

**Evaluation of RCH - IEC Activities Through Zilla Saksharata Samitis in
Maharashtra
District Bhandara**

Sanjeevane Mulay

A. M. Pisal

Background :

India would become the most populous country by the year 2050, if the same growth prevails. Though growth rates are declining, population is still increasing enormously - 1.6 crores more people every year. The replacement level fertility of Total Fertility Rate (TFR) of 2.1 would be reached by 2026 in India. However, state-wise variations in TFR show that Kerala and Tamil Nadu have already reached the replacement level whereas Uttar Pradesh would not reach it even by 2051. In the National Development Council a strong opinion was expressed at the time of discussion of the 9th plan that population control is the biggest problem the country is facing today. Unless this problem is tackled, results of development in other sectors will prove inadequate. Population stabilization being considered as the most important issue, Department of Family Welfare is taking efforts to help couples to limit their families. A well-knit infrastructure of health functionaries all over the country is working as per the schedule to provide necessary support. Thus slowly but certainly the message is reaching. Most of the Information, Education and Communication (IEC) efforts are through the electronic media and the newspapers. Though this is a successful effort, still 20 to 30 per cent families have no access to these media (Communication from MOHFW). Their participation in RCH/population stabilization is crucial for the success of the programme. Particularly to reach this group some additional work need to be taken up.

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group of village women followed by some other programme and/or a tea party. The thought behind this is, when women will come together they will discuss their problems and then somebody may come forward to help them solve.

Role of IEC :

IEC is known to play a major role in introducing Reproductive and Child Health (RCH) services to the people and encouraging their utilization. RCH approach to family planning is more client-oriented. Hence, to take the services to the concerned target group IEC activities assume a lot of importance, Operationalizing this approach to implement family welfare programme in the country poses an enormous challenge to the programme planners and implements.

During past two decades the activities of the IEC in the field of family planning and health have undergone a change from creating general awareness by providing information to focus on specific services and behaviour change. According to the World Bank, IEC today is defined as "the process of formulating and disseminating messages that make individuals and communities aware of health and reproductive issues and of the strategies and behaviour which would enable them to attain related goals" (World Bank, 1995).

IEC activities have been a part of India's family welfare programme for past 30 to 40 years now. It certainly has helped in generating awareness about spacing methods, Ante Natal Care (ANC) and immunization. However, the contribution of these activities in bringing out the change in behaviour has been limited, which is evident from findings of National Family Health Survey (NFHS), 1992-93. In Maharashtra though 98 per cent currently married women know about at least one modern contraceptive method, only 53 per cent of them were using any modern method (FNHS, 92-93).

Kapadia - Kundu et. al. (1997) in their study highlight five areas of IEC.

1. Knowledge - behaviour gap
2. Group influence
3. Discussions with households and communities

4. Audience ; focus on decision makers

5. Micro and district level planning for IEC for all components of RCH

In general, IEC messages are much more effective if they are need specific and situation specific. It implies a much larger role for inter-personal contact at grass-root level.

About Zilla Saksharata Samiti :

ZSS works for literacy campaign. It is a part of the education department and comes under District Collector and District Education Officer. They have proved themselves by working hard to eradicate illiteracy. ZSSs have their volunteers in each and every village. They conduct the classes and teach everyone in the village to read and write. In Maharashtra, now post-literacy programme is going on. Under this programme, these newly literate people are supposed to gather and read the books by themselves, in the presence of a volunteer. Thus this activity brings together those who have passed the school going age and are illiterate or newly literate. It is then easier to spread the information in this group.

Role of ZSS :

Department of Family Welfare in coordination with Department of Education, Ministry of Human Resource Development have attempted to spread RCH messages through ZSS. At present the scheme is in operation in 216 districts and they are at various phases of implementation. Since ZSS have achieved sizeable amount of success in mobilizing the community for literacy. It was thought to be helpful even for the purpose of RCH. Compared to the health workers the Literacy workers cover a larger area and hence, it was rightly assumed that RCH messages spread through ZSS will cover a large population.

It is seen from various fertility studies that there is a direct relation in educational level of women and their fertility. Therefore, if education and RCH information is given together, goal of population stabilisation would be attained in shorter time. ZSSs have achieved a notable success in the field of literacy.

Recognizing their efforts in elevating the level of literacy, it was then decided to give them additional responsibility of RCH. ZSSs have asked to prepare project proposals using local media, folk forms, local talent, display of posters, wall writings, rallies, mass campaigns etc; keeping in view RCH and population stabilization. Individual projects are scrutinized and sanctioned in collaboration with National Literacy Mission. An amount of Rs. 3 to 6 lakhs was decided to spend annually per project.

In this scheme, one *Swayamsevak*, who is appointed as a volunteer to conduct the literacy classes in the village, is to be trained for various features of RCH and related activities.

He is supposed to be an educated person in the village and being a local person and teacher in the literacy class, is known to everybody. It is seen from various earlier Government schemes that if local person is appointed for certain work in the village, people tend to believe in him/her more, rapport building is easier in such case and they feel that whatever he/she advises is for their benefit. *Anganwadi* worker (AWW) is one such good example. Apart from spreading message just in literacy class everyday, it has to be spread through a local folk medium in the form of *kala jathha*, which is a very effective medium, posters and rallies in towns and villages and organizing workshops for orienting and sensitizing opinion leaders, literacy workers, social activities etc. The intention behind choosing different media is that when something is to reach the people, it has to be hammered constantly so that its importance is conveyed.

Guideline for IEC activities through ZSS for RCH :

The main objective of family welfare programme in the country on one hand is stabilization of population in the country and on the other hand to seek improvement in reproductive and child health status. To make this nationally important programme successful, both government and non-government agencies have to work hard. All the citizens have a right to get informed, educated and counseled on all related issues to improve on their level of well being and

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reproductive health. The RCH programme has the following important components to be reached.

1. Awareness about an already large population, in view of education, nutrition, economic share, employment and quality of life for individual family members and also environment and employment etc. in the community.
2. Knowledge about various methods of contraception and consequences of using and not using each of it. It also includes the knowledge about when to use spacing methods and when the terminal.
3. Information regarding nutritional status of children, adolescents and women and effect of nutrition on mental development and on pregnant women.
4. Knowledge of Anaemia - its prevalence and consequences for children, adolescents and women.
5. Information on Diarrhoea control and role of Oral Rehydration Solution (ORS).
6. Awareness about the vaccine preventable diseases and immunization and importance of taking all doses.
7. Vitamin A and Iron and Folic acid supplementation and their importance.
8. Knowledge of Acute respiratory infection, its prevalence and consequences.
9. Awareness about right age at marriage.
10. Information on birth weight of children and consequences of low birth weight.
11. Knowledge about pregnancies and complicated pregnancies, importance of ANC, Tetanus toxoid injections, treatment of Anaemia and post-natal check-ups.
12. Information on maternal mortality situation and importance of institutional deliveries in view of life of both mother and the baby.

In this context, a comprehensive programme of IEC is proposed to undertake through electronic, print and outdoor media at national, state and district levels. At district level, the electronic or print media is unable to reach

average families, where both these media are unavailable. However, there is a strong need for reaching them. ZSS can reach this segment of population through effective programme of environment building and mass motivation and mobilization. They can tap the community talent, resources and can use appropriate media to reach this underprivileged population. The Department of Family Welfare then decided to utilize this outreach for promoting awareness, change the attitude and improve health seeking behaviour and encourage the community in planning and implementation of family welfare programme.

RCH through ZSS in Maharashtra :

It was decided to run this scheme in Maharashtra too, along with all other states. There are two channels of flow of funds for this RCH programme, one is through SCOVA and the other is through state finance department. For Maharashtra, the funds are released through state finance department. Though, it was decided to implement the scheme in all the districts of the state, if the district demands, only a few states applied for the same. The district officials were supposed to write the proposal for RCH through ZSS in their district to work on the theme set by Department of family welfare. The scheme is sanctioned in five districts namely Akola, Bhandara, Chandrapur, Latur and Nagpur. However, the scheme is functioning in only 3 districts Akola, Bhandara and Nagpur.

Role of District Collector in RCH through ZSS

Collector of the district is the president of ZSS. With his initiative, RCH programme through ZSS can gear up. If Collector is motivated then this programme also will run very effectively everywhere, including the interior and remote area of the district. Efforts were taken to meet the Collector and collect some information on RCH activities through ZSS; but he could not be contacted because of the busy time schedule and out-station visits. It is reported by the staff of ZSS that, he has taken keen interest in this project, its design and also the implementation.

Role of District Health Officer in RCH through ZSS :

District Health Officer (DHO) is in-charge of the health machinery in the district. He has to train the *Swayamsevaks* working for RCH through ZSS. Under this scheme he is also supposed to make his Medical Officers (MO) and ANM for delivering the lectures on RCH in the villages, training programmes. His role is crucial at the time of designing of the project, considering his extensive experience in the field of health and family planning.

Role of District Media Officer in RCH through ZSS :

District Media Officer is responsible for the publicity of RCH through ZSS before and after the programme on radio, television and newspapers. He is to look after both the advertisement of the programme as well as the news of the programme. He also has to arrange the interviews and look after related management required for various media.

Evaluation of ZSS activities :

After initiating the activities, at a later date, it was decided to evaluate the ZSS scheme on the basis of the objectives laid down as per the requirement of the project proposed and their fulfillment. Population Research Centre (PRC) in Gokhale Institute of Politics and Economics, Pune has been assigned the work to evaluate the functioning of ZSS in Maharashtra in all the districts where the schemes are running currently. In the pilot visit to five districts in which the scheme is sanctioned, it was found that it is running only in Nagpur, Akola and Bhandara. This report evaluates the RCH work of ZSS in Bhandara district.

Objectives of the study :

Prime objective of this evaluation study is to assess the effectiveness of the implementation of RCH through ZSS scheme and its impact on target group. As per the guidelines drawn by the Department of Family Welfare, the study includes evaluation of

1. Time gap between sanction of funds at the central level (ministry of health and Family Welfare) and receipt of the same by the ZSS and launch of the project.
2. The modalities of funds use and the manner in which accounts of expenditure have been maintained and financial experiences of the ZSS within the scheme.
3. Actual activities and schemes undertaken by the ZSS.
4. Periodicity of ZSS units meetings for this purpose and monitoring of the scheme.
5. The degree to which this scheme has been able to complement and co-ordinate with efforts by the IEC units within the Department of Family Welfare in each state.
6. The extent to which the targeted population, particularly, population research institutions and other village level bodies have become aware of the new scheme and RCH issues.
7. How far the scheme has been able to influence the health-seeking behaviour of the community in terms of knowledge and practice.
8. Shortcomings of the functioning of the scheme and suggested corrective measures to improve the same.

Methodology :

The evaluation of RCH through ZSS is carried out with the help of

1. In-depth interviews with key officials at district level like Collector, ZSS secretary, DHO and District media officer.
2. Review of records to establish process measures.
3. Focus group discussions at community level.
4. Structured questionnaires for opinion leaders like *sarpanch*, *gram panchayat* members, school headmaster and religious leaders; functionaries and community members in the age group of 15 to 35 from each selected village..

Coverage of the Study :

As per the guidelines by Department of Family Welfare, ten villages are to be selected for this evaluation study. To get a better spread, one village each from the ten tehsils of Bhandara district. First, Tahsils were selected on the basis of the availability of resource persons.

While selecting the villages, the coverage of ZSS activities in this project had to be taken into consideration. According to the information provided by ZSS, Bhandara, there were two main activities: Training and Kala-Jathas. Training was given to 70 resource persons and 720 volunteers and 168 Kala-Jathas were performed.

Further, from the selected tehsils, one village from each selected tehsil was chosen in such a way that it also had a Kala Jatha programme performed.

The list of villages and the corresponding tehsils is given below:

Tehsil	Village
Tumsar	Meethewani
Mohadi	Kardi
Sakoli	Sangadi
Bhandara	Kondi
Pavni	Bhuyar
Lakhandur	Lakhandur
Arjun Morgaon	Keshori
Devari	Devari
Teroda	Kavalewada
Gondia	Kamtha

The main purpose behind the purposive sampling was that by selecting the village of the resource person, we assure ourselves that at least one person from the selected village is trained by ZSS and hence it may help us to evaluate the impact of the activities of the ZSS. From each of the selected villages six/seven community members and six/seven opinion leaders were selected from interview.

Table 1 : Distribution of number of opinion leaders and community members interviewed by *tehsils* and villages

Taluka	Community member	Opinion leader
Tumsar	10	10
Mohadi	8	10
Sakoli	10	10
Bhandara	10	10
Pavani	10	10
Lakhandur	10	10
Arjuni Morgaon	10	10
Devari	10	10
Tiroda	10	10
Gondia	10	10
Total	98	100

Duration of field-work :

Visit prior to survey of opinion leaders and community members was made to get the overall idea about the project being run in the district and collect some information required for this evaluation from the office of ZSS in Bhandara in November 2000 and January, 2001. Then after the translation of questionnaires and printing, actual fieldwork is carried out in September, 2001.

Objectives of the proposed ZSS work :

The major objective is to implement the IEC activities in Bhandara district in view of RCH and population control. The specific objectives include, imparting the knowledge about RCH to selected *Swayamsevaks*, making use of local talent to spread the message of RCH. The project is mostly to stress the points like, literacy of women, age at marriage, small family size, spacing between two children, consequences of population growth, services to mother and child to improve their health status and reduce Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR), and lastly community participation and local involvement in RCH programme.

These objectives laid down in the proposal can serve as indicators while examining whether or not the project is succeeded.

ZSS Activities in Bhandara District :

The ZSS activities under this project were initiated in October, 2000. The various activities along with the incurred expenses are follows:

Table 2 :Proposed Budget And Expenditure RCH Through ZSS For The Period 1999-2000

Sr. No.	Item/Particulars	Proposed Budget For 1999-2000	Expenditure 1999-2000
1	Training of Functionaries	62750	53326
2	Print Media	30000	30000
3	Kala Jatha	174250	184142
4	Poster Competition	3800	3802
5	Panchayat Sammelon	25000	25000
6	OTCs For Neoliterates	6000	6000
7	Miseellaneous Programme	15000	5808
8	Administive Expenditure	32200	32725
	Grand Total	349000	340803

It appears that slightly more than half of the total expenditure is on Kala-Jathas. The next important item us the 'training of functionaries' with about 53,000 incurred. A broad comparison with the activities in Nagpur and Akola districts shows that in Bhandara very few activities, rather, only two activities have been undertaken and the expenditure on the Kala-Jathas is comparatively more.

Execution of the RCH-IEC Project by the ZSS, Bhandara :

The proposal was sent by the ZSS in March 1999. It was approved and the amount of Rs. 3,49,000 was sanctioned in August 1999. Further, the actual amount was granted in January 2000. The activities were started in November, 2000 and by December 2000 the work was completed.

As per the information provided by the District Adult Education Officer, the information regarding this project was received from the District Health Officer. After the discussions with the DHO, the District Collector prepared the proposal with the help of the persons in the adult education department. The project was implemented totally under the supervision of the district adult education officer. There was little role to the personnel at the Taluka level. The

APOs (Assistant Project Officer) at Taluka level executed the programme but they had no role in the planning of the project. Similarly, although the DHO was consulted while preparing the proposal, the medical officers at the concerned PHC, did not have any role. Leave apart the personnel from the health department, the BEOs (Block Education Officers) also were not involved. When our team went to interview opinion leaders in the villages including the school-Headmaster, they were surprised to know that he also did not know about the programme. Under the organisational structure of the ZSS, the Headmaster is the representative of the ZSS at village level. If he is also unaware of the activities, what could one expect from the villagers?

Interviews with the officials from ZSS, Bhandara :

In depth interviews were taken of 10 APOs involved in the RCH project undertaken by ZSS. BEOs and medical officers were interviewed. But they seem to have no information. The questionnaire used for these interviews aims at assessing the knowledge and involvement of these officials in the project. The following table gives the information obtained from the interviews regarding the knowledge about different activities under this project.

Response of the 10 APOs

	Activity	ZSS Officials
Knowledge about the activities	Training Workshop	9
	Posters/Handouts	4
	Kala Jaththas/rallies	10
Knowledge about Training theme	RCH	7
	Family Planning	2
	AIDS	5
	Age at marriage	1
	Population	4
	Public Hygiene	1
	Sex Education	2
	Care of Pregnancy	1

The contents of the above table suggest that all of them knew about Kala-Jatha & training workshops. Posters were known to only 4 of them. It is not unexpected, since the project did not incur substantial time & money on posters. The contents of the training and the kala-jatha performances were broadly known to all of them. However, it is to be noted that 'Age at marriage' was reported by only one person.

Overall Observations About The Proposed Plan And Its Implementation :

The study of the proposal led us to identify one missing link in the training activity. The training was given upto the level of a volunteer. However, there was no mention about the ways, the volunteer would spread the messages in the villages.

Further, there was no supervision on the conduct of the activities and hence even the authorities at the district level may not know about the implementation of the programme. It almost seems to be one-man show. With no involvement of officials at the lower level, the programme may have a limited coverage of organisational support.

By selecting only 720 volunteers for training, the particular training activity has not covered the entire district.

Training Workshops :

As mentioned earlier, training was given to 70 resource persons and 720 volunteers. The contents of the training given to resource persons are given below:

Time Table of One Day Training Programs

Sr. No.		Hour	Time
1	Trainees Registration	1.00	10am to 11am
2	Objectives of the Orientation, Planning	1.00	11am to 12am
3	Introduction to RCH Program	1.00	12am to 1pm
4	Rest	1.00	1pm to 2pm
5	National Health programme, Child Survival and Safe Motherhood . Gains and shortcomings of the RCH Programme	1.00	2pm to 3pm
6	Adolscent Health	1.00	3pm to 4pm
7	Rest	0.30	4pm to 4.30pm
8	Male Participation in the RCH Programme	1.00	4.30pm to 5.30pm

It is clear from time table that, in all, only four hours training was imparted one could imagine, to what extent the participants would have understood. This shows the lack of sincerity and planning in carrying out the programme.

Kala Jaththas/Street Plays :

The following table gives the time-schedule of the Kala-Jaththas/street plays.

Table 3 : Schedule of Kala Jatthas

Sr. No.	Tehsil	Period	Morning	Evening	Total
1	Bhandara,Pavni	6-11-2000 to 14-11-2000&22-12-2000	9	13	22
2	Sadak Arjuni, Grogaoon	6-11-2000 to 14-11-2000&22-12-2000	9	15	24
3	Lakhani, Lakhandur	6-11-2000 to 17-11-2000&22-12-2000	12	16	28
4	Mohadi, Tumsar	6-11-2000 to 14-11-2000&22-12-2000	9	13	22
5	Amgaon, Salakasha	6-11-2000 to 14-11-2000&22-12-2000	9	15	24
6	Morgaon Arjuni,Davari	6-11-2000 to 15-11-2000&22-12-2000	10	14	24
7	Taroda,Gondia	6-11-2000 to 14-11-2000&22-12-2000	9	13	24
	Total		69	99	168

These kala-jathas used to be of half an hours duration. The distribution of Kala jathas (168) over the selected regions seemed to be more or less balanced. Out of 168 Kala jathas, 101, that is about 60 percent of them were carried out in the evenings. Otherwise those conducted during morning would have got very few viewers. In the case of Kala jatha in Bhandara district, it appears that Rs. 1000 were paid to each team, while in Akola, it was only 200 rupees. One would accept it if the jathas in Bhandara were that superior. But one of the scripts available to us does not indicate the same. It is only to disburse the sanctioned amount with less efforts.

In the district of Bhandara and Gondia (as of today) the Kala Jathas have been performed on behalf of the Zilla Saksharata Samiti, Bhandara. The main object of Kala Jatha is to be spread messages regarding reproductive and child health. In all, there were 168 Kala Jatha performed in the entire district. The programmes were carried out during 6th November, 2000 to 22nd December, 2000. Seven teams did this job. These team were selected on the basis of their performance in the literacy campaign. These teams were given a one day training on 27th October, 2000.

All these teams were visited by our investigators. It was proposed to get the scripts of the programmes performed. Unfortunately, we could get hold of only one . It does not appear to be very effective. As far as the contents are concerned, it includes everything starting from population education, AIDS , Family planning , Child health , nutrition, maternal health --- etc. Of course, it could have been performed effectively. As per the artists' statement, the programmes wee well received.

One important thing need to be mentioned here. The expenditure figures show that near about Rs. 1000 were sanctioned for one Kala Jatha programmes. However going by the statement of the artist, they have got only Rs. 500. When asked about this difference, it was told that the ZSS provided the transport of the teams and hence a smaller amount was paid. In our opinion, the raduction in the payment scheme to be more than the transport cost. As told by individual performer, they used to get only Rs. 30 per show. They said that, if they would

have got more (Rs. 45) such a practice would lead to reluctance on the part of the performers and that is a negative symptoms for the effectivity of this powerful medium of spreading messages.

Findings of the survey of opinion leaders and community members in the village :

As mentioned in the previous section, number of opinion leaders contracted is 98 from selected 14 villages. Table 4 gives the distribution of opinion leaders by the posts they hold in the village.

Table 4 : Distribution of Opinion Leaders by the Post

Post	Number
Sarpanch or Deputy sarpanch	11
Gram Panchayat Member	16
Gram Shikshan Committee	12
Police Patil	11
Mahila Mandal	7
Anganwadi Worker	7
Yuvak Mandal	3
Teacher	21
Gram Samanvayak	13
Health Worker	2
Cooperative Society Member	1
Total	98

In running any project in the village, local leaders play a vital role. Their level of perception and understanding of the issue are the deciding factors of successful implementation of the scheme. Without their support, it is very difficult to work there, though the work is for the benefit of the villagers. Therefore it was thought important to collect some information from these leaders about the knowledge of the scheme as well as of RCH in general. In the selected 10 villages 11 leaders were either sarpanch or deputy sarpanch and 17 were the Gram Panchayat members. Eighteen are the teachers, 12 are literacy workers. Another important class includes AWW and Mahila Mandal members, 7 and 7 respectively. This group is important, keeping in view the RCH work to be conducted in the village. All these opinion leaders are expected to know

beforehand about the schemes run in the village and their positive opinion about the scheme makes difference in case of successful implementation of any scheme. The knowledge of the background of these leaders is essential to know more about the scheme. This information is presented in Table 5 along with the community members contacted in each village.

Background Characteristics of the Opinion Leaders and Community Members surveyed in Bhandara District :

In all, 98 opinion leaders and 100 community members were surveyed from 14 villages of seven tehsils of Bhandara district. Table 5 gives the information on their background characteristics.

Starting with the religion, it is observed that the religious composition of the opinion leaders and community members is very similar, with 94 and 92 per cent of them being Hindus. There is notable difference in the caste-composition with about 38 per cent of the Opinion leader and 52 percent of the community members belonging to SC/ST. These two observations indicate that the opinion leaders do not represent the SC/STs adequately.

The age-distribution of the two groups is bound to differ, as the community members have been purposely selected from younger ages, because these are the young couples, who should know about the RCH and other health matters. On the other hand for opinion leaders, there is no constraint, since they are expected to know about RCH and other health matters, irrespective of their age and marital status. This has reflected in the age-patterns. The percentage of community members below age 35 is 69, while the same for the opinion leaders is only 42.

The educational attainments of the two groups show that the opinion leaders are better educated than the randomly selected community members. Among community members, 50 per cent are educated at least upto S.S.C., while the same percentage is 75 for the opinion leaders. The attendance at the literacy classes also shows that both the opinion leaders and the community members, have attended the literacy classes in small numbers. Since the information about

that Posters, handbills... etc. is an activity which is known to both community members and opinion leaders, in relatively larger proportion. It is really very surprising that although Jaththa, is more appealing than the posters, they are known to comparative smaller number of community members. Training workshop seem to be almost unknown to community members. The situation in case of opinion leaders also is not much different. Only 18 of them know about the workshop.

At this point, we would like to mention that the training activities under this project are not planned in a way that would lead to spread of RCH information in the entire community. All training activities terminate at the level of the volunteer or the opinion leader. The link between the volunteer and the people is missing. At the most, the literacy worker/volunteer is expected to read out the write-up on RCH in the literacy classes. But who attend the literacy classes? Naturally, the illiterate old people, who are not the target population for RCH messages. Thus, the training, even if conducted very efficiently, is of no use for the village residents if the volunteer/opinion leader does not extend the same to the villagers.

As table 7, shows the attendance by both the opinion leaders and community leaders seems to be very poor. Only 18 out of 98 opinion leaders and only one community member have attended the workshops. Many (16) respondents (both community members and opinion leaders) report rightly that the workshops were conducted by the department of education. Method of conducting the workshop is reported by everyone to be lecture. Resource persons were qualified persons such as Doctors or trained persons in education department. The subjects covered mainly in the training workshops are Reproductive and child health, family planning, literacy and health issues, as reported by the opinion leaders.

Posters/Wall writings/Handbills/Hoarding :

As stated previously, this is the activity, which has reached the corners of the district and majority of the respondents have seen them. As Table 8 shows,

RCH issues is expected to be given at the literacy classes, this observation is important.

Section I

Knowledge about ZSS activities:

As mentioned previously, the activities conducted by ZSS under this project are Training workshops, street plays, folk songs, posters, handbills ... etc. Jaththas and rallies, TV advertisements and debates and competition. Before making the assessment of these activities individually, it would be better to compare them as far as knowledge about them among the opinion leaders and community members is concerned. We give below the comparison of levels of knowledge regarding different ZSS project activities among the opinion leaders and community members.

Table 6 : Knowledge of Opinion Leaders and Community Members About Different ZSS activities

Knowledge	Any RCH Activity	Training Workshops	Posters, handbills..etc	Jaththas and Rallies
Community members (100)	97	1	80	52
Opinion leaders (98)	98	18	79	80

As the above table (Table 6) shows, 97 community members and 98 opinion leaders knew about any kind of RCH messages activities and 1 community member and 18 opinion leaders knew about the training workshops. As far as the awareness is concerned, it is observed to be at the fullest extent. As could be seen from the earlier table almost all of them have reported having known about the poster and hence the number of those knowing about any RCH activity (including posters) is large. However, it should be noted that the respondents are mostly referring to the posters, wall-writings, etc. put up by the state government and not those under the present project. It can be easily noticed

79 opinion leaders and 80 community members have seen the posters, handbills ... etc. Among the different items of this group, posters and wall-writings are major items. In addition to 75 opinion leaders and 78 community members having seen the posters, 69 opinion leaders and 61 community members have reported having seen the wall-writings. Posters/wall writing ... etc. are different from other IEC media in a distinct way. People see them again and again and hence the messages get registered repeatedly. In view of this, the frequency of viewing of posters.... etc. is quite important. Around 30 both among opinion leaders and community members have seen the posters ... etc. for more than ten times. They have been put at various places like PHC, SC, Grampanchayat, school and at other places. Bus stand and Panchayat office seem to be the mainly reported places. It should be noted that the Government of Maharashtra also has put up posters displaying the main goals under its population policy and the related messages. Our respondents must be referring to these posters.

Subjects of the poster are as usual - Family Planning, Health, Age at marriage, AIDS... etc. But it is worth mentioning that unlike the other media, RCH message have reached people through posters in comparatively higher proportion. Similar is the case for the important message received. There are 8 opinion leaders and 8 community members reporting the message on slightly different issues such as Age at marriage

Kala Jaththas :

Group activities like kala jaththa and rallies could have a long lasting impact on the people and hence are an important activity. As given in Table 9 only 80 opinion leaders and 52 community members have reported knowledge about the same. As stated previously, a significant amount (184,000) has been spent on them. One hundred and sixty-nine kala-jaththas were organised. It appears that the people know about them in large numbers. As the table shows, the jaththas were organised mostly in villages. There is some confusion about the organisers. Quite a few respondents (5 opinion leaders and 8 community members) have said that they do not know the organiser. On the whole, the kala-

jathas have been appreciated effectively. Family planning is still reported as a major theme of the Jaththa. Forty opinion leaders and 32 community members have reported it as a major theme. According to the opinion leaders, the highest order is for literacy, followed by family planning, RCH, childcare, health ... etc. The opinion leaders seem to be more knowledgeable. According to the reports of our investigators, some rallies were for literacy purposes. The respondents might not have been able to differentiate between the rally for RCH and rally for literacy purposes. There are only three cases each of opinion leaders and community members, who could not specify the theme. It shows, in a way, the effectivity of the kala-jatha.

After examining the information on different activities planned and implemented by the ZSS Bhandara, we come to the following conclusions;

i) Orientation workshops and Kala Jaththa are the major activities on which substantial amounts (about 75 per cent) have been spent. The knowledge about Kala-Jathas is appreciable.

ii) In the plan of the ZSS project, there is no provision (at least not mentioned specifically) for the spread of the messages, at village level, through the trained volunteers.

iii) The training was not given to all volunteers (swayam sevak) in the district. It was given to 70 resource persons and 720 volunteers only

iv) Contents of the training given to the resource persons, seem to be limited in view of the time allotted.

v) Kala-jatha seem to be the prominent activity from the side of the ZSS and also in view of the knowledge of the people regarding activities under this project. It is a powerful medium. However, it seems that the artists are not satisfied with the payment. This has to be borne in mind while planning this activity in future.

vi) Among the different activities, posters seem to be the most effective medium with respect to coverage. About 90- per cent of the respondents have seen the posters. Principally, street plays/kala-jaththas/folk songs should be effective in carrying the messages in an appealing manner. However, because of

the costs attached with them, it does not become possible to arrange them in many places. Contrarily, posters can be put in any interior area and hence cover a larger area. In Maharashtra with high literacy levels, print material could be a better medium for IEC activities.

Section II

Some Observations Regarding the Knowledge of Opinion Leaders and Community Members Regarding RCH Issues

In the earlier section, an attempt was made to assess the knowledge of 98 opinion leaders and 100 community members regarding the ZSS project activities and the broad knowledge they gained from these programmes. This assessment helped us to know about the implementation of the activities and their effectivity, in a broader sense. In this section, we intend to assess their knowledge regarding RCH issues in exact terms. This really would indicate, whether the ZSS project activities have been really useful in spreading messages in right dimensions. However, the task is not that simple. The health department, through its workers is also trying to impart the knowledge regarding RCH issues. Hence unless we could isolate the effect of ZSS activities we may not be able to say anything about the effectivity of the ZSS activities. Such exercises need a control group of villages and another experimental group. In other words, we could choose some villages with ZSS activity and others with no ZSS activities and compare their performances. However, there were problems in designing the sample in such a way, one was namely regarding getting the entire list of villages with any kind of ZSS activities and another was regarding the propriety of choosing villages with no ZSS activity. For instance, if we choose half the villages with no ZSS activity, we would miss half the sample for assessing the implementation of ZSS activities. Because of these difficulties, we chose a sample of villages, where some or the other persons trained under this project existed and hence the reach

of the training activities could get reflected in the responses. However, because of this sampling design, isolation of the ZSS effect is not possible. One way of assessing the impact of ZSS activities is through the comparison of the responses of opinion leaders (who have got the orientation from ZSS) and the community members, who have been exposed to ZSS activities to a lesser extent. In case of a few indicators, the findings could be compared with those of the Rapid Household surveys conducted in Bhandara in 1998 and some judgement could be made regarding the impact of ZSS activities.

RCH Issues :

RCH issues have a wider coverage starting with age at consummation of marriage to problems related to pregnancy, child-birth, to contraception and lastly the reproductive health hazards, particularly AIDS. The questionnaire used in this survey aims at assessing the awareness of the respondents regarding the above-mentioned issues.

Age at Marriage :

In this case, questions were asked regarding the legal age at marriage of girls and boys. As Table 10 shows almost all the respondents have reported the minimum legal age at marriage correctly. Surprisingly, the actual practice also reflects this awareness. As per the RCH survey, only 11 per cent of the girls are getting married before the age of 18 years.

Antenatal Care:

It has been brought out by many studies that the infant mortality rate is closely associated with the care during pregnancy. Let us now examine the extent of awareness regarding antenatal care. This is assessed through knowledge regarding the month of first ANC check-up, minimum number of ANC check ups, TT injections and the different tests to be conducted. Table 11 gives the relevant information. It seems that the respondents had a fair amount of awareness regarding the initiation of ANC and no. of ANCs. Still 25 opinion

leaders and 31 community members have reported fourth and latter months as the month for first check-up while, ideally, it should be third month. Similarly, only 14 opinion leaders and 16 community members have reported one/two ANC visits as the required no. of ANC visits while ideally, it is three.

As far as the specific contents of the ANC check up are concerned, questions were asked about TT injections taken and various tests to be undergone during pregnancy. As in case of ANC, people seem to be fairly aware of the need for TT injection. Fifty-nine opinion leaders and 61 community members have stated the no. of TT injections correctly (2 or 3). At the same time it should be noted that the number of persons ignorant about the number of TT injections is not negligible (28 opinion leaders and 20 community members)

As far as the various tests to be undergone during pregnancy are concerned, correct knowledge seems to be lacking. Twenty-three opinion leaders and 16 community members were not able to respond to these questions. This is not unexpected since these tests may not be that commonly known as the TT injections. The most commonly reported tests are blood and urine tests and weight measurement. Overall absence of specificity is observed here.

Not much difference is found between the perceptions of the opinion leaders and community members. In fact, the opinion leaders with little bit more education than the community members and also having been trained under the ZSS activities should have expressed differently. But the reason for such lack of differentials could be that firstly, overall level of awareness is quite good and hence not much differentials, secondly, perfection might be lacking in the training itself and thirdly, all opinion leaders might not have received training.

We get a support, from the RCH survey in Bhandara, for the high level of awareness regarding ANC shown in the responses of our respondents. The district survey shows that 43% of women had first ANC in the first trimester, 56% of them had more than 3 visits, 73% had two TT injection, 51% had consumed IFA tablets, 81% had abdominal check-up, 50% had blood pressure measured and 46% reported having take weight measurements. However, it is

difficult to say whether and how far the ZSS has contributed to the higher level of awareness.

Health Problems during Pregnancy and Care to be taken :

The awareness of our respondents about the health problems was assessed through questions on perceptions regarding high-risk pregnancy, probable health complaints during pregnancy, precautions during child-birth and five cleanliness measures.

Regarding the perceptions about high-risk pregnancy, it is observed that 42 and 26 opinion leaders and community members did not have any knowledge regarding high-risk pregnancy (Table 12). The numbers are quite significant. Most of them might be men. It has been observed that men, although a little educated, do not have any idea about problems related to womens' health. Pregnancy under age 20, above age 30, pregnancy of third or higher order and pregnancy with a short birth interval are called as the high risk pregnancies. Only 20-26 opinion leaders and community members have reported them as high risk pregnancies. On the other hand, first pregnancy or pregnancy of a short mother are reported as high risk pregnancy by a large number of opinion leaders (36 & 26) and community members (60 & 33). This shows the influence of the general experience and not that of a scientific information.

The data on probable problems during pregnancy indicate that 'weaknesses' and 'Bleeding' is reported by a large no. of respondents (about 40 community members and 24-30 opinion leaders). However, it is not expected and hence we attribute it to some reporting errors. Next to it are the complaints such as Paleness, swelling of hands and feet etc. These are symptoms of weakness, which could arise due to improper food intake.

The perceptions regarding place of delivery are changing very fast. According to RCH survey in Bhandara district, only 18 per cent of the deliveries took place in health institutions, while in the present survey 80 community members and 68 opinion leaders have opined that deliveries should be conducted in health institutions. It is followed by deliveries attended by trained person and

deliveries in clean places. However, one thing is noticeable, namely, use of DDK is stated by a very few persons. It means that the message, that a home-delivery could be safe if DDK is used, has not reached the people, largely. Proportions of Institutional deliveries cannot be increased beyond a limit because of shortage of medical/health institutions in rural areas. However, with the help of DDK, the home deliveries also could be made safe and hence the shortage of medical institutions may not be a hurdle. But the message has not reached.

Five measures of cleanliness are important for safe delivery. Thirty six opinion leaders and 24 community members do not know about these measures. The number is not negligible. Surprisingly, the knowledge among the community members is better. Except 'Clean umbilical chord', the other four cleanliness measures have reached the people. With respect to the perceptions about high-risk pregnancies and care to be taken during delivery, no differences are found between opinion leaders and community members, hinting again to 'no impact of the ZSS activities on the perceptions.

Perceptions about Child Nutrition and Health :

Under this section, questions were asked about the perceptions regarding child nutrition and health. Perceptions about child nutrition were assessed through their thinking about the breast feeding, its ideal duration, administration of the Cholstrum... etc., while the perception about child health were assessed through their knowledge about Diarrhoea and Pneumonia, which are the major killers of children. Table 13 gives the information.

About duration of breast-feeding, there are varied opinions. About 65-70 per cent of the respondents say that it should be more than 12 months. Interestingly, to the question on timing of the initiation of breast feeding, as many as 75 per cent of the opinion leaders and 66 per cent of the community members have reported that the child should be breast-fed immediately. The RCH survey for Bhandara shows that only 30 per cent of the babies were breast fed within 2 hours, after birth.

Cholstrum, contained in the first breast-milk is very nutritious and gives resistance to the baby. However, since the first breast milk does not look like milk, it is not given with a fear that it may do some harm to the child. However, these misconceptions are going. It is pleasing to note that 78 per cent of the opinion leaders and 67 per cent of community members say that the first breast-milk should be given to the baby. The RCH survey reports that only 33 per cent of the babies were given the cholstrum. One however, does not know whether this awareness has come because of the CSSM program or the ZSS activities?

Diarrhoea is one of the major diseases of childhood. By now, even the rural people know about its symptoms, its home management and cure. In Bhandara we find that 42 per cent of the opinion leaders and 31 per cent of the community members' reportings are for taking advice of a doctor. It is followed by ORS. It is interesting to observe that the suggestion regarding giving ORS counts for 39 percent of the reportings by community members and opinion leaders. It mean that the message regarding ORS has reached the people in significant propertion.

In view of the attitudes reflected in the above figures, let us examine the perceived danger signs of Diarrhoea. Sixteen opinion leaders and 18 community members have reported their inability to describe the danger signs. Watery stools, vomitting and fever have been reported as the major danger signs. However, here again specificity in reporting is lacking or specificity in the knowledge itself is lacking.

The feeding practices during Diarrhoea are as important as the curative medicines. As Table 13 shows, 11 opinion leaders and 13 community members are unaware of the feeding practices. However, it is pleasing to note that as many as 51 each of opinion leaders and community members know about the right practice, namely, 'more to drink', although 22 percent of the respondents are still with the opinion that during Diarrhoea children should be fed with a lesser amount.

A comparison of the findings with those for the RCH survey in Bhandara district shows that overall ignorance about the treatment of Diarrhoea and feeding

practices has declined. For example according to RCH survey, 50 percent of the respondents did not know about the feeding practices. While in the present survey, only 11-13 per cent of the respondents did not know. Further, their knowledge has expanded in case of various kinds of treatment. Many combinations of treatment have been reported. In short, over time knowledge about Diarrhoea has been reaching people extensively. Thanks to the CSSM programme.

Similar are the findings about Pneumonia. Before the active implementation of CSSM, the knowledge about Pneumonia was very limited (39% for Nagpur in 1996).

Now, according to RCH survey, 1998 it is 36% for Bhandara and according to the present survey it is 100%. The danger signs are also rightly reported by the respondents and they are able to report more and more symptoms. In case of treatment also, people have realised that home remedies cannot cure Pneumonia. As in case of the data on information about antenatal care --- etc., there is no significant difference observed between the opinion leaders and the community members, indicating that the ZSS activities have not made any noticeable impact, either on account of no or improper planning and implementation of the activities. However, it is a pleasure to note that the overall awareness is of a higher order.

Immunisation of Children :

In 2001, more than 20 years after the inception of the Immunisation programme, in a state with excellent performance in immunisation, one may not expect a single case of 'no knowledge' about Immunisation. But let us examine the figures for Bhandara district. Table 14 gives the relevant data. It is surprising to find that about 34 per cent of the opinion leaders and 44 per cent of community members have reported 'no knowledge' about BCG. Similarly 34 per cent of them do not know about DPT. This is an interesting case of practice without knowledge, rather current knowledge. Polio seems to be better known, mostly due to the Polio Pulse programme. Regarding the number of doses also,

better knowledge is revealed for Polio. About vaccination for Measles, the community member's knowledge is better than that of the opinion leaders Forty four per cent of the opinion leaders and 53 per cent of the community members know about the right age (9 months) at Measles vaccination.

Knowledge about Family Planning Methods for Spacing :

As mentioned in the previous case, we expect very few cases of 'no knowledge' about family planning methods for spacing. The relevant data for Bhandara district are given below:

Table 15 : Distribution of Opinion Leaders and Community Members by Knowledge about Family Planning Methods, for Spacing Bhandara District

Knowledge about Family Planning Methods for Spacing	Opinion Leaders	Community Members
IUD	80	91
Oral Pill	78	94
Condom	84	93
Rhythm Method	3	8
Withdrawal	1	2
Do not know	9	1

It is needless to state that the knowledge about spacing methods is extensive. It is more among the community members. Family Planning messages have reached all the corners of the state. This also points out to one important dimension, namely, that even under the RCH programme with wider scope, family planning is the service with top priority. Compared with the RCH survey, the levels of knowledge have increased for example, as per the RCH, IUD was known to 56% of the respondents, while in the present survey, the proportion is about 80 percent. The natural methods of Rhythm and withdrawal are known to very few respondents. It is surprising to observe that

condom is known to as many as 93 community members and 84 opinion leaders. In our earlier surveys with female respondents, we always used to find least extent of knowledge about condom. The present results reflecting higher knowledge about condom may be on account of participation of male respondents and probably the rise in the real level of knowledge. In short, there should be no problem in using spacing methods on account of lack of knowledge.

Awareness about AIDS :

In case of awareness of AIDS, there is tremendous spread of information. The information flow may be much faster than the disease itself. In 1992-93 (NFHS-I), in rural Maharashtra, only 6 percent from rural area and 18 percent in entire Maharashtra knew about AIDS. NFHS-II (1998-99) estimates the knowledge level at 61 per cent for the entire state. The proportion (1998-99) has reached the level thrice that of 1992-93. The present survey goes further. Almost every one (except 2 cases) has heard about AIDS. What should be the reasons for such rapid pace of information explosion? Firstly, the campaign is very aggressive and secondly, it leaves a threatening message that there is no cure for the disease. In view of this high level of awareness, let us now see whether their knowledge is perfect or there are any misconceptions. This is done firstly by getting responses regarding the mode of transmission of AIDS and secondly by asking about the general misconceptions about the mode of transmission. AIDS gets transmitted mainly through sexual intercourse, followed by needles/blades/punctures, from mother to child and through transfusion of infected blood. The responses in Bhandara are given in Table 16. The RCH survey in Bhandara district reveals that about 53 per cent of the respondents have reported 'sexual intercourse' as the mode of transmission, while 'Needles/blades/punctures' is reported only by 27 percent of them. Contrarily, the present survey shows that the proportions reporting 'sexual intercourse' and 'needles/blades/punctures' are close to each other (74 and 56 per cent of opinion leader and community members and 65 per cent for both respectively). Is it the effect of the high level of awareness that gets reflected into the knowledge level

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for each mode or/and is it the effect of actual cases taking place leading to expansion of the knowledge. The mode with the lowest response among the opinion leaders is homosexual intercourse (28%) and that among the community members is transfusion of infected blood (39%).

Various misconceptions about the spread of AIDS are through shaking hands, hugging, kissing, sharing clothes, sharing eating utensils, stepping on urine/stools of the infected person and lastly through mosquito/flee/bedbug. It is observed that there are some misconceptions like 'through kissing' and 'stepping on the urine/stools of the infected person. Although the proportion accounting for such misconceptions does not go above 20 per cent, they have to be removed.

Precautions to avoid AIDS are stated rightly. 'Using condom', 'Safe sex' 'Sterilising needles' and 'Checking blood before transfusion' is known to many.

To sum up the section, we give below the observations regarding the knowledge of our respondents regarding RCH issues. RCH issues cover age at marriage, antenatal and natal care, immunisation of children, child health, use of family planning methods and AIDS. Questions were asked to assess the awareness regarding each of these issues.

In the earlier section, it has been mentioned that the activities like kala-jāththa, which really could spread the messages in entertaining manner have been organised at many places in Bhandara and the respondents have watched these programmes. any places. There was no other prominent activity in the district.

i) Overall, a good amount of awareness was observed among the respondents, both, opinion leaders and community members. But the information seemed to be lacking among the men.

ii) Although, awareness was ample, there was lack of specificity in the information. For example, take 'month of first ANC check-up', many of the respondents reports months less than three, but there are quite a few, who report 1st or 2nd month also, as the month of first check-up.

iii) Overall inclination seems to be towards curative methods/hospitalisation. For instance, many respondents have shown preference for hospital delivery. Very few have shown awareness about a safe delivery with the help of DDK.

iv) Although, the preferred treatment for Diarrhoea is mainly 'taking to a doctor', quite a number of respondents prefer ORS. Could we treat this as an indication of the effect of the IEC activities?

v) Pulse-Polio programme has made almost everyone aware of the vaccination against polio. However, although DPT injections and Polio dose are given at the same time, the exact knowledge about DPT is lacking.

vi) Another example of effective campaign is AIDS campaign. Almost everyone knows about AIDS. Misconceptions also are not found in larger proportions. The aggressive campaign along with the thread of dying on account of no cure has led to high level of awareness about AIDS.

One would be happy to observe ample awareness about RCH issues in Bhandara district. But it is very difficult to say, whether this is due to the ZSS activities or the routine activities of the health department. One is inclined more towards the routine activities, because, as mentioned earlier, the activities, under this project were very few, namely, the training workshop and the kala-jathas. In fact as far as the masses are concerned, kala-jathas are the only activity. Further, the one script, which was only available to us is not very effective in presenting the issues. In short, the effect of IEC activities under this project may not have contributed significantly to the appreciable level of awareness about the RCH issues in Bhandara district.

Table 5 : Background Characteristics of the Community Members and Opinion Leaders - Bhandara District

Background Characteristic		Opinion Leaders	Community Members
Religion	Hindu	92	92
	Muslim	1	-
	Buddhists	5	8
	Not given	-	-
Caste	SC/ST	37	52
	Others	61	48
	Not given	-	-
Sex	Male	63	37
	Female	35	63
Age	15-19	-	2
	20-24	6	8
	25-29	14	28
	30-34	22	31
	35-39	17	16
	40-44	20	10
	45+	19	5
	Age not given	-	-
Marital Status	Unmarried	8	1
	Currently married	89	97
	Widowed	1	1
	Divorced	-	1
	Not given	-	-
Educational Level	Illiterate	2	7
	1 st - 5 th Standard	5	25
	6 th - 7 th Standard	5	6
	8 th - 9 th Standard	11	12
	S.S.C.	17	26
	11 th and 12 th	28	12
	Graduate and above	30	12
	Not given	-	-
Attendance at Literacy Class	Yes	27	27
	No	71	73
	Not given	-	-
		98	100

Table 7 : Distribution of opinion Leaders and Community Members by Participation in RCH Activity - Bhandara District

RCH activity in the Village		Opinion Leaders	Community Members
Participation in any RCH activity-	Yes	79	42
	No	19	58
Attendance at Orientation Workshop-	Yes	18	1
	No	80	99
No. of activities -	1 Workshop	18	1
	2 Posters	69	80
	3 Jathas	80	52
	Not given	-	-
No. of Workshops	1	11	-
	2	6	-
	3 or more	1	1
Organiser of the Workshop	Health Department	3	-
	Education "	15	1
	Others	-	-
Place of Workshop	Taluka place	10	1
	Village	4	-
	District	1	-
	PHC	3	-
Method of training in Workshop			
A - i) Lecture	A	18	1
B - ii) Question-answer	AB	7	1
C - iii) Demonstration	ABCE	3	-
D - iv) Exhibition	ABDE	-	-
E - v) Posters/paraphlets	AE	-	-
Resource persons	Doctor	9	-
	ANM/MPW/Health worker	4	-
	ZSS Personnel	10	1
	Others(DHO,ADHO)	2	-
Subject of the Workshop	Family Planning	9	1
	RCH	4	1
	Child care & immunisation	6	1
	Health, in general	7	1
	AIDS	4	-
	Literacy	-	-
	Other	6	-
	Important Message -	Small family	9
MCH	10	2	
AIDS	4	-	
Training	-	-	
Environment	-	-	
Literacy Population	-	-	
Not given	6	-	

Table 8 : Distribution of Opinion Leaders and Community Members by Viewing of Posters/Wall Writings/Handbills/Hoardings Regarding Health and Family planning in Last One Year - Bhandara District

Viewing of Posters/Wall Writings/Handbills/Hoardings in Last One Year	Opinion Leaders	Community Members
Whether seen any posters/ wall writings/ handbills/ hoardings in last one year -		
Yes	79	80
No	19	20
Not given	-	-
Type of items seen -		
Posters	75	78
Wall writings	69	61
Hand bills	8	7
Hoardings	-	-
Others	7	1
Number of items -		
1 - 5	24	35
6 - 10	19	15
10+	31	29
Not given	5	1
Place of items seen		
PHC	22	28
SC	-	1
Grampanchayat	35	31
School	20	19
Other	50	48
Not given	-	-
Subjects of posters/wall writings/ handbills/hoarding-		
Family Planning	24	12
RCH	10	15
Child Care and immunisation health, in general	5	9
AIDS	14	15
Literacy	20	21
Not given	4	8
	2	-
Important message		
Age at marriage	8	8
MCH	2	7
Family Planning	25	13
AIDS	20	21
Population growth	8	-
Environment	-	-
Immunisation	5	9
Health, general	13	14
Literacy	4	8
Not given	2	-

Table 9 : Distribution of Opinion Leaders and Community Members by Knowledge and Participation in RCH Jaththas - Bhandara District

Knowledge and Participation in RCH Jaththas/Rallies		Opinion Leaders	Community Members
Knowledge and Participation in Jaththas/Rallies -	Yes	80	52
	No	18	48
	Not given	-	-
Number of Performances	One	69	48
	more than one	6	4
	Not given	5	-
Place of Jaththas/Rallies	Taluka Place	1	-
	Village	79	52
	SC	-	-
Organisers of Jaththas/Rallies	Health Department	-	-
	Educational Department	75	44
	Others	-	-
	Not given	5	8
Occasion for Jaththas/Rallies	Cannot tell	27	33
	Other-15 th Aug., Gandhi Jayanti, Bazar, etc.	46	14
	Not given	7	5
Subjects of the Jaththas/Rallies	Family Planning	40	32
	RCH	27	7
	Child care and immunisation	18	9
	Health in general	33	14
	AIDS	29	27
	Literacy	48	30
	Not given	3	3
Important message	Small family	14	10
	Immunisation	-	-
	Sanitation	5	2
	AIDS	10	15
	Literacy	6	5
	MCH	9	2
	Jana Jagruti	20	4
Not given	16	14	

Table 10 : Distribution of Opinion Leaders and Community Members by Knowledge of Legal Age at Marriage - Bhandara District

Knowledge about Legal Age at Marriage		Opinion Leaders	Community Members
Minimum legal age at marriage for girls (Years)	Less than 18	-	-
	Eighteen	96	97
	Nineteen or more	2	3
Minimum legal age at marriage for boys (Years)	Less than 21	-	-
	Twenty one	96	96
	Twenty two or more	2	3
	Not given	-	1
	Total	98	100

Table 11 : Distribution of Opinion Leaders and Community Members by Knowledge of Ante natal Care (ANC) - Bhandara District

Knowledge regarding ANC		Opinion Leaders	Community Members
Month of First ANC check-up	First/Second months	22	21
	Third month	51	48
	Fourth-Sixth months	5	18
	Seven or more months	20	13
	Total	98	100
Minimum No. of ANC check-ups	One	5	5
	Two	9	11
	Three	29	27
	Four	11	19
	Five-Seven	18	21
	eight or nine	26	17
Total	98	100	
No. of T. T. Injections during pregnancy	One	11	18
	Two	51	47
	Three	8	14
	More than three	-	1
	Do'nt know	28	20
Tests to be done	Height alongwith others	37	49
	Weight alongwith others	47	67
	Abdominal check-up alongwith others	34	35
	Internal Examination	30	48
	Blood test	53	54
	Urin test	41	52
	Blood pressure test	22	38
	X-ray	6	15
	Sonography	2	2
	Aminosynthesis	-	-
Do'nt know	23	16	

Table 12 : Distribution of Opinion Leaders and Community Members by Knowledge Regarding Problems Relating to Pregnancy and Care to be taken - Bhandara District

		Opinion Leaders	Community Members
Risk pregnancy	First pregnancy	36	60
	Short stature of mother	26	33
	Pregnancy under 20	23	23
	Pregnancy after 30	21	26
	Third or higher order births	26	20
	Short birth-interval	2	5
	Others	1	1
	Don't know	42	26
	Not given	-	-
Dangerous health problems during pregnancy	Swelling on hands and feet	22	34
	Paleness	22	34
	Weakness or tiredness	30	43
	Dizziness	23	32
	Visual disturbances	14	30
	Bleeding	24	41
	Convulsion	2	10
	Weak or no movement of fetus	1	3
	Abnormal presentation	2	-
	Other	1	-
	Not given	-	-
Precautions during child-birth	Use of DDK	10	2
	Institutional delivery	68	80
	Delivery by trained _____	37	44
	Delivery in a clean place	24	38
	Use of sterile blades	22	32
	Use of sterile thread	10	12
	Don't know	22	15
	Not given	-	-
Cleanliness measures during child birth	Clean place	52	66
	Clean hands	50	69
	Clean thread	49	60
	Clean blade	50	55
	Clean Umbilical chord	16	35
	Don't know	36	24
Not given	-	-	

Table 13 : Distribution Of Opinion Leaders And Community Members by Knowledge Regarding Child Nutrition and Health - Bhandara District

Knowledge about Child health, Nutrition and Immunisation		Opinion Leaders	Community Members
Age (months) till the child should be breast-fed	6 months	29	22
	7- 9 months	4	7
	10-12 months	29	14
	more than 12 "	30	51
	Don't know	6	6
Initiation of breast-feeding	Immediately	74	66
	After few hours	12	27
	Next day or after few days	6	5
	Don't know	6	2
Administration of the first breast-milk	should be given	76	67
	should be discarded	14	25
	Don't know	8	8
	Not given	-	-
Signs to decide to take the baby to health personnel	Repeated Watery stools	42	25
	Any watery stools	36	42
	Repeated vomiting	23	31
	Any vomiting	31	44
	Blood in stools	23	28
	Fever	3	45
	Marked thirst	3	15
	Not eating/drinking well	6	5
	Getting sicker/very sick	1	2
	Not getting better	5	2
	Other	1	-
	Don't know	16	18
Feeding in case of Diarrhea	Less to drink	22	22
	Same amount to drink	14	14
	More to drink	51	51
	Don't know	11	13
	Not given	-	-
Knowledge about ARI (Pneumonia)	Yes	66	57
	No	6	11
	Don't know	26	32
	Not given	-	-
Knowledge about danger signs of ARI	Difficult breathing	31	21
	Chest in drawing	39	35
	Not able to drink	20	26
	Excessively drowsy	10	27
	Pain in chest and cough	14	22
	Condition worsens	4	19
	Wheezing	8	16
	Rapid breath	29	5
Treatment on Pneumonia	Home remedy	-	-
	Home remedy and Govt. hospital	11	9
	Government hospital	-	-
	Government and Private hospital	56	51
	Private hospital	26	11
	Others	1	1
Not given	4	2	

Table 14 : Knowledge about The Immunisation of Children - Bhandara District

Knowledge about Children's' Immunisation		Opinion Leaders	Community Members
Name of vaccination against Tuberculosis	BCG	60	55
	Others	4	1
	Don't know	34	44
	Not given	-	-
Name of vaccination against Dyphtheria, Whooping Cough and Tetanus	DPT	64	66
	Don't know	34	34
	Not given	-	-
Number of DPT injections	One	2	4
	Two	15	43
	Three	40	16
	More than 3	-	-
	Don't know	20	18
	Not given	-	-
Name of the vaccination against Polio	Polio dose	94	97
	Don't know	4	3
	Not given	-	-
Number of Polio doses	One	3	2
	Two	22	48
	Three	64	39
	More than 3	1	2
	Don't know	6	9
	Not given	-	-
Age at Measles vaccination	Upto 8 mths	9	9
	Nine months	43	53
	More than 10 months	8	16
	Don't know	38	22
	Not given	-	-
		98	100

Table 16 : Distribution of Opinion Leaders and Community Members by Knowledge about AIDS - Bhandara District

Knowledge about AIDS		Opinion Leaders	Community Members
Heard of AIDS	Yes	94	95
	No	4	4
	Not given	-	1
Mode of transmission of AIDS	Sexual intercourse	73	56
	Homosexual intercourse	27	46
	Heterosexual intercourse	37	52
	Needles/Blades/Punctures	65	65
	Mother to child	51	58
	Transfusion of infected blood	39	39
	Do'nt know	1	-
	Not given	2	2
Get AIDS due to shaking of hands	Yes	8	8
	No	85	86
	Do'nt know	1	1
	Not given	-	-
Get AIDS due to hugging	Yes	7	7
	No	84	87
	Do'nt know	3	1
	Not given	-	-
Get AIDS due to kissing	Yes	18	26
	No	72	64
	Do'nt know	4	5
	Not given	-	-
Get AIDS due to sharing of clothes	Yes	16	22
	No	77	71
	Do'nt know	1	2
	Not given	-	-
Get AIDS due to sharing eating utensils	Yes	14	20
	No	78	70
	Do'nt know	2	5
	Not given	-	-
Get AIDS due to stepping on urine/stools of someone with AIDS	Yes	11	18
	No	81	71
	Do'nt know	2	6
	Not given	-	-
Get AIDS due to mosquito/flea/bedbugs	Yes	19	22
	No	72	69
	Do'nt know	3	4
Precautions to avoid AIDS	-Using Condom during each sexual intercourse	68	49
	- Safe sex	63	68
	- Checking blood prior to transfusion	45	59
	- Sterilising needles syringes for injection	61	63
	- Avoiding pregnancy when having AIDS virus	24	35
	- Don't	4	2
Possibility of a child getting AIDS (of a mother with AIDS)	Yes	82	71
	No	4	9
	Do'nt know	8	15
	Not given	4	5