Intervention of IEC to Improve Male Involvement in Reproductive Health

Lessons learned from tribal population of Central India

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Introduction

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. 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 and also at 1995, Fourth World Conference on Women, held in Beijing, China. Though Government of India has endorsed the ICPD agenda and some attempt has been made to carry forward this agenda. However, male involvement in reproductive health is still a new concept for the planners.

Reproductive health parameters among the tribals of undivided Madhya Pradesh

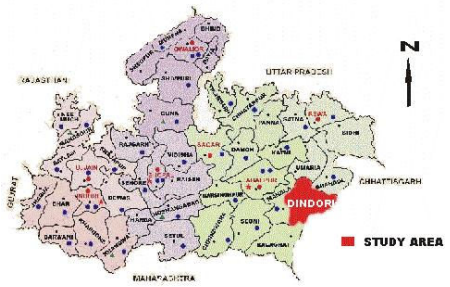
The reproductive health component among the Scheduled tribes, which constitutes about 8% of the India's population remain greatly neglected through out the country. The undivided Madhya Pradesh accommodates the largest share (24%) of the Scheduled tribe population of the country with poor quality of life. A look into the selected Maternal and Child health parameters of these Scheduled tribes of undivided Madhya Pradesh from National Family Health Survey (NFHS–2) 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. Further 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 the present study is attempted.

Survey methodology

Initially a study was undertaken among the Khairwar tribe. Learning lessons from the first study the present study and its survey instrument is improved and undertaken among 400 currently married males of primitive Baiga tribe distributed in 18 villages in Dindori district of Madhya Pradesh in central India.

Map of Madhya Pradesh showing the study area



A pre-designed interview scheduled was canvassed. Beside these the study also includes designing of a need-based men oriented IEC materials and made intervention 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:

	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)			

Suitable test of significance are undertaken to show the homogeneity of the intervention and control group before intervention and the difference that exist after IEC intervention.

The IEC activities include arranging camps in nine villages selected from the 18 studied villages randomly. Rigorous one-year IEC activities are done. Beside explaining IEC kits in an interactive way, condom distribution, Pasting wall posters and making paintings, male involvement committees (MIC) are formed comprising local youths and provided them with IEC materials to keep the IEC alive in our absence in the study villages. Resurvey with a sample of 100 male interviews each in both intervention and control villages are made.

Results

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.**

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