5 INFORMATION, EDUCATION AND COMMUNICATION (IEC) STUDIES

5.1 Men's participation in reproductive and sexual health: An Investigation among the Primitive Tribes of Undivided Madhya Pradesh

Dr. Kalyan B. Saha
Status: Ongoing project (June 2004- December 2006)
Funding Agency: ICMR (Extramural)

Rationale

The International Conference on Population and Development (ICPD), held in Cairo, Egypt in 1994 and fourth World Conference on Women, held in Beijing, China in 1995 recognized the importance of the role of men in promoting their own and their partners sexual and reproductive health. Even after a decade of these landmark conferences, in India still today no proper effort has been made to improve men's involvement in reproductive health. The present study is to reach sexually active married males in a disadvantaged tribal population for understanding their knowledge in reproductive and sexual health, popularity of Government health services among them and to identify the issues for developing a broad communication strategy for better male participation in the same.

Objectives

1. To generate baseline data on men's knowledge, attitude and practice/participation in different aspects of reproductive health (such as on RTI/STI/HIV/AIDS, Family Planning, Anti-natal Care, Sexual health, Quality of Government health services and Reproductive health needs). Survey also aimed to record self-reported symptoms of RTI.
2. To develop need-based men oriented IEC and make intervention of the same in the study villages by adopting a quasi-experimental research design.
3. To study the impact of IEC by undertaking resurvey in the intervention and control villages.

Methodology

Till date the baseline information is generated by canvassing a predesigned interview schedule among 400 currently married males in the age group 15-40 years belonging to primitive Baiga tribe of Baiga chak area of Dindori district. Accordingly a need based IEC was designed and its intervention was made in nine villages selected randomly.

Results

The key indicators of the baseline survey are shown in table 5.1.1. The indicators reveal that Baiga men's age at 1st intercourse is significantly lower than their 1st marriage ($t=4.66$, $p<0.001$), suggesting a premarital sex relationship widely prevalent in the society.

Lower awareness to reproductive morbidity such as RTI/STI/HIV/AIDS among Baiga men is a matter of concern. Further the indicators shows that very few Baiga men were aware of spacing methods of contraception, while overwhelming majority of them were aware of sterilization, either vasectomy or tubectomy. But the current use of family planning is poor among them and mostly they were the user of female sterilization. About one-third of them were aware of antenatal care. A good number of them (44%) had experienced child deaths (under five years of age). Around two-third of them felt a need for reproductive health services for the problems they suffered and thus shows a demand for services. However, government health posts are not popular among them to receive these services.

The figures in the table shows the poor knowledge and participation of male in reproductive health matters.

Table 5.1.1: Key indicators of baseline survey

Key indicators	Respondents
Aware of RTI	18%
Aware of STI	22%
Aware of HIV/AIDS	10%
Mean age of 1st Intercourse	17.5 ± 3.12
Mean age of 1st marriage	18.0 ± 3.20
Current contraceptive prevalence rate	35%
Aware Female sterilization	98.5%
Aware Male sterilization	95.3%
Aware of IUD	8.3%
Aware of oral pills	14.8%
Aware of condom	30.9%
Aware of ANC	32.0%
Experienced a child death (under five years of age)	44.0%
Did not avail any Government health services during last 12 months	73.0%
Felt need for reproductive health services	62.%

IEC Activities: The men oriented IEC as designed on the basis of baseline information and its intervention was made in nine villages in the form of exhibition of posters on different aspects of reproductive health. The posters were explained to the target population with discussions. Wall paintings were made at different places of public viewing, hoardings and some posters were also pasted in different parts of the intervention village. Usefulness and correct use of condom was explained and condoms were distributed free in the intervention villages. Beside these activities male involvement committees comprising of four eligible male members in each village were constituted and they were supplied IEC Kits and condoms for free distribution to keep the IEC activities alive in their respective villages. The different stages of IEC activities carried out are shown in photographs below:

Photographs showing different IEC activities



Explaining IEC Kits



Distribution of condoms



Painting messages on the wall



Pasting wall posters



Formation of male involvement committees (MIC)

The resurvey will be carried out soon in the studied villages to see the effect of IEC activities undertaken. The study is in progress.

5.2 Study of population growth and health status among Kamars-a primitive tribe in Raipur district, Chhattisgarh

Dinesh Kumar, Dr. C. K Dolla

Status: Ongoing project (May 2004 - April 2007)

Rationale

Undivided Madhya Pradesh (including Chhattisgarh) occupies a top place in the tribal map of India having the largest number of tribal communities (46 groups) constituting 23.27% of the state population. There is a paucity of demographic information, health status and various diseases prevalent in these tribal groups of the state and particularly among the primitive tribes. So need has been felt to generate data by adopting comprehensive studies taking care of above parameters to fulfil the above gap. The study is undertaken among Kamars tribe of Chhattisgarh state.

Objectives

1. To study the various population growth and fertility parameters in the context of the national scenario to explain the extinctive nature of the primitive tribes.
2. To study the demographic profile reflecting the vital events and their statistics such as various mortality pattern among the primitive tribes.
3. To study the maternal and child health care practices.
4. To study the general health status by physical examination/questionery method.

Methodology

The study is carried out among Kamar tribe in four blocks namely Gariaband, Chhura, Mainpur, and Nagari of Raipur district of Chhattisgarh, where Kamar tribes are living. One thousand households are selected by PPS sampling method. Information on various social, demographic, maternal and child health, general health status is collected through structured schedules by trained investigators. Total population of 3338 from 731 households were surveyed in 32 villages distributed in the three blocks Gariaband, Chhura and Mainpur .

Results

The average size of household was 4.6 persons per household and sex ratio was 954 female per thousand male. About 42.4% of Kamar population were below 15 years, 54.5% in 15-59 years and 3.1% were 60 years and above (Fig. 5.2.1). The proportion of male population in age group 0-14 years was higher by 2.4% than that of female population.

Further the proportion of female population was higher by 0.9% than male population in working age group (15-59). The child and old dependency ratio are 78% and 6% respectively. Overall 351 births (190 males, 161 females) and 76 deaths (36 males, 40 females) were recorded. Migration (both in and out) was almost negligible. Out of 564 interviewed women, 261(46.3%) women received antenatal checkup. As regard source of antenatal care; about 7% women consulted to private doctors, 5% to Govt. doctors and 35% to ANM/Nurse for such services. About 84% children were fully or partially immunized.

The average age at birth of first child is found to be 18 years. Most of the deliveries were conducted at home 475 (98%). More than 50% of the deliveries were assisted by untrained Dai, 2% by trained Dai and 27% by ANM and LHV. Further poor accessibility to health facilities also aggravates the situation. Study also shows that poor quality of antenatal services in rural areas has a direct bearing with its lower utilizations by mothers and their suffering.

Clinical examination of the 577 individuals to assess the health status reveals that about 140(24.3%) were suffering from upper respiratory infection, myalgia 73(12.6%), fever 48(8.3%), diarrhea 31(5.3%), B-complex deficiency 66(11.4%) and bronchitis 21(3.6%).

The study is in progress.

Fig. 5.2.1: Age-Sex Distribution (n=3338)

