

Client Relations in South Asia: Programmatic and Societal Determinants

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Client relations constitute a neglected area of research in family planning. Findings from studies in northern India and Bangladesh reveal considerable variation in both the quantity and quality of contacts in programs that function under roughly comparable socioeconomic conditions. Client relations are determined by a complex set of forces in which both programmatic factors and conditions pertaining to the societal environment play a key role. Worker-client exchanges have a net, incremental effect on contraceptive use.

Family planning programs require extensive planning, resource mobilization, and administrative mechanisms to function successfully. The impact of family planning policy decisions and administrative processes is seen in the interactions between program representatives and current or potential users. Clients interact with the program through outreach staff, volunteers, medical personnel, or government officials who promote the practice of contraception, distribute information and supplies, or provide medical services. Clients may perceive program representatives as sympathetic, helpful, understanding, and trustworthy individuals who visit regularly. Conversely, they may see program staff as abrupt, insensitive officials whose messages are incomprehensible and sometimes frightening. Program representatives, in turn, may encounter clients who desire services or resist them, who want to limit their family size but fear the use of contraceptive methods, or who want family planning but also need help with other pressing personal or health problems.

The behavior and perceptions of program representatives and clients toward each other are called *client re-*

lations or the *program-client interface*. Given the extensive and growing body of literature on family planning, it is surprising how little is known about the nature of this interface. A great deal is documented about knowledge, attitudes, and practice (KAP) of family planning; about resource allocation; and about program planning and design. However, the ways in which policies, plans, and client orientations manifest themselves as a set of relationships at the program-client interface level, and what constitute their major determinants, remains largely unexplored.¹

This paper analyzes research findings on the nature of client relations and their determinants from programs in India and Bangladesh. Client relations are shown to vary extensively in the three programs discussed, and societal influences shape client relations both directly and through their impact on programmatic effort. The findings presented here are based on four studies: (1) the Kanpur study, a comprehensive analysis of family planning in one division of Uttar Pradesh, northern India (Misra et al., 1982); (2) another northern India study from a smaller project on the interactions between male and female workers and villagers, also conducted in Uttar Pradesh (Rao, 1977); (3) an analysis of the experimental maternal-child health and family planning (MCH-FP) project that the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has organized in its Matlab field station (Rahman, 1984); and (4) an ICDDR,B study that examined the functioning of the public sector family planning activities of the Ministry of Health and Family Planning (MOHFP). This fourth study is an integral part of the MCH-FP Extension Project initiated four years ago in two subdistricts of the central and western part of Bangladesh (Phillips et al., 1984a). Additional information is also reported from an earlier survey of six subdistricts in central Bangladesh (Phillips

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et al., 1984b). Studies reviewed here were selected because of their extensive focus on client relations. Low levels of socioeconomic development in both Uttar Pradesh and Bangladesh make comparisons particularly interesting.

The paper begins with a review of theoretical issues from the general study of client encounters and then summarizes findings on the quantity and quality of worker-client contacts and their determinants. The final section covers the influence of client relations on performance. Given the limited nature of research and conceptualization of client relations in family planning, this article must be tentative in its approach and conclusions.

Conceptual and Methodological Issues

It has been argued that the study of client relations is not a recognized field of scholarship but an area of interest that unites students from varying disciplines who wish to understand how citizens and officials interact with each other (Goodsell, 1981). Contacts between family planning program staff and current or potential users of contraceptive services constitute a "public encounter" (Goodsell, 1981). This is true for governmental and non-governmental programs, since both are generally considered components of national family planning endeavors. The term "client relations," as used here, refers to the interactions of program representatives and actual or potential recipients of services, as well as to their perceptions of the encounter and to the attitudes they hold of each other. A program representative is anyone acting on behalf of the program: medical or paramedical personnel, outreach workers, clinic staff, government officials. In this article, however, the discussion is limited to relationships between outreach staff and actual or potential service recipients.

Aspects of Client Relations

Several distinctions are helpful in delineating the types of client relations discussed here: (1) initiation of contact, (2) medium and setting, and (3) degree of dependence. Encounters may be client- or worker-initiated. In family planning, both types of encounters occur; within the specific programmatic context in northern India and Bangladesh discussed here, however, initiation of contact rests predominantly with field staff. These programs were structured to have a major outreach component because service utilization at clinics had been low. It is important to keep this in mind, because client relations are likely to differ when contacts are partially or predominantly client-initiated, as is the case in social marketing programs. Medium and setting are also constant for all three programs examined. The encounters discussed here refer to face-to-face contacts typically conducted in the client's home or neighborhood.

Hasenfeld has argued that "a client is dependent

on the service organization (1) in proportion to his need for resources or for the performances the organization provides, and (2) in inverse proportion to the ability of others to provide the same resources or performances" (1978:194). How dependent are clients on the programs discussed here? For all practical purposes, the three programs are the main source of modern contraceptive methods in the areas. The only possible exception is the Matlab project, which coexists formally with the public sector program. However, the main service providers in the project area are Matlab staff. Since no one else is providing the same services, the clients are, in one sense, in a position of dependence. To what extent, though, do clients desire the services that the programs offer?

Reproductive motives and orientations toward service modalities define the extent to which clients view program services as essential. In both India and Bangladesh, a small percentage of the rural population actively desire services, but the large majority of people are characterized by either latent demand or by reproductive motives that do not favor the utilization of services at all. The only exception to this is the Matlab project area, where contraceptive prevalence is sufficiently high (46 percent; see Chowdhury et al., 1984) that follow-up and resupply has become a major function of the village worker. Even in the Matlab project, however, motivational activities constitute a major component of the workload. Moreover, even if demand exists, method- or service-system-related fears may be extensive. This places a heavy burden on the extension staff to create trust among and be persuasive with the villagers.

It seems plausible to hypothesize that under conditions of fear or indifference program staff must establish strong relationships with clients in order to be successful. The strength of client relations can be viewed from either a quantitative or a qualitative perspective, or both. The *quantitative* dimension is the amount of contact between field staff and the client population. Encounters may be brief and episodic, leading to shallow relations. Others are frequent, lasting over longer periods of time and having the potential to produce close, positive bonds.

The *quality* of client relations refers to the degree of openness, trust, and respect that characterizes the encounter, as well as the attitudes and orientations of the participants in the client-staff relationship. It is quite unthinkable that workers would be able to stimulate demand in a program based on voluntary compliance, unless service recipients were assured that workers were concerned with their well-being and that they had credibility in a personal, sociocultural, and professional sense.

Determinants of Client Relations

The complex determinants of client relations should be viewed within a theoretical framework that acknowledges the basic interrelationship of program implementation with the socioeconomic, political, and cultural en-

vironment. It must be clear, as Berelson said, that "development extends to administrative capacity as to other matters and the setting conditions not only client responses but program effort itself" (1974:8). Thus, the study of program implementation can never be just the study of budgets or management narrowly defined. It must address the issue of how social, economic, political, and cultural factors interact with and penetrate the bureaucratic structures and managerial processes that translate policies into action. To use the language of organization scientists, an "open-systems" approach is needed that is sensitive to the impact of environmental conditions on complex organizations (Katz and Kahn, 1978). While the social scientific study of programs as formal organizations requires a research paradigm different from that used by the sociodemographer, this paradigm deals with many of the same social, economic, cultural, or institutional forces that condition fertility behavior.

Socioeconomic, political, and cultural influences shape the nature of client relations through several causal paths. First, they affect the program itself—the behavior of workers, their orientations toward the job and the client, the type of services offered, and worker-client ratios. Second, societal influences shape the family planning policy and management system that directs and controls the worker.² Third, societal influences determine the client's response to the worker's initiatives. What is special about client relations, then, is that their position at the interface between the program and the client exposes them to societal influences not just from one but from several sources.³

These complex and interactive determinants are represented in Figure 1, which informs the review of research on client relations in India and Bangladesh presented here. The diagram identifies the quantity and quality of contacts as the key dimension of client relations; specifies program and client characteristics as direct determinants; and shows the family planning policy and management system, socioeconomic structure, and the political-administrative system as contextual factors that shape the direct determinants of client relations (Simmons et al., 1983).

Focus on the interface between program and clients is associated with a unique set of methodological requirements. To establish hypotheses and collect data about both sides of the "dyad"—that is, the program and the client—the researcher must be prepared to cross disciplinary boundaries and use complex data sets. A range of methodologies has been pursued in the study of client relations. Surveys, interviews, participant observation, and documents have been utilized. The specific research findings on family planning discussed in this article are derived primarily from participant observation studies and surveys of both workers and clients. Each of these methodologies has both special advantages and characteristic shortcomings. Surveys generate information about larger samples than is generally possible through participant observation or in-depth interviews.

These latter two methods, on the other hand, lead to a more comprehensive understanding of the exchange. Hasenfeld (1984) has argued that conclusions about the nature of client relations are affected by particular research methodologies. Participant observation of "street level bureaucracy" (Lipsky, 1981) has led to the finding that clients are dissatisfied with services, while survey research often reveals a high level of client satisfaction. Research on family planning discussed here is based on both participant observation and on large-scale surveys of the client population.

The Quantity of Contacts

Family planning in the rural areas of Uttar Pradesh, in Matlab, and in the two subdivisions of the Extension Project involves more than a "people-processing" task. Latent demand may exist, but such demand has to be activated. This requires education, persuasion, and behavioral change. As Rahman argued, the reason for the switch from a clinic approach to an extension strategy was "the assumption that the adoption of contraception is a process that has to be stimulated, overseen and guided by some local agent" (1984:32). A necessary, though obviously not a sufficient, condition for establishing such a process is that clients and program representatives interact with each other—which is why we focus in this article on the quantity of contacts as an important parameter of client relations.

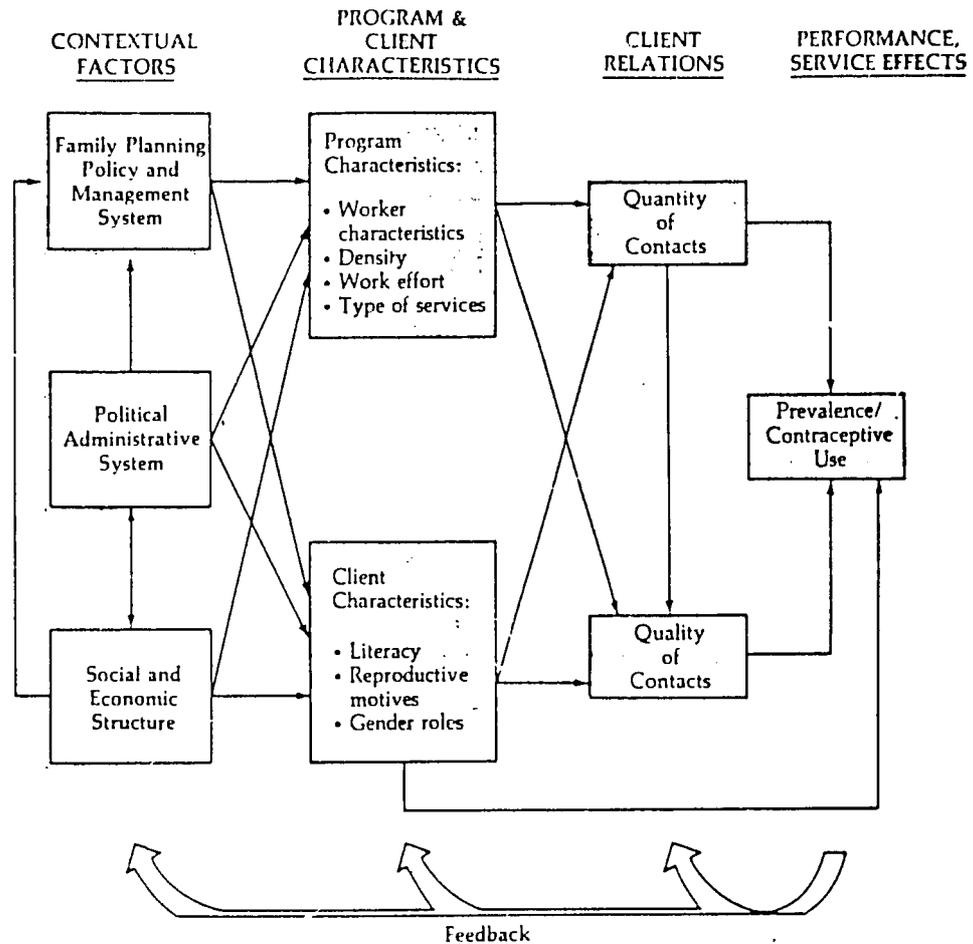
Amount of Worker-Client Contact

The Kanpur study focused on the quantity of contact because, even during the earliest stages of pretesting, it became apparent that complete coverage of households and regular visits could not be taken for granted. It was also clear that the geographic area assigned to each worker was relatively large. The quantity of contact between field staff and the client population was hypothesized to be an important factor in explaining program performance.

Based on a survey of the rural population in 120 villages, the Kanpur study found that only 13 percent of the husbands and 7 percent of the wives in a sample of 2,166 husbands and 2,192 wives had ever been visited for family planning. This included encounters with both family planning staff and representatives of other government programs. Respondents who had been visited had, in general, been contacted more than once. Forty-two percent of the husbands and 24 percent of the wives who had not been contacted knew that government workers visited villagers to talk about family planning.

The investigators of the Kanpur Study considered the low proportion of respondents who had been contacted a startling and unexpected finding because the study was conducted in the early 1970s, several years after the formal introduction of the extension approach

Figure 1 Client relations, their determinants, and their implications for program performance



in India. Discussion with program representatives at all levels had conveyed the impression of extensive household coverage.

Data that were collected more recently in connection with the ICDDR,B's Extension Project in Bangladesh indicate that a government program in a part of South Asia, characterized by levels of underdevelopment similar to those of the Kanpur region, has been able to reach a higher percentage of the rural population. Initial information on the quantity of contact was collected through a baseline survey of a representative sample of 5,765 women in the two project areas. In one of these, 82 percent of the eligible women reported that a female family planning worker had ever visited their house; 42 percent reported having a visit within three months prior to the interview (Simmons et al., 1984). In the other project area, 72 percent reported a household visit from a family planning worker, 28 percent within the last three months. A survey conducted in six subdistricts in another part of Bangladesh revealed comparable levels of contact. The average for the six subdistricts was 80 percent having ever received a household visit from a family planning worker (Phillips et al., 1984b).

It must be noted, however, that the specific mea-

asures of contact in India and Bangladesh are not entirely comparable. The Kanpur study asked whether anyone had ever come to talk to the respondent about family planning, followed by the question, "Have you heard that some government workers visit villagers to talk to them about family planning?" This question was addressed to those who indicated no one had ever talked to them. In the baseline survey of the Extension Project, respondents were asked, "Has any government family planning worker ever visited your house?", followed by a sequence of questions about the worker's last visit. When asked whether the family planning worker actually spoke to the respondent (either directly or indirectly through a family member) in the course of the last visit, the majority of the women did not report a personal conversation. They may have had a personal conversation with the worker during a previous visit, but this was not ascertained in the survey. Measuring the quantity-of-contact variable is immensely complex.⁴ Nonetheless, it is clear from the existing findings that the quantity of contact in the Bangladesh project areas in the early 1980s is considerably higher than it was in northern India in the early 1970s.

Research findings on the quantity of contacts be-

tween government field-workers and the client population are generally based on single surveys of the client population. The Extension Project, however, studies this quantitative dimension of client relations over a period of time, through longitudinal observation of a sample of households. A random two-stage cluster sample of study area households is visited by project interviewers in a 90-day work cycle. The purpose of this sample registration scheme is to gather information on demographic dynamics, service outcomes (contraceptive and health service adoption), and service activities (the nature and frequency of contacts).

What do we learn about the frequency of contact between villagers and the family planning field staff when observations are longitudinal?⁵ Data from the first three rounds of the sample registration system confirm the baseline survey finding that the frequency of contact varies considerably from one district to the other. In one of the areas, 48 percent report having had contact with a female worker within the last three months at the time of the first round of the panel study. In the second area, only 23 percent were contacted. Over the next two rounds, the contrast in the frequency of contact between the two districts increases further, and fluctuations over time emerge (Clark et al., 1986). The decrease in contact in one of the areas can be explained by its location near a major river and the consequent vulnerability to flooding. Many villages remain inaccessible for weeks during the monsoon season and it was during the monsoon months that contacts were especially low. There is no such obvious explanation for the fluctuations in three-month contact for the second area. They could be a function of special campaign activities that are organized periodically within the program. Both areas fall consistently short of the expected pattern of contact, which, according to government policy, is that workers visit all eligible women every three months.

In summary, findings from these three programs in South Asia reveal a considerable range in the amount of contact. In the Kanpur region in the early 1970s, family planning contacts between government representatives and the rural population were extremely low. A decade later in Bangladesh, with postings of family planning staff for a comparable number of years, a high percentage of women had been visited by family planning workers. Contact in the two regions in Bangladesh differed and varied over time. Thus, in a broadly comparable social setting, public sector programs reveal a range of capabilities for reaching the rural population. However, in all cases, expected frequencies of contact are far from being attained.

In the nongovernmental project in Matlab, which has benefited from two decades of close association between ICDDR,B and the local community, the amount of contact between the female village worker and rural women is extremely high.⁶ The project stipulates that workers visit each eligible couple twice in a month. Given the tight supervisory system in the project, frequent visits

are a reality that can, much in contrast to the public sector, be documented through a carefully monitored management information system. The frequency of contact in Matlab represents a difference not just in degree but in kind from the range of observations obtained for public sector programs.

Determinants of the Frequency of Contact

Why are visit frequencies in public sector programs lower than the prescribed norm? Why were they lower in northern India in the 1970s than in Bangladesh in the early 1980s? What explains variations in the amount of contact within programs? The individual studies discussed here and the comparison of the three programs provide some answers to these questions.

Program characteristics are viewed in both the Kanpur study and the Extension Project as a major influence on the level of contact. They are especially important in the context of outreach programs, which are based on the notion that workers must initiate contacts with clients. Two program-related factors are most immediately responsible: worker density and work effort.

Worker Density

Public sector family planning programs in India and Bangladesh have hired a large field staff, but overall worker-to-population ratios are still low, especially when compared to smaller experimental projects. In the early 1970s, the Indian family planning program had a prescribed staffing pattern of one male worker for a population of 20,000 and one female worker for a population of 10,000. The actual staffing pattern for male workers in the Kanpur region corresponded roughly to the prescribed number of workers; actual postings for female workers were considerably lower. Moreover, some of the female workers were charged with the responsibility for running small maternal and child health clinics, and thus were not exclusively available for outreach work. Given the cultural prescriptions of an extremely traditional society, female workers could not move freely in the eight to ten villages assigned to them. They were, therefore, permitted to restrict outreach work to a radius of three miles from their assigned field station, thus leaving several villages without coverage.

The situation was better for male workers. However, their work area was still large, typically comprising 5,000 eligible households. Assuming 250 working days in a year, and 20 daily household visits per worker, a single round would take a full year.

In the Bangladesh program, primary responsibility for family planning and maternal-child health activities at the village level rests with a female worker originally responsible for an average population of 6,000, representing approximately 1,000 households. Since there has been no additional staffing sanctioned, this figure has,

with population growth, increased to 7,500. Assuming regular working patterns and an average coverage of 20 households per working day (six working days per week), a round of visits takes at least three months. The Matlab worker who is in charge of a population of approximately 1,200 (or 200 households) can visit each household twice in a month. A large area adds to the workload both in terms of the number of households to be visited and in the time and energy required to walk the considerable distances involved. The female worker in the experimental project in Matlab covers only her own village and possibly an area close by; the need for moving beyond it does not arise.

Both the Kanpur study and the Extension Project provide quantitative evidence on the importance of worker density. One component of the Kanpur study was to examine the determinants of village-level contraceptive use. Survey data of the client population in 120 villages as well as program and census information were used for this analysis. Field-worker contact was a key programmatic factor examined; density was measured indirectly. Recognition by policymakers of the difficulties arising from low worker densities had led to a division of work areas for male family planning field staff into an intensive and nonintensive portion. Villages designated as intensive were to receive the main attention of the male family planning worker at the time of the research. This decision amounted to a *de facto* increase in worker density in the intensive areas and a decrease in nonintensive ones. A path analysis of the determinants of aggregate village contraceptive use showed that the administrative designation of a village as intensive or nonintensive determined, in part, the percentage of male respondents visited. This analysis lends support to the hypothesis that the amount of worker-client contact is partially a function of the density ratio.

The Extension Project also provides quantitative evidence in support of the density hypothesis. An analysis in one of the project areas of the relationship between distance of sample respondents from the worker's home and contraceptive use prevalence revealed that prevalence was higher for respondents who lived closer to the worker's residence (Phillips et al., 1984c). In the vicinity of her home the worker has a greater presence than in more distant areas. Distant villages necessitate long walking times leading to fewer contacts and less familiarity with the population. Density and the amount of effort required to contact clients are interrelated. As the distance from a worker's home to the client's home increases, work effort increases geometrically, producing inefficiencies in staff utilization. Higher prevalence rates near the worker's residence reflect the levels of contact that would exist under conditions of higher worker densities.

Work Effort

A second programmatic determinant of the level of contact is work effort, defined as the amount of time a worker

devotes to job responsibilities. One of the major findings of the Kanpur project, which has since become recognized as an area of concern in other programs as well, is that the staff attended to their field duties very irregularly. Formal stipulations required workers to be in the field on a daily basis for seven to eight hours, with the exception of reporting or meeting days. Given the extremely sensitive nature of this subject, the Kanpur study did not seek to measure work effort through survey instruments. Pretesting demonstrated that results would be entirely unreliable. Observations and informal reports from supervisors and workers, however, revealed that absenteeism was a regular occurrence. It was also established that work effort varied considerably; some workers hardly worked at all while others were quite regular in attending to their village duties.

Given its close collaboration with the government program, the Extension Project is in a position to use participant observation to assess the quantity-of-work variable. Much of this observation and assessment is still in progress. One technique that is used requires project staff who work closely with the government field staff to keep field notes on the amount of time their counterparts actually devote to household visits. Using interviews with program officials, an initial analysis of a field trial conducted within the Extension Project concluded that workers spend, on average, no more than 10-15 hours per week on their field duties (Simmons et al., 1984).

Managerial Context and Societal Conditions

Two program-related characteristics, density and work effort, thus play a significant role in explaining the low level of worker-client contact. These findings raise a plethora of questions about the resource and managerial context of public sector family planning programs in both of these regions, and about the societal conditions that constrain them.

The interdependence between program design, managerial capabilities, and economic conditions of both India and Bangladesh are forcefully illustrated in the attempt to explain what determines densities and work effort. In the most direct sense, worker-to-population ratios are a function of policy and managerial decisions related to program design. Budget constraints; a lack of appreciation of the relationship between density, contact, and performance; and weak managerial capacities to direct and control a vast cadre of field-workers provide plausible explanations. While awareness of the relationship between worker density and performance can be fostered within the family planning policy and management system, resource constraints and extensive dependence on foreign aid constitute strong economic barriers to an expansion of the worker cadre.

Low work efforts are determined by program design and management, by economic conditions, and by the political-administrative system of both countries. The

Kanpur study found that work planning, supervision, and performance-based reward and control systems were weak and, together with inadequate training and motivation, largely explained the patterns of low field work efforts. Similar conditions are reported for the Bangladesh program (Simmons et al., 1984).

Inadequate job motivation and low work effort are also a function of the pervasive conditions of unemployment, low salaries, and the relatively high cost of living. Workers seek employment in the public sector because a government job guarantees at least minimal economic security for a lifetime. The family planning program is a welcome source of such employment for which many are willing to pay considerable bribes. The job itself, however, is viewed as tedious and the salary as inadequate to support a family. Male workers look for supplementary sources of income in the form of a small business or agriculture, or seek access to resources through the political sector. Managerial control and guidance fail to counteract these trends because supervisors themselves are exposed to economic pressures and, in the absence of performance-based rewards, they use authority within the administrative hierarchy for personal gain rather than for improved program performance. Moreover, workers' linkages to the political sector, which often stem from the influence of political patronage at the time of recruitment, leave them immune to managerial control. Politicians view the program as a valuable source of employment for their constituents but not as a set of activities that deserve their vigilant encouragement. As a consequence, the program is as much a target for resource extraction as for the mobilization of energies directed at performance goals. Low work effort and infrequent client contacts are a logical outgrowth of these conditions.

Program characteristics are important in explaining the level of contact but they constitute only one set of relevant variables. The second major class of factors pertains to the characteristics of the client population. A path analysis of the determinants of contraceptive use for the Indian data showed an effect of literacy on the level of contacts. Workers visit literate families more frequently than illiterate ones. Examination of the correlates of reported visits revealed age, education, and income to be important. The male respondents who were visited were older, had more education, and had a greater total income than those who hadn't been contacted. Both high and low castes report a higher level of visits than do middle castes.

Workers pursue a selective strategy when they contact households, steering toward clients who are more receptive to their family planning message. They are drawn toward groups with latent demand, where their role is at least somewhat understood and respected, and where clients are more readily interested in the resources the program can provide. In the face of extensive responsibilities to mobilize demand, weak managerial infrastructures, and difficult working conditions, outreach

workers in the public sector program are inclined to restrict work effort or steer toward clients with some potential interest in family limitation.

The Quality of Client Relations

The quality of contacts refers to the nature of interpersonal relations and to the technical competence with which workers perform their educational and service functions. Most of the evidence on the qualitative dimension in the studies discussed here relates to the nature of interpersonal relationships.

Client and Worker Perceptions

The ability to understand the client's perspective, it has been argued, is critical in assuring favorable relationships and increasing the potential for behavioral change (Rogers, 1971, 1973). Empathy with the client was not pervasive among field staff from the program in northern India. The Kanpur study assessed workers' perceptions of the gap between clients' family planning knowledge and practice. Widespread fear of contraceptive methods and resulting complications was given as one of the major reasons for low acceptance. When asked to rank three obstacles that might account for the low acceptance of family planning, the overwhelming majority of workers mentioned client resistance as the principle obstacle rather than the lack of clinical facilities or problems with the quality or the quantity of the motivational work. Thus, the immediate reaction is to find explanations in the nature of the village population. The authors conclude that "one gains the impression that change agents believe the fear of the villager is an irrational, unjustified fear, one that is entirely unrelated to possible mismanagement in the manner in which acceptors are recruited or services delivered" (Misra et al., 1982: 202).

When asked what villagers think of family planning workers, more than half of the staff said that they are "hated or ridiculed" and another 26 percent indicated that they are "respected by some and hated by others." Findings from the survey of the client population confirm the picture of poor worker-client relations. More than half of the male and over three-quarters of the female respondents reported that they did not find the visit from the worker helpful. Approximately one-fourth of the wives and one-third of the husbands interviewed indicated that they have a very low opinion of the worker or even that the worker was a bad person, and a significant proportion point out that other villagers have a poor opinion of or were hostile toward the worker (Misra et al., 1982).

Rao's (1977) participant observation study of client transactions confirms that, during the 1970s, worker-client relations in the northern India family planning program were extremely poor. His study was conducted

during the emergency period, which has been discussed widely regarding the use of coercion (Gwatkin, 1979). Rao concluded that family planning workers treat villagers as targets rather than as human beings, that they had developed negative beliefs and attitudes toward clients, that they approach them with fear of failure, and that they lecture and criticize them without making any attempt to understand their needs. Clients, in turn, are hostile because of the forced sterilizations that have occurred.

Data from the Extension Project reveal that much more favorable relationships existed between workers and clients in Bangladesh in the early 1980s than were reported for northern India in the 1970s. As part of a baseline survey in Bangladesh, village women were asked whether they learned or received anything during their last visit with a family planning worker. In the two project areas combined, 42 percent of the women indicated that they had learned something from the worker, and 12 percent indicated that they received something that had helped their family. These results reflect a more favorable attitude of clients toward the program than existed in the Kanpur region in India.

These survey findings are supported by field observations. While individual workers in the Kanpur region reported incidents of open violence against them, such cases were not encountered by workers in the Extension Project areas in Bangladesh. As part of the Extension Project, a number of workers were observed closely during several interactions with their clients. In almost all of these visits, clients spontaneously welcomed the worker with the customary greeting for visitors. While individual women were at times unwilling to answer the detailed questions of the family planning worker, no single incident of open hostility occurred.

An analysis of these participant observation data on client interactions distinguished between an impersonal and a user-oriented workstyle. Female workers who are user-oriented in their approach succeed in building rapport, are socially competent in pursuing family planning motivation, and are responsive to client needs. While only a relatively small number of female workers were studied, it is instructive that the majority of them could be classified as at least moderately user-oriented. It must be presumed, however, that workers were on their best behavior when they were observed.

Rahman's study (1984) of the Matlab MCH-FP project does not focus explicitly on orientations of workers and clients toward each other. His emphasis is on differences in the level of worker credibility as measured by workers' age and affiliation with kinship groups (discussed in the following section on determinants of quality). However, it is generally acknowledged that client relations in the Matlab project are very good. The female village workers in the Matlab Project are respected and well liked by villagers. In many instances they have become an important resource for village families, so much so that they and other project staff are frequently asked

to mediate family conflicts quite unrelated to family planning or health issues.

The Determinants of Quality

As was the case for the quantity of contacts, the combined effect of program and client characteristics along with their broader contextual determinants must be considered in understanding what influences the qualitative dimension of client relations. The frequency of contact, category and gender of worker, and worker credibility are now discussed.

A juxtaposition of the findings from the two public sector programs and the Matlab experimental projects suggests that frequency of contact between field-workers and villagers is an important predictor of quality. The programs discussed above fall along a spectrum ranging from a very low level of contact in northern India to a high frequency of contact in Matlab. The qualitative dimension follows a similar pattern. It seems plausible to hypothesize that workers who visit clients frequently have the potential for establishing good relations with them.

Frequency of contact, however, is only one possible determinant of quality. Type and gender of worker must be considered as well as work-styles. Programs that encourage involvement in client interactions from workers outside of health and family planning may increase frequency of contact but introduce inconsistent approaches that are ultimately detrimental to the quality of client relations. The Kanpur research provides evidence of such negative influence.

In northern India in the early 1970s, staff from the revenue and agricultural extension departments were requested periodically to assist with recruitment of contraceptive acceptors. Local revenue officials are a powerful influence in the village communities; their control over land records provides a base of influence that can be exercised readily to insist that villagers adopt a contraceptive method. The use of coercion by revenue workers was openly acknowledged by officials in the revenue department; it contributed much to the hostility that clients felt toward the worker and the program generally (Simmons et al., 1975; Misra et al., 1982).

The Bangladesh program does not utilize staff outside of the MOHFP for family planning interactions with clients. This fact, coupled with the greater frequency of contact, may in part explain the relatively good relations that prevail. It must be understood, however, that the question of staff utilization for family planning is complex. Categorical statements about the advantages or disadvantages for client relations of involving a range of departments cannot be made. There are certainly examples in the family planning literature that show that involvement of a range of staff was beneficial for client relations. At issue are characteristic approaches of staff and the likely responses of clients. The latter are largely a function of cultural and historical circumstances and of people's orientation toward government generally.

Gender is another important staff characteristic influencing the quality of client relations. The Indian program used both male and female outreach workers. In Bangladesh, male health workers play a peripheral role; their responsibilities lie primarily in the area of health, although family planning duties are emphasized periodically as well. The primary village-level family planning worker in the Bangladesh program is a woman. The same is true for the Matlab experimental project. In his observational study of the program in northern India, Rao (1977) observed that women use more effective interactional styles than do male workers. Survey results from the Kanpur study show that female clients respond more favorably to the family planning worker than do males (Misra et al., 1982). They tend to be visited by female rather than by male workers.

These findings do not necessarily imply that women are better communicators. They are more likely to mean that when women are used, programs can be directed at women. In the cultural context of a traditional society such as northern India or Bangladesh, family size limitation appears more acceptable when practiced by women and subject to controversy when organized around men, as was done in India in the 1970s, when vasectomy was used as a major method.

In his analysis of the Matlab project, Rahman (1984) considers credibility a function of workers' integration with the village society and culture. Three key factors are emphasized: age, size of kin group, and husband's occupational status. Age works through several mechanisms. With increasing age, a woman's opinion carries more weight with the client population; she has more authority within her own family and more control over her life. As a result she is freer to respond to the needs of the work situation than a younger woman constrained by family obligations. It must be noted, however, that essentially all village workers are under 35 years of age. The size of the worker's kin group defines the number of people on whom she can rely for spontaneous influence, because of existing patronage relationships. This supports the observation from the field that "family planning works better in a setting of kin or patronage relationships between the worker and the client" (Rahman, 1984: 146). The occupational status of the worker's husband is a major determinant of client relations as well, in that it can facilitate her work, encouraging punctuality and providing direct support to field activities.

Another analysis of the Matlab data has led to an hypothesis about a relationship between types of services provided and worker credibility. Provision of basic MCH services, especially with regard to basic child care, was found to be significant in a regression analysis of prevalence; additional MCH components, however, were not found to be significant (Phillips et al., 1984b). These results have been interpreted to mean that availability of basic child care services establishes the worker's credibility in the eyes of the community, which in turn allows her to perform family planning functions effectively.

Client Relations and Performance

The basic assumption behind this review of conceptual issues and research has been that client relations constitute proximate determinants of program performance. This assumption is shared by those who in the past few years have appealed for increased attention to a user perspective (Zeidenstein, 1980; Bruce, 1980). The empirical evidence supports this notion consistently.

In an analysis of village-level contraceptive use, the Kanpur study found that the number of field-worker visits had both a direct and an indirect impact on contraceptive use. The indirect effect occurred through the influence of visits on family planning knowledge. Research from Bangladesh further supports the importance of contacts for performance. In an analysis of data from areas outside of Matlab and the Extension Project, Phillips et al. (1984c) found that contact by outreach workers has a greater impact on family planning use than do services in fixed locations. Regression analysis of panel data shows that contact over a 15-month period has an important net effect on contraceptive acceptance (Phillips et al., 1984c). This analysis controlled for baseline educational and demographic characteristics, reproductive motivation, family planning intentions, and contraceptive behavior. These findings indicate an important additive and independent effect of client relations, even among largely unmotivated couples who do not practice contraception. More recent analyses of longitudinal data from the Extension areas once again support the notion that worker-client exchanges have a net, incremental effect on contraceptive use (Phillips et al., 1986).

The Kanpur study examined a program that, at that particular time and certainly in that particular region, was extremely weak. It had a weak field presence as well as an extremely weak administrative infrastructure. Even though variations in the level of contact between field-workers and the rural population did exist, the absolute level of contacts and level of contraceptive use were low. Only 3.7 percent of the couples interviewed used a medical contraceptive method (IUD, vasectomy, tubectomy), and a total of 14 percent used any method. In the high-prevalence Matlab project, by contrast, contacts with the village population were uniformly high. The extreme contrast in the levels of contact and contraceptive use in these two programs is also suggestive of the influence of visits on performance.

Rahman's study (1984) of the Matlab MCH-FP project provides tentative evidence on the impact of the quality of client relations on performance. He showed that the various measures of worker credibility discussed above were related to village-level contraceptive prevalence. Village-level variation in prevalence was also explained by socioeconomic factors, especially literacy. However, Rahman argued, differences in the credibility of individual workers were of greater importance. Since his analysis is conducted in a bivariate rather than a multivariate framework, these conclusions must remain ten-

tative. However, Rahman's findings are suggestive of the significance of program strength in explaining the influence of client relations on contraceptive prevalence. The Matlab MCH-FP Project is by all accounts an impressively successful small-scale experimental project. It is characterized by a well managed and closely monitored delivery system. Overall client relations are strong, but differences in the way individual workers relate to clients still exist and play a more important role in explaining variations in contraceptive prevalence than do socioeconomic factors.

The individual- and aggregate-level evidence on the relationship between worker-client exchanges and performance can be supplemented with the cross-country comparison between India in the 1970s and Bangladesh in the 1980s. The program in northern India had a weak field presence and extremely low levels of performance. The government program in Bangladesh, with its greater frequency of worker-client contacts and better interpersonal relations, has attained a higher prevalence rate of modern contraception and an overall rate of 21.7 percent in 1983 (Mitra, 1985). Prevalence in the Matlab program, with its frequent contact and close personal ties between program and client, has reached 46 percent.

Thus, the importance of client relations for performance is supported strongly by the available evidence. In presenting these findings, however, we would not want to imply that a linear relationship exists between client relations and performance. On the contrary, once client relations reach a certain level, both in their qualitative and quantitative dimensions, program performance is not affected.

Conclusion

Client relations constitute the core activity in human service organizations (Hasenfeld, 1978), especially in programs that must mobilize or create demand. Client relations are determined by a complex set of interactive forces in which both programmatic factors and conditions pertaining to the societal environment play a key role. Both organization theory and empirical evidence suggest that successful programs interact with clients in ways that are congruent with their socioeconomic, political, or cultural circumstances. When approached in the right manner, at the right time, and in the right place, clients are likely to respond positively. The appropriate person and the preferred manner are functions of the societal setting.

In the programs discussed in this paper, female workers are more effective than men because women are more responsive to the family planning message, and it is culturally inappropriate to use male workers as the major contact person for female clients. Given the sociocultural and economic context of the village, female workers are less likely to have alternative sources of employment and are therefore inclined to work more reg-

ularly than males. Female workers generally lack the political connections that tie many male workers into alternative networks of influence, and they are also more susceptible to supervisory guidance and control. Female workers with high status and the social influence that derives from access to patronage networks are more successful than those without such sociocultural ties to the community. Integration into networks of status and influence in the village lends social credibility to program activities. Socioeconomic and cultural factors also determine the availability of the worker to engage in role-appropriate performances.

Whether programs hire the right kind of workers and enforce role-appropriate work routines and behaviors are programmatic or policy issues. The capacity of programs to design and implement client interactions that are socially, politically, economically, and culturally acceptable is often limited. Limits derive from the same societal factors that condition both reproductive motives and client response to programmatic initiatives. Policy formulation and program implementation are constrained by the politics of patronage, economics of dependence and poverty, and by social and bureaucratic structures that obscure the logic of collective action.

Societal influences on program efforts thus operate through two major causal pathways: they affect the way the program functions and the manner in which clients respond. However, programs are not total captives of their societal environments. It is of both practical and scientific interest to assess and understand how programmatic efforts can, within existing societal constraints, be directed to increase their responsiveness to client needs.

Notes

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- 1 For an exception, see D.P. Warwick's chapter on the significance of clients, in D.P. Warwick, *Bitter Pills—Population Policies and Their Implementation in Eight Developing Countries* (Cambridge: Cambridge University Press, 1982).
- 2 For an analysis of the determinants of client relations in social service agencies in developed countries, see Y. Hasenfeld and D. Steinmetz, "Client-official encounters in social service agencies," in *The Public Encounter—Where State and Citizen*

Meet. edited by C.T. Goodsell (Bloomington: Indiana University Press, 1981). For other sociological literature on client relations, see M. Lefton and W.R. Rosengren, "Organizations and clients: Lateral and longitudinal dimensions," in *Human Service Organizations*, edited by Y. Hasenfeld and R.A. English (Ann Arbor: University of Michigan Press, 1974), pp. 472-484.

- 3 This paper focuses on the nature of client relations and their programmatic and societal determinants. It seeks to articulate the multiple mechanisms through which societal influences shape both worker behavior and the programmatic context within which client interactions occur. It argues that patterns of congruence between client transactions and societal needs produce high performance. The compendium piece to this paper (J.F. Phillips, R. Simmons, and M.A. Koblinsky, "Bureaucratic transition: A paradigm for policy development," paper prepared for the Seminar on Societal Influences on Family Planning Program Performance, IUSSP, Jamaica, 1985) is directed at the interface between societal determinants and programmatic effort as a whole. It outlines a paradigm for change arguing that strategies that insulate public bureaucracies from dysfunctional pressures in the society and facilitate supportive working environments can initiate a bureaucratic transition, which moves low performing programs toward greater effectiveness.
- 4 This is a subject of much detailed analysis currently conducted in connection with the Extension Project. See S. Clark, M.B. Hossain, C. Saha, and Y. Hasan, "Second Report on Visits, Topics Discussed and Services Received from Government Health and Family Planning Workers by Eligible Women in Two Upazilas and Two Comparison Areas, from January 1984 to June 1985," Working Paper, MCH-FP Extension Project, ICDDR,B, May 1986.
- 5 Since it is not the purpose of this paper to discuss the impact of the special interventions undertaken by the Extension Project, but to point to general patterns concerning visit frequency when observations are longitudinal, we discuss results from the comparison areas of the Project only.
- 6 For background information on the Matlab project, see S. Bhatia, W.H. Moslev, A.S.G. Faruque, and J. Chakraborty, "The Matlab Family Planning Health Services Project," *Studies in Family Planning* 11, no. 6 (June 1980): 202-212.

Bibliography

- Berelson, B. 1974. "An evaluation of the effects of population control programs." *Studies in Family Planning* 5, no. 1 (January): 2-12.
- Bruce, J. 1980. "Implementing the user perspective." *Studies in Family Planning* 11, no. 1 (January): 29-33.
- Chowdhury, A.I., J.F. Phillips, and J. Chakraborty. 1984. "Recent trends in contraceptive use prevalence and fertility in Matlab: Possible implications of recent demographic dynamics for policy." Paper presented at the Second Annual Conference of the Indian Society for Medical Statistics, Lucknow, 23-24 November.
- Clark, S., M.B. Hossain, C. Saha, and Y. Hasan. 1986. "Second report on visits, topics discussed and services received from government health and family planning workers by eligible women in two upazilas and two comparison areas, from January 1984 to June 1985." Working Paper, MCH-FP Extension Project, ICDDR,B.
- Danet, B. 1981. "Client-organization relationships." In P.C. Nystrom and W.H. Starbuck, *Handbook of Organizational Design, Volume 2, Remodelling Organizations and their Environments*. New York: Oxford University Press, pp. 382-426.
- Goodsell, C.T. 1981. "The public encounter and its study." In *The Public Encounter—Where State and Citizen Meet*, edited by C.T. Goodsell. Bloomington: Indiana University Press, pp. 3-19.
- Gwatkin, D.R. 1979. "Political will and family planning: The implications of India's emergency experience." *Population and Development Review* 5, no. 1 (March): 29-59.
- Hasenfeld, Y. 1978. "Client-organization relations: A systems perspective." In *The Management of Human Services*, edited by R.C. Sarri and Y. Hasenfeld. New York: Columbia University Press, pp. 184-206.
- Hasenfeld, Y. and M.N. Zaid. 1984. "Client-organization encounters in the United States' social welfare sector." Unpublished paper.
- Katz, D. and R.L. Khan. 1978. *The Social Psychology of Organizations*. New York: John Wiley & Sons.
- Lipsky, M. 1981. "Advocacy and alienation in street-level work." In *The Public Encounter*, edited by C.T. Goodsell. Bloomington: Indiana University Press, pp. 69-80.
- Misra, B.D., A. Ashraf, R. Simmons, and G.B. Simmons. 1982. *Organization for Change—A Systems Analysis of Family Planning in Rural India*. Ann Arbor: Center for South and Southeast Asian Studies, The University of Michigan.
- Mitra, S.N. and G.M. Kamal. 1985. *Bangladesh Contraceptive Prevalence Survey, 1983—Final Report*. Dhaka: Mitra and Associates.
- Phillips, J.F., R. Simmons, G.B. Simmons, and Md. Yunus. 1984a. "Transferring health and family planning innovations to the public sector: An experiment in organization development in Bangladesh." *Studies in Family Planning* 15, no. 2 (March/April): 62-73.
- Phillips, J.F., R. Simmons, J. Chakraborty, and A.I. Chowdhury. 1984b. "Integrating health services into an MCH-FP program: Lessons from Matlab, Bangladesh." *Studies in Family Planning* 15, no. 4 (July/August): 153-161.
- Phillips, J.F., J. Akbar, U. Rob, and K.A. Mozumder. 1984c. "The effect of GTZ services intervention on changes in contraceptive prevalence in Munshigonj Subdivision, 1981-82." In Phillips, J.F. and J. Akbar, *Final Report on a Baseline Socio-demographic Survey in Munshigonj Subdivision of Rural Bangladesh*. Report to the German Agency for Technical Cooperation (GTZ) by the International Centre for Diarrhoeal Disease Research. Dhaka: ICDDR,B, pp. 207-225.
- Phillips, J.F., R. Simmons, M.A. Koenig, and M.B. Hossain. 1986. "Worker-client exchanges and the dynamics of contraceptive use in rural Bangladesh." Paper prepared for the Annual Meeting of the Population Association of America, San Francisco, April 1986.
- Rahman, M. 1984. "Determinants of areal variation in contraceptive practice in Bangladesh." Thesis presented for the Ph.D. degree at the Research School of Social Sciences, Australian National University, Canberra.
- Rao, T.V. 1977. "A study of family planning worker-client transactions." Report prepared under a technical assistance

- agreement with the Government of Uttar Pradesh under the aegis of the India Population Project, Indian Institute of Management, Ahmedabad.
- Rogers, E.M. with F.F. Shoemaker. 1971. *Communication of Innovations*. New York: The Free Press.
- Rogers, E.M. 1973. *Communication Strategies for Family Planning*. New York: The Free Press.
- Simmons, R., G. Simmons, B.D. Misra, and A. Ashraf. 1975. "Organizing for government intervention in family planning." *World Politics* 27, no. 4 (July): 569-596.
- Simmons, R., G. Ness, and G. Simmons. 1983. "On the institutional analysis of population programs." *Population and Development Review* 9, no. 3 (September): 457-474.
- Simmons, R., J.F. Phillips, and M. Rahman. 1984. "Strengthening government health and family planning programs: Findings from an action research project in rural Bangladesh." *Studies in Family Planning* 15, no. 5 (September/October): 212-221.
- Zeidenstein, G. 1980. "The user perspective: An evolutionary step in contraceptive service programs." *Studies in Family Planning* 11, no. 1 (January): 24-29.