

Working Paper



**EDUCATIONAL TASKS IN
DEVELOPMENT PROGRAMMES**

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1.0 Introduction

In the developing countries and those undergoing rapid change, the part played in the social field by education is of vital importance. Geston Leduc (1980) dealing with education as a basic factor of social and economic development states that in any development programme people are the driving force which should receive all the attention it deserves. Before the World War II the common belief held was that scarcity of capital was the main hindrance to economic development. It is increasingly being realized in recent years that technical knowledge, experience and the abilities of the members of the Society are equally important for development.

1.1 Planned Change and Education:

All developmental programmes are planned social change. According to Benis (1966:81); "Planned Change is a method which employs social technology to solve the problems of society. The method encompasses the application of systematic and appropriate knowledge to human affairs for the purpose of creating intelligent action and choices". Further elaborating on its characteristics he says that planned change entails mutual goal setting, an equal power ratio and deliberateness on the part of both sides. In the context of developing countries, it is observed that there are large differences amongst various strata of the society. Usually, beneficiaries of the development programme

belong to the less privileged/lower strata of the society and hence perceive themselves to be low in power as compared to agencies responsible for implementing the programme. They may not participate in goal setting (that they do not get the opportunity and have the ability is also an important issue) and deliberateness is lacking. The educational component helps in a big way to overcome these shortcomings.

Sharma (1979) based on the analysis of achievement data of sterilization from 1970 to 1978 observes that coercion cannot be used to meet the objectives of Family Planning Programme (FPP). During 1971 to 1973 & 1975 & 1977 the targets of FPP were achieved and exceeded. However in the years following these peaks, there were sudden drops in the achievements. In 1978, the achievement of FP was lowest in the last eight years. In the absence of coercion, the trend of achievement would have probably remained continuously upward and the overall performance might have been much better.

Interventions by Behavioural Science Centre, Ahmedabad (Heredero, 1977) stresses an educational approach. Rather than attempting to deliver the service the focus is to make rural people aware of their strengths.

Hence a strategy for development programme need necessarily include educational component. However the nature and magnitude of education will differ from programme to programme

and will depend upon the objectives and scope of the programmes. In the paper broad objectives and strategies of three development programmes: Family Planning, Adult education and Scheme of Community Health Volunteer has been enumerated. The nature of educational efforts required for the programmes is identified and the existing educational efforts are discussed. Emerging from the above, an attempt has been made to derive certain implications regarding the educational component in the programme and a conceptual model of educational strategy of development programme would be derived.

1.2 Types of Educational Tasks:

Various development programmes have different kind of focus. Programmes like Family Planning provides services of taking various methods of family planning to the people. The aim of such a programme is to control population growth through more and more people accepting family planning.

In programmes of non-formal education, like the adult education the task facing the programme is to impart literacy, functional skills and social awareness. In Community Health Services specially rural health services, delivery of services as well as participation by the community members is essential for its effectiveness.

Thus the various educational tasks can be categorised as follows:

- (i) To educate and motivate the people towards the use of services
- (ii) Impart functional literacy to the target group
- (iii) Seek the participation of the beneficiary in the programme.

Besides the above mentioned there are other programmes like the co-operatives which might aim for transfer of ownership and control of the co-operatives to the beneficiaries. There is yet another kind of developmental effort to reduce the exploitative pattern of social order. The educational task would be to bring about social awareness and conscientization of the oppressed class. However for the purpose of this paper, the first three categories have only been discussed.

2.0 Family Planning Programme (FPP)

Looking through the various five year plans, it is quite evident that FPP aims at population control and more specifically bringing down the birth rate. For the purpose several FP methods have been suggested. These methods either limit the family size or serve as a spacing device between children.

India has adopted the National Population Policy in 1976 and the Ministry of Health & Family Welfare has now integrated the FPP with its Mother and Child Health Services.

Resources for the programme are allocated and policy formulated by the Central Council for FP in collaboration with the Ministry of Health and Family Welfare. The programme is consequently executed by the states through its health and family welfare machinery.

FPP has a national uniform strategy of increasing the FP acceptors and giving effective protection to the eligible couples. Target setting is done at the national level.

The programme has two components: Awareness building, and provision of services and facilities for FP methods.

Awareness building is in the area of making the eligible couples in the reproductive age aware of the advantages of a small family norm, the need to space children, that for economic progress, a small family is ideally suited. Also the technology of the FP needs to be explained to the people. Understanding of the various methods of FP, their merits and demerits have to be given to the eligible couples. Besides awareness, motivation to accept FP is vital. In the following section, the nature of the task involved in awareness building and motivating the eligible population has been discussed.

2.1 Nature of Education for Family Planning:

As discussed earlier, the broad objectives of the programme are creating awareness about FP and its technology and about the delivery of services. The educational tasks for FPP are identified as below:

a) Helping the clientele system to appreciate how acceptance of the FPP will help them to improve their standard of living.

b) In traditional/regrarian societies like India, children are considered as an asset. Child labour is a common phenomenon. The educational efforts have to be directed to explain the social/private costs of having an extra child.

c) People want to have large number of children, due to high mortality rate. Proper education about child care and preventive efforts can help to reduce the mortality rate and thereby reduce the need for having more children. Narangwal experiment and Jamkhed project have shown that an integrated approach helps in better acceptance of the FPP (World Bank Staff W.P. No.507).

d) Another prevailing belief is that a son will help the parents in old age. So people land up producing more daughters in the hope of getting a son. An educational effort need to be directed towards such prevailing values and beliefs in the society.

e) Child marriage is another cause of high birth rate. The people need to be educated about the effects of child marriage on the health and growth of the girls.

f) Evidences suggest that girls who are more educated aspire for higher standard of living and hence accept FP more willingly. Educational effort has to be directed towards emphasizing the importance of education particularly women's education.

g) Awareness about the technology of FP:- Many beliefs and myths prevail in the society about various methods of FP. It is reported that some people believed that vasectomy may result in impotency. Such false beliefs hinder the acceptance of FP. New technological development emerge continuously in the field. Laproscopy has made tubectomy operations much easier. It is important that people are made aware of the new methods.

Thus, it has been observed that educational effort has to be an integrated effort, emphasizing the gains as well as the technology of the programme.

2.2 Educational Effort in FPP

From the early stage itself the government seemed to have a clear awareness about the role of education in FP. In the first five year plan, the objectives of FPP was "devising ways to educate the public". In second plan, it was stated to develop a broad based programme of education in family living which included within its scope sex education, marriage counselling and child guidance. In third plan in addition to

education, there was emphasis on communication and motivation research. In fourth and fifth plan greater emphasis was placed on delivery and availability of services. However after 1977 again it has been categorically emphasized that FP is a voluntary programme and emphasis is placed on a wide educational approach.

Educational Strategy of FP in Sixth Plan:

The programme was included in the new 20 point programme.

The salient features of the strategy are:-

a) Intensified efforts to spread awareness and information through imaginative use of multi-media and interpersonal communication strategies.

b) Developing facilities for rapid increase in female literacy.

c) Extending population education to youth in schools and colleges as well as those out of schools.

d) Ensuring effective observance of the law relating to minimum age for marriage for girls and boys.

Mass Media Communication:

As a part of educational effort, mass media communication is emphasized. AIR & TV, films division, song and drama division and Press Information Bureau are invoked in creating the awareness. However, review of the empirical studies in communication strategies, (Dubey, 1969) suggest that personal contacts by FP workers prove to be effective.

Mathew (1962) reports that group meetings can also be used for educational purposes. But following features need to be observed.

a) There is a need to have separate meetings for male and female population.

b) A group of five was considered to be desirable for discussion.

c) Information and teaching materials based on local consideration was found to be careful.

Direct mailing and exhibition are some other effective measures of educating the masses.

It is also reported that when messages of FP were communicated through the calenders having pictures of national leaders, there was greater acceptance.

Based on the above discussion of educational strategy following two propositions are prepared:

Proposition 1:

In the educational strategy of a given development programme, the greater the integration of objectives of the programme and needs of the clientele system, the greater are the chances of acceptance of the programme.

Proposition 2:

In a differentiated society like India, the greater the differentiation in educational strategy based on the characteristics and needs of the clientele system, the greater are the chances of acceptance of the programme.

National Adult Education Programme (NAEP):

This programme was nationally launched in 1978 with the objective of helping the illiterate adults in the age-group of 15-35 years to learn the 3 R's (reading, writing and arithmetic), social awareness and functionality. This centrally sponsored programme is positioned in the Ministry of Education and Culture. The NAEP recognises the importance of training for instructors as well as others involved in the programme. There is the directorate of Adult Education at the centre which is designated as National Resource Agency. State Resource Centres (SRC) have been set up in most of the states. SRC helps the implementing agencies in training of instructors/supervisors/project officers. Besides production of learning materials, SRCs assist in the production of post literacy, and follow-up materials.

The strategy of the programme is to involve all official and non-official agencies that contribute to its effective implementation. Voluntary agencies have been given an important place at the state level. Directorate of Adult Education have

been set up with district adult education offices to implement the programme.

Nature of Education for NAEP

The NAEP is based on the following assumptions:

- (i) that illiteracy is a serious impediment to an individual's growth and to country's socio-economic progress;
- (ii) that education is not co-terminus with schooling but takes place in most work and life, situations;
- (iii) the learning working and living are inseparable and each acquires a meaning only when correlated with the others;
- (iv) that the means by which people are involved in the process of development are as important as the ends;
- (v) that the illiterate and the poor can rise to their own liberations through literacy, dialogue and action.

The target group being the illiterate adults in the age group of 15-35 years, the major task in NAEP at the AEC level is to convey to the potential learners the importance of education. The target group needs to understand and realize the benefits of learning at the AEC, if they are to be motivated to participate in the programme. After having motivated the adults to join the centre, the instructors' task is to teach them 3 R's, make them socially aware and give functional skills. Thus the educational task that can be

identified are: (i) to motivate the target group to participate in the programme (ii) to educate the learners in literacy social awareness and functionality.

The motivational task would further entail creating an interest amongst the adults, assuring that the programme doesn't come in the way of their economic means of livelihood, removing any kind of belief that it is difficult to read and write at an older age, that in effect having developed functional skills would further their economic prospects.

Educating the beneficiaries in the other aspect of 3 R's, social awareness and functionality would imply an integrated approach, involving other developmental agencies working in the field. The functionaries of the programme:- the instructor, supervisor, project office need to be competent to handle the components of the programme.

The instructor and supervisor are the most critical aspects of running the AECs, the instructor being in direct touch with the target group would know the situation, specific needs of the people and can accordingly prioritize the goals of the programme and adopt the strategy to run the AEC. The supervisor can guide the instructor in running the centre and also he is the link between the implementing agency and the field. One week or a ten day training can accomplish very little to develop them (Rao, T.V., et al, 1980). Hence,

training needs to be continuous and an investment in developing the human resources in a programme like this will have high pay-offs.

3.2 Existing Educational Strategy in NAEP.

The AEC at the village level is run by the instructor, a person preferably of the same community with considerable knowledge related to the objectives of NAEP. He goes around convincing the people of the benefits of the programme and motivating people to join the centre. At the centre, to impart literacy, there are posters, charts and primers provided by the state resource centre. Blackboard slates and chinks are provided by the centre to the learners. To assist the instructor there is a supervisor who guides and assesses his work at AEC. Other developmental agencies are supposed to be involved with the programme, include health care agency like the PHC, the CHV in the community, the school in the village, local leaders, mandals like mahila mandals, youth clubs and so on.

Given the resources, the instructor has freedom to decide on the location and time of the classes to be held as per the convenience of the learners. There may be times when the instructor may have to suspend a month's time when every one is busy with agriculture or may have to suspend a month's time or may have to hold special classes where advice/

discussions relating to the occupation of that season could be given. All the same, the instructor does not have the flexibility to suspend the classes for a long duration. The regularity and continuity of the classes is expected to be maintained by the instructor.

The NAEP goals are not sharply focussed and tend to be ambiguous. Thus there is a need to prioritize the goals in keeping with the situation specific needs of the clientele system.

The objectives of NAEP involve working at cognitive as well as affective level. The learning of 3 R's is a cognitive input. But the feelings of helplessness and not being able to confront with the systemic constraints (exploitative system) existing in one's environment probably have its origin in traditionally held beliefs and values. It requires working at cognitive as well as affective level. Heredero (1977) reports that use of experiential methods like T-Group meetings facilitate together with other factors creating awareness about one's strengths and the whole educational process becomes more effective. Thus it can be hypothesized.

Proposition 3:

The greater the congruence between the educational inputs and the methodology of education, the greater will be its impact on learning by the clientele system and greater are the chances of the success of the programme.

Community Health Services

(The scheme of Community Health Volunteer)

The objective of the Scheme, have been defined in broad terms, such as providing medical care where such care is needed and educating the people in preventive and promotive aspects of health.

The intention of the government is that every individual should himself be conscious of taking care of his own health needs. The role of CHV is as a link between community and organised health service facilities and as a change agent.

The CHV's Scheme is built on the philosophy of community involvement and participation. The basic prerequisite of such an approach is its acceptability to all those concerned with it for its successful implementation.

As the literature in this area suggests that one way of generating community involvement is employing the local resources and manpower, indigeneous skills and community culture can all be harnessed to encourage community development. Local artists and artisans can prepare educational materials, health aids and equipments.

Most of the preventive and promotive health activities are aimed at poorer sections of the society. Nutrition, anti-natal care, sanitation, hygiene pure drinking water are all

much more the need of the downtrodden and deprived section of the society. Hence their involvement into health activities is important.

4.1 Nature of Educational Task for Community Health Services:

a) During the British period, the health services were meant for elites of the society and it was curative in nature. It was curative because elite group was well educated and was aware of preventive aspects of health care. However, while taking the health care programme to masses, it is to be ensured that adequate emphasis is being given to preventive as well as curative measures. The concept of health and its allied areas like nutrition, family planning, sanitation, immunization schedule, Mother and Child welfare etc. are to be conveyed to the rural population. They need to understand the implication of the above on their health and their general well being.

b) The system has to educate the community about existing resources within the community and how they can be effectively utilized like herbs plants, roots and seeds etc.

c) Many traditionally held beliefs and values become another cause of either illness or prevents the patient to take medicine during illness. The community Health Workers have to educate the people about these aspects.

d) Participation has been emphasized in community health programmes. Subramanian (1984) through the study and analysis of CHV scheme in a village shows that implementors of the schemes should be clear whether the participation is in identifying the problems or in implementing the scheme. Identification of problem by CHV may not result in participation by the population to implement or take any action to solve the problems. They may not perceive the health related sanitation problems as problems. Hence CHVs have to help the beneficiary to develop the capabilities to diagnose the problems. Further elaborating on the issue Subramanian comments (1984; 12) that members of the health agency have to be clear whether they perceive "participation as an end state" or "participation as a process". He emphasises the importance of participation in diagnosis, planning, implementing, monitoring and evaluation.

d) In the context of the above task, another important educational task is understanding the perceptions of community participation held by the CHVs themselves and then working those perceptions. It may help in emergence of a shared perception of participation among those working in health and development.

e) There is a habitual dependence of the rural communities on outside help, services, resources, etc. A general feeling of helplessness, lack of self confidence and self

esteem (Bhatt 1984; 46). Educational effort has to be directed towards developing self-confidence, self-esteem and sense of self-reliance in the clientele system.

Implications of the nature of Educational Task in different development programme:

Important point coming out of the FPP is that integration of family planning with health care is necessary. Population education in schools and colleges prepares the ground for family planning as these students become aware of merits and demerits of small family norms by the time they reach the reproductive age.

A uniform strategy across the state/country may not be effective. The strategy should take into account education, religion, region while setting its targets and designing its communication strategy.

A network of infrastructural facilities for supplying of contraceptives can be set up for the country. The education on the use of contraceptives can be made available at the PHC and FP clinics at the village and district level.

The adult education programme where the goals are not very specific and also the need of various regions being different flexibility at the field level becomes vital to the programme.

A decentralised structure at the grass root level would help in effective implementation. The instructor need to have autonomy of the AEC and should be run, on priorities of the goals set by NAEP at his AEC.

Linkages with other developmental agencies is required. Incorporating the adult education component in various development programmes would help bring about this linkage.

Training of the instructors and supervisors need to be on-going. Newsletter circulated by the implementing agencies for its function is a good mechanism in continuous education besides meetings and interactions between instructors of various AECs to exchange each others experience and learn from each other.

In community health volunteer scheme, community involvement being the hallmark of the programme again flexibility, autonomy to the CHV is vital to the programme. Also, if the responsibility of running the programme is handed over to the community, because of more accountability, the interest of the community can be sustained and they would then accept the programmes as their own.

6.0 A Conceptual Model of Educational Strategy for Development Programmes:

Based on the analysis and discussion of the three development programmes in earlier section, a conceptual model of

educational strategy for development programmes is presented in figure No.1.

As discussed, it is assumed that a development programme is a planned social change. Accordingly the nature of intervention should be collaborative, deliberate with equal power ratio between target group and change agent, due to history of oppression, it is important to educate them about their resources and strength. The objectives of the programme define the strategy of the programme and both of them depends upon the resources of the change agent.

Educational strategy is derived from overall strategy of the programme and is also dependent upon characteristics of the clientele system and nature of educational task. Finally educational technology is chosen based on resources of change agent, educational strategy and clientele system.

For example, in family planning programme, let us say the objectives of the programme is to limit the population by controlling the birth rate, and the strategy is to stress on spacing methods with special emphasis on Nirodhs and IUD. Due to past educational efforts and case of users, Nirodh has become quite popular. Innovation and adaptation of Copper 'T' has also made IUD technology quite popular. As contrast to these two methods, pills have not made much

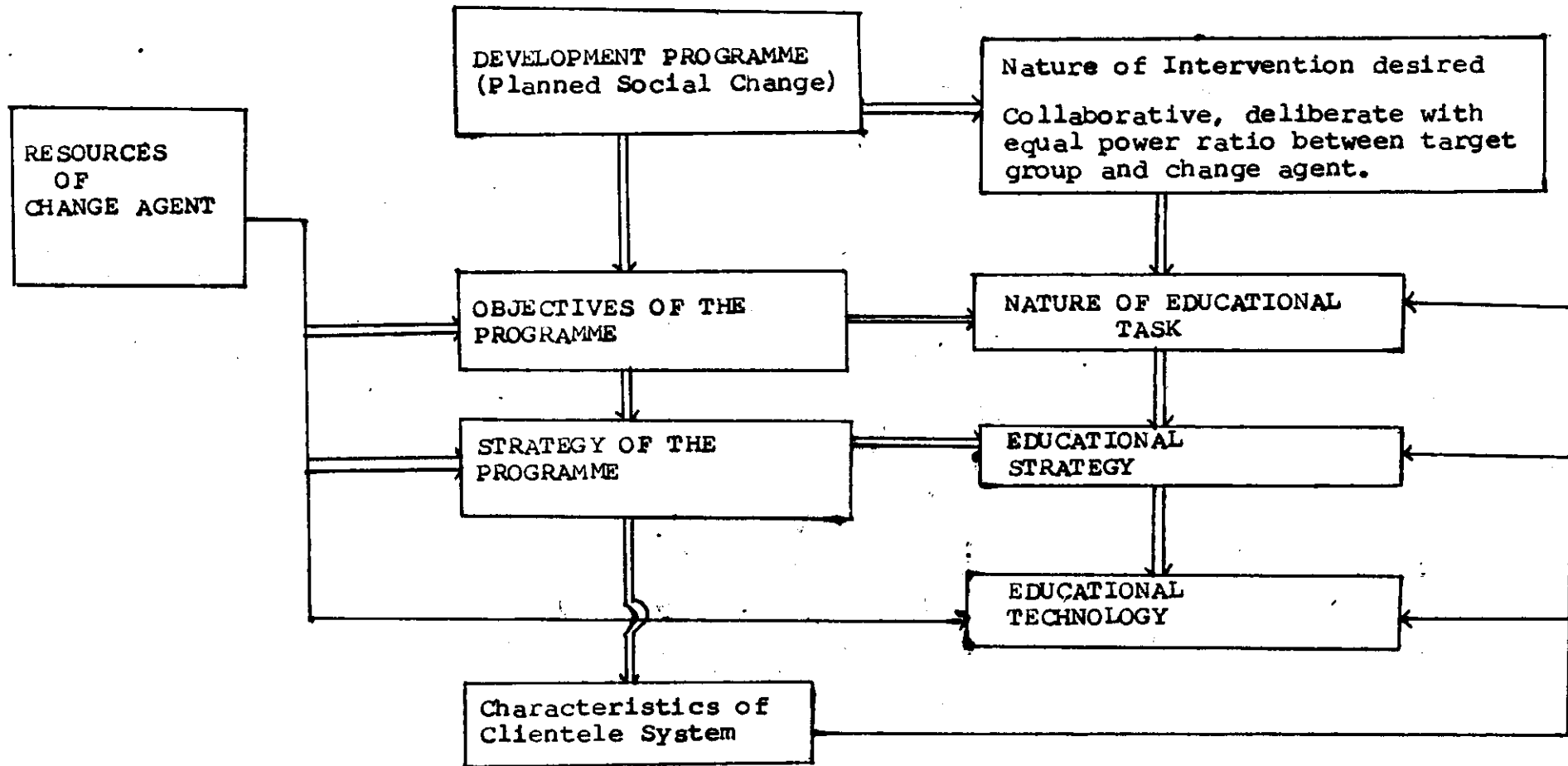
headway and achievements against targets have been very low (FPP Year Book 1982-83) it can be attributed to two reasons. Firstly it was informed by a government official that supply of pills was always irregular/resources of change agent. Secondly, characteristics of clientele system are not conducive. Promoting IUD methods like Copper 'T' will employ educating the clients about advantage of spacing. The slogans like, "Apane Pahale Bachche Ka Hak Mat Chhino" (Do not snatch away the rights of your first child) can help to propagate message. Then, the target group has to be educated about the technology. Since people are shy to talk about sex and its related matter, it is required that separate group meetings are held for male and female (Mathew, 1962).

In adult education programmes, it may be desirable to use experiential based approach to create social awareness amongst rural people. But it implies availability of change agents familiarity with this method. It also requires systems of selection and training which can prepare change agents with these characteristics. In the absence of such facilities, it may not be possible to use experiential based approaches. In community health programmes, while educating CHVs role-plays and case-studies approach may be effective. But it requires infrastructural resources like case-writers and trainers who can effectively conduct these sessions.

Thus from the above discussed examples, it is observed that the model can help to understanding linkages between various development programmes and educational requirements.

FIGURE NO:1

A Conceptual Model of Educational Strategy for Development Programmes



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