

Behaviour Change towards Prevention and Management of HIV/ Aids among Rural Women: Assessing Effectiveness of Information, Education and Communication (IEC) Tools

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ABSTRACT

The multifaceted relationship between RTIs, STDs and HIV/AIDS and effect of communication initiatives is explored in terms of commonality in risk factor, information and treatment seeking behaviour, prevention aspects and IEC inputs received in this regard. ICPD (International Conference on Population and Development) recommendations brought a major paradigm shift in the whole scenario and consequently India adopted new communication strategies termed as IEC for its family welfare programme re - launched as RCH programme as part of its policy document. Many changes were made and implemented from top to the grass root level with new provisions and approaches. However, despite spending a lot on IEC efforts, the achievements were not found to be satisfactory in the initial reports. Findings reflected weak IEC activities having not much effect on behaviour change. Need for harnessing IEC efforts and strengthening certain specific IEC tools found to be effective along with betterment of quality of services, improving behaviour and approach of the doctors and changing the image of the programme and services at large is suggested.

Key words: RCH, IEC, Behaviour Change Communication, HIV/AIDS, RTIs/STDs.

Communication has always affected and has been affecting the lives of people. The extent of this effect, however, depends on how and when it is used, what methods modes and materials are used and how they are presented. This becomes even more important when comes to handle such a sensitive issue like HIV/ AIDS. Timely and right type of communication initiative can change the perception of people about HIV/AIDS. It may also be helpful in promoting a positive service seeking behaviour especially in terms of closely linked factors such as problem of RTIs STDs and other abnormal discharges. These are the diseases that have had been a long term and silent bearing on the Reproductive Health of a large section of population especially women. A UNFPA collaborative study conducted by *Parivar Sewa Sansthan*, University College of Medical Sciences and Population Council

amongst women seeking reproductive health and other services in a clinic in east Delhi revealed that approximately 60 per cent of women had RTIs/ STIs UNFPA, (1996).

Another study also supported the fact that these infections are largely born by women who silently suffer without seeking health care in most complications resulting in long term morbidity (*Jejeebhoy S.J., 1995*). This reflects that talking about STD and even abnormal discharge is still a taboo to talk to in Indian society.

Regarding the status of HIV/AIDS too, estimates by joint United Nations programme on HIV/AIDS indicate that by the end of 1998, over 33 million people were infected with HIV and that more than 12 million people of the world had already lost their lives due to the disease. A broad based study conducted in different parts of the country revealed a prevalence varying from

19 to 71 per cent (*Latha K. Kanani S. J., Maitra N., Bhatt G. B., 1997*). This is estimated to be barely 1 to 2 per cent of the actual number of cases reported.

In India awareness of reproductive and sexual health is generally low among women whose access to non stigmatizing health care services is severely restricted. Further, women have little, if any, accurate and most of the time wrong information on the causes, consequences and treatment of RTIs/ STDs, and HIV/ AIDS (*NFHS, 1992-93*).

To change this situation only change in knowledge level was not sufficient. Hence, a comprehensive approach to not only change the knowledge levels but also change in the attitude and practice leading to behaviour change that sustains was needed. To combat with the problem, most important ingredient required is supportive environment which can only be created by effective communication strategies. Therefore, Post - ICPD (International Conference on Population and Development) (*Ministry of Health and Family Welfare, 1997*), when the introduction of new RCH programme was made as a policy measure in India, new intervention in terms of communication strategies termed as IEC, were introduced. The range and the scope of the programme were increased and Care and Management of RTIs, STDs, HIV/ AIDS were incorporated in to it. A host of initiatives and special provisions were made for the newly added component of RTIs, STDs & HIV/AIDS under the programme at the state level for the prevention and management of RTIs, STDs, and HIV/AIDS (*MOHFW, 1999*). Simultaneously, provision for a number of IEC activities, staff support and logistic support was provided in the plan of Action of RCH programme in the country. Consequently, many IEC activities were implemented and found having positive impact on adoption behaviour as per official records. Since mid term reports were not very encouraging thus it was felt imperative to find out the effectiveness of the claimed IEC activities on the behaviour change among the rural women of U.P. towards this very sensitive yet extremely important issue. NFHS-2, India (1998-99), data also supported the fact revealing that about 39 per cent of currently married women in India reported some type of reproductive health problem. Among these women, 66 per cent had not sought any advice or treatment. The paper is structured mainly around following objectives:

- i. Existing status exposure of the rural women for various identified IEC inputs and tools
- ii. Existing status of RCH services with regards to prevention & management of RTIs, STDs, and HIV/AIDS as availed by the rural women in the selected area.
- iii. Finding relationship between IEC tools, inputs and knowledge, attitude and practice of women belonging to rural areas of U.P. with regards to behaviour change towards prevention and management of RTIs, STDs & HIV/AIDS.

METHODOLOGY

It was an exploratory study. Selection of the area as well as sample i.e. the respondents was done using multistage random sampling technique. Finally total eight villages were selected from two Development Blocks of Lucknow District of Uttar Pradesh for the purpose of the study. 20 per cent of the total number of eligible couple from each village, making a total of 295 eligible women (clients and potential clients), of 15-45 years age group were selected for final data collection. Based on the extensive review of literature, information from secondary sources, discussions held with experts of the field & preliminary survey in the area, conceptual frame work of the study was developed.

Effort was made first to identify levels of exposure to various IEC tool of these rural women and then to Assess their service seeking behaviour in both terms – information, guidance, counselling and treatment and advice. Finally, relationship of IEC tools and inputs and knowledge, attitude and practice of women belonging to rural areas with regards to prevention and management of RTIs, STDs and HIV/ AIDS was assessed. Accordingly, following independent & dependent variables of the study were selected:

Independent variables: IEC tools & inputs-

Inter-personal communication media : Inter-spousal communication, Home visits by health worker (ANM), Communication with family members, Communication with the member of community, society (friends, neighbours, etc.) and other health and government functionaries (government doctors, nurses, private doctors, nurses, quacks, ANM at anganwadi centre, .U.T.B.A., T.B.A., anganwadi worker, Z.S.S. Member, IEC worker, Gram Pradhan, etc.)

Inter-group communication media- Group meetings, *Mass communication media* - Audio-visual media- Radio, Television, Film shows/cinema spots, Exhibitions, Posters/ hoardings/ wall paintings, Folk media (Puppet show, nautanki, local folksongs, mela, jatha-ralley, magic shows, etc.), , *Print media* (News paper, magazines, pamphlet, leaflet, flashcards, flipcharts, etc.

Dependent variable – Prevention and management of RTIs, STDs & HIV/AIDS as RCH programme component.

Data was collected with the help of structured interview schedule after pre-testing it and a 5 point attitude scale was specially developed, pre-tested for its reliability and validity and standardised for the study. Scoring pattern was adopted for different parts of interview schedule and norms and range of scores were evolved for RTI, STDs and HIV /AIDS component of RCH of attitude scale. The data was then accordingly tabulated and analysed by taking out per centages and correlation coefficient. Personal interviews with the administrators and implementers of programme were also carried out for obtaining secondary data & programme related in depth knowledge.

RESULTS AND DISCUSSION

The main findings obtained were grouped into following heads according to the objectives:

Existing status exposure of the rural women for various identified IEC inputs and tools : Table 1 depicts that a high per centages of respondents were never exposed to most of the inter-personal communication media. Highest amount of exposure was observed in inter-spousal communication with equal per centages of respondents i.e. 40.3 per cent each in both, moderately exposed and highly exposed category.

The exposure of respondents to home visits, other influential groups including influential female members of the cluster, opinion leaders, Gram Pradhans along with persons responsible for providing RCH related information and services i.e. member of Gram Swasthya Samiti, member of Z.S.S., NGOs and other health service providers available such as TBA, UTBA and quacks was virtually negligible. Only one respondent was exposed to Z.S.S. member as IEC sources for RCH programme components.

This is also supported by NFHS-2 (1998-99) data which reveals that only 3 per cent of the women in U.P., however, reported that they received home visits

from a health worker during the 12 months preceding the survey. Similarly, in the present study too, only 2.4 per cent women were highly exposed, 11.2 per cent women were moderately exposed and 86.4 per cent were not had any exposure to home visits by any health worker, 75.9 per cent respondents had never seen ANM at anganwari centre of the village. For rest of the inter-personal communication tools and inputs the situation was no better.

Out of total 5 group activities claimed by the Department of Health and Family Welfare to be carried out in the area, only group meetings were found to existing in the area which 89.5 per cent of the respondents were never exposed to. Only 10.5 per cent respondents were reported to be moderately exposed to the group meetings. None of the respondent attending group meeting lied in the category of fully exposed. (Table -2)

Regarding mass communication media, as given in table - 2, the situation seems to be no better. Radio and television showed a good number of respondents in both highly and moderately exposed category followed by posters, wall paintings having considerable number of moderately exposed respondents with 94 and 115 respectively. But rest of the mass communication IEC tools and inputs either fall in non-exposed category or in moderately exposed category, that too in small numbers. In some of the IEC tools and inputs not a single respondent was observed in highly exposed category such as in film shows/ cinema spots, exhibitions, folk media, print media, etc.

Thus it can be concluded that despite the department claims for numerous IEC activities to be carried out in the field and a huge amount of funds is involved for these activities but comparatively many of the claimed IEC activities were found to be existing either in insufficient amount or non-existing in the rural areas that too in the Development Block of the State capital. Here it is important to note that even those IEC activities to which respondents were ever exposed, though moderately, they were able to remember and recall. This is something which is encouraging. It also reveals responsiveness of audience towards IEC inputs and tools and a positive attitude of respondents towards IEC inputs as well. These can be seen as indicators and well utilised by policy makers, planners and implementers for IEC strategy formulation.

Table 1. Levels of exposure of respondents through Inter-personal Communication Media (N=295)

Types of IEC tools and inputs (activities)	Non exposed		Moderately exposed		Highly exposed	
	No.	%	No.	%	No.	%
Inter-spousal communication	57	19.3	119	40.3	119	40.3
Home visit by ANM/ health worker	255	86.4	33	11.2	7	2.4
Communication with any of the family members	151	51.2	143	48.5	1	0.3
Communication with any of the member of society, Closest neighbour	-	-	-	-	-	-
Friends	180	61.0	111	37.6	4	1.4
Influential female member of cluster	194	65.8	98	33.2	3	1.0
Opinion leader (male/ female)	270	91.5	23	7.8	2	0.7
Gram Pradhan (male/ female)	294	99.7	1	0.3	0	0.0
Member of Gram Swasthya Samiti	293	99.3	2	0.7	0	0.0
Member of Z.S.S.	294	99.7	1	0.3	0	0.0
Trained Birth Attendants (TBA)	294	99.7	0	0.0	1	0.3
Untrained Birth Attendants (TBA)	269	91.2	26	8.8	0	0.0
Anganwadi worker	287	97.3	8	2.7	0	0.0
ANM at anganwari centre/ sub centre	176	59.7	112	38.0	7	2.4
Doctor of PHC/CHC	224	75.9	65	22.0	6	2.0
PHC/CHC nurse	175	59.3	113	38.3	7	2.4
Doctor of district hospital	244	82.7	48	16.3	3	1.0
District / Block level Health Information Education Officer/ personnel	275	93.2	19	6.4	1	0.3
Private doctor /private nurse/ private nursing home or maternity home	0	0.0	0	0.0	0	0.0
Quack/NGO worker	232	78.6	61	20.7	2	0.7
	283	95.9	11	3.7	1	0.3

Table 2. Level of Exposure of Respondents through Inter-group Communication Media & Mass Communication Media (N=295)

Types of IEC tools and Inputs (activities)	Non exposed		Moderately exposed		Highly exposed	
	No.	%	No.	%	No.	%
Group meetings	264	89.5	31	10.5	0	0.0
Radio	156	52.9	70	23.7	69	23.4
Television	122	41.4	51	17.3	122	41.4
Film shows/ cinema spot	288	97.6	7	2.4	0	0.0
Exhibitions	293	99.3	2	0.7	0	0.0
Posters	201	68.1	94	31.9	0	0.0
Hoardings	275	93.2	20	6.8	0	0.0
Wall paintings	179	60.7	115	39.0	1	0.3
Folk media	263	89.2	32	10.8	0	0.0
Print media	247	83.7	48	16.3	0	0.0

Table 3. Existing status service for the Prevention and Management of RTIs, STDs & HIV/ AIDS in terms of Services availed (N=295)

RCH services provided to/ availed by the respondents	No. of respondent		Services provided by the Govt. Workers (Yes)		Services availed PHC/ SC Yes		Services from private health service (Yes)	
	No.	%	No.	%	No.	%	No.	%
For providing information and counselling for the prevention of abnormal discharge, RTIs, STDs, HIV/ AIDS	295	100.0	17	5.8	12	4.1	1	0.3
For the treatment and counselling on having problem of abnormal discharge	56	19.0	0	0.0	20	35.7	10	17.9
For the treatment and counselling on having problem of RTIs	8	2.7	0	0.0	5	62.5	0	0.0
For the treatment and counselling on having problem of STDs	8	2.7	0	0.0	2	25.0	1	12.5

If those IEC tools and inputs to which moderate or no exposure was observed, are made available more frequently i.e. if their coverage and their reach to the audience is increased, can be more effective and useful. This shows lack on the part of planning and strategy formulation regarding implementation of IEC activities.

Existing status of RCH services with regards to prevention & management of RTIs, STDs, and HIV/ AIDS as availed by the rural women in the selected area : Prevalence of HIV/ AIDS in India have been on the rise for more than a decade and have been reached to alarming proportions in recent years.

Similarly absence of RTIs is essential for the reproductive health of men and women and is primary for prevention of HIV/ AIDS. Further, they all have an impact on the treatment seeking behaviour of the respondents. In the light of the interventions made under the RCH programme an attempt was made to obtain information on services existed regarding information, counselling and treatment of abnormal discharge, RTIs, STDs & HIV/ AIDS in terms of services availed by the respondents and data obtained is given in table 3.

Again Table 3 revealed that only little less per centage (24.4 per cent) of women were suffering from some or other type of reproductive health problem as compared to NFHS-2 (1998-99) data with 39 per cent.

The scene was no better as far as availing services related to information, counselling and treatment of these diseases is concerned. It is distressing that there were 56 women suffering from the problem of abnormal discharge out of which only 29 women availed services from PHCs including ANM and 10 went to private doctors which includes quacks and traditional doctors. Nearly half, i.e. 46.42 per cent such women did not receive any treatment. The situation was found to be even worse as far as services availed with regards to RTIs and STDs are concerned. Only 2 respondents (i.e. 25 per cent) out of eight suffering from STDs went to PHC and 1 out of eight respondents having RTIs approached private doctor for the treatment. These data portrays alarming status of the treatment seeking behaviour and services available to the respondents.

Relationship of IEC tools and inputs and knowledge, attitude and practice of women belonging to rural areas with regards to prevention and management of RTIs, STDs and HIV/ AIDS

a - *Can't be computed because atleast one of*

the variable was constant- Observations made from Table 4 and Table 5 are grouped in following three subsections according to different IEC tools and inputs categories -

A. *Relationship of inter-personal IEC inputs and tools and knowledge, attitude, practice of respondents towards prevention and management of RTIs, STDs and HIV/ AIDS component of RCH programme* – The result of analysis revealed that inter-spousal communication IEC input and tool was having a positive and highly significant correlation with all three levels of behaviour change i.e. knowledge, attitude and practice of rural women towards prevention and management of RTIs, STDs and HIV/ AIDS component of RCH. At the same time number of women respondents exposed to this particular IEC tool was highest among all interpersonal communication media.

Surprisingly home visits made by ANM showed a negative significant relationship with the attitude of women towards above mentioned RCH component where as a positive and significant correlation was seen between rural women's practice regarding prevention and management of RTIs, STDs and HIV/ AIDS and home visit by ANM as IEC tool. May be because ANM through visit are the first hand source of information, counselling and treatment, maintaining privacy as well of the women suffering from any of the such disease and since there are no relief from the disease, it has affected the attitude of the respondents negatively towards ANM.

It was also found that infected women have little or no access to services. Though the secondary sources claims that RTI clinics have been established but none of the respondents were found to be aware of them. This reveals that despite all promises the RCH programme have avoided or failed to provide information and services regarding RTIs.

Another major finding revealed a wide spread misunderstanding that such infections are "natural" or minor and also that STD services carry stigma or these service are too complicated or too expensive to treat. Whatever may be the reason but IEC efforts were unable to convey the messages what they wanted to convey. It may not be out of place mention here that a large member of respondents (i.e. 72 out of 295) were suffering either from the problem of abnormal discharge, RTI or STD (see table 3) but as many as 47.2 per cent

Table 4. Correlation Co-efficient of Inter-personal Communication Media as IEC

Types of IEC Activities & Inputs	Prevention and Management of RTI, STD and HIV/ AIDS		
	Knowledge	Attitude	Practice
Inter-spousal communication	0.30**	0.15*	0.18**
Home visit by ANM/ health worker	0.03	-0.12*	0.11
Communication with any of the family members	0.13*	0.01	0.11
Communication with any of the member of society, community	-	-	-
Closest neighbour	0.01	-0.07	0.02
Friends	0.13*	0.16**	-0.07
Influential female member of cluster	0.01	0.02	0.06
Opinion leader (male/ female)	-0.03	0.07	-0.02
Gram Pradhan (male/ female)	0.07	-0.09	-0.03
Member of Gram Swasthya Samiti	-0.06	0.01	-0.02
Member of Z.S.S.	-0.06	0.01	-0.02
Trained Birth Attendants (TBA)	-0.01	-0.06	0.03
Untrained Birth Attendants (UTBA)	-0.09	-0.05	0.03
Anganwadi worker	-0.05	-0.04	-0.08
ANM at anganwari centre/ sub centre	0.08	-0.06	-0.04
Doctor of PHC/ CHC	0.25**	0.10	0.11
PHC/ CHC nurse	0.05	0.04	0.06
Doctor of district hospital	0.09	-0.10	0.04
District / Block level Health Information Education Officer/ personnel	a	a	a
Private doctor/ private nurse/ private nursing home or maternity home	0.14*	0.18**	0.04
Quake/ NGO worker	-0.01	0.08	0.15*

* Significant at 5 per cent level of significant ** Significant at 1 per cent level of significant

Table 5. Correlation co-efficient of group communication media and mass communication media as IEC tools & inputs and knowledge of respondents regarding prevention and management of RTI, STD and HIV/ Aids (N=295)

Types of IEC Activities & Inputs	Prevention and Management of RTI, STD and HIV/ AIDS		
	Knowledge	Attitude	Practice
<i>Inter-group Communication</i>			
Group meetings	0.20**	-0.04	0.07
<i>Mass Communication Media</i>			
<i>Audio-visual media</i>			
Radio	0.37**	0.11	0.14*
Television	0.48**	0.24**	0.05
Film shows/ cinema spot	0.13*	0.12*	0.01
Exhibitions	0.10	0.09	0.11
Posters	0.36**	0.26**	0.19**
Hoardings	0.26**	0.17**	0.02
Wall paintings	0.27**	0.16**	0.14*
Folk media	0.18**	0.02	0.06
Print media	0.21**	0.11	0.00

* Significant at 5 per cent level of significant

** Significant at 1 per cent level of significant

respondent did not go for treatment.

It is also important to note that spouse (males) of some of the respondents were also suffering from such problems but did not go to doctor for the treatment due to various reasons including social taboo, fear of rejection, hesitation, lack of money, etc. This also accounts to the recurrence of these diseases in their female counterparts. These data give a glimpse of magnitude of the problem and the effectiveness of backbone and grass root level health functionary i.e. ANM and IEC efforts made in this direction.

Family member could only add to the knowledge of respondent regarding prevention and management of RTIs, STDs and HIV/ AIDS as a positive significant relationship was seen between both the variables.

Friends though revealed a positive and significant relationship with the knowledge of the respondents regarding prevention and management of RTIs, STDs and HIV/ AIDS and positive and highly significant relationship with the attitude of respondents towards same RCH component but found to be ineffective in translating their knowledge and attitude into practice. Reasons may be that certain social and economic reasons such as income, cost of treatment, hesitation, and fear of rejection, etc. might have obstructed the respondents to go for practice. Moreover, friends are not decision makers as far as treatment seeking behaviour and expenditure of money is concerned.

CHC and PHC doctors were another IEC sources which were found to be effective as information source in increasing knowledge level of the respondents depicting a positive and highly significant relationship with the knowledge of respondents towards prevention and management of RTIs, STDs and HIV/ AIDS. This reveals that the respondents also rely on PHC/ CHC doctor as major source of information on such serious diseases but again they were found to be having no importance for further level of behaviour change as they were unable to make any dent on the attitude and translate it into practice of the respondents. May be because women normally hesitate talking to male doctors especially on such problems which they feel very personal to nature. Moreover, every time a lady doctor is not available to the women patients. Many of the respondents also reported about rude behaviour of the doctors. They said that doctors do not give sufficient time to them and do not listen to them patiently.

Private Doctors again were unable to show any importance for translating the knowledge and attitude of respondent into practice as both the variable did not show any relationship as far as practice is concerned. May be factors such as unavailability of private doctors or distance of private nursing homes or cost of treatment has affected the practice of the respondents.

On the contrary, quacks were found to have positively significant relationship with the practice of the respondents regarding RTIs, STDs and HIV/ AIDS. The reason may be as they are nearest or first hand health service providers are local person known to rural women, which usually do not cost beyond their pockets and if it is more, even then can make payments on credit or instalments rural women find them more dependable. Rest all inter-personal source of IEC found to be ineffective.

Relationship of inter-group IEC inputs and tools and knowledge, attitude, practice of respondents towards prevention and management of RTIs, STDs and HIV/ AIDS component of RCH programme: In such closely knitted society which exists in rural India where people have close contacts with each other and decisions taken by one person affects the whole community largely, influential groups can be utilised as major influencing forces for translating people's attitudes into practice meaningfully. Group IEC activities are varied and versatile in nature and can provide better coverage within limited resources as they are targeted towards small but influential group of any social system or village community. This group has hold on the community and people go to them for advice. But it seems that the Department of Health and Family Welfare has failed to understand the importance of such powerful medium and thus could not utilize different group IEC activities fully. The only existing group activity i.e. group meetings showed a positive and highly significant correlations with only knowledge level of the respondents. For rest of levels it did not give any contribution (Table 5).

Relationship of the mass communication IEC tools & inputs and knowledge, attitude and practice of rural women regarding prevention and management of RTIs, STDs and HIV/ AIDS component of RCH programme. Radio though showed a positive and highly significant relationship with the knowledge and positively significant relationship with the practice but was unable to affect attitude may be due to lack of visual presentation.

Similarly, though television and cinema spots, film shows due to their audio-visual presentation were able to contribute for knowledge and attitude but were unable to translate it into practice may be because of other social and economic reasons as discussed earlier such as, most of respondents belongs to low income group and feeling of shame to discuss with other persons of community and as a result relying more on home and traditional remedies especially for the treatment of abnormal discharge. Posters, wall paintings had a positive and highly significant relationship with all three levels of RCH components. Some of respondents also reported that they did not like certain visual presentation on such personal topics. Hoardings were next important IEC tools found important for knowledge and attitude level, but for practice they showed no relationship. Folk media and print media were found to be effective only for enhancing knowledge level of the respondents where as exhibitions revealed no relationship at any of the levels (Table 5).

CONCLUSION

In the light of above observations following Conclusions have been drawn and suggestions have been made to improve the outreach of the IEC activities and RCH services at large, which can act as guideline for developing better IEC strategy for the better management and combating the problem of RTIs, STDs and HIV/ AIDS are concerned. The observations made from level of exposure and services availed calls for a better, comprehensive and more effective IEC strategy to get maximum output in terms of behaviour change and promoting out reach of services through IEC inputs and efforts. Range of IEC inputs and tools especially for inter-personal communication and group IEC activities needs to be widened and their level of exposure needs to be improved. Similarly there is still wide scope of adding, creating more and more new IEC inputs and promoting existing IEC inputs which respond to the specific needs of the audience in better way required for behaviour change. The results obtained regarding relationships between inter-personal communication media and respondents level of knowledge, attitude and practice regarding prevention and management of RTIs, STDS and HIV/ AIDS component of RCH shows that the spouse was found to be the most important source of information among all interpersonal communication source of IEC at all three levels i.e. imparting knowledge,

bringing change in attitude and translating it into practice. Reasons may be women share most with their spouse, rely on them more than any other inter-personal communication media and are generally dependent on them for all decision making. They play a key role for service seeking behaviour of women as not only they have hold on major share of funds in the family but also exercise authority which is well accepted by all in the family and society. Thus, if the spouse (husbands) are given full and complete information and are motivation to seek services, they can be very useful IEC source for translating knowledge and attitude into practice.

Role of ANMs need a relook and their part needs complete reorientation. There is a need to strengthen and making the training module updated, intensive and practical to make them more competent and able to fulfil the demands of audience well. They should be given special training in handling IEC tools and inputs on such a sensitive and important component of RCH programme. Family members and friends can be strengthened as IEC source providing more correct and scientific information for improving the knowledge level. It was also seen that friends are found to be important for not only providing knowledge but also for changing attitude, as women especially living in nuclear family share their problems a lot with their friend. Findings regarding government doctors (PHC, CHC) present true picture of newly established RTI clinics. This calls for harnessing IEC efforts for the betterment of quality of services, improving behaviour and approach of the doctors and changing the image of the programme and services at large. Though it was new and highly emphasized component of official RCH programme but IEC effort made in this direction seems to be insufficient and unsatisfactory. There is a need to strengthen quacks or local untrained doctors too by providing them proper, in-depth and intensive training and information on all dimensions and aspects of RTIs, STD, and HIV/ AIDS. If this IEC source is trapped and exploited fully, they can bring miracles because rural masses rely more on them. As generally they are local people, they are the nearest health service provider providing services to them at their door step and on their conditions which includes low cost treatment, payment on instalments and some times on credit, so they feel more comfortable with them. There is a need to take up and implement the more and more variety of group IEC activities for bringing out change in behaviour for example: sharing

success stories with live examples in a group of influentials of the village community who have a say on the people. This will certainly have better impact. More use of posters and wall paintings is suggested as they were found to be effective at all three levels. Hoardings can be made more effective by making them more pictorial and using bold figures and bright colours. It is also suggested to develop more programmes using folk media in local dialect and using more pictures in print media too to make them easily understandable for illiterate persons too.

As it is a very sensitive issue and people both male and female hardly want to share on such diseases openly with anyone, thus the messages should be developed and disseminated and IEC tools should be used tactfully in such a way which not only caters to the needs of audience completely yet decently but also influences their behaviour in a positive direction. They should not damage the image and objectives of the programme, rather should develop a positive image of the programme and the staff.

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