

# PAN ASIA ICT R&D GRANTS PROGRAMME

## IT Mediated rural women education and dissemination of health information - A pilot

### Final Project report

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#### Project location:

Area : Thiruchirapalli district,  
State : Tamilnadu,  
Country : India

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## 1.0 Synthesis

Women education in the metropolitan cities of many developing countries has dramatically improved in the last decade and even marginal families understand the value of education and are able to access the school / college system in large cities. In contrast, economic and social divide often results in young females dropping out of schools in regional and rural areas. In addition, lack of awareness of health issues among young and middle aged rural women is a problem in India and other developing / underdeveloped countries. Raising the awareness of these vulnerable segments can have a significant impact on their welfare and the future generation and reduce health risks.

In this project, the focus was on understanding the factors that resulted in the dropout of young females from schools. Further, the project also aimed at examining the level of awareness of specific health issues among rural women and to pilot an ICT based solution that improves dissemination of information.

At the completion of the funding period, the project came to a formal closure in June. To make a high profile public impact, a function was held at Vairichettyalayam, a village 60Km from Trichy Town. The location was chosen because of the high incidence of HIV/AIDS reported from the area. Several state government officials and local representatives from the village, media, participated in the program thus projecting a cohesive front. The project won appreciation from various quarters for taking the program beyond what government could do with its limited resources and competing priorities.

The pilot has been very successful in meeting / surpassing the objectives, i.e. raising the awareness among young female students and rural women in target areas. Seethalakshmi Ramaswamy College (SRC), the partner institution now has a group of approximately 200, trained, first generation girl students who come from a rural background with traditional village based parents without a high level of formal education. Details are provided in subsequent sections of the report.

As mentioned in the interim report, research data was collected from field studies in 14 rural villages and two urban areas in and around the town of Trichy in Tamilnadu. Details are provided in other sections of this report. Through qualitative interviews and focus groups and talking to villagers about their healthcare information needs, student researchers examined the socio economic, religious factors that impacted on rural women. The preliminary survey identified a number of health care issues faced

by rural women and identified socioeconomic and religious/social factors that had an impact on young girls forcing them to drop out of school.

This research identified Pre and Postnatal care and AIDS as the important health issues faced by rural women. Two ICT based information modules that were developed during the project met with a significant, positive feedback from rural participants and a follow up showed that their level of awareness was better. Subsequently, two other modules were developed, tested and refined in an ongoing process.

## **2.0 Research Problem**

The broad aim of this proposal was to design, test and implement an ICT based Women Education / Health Information Dissemination tool targeting women in rural Tamilnadu, India. Further, the project focused on using the infrastructure at SRC, the partner institution, to demonstrate the long-term sustainability and the social benefits of such a programme in a developing country such as India.

The objectives were:

1. To understand the factors that forced young female students to drop out of schools.
2. To understand the health information needs of young women in rural areas of Thiruchirapalli District, Tamilnadu where SRC is located.
3. To examine ways of disseminating health information that is needed in the rural community.
4. To train the first generation rural students studying at SRC to become the core torchbearers for this pilot and use them as nodes to promote health and educational messages in their respective rural communities.
5. To examine the value of a ICT based system to disseminate information to villages.

## **3.0 Research Methodology**

### **3.1 Phase 1- Preliminary study**

Details of phase 1 study were covered in our interim report. During this phase, 14 villages and two suburbs of Trichy town were covered. The project area was selected based on the familiarity of the place and its inhabitants. Initially, in the month of July

2003, a preliminary survey was conducted in these areas and data on their economic and social status were collected. Staff and students participating in the project were trained by a professional health consultant. An information software package was developed, tested and refined and, over a week period in September 2003, the students and staff at SRC were trained to handle the software through workshop and demonstrations. The software covered four key areas: importance of education; AIDS awareness, Prenatal care and Postnatal care. In October 2003, staff and students visited different villages and spread the messages to the villagers using the software and a feedback was collected. During the interaction the whole proceedings were recorded using photo camera, web camera, tape recorder and individual notes. Of these four software packages, only the first two could be tested in the present field study because of time limitations. During the interaction session the researchers could find very good response and it was obvious that the visual learning has helped rural women to understand the concepts better.

## **3.2 Phase 2 - Final study**

### **3.2.1 Selection of the area:**

In order to reach the segment of rural population who lack awareness & who are in a critical need, especially on health grounds; the health department was approached to identify villages that were backward in health; subsequently about 25 villages in the district of Trichy were selected for dissemination of these vital messages to villagers, women in particular.

### **3.2.2 Selection of the sample:**

Women in the age group of 20-40 yrs and the school dropouts belonging to 14-18yrs were targeted for the study. Most of the women in the villages selected were involved in agricultural work and, since it was the harvest season (Jan-March) for the rice growers, the samples were reluctant to participate in the dissemination programme, as it would cost them a day's income.

Women in villages are slightly conservative and do not readily come out for public functions. The samples were however persuaded to attend the dissemination programme through individual contact, through the self-help groups and also through the village Panchayat Chairmen.

Transportation facilities and refreshments were provided for all the participants so that they would feel at ease.

### **3.3 Modifications in Software preparation:**

From the feedback received from the participants and experts after *Phase 1* of dissemination, various modifications were carried out in the content of CD and in the mode of presentation.

1. The length of the presentation was shortened.
2. New and innovative changes were made.
3. The language was made simple.
4. Attractive and native pictures symbolising rural women were incorporated.
5. Ideas relating to government propaganda were ruled out.
6. Certain areas were given special focus such as
  - CHEERS School – dropouts. (Refer annexure – II)
  - Early registration – prenatal care.
  - Institutional delivery – postnatal care.
  - Opportunistic infection & Vertical transmission- HIV/AIDS.
7. To emphasize certain vital messages; they were modified in the form of songs to get a better reach
8. A short skit was introduced appropriately to add spice to the show
9. More of interaction was encouraged from participants.
10. At every point their queries were clarified
11. The feedback received from the participants was recorded in audio, video & through individual notes.
12. The views of the key persons were also obtained

For details refer Annexure – III.

### **3.4 Field study**

A common place was selected which could be easily accessible by all the villages. The women and school dropouts were collected in each village by a group of student volunteers and were transported in a vehicle to the school, where the school authorities kindly consented to provide space for the programme. Seating & lighting facilities were provided by these schools. Many women came along with their infants and participated enthusiastically in the programme.

#### **3.4.1 Dissemination of information to college students**

To disseminate information on health and education among rural and urban college going women students in the age group of 18-21yrs, two colleges were randomly selected for our project. One was Chettinad College of Arts of Science, situated in the heart of the city about 5km away from Trichirapalli town. It is a Co-education College consisting of 500 students offering various U.G Courses in arts and Science. Nearly

40 girls were randomly selected for the discussion on the above aspects to know their views.

The Principal, staff and the students actively participated in the dissemination Programme, and the discussion that followed the display of the CD's explaining the importance of education and health among women. This innovative idea was much appreciated by all. The participants agreed that education will be an effective tool to protect women against the evils like dowry, harassment and sexual exploitation by men. They also suggested that imparting education to girls should be made mandatory. Most students were aware of the evil effects of AIDS, the modes of transmission and its after effects. However there was a slight contradictory view on the social aspects of the AIDS victims. One participant shared her personal experience with AIDS patients numbering 25 when she attended a prayer meeting at Kerala and felt sorry for them.

The other College selected for the project was Chidambaram Pillai College for women, located at Mannachanallur Village, 15kms away from Thiruchirapalli town. It is purely a women's College consisting of 1500 students mostly drawn from the rural Communities. Nearly 500 girls participated in the programme with zeal. They felt that imparting primary education to rural girls will bring about a reformative attitude on men folk. According to them women would acquire respect and honour from their counterparts if proper education is provided to them. Many argued that it is a social commitment on the part of the government to provide minimum education to all girl children in the country.

They also admitted that ignorant rural women folk would be converted into responsible and respectable women citizens through education. All of them agreed that poverty is the major cause for dropouts among girls in rural areas and therefore they suggested that efforts should be taken to remove poverty through effective employment programmes and their implementation in the rural areas. One of the participants stressed the need for appointing qualified and dedicated teachers in rural schools.

The various aspects covered in the CD were received well by the students and the IT mode had a good impact with the visual and audio communication. The songs and the skits included in the programme caught the attention of students. Most of them were aware about the dreaded disease AIDS. A few participants emphasized the need for proper rehabilitation of the AIDS victims.

### **3.4.2 Dissemination of information to villages**

The villages were divided into 4 groups in such a way that in each group the villages included showed a greater lack of awareness in one particular field. For example, in group I, there was a greater school dropout rate among girl students. Similarly the second and third groups showed a greater lack of awareness in pre-natal and post-natal care while the last group of villages exhibited greater lack of awareness about HIV/ AIDS. Hence, though dissemination of information about all these 4 factors were done in all the four groups of villages, more emphasis was given to the factor, which required greater attention in that group of villages.

## **4.0 Research Findings**

Preliminary research findings were discussed in the interim report and will not be repeated here. Results from phase 2 alone are discussed in the following pages.

### **4.1 Report on the first target group**

The chosen villages were:

1. Elamanur
2. Aralur
3. Meenakshipuram
4. Thiruchendurai
5. Pitchavaram
6. Ammangudi
7. Dindukkarai
8. Andhanallur

The unique feature of these villages is that there was no higher secondary school offering higher-level education in these selected villages. Again, all were co-education schools only, because of which girls were not allowed to continue their education. Thiruchendurai was selected as the venue for the dissemination of knowledge among rural girls. The respondents were given the prior information about the programme and they were assured of transport facility to the venue.

The main objectives of the programme were:

1. To sensitize the need for education among rural girls.
2. To disseminate the knowledge through ICT tools like CDs, tape recorder and audio visual aids.
3. To effectively implement the event by using songs and skits.
4. To set opinions and clarify their doubts through focus group discussion.
5. To focus the issues not only among girls, but also their mothers.

There was a good response from the villagers. The girls with their mothers voluntarily participated in the event. The songs and skits had a mass appeal, which were appreciated by the audience. It was revealed through their active participation in ensuing discussions. Out of 50 respondents 30 students agreed that lack of education is a disgrace to them. Many mothers felt that they stopped the education of their daughters at the 10<sup>th</sup> std level due to fear of sending them to a long distance and poverty of the family. They wanted a higher secondary school in their place. 50% of the dropouts said that they were forced to go for jobs to supplement their parent's income. After going to jobs education has lost its charm for them. 15 respondents admitted that failure in the examination made them shy and therefore they discontinued education.

In the focus group discussion, members were free to share their opinions. One student from Elamanur was quite interested in continuing her studies but due to her father's illness and continuous financial crisis, she could not continue her studies. Another participant Pitchavanam village stated that she was ready to send her children to school, provided bus facilities are available in the village. A parent complained that there was no safety for girls while they go to far off schools. So she preferred her children to be at home, rather than going to school.

When our students informed about child labour special schools organized by the Govt, the girls and their parents (mothers) listened carefully and anxiously asked about the functioning these programs.

The major grievance of the area is that the absence of higher secondary school, which will help them to continue their education at least up to XII Std. For getting higher education, they come either to Tiruchirappalli or Thiruparaithurai. So starting of a higher secondary school by upgrading the existing high school will solve the problem of dropouts at least to some extent.

#### **4.2 Report on the second target group**

Place	– Kiliyur
Venue	– Marriage hall
Village head	– Thavarasur
Assistant	– Ponniravan
Total no of participants	– 72
Total no of villages selected	– 5

<u>Places</u>	<u>No. of Participants</u>
KRISHNASAMUTHIRAM	15
KOOTHAPAR/ CHETTYAR PETTAI	12
PATHALAPETTAI	11
RAJAM PETTAI	12
KLLIYUR	22

<u>Description of Participants</u>	<u>Number</u>
School dropouts	22
Women	23
Pregnant mothers	9
Lactating mothers	18

Special visitors - Dr.Anthony, students from Nursing College.

## **Feed back**

### **School dropouts – Reasons**

- Lack of money
- Poverty
- Lack of interest
- Puberty
- Preparation for marriage
- Fear
- Transport – Lack of facilities
- Distance
- Co-education
- Head ache

### **Pre-natal care**

- Limited people are following immunization
- After 6<sup>th</sup> month registering in private hospitals
- Lack of Dr's facilities
- Shyness to register their names in PHC
- Limited awareness
- They want some more help from the Government
- Lack of transport facilities
- Not taking medicines
- Have awareness but not following nutrition measures
- Fads and fallacies
- Tablets are not suitable

### **Post-natal care**

- Narikoravas – following breast feeding
- Others are not following breast feeding the babies up to one year
- Lack of mothers milk
- From 6<sup>th</sup> month they give home prepared food
- Awareness about supplementary foods
- Mothers are not taking nutritious food

- Limited people are benefited through Immunization programme
- Awareness about facilities from Govt & non Govt programmes

### AIDS Awareness

- Have enough awareness
- People are hesitant to attend programmes conducted for AIDS
- Have seen AIDS patient
- They said that they treat Aids patient in a normal way
- Don't have interest to discuss about AIDS

### **Profile of villages targeted for health education – Group 2**

S.No	Particulars	Killiyur	Rajampet tai	Pathalapet tai	Chettiyar pettai	Krishna Samuthira m
1	Location -> from trichy	26km	27km	24km	22km	19km
2	Total Population	M-604 F-527 1131	235	1110	342	M-328 687 F-359
3	River	Vennar, Cannl Pudhuaru,An anda Cauvery	Pudhuaru	Uyyangond an,Vadivaik kal	- Pond (Small)	-
4	Hospital	No	-	-	-	-
5	PHC	-	-	-	-	-
6.	Anganwadi centre	1	-	1 & Balwadi - 1	-	1
7.	Subcentre	-	-	1	-	-
8	Communit Hall	1	-	1	-	1
9.	Marriage Hall	1	--	-	-	-
10	Panchayat Union	-	-	-	-	1
11	Minor Panchayat	2	-	1 2u A.O-1	-	1
12	Elementary School	1	-	1	-	1
13	High School	-	-	1	1	1
14	Higher Secondary School	-	-	-	-	-
15	College	Nursering – Private	-	-	-	-
16	Water Tank	1, Hand Pump – 3, Taps - 6	- Hand pump – 2	2 & Well – 4, Taps – 35	1, Hand Pump – 2	2, Hand Pump – 6, Tap – 12

17	Toilet (Common)	1	-	-	-	-
18	Temple	5- Hindu, Mosque – 1, Church – 1 Festivals -> Kulathamman, Sivan, Iyyanarkovil	1	2 Church – 2	Vinayakar & Kulathamman kovil (2)	Hindu – 3, Church – 1
19	Street Lamp	Street – 7 – Street Lamps – 46	14	60, Streets – 14	2 streets Lamps – 5	47 – 4 Streets (8 Lamps not in condition)
20	Cultivation	Paddy (2144 Aca)	Paddy	Paddy (367 Hec)	Paddy	Paddy (120Acr)
21	Employment	3in BHEL others farmers and landlarge	- Famers	Farmers	Farmers	Farmers
22	Post Office	-	-	1	-	-
23	Banks	-	-	-	-	-
24	Railway Station	-	-	-	-	-
25	Shelter	Huts 75, Pucca- 79, Semipucca house – 20, Tiled roof – 30,	Pucca House – 8, Tiled roof – 3, Hut – 19	217 Pucca – 19, Ordinary – 96 (Tiles), Hut – 92	Huts – 50, Pucca House – 1	150
26	Shops	3 – Provision	-	Ration Shop – 1	Ration Shop	Petty Shop, Ration Shop
27	Kitchen Garden	-	-	-	One	-
28	Library	-	-	-	-	1
29	Telephone	- 5 Houses	-	One House	One House	Three House

#### 4.3 Report on the third target group

The following villages were selected for the study

- Cholamadevi
- Poolangudi
- Palanganangudi
- Kandalur
- Suriyur

Field workers were sent for knowing the feasibility of organizing the program. The village people were very co-operative and helpful in further proceeding. The village Panchayat heads were met to collect the details about the villages like.

- 1) Total population
- 2) Literacy rate
- 3) Infrastructure available
- 4) Schools
- 5) ICDS
- 6) Hospitals

When the village people were informed about the project –The dissemination of health information through ICT, they were very much excited to participate in the program. The women of the five villages said that Poolangudi can be the common area to arrange for the program, since from Poolangudi the bus frequency to all other four villages are adequate. A high school in Poolangudi [Panchayat school] with a hall to accommodate around forty people was selected as the venue. The Headmistress was very co-operative and she immediately permitted us with the consent of the village President. 50 women folk in age group between 16–60 years, participated from Cholamadevi, Poolanagudi, Palanganangudi, Kandalur and Suriyur. Among the Participants, there were five pregnant women, seven Mothers with 0 to 4 years children and remaining general group. A separate session was held with the school children (girls) in the age group 12- 14 years regarding school dropouts. 30 participants were involved.

#### **Response from villagers:**

##### **1. HIV/AIDS:**

- a) A woman reported that there was a HIV Patient who died four year back in Palanganangudi. The expired person's family consisted of four kids. The family Members suffered because of this. She explained personal morality will Prevent AIDS to the maximum.
- b) Two other respondents said that they had false opinion about AIDS patients but hereafter they would treat such patients with humanitarian concern, as there are many causes for AIDS.

##### **2. PRE-NATAL CARE:**

- a) Pregnant woman clarified with our students dietary Pattern and vaccination for pregnant women
- b) Some of the pregnant women opined that nutritious food is practically very difficult for them because of their poor standard of living.
- c) The field workers took additional effort in explaining them the importance of health.

### **3. POSTNATAL CARE:**

- a) All the mothers with children 0-4 years were interested in knowing the immunization schedule.
- b) The importance of breast-feeding and do and don'ts during breast-feeding were very helpful for pregnant women and mothers.
- c) The new concept for them was about personal hygiene and supplementary foods.
- d) A woman cleared her doubt about temporary method of family planning.

### **4. SCHOOL DROPOUTS:**

- a) A woman interpreted the picture show in the slide – literate and illiterate.
- b) The participants accepted that in modern age nothing is possible without education.
- c) But some Participants also extended their grievance that family income and some religious taboos do not help them to continue their daughters' education.

### **FEEDBACK FROM HEADMISTRESS OF THE PANCHAYAT UNION SCHOOL**

The headmistress thanked SRC for taking such efforts. She was very much pleased with the school dropout concept. Since the rate is very high in that area and in her school. She wished all of us that this program should be a great success. The village people should change their perception after attending such a program. The school children also gave us assurance to continue their education till college under any circumstances.

**Table: Profile of villages targeted in group 3**

S.No	Particulars	Thirunedunkulam	Devarayaneri	Natarajapuram	Vengore	Vairichetty palayam
1	Location-Distance from Trichy	19km	20km	15km	11km	64km
2	Panchayat	Thirunedunkulam	Thirunedunkulam	Natarajapuram	Vengore	Uppiliyapuram
3	Area of the village	1386.200 hectare	1336.200 hectare	545.930 hectare	610.900 hectare	1,413.00 hectare
4	Population-	2500	1317	1178	3221	7,405
	Male	1268	628	598	1600	3,837
	Female	1232	689	580	1621	3,568
5	Religion	Hindu	Hindu	Hindu	Hindu	Hindu
		Muslim	Muslim	Muslim	Muslim	Muslim
		Christian	Christian	Christian	Christian	

6	Castes	Kallar, Muthuraja, Nadar, Chettiar, Ambalar, Pallar, Parayar	Udayar, Nadar, Pallar, Parayar, Narikuravar	Kallar, Parayar, Pallar	Kallar, Muthuraja, Pallar, Parayar, Sakiliyar, Ambalakarar	Muthuraja, Sozhia Vellalar, Reddiyar
7	Anganwadi	Present	Present	Present	Present	Present
8	P.H.C	Present	Nil	Health sub centre	Maternity home	2 private hospitals
9	Irrigation facility	River & pond	Pond	Canal & Borewell	River	River & Dam water
10	Drinking water Dupply	Hand pump & Tank	Hand pump & Tank	Tank	Tank	Borewells & Overlead tembo
11	Schools	1.Middle School	1.Primary School	1.Elementry School	1.Primary School	1.Panchayat union school
			1.Middle School		1.Middle School	1.Private high school
						4.Matriculation Middle school
12	Religious places	4 temples	2 temples, 1 church	2 temples, 1 church	4 temples, 1church	15 temples
13	Festivals	Jaunuary (Thai poosam)	Karuppukovil Thiruvizha	Jan, Mariamman Thiruvizha	Jan-ThaiThiruvizha	
		March (Panguni uttiram)		Kaliamman Thiruvizha	Chitirai Thiruvizha	No common festivals (Caste problem)
		April (Chitirai Thiruvizha		Matha Kovil Thiruvizha		
14	Type of Occupation	Agriculture, Labours, Industrial workers.	Agriculture, Industrial workers, government employees Selling of beads of herbal medicines.	Agriculture, Coolie, mason.	Agriculture, Coolie, govt employees	Agriculture, Coolie, govt, employees, mason, carpenter, vegetable vendors.
15	Crops grown	Paddy	Paddy	Paddy, sugarcane plantain	Paddy, sugarcane plantain	Sugarcane, cotton, paddy, banana.
16	Road	Tar roads	Cement roads, tar roads	Tar roads, mud roads	Tar roads	Tar roads & mud roads.
17	Street lights	Present	Present	Present	Present	Present
18	Toilet facilities in the house hold	25%	30%	22%	34%	,-
19	Transport facilities	Bus	Bus	Bus	Bus	Bus

20	Facilities provided by the panchayat	Water, road, light, toilet	Water, road, light	Water, road, light	Road, water, desliting of the tanks.	Water, road, light
21	Literacy rate	70%	60%	76%	58%	73%

#### 4.4 Report on the fourth target group

The villages chosen were 1) Thirunedunkulam, 2) Devarayaneri, 3) Natarajapuram, 4) Vengore and 5) Vairachettyalayam

##### Distribution of the sample:

Place	No.of participants
1) Thirunedunkulam	21
2) Devarayaneri	24
3) Devarayaneri colony (gypsy)***	17
4) Natarajapuram	25
5) Vengore	19
<b>Total</b>	<b>106</b>

\*\*\* Characteristics of gypsy life:

The following observations were made by student volunteers through informal interview with the gypsy group.

- Nomadic life
- Fun loving & enjoy entertainment
- Livelihood is through the sale of herbal medicines, beads, chairs & their art and crafts.
- Fear god & death.
- Dowry is given by the bridegroom to the bride.
- Divorce and remarriage are common.
- Early marriage and increased IMR.

##### Issues

##### Condition at Present\*

1.Shelter (House pattas)	Homeless 24%
2.Trapped by money lenders	98%
3. Early (Minor) marriage	98%(100% girls/95% Boys)
4.Highorder Birth (HOB) (above 2 children)	71%
5.Couple protection rate (family planning)	28%
6.Institudional delivery	16% (go to quacks)
7.Infant mortality Rate (IMR)	160/1000
8.Migration of whole families	84%
9.Literacy rate	illiterate 74%
10.Children attending Balwadi	29%
11.6 to14yrs age group going to school	60%
12.15to18yrs age groups going to schools	10%
13. Birth & Death registration	almost Nil
14. Marriage registration	Nil
15.Availability of toilet facility in house	0%
16.Alcoholism	Almost 100%
17.Health & Hygiene	Bad
18.Artisan ID Card to authorize business	280cards.
19. Insurance coverage to all artisans	250 persons covered

20. Govt. Privileges	Almost not reaching
21. Handicapped persons	Not properly guided
22. Farming	Few resorting to farming
23. Income	No regular income.
24. Linkage to Banks	only 10 persons
25. Caste discrimination	Insulted, isolated, shamed
26. Legal protection	PCR/PA acts cannot be resorted to
27. Caste differences	Intra-community differences
28. Organizational strength	Totally unorganised
29. Political leadership	Negligible.

\* Source – Narikurava Education Welfare Society.

### Feedback

Though the school dropouts were reluctant and shy they were given an opportunity to voice their cause for dropping out and ample suggestions were given for their betterment. Various benefits provided by the government was brought to lime light and it served as an eye opener to at least a few of the participants. Health information, which was of prime importance were disseminated to the rural women on the following aspects:

- 1) Prenatal care
- 2) Postnatal care
- 3) AIDS Awareness

To make the network far reaching, a few key persons were included; such as

- ❑ The local NGO (NEWS – Narikuravar Education and welfare Society)
- ❑ School teachers
- ❑ Preschool and health coordinator
- ❑ Anganwadi worker
- ❑ Members of the self Help group.
- ❑ Community women organizer
- ❑ Education Coordinator

Observations and impact of the dissemination programme at Devarayaneri:

- 1) The audio Visual media had a good impact and it captured the attention of most of the participants.
- 2) Vital issues that were presented in a simple language with pictorial representation were something new to the participants and were found to be attractive.
- 3) The presentation along with appropriate explanation given by the student volunteers who were much younger than the audience raised appreciation.
- 4) For all the themes in the dissemination process ample time was devoted for interaction, which was a new experience for the audience.
- 5) Most of the participants were encouraged to interact and voice their opinion.
- 6) The kind of reception and hospitality shown by the student volunteers to the participants were gratified.

- 7) The volunteers were cordial and offered to take care of the participants' babies during the programme, which won the appreciation of the villagers especially the gypsies.
- 8) Most of the villagers had some knowledge on AIDS but the gypsy group was unaware of it and was confident that they would not contract the disease.
- 9) During the interactive session with the gypsy group the following was noted.

**Lack of awareness of**

- ❖ The diseases.
  - ❖ Modes of transmission.
  - ❖ Opportunistic infection.
  - ❖ Vertical infection.
  - ❖ Benefits provided for the pregnant women by the government.
  - ❖ Importance of immunization.
  - ❖ Early registration
  - ❖ Institutional delivery.
  - ❖ Govt. benefits for schooling of their children.
- 10) Even the local Tamil words had to be translated in the language of the gypsies by the community women organizer who was a gypsy herself.
  - 11) The gypsy group remarked that they would not touch or talk to the people afflicted with AIDS as against the other villagers who said that they would be considerate.
  - 12) Many of the participants were aware that nutritious foods such as green leafy vegetables, carrots and fruits should be consumed by a pregnant woman but at the same time they were unable to practice it owing to financial constraints.
  - 13) The participants opined that the younger generation who live as nuclear families should receive ample guidance from the elders and the welfare workers.
  - 14) The participants were reluctant to utilize the government health care facilities due to inadequate care, negligence, bribe and lack of facilities.
  - 15) Early registration of pregnancy was found among very few of the participants.
  - 16) Private medical care was sought, though expensive because they feel secured and don't mind taking huge debts for this purpose.
  - 17) Regular immunization was followed by most of the participants excepting the gypsies.
  - 18) Personal hygiene and health practices along with environmental hygiene was emphasized and was greatly acknowledged by the participants.
  - 19) Through proper illustrations, the participants were assured that they could consume a nutritious meal even at a low cost during their prenatal and postnatal period.
  - 20) Majority of them knew that the age of marriage for the girls was 21yrs. But the gypsy girls were married soon after menarche at the age of 12 or 13 yrs which was their customary practice. This they told was due to a feeling of insecurity and their nomadic way of life.
  - 21) One gypsy who was 17yrs old had a child of 2 yrs old and was expecting the next child.
  - 22) Most of the participants had undergone blood examination for the confirmation of pregnancy whereas the gypsies do not have such practice.
  - 23) Personal hygiene, breast-feeding and immunization was highlighted in the postnatal care which drew the participants apprehension.
  - 24) Similarly, spacing of birth was emphasized
  - 25) Majority of the participants agreed that breast milk was the best mild for their child.

- 26) The gypsies told that they breast feed their child exclusively for 6 months and one of them told that she would breastfeed her child while lying down.
- 27) Many of the women participants had been school dropouts and one woman told that she should not have discontinued her studies after seeing the awareness programme.
- 28) A few of the participants opined that if the girls were educated they become uncontrollable and would marry many guys of her choice.
- 29) Menarche was the main hurdle amongst the girls in the village for discontinuing their studies in the name of village restrictions.
- 30) Lack of transport facilities and the distance of the schools discourage the young girls to take up higher education.
- 31) However it was an eye opener for the women who assured that though they were uneducated they would certainly educate their children especially the girls.
- 32) The Student volunteers who made the presentation were a classic example for the women to encourage them to educate their children.
- 33) Most of the gypsies have had their schooling up to 3<sup>rd</sup> or 5<sup>th</sup> standard and they had a unique problem of shifting from one place to another which discouraged them to take up continuous education.
- 34) The gypsies expressed that still a social stigma existed among the other people which discourages their children to attend regular schools.
- 35) When opinion about the 2 stills depicting the status of an uneducated and educated women was asked – many of the participants readily understood the concept and voiced their opinion.
- 36) Home delivery was practiced by almost half of the participants and the gypsies rarely go for institutional delivery.
- 37) Speaking in the mike was a new experience for the women and they liked it.
- 38) Some of the participants told that they would spread the message obtained in the programme to their neighborhood.
- 39) Many women appreciated the talents of the student volunteers.
- 40) Very less distraction was found among the participants during the dissemination process and they seemed to be attentive.
- 41) The gypsies demanded food and display of a 'hit song' if they have to attend the programme. However, they were happy on seeing their images on the screen through a web camera and said that they would have dressed better.
- 42) Many of the participants gathered around the student volunteers and the staff for discussion and clarification of doubts after the end of the programme.
- 43) The key persons who watched the programme, felt that though they had the knowledge on the subject, the IT based dissemination has a better reach and impact.
- 44) Some of the key persons wanted a copy of CD for their service purposes.

### **VAIRACHETTY PALAYAM - Selection of the area:**

Vairachetty palayam belonging to the Trichy district was selected for the project after a newsflash in one of the local dailies about the recent developments in the increased rate of AIDS victims. Sensing the immediate need of the people, special focus was given for AIDS awareness.

#### **Sample distribution:**

	<b>No</b>
Rural women	130
Students (14-18yrs)	102

Key persons:

- SHG members
- PHC doctor
- VHN
- Anganwadi worker
- School teachers
- Social worker.

### Observations:

- 1) During a blood donation camp a few young men had been tested HIV positive to the awe of the villagers.
- 2) The youngsters had contracted this dreadful disease through their extramarital contacts.
- 3) A few commercial sex workers occupied 4-5 huts that were present in the outskirts of the village during the nights for their business.
- 4) Everyday beautiful girls came to this place after 11.00 pm in the last bus which comes to the village and departed at 4-00 am in the first bus which comes to the village in the morning.
- 5) Most of the villagers were unaware of these happenings.
- 6) These CSW have been extradited from the village right now.
- 7) The number of AIDS Victims numbered around 3.
- 8) There are around 10 people who are HIV positive
- 9) Even some school students (Boys) have been found to be affected with AIDS.
- 10) Many of the HIV positive persons have been found to be lorry drivers.
- 11) The government has also taken several measures in response to this issue. A weeklong AIDS awareness campaign was launched where the participants were given Rs-50/- to attend the camp along with a provision for lunch.
- 12) Awareness was created through lectures by doctors, handouts and condoms were also provided.
- 13) The ICT mode of dissemination captured the attention of the audience and there was minimal distraction.
- 14) Most of them had a clear concept on the different modes through which the organism was transmitted, which reveals the recent knowledge that the participants have received.
- 15) During interaction the following observations were made; they were aware of
  - Signs aids as prolonged fever, cough, diarrhea, vomiting, loss of weight and lack of appetite.
  - Illicit relationship as a cause of AIDS.
  - Use of sterilized needles and blades and use of Condoms would prevent AIDS.
- 16) A few women shared their personal experience with the HIV patients and were in tears.
- 17) The innocent women were in a state of fear and anxiety because their near and dear ones had fallen as a prey to the disease.
- 18) One participant opined that moral education is a must for every community.
- 19) There were other fiery views like " the AIDS patient should die because it is a gift for his immoral conduct".
- 20) The participants also expressed that women should be compulsorily educated; only when they are not educated they end up as CSW to earn their livelihood.

- 21) The pregnant women received vitamin tablets and nutritious flour from the centers and consumed it regularly.
- 22) 35 participants had undergone delivery at home.
- 23) The women usually breastfed their children up to 1 year.
- 24) Supplementary foods were introduced to the infant from 6 months onwards.
- 25) 15 participants had undertaken family planning measures.
- 26) A few girls told that they had discontinued their education due to dislike of studies.
- 27) In conclusion the PHC doctor gave a few tips to the women on
  - Early registration of pregnancy.
  - Immunization during pregnancy.
  - Confirmation of pregnancy – blood examination.
  - Availability of vitamin tablets.
  - IMR.
  - Hazards of increased B.P.
  - Danger signs – bleeding edema unconsciousness.
- 28) The participants were co-operative and perceived the information well.

## Valedictory Function

This project was carried out in three phases. In the first phase we made an initial survey in 25 villages and five corporation schools and assessed the level of the health awareness with special reference to prenatal care, postnatal care and HIV/AIDS and awareness of the importance of school education. Using this information we developed IT tools for dissemination of this information. We tested the tools in the villages and in the schools. In the second phase the IT tools were fine tuned in the light of the feedback we got in the pilot study of the first phase and the information was disseminated to women and children of about 25 villages that were backward in health and where the school drop out rate was high. Girls from two different colleges were also sensitized with the help of these tools. In the final phase we involved the government machinery so that the project can be sustained.

The valedictory function of the project was held at the village Vairichettyalalayam 60kms away from the town. This place was selected after a news flash in newspapers and media about the recent development and increased rate of AIDS victims.

Mr.S.A.Raman Revenue divisional Officer Musiri presided over the function. Dr. (Mrs.) T.S. Jani Bai, Principal of the college and the co-investigator of the project welcomed the gathering. She thanked the donors IDRC (International Development Research centre Canada), APDIP (Asia Pacific Development Information Programme, Malaysia), APNIC (Asia Pacific Network of Internet Community, Australia), Grant Administrator. AMIC (Asia Media Information Communication Centre, Singapore) for their financial support.

Mr. P. Subramaniam, Director (General) CFDRT, Chennai and the consultant of the project, who had worked under the nutrition programme(Government and Private) for a long time, expressed the difficulties involved in the dissemination of information to the public and said that though awareness was created by the government programmes, the bringing about of behaviour change was limited. He appreciated the Seethalakshmi Ramaswami College students for selecting four vital issues namely, *School dropouts, Prenatal care, Postnatal care, AIDS Awareness*, for preparing the suitable ICT tools and successfully disseminating the information to the public.

Dr. S. Venkatraman, (former committee member of the ICT R&D Grants Programme) of UNESCO, in his keynote address stressed the importance of ICT in the dissemination of information, as improper communication would be misunderstood by the public. He was happy that he also had a part in this project.

Mr. R. Panchapakesan, Secretary, Seethalakshmi Ramaswami College, Trichy, Released the ICT tool and the CDs were received by Mr. S. Raman, Revenue Divisional Officer Musiri, Dr. R. Radhakrishnan, Deputy Director of Health Services, Trichy, Mrs. S. Revathy, District Project Officer, World Bank Assisted Integrated Child Development Scheme –III, Trichy, Mrs. P. Pechiammal, District Mass Education and Information Officer Incharge, Trichy. The Secretary expressed his happiness that his college was able to contribute valuable information to the society with the help of International agencies.

Dr. R. Radhakrishnan, Mrs. S. Revathy and Mrs. Pechiammal congratulated the staff and students of Seethalakshmi Ramaswami College for their work and promised that they will make the best use of the CDs in their programmes.

Mrs. S. Vasantha, the project co-ordinator delivered the vote of thanks.

## 5.0 Project outputs and dissemination

The complete study shows that the response and feedback are slightly different for different villages. These differences may be attributed to the differences in social status, economic level, cultural background, awareness level, etc.

Despite variable responses, the use of ICT tools proved to be of tremendous help for the dissemination of the information as

- The message reached the target group easily
- The target groups were attracted to attend
- There was less of distraction among the participants
- Concepts were made clearer
- Greater response and hence greater feedback.

It is also very heartening to note that these CDs are starting to be used by the government in their dissemination programs. Efforts are on to put this information on the web. However, our experience suggests that basic ICT tools, combined with human interaction, will be more effective than a web based system.

As a result of this project, 180 students and a number of staff members from various disciplines of SRC have been trained to disseminate information and use ICT based tools.

The four information packages, each targeting one problem have been tried in a number of locations. The response from rural public has been more than enthusiastic. The novelty of ICT tools has been able to attract more people thus making the tools quite effective.

As mentioned earlier, several government programs have expressed an interest in using this information package and it is being distributed free of cost to interest groups. In order to ensure long-term sustainability of the project, SRC has integrated this research into their regular teaching / research program. As a result, several academic and policy oriented reports are likely. Further efforts are on to seek funding from other sources to expand the scope of this work to other villages.

## **6.0 Capacity building**

SRC, as an institution, was founded for the very purpose of capacity building among women. Already several programs are in place in the institution to train marginalized women. The present project adds another dimension to the ongoing effort and focuses on two segments – school dropouts and health information dissemination and builds additional knowledge and infrastructure capacity in this direction. As mentioned earlier, marginalized first generation students from rural areas are targeted by this program so that they can carry the message to their homes and spread it in their villages. Participation of 182 students from SRC and enthusiastic support from two other women's colleges (totaling 600 students) gives the critical mass to expand the effort in future.

## **7.0 Project Management**

Joint management of the project by the two principal researchers with excellent results suggests that such projects can transcend geographical / national boundaries and ICT tools such as email could be effectively used to communicate ideas. The principal researcher made two visits to the partner institution and the two researchers, together with the project consultant and with advise from AMIC research director, planned / executed the project in detail. A clearly defined common goal and frequent consultation overcame the disadvantage of distance.

## **8.0 Impact**

Following the initial effort targeting 14 villages and two suburban areas in and around Trichy, Phase two of the project covered an additional set of 25 villages identified by the health department. Details are given in the report. Overall, the project appears to have targeted a population in excess of 50,000 in 39 villages and 2 suburbs of Trichy town.

Field experience clearly shows that the project is having a significant impact on women in these villages raising their awareness. Over 1000 women from 25 villages participated in various stages of the program. The questions raised after ICT demonstrations and comments such as 'men should also be given such messages' shows that women are able to understand the messages the project is trying to convey and respond with their own thinking and alternate solutions. It should be

noted that the people who attend such programs spread the message through word of mouth and informal channels, thus making the messages spread further.

## **9.0 Overall Assessment**

The investigators are of the view is that the project has been quite effective with a high level of public participation both in terms of number and quality. In addition, several local decision makers and government officials participated and contributed to fieldwork thus giving the project a broader ownership. Other officials such as local school heads and doctors of local clinics provided substantial encouragement thus adding synergy to the project. The project not only raised the awareness of rural women but also showed those in the 'chain-of-command' that such 'effective' programs can be done with a modest budget.

In terms of return on investment (ROI), results show a high intangible ROI. The impact of the project will continue into the future. However, because of the very nature of the problem, it is difficult to quantify the impact it has on various people. The impact can only be qualitatively assessed from the response of the participants.

The project also gave the researchers and students an insight into what are the real issues and where ICT will work and where it will not. This will help the researchers evolve future strategies for information dissemination.

Subsequent to this project, the researchers propose to communicate these findings to State Government authorities/agencies and discuss micro strategies for local implementation.

## **10.0 Recommendations**

With a modest additional support for a further period of one year, probably the researchers could have expanded and evaluated the project in more depth. One year is too short a time to make a substantial impact. This apart, the researchers, the participants and the ultimate beneficiaries wish to thank the funding agencies for their support, appreciate AMIC for their administrative support. It has been prompt and of excellent quality. Research feedback has also been excellent.

**END OF THE REPORT**