

SYNOPSIS

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

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1. INTRODUCTION

Human Development as "the process of enlarging people's choices", said choices being allowing them to "lead a long and healthy life, to be educated, to enjoy a decent standard of living", as well as "political freedom, other guaranteed human rights and various ingredients of self-respect **UNDP (1997). Human Development Report (2015)** ranks India at number 130 among 188 countries in terms of overall human development. Women are very vulnerable part of our society and also play a very important role in human development. It proves direct relation with overall health of human too; moreover, women are the backbone of our society and she also has threefold responsibility of farm, home and community. This directly affects women's health specially "Reproductive health" or "reproductive health" affects their responsibilities (vice-versa).

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 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.

The importance of overall good health and education to a woman's well being is necessary and that of necessary for her family and society too. There are 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)

WOMEN AND REPRODUCTIVE HEALTH (An outlook)

Reproductive health is a universal concern, but is of special importance for women particularly during the reproductive years. Although most reproductive health problems arise during the reproductive years, which may affect their general health in old age. Men too have reproductive health concern and needs though their general health is affected by reproductive health but the intensity of occurrence is to lesser extent than is the case of women. Therefore the accomplishment of good health becomes prime concern in human creature, especially in women. 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 facilities 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 1994) 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.

In line to above it was felt that one of the major challenges of Reproductive health in India is addressing the barriers in communication and improves dialogue between diverse stakeholders, particularly women in the community. Through a qualitative study conducted in one of the rural districts of India, it was attempted to understand the factors affecting women's decision-making process in regards to their health. In this study, knowledge, tradition, stigma and accessibility of services are identified as the key primary factors affecting decision making of women in the community, particularly on their health related issues (**Saha, Somen 2005**). Among women of reproductive age (15-44 years), the burden of reproductive ill-health is far greater than the disease burden from tuberculosis, respiratory infections, motor vehicle injuries, homicide and violence. 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 take into account men’s needs concerns and roles.

FACTORS AFFECTING REPRODUCTIVE HEALTH OF WOMEN

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:

1. Unmet educational needs of the women in the present scenario

2. Inadequate health services
3. Cultural norms, taboos, believes and faith
4. Lack of knowledge and awareness in regards to their overall developmental aspects.
5. Low status of women in all the aspects (i.e. social, emotional, economical, cultural etc.)
6. Lack of supportive environment in the family and community context
7. The absence socially, economically and physically supporting environment etc.

Moreover, various studies conducted by various authors in regards to the reproductive health. But there is lacuna about the studies conducted on tribal women's reproductive health. Although there are some studies which have been conducted on tribal women and their reproductive health, But the main constraint of that studies were the approach used. However, many efforts also done by some GOs and NGOs, but area doesn't cover the whole population. Therefore, this study has been planned with focusing on tribal women reproductive health.

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). A right-based approach to reproductive health has, therefore, evolved which emphasizes the rights of women to have children by choice, to receive quality reproductive health care and to have a safe and satisfying sex life. Widespread recognition of the legal foundations for such rights forms the first step in ensuring that reproductive health rights become a reality.

Reference Legal Norms in Reproductive Health Care for Health Care Providers (March 17-22, 2008)

THE TRIBE (Concept)

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 specialisation of functions. They have a headman or a chief who controls the activities of that group. Tribals have several sub-groups all of them together known as 'Tribal Society'. Since early times and even now some of the groups follow the same trends and live in villages. Tribals constitute around 8.08% of the total Indian population, and of the total tribal population around 80% found in central India. Since they are older settlers and living in forests they are known as Vanyajati, Vanvasi, Pahari, Adivasi, Anusuchit Jati, Anusuchit Janjati, etc. in Indian languages. The word implies the meaning itself i.e. old settlers Adi = old Vasi = those who stay.

In the Indian context, tribal people engage in a variety of economic pursuits, like hunting and gathering Pulayas in the south, to professional agriculturalists like Ho and Orans of Chotangpur region, to bureaucrats and professionals tribes from the north east in Rajasthan. **Mehrotra (2006)** mentioned that, Contrary to the anthropological myth of relative isolation, tribals 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 illiteracy. Tribes-people like the Gond, Bhil, and Halbi almost live like Hindus do in the outside world.

DIVISION OF TRIBAL POPULATION IN INDIA AND RAJASTHAN

Tribes in India

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. The predominant tribal populated state of the country (tribal population more than 50% of the total population) is: Arunachal Pradesh, Meghalaya, Mizoram, Nagaland and Union Territories of Dadra & Nagar Haveli and Lakshadweep. The major tribes are 533 in India (with many overlapping types in more than one state), (**Kumar V 2006**). Out of which the tribals living in Rajasthan are classified in the following.

Tribes in Rajasthan

Rajasthan is the largest state in the country having geographical area of 3, 42,339 sq. kms or 10.41% of the total geographical area of the country. The population of the state is 5, 68,54,84,37 of the country as per the **2001 Census**. The population of Scheduled Tribe is 13 % 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 the Bhils and the Minas that were the original inhabitants of the area now called Rajasthan. But they were forced into the Aravalli Range by the Aryan invasion. Smaller tribes include the Sahariyas, Garasias and the Gaduliya lohars.

It is evident from the information available from **Census data (2001)** that average population of scheduled tribe in the state is 12.56 percent. Districts having higher population than the state average are- Banswara- 72.27 percent, Dungarpur- 65.14 percent, Udaipur- 47.86 percent, Dausa- 26.81 percent, Sirohi- 24.76 percent, Karauli- 22.37 percent, Sawai Madhopur- 21.58 percent, Chittorgarh- 21.53 percent, Bundi- 20.24 percent and Rajsamand- 13.09 percent. Districts of Banswara and Dungarpur have more than 50 percent tribal population, whereas districts of Udaipur, Chittorgarh and

Sirohi have certain blocks having more than 50 percent population of scheduled tribes. There are categories of some popular tribes of rajasthan.

- **Bhils - The Skilled Archers**
- **Minas - The Fishy Clan**
- **Gaduliya Lohars-the nomadic blacksmiths**
- **Garasias-the 'fallen' Rajputs.**
- **Sahariyas-the jungle dwellers**
- **Damors-the migrated tribe**

TRIBAL WOMEN AND THEIR HEALTH

Women have always figured in monographs on tribal societies. Tribal women themselves are increasingly subjected to the stress associated with the developmental activities. Compared to modern women a tribal woman has very little wealth of her own or of her family. She is very fond of ornaments. That materialistic comforts and riches are not the indices of happiness is well illustrated by the tribal woman.

The overall health and reproductive health of tribal women are two different aspects. In Indian the facts can be seen that the women, whether belongs the tribal community or general community she has to face the problems regarding their health. To an extent she herself is responsible for their health problems. Like Sexually Transmitted Disease, family planning is the aspects which have direct link to the women's health practices. Now a days many of the services are provided by the stakeholders, but it couldn't be able to reach to the grass root level. In case of tribal women who are living in isolated areas, may not avail the benefits of the services provided. There are some constraints which always affect the overall health of tribal women, they are:

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

6. Prevalence of unhealthy health care practices.

SIGNIFICANCE OF THE STUDY

Reproductive health surveys (2002-04) reveal that half of the girls between 15-19 years of age have experienced childbirth or pregnancy; 80% of all deliveries are done at home; 8% of the women are suffering from Reproductive Tract Infections and 44% of the women in the reproductive age group are anemic.

In lieu of above findings there is a need to document women's perceptions regarding the quality of their health care, including abortion services, since most studies to date have approached this issue from the viewpoint of service providers, policymakers, or the state (**Jesani and Iyer 1995**).

While teachers and facilitators may have the necessary information on reproductive anatomy and Reproductive and Sexual Health (RSH) issues, they often face personal and situational hurdles in being able to start a discussion on these sensitive issues that are still taboo in many more in villages and mainly in tribal areas. Since many villages are remote and hard to reach, still the mediator has been working simultaneously on increasing access to health services and mobilizing the communities. Trained women volunteers at village level go from house to house providing information about health, making referrals and delivering contraceptives in their communities. Though in the last few decades the efforts were made and attention has also but still there is a need to reach out to the grass – root level of women reproductive health concerns. For combating these above problems, it is necessary to empower women physically, socially and emotionally in regards to reproductive health concern this study has been planned with the tribal community, who are the most vulnerable group of the society.

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.

TOPIC OF THE STUDY

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

OBJECTIVES OF THE STUDY

Broad objective

To Develop Information, Education and Communication Package on various selected “Reproductive Health” components for Tribal Women.

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.

ASSUMPTIONS

1. An Information Education and Communication package covering all the selected “Reproductive Health” aspects 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”.

NULL HYPOTHESES

There will be no significant difference in the mean achievements score of the respondents in pre-test and post-test. Since an Instructional Educational and Communication 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

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 is delimited to the “Kerwas” village of Pratapgarh district of Rajasthan only.

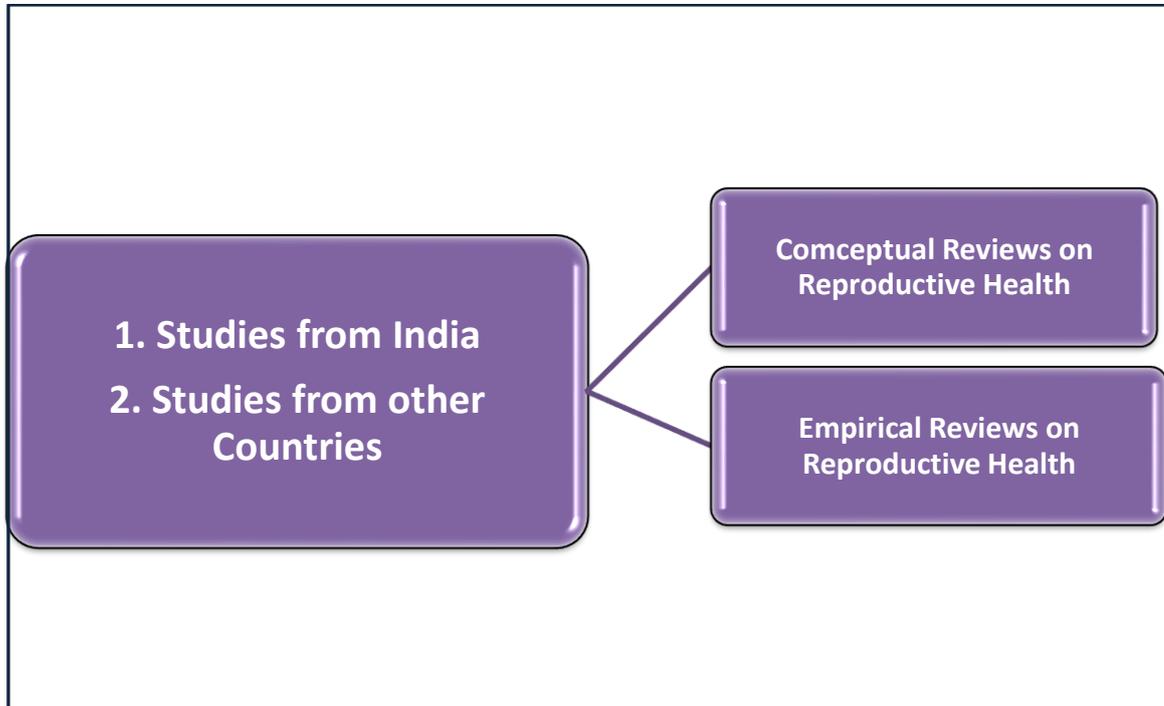
OPERATIONAL DEFINITION OF REPRODUCTIVE HEALTH PACKAGE

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

2. REVIEW OF LITERATURE

This chapter dealt with the empirical data of various studies related to the topic, which is as follows:



Categories of Review of Literature

After reviewing extensive literature on various topics and subtopics of the present investigation it can be concluded that numerous studies in this field has been carried out effectively. But very few of them were conducted as an intervention program on reproductive health aspects. Maximum studies were carried out covering knowledge, practices, opinion and adoption on various reproductive health aspects. Keeping in view of all the studies done, the present investigation has been planned with having important reproductive health components.

3. METHODOLOGY

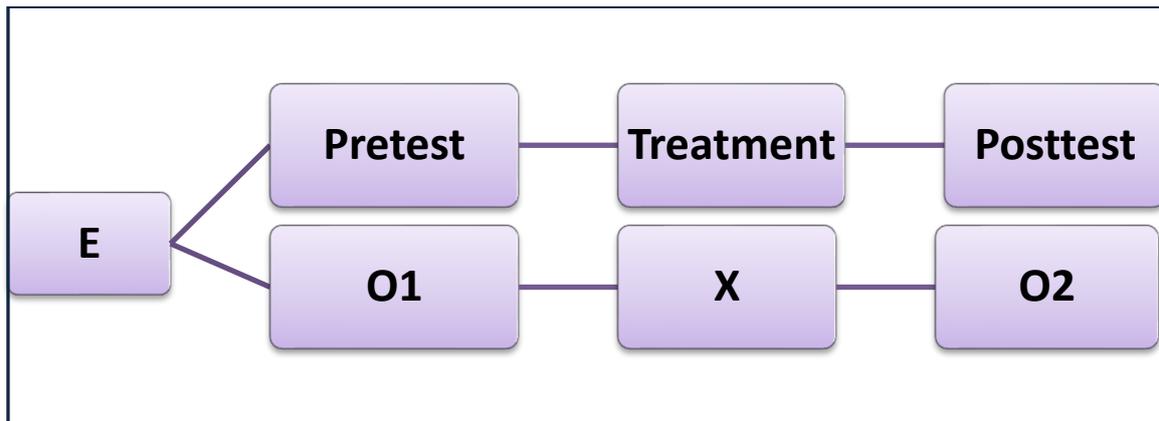
A broad distribution of the materials and methods and procedures followed in conducting the study is furnished under the following headings:

3.1 Preliminary Study	
3.2 Research Design	
3.3 Location of the Study	
3.4 Population of the Study	
3.5 Selection of Sample	
3.6 Steps Adopted for Development of IEC Package	
3.7 Construction and Description of Research tool	
3.8 Validation of Research Tool	
3.9 Reliability of Research Tool	
3.10 Pretesting of Research Tool	
3.11 Procedure of Data Collection	
3.12 Phases of Experiment	
3.13 Methods Used for Data Collection	
3.14 Categorisation of Variables	
3.15 Plan for Statistical Analysis	

3.1 Preliminary Survey: Survey was done using interview schedule in the selected underdeveloped tribal dominated villages from Pratapgarh District of Rajasthan India.

3.2 Research design

The research design for the present study was experimental research - single group pretest posttest design.



Single group Pretest – Posttest Experimental Design

3.3 Location of the study

The present study was conducted in **Pratapgarh** district of Rajasthan state. The location of the study was purposively selected by the investigator, as the investigator was familiar with the selected area and language of the area.

Pratapgarh district includes five Tehsil (including Pratapgarh), namely: **Choti Sadri, Dhariyavad, Pratapgarh, Arnaud and Pipalkhunt**. All of these Tehsil also have their respective Panchayat Samiti headquarters. Total 30 villages found as non developed villages amongst all the above panchayat samiti. Out of all the villages' one village named "**Kerwas**" from Pratapgarh Panchayat samiti was considered for the present investigation as it was also adopted by "**Krishi Vigyan Kendra**" and found to be 100 percent tribal predominated village.

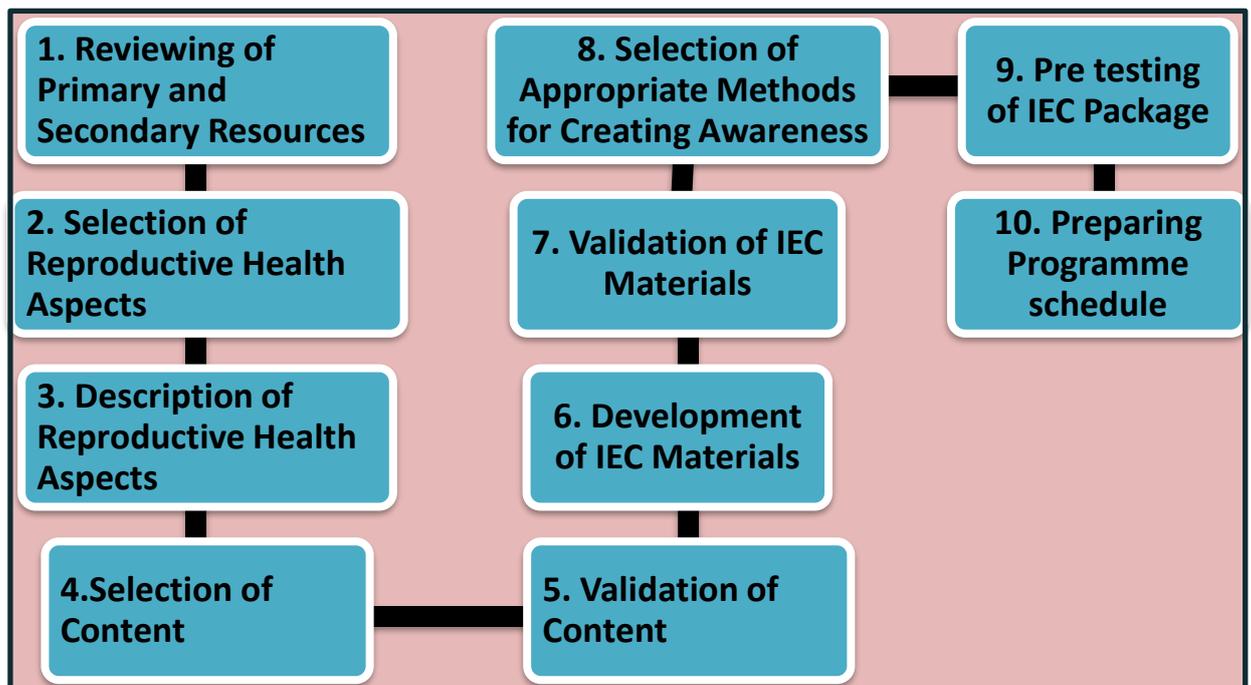
3.4 Population of the study

On the basis of felt needs the tribal population of "Kerwas" Village from Pratapgarh District of Rajasthan, India, was considered for the present study.

3.5 Selection of sample

Total 100 women tribal women considered for the present investigation. A purposive sampling technique was used to select the sample.

3.6 Steps Adopted for Development of (Information, education and communication) IEC package



Steps involved in development of information education and communication package

1. **Primary and secondary resources review:** the A list of topics curled out from the primary sources. The secondary data sources were selection, optimization and its adoption by the other scholars and researchers with the help of readings from books, journals and newsletters.
2. A final list of topics than prepared on the basis of reviewed as follows:
 - A. Stages of reproductive health
 - B. Maternal care
 - C. Sexually Transmitted Diseases/Reproductive Tract Infections
 - D. Family planning
3. **Description of Aspects:** Various sub aspects were decided in the table on page number 18

4. **Selection and analysis of content:** Every aspect of reproductive health has its own important. None of them can be abandoning. Looking forward to this the proper content was developed in the following touching area.

Table: classification of Major and Minor Subtopics of Reproductive Health

S. No.	Major topics and Minor Subtopics
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 and Prevention
D.	Family Planning: methods, types of contraceptives, its use and importance

5. **Validation of Content:** Content was validated with the various language experts and research experts from various departments.

Validation, feed back from experts and modification of the content:

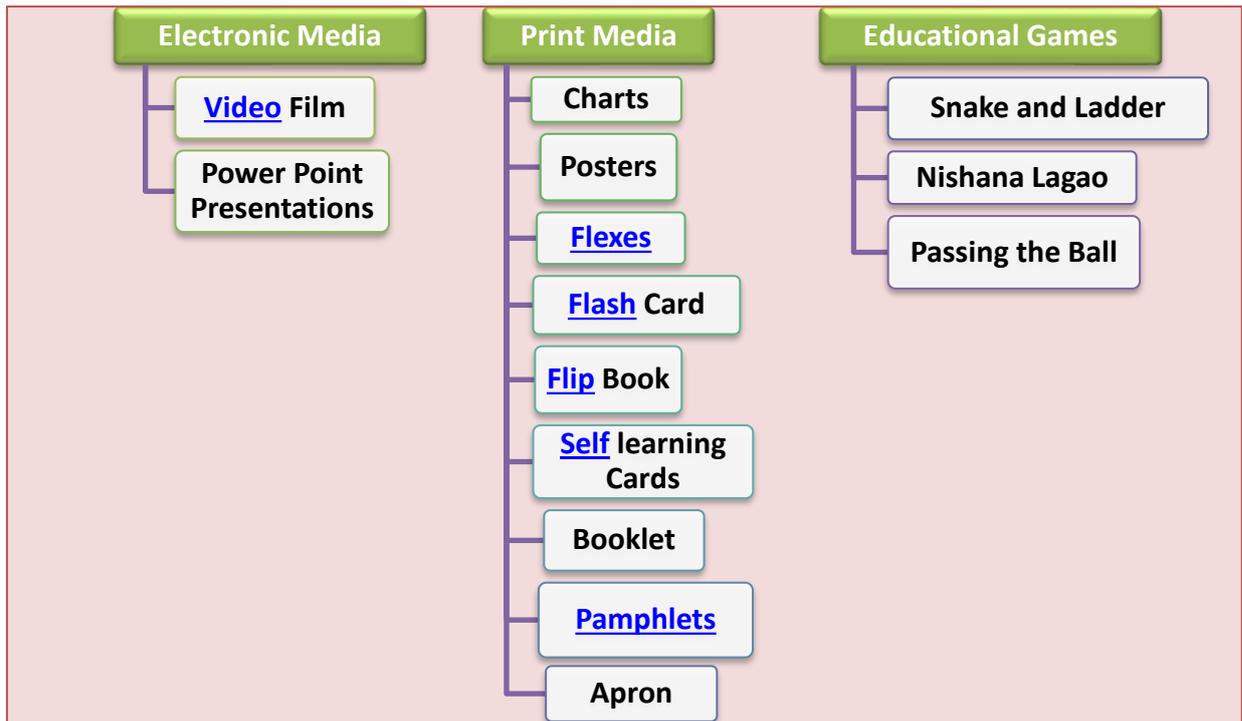
The kind and number of experts selected are given below:

Field of specialization	No. of Experts
Gynaecologist	1
Communication experts	1
Artist (Web Designer)	1
Research	4
Language expert	1

The content was to be examined and judged by the experts on following listed criteria:

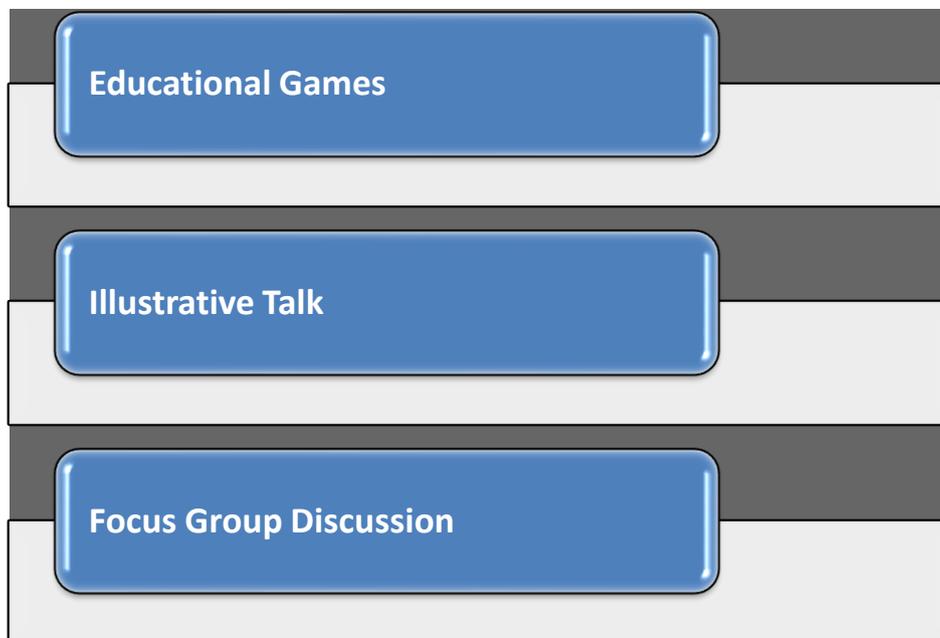
- Appropriateness of content
- Suitability to the target group
- Concepts that need promotion
- Specificity of content
- Feasibility of content to be implemented (as group or individual activity)
- Quality and quantity of resource material

6. Developing IEC Material: For the various topics and subtopics mentioned in the above table, following IEC material (Audio-Visual Aids and Methods) were developed for the present study. The methods and materials developed and used for the intervention programme for the present investigation are depicted in below diagrams.



Materials Developed for IEC Package

- 7. Validation of IEC Materials:** These developed materials were validated in terms of its appropriateness of visibility, language and time of use.
- 8. Selection of Methods:**



Methods selected for conducting the programme

- 9. Pretesting of Package:** Materials were pretested with 10 tribal women other than the respondents.

10. Programme Schedule: 135 days programme schedule was made to for implementation of the IEC package developed.

3.7 Development of research instruments

An interview schedule and a reaction scale were developed to collect data on various aspects.

3.7.1 Description of research instrument

A structures interview schedule was prepared with having four sections amongst first 3 sections were considered for collecting demographic information, socio-economic information, information on reproductive health practices and various selected reproductive health components for pre testing. For performing post test the 3rd section were considered. To check reactions of various media used to for intervention programme, a reactions scale consisting questions related to the reactions of respondents was developed.

Description of interview schedule

SECTIONS		SPECIFICATIONS	MEASURES USED
Section – 1 Background Information	Part – A	Demographic information	Checklist Cum Interview Schedule
	Part – B	Socio – economic information	Checklist, Interview Schedule 3 point continuum
	Part – C	Basic reproductive health information	Checklist Cum Interview Schedule
Section – 2 Reproductive Health Practices	Part – A	Practices related to personal hygiene	Checklist Cum Interview Schedule
	Part – B	Food and diet related practices	Checklist Cum Interview Schedule
	Part – C	Practices related to maternal care (antenatal and postnatal)	Checklist Cum Interview Schedule
	Part – D	Family planning practices	Checklist Cum Interview Schedule

	Part – E	Social and cultural practices	Checklist Cum Interview Schedule
Section – 3 Reproductive Health Components	Part – A	Stages of reproductive health	Checklist
	Part – B	Maternal care	Checklist
	Part – C	STDs and RTIs	Checklist
	Part – D	Family planning	Checklist
Section – 4 Reaction Scale	Part – A	Reaction scale for electronic media	3-4 point continuum
	Part – B	Reaction scale for print media	3-4 point continuum
	Part – C	Reaction scale for games	3-4 point continuum

3.8 Validation of research instrument

The research tool (interview schedule) was given to various experts from various fields to judge the accuracy of the research tool in terms of it's

- Appropriateness of language
- Appropriateness of content
- Appropriateness of topic covered
- Appropriateness of response system and
- Validation

It was handed over to 8 experts from various departments and faculties of The Maharaja Sayajirao University of Baroda, Vadodara and Gynecologist. Further necessary and required changes have been made as per the suggestions specified by various experts and then the tool was finalized. Hindi translation of the tool was also done.

3.9 Reliability of Research Tool

Reliability of research tool was measured with the help of test – retest method of the statistic. Interview schedule was administered to **10 tribal women** (other than the sample) from the selected area to quantify the reliability of the research instrument. **0.87** correlations were found.

Calculating the Co-efficient of Correlation by Karl Pearson Method

$$r = \frac{N\Sigma xy - (\Sigma x)(\Sigma y)}{\sqrt{[N\Sigma x^2 - (\Sigma x)^2][N\Sigma y^2 - (\Sigma y)^2]}}$$

Where:

- N = number of pairs of scores
- Σxy = sum of the products of paired scores
- Σx = sum of x scores
- Σy = sum of y scores
- Σx^2 = sum of squared x scores
- Σy^2 = sum of squared y scores

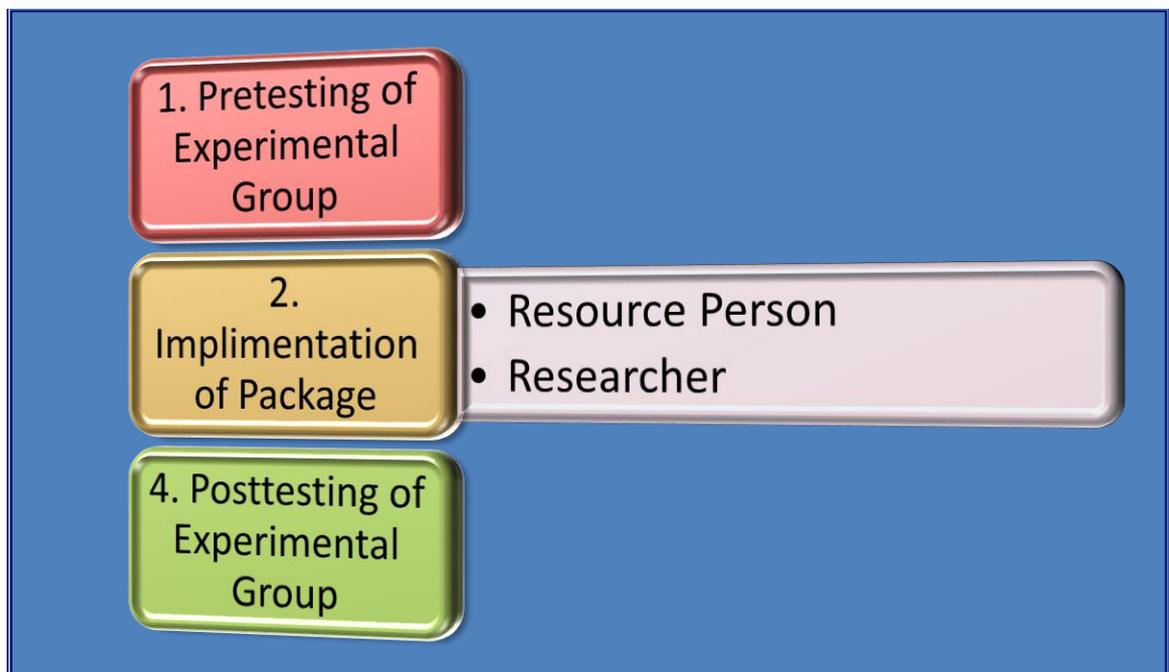
Courtesy: www.study.com

3.10 Pretesting of Research Tool

After the application of reliability test to the tool, it was than pre tested with **10 tribal women** other than the sample were included. The major purpose of pretesting of tool was to check the difficulty faced by the researcher in terms of language, time needed and the statements if any ambiguity found in that.

3.11 Phases of Experiment:

The intervention programme was done in four phases which are shown in the diagram below:



Phases of the study

3.12 Procedure of Data Collection

Respondents were interviewed by using pre-developed structured interview schedule, by the investigator at their home/farm as per their convenience and availability. The local language was used.

3.13 Plan for Statistical Analysis

Analysis was done using SPSS software with applying various tests according to the need of the data. The statistical measures applied with various aspects are mentioned in the table below:

Section wise statistical measure

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

4. MAJOR FINDINGS

The major findings of the present study are categorised under following heads:

Sections		Specifications
Section – 1	Part – A	Demographic Information
Background Information	Part – B	Socio – Economic Information
	Part – C	Basic Reproductive Health Information
Section – 2	Part – A	Practices related to Personal Hygiene
Reproductive Health Practices	Part – B	Food and diet Related Practices
	Part – C	Practices related to Maternal Care
	Part – D	Family Planning Practices
	Part – E	Social and Cultural Practices
Section – 3	Part – A	Stages of Reproductive Health
Reproductive Health Components	Part – B	Maternal Care
	Part – C	STDs and RTIs
	Part – D	Family Planning
Section – 4	Part – A	Reaction scale for Electronic Media
Reaction Scale	Part – B	Reaction scale for Print Media
	Part – C	Reaction scale for Educational Games

4.1 (Section 1): Background Information

Sections		Specifications
Section – 1	Part – A	Demographic information
Background Information	Part – B	Socio – Economic information
	Part – C	Basic reproductive health 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 to be illiterate. Almost same numbers of the respondents i.e. 17% and 14% 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 **Meena**'s (a Fishy Clan).
- 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 (28% 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.
- 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

- Almost 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 before legal age while half of the respondents were married at legal age i.e. 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.
- Out of all the respondents 68 percent respondents conceived 1-5 times.
- Out of the respondents conceived 85 percent were of 18 years and above at the time of first pregnancy, while only 15 percent were of 15-18 years at the time of first pregnancy.
- Fifty percent women delivered babies ranging 1-3 numbers. Whereas 28 percent delivered 4- 6 babies. 19 percent had a significant number of deliveries i.e. more than 6.
- Six percent 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 respondents lost their infants with significant number i.e. infection due to injection tumor ruptured etc.
- Total 2 abortions was carried out by the ANM with two women respondents as they case was noted as ectopic pregnancy.
- Twelve percent women respondents reported miscarriages due to natural physical conditions, accident and anemia etc. only one was noted with the problem of RTI and becomes the reasons of multiple miscarriages.
- Out of 78 percent married respondents only 29 percent respondents were using family planning methods i.e. copper t, condom and withdrawal method. Most of them 65 percent had tubectomy done.
- Two percent women diagnose STD and RTI. But they were not aware about its name and reasons.
- Seven percent women respondent got menopause on or after the age of 45 where as only 1 percent respondent got menopause at the age of 35-45.

4.2 (Section 2): Information on Reproductive Health Practices

Sections		Specifications
Section – 2 Reproductive Health Practices	Part – A	Practices related to personal hygiene
	Part – B	Food and diet related practices
	Part – C	Practices related to maternal care (antenatal and postnatal)
	Part – D	Family planning practices
	Part – E	Social and cultural practices

(Part A) Practices Related to Personal Hygiene

- Out of 99 respondents 87 were using/used cloth while menstruating, where as only 12 were using sanitary napkin.
- Forty percent respondents were used to change napkin/cloth 3-4 time a day, followed by 27 percent were use to change it as and when they need to change. Very less respondents change it 1-2 times or 4-5 times day.
- Respondents who were using sanitary napkin never reuse it stated in the finding table.
- More than half of the respondents i.e. 52 percent were found be reusing/reused cloth for 3-5 months followed by forty 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 dry it in sunlight.
- Significant number of respondents (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 occasional while menstruating. 22 percent take bath regularly as they are school goings. 20 percent respondents reported that they never take bath/never taken bath while menstruating.
- Sixty 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. 68 percent 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 daily. 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 ect.”* 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 in a day, while 21 percent and 16 percent take meals 1-2 times and more than 4 times in 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 diet related care if they get any special food like fruits they consume it otherwise they consume easily available food only.
- The major findings revealed that they avoid special food which is necessary for a pregnant women they avoid it. 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 deliver. 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*” etc.
- Hundred percent women prefer institutional delivery instead to home delivery.

(Part D) Family Planning Practices

- 66 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

- Hundred percent women quoted that they avoid/ed visiting religious places and functions while menstruating. In contrast of that they attend social gathering and ceremonies (85%).
- Sixty seven percent women perform various household activities like dusting, cleaning and washing utensils and cloths. While rest of them doesn't perform while menstruating.
- Findings also revealed that majority of the respondents (73%) cook 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.

4.3 (Section 3): Reproductive Health Components

Sections		Specifications
Section – 3 Reproductive Health Components	Part – A	Stages of reproductive health
	Part – B	Maternal care
	Part – C	STDs and RTIs
	Part – D	Family planning

(Part A): Stages of Reproductive Health

- There was a significant difference found between total mean score of pretest (15.05) and total mean score of posttest (70.43) of the respondents.
- 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.

4.4 (Section 4): Reaction scale of the respondents towards various media

Sections		Specifications
Section – 4 Reaction Scale	Part – A	Reaction scale for electronic media <ul style="list-style-type: none"> • Power Point Presentation • Video Films
	Part – B	Reaction scale for print media <ul style="list-style-type: none"> • Posters • Picture cards • Flip book • Flash cards • Flexes • Booklet • Leaflets, Pamphlets • Games
	Part – C	Reaction scale for Educational games

(Part A) Reaction scale to measure effect of 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 were 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 were 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 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 scale to measure effect of 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.

(PICTURE CARDS)

General aspects

- All of the respondents reported about sufficient duration of use of picture 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 picture cards was sufficient to great extent perceived 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 picture 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.

(FLEXES)

General aspects

- Ninety nine percent respondents were satisfied with the duration of use of material to great extent. While 93 percent were found the topic was relevant to great extent, followed by 87 percent respondents who stated that it was interesting to great extent. Only 11 percent respondents find it interesting to some extent and 2 percent reported this as less interesting.

Educational aspects

- Hundred percent respondents reported that information given was proper to great extent, followed by 98 percent who stated that information was sufficient to great extent. 95 percent reported that the content was learning to great extent. Just one percent respondent stated that content was not helpful to learn.

Commentary

- Reactions of the respondents also revealed that the voice, speed with pace and language were clear to 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 was 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.

4. CONCLUSION

Conclusion part of the present investigation revealed that putting all the **Reproductive Health component** together for imparting knowledge to the needy women of Indian scenario can be a boon to make behavioural changes amongst them. The significant gain in knowledge was found in various selected reproductive health components. The most significant chapter was Sexually Transmitted Disease and Reproductive Tract Infections. As they were having very low awareness before conducting the programme as it was highly increased after the programme. Regarding practices it was found that very few respondents were addicted to various drugs like, tobacco consumption, alcoholism etc. It can also be concluded that the various reproductive health services meant for them should be reached to them fully. And for that the people must be aware about their rights (especially reproductive health rights). This step can be taken by the extension functionaries, GOs and NGOs.

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