RMRCT
UPDATE
A BIANNUAL NEWSLETTER OF
REGIONAL MEDICAL RESEARCH CENTRE FOR TRIBALS
JABALPUR

Vol. 3
No. 2
October
2006

Editorial

The sad demise of Dr. M. A. Ansari, Former Director, RMRCT was a serious setback for the centre. I took over the charge during those hours of crisis and tried my best to continue with the research activities maintaining the reputation it developed over the years.

We received two new extramural projects in last six months. The SAC of 2006 was organized in August, which approved eight new projects. We are organizing National Symposium on Tribal Health for the first time on 19th and 20th October 2006. One hundred and fifty participants have already registered for it. Some international speakers have also sent their consent to participate.

It is a matter of pleasure to mention here that I am getting full support from the council. Prof. N. K. Ganguly, Director General, ICMR has agreed to inaugurate the symposium. He will also inaugurate the newly built auditorium of the centre.

We look forward for your participation in the symposium. Wish you all a happy *Diwali.*

- Dr. Neeru Singh

Editor-in-Chief
Dr. Neeru Singh
Officer-in-Charge

Editor
Dr. Anup Anvikar
Assistant Director

Asst. Editor
Mr. Vijay Gadge
Research Assistant

Art and Photography
Dr. R. C. Mishra
Sr. Artist & Photographer

IN THIS ISSUE

2. Improving male involvement in reproductive health
6. Publications
6. Conference/Workshops attended
7. Obituary
7. National Technology Day
7. Sh. Mohinder Singh visits RMRCT
8. Scientific Advisory Committee Meeting
8. Rajbhasha Fortnight Celebrations
8. Promotions & retirement

IMPROVING MALE INVOLVEMENT IN REPRODUCTIVE HEALTH : LESSONS LEARNT FROM TRIBAL POPULATION OF MADHYA PRADESH

Dr. Kalyan B. Saha, Senior Research Officer

Men can make the difference in improving the reproductive health is the statement made by Prof. N.K.Ganguly, Director General, ICMR, New Delhi, while addressing the issue in the International Conference on Men as Partner in Sexual and Reproductive Health organized by National Institute of Research in Reproductive Health (ICMR) at Mumbai during the year 2004. During the deliberation on gender aspects of reproductive health he highlighted some of the issues such as domestic violence and sexual abuse on women, gender specific prevalence of STI with HIV/AIDS, anemia among the pregnant women, contraceptive choice mostly limited to females and men's lesser involvement in family planning, and maintained that if we endeavor to improve the above situation, it can be achieved only if men are closely involved in the program, better informed and make them share responsibility for the health of the entire family.

Reproductive health generally has been considered as synonymous with women's health, and hence reproductive health of men has received little attention. In a society like ours predominated by the males, declining sex ratio for females, increasing number of women with sexually transmitted infection including HIV, increasing unintended pregnancies and induced abortions including unsafe abortions, higher IMR, suggests that women bear the brunt and carry the burden of reproductive ill health which can be prevented to a certain extent by active participation of men.[1]

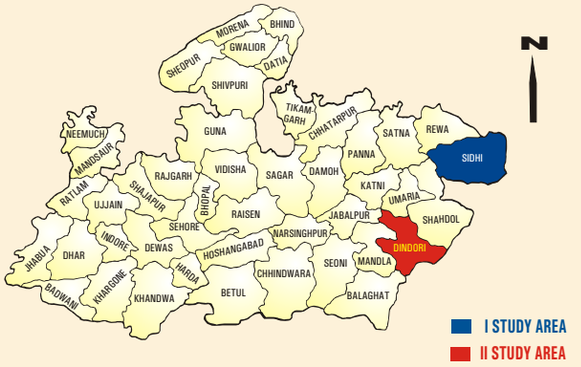
This issue of male involvement in reproductive health is strongly addressed in the International Conference in Population and Development (ICPD) held at Cairo in 1994. The Declaration has timely and righteously put across the importance of participation of men in family planning and reproductive health in terms of gender equality and fulfilling various reproductive responsibilities. The 1995, Fourth World Conference on Women, held in Beijing, China, emphasized that to achieve the goal of gender equality, it would be necessary for women to work together and in partnership with men.[2,3] Though Government of India has endorsed the ICPD agenda and some attempt has been made to carry forward this agenda. It is only since 2000, two important documents, National Population Policy (2000) and Tenth Five Year Plan (2002-07) have specifically mentioned importance of male involvement in planned parenthood, promotion of male contraceptives and control of STI/RTI.[4] However, male involvement in reproductive health is still a new concept for the planners.

Reproductive health parameters among the tribals of undivided Madhya Pradesh

The reproductive health component among the Scheduled tribes, which constitutes about 84.3 million, i.e. 8.2% of the India's population[5] remain greatly neglected through out the country. The undivided Madhya Pradesh accommodates the largest share (23.7%)[6] of the Scheduled tribe population of the country with poor quality of life and needs special packages for its all round development. A look into the selected Maternal and Child health parameters of these Scheduled tribes of undivided Madhya Pradesh from National Family Health Survey (NFHS2)[7] data projects how grave the situation is. NFHS data reveals that in Madhya Pradesh about 20% of tribal women received antenatal check-ups from trained doctors and 56% does not receive any check up during their pregnancy. The tribal fertility is still at higher side with a total fertility rate (TFR) of 3.69 exceed the same for state (3.31). The higher fertility among them can also be accounted for the greater desire for children among the husbands with a strong preference for

male child. The current contraceptive prevalence rate (CPR) among them is 31% for any modern methods and points to the poor participation of male in family planning (0.4% for condom user and 2% for male sterilization). Further the survey also projects a very pitiable situation in which 43% of currently married women report at least one reproductive health problem related to vaginal discharge, urination, or intercourse that could be symptomatic of a more serious reproductive tract infection, the majority of them bear the problem silently without seeking advice or treatment. Further infant mortality is still very high (101) among the Scheduled tribe population. Among them 1 in every 10 children born died within the first year of life, and 1 in every 6 children died before reaching age five. However, these are only few parameters, the information for which is generated from ever-married females in the age group 13 to 49 years. However, limitation of the NFHS data is that it lacks information on men's reproductive health. However, no proper statistics on the extent of Scheduled tribe male's involvement in reproductive health and the problems they suffered are available. Hence in addition to any programmatic effort to involve male in reproductive health, an understanding of level of knowledge, attitude and extent of participation of Scheduled tribe men on different aspects of reproductive health will help the planners to correct the deficiencies by bringing about a qualitative change among men in this regard by educating them with suitable IEC strategy. Keeping in view the above situation two studies among the Scheduled tribes on male participation in reproductive health have been attempted by Regional Medical Research Centre for Tribals (ICMR), Jabalpur to generate information on male's knowledge and involvement in different aspects of reproductive health and make intervention of IEC for its improvement.

Map of Madhya Pradesh showing the RMRCT study area



	Time period I (2004)		Time period II (2006)
Test area:	Level of phenomenon before intervention (X)	IEC introduced →	Level of phenomenon after intervention (Y)
Control area:	Level of phenomenon without intervention (A)	Time effect	Level of phenomenon without intervention (Z)
Intervention effect = (Y-X) – (Z-A)			

Survey methodology

The first study was undertaken among the currently married 260 Khairwar tribal men of Sidhi district of Madhya Pradesh in the age group 15-40 years during the year 2002-03. Learning lessons from the first study the second study and its survey instrument is improved and undertaken among 400 currently married males of primitive Baiga tribe of Dindori district of Madhya Pradesh. Beside canvassing a predesigned interview schedule the second study also includes designing of a need-based men oriented IEC materials and made intervention of the same in the study area. The impact of intervention is assessed by undertaking resurvey in the study area by adopting a quasi experimental - before and after with control design and is mention below:

IEC Activities









Results

1st study: Results of the first study shows that Khairwar males are not concern about the reproductive health. Further they are subjected to different misconception on sexual life.

2nd study: Some of the key indicators and the estimated net intervention effect are shown in table 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 a prevalence of premarital sex relationship 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 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 ideal family size concept though hypothetical in nature, but it indirectly influences the actual reproductive outcome of a group. The table shows that the mean ideal family size is significantly lower 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. Thus they are less concern about the use of family planning particularly the spacing methods. Though there is a decline in the ideal family size concept with IEC intervention, but the decline is not significant. Further the estimated net intervention effect shows that IEC could improve the awareness to modern family planning by 5%. Though the improvement appears to be small but it is notable, since awareness to family planning was already higher (84%) before intervention. 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 do 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 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.**

Acknowledgement

The author sincerely acknowledges the Indian Council of Medical Research, New Delhi for funding the study.

References

1. Donta B., Vogelsong K.M., Van Look, P.F.A., Puri, C.P. Enhancing Male Partnership in Sexual and Reproductive Health, National Institute of Research in Reproductive Health (ICMR), Mumbai, 2004.
2. National Institute for Research in Reproductive Health (ICMR), UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Trainning in human reproduction, CONRAD, USA and ISSRF Programme and Abstracts. International conference on Men as a partners in sexual and reproductive health , : 28th Nov.- 1Dec. 2004, Mumbai .20.
3 Puri CP, Look PFAV. Sexual and reproductive health: recent advances, future directions, Vol-I. Mumbai, New Age International (P) Limited, Publishers, 2001.
4. Khan ME, Panda P. Involving men in reproductive health in India: Policies, programs and Achievements. The Journal of Family Welfare, 2004; 50 (Special Issue): 57-70.
5. Census of India 2001. Primary Census Abstract, Govt. of India Available- www.censusindia.net/1_00_005.html
6. Computed from Census of India 2001.
7. National Family Health Survey (NFHS-2) Madhya Pradesh , International Institute for Population Sciences, India and MEASURE DHS+ ORC Macro (USA) 1998-99.

Publications

1. Singh N., Shukla M.M., Mishra A.K., Singh M.P., Paliwal J.C., Dash A.P. (2006). Malaria control using indoor residual spraying and larvivorous fish: a case study in Betul, central India. Tropical Medicine and International Health. 11:1512-1520
2. Singh N., Mishra A.K., Chand S.K., Singh M.P., Bharai P.K., Ahluwalia T.P. and Dash A.P. (2006). Epidemiology of malaria in an area of low malaria transmission in central India. American Journal of Tropical Medicine and hygiene (In press).
3. Gyanchand, Soan V. (2005). Anopheline composition and malaria transmission in district Sarguja: A tribal Predominated Malaria Endemic district. Journal of Advanced Zoology 26(2): 52-55.
4. Kumar D., Verma A., Sehgal V.K., Dolla C.K., Singh T.B. (2006). Effect of sex and survival of infants on fertility in a primitive tribe of Chhattisgarh: A Factorial Analysis. Indian Journal of Preventive and Social Medicine 37(1&2):37-42.

Workshop/Conferences attended

Dr. Neelima Mishra and Dr. Jyothi Bhat attended training on Biomedical Information Retrieval at NIC, New Delhi from 18th to 21st July 2006.

Dr. C. K. Dolla, Dr. Surendra Kumar and Sh. Arvind Kavishwar attended 'OpenMed' workshop at NIC, New Delhi on 21st June 2006.

Dr. C. K. Dolla and Dr. Rajiv Yadav attended XI International Congress of Parasitologists conference at Glasgow, Scotland (UK) from 6th to 11th August 2006 and also presented a poster.

Dr. Surendra Kumar and Mr. Dinesh Kumar attended 11th World Congress on Public Health & Brazilian Congress on Collective Health at Rio De Janeiro, Brazil from 21st to 25th August 2006.

Dr. Arvind Verma and Dr. J. Roy attended training programme in Biomedical Information Retrieval at NIC, New Delhi from 13th to 21st July 2006.

Sh. Atul Karkare attended National Research Conference on HIV/AIDS at New Delhi from 21st to 23rd April 2006.

OBITUARY

Dr. Musharraf Ali Ansari

(10th June 1948 - 4th May 2006)



Staff of RMRCT express grief and feel heartfelt condolences on the untimely and sad demise of Dr M. A. Ansari, an eminent Scientist and Director of our center who passed away on 4th May 2006 at the age of 58 years.

Dr. Ansari joined our center on 23rd March 2006. He started his career as a scientist at Vector Control Research Centre, Pondicherry in 1973 and was transferred at MRC Delhi in 1976. He worked as Officer-In-Charge of MRC Delhi in 1988 and 2003-2004.

Dr. Ansari served as a consult to various International agencies like WHO in Oman, UNDP in Republic of Yaman. He has deeply inspired the entire scientific fraternity by comprehending multifaceted social dynamics and social complexity. He made a mark during his short tenure as Director of our Centre.

His untimely demise leaves an unfulfillable void among academic fraternity. His passing away has created a void in the scientific world.

May his soul rest in peace.

National Technology Day

On occasion of the National Technology Day, the centre arranged a guest lecture on 11th May 2006. Dr. S.P. Gautam, Head, Dept. of Bioscience and Ex-vice chancellor, Rani Durgavati University, Jabalpur talked on Microarray and Nanotechnology.



Dr. Neeru Singh, welcoming the guests.
On the dias, Dr. R.B. Gupta, Prof. S.P. Gautam,
Dr. V. G. Rao and Dr. Neelima Mishra

Visit of Sh. Mohinder Singh, Sr. DDG (Admin), ICMR to RMRCT

Sh. Mohinder Singh, Sr. DDG (Administration) visited the centre on 27th May 2006. He visited various laboratories and discussed various administrative problems with the officers of the centre. He assured to help the centre at the council level.



Sh. Mohinder Singh in a meeting with
Officer-in-Charge and officers of the centre

Nineteenth Scientific Advisory Committee Meeting

The Scientific Advisory Committee Meeting of RMRCT was held on 3rd August 2006 under the chairmanship of Lt. Gen. D. Raghunath, Principle Executive, Sir Doraji Tata Centre for Research in Tropical Disease, Bangalore. Among the other members present for the SAC meeting were Dr. S. Pattanayak, Ex Consultant, WHO SEARO, Delhi, Prof. R. C. Mahajan, S. N. Bose INSA Research Professor & Emeritus Professor, Department of Parasitology, PGI, Chandigarh Prof. A. P. Dash, Director, NIMR Delhi, Dr. D. S. Agarwal, Ex-Profesor, Microbiology, AIIMS, New Delhi, Dr. P. R. Narayanan, Director, TRC Chennai and Dr. Dipali Mukherji, Chief of ECD, ICMR, New Delhi. Eight new proposals were approved in the meeting.



SAC meeting in progress (From left to right, Dr. Narayanan, Prof. Dash, Dr. Pattanayak, Prof. Mahajan, Gen. Raghunath, Dr. Mukherji, Dr. Neeru Singh, Dr. Agarwal and Dr. Rao)



SAC members during visit to laboratories

Hindi Fortnight Celebrations



Dr. V. G. Rao distributing prizes on *Hindi Diwas.*
Also present on the dias are
Mr. B.K. Majumdar and Mr. H. S. Thakur

Hindi-Fortnight was celebrated in the Centre from 1st to15th September. On this occasion, an appeal was made by the Officer-in-Charge to all officers and staff of the Centre to do their official work in Hindi. Various competitions were organized for the employees for promotion of the language. Cash prizes and Certificates were presented to the winners of the competitions.

Winners of the Hindi Competitions

Sl. No.	Name of the competitions	Prizes	Name of the winners
1.	Hindi Typing	First Second Third	Sh. Sailesh Kumar Sahay, UDC Smt. Filomina Lakra, UDC Sh. Satish Kumar Vinodia, Asstt.
2.	Hindi Noting and Drafting	First Second Third Cons. prize	Sh. Satish Kumar Vinodia, Asstt. Sh. Ramnaresh Dubey, LDC Sh. Sailesh Kumar Sahay, UDC Sh. Subash Chand Muduli, Steno.
3.	Hindi Essay-Writing (Extempore)	First Second Third	Sh. Subhash Godbole, Lab. Tech. Sh. Satish Kumar Vinodia, Asstt. Sh. Shiv Kumar Singh, Lab. Tech.

Promotions, Retirement

Five scientists of the centre were promoted this year. Dr. Tapas Chakma was promoted to the post of Deputy Director, Dr. Anup Anvikar to Assistant Director, Dr. C. Dolla, Dr. Surendra Kumar and Sh. Dinesh Kumar to Senior Research Officer.

Mr. Natthilal Sharma, Upper Division Clerk, retired on 31st August 2006.

Published by the **Officer-in-Charge, Regional Medical Research Centre for Tribals (ICMR),**
Nagpur Road, P.O. Garha, Jabalpur - 482 003 (M.P.)
☎ : 0761 - 2672239, Fax : 0761 - 2672835, e-mail : rmrctjabalpur@rediffmail.com

AMRIT # 0761 - 2317943