4. SOCIAL AND BEHAVIOURAL STUDIES

4.1 Men's participation in reproductive and sexual health among the primitive tribe of undivided Madhya Pradesh

The present study was conducted among the primitive Baiga tribe of central India to generate information on male's knowledge and involvement in different aspects of reproductive health and make intervention of IEC for its improvement.

Some of the key indicators and the estimated net intervention effect are shown in Table 4.1.1. The estimated net IEC intervention effect as shown in the table reveals that awareness for reproductive health has increased considerably among the Baiga men. The mean age at intercourse is significantly lower than their age at first marriage ($t=4.66$, $p<0.001$) suggesting that premarital sex relationship are widely prevalent among the tribe. In this condition the lower awareness to RTI/STI and particularly HIV/AIDS is a matter of concern. There is significant improvement in the awareness to RTI in intervention group (47%) compared to control group (19%) ($z=4.41$, $p<0.05$), for STI it is 51% in intervention group compared to 16% in control group ($z=5.64$, $p<0.05$) and for HIV/AIDS it is 70% in intervention group compared to 19% in control group ($z=8.45$, $p<0.05$).

The table shows that the mean ideal family size is significantly higher than children actually born and living ($t=9.596$, $p<0.001$). The main reason for preference towards higher fertility is higher infant and child mortality among them, as 44% of the respondents had experienced under five mortality of one or more children in their life. Further the estimated net intervention effect shows that IEC could improve the awareness to modern family planning by 5%. The current use of family planning also improved by 5%. There is a significant improvement in the awareness to antenatal care services among the intervention group (65%) compared to control group (38%) ($z=4.02$, $p<0.05$). About 62% of the respondents also expressed a felt need for reproductive health services for the problem they suffered. The utilization of the government health services has also improved significantly among the intervention group (49%) compared to control group (34%) ($z=2.16$, $p<0.05$).

Thus it is evident that the IEC strategy adopted in the study does have an effect in improving the knowledge, attitude and utilization/participation of the male in the reproductive health and similar strategy may be replicated in other Baiga villages for wider male participation for improving reproductive health among the tribe.

Table 4.1.1: Key indicators

Key indicators	Respondents (Baseline data)	Net IEC intervention effect	Direction of change
Aware of RTI	18%	24.2%	+ ve
Aware of STI	22%	34.2%	+ ve
Aware of HIV/AIDS	10%	48.6%	+ ve
Mean age of 1st Intercourse	17.5±3.12	-	-
Mean age of 1st marriage	18.0±3.20	-	-
Ideal family size concept	3.62±1.09	0.3*	+ ve
Actual family size	2.77±1.99	-	-
Experience child death under five years of age	44.0%	-	-
Aware of Modern FP	84.3%	4.8%	+ ve
Aware of female sterilization	98.5%	0.6%	+ ve
Aware of male sterilization	95.3%	3.5%	+ ve
Aware of IUD	8.3%	3.0%	+ ve
Aware of oral pills	14.8%	11.3%	- ve
Aware of condom	30.9%	17.7%	+ ve
Current use of FP	35%	5.2%	+ ve
Aware of ANC	32.0%	20.6%	+ ve
Avail any Government health services during preceding 12 months	27.0%	7.8%	+ ve
* Decline in this parameter is considered as positive change.			

4.2 Study of population growth and health status among Kamars: A primitive tribe in Raipur district of Chhattisgarh

The study is being carried out in Kamar tribe of Raipur district in Chhattisgarh. Population proportion to size (PPS) sampling method was adopted to draw a sample of 1000 household. In all, a population of 3504 from 796 household was studied. The data was collected by trained investigators through structured schedules.

About 41% of the population was below 15 years of age, 54.7% in 15-59 years and 4.3% were 60 years and above of age (Fig.4.2.1). The child and old dependency ratios were 76% and 7% respectively. The average size of household was 4.4 persons. The population has 952 females per thousand males. Overall, 385 births (207 males, 178 females) and 106 deaths (45 males, 61 females) were recorded and there was no migration. Of the 614 women interviewed, 298 (48.5%) had received antenatal care.

The mean age at first birth was 18 years. Majority of deliveries were made at home (97%) and only 1.8% were institutional. More than half of the deliveries were assisted by untrained dais while about 40% by health workers. Six hundred twenty one individuals were clinically examined and the commonest morbidity was acute respiratory infections (24%) followed by Vitamin B complex deficiency (13%), diarrhea (12%) and viral fever (10%).

Fig 4.2.1: Age sex distribution of the tribe

