities continued in 1976 and later in this mill. This indicates that the training programme did help the welfare officer to perform a more dynamic role.

Case B

This mill had only an incentive scheme in which workers were being paid Rs. 40 for vasectomy and Rs. 25 for tubectomy operations. During the training programme the labour welfare officer proposed the following course of action for his mill:

1. To survey the workers and try to convince them to adopt family planning techniques (target date March 1975)
2. To motivate the workers through those who have already undergone operation and side by side expose the workers to FP education through various media (target date July 1975).
3. By middle of 1975, he expected the management to come out with a definite policy towards family planning which will give a boost to the programme. After this he proposed to train some of the mill staff at RFPTC and make the medical officer of the mill in charge of all family planning activities.
4. To associate the representatives of the workers' unions and get them trained by the social workers of TLA.
5. To develop workers education programme with the help of TLA workers.
6. To survey the workers again and if there was a positive result then they plan to extend it to the other associated mills.

The activities of the labour welfare officer are presented below:

1. He proposed to the management to train their staff to work for FP, to raise the incentive for undergoing FP operations, to make publicity and propaganda through exhibitions, film shows, distribution of literature, attaching pamphlets with the payslip, etc. and also to arrange for the distribution of contraceptives in the mill through various agencies.

2. Deputed a worker of the mill for training at RFPT Centre.

Apart from this not much has happened in this mill. The welfare officer got busy with other activities and could not do any further work. He could not even attend the group meetings in 1976-77.

Case 9

After the programme, the personnel-cum-welfare officer of this mill submitted an action plan for his mill which envisaged the following:

1. To utilize the services of the newly appointed social worker in their mill.
2. To survey the employees of the mill and classify them according to the needs of family planning methods.
3. To design a plan for family planning education for the mill workers. The education methods proposed include group meetings with social workers and doctors, exhibitions and personal contacts.
4. To hold four meetings and one or two film shows per month.
5. To introduce some monetary incentive schemes .
6. To distribute condoms free.
7. To motivate the employees using the workers who have already undergone operation.

After the programme the following activities were undertaken by this welfare officer:

1. Discussed with top management about his plans and got their support.
2. Prepared a new incentive scheme and got it accepted by the mill.
3. Surveyed all workers in the mill through a questionnaire to identify eligible couples and their welfare needs.

4. Analysed data and used it for choosing workers for personal contacts and counselling.
5. Motivated people through person-to-person discussions.
6. Screened films to workers two times for fifty each.
7. Issued newsletters, bulletins and other educational materials.
8. Organised one exhibition with the help of Red Cross.
9. Started a family welfare centre with a budget of Rs. 20,000 per year and a full time worker.
10. Used groups of workers as change agents and gave certificates to change agents.
11. By early 1977, about 50 per cent of the target couples were sterilized in this mill.

This welfare officer is also one among the few who are very highly motivated in the experimental group. He maintained a very systematic information about the workers from his surveys and made use of the information well.

The various activities in the experimental group of mills are summarised in Table 5.2. This table shows that at least four out of ten welfare officers were able to take initiative in certain activities such as survey of workers, motivating workers and distribution of contraceptives. Others undertook these activities to a lesser extent. One of the mills had given the lead in introducing incentives, training motivators, and taking help from other agencies. This was followed by four others. The rest of the mills also took some interest

in this type of activities. It was also found that one of the mills has developed extensive Family Planning facilities while five others had also done some work in this regard. Unfortunately four mills were not able to arrange family planning facilities for their workers.

As a result of activities undertaken by the welfare officers there was considerable progress in adoption of family planning. It was found that four mills had more than 100 adoption cases during the years 1975 and 1976. Four others had achieved moderate levels of adoption whereas two mills showed a low achievement rate. Detailed data on adoption behaviour is given in Table 5.3.

We may now like to relate Table 3.2 from chapter 3 and Table 5.2 of this chapter. It was indicated earlier that mill nos. 5,7,8,9 and 10 were low practice mills at the beginning of the research project (during 1974). It is heartening to note that all the five mills have done fairly well in terms of family planning activities since 1974. Mill nos. 9 and 10 have in fact achieved fairly high practice levels during this period. The other three, viz., mill nos. 5,7 & 8 have also achieved moderate levels. The erstwhile moderate practice mills (nos. 1,3,4 & 6) have shown a mixed result. While the actual adoption level in mill 1 was the highest in the experimental group the welfare officer's activities were on the moderate to low side. There was a new incentive scheme introduced and also one FP camp organised in

Table 5.2

Family Planning Achievements -- October 1974-January 1977

Mill No.	Survey, educating & distribution of contraceptives	New incentives, training motivators & taking help from other agencies	Operation facilities	Adoption cases
1	Moderate	Low	Low	High
2	Low	Low	Low	Low
3	Low	High	Moderate	High
4	Low	Low	Moderate	Moderate
5	Moderate	Moderate	Low	Moderate
6	Low	Moderate	Moderate	Low
7	High	Moderate	Moderate	Moderate
8	Low	Low	Low	Moderate
9	Moderate	Low	High	High
10	Low	Moderate	Moderate	High

1. Survey, education & distribution of contraceptives

- High : Survey, education & distribution
Moderate : Any two of the above
Low : Any one of the above or none

2. New incentives, training motivators, taking help from other agencies

- High : All the three
Moderate : Any two of them
Low : None or any one of the above

3. Operation facilities

- High : Operation facilities or FP Centre and FP Camp
Moderate : Operating FP Centre or operation facilities
Low : FP camp or nothing

4. Adoption cases

- High : Above 100
Moderate : Between 30 and 99
Low : Below 29

Table 5.3
 Number of Workers Accepting Different Methods of
Family Planning from Eight Experimental Group of Mills*

Mills No.	Vasectomy				Tubectomy				Pills				I.U.C.D				Condom			
	73	74	75	76	73	74	75	76	73	74	75	76	73	74	75	76	73	74	75	76
1	10	16	24	45	43	61	41	62	10 pills twice a month				-	-	-	-	Twice a week			
3	23	7	41	51	9	15	18	26	-	-	-	-	-	-	-	-	-	-	-	-
4	-	3	28	49	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	25	28	-	-	-	-	-	-	-	-	-	-	-	-	25	40	100	250
7	10	11	20	28	-	-	-	-	-	-	-	-	-	-	-	-	20	25	23	30
8	-	-	40	52	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9	-	84	53	52	-	295	18	10	-	3	11	2	-	-	9	1	-	145	27	40
10	9	4	21	69	6	15	12	22	-	-	-	-	-	-	-	-	-	-	-	-

*Data of Mills 2 and 6 was not available.

the mill. Nevertheless, no systematic attempt was made to develop family planning activities. In mill no. 3 on the other hand systematic attempts were made to develop family planning activities resulting in fairly high adoption level. In other two mills moderate achievements were made although in mill no. 5 moderate activities were undertaken. It is however surprising that the mill with highest practice rate during 1974 did not take much of an interest in developing family planning activities with the result that no achievements data could be collected from this mill.

In conclusion, the activities that took place in these nine mills indicate the following:

1. There is an increased family welfare planning activity in all the nine experimental mills after the training programme. Much of this could be attributable to the training programme as well as the high motivation level of the welfare officers and constant encouragement of the management of these mills.
2. Although there is a general increase in the family welfare planning activities during the observation period, the increase in the activities of the experimental groups is remarkably higher than those in the control groups.
3. The welfare officers of the experimental groups have shown a very high degree of involvement in the family welfare activities.
4. The nature of activities in the experimental group of mills is very varied and have higher chances of being helpful to the workers.

5. There is more receptivity and support from the experimental mills for outside agencies working for family welfare activities.
6. There is some spread effect of the training in some case as the welfare officers helped their juniors and also sponsored them for training programmes.

However, the increase in activities is only one indicator of the intervention effects. Further differences in terms of actual acceptance in the mills and such other variables are discussed below.

A Comparison of Experimental & Control Groups of Mills in Early 1977

Education & Motivation Work : A survey conducted in early 1977 indicated that some kind of educational work is going on in most of the experimental and control mills. However, vigorous and large scale systematic educational work is going on in experimental mills rather than in control mills. The number of techniques used by the experimental group of mills are also more than those used by control group of mills. Personal contacts are being used in experimental group of mills for motivational work. In fact, very little is being done in the control group of mills to motivate and pay personal attention to workers in target groups. In one of the control mills no activity has been reported to be taking place.

Incentives : In four of the nine controlled group of mills no incentives were being offered. In three mills only leave for three days is being offered and two mills were offering free operation, transportation and insurance in case of post-operative death. In contrast, only one out of the nine experimental mills were not offering any incentives. In six mills cash incentives were being offered ranging from Rs. 25 to Rs. 450 and in two mills free service, transportation and insurance were being offered.

Contribution of welfare officers : In response to a question "what contributions have been made by your welfare officer to FP activities in the last two years?" , four control mills said that he contributed as an advisor to workers, two said that he motivates workers, two that he persuades workers and one mill stated that his contribution is nil. In contrast from the experimental group the contributions appeared to be much more as indicated by the activities described earlier.

Other persons taking part in welfare activities : In the control group of mills other than the welfare officer none was stated to be involved in FP activities. Only in one control mill the representatives of workers were being involved. Whereas in the experimental group different categories of people are being involved. Mill Managers,

Departmental Heads, Medical Officers, Lab-technicians, Compounders, MD, GM, Social Workers, Worker Representatives, Clerks, Dispensary Staff, Leaders, Personnel & Planning Department, etc. are some categories of workers reported as being involved in FP work of experimental group of mills.

Top Management's Involvement : In an answer to the question on the attitude of top management to encourage FP activities in the mill, eight of the nine mills from the experimental group stated it as positive and one did not respond. In five mills keen interest was reported and in three only positive attitudes and cooperation were reported. From the nine control mills one did not respond, one reported that the management is not interested and the rest reported that the management is positive and interested. Only one mill reported eagerness of the management to contribute to FP activities.

Films, exhibitions, etc. : Only two of the control mills report to have organized film shows for the workers. However, from the experimental group, films are reported as being organized by four mills, and exhibitions, etc. by the rest.

External Agencies : Only two of the controlled group of mills reported the involvement of any external agencies in their mill's FP activities where as in seven of the experimental mills some external

agency or the other is reported to be involved. This indicates the receptivity of the mills.

Follow-up facilities : None of the control group of mills reported any follow up facilities being offered by them. From the experimental group, seven of the mills report active follow-up facilities including post-operative medical care, tests and other advises.

Distribution of condoms and oral pills : In only three of the nine control mills condoms and oral pills are being distributed where as in all of the experimental mills condoms and/or oral pills are being distributed.

Acceptance in the mills : In order to find out the acceptance rates in the different mills, data were collected from the records available in these mills about acceptors of different methods. Only two of the control group mills and eight of the experimental mills had some record from which data could be gathered. Year-wise number of acceptors from these ten mills are presented already in Table 5.2. The table indicates beyond doubt that the performance of the experimental mills has been quite high in relation to various methods after the training programme. The performance of all the mills in 1975 and 76 is better than that in 1973 and 74.

From these observations it could be established beyond doubt that a training based intervention by an external agency with follow-up and some monitoring can be a great help in mobilising the internal

resources of organizations for family welfare activities. Welfare officers appear to be the proper persons who are suited for this kind of an involvement and they can be very dynamic in performing welfare roles if only some one can mobilise them and help them to collaborate with each other.

CHAPTER 6

CONCLUDING OBSERVATIONS

Summary of Events

It may be recapitulated that this project started with the objective of experimenting with the welfare officers as change agents in the organized sector. The sample chosen was textile mills of Ahmedabad and the area chosen for change was family welfare.

First, a survey was conducted through a mailed questionnaire on the current activities of welfare officers, their attitudes and motivations to family planning, and their eagerness to work as change-agents in this area. After ascertaining their willingness a survey was conducted on a random sample of 100 workers from each of these 20 mills covering their (a) family background factors, (b) attitudes towards family size, (c) knowledge on the different aspects of family planning methods, (d) acceptance behaviour, and (e) perceptions of the effects of number of children on health of the parents. The survey indicated that the workers of these mills generally had a positive attitude towards a small family but had little knowledge about different family planning techniques. To that extent their motivation and acceptance were affected.

After the survey, the 20 mills were divided into a group of ten experimental mills and ten control mills. The experimental group of welfare officers was invited for a training programme for change-agents in family welfare. The programme was based on the philosophy that in order to play an effective role in their organizations change agents:

- (1) should have been strongly convinced about the message they are propagating and should have set personal examples wherever possible.
- (2) should have a minimum knowledge about the technical details of the programme (FP methods and population problem) with which they are concerned to be able to offer guidance to people,
- (3) should have been prepared to answer questions people, particularly resisters, would pose,
- (4) should know the availability of resources, besides his own, in bringing about change,
- (5) should have made a diagnosis of his own organization and sphere of operation or should be able to make an organizational diagnosis whenever required, and
- (6) should have a detailed action plan, which is not ambitious, and which is organised step by step.

The programme organized for welfare officers reflected these concepts.

During the training programme, welfare officers examined their own motives, attitudes and roles and discovered that they had ample scope to be change-agents in family welfare. They studied the population problem and its effects on them and the society. They

learnt about the kind of beliefs people had about family planning techniques, besides learning technical details through audio-visual presentations and experiences of medical personnel. They made a diagnosis of their own organization on the basis of the survey data collected in the project. They set future goals and worked out action steps individually for change in their mills. These action steps reflect different strategies depending upon individual mill situation.

During the period 1974-77 the welfare officers of the experimental group of mills carried out their own strategies to spread family planning among their mill workers. As has already been indicated at least eight out of 10 welfare officers in the experimental group were able to achieve varying degrees of success in such activities. On the contrary, the welfare officers of the control group could not achieve the same degree of success. Despite the intervention of emergency with its renewed emphasis on family planning and increased activities by voluntary agencies, the relative success of the experimental group could perhaps be attributed to the perseverance of the welfare officers.

Welfare Officers as Change Agents

The existing role of "welfare officers" in organised sector offers ample opportunities for carrying out family welfare work.

Such family welfare work although has been limited in this project to family planning, it could be used in a broader sense to include worker development, work-redesign, family counselling, health education, etc. These activities are legitimate parts of the role to be performed by welfare officers and welfare officers perceive them as legitimate activities. The available free time of the welfare officers could be utilised for these activities and they do have some free time to organise and manage their activities.

Welfare officers like playing such roles of worker development or worker-welfare agents provided they receive enough support from their management and enjoy autonomy to organise these activities. The various supports required for welfare officers to perform these dynamic roles are outlined below. The experience in this project is that most welfare officers do enjoy these roles provided some of these conditions described below are met.

The first requirement for inducting such a role to be played by the welfare officers is to equip him with the knowledge and skills to perform these roles. In this study, in order to induce them to perform the role of change-agents in family welfare they were given a training programme to boost up their motivation and knowledge about family welfare. This was followed by providing an opportunity for them to look at the survey data of their mills and then to work out strategies

of action for their mills. These strategies also resulted in exposing them to skills of social interaction through role plays, etc. Thus, welfare officers can be helped either by its own management or by an external agency (here the agency represented by the authors of this monograph) by organising interventions (here, training) to increase their own motivation, knowledge and skills to perform the work. Similarly, if the welfare officers have to play a dynamic role of agents of family counselling they should have motivation, knowledge, and skills of counselling. Although our research indicates that the welfare officers possess the motivation, it is useful to boost their motivation also.

Group support facilitates and motivates welfare officers to perform these dynamic roles. In this project all the experimental group of welfare officers were drawn from the same city and from similar organizations. Their working together during the training programme and interactions resulted in a group feeling. Such a group formation acted as a great supporting factor in various tasks they undertook. They would talk to their management with greater confidence, they could organise campaign as a group, they could draw upon each other's resources, and have mutual support in various activities. Thus generating mutual support and group feeling among welfare officers from a sizeable number of them who have a common task in their respective organizations helps as another facilitating factor.

Some welfare officers identified internal people and used internal resources. The experiences of these welfare officers indicate that formation of internal groups and teams is of great help for doing welfare activities. Welfare need not be the concern of welfare officer alone. Every one in position should do his bit to contribute to the welfare of lower level workers. The use of various levels of workers and officers in some of the experimental mills points out that internal groups can help strengthen the dynamic role that can be played by the welfare officers.

The experience in this project also points out that the attitudes of top management are critical in facilitating the involvement of welfare officers in new activities. Although this by itself is not sufficient in mobilising the welfare officers, this is necessary to encourage any innovativeness at the welfare officers level.

The survey data collected on samples of workers were used by the welfare officers in planning their strategies. Some of the welfare officers who were not satisfied with such sample surveys designed their own questionnaires and surveyed the mill workers. They used such survey profiles for identifying workers who needed help. This shows that systematic profiles of information maintained about workers are helpful for welfare officers in various tasks. Organizations could identify the critical variables on which information about workers are needed and preserve the information for use in future.

The experiences in this project also bring out the fact that the welfare officers can take a lot of initiative in doing innovative work given the freedom and responsibility. This was demonstrated by the officers in this study by organising mobile exhibition, in mobilising internal resources, etc.

Importance of Action Research

This study reports action research. Two most common criticisms against any action research programmes are: (1) that they do not have the rigour of other kinds of researches, and (2) that their results are very much dependent on the research directors, and, therefore are not replicable (Pareek, 1976). From what has been presented so far it may have become obvious to the reader that these criticisms cannot be uniformly levelled against all action research. The original design of follow-up had to be changed at the actual time of follow-up. Such a change from a resurvey of workers to understanding the working of welfare officers was made due to the interesting processes taking place in the new roles performed by welfare officers. As Cherns (1975) pointed out in action-research the researcher has to be quite flexible in his design. Of course this may appear as a limitation for pure researchers.

Apart from this, in this research project an attempt has been made to maintain the rigour of social or experimental research. Survey research has formed an integral part of this project. Our survey of the welfare officers, our survey on a systematic basis of the 100 workers

randomly selected from 20 mills, and analysis of this data to prepare profiles of different mill are all examples of this. This project has gone beyond survey research and demonstrated that survey research can be integrated into action research and can be used for achieving goals.

Insofar as the question of replicability is concerned, the principal investigators took enough care to see to it that their role was minimal. They were actively involved only to the extent of developing the research methodology, conducting the base line surveys, organising the training programme and evaluating the results. It was entirely up to the welfare officers themselves to develop action plans, sharing the critique of these plans and using monitoring system to assess their own progress. It is in this respect that the dynamics of this project could be applied with good results by a group of welfare officers in any organised industry. The project experience shows that academic institutions like the Indian Institute of Management, Ahmedabad, can perform catalytic role in mobilising welfare officers through inexpensive interventions. The cost of the training programme, which is a major intervention in this project is very marginal, but it has gone a long way in generating results. Every city has several such academic institutions which could play such a catalytic role in mobilising and helping change-agents in the organised sector.

In conclusion, we would like to state that the welfare officers can play very innovative and facilitative roles in contributing to the family welfare of the workers through some stimulation by an outside agency, group support, provision of technical know-how, and support by the top management. Welfare officers can be great sources of strength to organizations that are generally interested in the welfare of the people. Top management should make sincere efforts to help welfare officers develop such group programmes like the one done here for the experimental group, the costs of which are marginal. The research reported in this volume has significant implications for workers in family welfare, management of organised sector, researchers, and social workers.

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Exhibit 1

Questionnaire Used for Welfare Officers

PART A

1. Your Name :
2. Age :
3. Educational Qualifications:
4. Experience:
5. Father's occupation:
6. Father's education:
7. Where did you spend the first 15 years of your life (check one)
Rural area / Semi urban area / Urban area
8. Marital Status:
9. No. of children with their age:
10. Name of the Mill:
11. No. of workers employed in the mill:
12. No. of shifts:
13. a) Does your mill have any family planning centre? Yes/No
b) If yes, what is the role of the mill in the organization of the centre (the extent of finances shared by the mill, other sources helping it, etc. details)
c) No. of persons employed in the family planning centre with designations and nature of work

<u>Position</u>	<u>No.</u>	<u>Nature of work</u>

d) Area of operation for the centre (state whether it caters only to your mill workers or serves all in the locality)
14. If your mill does not have any family planning centre of its own, does it have any working arrangement with any clinic/hospitals or agency? If yes, describe the nature of such arrangements.
15. Describe the attempts made by the management or anyone in the mill to promote family planning in its employees.
16. Do you think that your management would take a positive view about family planning for the mill workers? Yes/No
17. Do you think that the mill would be interested if you take some initiative and try to do some promotional activities on family planning? Yes/No

PART B

Role of the Welfare Officer

In this section we are interested in studying the various activities performed at present by the Welfare Officer. What you are doing at present may be different from what you would like to do. We are interested in studying both these aspects. Please state them below. Please remember that your responses will be kept confidential and would be used only for research purposes.

1. Describe below the various activities you are doing at present, the percentages of your working time taken away by each activity and the degree of satisfaction you have in doing that activity.

<u>Details of the activity</u>	<u>Percentage of office time taken</u>	<u>Degree of satisfaction in doing it: very high/high/moderate/low/very low</u>
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2. Describe below the activities you would like to do in order of preference and the percentage of your working time you would like to devote for each of them.

<u>Preference in order</u>	<u>Activity you would like to do</u>	<u>Percentage of time you would like to spend on it</u>
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3. a) Do you think that the Welfare Officers should be appointed and paid for by the Government? Yes/No
b) If yes, please explain.
4. a) Do you think that the Welfare Officers need any on-the-job training? Yes/No
b) If yes, what aspects do you suggest should be included in the training?

PART C

Instructions : Below you will find a list of statements concerning birth control. Please indicate whether you agree or disagree by circling the appropriate number.

1. It makes me happy to depend upon birth control: A/DA
2. I would feel like a murderer if I practised birth control: A/DA
3. I feel miserable at just the thought of not practising birth control: A/DA
4. I have good feelings about my decision to practise birth control: A/DA
5. The practice of birth control makes me feel regretful: A/DA
6. I feel ashamed to think of birth control methods: A/DA
7. I believe God-fearing people would not practice birth control: A/DA
8. Birth control helps me to raise healthy children : A/DA
9. Birth control helps me to postpone childbirth as long as I want: A/DA
10. I would not have an overcrowded house if I practised birth control: A/DA
11. I believe that birth control encourages people to be immoral : A/DA
12. I believe birth control is against life : A/DA
13. I would not contribute even a dime to any birth control organization: A/DA
14. Whatever might happen I would never use birth control devices of any kind : A/DA
15. I would welcome any health nurse who came to my house to explain about birth control : A/DA
16. I would not use birth control supplies even if they are given freely: A/DA
17. I would tell my friends that birth control is bad : A/DA
18. I would attend public meetings where they explained the good things about birth control : A/DA

Instructions : Below are a list of pairs of words describing birth control. Between each pair of words there are 7 spaces. For example, between "Good" and "Bad" there are 7 spaces numbered 7 to 1. Circle the number according to how good or bad you think birth control is. If you think birth control is neither good nor bad circle No. 4.

It is your first impressions we are interested in, so don't take too much time on each scale. On the other hand, don't be careless because we want your true impressions.

To me, birth control means

1	CLEAN	7	6	5	4	3	2	1	DIRTY
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
2	RESPON- SIBLE	7	6	5	4	3	2	1	IRRES- PONSIBLE
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
3	PLEASUR- ABLE	7	6	5	4	3	2	1	UNPLEAS- URABLE
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
4	GOOD	7	6	5	4	3	2	1	BAD
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
5	HEALTHY	7	6	5	4	3	2	1	SICK
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
6	ACTIVE	7	6	5	4	3	2	1	INACTIVE
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
7	STRONG	7	6	5	4	3	2	1	WEAK
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
8	MORAL	7	6	5	4	3	2	1	IMMORAL
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
9	USEFUL	7	6	5	4	3	2	1	USELESS
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
10	ECONOMICAL	7	6	5	4	3	2	1	EXPEN- SIVE
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	
11	EASY	7	6	5	4	3	2	1	DIFFICULT
		very	quite	somewhat	NEUTRAL	somewhat	quite	very	

For each of the following questions please tick one response which is applicable to you.

1. Joint family/single family

2. Contraceptive usage : regularly/quite often/sometimes/never

3. Intentions to use contraceptives in future.

4	3	2	1
Strongly interested	Interested	Shall consider if needed	Will not use any time

Exhibit 2Experimental Group

1. Advance Mill
2. Jupiter Mills
3. Arvind Mills
4. New Shorrock Mills
5. Rustom Jehangir Vakil Mills
6. Maneklal Harilal Mills
7. Nutan Mills
8. Mihir Mills
9. Aryodaya Ginning Mills
10. Ashoka Mills

Control Group

11. Bharat Suryodaya Mills
12. Arun Mills
13. Nagri Mills
14. Soma Textiles
15. Tarun Commercial Mills
16. Saraspur Mills
17. Monegram Mills
18. Marsden Mills
19. Raipur Mills
20. Ajit Mills

1. Name
2. Address
3. Marital status
Married/Single
4. Age of husband
Less than 25 years
Between 25 and 35 years
Above 35 years
5. Age of wife
Less than 20 years
Between 20 and 30 years
Between 30 and 50 years
6. Education of husband
None
Less than high school
High school
Graduate and more
7. Education of wife
None
Less than high school
High school
Graduate and more
8. Occupation of husband
Skilled
Semi-skilled
Unskilled
9. Occupation of wife
Stays at home
Unskilled
Semi-skilled
10. Total emoluments of husband
Up to Rs. 200
Between Rs. 200 and Rs. 400
More than Rs. 400
11. Total emoluments of wife
Up to Rs. 100
Between Rs. 100 and Rs. 300
More than Rs. 300
12. Type of family
Joint family
Single family
13. For the first 15 years of your life, where did you live
Rural
Urban
Rural and urban
14. For the last how many years have you been living in urban areas?
_____ years
15. Accommodation
_____ One room
_____ One room and kitchen
_____ Two rooms and kitchen
_____ More than two rooms and kitchen
16. Do you have a bathroom and W. C. facilities?

<u>Bathroom</u>	<u>W. C.</u>
_____ Common	_____ Common
_____ Separate	_____ Separate
_____ No facilities	_____ No facilities
17. What was the age when married?

Husband	_____ years
Wife	_____ years
18. Total number of living children
_____ boys _____ girls
19. Number of children dead _____

PART II

(Please answer "Yes" or "No")

- | | |
|--|--------|
| 20. If I could live my life again, I would choose to have fewer children | Yes/No |
| 21. Unless a man has a small family he finds himself going from bad to worse | Yes/No |
| 22. People with many children are usually unhappy | Yes/No |
| 23. However rich a mother is, bearing many children can bring her many troubles | Yes/No |
| 24. The fewer children one has, the better one will do financially | Yes/No |
| 25. The fewer children one has, the better one can look after each child | Yes/No |
| 26. More than four children means too much expense for the parents | Yes/No |
| 27. The fewer children a family has, the happier it is | Yes/No |
| 28. If I could have either two children or four children, I would prefer to have only two | Yes/No |
| 29. A large family enhances the prestige of the family | Yes/No |
| 30. A father of a large family cannot fulfil his duties adequately | Yes/No |
| 31. Too many children are sure to wreck the mother's health | Yes/No |
| 32. A large family means a lot of work for the mother | Yes/No |
| 33. A large family ruins the health of the other children | Yes/No |
| 34. With exorbitant rents and intolerable conditions, it is not possible to accommodate a large family | Yes/No |
| 35. A large family means illiteracy, poverty and misery | Yes/No |
| 36. A large family means going down the economic ladder and downward mobility | Yes/No |
| 37. Good health is maintained by having a small family | Yes/No |
| 38. The quality of population tends to deteriorate with the curtailment of family size | Yes/No |

PART III

39. What methods of family planning does the government make available for men?

- Vasectomy
- Condom
- Other _____ Name
- Don't know
- Any other method

40. What methods does the government make available for women?

- Loop
- Tubectomy
- Other _____ Name
- Don't know

Probe _____ Any other method

If the respondent has not mentioned at all the four basic methods—loop, condom, vasectomy, and tubectomy, ask the following questions about the methods not mentioned above.

- i) Have you heard of the loop?
 Yes No Not asked
- ii) Have you heard of condom?
 Yes No Not asked
- iii) Have you heard of vasectomy?
 Yes No Not asked
- iv) Have you heard of tubectomy?
 Yes No Not asked

If the respondent has not heard of the loop, do not ask further questions about the loop. Do the same for the condom, vasectomy and tubectomy. If the respondent says "No" to (i), (ii), (iii) and (iv) skip this part (section).

41. Who inserts the loop.

- Lady doctor Govt.
- Male doctor Govt.
- Lady doctor Private
- Male doctor Private
- Nurse
- Other _____ Name
- Don't know
- Not asked

42. How soon can a man return home after a vasectomy.

- one hour or less
- over 1 hour to 1/2 day
- over 1/2 day to 1 day
- more than 1 day
- don't know
- not asked

43. How the condom is used?

- anything to do with putting it on the penis
- incorrect response
- don't know
- not asked

44. How soon can a woman return home after a tubectomy.

- less than a day
- 1-2 days
- more than 2 days
- don't know
- not asked

45. Once a loop is inserted, is it possible for her to have more children.

- by removing the loop
- any other explanation (put incorrect)
- don't know
- not asked

46. Once a man has had a vasectomy, is it possible for him to have more children.

- he cannot, absolutely
- he can, give explanation (put incorrect)
- don't know
- not asked

47. Once a woman has had a tubectomy, is it possible for her to have more children.

- she cannot, absolutely
- she can, give explanation (put incorrect)
- don't know
- not asked

48. What changes are there in sexual experience for a man after the vasectomy?

- no change
 - positive (good) change
 - negative (bad) change
 - don't know
 - not asked
- } (put incorrect)

49. What changes are there in sexual experience for a woman after tubectomy.

- no change
 - positive change
 - negative change
 - don't know
 - not asked
- } (put incorrect)

50. What changes are there in sexual experience of a man when he uses a condom.

- no change
 - positive change
 - negative change
 - don't know
 - not asked
- } (put incorrect)

51. What changes are there in sexual experience for a woman after insertion of the loop?

- no change
 - positive change
 - negative change
 - don't know
 - not asked
- } (put incorrect)

52. What happens to a woman after insertion of the loop
- nothing
 - slight bleeding for a short time
 - continuous or very heavy bleeding
 - pain
 - other (put incorrect)
 - don't know
 - not asked
53. What happens to a man if he uses a condom
- pain
 - nothing
 - other (put incorrect)
 - don't know
 - not asked

PART IV

54. Did you know about family planning before you got married
- | | |
|---------|--------|
| Husband | Yes/No |
| Wife | Yes/No |
55. From whom did you first learn about family planning
- school mate
 - neighbourhood
 - friends
 - co-workers
 - elders
 - wife
 - family planning workers
 - social workers
 - newspapers
 - welfare officer
 - management
 - union
 - any other
56. If your wife did not know about family planning, what were her initial reaction about family planning technique
- unfavourable
 - favourable
 - highly favourable
 - don't know
57. In your opinion which is the best method of family planning
- tubectomy
 - vasectomy
 - condom
 - loop
 - pill
 - rhythm method
 - withdrawal
58. Which technique of family planning have you adopted
- tubectomy
 - vasectomy
 - condom
 - loop
 - pill
 - rhythm method
 - withdrawal
59. What is the frequency of usage of the family planning technique adopted (ask only if the method adopted is condom, rhythm or withdrawal)
- once a month
 - twice a month
 - twice in fortnight
 - twice a week
60. Why do you think the adopted method is appropriate
- economical
 - safe for husband/wife
 - easily available
 - no health problem
 - lack of knowledge of other methods
61. From whom do you get supplies of contraceptives
- ESIS
 - Urban welfare centre
 - Government agency
 - Mill dispensary
 - Social welfare agency
 - Local family planning centre
 - Open market
62. When did you first start using family planning technique
- Before first child
 - After first child
 - After second child
 - After third child
 - After fourth child
 - After fifth child
63. Once you adopted the technique have you discontinued it at any time
- Yes/No
64. If yes, why
- It did not suit
 - Adopted another technique—*which* technique?
 - There is no necessity, as operated upon
 - No reason
 - No satisfaction
 - Restriction from wife/husband
 - Advised by doctor
 - Wanted more children
 - Any other
65. Are you in favour of abortion as a method of limiting family size
- Yes
 - Under medical advice
 - No

66. Where do you go for counselling on family planning when you have problems
- Family planning centre
 - Doctor (government)
 - Doctor (private)
 - Mill dispensary
 - Friends
 - Social workers

68. Do you think your welfare officer can help the workers and solve their problems on family planning
Yes/No

69. Do you think your welfare officer should take an interest in promoting family planning amongst the workers
Yes/No

67. If the mill were to arrange a lecture or demonstration on family planning, would you attend it
Yes/No

PART V

70. Given below are different stages of your life till now. Please indicate your general health condition during these different stages. (Interviewer : if the respondent is a female use the next question after modifying and ask this question with reference to her husband.)

Stage of your life	I consider my health conditions during this stage as				
	Excellent	Good	Neither good nor poor	Poor	Very poor
1. During your childhood days	_____	_____	_____	_____	_____
2. During the five years before your marriage	_____	_____	_____	_____	_____
3. During the period immediately after your marriage and before you had your first child	_____	_____	_____	_____	_____
4. Between the birth of your first child and the second child	_____	_____	_____	_____	_____
5. Between the birth of your second child and third child	_____	_____	_____	_____	_____
6. Between the birth of your third child and fourth child	_____	_____	_____	_____	_____
7. Between the birth of your fourth child and the fifth child	_____	_____	_____	_____	_____
8. After the fifth child and till now	_____	_____	_____	_____	_____

Exhibit 4

Session-wise Details of the Programme for Welfare Officers as Change-Agents
in Family Welfare

Day	Session*	Topic	Speakers
Monday	First	Welcome, Inauguration of Seminar & review of the project	Project staff**
	Second	Problems of Family Planning in Industry - role of industry in family planning with reference to the textile industry	President, Textile Labour Association & President, Ahmedabad Mill Owner's Association
	Third	Expectation sharing - Role of Welfare Officers as Change-Agents	Project staff
Tuesday	First	The population problem - its impact and various aspects	Population Specialist
	Second	The economics of the Population problems - Is FP the solution?	Economist
	Third	Individual Issues : Micro Lab. (Welfare officer in 2000 individual reflections)	Project staff
Wednesday	First	Case Study : Approach and strategy for FP in an industrial undertaking	Population specialist & Project staff
	Second & Third	Techniques of family planning for men- experiences of doctors in handling various motivational problem fears, misconception and other related problems in various situations in handling clients	Men doctors

Third
doctors in handling various motivational problem fears,
misconception and other related problems in various
situations in handling clients

Exhibit 4 (contd.)

Day	Session	Topic	Speakers
Thursday	First & Second	Techniques of family planning for women; Experiences of doctors in handling clients (Problems and Perspectives)	Women Doctors
	Third	Results of the survey of 20 mills : Trends of Acceptance of family planning	Project staff
Friday	First & Second	Individual Diagnosis : Status of Family Planning Acceptance in my Mill - Individual Mill data to be discussed	Project staff to lead
	Third	Strategy Planning : Strategies of Influencing People	Project staff
Saturday		Preparation of Action Plans for the role as Change-Agents in Family Welfare	(Home work)
Sunday	First & Second	Presentation of Action Plans and Discussion	
	Third	Commitment and Review Procedures (Monthly Monitoring Procedures)	
	Fourth	Resistant worker : How to interact for change (Role Play)	Project staff
	Fifth	Closing to go for Action	

*Every session was about 90 minutes in duration

**Project staff consisted of an Industrial Relations and Labour Union specialist, a Behavioural Scientist and a Researcher.

Exhibit 5

1. What is being done in the Mill about Family Planning?
2. What are the incentives offered? Since when?
3. What is the role played by the welfare officer in Family Planning?
4. What are the significant activities of the Mill before 1974 December?
5. What are the significant activities after 1974 till now?
6. What is the policy followed by the Mill in Family Planning?
7. Has the Welfare Officer attended any training programme between 1974 to 1976 of Family Planning?
8. What is the acceptance rate (yearwise)

	<u>Vasectomy</u>	<u>Tubectomy</u>	<u>I.U.D.</u>	<u>Pill</u>	<u>Nirodh</u>
1. 1973					
2. 1974					
3. 1975					
4. 1976					

(Give only figure of mill employees not their spouse)
9. What is the contribution of Welfare Officer to the Family welfare activities of the Mill in the past two years?
10. Who are the various persons in the Mill taking part in the Family Planning activities?
11. What is the attitude of top management? What is the top management doing to promote Family Planning?
12. Have there been any film-shows, exhibitions, camps, entertainment activities etc. of family planning?

<u>Activities</u>	<u>1973-74</u>	<u>1974-75</u>	<u>1975-76</u>
1. Films			
2. Exhibitions			
3. Camps			
4. Entertainment			
5. Talks			
13. How are the Mill workers responding to Family Planning activities?

Exhibit 5 (contd.)

14. Have red-cross or any other organisation been working in the Mill in the past two years?
15. If yes, what is the response of the Mill to these organizations?
16. What are the facilities offered to acceptors by the Mill? (leave, money, medical aid etc.)
17. What are the follow-up service (after operation) offered to vasectomised workers?
18. Have any leaders in workers or motivators been identified?
19. Are there any motivator training classes?
20. Are there any educational classes for family planning in the Mill?
21. Is there any insurance scheme in operation? If yes, since when?
22. Any condoms or pills being distributed?
23. Is there any extra time available for welfare officer to do work?
24. Does the Welfare Officer talk about Family Planning to workers in his personal contact? How often does he talk? What other mechanism does he use?