

# To assess the efficacy of reproductive health and family planning multimedia educational package for tribal women

■ SUMAN VERMA, RENU DHAKAR AND AZAD MORDIA

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■ **ABSTRACT** : Objectives: To assess the efficacy of the educational package on reproductive health and Family planning for tribal women, Methods/Statistical Analysis: The study used experimental research design specifically pre -post equivalent group design to assess the level of knowledge before and after exposure of educational package. Present study consist 60 tribal women (30 each in experimental and controlled group) age of 18 -35 yrs. from Balicha village, Girwa tahsil from Udaipur district of Rajasthan. Structured interview schedule (Pre test – post test) was administered. The pretest was conducted and the educational package was administered. The post test was conducted after five days .The collected data were analyzed by using percentage and paired t test. Findings: Experimental group increase their level of knowledge after exposure to the intervention package and controlled group who were not expose to intervention was not increase their knowledge and post testing result revealed the significant difference between experimental and controlled group at 1 per cent level of significance which shows the effectiveness of education package. Study revealed that appropriate and meaningful content, utilization of multiple interesting methods and aids along with good presentation enhance post test knowledge among experimental group regarding Reproductive Health and Family Planning.

See end of the paper for authors' affiliations

**SUMAN VERMA**

Department of Human Development and Family Studies, College of Home Science, Maharana Pratap University of Agriculture and Technology, UDAIPUR (RAJASTHAN) INDIA

■ **KEY WORDS**: Reproductive health, Family planning, Tribal women, Multimedia educational package

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Reproductive health and family planning are integral components of a broad, integrated health framework that links to maternal and child health, the prevention and treatment of HIV/AIDS, and other health areas. The main goal of family planning is to improve the quality of life and reproductive health. India covers almost half of the total population of the world in

which tribal population constitutes 8.6 per cent of the total population of the country. Rajasthan has 13.5 per cent of tribal population and the growth rate of tribal population is 3.1 which is higher than the state population *i.e.* 2.8. This clearly shows that fertility rate is still high in this group which directly affects the reproductive health status of tribal women. Tribal women face multifarious

problems related to reproductive health. High fertility rate shows that family planning awareness is also very poor among tribal women.

Reproductive health status of tribal women showed that the under-five mortality rate and the child mortality rate are much higher for STs than any other social group/castes at all childhood ages (95.7 and 35.8, respectively) further the percentage of ST women who have heard about AIDS was far below the general population (38.6 % of ST women compared to 60.9 % women general population). Among STs, only 8 per cent of women have comprehensive knowledge of HIV/AIDS (NFHS-III).

Dash (2004) conducted a study on “reproductive health problems of unmarried adolescent girls” and assessed their level of knowledge about reproductive health problems and found that during menses, girls used old clothes and reuse the same after wash. Knowledge about causes and consequences of reproductive health problems were also found very low. A study in Rajasthan on pregnancy-related deaths and found that as much as 74 per cent of the maternal deaths occurred among women belonging SC and ST groups. Jhala (2010) conducted a study in southern Rajasthan and report that in scheduled tribe population, growth rate of population is higher than scheduled caste as well as other population segment. Iyengar *et al.* (2009). The most tribal villagers are illiterate; have poor awareness regarding Reproductive health and family planning methods. Looking to the under utilization of services by the community, organizing fortnight mobile camps in such

remote and inaccessible areas should be considered to render on site essential medicines, immunizations, vitamin A administration and family planning services. Further multi-centric studies in tribal areas needed to assess the gravity and reality of problem. Kumar *et al.* (2013). Thus it shows that the situation of this group is much more critical and there is a need to plan suitable intervention strategies to improve tribal women’s health status. The present research was a step in this direction though confined to reproductive health and family planning.

## ■ RESEARCH METHODS

The study was carried out in Balicha village of Girwa tahsil from Udaipur city of Rajasthan (India). Experimental design specifically pretest –post test equivalent group design was used for the research. Randomly 60 tribal women (30 each in experimental and controlled group) were selected for the study. A structured interview schedule was use to assess level of knowledge before and after implementation of the package. The collected data were analyzed by using percentage and paired t test.

## ■ RESEARCH FINDINGS AND DISCUSSION

The findings of the present study as well as relevant discussion have been presented under following heads :

### Pre test-post test comparison of experimental group:

Gain in knowledge and significant difference was

**Table 1 : Comparison of pre and post test scores in experimental group**

Sr. No.	Aspects	Pre –test scores (%)	Post-test scores (%)	Gain (%)	t-value
<b>Dimensions of reproductive health</b>					
1.	Reproductive organs: male and female	18.09	65.23	47.14	13.20**
2.	Physiological and psychological changes and care during puberty	18.88	67.22	48.34	10.97**
3.	Menstrual cycle and myths	21	67	46	12.64**
4.	Personal hygiene and diet during menstruation	21.42	64.28	42.86	16.57**
5.	Sanitary pad making	16.66	58.33	41.67	9.52**
6.	Sexually transmitted disease	13.52	57.45	43.93	17.66**
	Overall	18.04	62.75	44.71	26.20**
<b>Dimensions of family planning</b>					
1.	Fertilization process and sex determination	2.5	74.58	72.08	28.60**
2.	Suitable age of marriage and pregnancy	21.25	69.58	48.33	15.89**
3.	Family planning methods	12.79	61.26	48.47	23.24**
4.	Benefits of family planning	29.10	65.76	36.66	17.66**
	Overall	17.97	64.93	46.96	30.41**

\*\*indicates significance of value at P=0.01

**Table 2 : Comparison of pre and post test scores in controlled group**

Sr. No.	Aspects	Pre –test scores (%)	Post-test scores (%)	t-value
<b>Dimensions of reproductive health</b>				
1.	Reproductive organs: male and female	19.04	20	.528
2.	Physiological and psychological changes and care during puberty	22.22	19.44	.895
3.	Menstrual cycle and myths	19.66	21.66	.924
4.	Personal hygiene and diet during menstruation	22.61	21.42	.445
5.	Sanitary pad making	15	15.83	.254
6.	Sexually transmitted disease	14.31	14.90	.385
	Overall	18.67	18.79	.088
<b>Dimension of family planning</b>				
1.	Fertilization process and sex determination	1.66	1.66	.00
2.	Suitable age of marriage and pregnancy	22.08	24.16	.408
3.	Family planning methods	14.05	14.77	.283
4.	Benefits of family planning	26.53	27.17	.408
	Overall	17.72	18.48	.393

**Table 3 : Comparison of post test scores in experimental and controlled group**

Sr. No.	Aspects	Scores (%)		t- value
		Experimental group	Controlled group	
<b>Dimension of reproductive health</b>				
1.	Reproductive organs: male and female	65.23	20	10.43**
2.	Physiological and psychological changes and care during puberty	67.22	19.44	10.14**
3.	Menstrual cycle and myths	67	21.66	13.40**
4.	Personal hygiene and diet during menstruation	64.28	21.42	12.97**
5.	Sanitary pad making	58.33	15.83	6.68**
6.	Sexually transmitted disease	57.45	14.90	14.34**
	Overall	62.75	18.79	21.31**
<b>Dimension of family planning</b>				
1.	Fertilization process and sex determination	74.58	1.66	27.85**
2.	Suitable age of marriage and pregnancy	69.58	24.16	12.54**
3.	Family planning methods	61.26	14.77	15.30**
4.	Benefits of family planning	65.76	27.17	14.06**
	Overall	64.93	18.48	26.61**

\*\* indicates significance of value at P=0.01

observed between pre and post test scores of experimental group.

#### **Pre test –post test comparison of controlled group:**

No significant difference was found in any of the dimension of Reproductive health and family planning. Thus without exposure to intervention there was no gain.

#### **Post test comparison between experimental and controlled group :**

There is a significant difference between the experimental and control group with regard to all the

dimension of reproductive health and family planning. Thus it could be established that, intervention programme was effective in imparting knowledge in all the dimensions of reproductive health and family planning in experimental group as compared to non-intervention – control group.

#### **Conclusion:**

The significant difference observed in the Table 1 and 3 shows the impact of intervention. Thus the gain in knowledge can be attributed solely to the impact of intervention programme. Thus the gain in knowledge can be attributed solely to the impact of intervention

programme. Thus it can be concluded that the educational package was highly effective in enhancing the knowledge. Appropriate and meaningful content, utilization of multiple interesting methods and aids along with good presentation style probably increased the efficacy of the programme. Thus, the overall results showed that, educational package was highly effective in enhancing the level of knowledge about reproductive health and family planning of the respondents.

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Authors' affiliations:

**RENU DHAKAR**, Department of Human Development and Family Studies, College of Home Science, Maharana Pratap University of Agriculture and Technology, UDAIPUR (RAJASTHAN) INDIA

**AZAD MORDIA**, Department of Statistics, Rajasthan College of Agriculture, Maharana Pratap University of Agriculture and Technology, UDAIPUR (RAJASTHAN) INDIA

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### ■ REFERENCES

**Dash, R. (2004)**. Reproductive health problems of unmarried adolescent girls, Tata Institute of Social Sciences (TISS) (Ed.)

*Adolescent Health and Related Issues: Vol-III*. Mumbai

**Iyengar, K., Iyengar, S.D., Suhalka, V. and Dashora, K. (2009)**. Pregnancy-related deaths in rural Rajasthan, India: exploring causes, context, and care-seeking through verbal autopsy. *J. Health Population Nutri.*, **27**: 93–302.

**Jhala, L.S. (2010)**. *Analysis of health and education amenities*. Basic book.

**Kumar, A., Sharma, S., Sharma, C.P. and Meghwal, S.C. (2013)**. A study to assess the level of living and awareness and practices regarding MCH care in a remote tribal village of Udaipur district, *Natl. J. Community Med.*, **4**(2):318-320.

### ■ WEBLIOGRAPHY

<https://censusindia.gov.in/>

<https://rajcensus.gov.in/>

[http://www.rchiips.org/nfhs/NFHS-3%20Data/VOL-1/Summary%20of%20Findings%20\(6868K\).pdf](http://www.rchiips.org/nfhs/NFHS-3%20Data/VOL-1/Summary%20of%20Findings%20(6868K).pdf)

[http://www.urc-chs.com/reproductive\\_health\\_and\\_family\\_planning](http://www.urc-chs.com/reproductive_health_and_family_planning)

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