KRITI
working with the urban poor

Health Education – Dispelling some myths and improving essential knowledge levels in the community about women's reproductive health

Our various discussions in the field with the community, and an analysis of our gynecological practice in the clinic indicated strongly that basic knowledge levels about women's reproductive health and family planning methods among people were quite low. Also, there were many misconceptions that were affecting both their physical and mental health. So, we undertook a health education programme aimed at communicating to groups of women about the essentials of reproductive health.

This note summarises the project and our observations.

Content of the health education module

Our team of 4 community workers was trained intensively for 4 days by a public health expert at our office, with on-field demonstrations. The objective was to have our community workers in turn deliver trainings to groups of women in the community. Given the low levels of literacy among the target audience and the sensitive nature of the topic, we chose a largely verbal mode of engagement with limited printed material.

Our team was equipped to deliver the trainings in both Telugu and Urdu, the two vernacular languages in the community. The module covered these essential aspects:

1. Changes in the human reproductive system with age
2. Women's reproductive system in detail and functioning of the different body organs
3. Menstrual cycle; care to be taken during the menstrual cycle
4. White discharge and menstrual cycle – myths and reality
5. Family planning methods – temporary and permanent methods

Delivering the trainings on the field

We targeted 5 bastis – estimated to have an aggregate of over 2000 households – in the Film Nagar slums for this module. The bastis were assigned among our 4 community workers, who imparted trainings in teams of two.

The plan was to gather impromptu groups of women in the age group of 20-50 and talk to them for about 30-40 minutes. For gathering together the groups on the ground, we took a relatively passive approach – our workers entered the street that they had targeted for the meeting, and after some polite conversations with the community, seated themselves in a central place and allowed the women to gather around. That led to identification of a meeting place (which was normally a woman's home) and gathering of an interested group. We found many times that women who missing one meeting, heard about it from their neighbours and made it a point to attend the meeting in the adjacent lane.

Corresponding with the number of houses in these bastis, we conducted a total number of 120 meetings in the 5 bastis, covering a total of 883 women. The average size of these groups was 7.4, with a majority of them in the 6-

8 band. The meetings took an average of 46 minutes, from start to finish of the module (excluding the time for mobilization). All the meetings were conducted in day time, during weekdays.

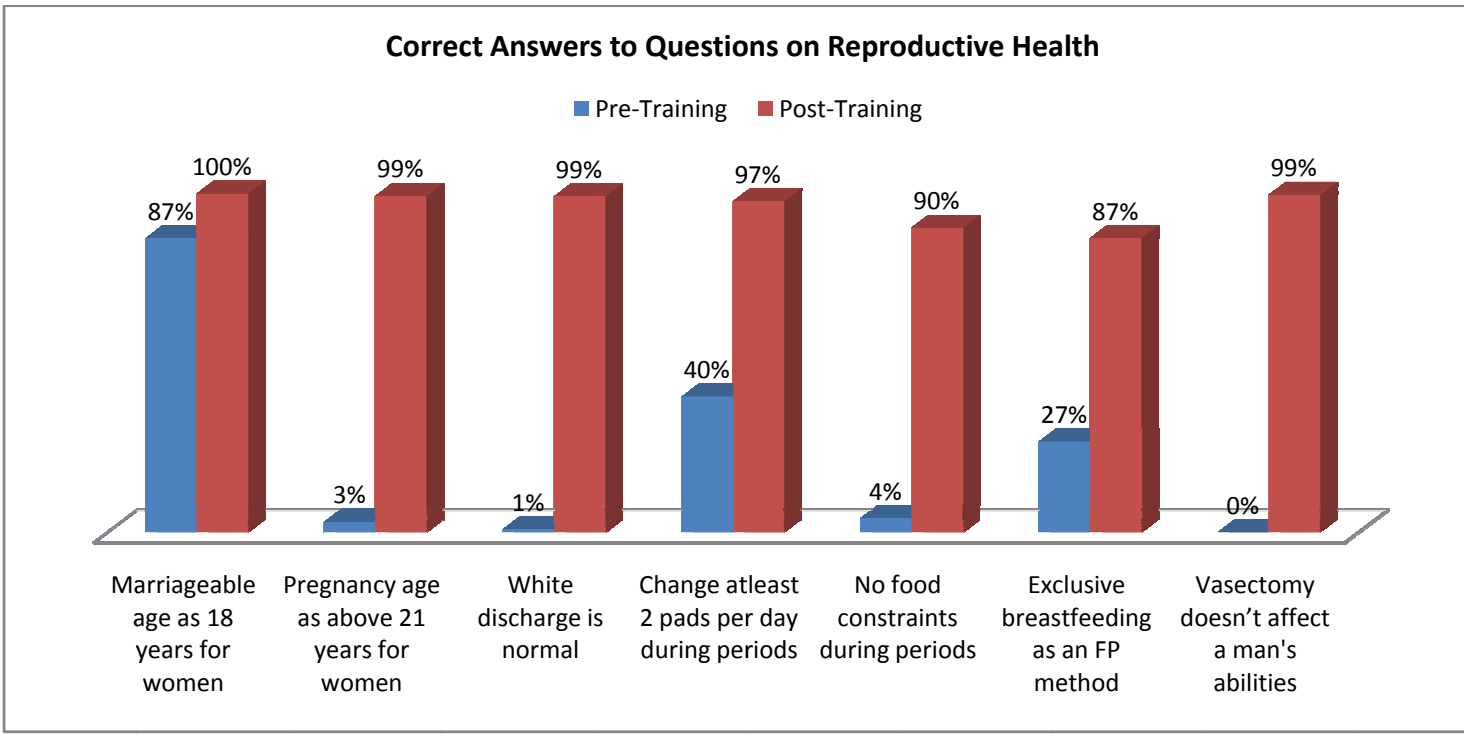
The participants in the meetings were very engaged during the discussions and raised a number of relevant questions and doubts. Given the community's general disinterest in attending meetings (with the overdose of microfinance and self-help group meetings in their lives), this level of engagement from them was reassuring.

Assessing the knowledge levels, before and after the training

The objective of the programme is to improving the understanding of reproductive health issues in the community, ideally leading to a behavioural change and thus better health levels of the women and their families. To be able to assess how well our communication has reached them, we drafted a simple set of questions that we administered to each group before and after the discussion. The questions asked were:

1. What is the marriageable age for a girl?
2. What is the age for safe pregnancy for a girl?
3. Is white discharge good or bad?
4. What is the minimum number of pads that should be used per day during a woman's periods?
5. What are the food restrictions during the menstrual period?
6. Is there a likelihood of getting pregnant, while the earlier born is exclusively being breast fed?
7. Does a vasectomy procedure affect the sexual performance of a man?

The distribution of correct answers to these questions is given below:



Observations from the responses to the questions before the training:

1. Marriageable age as 18 years for women: Even after decades of government communication about the marriageable age for a woman being 18 years, there were atleast 13% of the participants who were not

aware of it. In fact, on the field we have seen a good number of women married before 18 years of age, to believe that apart from lack of knowledge there still remains some cultural and societal pressure to get a girl child married sooner than the legal age.

2. Advised pregnancy age as above 21 years for women: Nearly all women believed that a woman should bear a child immediately after marriage. There is ample evidence of this belief on the ground for us as we see young girls of around 20 years of age, seeking advice on infertility treatment from our gynecologist.
3. White discharge is part of the normal menstrual cycle: Nearly everybody believed that white discharge is an abnormal occurrence. This myth also bears evidence in our gynecological practice, where around 50% of the patients need to be counseled that white discharge (within limits) is normal, and that it is not the singular reason for body aches, lack of appetite and listlessness among other issues.
4. Absence of dietary constraints during periods: Only a handful of women knew that there are no special diet requirements or limitations during the menstrual period. 96% believed that there were limitations of some kind – opinion was divided between meat products and milk products.
5. Breastfeeding as a natural family planning method: There was relatively better knowledge about this, with 27% of the women being aware that if the last born is exclusively on mother's milk, then the mother is not at risk of pregnancy.
6. Vasectomy not affecting a man's well-being: Every woman believed that a vasectomy procedure affected a man's sexual performance. This belief is rampant in the community which is evident also in the fact that so far there is anecdotal evidence of only two men having undergone vasectomy operations in all these five bastis.

As evident from the graph, the same set of questions when posed after the training led to vastly higher correct answers for all the questions. This reflects the fact that the content of the training module was communicated and absorbed clearly.

So, the first step towards creating a fundamental behaviour change – that of increasing awareness – has been taken. If the women retain this knowledge and share it with their families then we are more likely to see sustainable behaviour change, and thus, overall better health conditions. We propose to test the extent of retention of the information by asking the participants the same questions after 3-4 months and also probing about the changes in their behaviour following their gaining this knowledge. Hopefully, we will not be disappointed!

We will keep you posted on progress.