

CHAPTER – 6

SUMMARY OF THE STUDY

6.1 Introduction

The preamble of the 1948 World Health Organization (WHO) Constitution defines health broadly as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The Constitution defines the right to health as "the enjoyment of the highest attainable standard of health," and enumerates some principles of this right as healthy child development; equitable dissemination of medical knowledge and its benefits; and government-provided social measures to ensure adequate health.

Frank P. Grad credits the WHO Constitution (2002) as "claiming the full area of contemporary international public health," establishing the right to health as a "fundamental, inalienable human right" that governments cannot abridge, and are rather obligated to protect and uphold. The WHO Constitution, notably, marks the first formal demarcation of a right to health in international law. In Indian scenario, there are various health indicators which depict that during the last six decades and more (since the achievements of independence) a significant progress has been attained in the improvement of health of the people. However, the health picture of country still constitutes cause for serious and urgent concern in major health issues. Large masses of Indian poor continue to struggle for survival and health.

When it comes to health and survival, women have direct concern towards survival and health. The reason may be their struggle towards having a family. Majorly a women's health is based on Reproductive Health, if better Reproductive Health attained, the overall good health can also be achieved. For the betterment towards this many organizations working for improving health status of women in India but there is still underutilization of health services by women which is mainly due to:

- Lack of awareness about health care services available.
- Ignorance of women in Indian society

- Poverty stricken families
- Lack of awareness about importance of their own health
- Superstitions amongst low socio-economic families (especially in tribal society)
- High illiteracy among women (especially in tribal society)

6.1.1 Women and Reproductive Health

Reproductive health is a universal concern, and is of special importance for women particularly during the reproductive years. In line of that the accomplishment and preservation of good reproductive health majorly depends upon one's access to health supplies and services available and meant for them. One cannot remain healthy if the surroundings are unhealthy. Apart from the individual physical differences and health habits, the health policies made the government, a healthy environmental condition excellent medical care facility for rural-urban-tribal are all the determinants of achieving good health. This has a straight link with women's health and especially reproductive health.

Cairo Programme from International Conference on Population and Development (ICPD 1997) stated the reproductive health means "a state of complete, physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so." Implicit in this are the right of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, and the right to appropriate health-care services that enable women to safely go through pregnancy and childbirth.

Women run the risks of pregnancy, childbirth and unsafe abortion, take most of the responsibility for fertility regulation and are socially and biologically more vulnerable to reproductive tract infections and sexually transmitted diseases including HIV/AIDS. Men, too, suffer reproductive ill-health, particularly in the form of sexually transmitted diseases and HIV/AIDS. Thus, while recognizing that the main burden falls on women,

strategies to improve reproductive health must also consider men's needs concerns and roles. Reproductive health problems are widely prevalent, especially among women and those living in rural and tribal areas. Vulnerability factors that have been flagged for concern including:

- Unmet educational needs of the women in the present scenario
- Inadequate health services
- Cultural norms, taboos, believes and faith
- Lack of knowledge and awareness in regards to their overall developmental aspects.
- Low status of women in all the aspects (i.e. social, emotional, economical, cultural etcetera.)
- Lack of supportive environment in the family and community context
- The absence socially, economically and physically supporting environment etcetera.

To combat with above hurdles interferes in attaining a good reproductive health The National Population Policy (2000) affirms the commitment of government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in providing family planning services. The Council's research activities are directed to address the issues related to reproductive health through basic and clinical research as well as operationalising the existing knowledge and available technologies. The researches have been undertaken through Council's Institute for Research in Reproduction (IRR), Mumbai, the network of Human Reproduction Research Centers (HRRCs) located in different parts of the country and several non-ICMR institutes including NGOs. Without reproductive health and freedom, women cannot fully exercise their fundamental human rights. Yet around the world, the right to health, and especially reproductive health, is far from a reality for many women. According to the World Bank, a full one-third of the illnesses among women aged 15-44 in developing countries is related to pregnancy, childbirth, abortion, reproductive tract infections, and human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS).

As it has been already discussed earlier that the government has taken various initiatives for women reproductive health care, but on the other hand, diversity of women is widespread in the country and “Tribal women” are one of them. They are monograph of our society yet neglected part too. Concentrating on health of tribal women may have significant improvement in the overall health status of women.

6.1.2 Tribes

According to Sociology Guide (2006), Ādivāsīs (Tribes) literally "original inhabitants" comprise a substantial indigenous minority of the population of India. The word 'Tribe' denotes a group of people living in primitive conditions. It is a social group with territorial affiliation, endogamous with no specialization of functions. They have a headman or a chief who controls the activities of that group. Tribal have several sub-groups all of them together known as 'Tribal Society' Mehrotra (2006) mentioned that, Contrary to the anthropological myth of relative isolation, tribal exist as a part of mainstream. A common similarity however, is that a large chunk of their population still reels under poverty, social backwardness, and literacy. Tribes-people like the Gond, Bhil, and Halbi almost live like Hindus do in the outside world.

6.1.3 Tribes in India and Rajasthan

On the whole, as per rough estimates, the prominent tribal areas constitute about 15 percent of total geographical of the country. However, they have their presence in all states and union territories except the state of Haryana, Punjab, Delhi and Chandigarh. Tribals living in Rajasthan are classified in the following. As per the 2011 Census, the population of Scheduled Tribe is 13.2 % of the state; but the concentration of the ST population is greater in some parts of the state. The proportion of scheduled tribes in total population among the districts is given in Rajasthan's population includes many tribals, who today constitute 13% of the state population, nearly double the national average. The main tribes of Rajasthan are: Bhils - The Skilled Archers, Minas - The Fishy Clan, Gaduliya Lohars-the nomadic blacksmiths Garasias-the ‘fallen’ Rajputs, Sahariyas-the jungle dwellers and Damors-the migrated tribe.

6.1.4 Tribal Women and Their Health

Women have always considered as important part in tribal societies. Tribal women themselves are increasingly subjected to the stress associated with the developmental activities. The overall health and reproductive health of tribal women are two different aspects. In India the facts can be seen that the women, whether belongs the tribal community or general community she has to face the problems regarding her health. To an extent she herself is responsible for their health problems. Like Sexually Transmitted Disease, family planning are the aspects which have direct link to the women's health practices. There are some constraints which always affect the overall health of tribal women, they are:

- The health of women, especially reproductive women remain neglected in rural India.
- Facility is not available all the time (24 Hr.).
- Tribal women are not aware about the importance of reproductive health.
- The communal taboos and myths are still prevalent among them.
- Less care during reproductive or any health problems.
- Prevalence of unhealthy health care practices.

On the basis of all this, it can be said that awareness on overall aspects of reproductive health altogether can only fulfill the need of overall development of women in regards to reproductive health. And a package (which will include almost all the aspects of reproductive health of women) will definitely provide a loyal environment to improve the quality of reproductive health of women. Hence this study has been planned to develop an educational package for reproductive health of tribal women with the following topic and objectives.

6.2 Statement of Problem

“Effectiveness of Developed Reproductive Health Package for Tribal Women of “Kerwas” village of Pratapgarh District” (Rajasthan, India) and Identification of Their Reproductive Health Practices”.

6.3 Objectives of The Study

6.3.1 Broad objective

To Develop Information, Education and Communication Package on various selected “Reproductive Health” aspects for Tribal Women and to check its effectiveness in terms of gain in knowledge.

6.3.2 Specific objectives

1. To prepare Profile of the selected Respondents.
2. To identify Reproductive Health Practices prevalent amongst selected respondents.
3. To develop an Information, Education and Communication package on following selected “Reproductive Health” aspects:
 - A. Stages of Reproductive Health
 - B. Maternal care
 - C. Sexually Transmitted Diseases/Reproductive Tract Infections
 - D. Family planning
4. To study the overall effectiveness of developed Information Education and Communication Package on following selected “Reproductive Health” aspects:
 - A. Stages of Reproductive Health
 - B. Maternal Care
 - C. Sexually Transmitted Diseases/Reproductive Tract Infections
 - D. Family Planning
5. To study the overall effectiveness of developed Information Education and Communication Package on selected “Reproductive Health” aspects in relation to following selected variables:
 - A. Age
 - B. Educational Status
 - C. Marital Status
 - D. Monthly Family Income

6. To study the effectiveness of developed Information Education and Communication package on “Stages of Reproductive Health” in relation to following selected variables:
 - A. Age
 - B. Educational Status
 - C. Marital Status
 - D. Monthly Family Income
7. To study the effectiveness of developed Information Education and Communication package on “Maternal Care” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
8. To study the effectiveness of developed Information Education and Communication package on “Sexually Transmitted Diseases and Reproductive Tract Infections” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
9. To study the effectiveness of developed Information Education and Communication package on “Family Planning” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
10. To study the reactions of selected respondents on various media developed on various selected “Reproductive Health” aspects.

6.4 Assumptions

1. An Information Education and Communication package covering all the selected “Reproductive Health Components” can be developed to impart knowledge among the selected tribal women.
2. Tribal women can be able to gain knowledge on various “Stages of Reproductive Health”.
3. Tribal women can be able to gain knowledge on “Maternal Care”.
4. Tribal women can be able to gain knowledge on “Sexually Transmitted Diseases and Reproductive Tract Infections”.
5. Tribal women can be able to gain knowledge on “Family Planning”.

6.5 Null Hypotheses

There will be no significant difference in the mean achievements score of the respondents in pre-test and post-test. Since the educational instructional package consists of four components in order to test their effectiveness the following null hypotheses was formulated for each “Reproductive Health Aspects”.

1. There will be no significant difference between the mean achievement scores of pre-test and post-test of the respondents of selected “Reproductive Health Aspects”.
2. There will be no significant difference between mean achievement scores of the respondents regarding selected “Reproductive Health Aspects” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
3. There will be no significant difference between the mean achievement scores of pre-test and post-test of the respondents of the selected “Reproductive Health Aspects” viz:
 - A. Stages of Reproductive Health
 - B. Maternal Care

- C. Sexually Transmitted Diseases and Reproductive Tract Infections.
- D. Family Planning

4. There will be no significant difference between mean achievement scores of pre-test and post-test of the respondents regarding “Stages of Reproductive Health” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
5. There will be no significant difference between the mean achievement scores of pre-test and post-test of the respondents regarding “Maternal Care” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
6. There will be no significant difference between mean achievement scores of pre-test and post-test of the respondents regarding “Sexually Transmitted Diseases and Reproductive Tract Infections” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital Status
 - D. Monthly Family Income
7. There will be no significant difference between mean achievement scores of pre-test and post-test of the respondents regarding “Family Planning” in relation to following selected variables:
 - A. Age
 - B. Education
 - C. Marital status
 - D. Monthly Family Income

6.6 Delimitations of The Study

1. The study is delimited to the tribal women only.
2. The study is delimited to the selected Reproductive Health aspects only.
3. The study was delimited to the “Kerwas” village of Pratapgarh district of Rajasthan only.

6.7 Operational Definition of Reproductive Health Package

In the present investigation Reproductive Health Package implies with the combination of different Information, Education and Communication (IEC) materials with regards to different facets of women Reproductive Health viz; “Stages of Reproductive Health (Adolescence, Menstruation, Menopause etcetera), Maternal Care, Sexually Transmitted Diseases/ Reproductive Tract Infections and Family Planning (Methods and Contraceptives), to promote “increased availability of information and enhanced awareness of tribal women about Sexual and reproductive Health” meet the unmet need of women lacking in proper “Reproductive Health” care, knowledge and practices.

The Information Education and Communication material comprises various educational Audio – Visual materials developed and combine all together according to the need and level of selected target group. Imparting knowledge among the selected target group is than taught with the help of this Instructional Educational Material such as Picture Cards, Posters, Booklet, Self-Learning Cards and various Electronic Media etcetera to compare the knowledge of target group before and after implementation of package. **(For Detail Refer Appendix 6)**

6.8 Methodology

The present investigation aimed at studying the effectiveness of the IEC Package developed undertaking various Reproductive Health Aspects using “Pre-test – Post-test Single Group Experimental” design, the plan and procedure for the same are as discussed below:

6.8.1 Preliminary Survey: was done with topic “Assessment of Knowledge on Reproductive Health from Tribal Women of Pratapgarh District (Rajasthan)”

6.8.1.1 Objectives of the Preliminary Survey:

1. To Assess Profile of all the Selected Villages.
2. To Assess Socio-Economic Status of Tribal Women of Selected Area.
3. To Assess the Knowledge of Tribal Women on selected Reproductive Health Aspects:
 - A. Meaning and Concept of Reproductive Health of Women.
 - B. Knowledge about Basic Components of Reproductive Health of Women.
 - C. Anatomy of Female and Male Reproductive System.
 - D. Process of Conception to Childbirth.
 - E. Maternal Care.
 - F. Sexually Transmitted Diseases.
 - G. Reproductive Tract Infections.
 - H. Family Planning.
4. To Identify General Health Practices Prevalent amongst Tribal Women of selected area.

6.8.1.2 Delimitations and Location of Preliminary Survey

The preliminary survey is delimited to tribal women Pratapgarh district of Rajasthan state only. From the five Tehsils (of Pratapgarh District including Pratapgarh), namely: Choti Sadri, Dhariyavad, Pratapgarh, Arnaud and Pipalkhunt. Total **30 villages** were found as **underdeveloped** villages and **956 as developed villages**. Out of the 30 underdeveloped villages, **10 tribal dominated underdeveloped** villages were randomly considered for preliminary study.

6.8.1.3 Sample and its selection for Preliminary Survey

Sample was drawn from 10 selected tribal dominated under developed villages. Total **150 tribal women** from selected villages were included purposively and their willingness to participate in the survey, **15 tribal** women from each of the village was considered for the preliminary survey.

6.8.1.4 Tools and Descriptions of Preliminary Study: An Interview Schedule was developed consisting of following sections:

Part I : Village Profile: General profile of the villages was obtained with the help of “*Sarpanch*” of the respective villages.

Part II : Background Information of the respondents: Demographic and Socio – Economic information was taken under this part of the survey.

Part III : Knowledge of Reproductive Health Aspects: This part of interview schedule included questions related to all the selected aspects of Reproductive Health, which were as follows:

- A. Meaning and Concept of Reproductive Health of Women
- B. Knowledge about Basic Components of Reproductive Health of Women
- C. Anatomy of Female and Male Reproductive System
- D. Process of Conception to Childbirth
- E. Maternal Care
- F. Sexually Transmitted Diseases
- G. Reproductive Tract Infections
- H. Family Planning

Part IV: General Health Practices: Various Health Practices prevalent among the selected respondents were collected through Developed Interview Schedule.

6.8.1.5 Data Analysis of Preliminary Survey: Data was analyzed using frequencies and percentage distribution and mean percent scores of the respondents related to Socio – Economic Status and Overall Knowledge of the respondents regarding different selected aspects of Reproductive Health.

6.8.1.6 Major Finding of Preliminary Survey:

Part I: Village Profile: The profiles of the selected villages are described in Table 1

Part II: Background Information of the respondents

A. Demographic Information

Age: More than half of the respondents (52%) were from middle age group, followed by nearly one fourth respondents (23%) belongs to upper middle age group and very few of them were belonged to younger and older age group.

Marital Status: Sixty five percent respondents were married followed by almost similar number of respondents i.e. 15 percent and 11 percent was found as divorcee and unmarried respectively. Very few of them (9%) were widowed.

Education: More than half of the respondents (53%) were illiterate. Nearly one third of them were able to read the newspaper and write their name. Thirteen percent respondents were educated up to the 5th standard. Very few respondents (6%, 3% and 2%) were educated up to the middle level, secondary and higher secondary and graduation level.

Occupation of the respondents: Regarding occupation of the respondents, 46 percent respondents found labor. Twenty nine percent respondents were occupied with farming. Among the rest of the respondents only eighteen percent respondents were non wage earner and very few of them (7%) were has their service enterprise.

B. Socio – Economic Status: Majority of the respondents (69%) belonged to low socio-economic status, followed by 27 percent respondents who were in medium socio-economic status. Only four percent respondents belonged to high socio-economic status.

Part III Knowledge of Tribal Women on Basic Reproductive Health

Aspects: It was concluded that maximum number of respondents (93 % and 87%) had low knowledge about RTIs and STDs (respectively), followed by 70 percent respondents who had low level of knowledge regarding anatomy of male and female reproductive system. 60 percent had low knowledge about the process of conception to childbirth followed by 57 percent respondents who possessed low knowledge about meaning and concept of reproductive health of women. A similar number of

respondents (50%) had low level of knowledge about basic components of reproductive health of women, family planning and maternal care.

Part IV: General Health Practices Prevalent among Selected Respondents: the general health practices identified was: **Alcohol Consumption, Wrong Breast – Feeding Practices, Faulty Sexual Health Practices, Food and Diet Related Practices, Tobacco Consumption and, Malpractices related to Family Planning and abortion.**

Thus a development of an all-inclusive Reproductive Health Package was planned and Implemented in the present investigation to improve their good health practices and to increase their knowledge on various issues related to Reproductive Health.

6.9 Research Design

The research design for the present study was **Experimental** research - single group pre-test post-test design. An Information, Education and Communication package developed containing various aspects of “Reproductive Health” was the “treatment”, used for the experiment. In this design a single group is pre-tested, undergoes treatment (intervention of package) and finally post-tested.

6.10 Location of The Study

The present study was conducted in **Pratapgarh** district of Rajasthan state. Pratapgarh district includes five Tehsil and Panchayat Samiti Headquarters (including Pratapgarh), namely: **Choti Sadri, Dhariyavad, Pratapgarh, Arnaud and Pipalkhunt.** Total 30 villages found as under developed villages amongst all the above panchayat samiti. Out of all, one village named “**Kerwas**” (tribal dominated village) from Pratapgarh Panchayat samiti was considered for the present investigation.

6.11 Population of The Study

On the basis of felt needs the tribal population of Pratapgarh District of Rajasthan, India, was considered as the population for the present study.

6.12 Selection of Sample

A total number of 100 tribal women considered for the present investigation. Purposive sampling technique was used to select the sample.

6.13 Development of Information, Education and Communication (IEC)

Package on Reproductive Health Aspects: IEC Package was Developed under following heads

6.13.1. Primary and secondary resources review: The available literature on the reproductive health of women was reviewed. The secondary data sources were selection, optimization and from Books, Journals, News Papers and Newsletters.

6.13.2. Selection of Reproductive Health Aspects: The master list was than prepared with having major topics, which were as follows:

- A. Stages of Reproductive Health
- B. Maternal Care
- C. Sexually Transmitted Diseases and Reproductive Tract Infections
- D. Family Planning

6.13.3. Description of Reproductive Health Aspects: Various Reproductive Health Aspects further divided into various sub aspects, which is depicted in the table 91:

Table 1: Descriptions of aspects related to Reproductive Health

S. No.	Descriptions of Selected Aspects of Reproductive Health
A.	Stages of Reproductive Health of Women <ul style="list-style-type: none"> • Puberty and changes during adolescence • Anatomy of female and male reproductive system • Menstruation and menstruation cycle • Menopause
B.	Maternal Care <ul style="list-style-type: none"> • Process of reproduction • Pregnancy symptoms, stages and child birth process • Prenatal / Antenatal and Postnatal/ Postpartum
C.	Sexually Transmitted Diseases (STDs), Reproductive Tract Infections (RTIs): Types, Causes, Symptoms and Prevention
D.	Family Planning: methods, types of contraceptives, its use and importance

6.13.4. Selection and analysis of content: After reviewing the literature available on reproductive health of women, a set of content was selected.

6.13.5. Validation and modification of content: After selection and analysis of the content, experts and specialists of different fields affiliated to the Reproductive Health aspects and sub aspects were approached for the validation and modification of content.

6.13.6. Development of IEC Materials: For the intervention of each of the aspects and sub-aspects of reproductive Health, various educational instructional supportive materials like Charts, posters, Self-Learning Cards, educational games, booklet, and video film etcetera were

developed. Some of them were borrowed (few one) from other institutions to fulfill the requirement of the study.

All the materials developed and borrowed and categorized according to sub aspects of Reproductive Health. After pre testing these materials were used according to different criteria in regards to various topics as well as according to their benefits and their effectiveness. Various media were prepared by following various important steps right from the beginning to its completion. For detailed steps of preparing various IEC materials Refer Methodology chapter of the present study.

6.13.7. Validation and modification of IEC Materials: The entire IEC materials were developed by using the uniform format with having clarified illustrations and language. The IEC materials than validated and modified with the various experts of related field (**Refer Appendix 1.3**).

6.13.8. Pre testing of IEC Package: After development of IEC various IEC materials developed covering all the selected aspects and sub aspects of Reproductive Health was pre tested with tribal women (other than sample) of the selected area. Necessary changes have been made as per the requirements after pre-testing of materials developed.

6.13.9. Communication Methods Adopted for Creating Awareness:

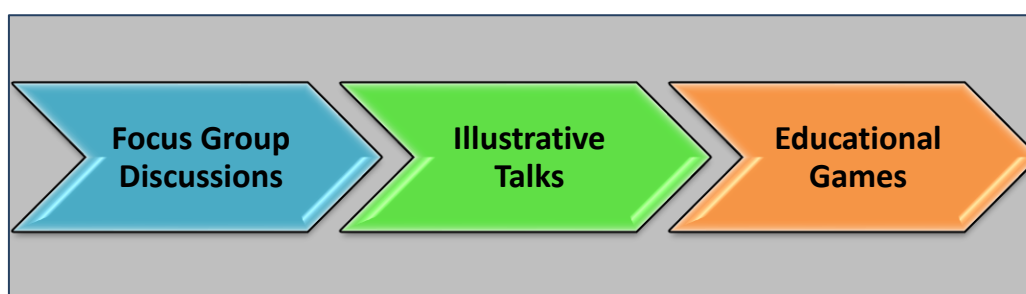


Figure 1: Methods Used for Creating Awareness

6.13.10. Preparing Programme Schedule: A tentative 4 – 5-month schedule (Appendix 8) was planned according to the categories pre-decided on every Reproductive Health Aspect: (Refer Appendix 8.1 and 8.2).

6.14 Construction and Description of Research Tool: The interview schedule was developed by the investigator based on the literature review and expert's guidance. The schedule comprised of various sections, given below:

Section 1: Background Information: in this section Demographic Information, Socio – Economic Information and Basic Reproductive Health Information related questions were framed. Checklist cum interview schedule and open-ended questions were the tool of this section.

Section 2: Reproductive Health Practices: this section comprises questions related to Personal Hygiene Practices, Food and Diet Related Practices, Maternal Care Practices, Family Planning Practices and Social and Cultural Practices. Similar to section one Checklist cum interview schedule and open-ended questions were the tool of this section also.

Section 3: Reproductive Health Aspects: A Knowledge test were used as a tool for getting quantitative data and open-ended questions were framed for getting qualitative data. This section has questions on various sub aspects of Reproductive Health viz; Stages of Reproductive Health, Maternal Care, STDs/RTIs and Family Planning.

Section 4: Reaction Scale: A reaction Scale was prepared to see the reactions of the respondents towards electronic Media, Print media and Educational games. For this 3 -4-point continuum scale was used.

Translation of Interview Schedule: After formation of detailed interview schedule in English, it has been translated into Hindi language.

6.14 Validation of Research Tools: The research tool (interview schedule) than given to various experts to judge the accuracy of the research tool in various terms of. (refer Appendix 1.1)

6.15 Reliability of Tool: After validation of research tool, reliability test for the tool was applied. A high correlation was found with 0.87 Reliability Coefficient (r) between both the sets of scores.

6.16 Pre-Testing of Tools: After the application of reliability test to the tool, it was than pre tested with 10 tribal women other than the sample.

6.17 Procedure of Data Collection: Firstly, background information and information reproductive health practices was collected, after, those respondents were divided into three groups according to their residential area and rest of the data collection part was done in term of pre-test, implementation IEC Package and post-test of the respondents. Lastly reactions of the respondents were taken on various IEC materials developed.

6.18 Phases of The Experiment: The present study was conducted in three phases:

6.18.1 Pre-testing of Experimental Group: In this Stage participants were divided into three group according to their residential area, and pre data before intervention were collected to check their current knowledge regarding various Reproductive Health aspects.

6.18.2 Implementation of Package: This was the next step of data collection in which the complete package (IEC Materials developed) were introduced by using various methods of education.

6.18.3 Post – Test of Experimental Group: After effective Implementation of Package again data were collected and then compared to see and check the effectiveness of Package in terms of gain in knowledge on various Reproductive Health Aspects.

6.19 Methods Used for Data Collection: Person Interview method and experimental methods were used to collect data in the present investigation.

6.20 Scoring and Categorization of Data: The data on various aspects of the developed Interview Schedule were categorized score was assigned. **Refer Figure 15** (Page number 123)

6.21 Plan for Statistical Analysis

Table 2: Statistical Planning and Measures

Sections		Specifications	Statistical Measure
Section – 1 Background Information	Part – A	Demographic information	Frequency and Percentage
	Part – B	Socio – economic information	Frequency and Percentage
	Part – C	Basic reproductive health information	Frequency and Percentage
Section – 2 Reproductive Health Practices	Part – A	Practices related to personal hygiene	Frequency and Percentage
	Part – B	Food and diet related practices	Frequency and Percentage
	Part – C	Practices related to maternal care (antenatal and postnatal)	Frequency and Percentage
	Part – D	Family planning practices	Frequency and Percentage
	Part – E	Social and cultural practices	Frequency and Percentage
Section – 3 Reproductive Health Aspects	Part – A	Stages of reproductive health	Paired Sample t- test, ANOVA
	Part – B	Maternal care	Paired Sample t- test, ANOVA
	Part – C	STDs and RTIs	Paired Sample t- test, ANOVA
	Part – D	Family Planning	Paired Sample t- test, ANOVA
Section – 4 Reaction Scale	Part – A	Reaction scale for electronic media	Frequency and Percentage
	Part – B	Reaction scale for print media	Frequency and Percentage
	Part – C	Reaction scale for games	Frequency and Percentage

6.22 Major Findings

6.22.1 Background Information

(Part A) Demographic Information

- Forty seven percent respondents were from younger (15-30 years) age group, followed by 37 % were from middle age (31-45 years) group and only 16 % respondents were from old age (45 and above) group.
- More than half of the respondents (58%) were found illiterate. Almost same numbers of the respondents i.e. 17% and 13% were found from graduate and above category and having education 9- 12 standard respectively. Very few of them were having education up to primary level and middle level.
- A significant number of respondents (74%) were married and rest of them was either unmarried, widowed, separated or having kinship.
- All the respondents were belonged to **Meena** (a Fishy Clan) tribal community.
- Remarkable number of respondents belonged to low income group, very few of them from high income group.
- More than half of the respondents (57%) were from nuclear family and rest of them were from joint family.
- Less than half of the respondents (49%) were from medium size family. Almost equal (29% and 22%) number of the respondents were belongs to small and large family (respectively).

(Part B) Socio- Economic Information

- More than half of the respondents owned Kachcha house followed by more than one fourth of respondents possessing Pakka house. Very few of them (8%) having mixed housing structure.
- Sixty three percent respondents were having low monthly family income, followed by thirty six percent respondents with having medium monthly family income that is 10,001 to 20,000, only one percent respondent was belonged to high monthly family income.
- Fifty seven percent were marginal farmer, twenty seven percent were medium farmer and very few of them were belongs to large farmer.

(Part C) Basic Reproductive Health Information

- Nearly 60 percent respondents got their menarche at the age of 11-14 years, followed by 39 percent respondents who got their menarche by the age of 15-18 years. Only one respondent had menarche by 18 years and one of them didn't have menarche.
- Amongst all the married respondents almost 40 percent were married just before legal age of marriage, while half of the respondents were married at the legal age of marriage that is 18 years and above. Only 10 percent of the respondents faced early marriages.
- Approximately 42 percent respondents had the long duration of their marriage i.e. 20 years and above. While almost equal number of respondents 29 and 28% were having duration of marriage i.e. 0-10 years and 11-20 years respectively.
- Findings revealed that the total 68 number of respondents had conception for about 1 to 5 times, out of the respondents conceived, 85 percent were of 18 years and above at the time of their first pregnancy, while only 15 percent were of 15-18 years at the time of their first pregnancy.
- More than fifty percent women delivered children ranging 1-3 numbers. Whereas 28 percent delivered 4 – 6 children. 19 percent had a greater number of deliveries i.e. more than 6 children.
- Six percent respondents had still birth. The reason was not mentioned.
- Thirty five percent respondents reported about infant died due to the various reasons like, poisoning, pneumonia diarrhea and vomiting. Almost equal number of respondents lost their infants due to adverse effect of some injection and rupturing of tumor etcetera.
- Total 2 abortions were carried out by the ANM as the case was noted as ectopic pregnancy.
- Twelve percent women respondents reported miscarriages due to unavoidable physical conditions, accident and anemia etcetera. Only one was noted with the problem of RTI and becomes the reasons of multiple miscarriages.
- Out of 78 percent married respondents almost more than one fourth (25.64%) respondents were using family planning methods i.e. copper t, condom and withdrawal method. Most of them (65 %) had tubectomy done.

- Two percent women diagnoses STD and RTI. But they were not aware about its name and reasons.
- Seven women respondent got menopause on or after the age of 45 whereas only one respondent got menopause at the age of 35-45.
- Majority of the respondents were not using any contraceptives (74%) and rests were using various contraceptives and family planning methods like copper – t, tubectomy etc.

6.22.2 Information on Reproductive Health Practices

(Part A) Practices Related to Personal Hygiene

- Out of 99 respondents 87 were using/used cloth while menstruating, whereas only 12 were using sanitary napkin.
- Almost fourty three percent respondents were used to change napkin/cloth 3-4 time a day, followed by 27.42 percent were used to change it as and when they need to change. Very less respondents found to change it 1-2 times or 4-5 times day.
- Findings revealed that the respondents who were using sanitary napkin never reuse it.
- More than half of the respondents i.e. 52 percent were found be reusing/reused cloth for 3-5 months followed by fourty percent who reusing/reused for 1-2 months. Only 1 respondent was there who never reuse the cloth for repetitive menstruation.
- Seventy seven percent respondents used to dry the washed cloth in dry shade and in a separate place while rests of them were found drying it in sunlight.
- A significant number of respondents (almost 74%) used to burn the cloth after it gets extremely spoiled and reused, while rest of them were found to be dispose it in dustbin. Almost all of the respondents reported about wrap and throw the cloth or sanitary napkin in the dustbin.
- Fifty eight percent respondents took bath/taken bath occasionally while menstruating. Twenty two percent take bath regularly as they are school goings. 20 percent respondents reported that they never take bath/never taken bath while menstruating.

- Seventy one percent respondents never took any medicine while menstrual discomfort as they believe it is a natural process and this is the genuine things happens to almost every woman. Thirty percent respondents stated that they seek medical help as when needed.

(Part B) Food and Diet Related Practices

- 100 percent women prefer conveniently available food and cereals-based food product for daily consumption. In line with that 93 percent also stated they consume legumes and pulses along with the cereal based products like ***“Dal and Roti, Sabji and Roti etc.”*** Rest of the products they use as per the availability. Some of them reported that they consume seasonal vegetables daily along with the cereals-based products. ***“roti along with sabzi”***.
- Sixty three percent respondents consume food for 3-4 times a day, while 21 percent and 16 percent take meals 1-2 times and more than 4 times a day respectively.
- None of them found to be taking extra care while menstruating.

(Part C) Practices Related to Maternal Care

- All of them reported that they use conveniently available food for pregnant women. They do not take special dietary care, if they get any special food like fruits they consume it otherwise they consume easily available food only.
- The findings also revealed that they avoid special food which is sometime becomes necessary for a pregnant woman, for example, they avoid Papaya (92%), buttermilk (87%), banana (76%) and ghee (55%).
- Majority of the respondents (74%) knows about vaccines to be taken while pregnant and they take it on regular basis.
- Very few respondents reported about alcoholism (3%) and tobacco addiction (11%) amongst all the women respondents.
- Fifty seven percent women stated that they prefer breastfeed to newborn on next day of delivery. Only one fourth respondents (25%) reported that they prefer breastfeeding within one hour of delivering of childbirth or else depends upon the condition of the lactating mother.
- After 5 days respondents (78%) provide full meal to the lactating mother as they feel that she may not be able to digest full meal just after delivery and it will also

affect the new born baby as breast milk may not be easily digestible by new born baby, after consuming heavy meal by the women.

- They always provide traditionally prevalent food items *“Rab, Methi and gud ka pani, hot tea, porridge”* etcetera.
- Hundred percent women prefer institutional delivery instead of home delivery. However, some of the respondents given diplomatic answer like delivery at home is also a good practice.

(Part D) Family Planning Practices

- Eighty nine percent respondents didn't prefer to use contraceptives while performing sexual activity. Only 11 percent were using/used contraception in the form of male condom, copper – t or tubectomy.
- 100 percent women reported that they prefer institutional abortion.

(Part E) Social and Cultural Practices during Menstruation

- Hundred percent women respondents quoted that they avoid/ed visiting religious places and functions while menstruating. In contrast to that they attend social gathering and ceremonies (50%).
- Almost sixty seven percent women perform various household activities like dusting, cleaning and washing utensils and cloths while menstruating. While rest of them doesn't perform any of the above activities while menstruating.
- Findings also revealed that majority of the respondents (73%) perform cooking food while menstruating rest of them avoid cooking while menstruating.
- None of the respondents reported that they avoid touching anyone while menstruating.
- Maximum respondents reported that they sleep on special bedding (made of jute or plastic) while menstruating, but they also sleep together with family members in the same room.

6.22.3 Reproductive Health Aspects

6.22.3.1 Overall Effectiveness of the IEC Package on Reproductive Health aspects:

- The overall mean difference between was found quite high in the post-test of the respondents. The mean of pre-test was found 22.66 whereas it was significantly increased by 169.16. When the comparison was statistically analysed, the value was found significantly different at 0.01 level of significance. Thus, the null hypothesis was rejected.

6.22.3.2 Aspects wise Effectiveness of the IEC Package Developed on Reproductive Health

- Statistically significant difference was found at 0.01 level of significance. Whereas the t –value for Stages of Reproductive Health was found -82.39 this denotes the gain in knowledge after experimentation was found high.
- Regarding Maternal Care high gain in knowledge was found with the mean difference of 8.88 and 55.56 of pre-test and post-test of the respondents. The t value was found -82.39 with significant difference at 0.01 level of significance.
- Findings revealed that respondents increased in their knowledge regarding STDs and RTIs with high mean of the post-test i.e. 35.34. the t-value was also found high i.e. -90.89. The significant values were also found significant at 0.01 level of significance and hypothesis was rejected.
- Respondents also increased their knowledge regarding Family Planning Aspect of Reproductive Health. The statistical analysis was done and the value was found significant at 0.01 level.

6.22.3.3 Aspects wise Effectiveness of IEC Package Developed on Reproductive Health Aspects in relation to Selected Variables

(Part A): Stages of Reproductive Health

- No significant difference was found in the mean achievement score of the respondents of “Stages of Reproductive Health” of Women in relation to their age, at 0.01 and 0.05 level of significance and the framed null hypothesis hence accepted.

- There was very moderate difference found between mean total pre-score and mean total post-score of the respondents in regards to their educational status and hypothesis framed was accepted.
- The mean of pre-score was high in unmarried respondents because their educational level was high in contrast to married respondents. After experimentation the mean was increased but no significant relation was found in lieu of their marital status for maternal care, so, hypothesis was accepted.
- Family income was not affecting the respondents in mean total pre-test score and mean total post-test score of the respondents hence hypothesis was accepted as there was no significance difference found with their monthly family income.

(Part B): Maternal Care

- There was a significant difference found in total mean score of post-tests of the respondents regarding Maternal Care in relation to age of the respondents at 0.01 level of significance. Hence the hypothesis stated relatively was rejected.
- The high mean difference was noted among the scores of pre-test and post-test of the respondents regarding maternal care, therefore it can be said that the was found responsible to affect their knowledge about maternal care aspect. The hypothesis therefore was rejected.
- Regarding Maternal Care in relation to Marital Status of the respondents there were significance difference was found when checked at 0.05 level. Hence the null hypothesis was accepted.
- The significant value derived was 0.051 which was found significant at 0.05 level which shows a strong correlation between the income of the respondents for increased knowledge about maternal care aspect. Hence the hypothesis was rejected.

(Part C): Sexually Transmitted Diseases (STDs) and Reproductive Tract Infections (RTIs)

- There was no significant difference found in the mean achievement scores of the respondents regarding STDs and RTIs in relation to age of the respondents. According to data age was not affecting their knowledge level.

- Education wise difference was also not affecting their knowledge level about maternal care aspect of Reproductive Health at both 0.01 and 0.05 level of significance. Of course, education is as an important factor to learn but in the present investigation the related hypothesis was accepted.
- It was revealed from data that no significance difference was found regarding maternal care of the respondents in relation to marital status and monthly family income of the respondents. Hence the null hypothesis was accepted.

(Part D): Family Planning

- There was no significant difference found in total mean achievement score of the respondents regarding family planning in relation to age of the respondents. Hence the hypothesis was accepted.
- There was no significant difference found in total mean score of post-tests of the respondents regarding family planning in relation to educational status of the respondents. Hence the hypothesis was accepted.
- There was no significant difference found in total mean score of post-tests of the respondents regarding family planning in relation to marital status of the respondents. Hence the hypothesis was accepted.
- There was no significant difference found in total mean score of post-tests of the respondents regarding family planning in relation to monthly family income of the respondents. Hence the hypothesis was accepted.

6.22.3.4: Reactions Scale to Measure Effect of Various Media

(Part A) Reactions of the Respondents Towards Electronic Media

(Power Point Presentations)

General aspects

- More than half of the respondents (54 percent) found power point presentations very interesting followed by 45 percent respondents who find it moderately interesting. Only one percent reported slides less interesting.
- Maximum respondents stated that the topic of power point presentations was new while rest of them reported it common.
- Regarding duration of the presentation maximum respondents found it appropriate rest of them reported this as very long duration.

Educational aspects

- A significant number of respondents (77%) stated that it was helpful to learn to great extent while 15 percent said that it was helpful to learn to less extent. Only few of them told that it was less effective for learning.
- Most of the respondents (82%) said that information given in power point presentations were easy to understand, in contrast to that only 18 percent said that it was difficult to understand.
- Eighty nine percent stated that information in the power point presentations was very useful but only 10 percent said it was not so useful.

Visual aspects

- Visuals in the power point presentations were correct and very much relevant to the subject matter to great extent stated by 80 percent. In contrary 14 percent said it was appropriate to some extent while 6 percent said it was appropriate to less extent.
- Visuals of the power point presentations were easy to understand to great extent concluded by 77 percent respondents. Only 2 percent reported that it was not easy to understand.
- All the respondents said the duration of the visuals were appropriate. Maximum respondents (94%) found that the visuals were interesting. while only few of them were reported about visuals were not interesting.
- Hundred percent respondents didn't find any difficulty while watching visuals in the power point presentations.

(Video Films)

General Aspects

- A considerable number of respondents i.e. 74% stated that video films show during the programmes were very interesting, followed by almost one fourth respondents (24%) find it moderately interesting. Very few respondents find the video films were less interesting.
- Sixty seven percent respondents said that the topics of video films were new and 33 percent said that the topic was common.

- Maximum respondents (80%) said that the duration of video films was appropriate in contrast to that 15 percent stated that the duration was very long.
- Eighty four percent respondents found the watching video films as helpful to learn something to a great extent. Only one percent reported this as useful to learn to very less extent.
- Maximum respondents' i.e. 97 percent were found that the information given in the video films was very useful while only 3 percent found it as less useful.

Commentary of the films

- Regarding language used the films 96 percent found it easy to understand while only 4 percent found it difficult to understand.
- No difficulties were faced by the respondents during hearing the commentary of films.
- Speed of commentary of the films was very exact and right to have a pace with learning through it. It was reported by 97 percent respondents. While only few of them said that the speed of commentary was very fast (2%) and very slow (1%).
- Significantly high respondents (88%) stated that the subject matter of the video films was correct and appropriate to subject matter. Similar number of the respondents found the visuals were easy to understand.
- Visuals of the films were interesting reported by 86 percent respondents, whereas 8 percent and 6 percent found the visuals were moderately interesting and less interesting.
- None of the respondents found any difficulty in watching the visuals.

(Part 2) Reaction of the Respondents Towards Print Media

(Posters)

General aspects

- Regarding general aspects of posters 87 percent respondents stated that the duration of use of the posters was sufficient to great extent while imparting the educational programme, followed by 84 percent respondents who stated that the topics of these were very interesting. In line of that 79 percent respondents find posters as very interesting. In contrast to that only 1 percent respondent said that the duration of the use of posters were not sufficient. Almost equal number of

respondents stated that posters were fairly interesting (16%), topic was relevant to some extent and (14%) and duration was sufficient to moderate extent (12%).

Educational aspects

- Information given in the posters was proper and sufficient to great extent noted by 95 percent and 93 percent respectively. In difference to that a little less (70%) respondents said that the content of the posters was helpful to learn to great extent.
- One fourth respondents reported about the content covered in the posters was moderately helpful to learn, while seven percent and five percent stated that information in the posters was less sufficient and it was less helpful to learn.

Visual aspects

- All the respondents found visuals of posters were easy to understand and interesting to great extent. Whereas ninety one and seventy one percent stated that the time used to displaying posters were sufficient and visuals were appropriate to its subject matter to great extent.

Commentary

- Hundred percent respondents were satisfied with voice and language of the commentary, followed by ninety percent respondents who reported about the speed of commentary was with pace to great extent. Very few of them reported that the speed of commentary was with pace to some extent and less extent.

(Self – Learning Cards)

General aspects

- All of the respondents reported about sufficient duration of use of Self-Learning cards to great extent, followed by 80 percent and 68 percent found this as interesting and relevance of the topic to great extent. 22 percent told that the topic was relevant to some extent while 8 percent reported its relevance to less extent while 2 percent respondents denied its relevance with its topic.

Educational aspects

- Information on the Self – Learning Cards were sufficient to a great extent reported by all the respondents. Information given in the cards was proper and the content

was helpful to learn to great extent reported by ninety-seven and ninety-three percent respondents respectively. Very few (4%) stated that it was not helpful to learn.

Visual aspects

- Visuals were appropriate to subject matter and easy to understand to great extent stated by all the respondents. Ninety-three and eighty percent respondents reported about the display time of Self – Learning Cards was sufficient and visuals were interesting to great extent. Only 11 percent found it as moderately interesting, seven percent found it less interesting and 2 percent said that it was not interesting.

Commentary

- All of the respondents stated that the voice, speed and language of the commentator were very clear and proper to great extent.

(Flip Book)

General aspects

- All of them were found flip book as interesting medium of gain information to great extent and topic was also relevant to great extent. 96 percent found the sufficient duration of use of flip book to great extent. Only one percent said the duration of use of flip book was not sufficient.

Visual aspects

- Seventy eight percent respondents reported that that the visuals were appropriate of subject matter to great extent. Only 13 percent and 9 percent quoted that it was appropriate to subject matter to moderate and less extent.
- Hundred percent respondents were satisfied with duration of display and meaning of the flip book.

Commentary

- Findings also revealed that all the respondents were satisfied with voice speed and language clarity of the commentator.

(Flash Cards)

General aspects

- Hundred percent respondents were satisfied with the duration of the use of material to great extent. A remarkable number of respondents (74%) stated that topic was relevant to the material to great extent. Followed by 14 percent who reported that the material was less relevant to the topic. 11 percent reported its relevance with topic to less extent and only 1 percent were found it non-relevant.

Educational aspects

- Ninety nine percent respondents quoted that the information was proper to great extent while one percent found it was not proper. Sixty six percent respondents were agreed that information on cards were sufficient to great extent while thirty two percent were found it sufficient to some extent. Findings of the study also reveals that 32 percent respondents stated that the information on was sufficient to some extent. While only two percent were found this information was sufficient to less extent.

Visual aspects

- All of the respondents said that the visuals in the flash cards were easy to understand, interesting and the display time of this was also sufficient to great extent.
- While eighty nine percent said that it was appropriate to subject matter to great extent, while only 11 percent found appropriate to less extent.

Commentary

- All of the respondents were satisfied with all the aspects of commentary to a great extent.

(Booklet)

General aspects

- Majority of the respondents (88% and 86%) found that the booklet was interesting and the duration was sufficient to great extent respectively. 100 percent found the matter was appropriate to great extent.

Educational aspects

- The information given in booklet was sufficient to great extent was reported by 100 percent respondents, followed by 92 percent who stated that the content was very helpful to learn.

Visual aspects and commentary

- All the visual aspects were satisfactorily stated by all the respondents and Commentary was also found satisfactory from all the respondents.

(Pamphlets)

General aspects

- More than half of the respondents find the topic relevant to great extent, a significantly increased number of respondents (76%) said that it was interesting to great extent. While all of them were satisfied with its display time to great extent.
- To some extent satisfied respondents were 34 percent in regards to relevance of the topic of material and 22 percent found it interesting to some extent, while 11 percent found less interesting the topic was.

Educational aspects

- All the respondents were found satisfied with all the educational aspects of the leaflets and pamphlets to great extent.

Visual aspects

- Hundred percent respondents were satisfied with appropriateness of content and sufficient display time of material to great extent. Eighty-eight and eight percent respondents were found it easy to understand to great extent. 10 percent respondents found it less easy to understand while 1 percent denied it.

Commentary

- All the respondents were satisfied with every aspects of commentary to great extent.

(Educational Games)

General Aspects

- Hundred percent respondents were found games as interesting and the topic of the games was relevant to great extent, while 78 percent stated that duration of display was sufficient and to great extent. Only 12 percent and 10 percent were found display time sufficient to some extent and less extent.

Educational aspects

- The content was useful and to learn and information was proper reported by 100 percent respondents followed by 78 percent respondents found the information was sufficient to great extent. In line with that 17 percent and 5 percent found it sufficient to some extent and less extent.

Commentary

- Hundred percent respondents were satisfied in all the aspects of commentary to great extent.

6.23 Conclusion

It can be concluded that Implementation of IEC Package for enhancing knowledge and creating awareness among tribal women was very effective and considerable. It was also observed that the various electronic IEC materials viz: Video Films and Power Point Presentation has created a remarkable impact of the selected respondents, as they reported it was more enjoyable due to its creative visualization and sound effect. Similarly, the educational game which was specially designed for them was also found effective to support the statement of “learning while playing”.

In many of the reproductive health aspects like stages of reproductive health, STDs and RTIs the mean difference was varied due to the Package. Findings revealed that the mean score of post-tests was found high and significant than the mean score of pre-tests of the respondents. On the basis of these findings it can be suggested that such kind of Package can create enormous effect on non-formal teaching as well as formal teaching. Individual approach can also be used to create an effective learning among the each and every individual.