Motivation and Family Welfare Programme

Dr. H. Dutta Gupta

There is nothing more important in a programme of family planning than the education and motivation of the people for whom it is meant. Given proper education and motivation do they realise the beneficial effect of the small family in the interest of the family, the mother and the children ; and having realised it adopt one or the other method of family planning. It is necessary that the people realise that the family planning programme is their own programme. Education and motivation regarding planned parenthood is not as simple as it seems. The problem is multifactorial. There are many hurdles that a motivator must overcome to achieve the goal. In a motivation programme, the motivator has to adjust the health and family planning activities according to the needs of the people keeping in view the cultural patterns and cultural traits.

Who motivates whom ?

The social scientists, extension educators and social workers are the personnel employed by the government to motivate people for family planning. Besides these, doctors, teachers, journalists, village midwives, leaders and satisfied users can play important role in the family planning propagation. The doctors occupy a key position for doing this work effectively because the people trust the person who relieves them from various ailments and are more receptive to their advice. The family doctor, for instance, is generally treated as a family friend and enjoys the confidence. Any advice coming from the family doctor is usually welcome. Similarly, the obstetrician, the paediatrician and the general practitioners are trusted by the public and can influence their attitudes. Besides motivating their patients the doctor comes in intimate contact with a variety of key persons, agencies and organisations and in such contact situations, he can influence and stimulate them to undertake promotional activities and to provide necessary information and assistance regarding family planning. In rural areas, midwives are trusted usually by the village women. By virtue of the abovementioned psychological reason they can play an equally important part as the doctors, in rural setting.

Satisfied users are the best salesmen. Each acceptor has her/his circle of friends in about the same stage of family circle and with similar concept about family planning. Having been an acceptor herself/himself, she/he can guide others. In fact, a satisfied user can do a better effective job than most of the employed motivators.

All persons in the reproductive age need to be motivated for family planning—adolescents, eligible couples particularly the 'early conceiver' group ; rural and industrial workers. The 'early conceivers' deserve special attention. It has been observed that this group of persons are highly fecund non-contraceptive users though many of them are willing to limit their family but are ignorant about family planning devices. The rural population, similarly, has to be approached with care. The age-old traditions of having big family and wilful limitation of the family as sin are deeply ingrained in them. Moreover, village women have generally a false notion that family planning means complete stoppage of future births. Another factor that complicates successful work is their suspicious attitude to city dwellers. Where the usual motivators cannot succeed, members of the village panchayat and other leaders from among them can better deliver this message. Industrial workers are another important area of work. According to conservative estimates, nearly 75% of them are in the reproductive age group. Welfare officers, plant medical officers and the union leaders can better influence the workers about the importance of planned parenthood.

What to motivate and when ?

All eligible couples in the child bearing age should be told to limit their family according to their resources. It needs to be emphasised that they should have children 'not by chance but by choice'. Husbands need to be told : "you owe a duty towards your wife and both jointly towards your children. Repeated childbirths have ill effects on the wife and she won't be able to bring up the children properly". It should also be kept in mind that the people are generally more interested in the 'how' of practicing contraceptives than they are in learning the biology or physiology of reproduction. In an ideal approach, the clients should be told about the advantages of each method and asked to choose the best method suited to them.

The teaching of population education is also important. Every year, about a million girls and boys enter the reproductive age and if they have been educated and have interiorised a national attitude towards family size, the work in future will become considerably easier. The population education does not merely consist of sex education or instruction in family planning. It is the basic economics and the sociology of the problem that needs to be underlined and communicated to them. Only then does the idea of small family take roots. For work with women antenatal clinics and postnatal clinics are the ideal place for motivation work.

How to motivate ?

A practising medical practitioner or a nurse need not so discuss with

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his patients as the social worker or the educator has to. They already know the needs and desire of their patient. The nurse can motivate the patient by (i) displaying boards or other printed material like posters, photographs, models and other literature depicting the importance of family planning in the waiting room. (ii) while examining the patient, the doctor can enquire about the size of the family and suggest the importance of small family. He can also help in selecting the suitable method for his patient and after motivating the patient can refer him to the nearest family planning clinic.

For the employed or voluntary motivator, verbal communication is the tool. However, the use of audio-visual aids i.e. movies, films, slides, pamphlets, charts and booklets etc is also recommended. The radio, television and the press can also help.

Summarising, awareness of our people regarding the importance of small family is still low and the vast majority of our people have objections about the very idea of family planning as well as about different methods of contraception. Through education and motivation by the proper personnel these deep rooted cultural values and beliefs can be uprooted. Motivation regarding family welfare programme is still the biggest task to accomplish in comparison with the clinical services given to the people.

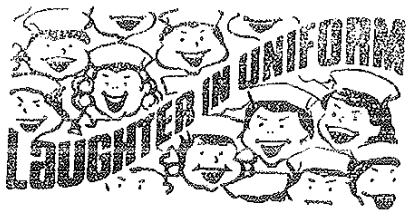
SHOULD NURSES DUST *Contd.*

think, unless it be to lie in bed and watch a nurse attempt to dust who has no idea where or how to begin. We are taught surgical asepsis and the personal care of the sick, and yet how important it is that the furniture and utensiis of a sick room, or ward should be beyond reproach. Surely it is the A B C of asepsis to know how to remove dust and to keep all the fittings of a sick room in accord with the theory of surgical asepsis. The method of dusting which stirs up all the dust and leaves accumulations of dust and dirt in remote corners is a very different one from the method in which we are taught to dust in our probationer days. I have been into the bath-room of a house out here where there was illness and a nurse, and I was horrified at the state of the bath, basins and toilet accessories. No nurse who had ever had to clean lavatories and bath-rooms for the inspection of a vigilant Sister could bear such a state of things. She would for sooner forbid the servants to touch the bath-room, and make it her own special care. You may show a sweeper how things should be done, you may give the *bhishti* and bearer daily demonstrations, but remove your eye for one day and the result will only make you more than ever decided as to who is to take charge of the bath-room.

Now as to the theory that this work keeps gentlewomen out of the nursing profession. A woman who is a gentlewoman will not complain that dusting, or cleaning lowers her dignity ; on the other hand she is only too keen to learnt all that can be learnt, without any ideas as to her superiority to perform any such work.

To become proficient in any profession one must master many details only indirectly connected with it, and surely, it is false pride to think that any work which helps to do this is menial or degrading. The type of woman who holds these views is certainly unfit to become a nurse.

Now as to the argument that health is injured by excessive domestic work. Nowadays I do not think nurses are askd to scrub floors or clean grates. Certainly we had to sweep our wards twice a day, but I have been told that it is said to be most excellent for the figure ! I do not think that dusting or brass cleaning can be as tiring as standing for a whole afternoon in the operating theatre ; yet no one complains of that. The nursing profession is only suitable for women who are sound mentally and physically ; and I think the first year's work is an excellent test. I do not deny that our training is hard, but is nursing an easy profession ? I think not, and the first year's work and the small responsibilities which follow later. As Charles Kingsley say, "It is only they who do their duties in every day trivial matters who will fulfil them on great occasions."



Patient : I have got an extremely poor memory. No sooner than I say something I forget it.

Doctor : And how long has this being going on ?

Patient : How long has what being going on ?

Miss E.M. Benjamin

One of the most tactful speeches given was by a man who entered into a bath room where a lady was bathing. He calmly turned and left with the words "I beg your pardon, Sir."

Mrs. C. Nirmala

John : "I have never had the pleasure of meeting your wife."

Tom : "What makes you imagine it would be a pleasure."

G.V. Ramana Rao

A young man was pacing back and forth in the lobby of the maternity hospital. He seemed to be literally in agony as he waited the birth of his offspring. Finally the nurse appeared and announced "It is a girl". The man sighed with evident relief. Thank Heavens ! I would not want anybody of mine to ever go through this torture that I have just experienced.

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Knowledgeable. A distinguished person visited an insane asylum. He went to the telephone and found difficulty in getting his connection. Exasperated, he shouted, "Young Lady, do you know who I am ?" "No", came the reply, "but I know where you are."

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The Doctor received an urgent telephone call by a woman complaining that her husband had swallowed a pen.

Doctor : I will be there in a few minutes.

Women : What am I to do in the meantime ?

Doctor : "Use a pencil", he replied.

Miss E. Paull