

Educating Adolescent Girls and Young Women on Family Life Education Issues with the Use of Communication Aids in a Village of Uttarakhand

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ABSTRACT Present research is an experimental development in Udham Singh Nagar district of Uttarakhand in India to educate adolescent girls and young women on family life education issues through the use of communication aids. Gender equality and equity improvement of reproductive health, betterment of quality of life in the family, promotion of education and health facilities and moderation of population distribution process as key contributors to population stabilization. These are the elements which the National Population Education Programme in India has been focusing with a view to helping the nation attain its demographic and developmental goals. The qualitative research has been done, taking total sample of 50 female respondents (25 married and 25 unmarried). To assess the pre and post knowledge and opinion regarding family life issues, interview schedule was used for both the respondents separately. Charts, Posters, Flash cards, Video films, Focus group discussion, Slogans and Role play were used to educate both married and unmarried respondents regarding family life issues. Finding concluded that there is remarkable positive change in their attitude regarding gender discrimination, Family planning information and nutritional and reproductive health of mother and child after experimentation through family life education through the use of communication aids. It can be concluded that if proper use of communication aids is carried out in such education sessions or capacity building trainings for the women of rural area, programme can be more effective and easy to learn. It is recommended that Village worker at village level should be trained in such a way that they will be able to communicate effectively with the village people regarding family life issues.

INTRODUCTION

Gender equality and equity improvement of reproductive health, betterment of quality of life in the family, promotion of education and health facilities and moderation of population distribution process as key contributors to population stabilization. These are the elements which the National Population Education Programme in India have been focusing with a view to helping the nation attain its demographic and developmental goals. Elo and Irma (1992) explored the positive correlation between formal education and the use of prenatal care and delivery assistance in Peru, and investigated whether this maternal care improvement holds up regardless of mothers' childhood background, socio-economic status and access to health care services. The study's objective is to inform health policy maker's decisions regarding maternal health services and

their understanding of education's role in maternal and child survival. Rajna et al. (1998) found that a mother's education has the most profound effect on human development. It identified the factors to maternal education's influence on infant and child mortality through an analysis of data from Uttar Pradesh, one of India's poorest states. The authors concluded that maternal education must be the long term goal. But for now, investment in maternal health services is the priority.

It is often expressed by the scientist of the extension centers that they have difficulty in reaching large number of people owing to limited manpower, transport facility, high cost and lack of time. The flow of information in the recent years is so tremendous that we are actually drowning in the vast pool of information, but we lack efficient system to transfer the same to the needy people. Islam Mazharul et al. (1998) concluded two main recommendations from their research:

Create awareness among adolescents as well as their parents and community leaders about the negative health, social and economic consequences of early marriage and large family size. This

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could be done through special information, education and communication (IEC) campaigns and regular home visits by family planning workers. In this context the basic curriculum should be redesigned so as to educate the youth both male and female about human reproductive physiology, reproductive health and role of women in society. Designing Family Planning programme with an emphasis on reaching out to younger couples so that they can easily get adequate counselling about family planning and method supplies at their door step. At the same time, attention should be given to overcome resistance from older family members and husbands to adolescence its contraception. Prasad (1999) explained in her article that there are many who refuse to blame the rising population for the present problem for the country and say, it is rather a question of "empowering people". But these protagonists forget that one can not produce extra land or natural resources to meet the basic needs of an ever-growing population before they can be empowered. Several safe scientific methods of births control are available which need to be popularized among the target population. The only obstacle to their wide spread adoption seems to be social taboos which can be overcome only by education and persuasion. Chaurasia (2004) observed poor correlation between the fertility level and contraceptive use may be due to two reasons: i) existing family planning services throughout the State are not of adequate quality and not easily accessible and ii) they do not have the right orientation.

Information Education and Communication (IEC) of family welfare messages must be clear, focused and disseminated everywhere, including the remote corners of the country and in local dialects. This will ensure that the messages are effectively conveyed. These need to be strengthened and their outreach widened, with locally relevant and locally comprehensible media and messages. On the model of the total literacy campaigns which have successfully mobilized local population, there is need to undertake a massive national campaign on population related issues via artist, popular film stars, doctors vaidyas, nurses, local midwives, women's organizations and youth organizations.

Objectives

1. To identify major family life education issues.

2. To design the audio-visual aids to carry out family life education sessions
3. To impart education on family life issues through the use of various communication aids.
4. To study the post effect of family life education sessions through the use of various communication aids

METHODOLOGY

Selection of locale

The research was carried out in district Udham Singh Nagar of Uttaranchal state. It was purposely selected for the study because of its close proximity to G.B.Pant University of Agriculture and Technology, Pantnagar, where the investigator is pursuing her studies is situated in the district itself.

1. It is the nearest block of the University of which the researcher is a student.
2. Familiarity to the town area and easy approachability.
3. Recommendations of a previous research , study conducted in Department of Human Development & Family Studies, College of Home Science, G.B.Pant University of Agriculture and Technology, Pantnagar where need was found for providing a package of population education to this area.

Sample and its Selection

The population under study was stratified into two major groups with respect to marital status in rural area. A random sample of 25 respondents were selected from each group using simple random sampling without replacement method. Thus the total sample consist of 50 respondents. For the selection of the unmarried respondents the record maintained at the Junior High School were used. Sample was taken from village Chitaranjanpur-2 of Gadarpur block of district Udham Singh Nagar.

The experimental development research design was to used to determine the resultant effect of this study. Pre-test data on the traits of both groups were collected. Village was exposed to stimuli consisting of preplanned strategies to strengthen the effect of population education in village. Post-test evaluation through Focus group discussion was carried out in both the groups, whereby the difference between before and after

evaluation determines the changes in both the groups.

Construction and content of the research tool

For preparing the research, interview schedule for imparting family life education, literature pertaining to family planning information, gender discrimination, nutritional and reproductive health of mother and child was reviewed thoroughly.

The self-constructed interview schedule was sent to a few experts related to the field for their views regarding.

The interview schedule consisted of both open ended and close ended questions.

It was mainly divided as follow:

1. General information about the respondents
2. Specific information about the gender discrimination and family planning
3. Specific information about the nutritional and reproductive health of mother and child

Interview schedule was prepared separately for married and unmarried respondents.

Description of the Family Life Education Sessions

Family Life education sessions were divided in to following categories:-

1. Sessions on Gender description -6-7 Sessions.
2. Sessions on Family Planning - 15 Sessions
3. Education Sessions on Nutrition-8 Sessions

Time duration: 1 hour for each session

Aids used for imparting the knowledge:

1. Charts
2. Posters
3. Folders
4. Video films
5. Flash cards

Procedure of Data Collection

a) Pre-experimentation data collection

Prior to the subsequent exposure to stimuli, data pertaining to the knowledge, awareness and attitude of the community for population education were collected from respondents of the selected village through the use of interview schedule..

b) Imparting education through various communication aids

After pre-experimentation data collection, to impart knowledge and make people aware about the population education, sessions were organized in selected village in accordance to the

time availability and convenience of the community. With school girls, timings were fixed with school authority.

c) Post exposure data collection

After completion of all the education sessions, data were collected through interview schedule.

RESULTS AND DISCUSSIONS

The chapter results and discussion deals with the reporting of the findings:

1. As the Pre-test evaluation of the interview schedule applied on both the respondents Family Planning information, Gender discrimination, and Nutritional and Reproductive health of mother and child were identified as major issues for imparting family life education.

2. All the unmarried respondents were agreed that use of charts, posters, flash cards for imparting information, distribution of folders, video films and doctor's lectures are the good source for giving family life education (Table 1). Life-skills taught in the class room, are designed not only to provide information but also to promote sexual and reproductive health (Maya 2002).

3. Majority of unmarried respondents 68% and married respondents 80% preferred a male child in a family. 60% unmarried respondents and 72% married respondents supported the opinion that female foeticide is right. India is a country that is largely patriarchal and traditionally favours its sons (Kalyani 2002). Majority of unmarried respondents 72% and married respondents 76% disagreed with the opinion that more iron rich diet is required for a girl as compared to a same age boy. In post evaluation majority of unmarried respondents 72% and married respondents 68% were against the concept that desire for a male

Table 1: Percentage distribution of the respondent according to their preference of the method

Particulars preference of methods	Unmarried respond- ents N = 25		Married respond- ents N = 25	
	n	%	n	%
Through posters and charts	15	60	20	80
Through flash cards	20	80	21	84
Through distribution of folders	23	92	23	92
Video films	23	92	24	96
Through doctor's Lectures	24	96	25	100

child is right. Only 16% unmarried respondents and 20% married respondents agreed on gender discrimination agreed that discrimination in male and female is right. Therefore, 72% of both the married and unmarried respondents were against female foeticide after getting details in family life education session. Eighty four percent unmarried and 80% married respondents agreed on the opinion that more iron rich diet is required for a girl as compared to the boy of the same age. Findings concluded that there is remarkable positive change in their attitude regarding gender discrimination after experimentation through education with the use of communication aids (Table 2).

4. Most of the unmarried respondents (72%) and married respondents (68%) did not agree for 18 years age of marriage for girls and 21 years for boy as they are giving daughters early in marriage. Majority of the unmarried respondents (76%) and married respondents (68%) did not agree for sex education for adolescents. According to 60% of unmarried respondents and 52% of married respondents early marriages were not responsible for poor health of mother and child. Majority of unmarried respondents (72%) and married respondents did not agree that time difference between birth of two children should be three or more than three years. Sixty eight percent married respondents and 76% unmarried respondents were not aware about the symbol of family planning. Mostly (84%) unmarried respondents and (52%) married respondents did not having

Table 2: Comparative analysis of the Pre-test and Post-test evaluation of the opinion regarding gender discrimination

Particulars issues	Unmarried respondents		Married respondents	
	Before agree (%)	After agree (%)	Before agree (%)	After agree (%)
1. Desire for a male child is right	68	28	80	32
2. Gender discrimination is right	32	16	40	20
3. Female foeticide is right.	60	28	72	28
4. More iron rich diet is required for a girl as compare to same age boy.	28	84	24	80

knowledge about the different family planning measure. But after providing family life education through the use of communication aids, their awareness level regarding family planning information was increased (Table 3). Eighty eight percent unmarried respondents and (80%) married respondents did agree for the age of marriage of a girl should be 18 or more than 18 years and age of marriage of a boy should be 21 or more than 21 years. Sixty eight percent unmarried respondents and (60%) married respondents agreed for sex education for adolescents. According to (80%) of unmarried respondents and (88%) married respondents, early marriages were responsible for poor health of mother and child. Seventy two percent unmarried respondents and 64% married respondents agreed with the opinion that time difference between birth of two children should be 3 or more than 3 years. Majority of the unmarried and married respondents were aware about the family planning measures as they reported and quoted their names.

5. In the pre-testing of the awareness level of

Table 3: Comparative analysis of the Pre-test and Post-test evaluation of the opinion regarding family planning information

Particulars Issues	Unmarried respondents		Married respondents	
	Before agree (%)	After agree (%)	Before agree (%)	After agree (%)
1. Age of marriage of a girl should be 18 or more than 18 years and age of marriage of a boy should be 21 or more than 21 years.	28	88	32	80
2. Sex education is necessary for adolescents.	24	68	32	60
3. Early marriages are responsible for poor health of mother and child.	40	80	48	88
4. Time difference between birth of two child should be three or more then three years	28	84	36	76
5. Information on family planning measures is necessary	16	88	48	96

respondents regarding reproductive and nutritive health of mother and child. Majority of the unmarried respondents (84%) and married respondents (72%) were not aware. Eight four percent married respondents were not having knowledge regarding right age of a male body for formation of sperm. According to 88% unmarried respondents and 68% married respondents, use of contraceptive by a female is better as compared to male. Most of the unmarried respondents were not aware about the fact that best time period for conceiving a child for a female is between age of 20-35 years. Majority of the married and unmarried respondents were not aware about the fact that during and after delivery mother and new born

child require special care and immunization. All the unmarried and married respondents do not know about the colostrums. All the unmarried and 88% of married respondents were not aware about the weaning food. In the post-evaluation all the respondents were aware of reproductive and nutritional health of mother and child, majority of the unmarried and married respondents were aware about the age of a girl for conceiving a child and age of male for sperm formation. Most of them agreed with the fact that use of contraceptive by a male is better as compared to female. Ninety two percent unmarried respondents and 84% married respondents were aware about the best time period for a female for conceiving a child for is between age of 20 – 33 years. Majority of them were aware about the fact that during and after delivery mother and new born child require special care and immunization. Seventy Six percent unmarried respondents agreed that colostrums and breast feeding is also food for new-born health. Eighty percent unmarried and 88% married respondent were aware about the weaning food. This data indicates that both the unmarried and married respondents participated in the family life education session regularly. There was remarkable change in awareness level of both the unmarried and married respondents regarding nutritional and reproductive health of mother and child through the education sessions (Table 4).

Table 4 Comparative analysis of the Pretest and Post-test evaluation of knowledge level regarding nutritional and reproductive health of mother and child

Particulars Issues	Unmarried respondents		Married respondents	
	Before agree (%)	After agree (%)	Before agree (%)	After agree (%)
a) Age of a female to conceive a child	16	88	28	92
b) Age of a male for sperm formation	8	96	16	84
c) Best time period of conceiving a child for female is between 20-35 years	12	92	20	84
d) At the time of birth weight of new born should be 2.5-3.0 kg.	16	88	28	92
e) During birth mother and child require special care.	40	96	24	92
f) Regular checking of pregnant mother and new born is necessary	44	92	40	82
g) Breast feeding is good for new born health.	48	92	40	96
h) Weaning food should be given to the child after 6 month of age	-	80	12	88

CONCLUSIONS

It can be concluded that if proper use of communication aids is carried out in such education sessions for family life issues as well as other capacity building trainings for the women of rural area, programme can be more effective and easy to learn.

Knowledge level of the respondents can be improve more effectively if they are involved in the programme. So all the communication aids should be easy to understand and must be in local languages.

The use of mass media, such as video on rural problems, can reinforce and multiply the impact of extension messages and allow extension workers to reach people in isolated areas.

RECOMMENDATIONS

1. A combination of traditional and modern community methods can help extension

- workers to improve the quality and outreach of their programme.
2. Women learner even if they are illiterate, can see the matter and understand it better.
 3. The extensionist themselves also benefit from using communication materials Audio-visual material, dialogue and debate and overall, they allow trainers to be more confident and professionals.
 4. Awareness should be created among community people for the concept of family life issues through such welfare programmes.
 5. It is recommended that before execution of any welfare programmes, people should be motivated to participate in the programme. This will reduce investment of the both human and non-human resources.
 6. People should be made aware about their surrounding, rights and responsibilities through such sessions.
 7. Village worker at village level should be trained in such a way that they will be able to communicate effectively with the village people regarding family life issues.
 8. To achieve reduction in fertility and improve-

ment in quality of life, family life education should be added in the curriculum in primary school and higher education.

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