

**Effect of some health educational methods  
in enhancing the knowledge, attitude  
and practice about reproductive health  
of early married women of urban slum**

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## Abstract

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### Introduction

Child marriage is still widespread in India, which is home to a third of the world's child brides. About half of Indian women were married before they turned 18. (UNICEF, 2016). Whereas the incidence of the child marriage are declining nationally but the pace of change remains slow, in nearly all the states, especially in the age group 15-18 years. Uttar Pradesh is one of the states that have an incidence of child marriage higher than the national average. (Census, 2011). Child marriage is associated with adverse reproductive health outcomes, and the practice is still alarmingly common. Together with efforts to end child marriage, it is essential to provide adequate health care to already married adolescents. (Maharjan *et al.*, 2019). According to WHO "Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so." Many researches showed

that the women and girls belonging to the age (15 to 24 years) are more prone to the reproductive health issues like RTI/ STI, non use of contraceptive, menstrual issues due to lack of knowledge.

Interventions focused on the promotion of the knowledge can promote the knowledge of the attitude as well as practice regarding reproductive health. (**Jillian Gedeon *et al.*, (2016), Thulaseedharan, (2018)**)

The whole study was carried out into three phases, these are broadly discussed as follows:

- To know the demographic and socio-economic status of the early married women who are living in the urban slums.
- To associate the socio demographic factors of child marriage in the slum of Lucknow city.
- To know the baseline knowledge, attitude and practice of the respondents regarding their reproductive health.
- To know the association between demographic and socio-economic status of the respondents and level of knowledge, attitude and practice of reproductive health.
- To access the media exposure of the respondents with different type of mass media and their relationship with the KAP score RH.
- To make the teaching materials and conduct the intervention among the study subjects.
- To evaluate the effectiveness of the intervention.

This study was carried out in urban slums of Lucknow. It is a cross sectional and Non experimental pre-test / post-test design study. 253 early married women belong to the age 15 – 24 years who were living in the slums of Lucknow were selected for the study. Random sampling and purposive sampling were applied at the different stages of the study.

Socioeconomic and demographic characteristics were assessed by interviewing the respondents. Knowledge, attitude and practice level of the respondents assessed by the questionnaire method using predesigned and pretested questionnaire. Thus, the pre designed and pre tested questionnaire were applied to collect the data for the study.

Different teaching methods like; lecture method, Individual method and participatory method was used in the intervention phase. For this the Flash cards to tell the different stories on women reproductive health, flip chart to provide the respondents individually as a part of individual method of teaching and card and Snake & Ladder games to conduct the participatory method of teaching was used. The feedback form having same questions regarding KAP of RH, was used to collect the data after giving the intervention to the respondents. Data was collected, coded and entered in to the SPSS version 20. Initially the association of socio-economic factors of the respondents with the KAP of reproductive health of the respondents was analyzed by applying Chi-Square test. The other appropriate statistical tools incorporated in the study included Mean  $\pm$  SD, frequency tabulation, Chi- square test, correlation, multiple regression, and student 't' test. The purpose of this chapter is to summarize and interpret the findings of the present study, which has been described under the following heads.

## **Results:**

### **1. Demographic and socio-economic status of the early married women who are living in the urban slums**

- Out of 253 respondents 211 (83.4%) belonged to the age group 20-24 years and 42 (16.6%) belonged to age group 15-19 years. The mean age of the respondents was  $21.50 \pm 2.096$ .
- It was found that more than half of the respondents were Hindu 169 (66.8%) and 84 (33.2%) of the respondents were Muslims.
- A good number sample of early married women who lives in the slum belong to OBC category 122 (48.2%). As many as 110 (43.4%) of the sample
- Nearly three fourth of the respondents 178 (70.4%) were arranged married and only 75 (29.6%) women were love married.
- Most of the respondents reported that they were current married 238 (94.1%), very few respondents that they were just married 9 (3.6%), only 4 (1.6%) subjects were separated/ divorcee. There were 4 (1.6%) respondents those gauna was not performed. Only 2 (.8%) respondents were those whom gauna was not performed.

- Most of the respondents were married 230 (90.9%) at the age between 15-17 years and only 23 (10.1%) respondents were married at the age of 12-14 years.
- Most of the respondents' husband 141 (55.73%) were also married at the age that is below legal age ranges in between 14-20 years and 112 (44.27%) were married at the legal age or after that ranges between 21- 28 years.
- Most of the respondents were living in nuclear family 158 (62.5%) and rest of them were living in joint family 95 (37.5%).
- Most of the respondents' 138 (54.5%) family size was up to 4 members. In 97 (38.3%) respondents' households 5-8 member are living. The family size of 18 (7.1%) respondents were 8 and above >8 members.
- Less than half of the respondents (45.1%) were not educated and among the educated respondents most of the respondents obtained secondary education (28.5%), only (19.4%) respondents obtained primary education and very few respondents got higher education (7.1%).
- A good number of the respondents 208 (82.2%) who were not employed and very less amount of the respondents was employed 43 (17.8%). Majority of the respondents were unskilled worker 32 (12.6%) and very few were skilled worker 13 (5.2%).
- More than half of the respondents 146 (57.7%) were living in house which was rented followed by the respondents 107 (42.3%) who were living in their own house.
- The majority of the households were semi-pacca 117 (46.2%) followed by pacca houses 89 (35.2%) and only 47 (18.6%) households were kuchha house in which the study subjects were living.
- Majority of the respondents were belonged to middle class 119 (47.0%), followed by lower middle class 82 (32.4), nearly one fifth of the respondents were belonging to the upper middle class 45 (17.8%). Very few respondents belonged to upper class and lower class 4 (1.6%) and 3 (1.2%) respectively.

- Most of the household of the respondents were electrified 219 (86.6%). More than half of the sample households 148 (58.5%) had sanitary latrine followed by the respondents had source of drinking water 141 (55.70). Among the 141 (55.7%) household had source of drinking water. It was found that the most of the respondents 183 (72.3%) were getting water from the public tap and only 26 (10.3%) respondents were using the hand pump to get the water.

## **2. To associate the socio demographic factors of child marriage in the slum of Lucknow city.**

- There is a significant association between age of marriage and duration of marriage as the  $\chi^2=75.100$ ,  $df=3$  at the level of  $p<.01$ . In our study it was found that there is a significant association between type of marriage and duration of marriage  $\chi^2=24.639$ ,  $df=3$ ,  $P<.01$ .
- The analysis between the category of religion of respondents and type of marriage expresses a significant association between type of marriage and religion of the respondents ( $\chi^2=4.306$ ,  $df=1$ ,  $p<.05$ ).

## **3. To know the baseline knowledge, attitude and practice of the respondents regarding their reproductive health.**

- It was found in our study that the most of the respondents scored in the low level of knowledge 91.30% (n=231) of RH.
- Maximum number of study subjects scored in low level of knowledge about RTI/STI 94.5% (n=239). A good number of respondents scored in low knowledge (87.7%) of RR. More than half of the respondents had low knowledge of menstruation followed by FP (62.8%).
- Most of the respondents 244 (96.4%) knew that lower abdominal pain and lower back ache is the common symptom of menstruation, followed by the respondents 218 (86.2%) who knew that leg pain is the symptom of the menstruation, more than half of the respondents knew that the vomiting and vaginal discharge 172 (68%) and 163 (64.4%) respectively is the common symptoms of menstruation. Only 142 (56.1%) respondents knew about others symptoms like fever, constipation etc.

- More than one fourth of the respondents 72 (28.5%) knew that separate living during menstruation is myth, followed by the respondents 54 (21.3%) who knew that one should not do physical activity during menstruation, only 47 (18.6%) respondents knew that women should not cook food and they should not pick the pickles 23 (9.1%) during their menstruation, is a myth. Very few respondents 2 (.8%) knew that women should not do worship during their menstrual period is a myth.
- Majority of the respondents 189 (74.7%) knew that they should take regular bath during menstruation. Most of the respondents 220, (87%) knew that the sanitary pad is the best absorbent during menstruation. Out of 253 respondents most of the women 200 (79.1%) knew that absorbent should be changed 2- 4 times / day during menstruation. Only 41 (16.2 %) of the respondents didn't know that the absorbent should be thrown in the dustbin after using it.
- Majority of the respondents knew about condom 209 (82.6%). Almost half of the respondents knew about injection 212 (44.3%), More than half of the respondents knew about Tubectomy 152 (60.1%) and Vasectomy 151 (59.7%).
- Most of the respondent 153 (60.5%) knew about the ideal gap between two children. More than half of the respondents 146 (57.7%) knew that the FP is good for health, it is helpful in reducing infant mortality 133 (52.6%) and more than one fourth of the women knew that FP is helping to prevent STD 71 (28.1%).
- Majority of the respondents almost three fourth of the respondents 186 (73.5%) knew that contraceptives are preventing pregnancy, almost one third of the women 82 (32.4%) knew that contraceptives provide safer sex, more than one fourth of the study subject 71 (28.1%) knew that contraceptives are helpful in protecting against STD and only 67 (26.5%) respondents knew that contraceptives can prevent them from Cancer.
- It was estimated that the majority of the respondents didn't know about the causes of STI/ STD 221 (87.4%). Less than one fifth of the respondents 32 (12.6%) knew that STI/ STD may transmit through mother to baby, only 27 (10.7%) respondents knew that the unsafe sex may cause STI/ STD, few respondents 12 (4.7%) knew

that use of infected injection may cause STI/ STD, very few respondents 10 (4.0%) knew that the infected blood may cause STI/ STD.

- Most of the respondents didn't know about the symptoms of RTI/ STI 200 (79.4%). Most of the respondents knew about the symptom of RTI is itching 53 (20.6%), vaginal discharge 43 (17%) lower abdominal pain and burning mutilation 42 (16.6%) very less number of respondents about the ulcers sores in genital area 30 (11.9%).
- Most of the respondents 102 (40.3%) never heard that Condom is a precautionary measure of STI/ STD. Majority of the respondents 163 (64.4%) knew that if anyone is suffering from RTI/STI she will take medicine.
- Approximately one fifth of the respondents 47 (18.6%) knew that to have safe motherhood practice is the RR of a women. Less than one fifth of the respondents 40 (15.8%) knew that right to access of good quality of health care is RR followed by the women 38 (15%) who knew that right to education and access in order to make free and informed reproductive choices. Only 37 (14.6%) women knew that right to birth control. 34 (13.4%) women knew that right to receive education about STI and other aspects of sexuality is the RR of a women. Very less amount of the respondents knew about the right to legal and safe abortion is RR of a women and right to free from coerced sterilization and violence is the RR of a women 29 (11.5%) and 28 (11.1%) respectively.
- Approximately one fifth of the respondents 54 (21.3%) knew that abortion should be done by a certified provider. Less than one fifth of the respondents 49 (19.4%) knew that abortion is not a method of FP and only 47 (18.6%) women knew that abortion is legal in India.
- Only one fifth of the respondents 53 (20.9%) knew that abortion is legal in case of substantial risk that if the child were born it would suffer from such physical/ mental abnormalities as to be seriously handicapped, followed by the respondents 47 (18.6%) who knew that if continuation of the pregnancy causes injury to mental/ physical health of women, in that case the abortion is legal. Only 46 (18.2%) respondents knew that abortion is legal in case of contraceptive failure.

- A good number of respondents 183 (72.3%) knew about the financial support given by the Government to the women for promoting their reproductive health, followed by the respondents 180 (71.1%) who knew about the free RHS and the women 179 (70.8%) who knew about the RHS given to the women at low cost and 171 (67.6%) of the respondents knew about the free food supplements that is provided to the respondents to improve their RH.
- Most of the women knew that the decisions regarding RH should be taken mutually (husband and wife both) 207 (81.8%).
- A good number of respondents never heard about the helpline no. to save their RR 205 (81%) followed by didn't know about the helpline no. for saving their RR and only 21 (8.3%) of women knew about the helpline no. to protect their RR.
- 85% (n=215) of the respondents scored in the negative attitude regarding RH. More than one third study subjects 89.7 % (227) had negative attitude, only study 7.5% (n=19) subjects had positive attitude towards RTI/ STI and very few respondents were belonging to the neutral attitude 2.8% (n=7). Majority of the respondents had negative attitude 70.4% (n= 178), quite more than one fifth respondents 20.6% (n=52) had neutral attitude, only 9.1% (n=23) respondents had positive attitude towards use of reproductive right.
- It was reported that the majority of the respondents believed in the age of menarche is 12-14 years 224 (88.5%), followed by 9-11 years 107 (42.3%), and only 85 (33.6%) of the respondents believe in that the age of menarche was 15-16 years.
- Most of the respondents believed in that lower abdominal pain/ lower back pain 238 (94.1%) and leg pain 215 (85 %) are the normal symptom of menstruation followed by vomiting 170 (67.2%) and vaginal discharge 162 (64%) as a common symptom of menstruation. More than half of the respondents 139 (54.9%) believe that other symptoms like constipation, fever, head ache are the common symptom of menstruation.
- A good number of the respondents 234 (92.5%) believed that women should not worship during menstruation and they should not pick the pickle 189 (74.7%). More than half of the respondents believed that they should not cook the food 154 (60.9%) during their menstruation followed by the respondents who believed in that women

should live separately 141 (55.7%) and not to do any physical activity 134 (53%) during their menstruation.

- Majority of the respondents 174 (68.8%) believed that the regular bath should be taken during menstruation. More than three fourth of the respondents had the positive attitude towards the use of sanitary pad 220 (87%). Most of the respondents believe that absorbent should be used 2-4 times a day during menstruation period 192 (75.9%).
- Most of the respondents thought that after using the absorbent it should be buried in ground 199 (78.7%).
- Most of the respondents 184 (72.7%) believed that condom should be used by the couple to prevent pregnancy followed by oral pills 170 (67.2%) and IUD 157 (62.1%) more than half of the respondents 129 (51%) believe that couple should use tubectomy and 125 (49.4%) believe that couple should use vasectomy, and less than had faith in the use of natural and injection 98 (38.7%).
- Most of the women 157 (61.7%) had positive attitude that the ideal gap between two children should be three or more than three years. Most of the women agree with the statement that family planning is good for women health 146 (57.7%), as it reduces the infant mortality 134 (53%) and less than half of the respondents thought that it is helpful to prevent STD 74 (29.2%).
- Most of the respondents were agree with that contraceptive are preventing pregnancy 178 (70.4%). Less than half of the respondents believed that contraceptives should be used by the women to have safer sex 67 (26.5%). Only 55 (21.7%) respondents had strong belief that contraceptives are helpful for protecting against STD and preventing cancer it was 51 (20.2%).
- Most of the respondents agree with that STI may be transmitted through mother to baby 138 (54.5%), followed by unsafe sex 132 (52.2%) and infected blood and use of infected injection 126 (49.8%).
- Nearly one fifth of the total respondents were agree with that itching is the symptom of RTI 49 (19.4%), followed by vaginal discharge 45 (17.8%) is the symptom of RTI/ STI and lower abdominal pain 42 (16.6%) is the symptom of RTI. Only 40 (15.8%) of the respondents believe in that burning mutilation is the symptom of

RTI/ STI and 31 (12.3%) of the respondents believe in ulcers/ sores in genital area is the symptom of RTI/ STI.

- Very less number of the respondents 41 (16.2%) were agree with that by using of condom during sex the women might be prevented from STI/ STD. Majority of the respondents 153 (60.5%) were agreed with that if women were getting infected of the RTI/ STI, she should take medicine.
- Approximately one third of the respondents agreed with that women should use the right to have safe motherhood practices 89 (35.2%) followed by the women who were agreed that they should use right to access of good quality of health care 83 (32.8%).
- Near about one fourth of the respondents 63 (24.9 %) believed that abortion should be done by a certified provider followed by the respondents 59 (23.3%) who believed in that abortion is not a method of FP and the respondents who agreed that abortion is legal in India 50 (19.8%).
- More than one fourth of the respondents 73 (28.9%) agreed that the abortion is legal in case of substantial risk that if the child were born it would suffer from such physical/ mental abnormalities as to be seriously handicapped followed by the respondents who agreed that the abortion is legal if continuation of the pregnancy causes injury to mental/ physical health of women 68 (26.9%), and in case of contraceptive failure 61 (24.1%).
- Near about three fourth of the women believed in that women should use financial support 186 (73.5%) followed by the RHS at low cost 184 (72.7%) and free RHS 183 (72.3%). Less than three fourth of the respondents 178 (70.4%) believed that women should use free food supplement for improving their RH.
- Most of the women were aware of that the decisions regarding RH of women should be taken mutually (husband and wife both).
- 82.2 % (n=208) of the respondents scored in the poor practice range while 17% (n=43) followed fair practice. Only .8 % (n=2) fell in the category of good practice. Majority of the respondents belonged to fair menstrual practice 47.4% (n=120). Most of the respondents were belonging to the poor score of the family planning practice 70.4% (n=178).

- Majority of the respondents were doing poor practices of RTI/ STI 71.1% (n=180). Only 14.6% (n=37) women were doing fair practices of RTI/ STI. A good number of respondents scored poor practice of reproductive right 85.8% (n= 217). It was found that only 11.9% (n=30) of the respondents belonged to fair practices of reproductive right and few respondents were belonging to the good score of reproductive right 2.4% (n=6).
- More than three fourth of the respondents 199 (78.7%) experienced menarche at the age 12-14 years.
- Majority of the respondents 190 (75.1%) were facing lower abdominal pain/ lower back ache, Less than half of the respondents 117 (46.2%) were experiencing leg pain and more than 66 (26.1%) of the respondents were facing vaginal discharge. Approximately one fifth of the respondents 55 (21.7%) were experiencing vomiting followed by the respondents 48 (19%) who were facing other symptoms like; headache, constipation, fever etc. during their menstrual days.
- Most of the respondents don't do worship during menstruation 231 (91.3%), less than half of the respondents 93 (36.8%) don't pick the pickles followed by the respondents 75 (29.6%) who were living separately while menstruating. Only 46 (18.2%) of the respondents don't do cooking and no physical activity 23 (9.1%) during menstruation.
- More than half of the people take regular bath during menstruation 146 (57.7%) remaining of the respondents don't take bath regularly during menstruation. Less than half of the respondents were using the sanitary pad 107 (42.3%) during their menstruation time. More than three fourth 212 (83.8%) of the women were changing the absorbent 2-4 times per day during their menstruation. Nearly one fourth of the respondents 65 (25.7%) used to dispose their used absorbent in dustbin.
- Majority of the respondent were ever used temporary contraceptives. Among them less than half of the respondents ever used condom 79 (31.2%), followed by natural methods of contraceptive 29 (11.5%). Only 25 (9.9%) women used IUD followed by oral pills 24 (9.5%) and injection 17 (5.9%). Very small amount of the respondents 12 (4.7%) were using permanent methods of contraceptives.
- Most of the respondents 90 (35.6%) have kept the 3 years or more than 3 years gap between two children.

- It was found in our study that most of the respondents 129 (51%) who were experiencing benefits of FP as good for women health followed by the respondents 126 (49.8%) who were experiencing that FP is helping to reduce the infant mortality. Near about one third of the respondents were prevented from RTI/ STI 80 (31.6%) because they were using contraceptives to be prevented from RTI/ STI.
- It was noticed that most of the respondents were prevented from the unwanted pregnancy 149 (58.9%) and cancer 80 (31.6%). Less than one third of the respondents 79 (31.2%) were protected against STI and enjoyed safer sex 79 (31.2%).
- Approximately one third of the respondents 85 (33.6%) were taking precaution to be safe from Infected blood followed by the respondents who were taking precaution to be safe from the use of infected injection, unsafe sex and mother to baby respectively 84 (33.2%), 81 (32%) and 80 (31.6%).
- Majority of the respondents faced Itching 114 (45.1%), followed by lower abdominal pain 88 (34.8%). Near about one third of the respondents 86 (34%) experienced vaginal discharge and approx. one fifth of the respondents faced burning mutilation it was 58 (22.9%). Only 31(12.3%) of the respondents experienced ulcers/ sores in genital area.
- It was found that most of the respondents have taken medicine 113 (44.7%). Only 45 (17.8%) used condom regularly as precautionary measurement to be safe from STI/ STD.
- More than half of the respondents were using right to access of good quality of health care 132 (52.2%) followed by right to have safe motherhood practices 129 (51%). It was noted that less than half of the respondents were getting the education and access in order to make free and informed reproductive choices regularly 120 (47.4%) followed by the respondents who were receiving the education about STI and other aspects of sexuality 96 (37.9%).
- and right to birth control 94 (37.2%), only 66 (26.1%) respondents reported that they didn't face coerced sterilization and violence. Only 44 (17.4%) respondents used the right to legal and safe abortion.

- Only 29 (11.5%) of the respondents reported that their abortion was done by a certified provider and their abortion was not adopted as a family planning method. Abortion is legal in India 26 (10.3%).
  - Only 28 (11.1%) respondents reported that she may abort foetus in case of Substantial risk that if the child were born it would suffer from such physical/ mental abnormalities as to be seriously handicapped followed by the respondents who reported that they may abort baby If continuation of the pregnancy causes injury to mental/ physical health of women and Contraceptive failure it was 25 (9.9%).
  - It was reported that more than half of the respondents 133 (52.6%) were using the financial support provided by the government to improve the RH of women. Less than half of the respondents 109 (43.1%) achieved RHS at low cost followed by 106 (41.6%) respondents who used free food supplements and 105 (41.5%) respondents used free health services.
  - Most of the respondents used to take decision Mutually 160 (63.2%).
  - Pearson's coefficient correlation between knowledge scores of RH and attitude score of RH was found to be strong and highly significant positive linear correlation ( $r=0.832$ ,  $p<.01$ ) along with a weak and significant positive linear correlation with practice score ( $r= 0.254$ ,  $p<.01$ ).
  - When attitude score of RH was correlated with practice score of RH, a weak, positive and significant linear correlation was observed with the value ( $r=0.257$ ) at  $p<.01$  significance. There was a positive and significant linear correlation between attitude score of RH and practice score of RH.
- 4. To know the association between demographic and socio-economic status of the respondents and level of knowledge, attitude and practice of reproductive health.**
- There is a statistically significant relationship with practice category ( $\chi^2 =9.180$ ,  $df=4$ ,  $P=.05$ ).
  - There is a significant association with religion and knowledge scores and practice scores of women RH as the Pearson's chi square analysis shown the

relationship between religion and knowledge scores and attitude scores of women RH ( $\chi^2=5.180$ ,  $df=2$ ,  $P<.10$  and  $\chi^2=4.834$ ,  $df=2$ ,  $P<.10$ ) respectively.

- Education also revealed a statistically relationship with Knowledge category ( $\chi^2=32.539$ ,  $df=6$ ,  $P<.01$ ) and attitude category ( $\chi^2=32.539$ ,  $df=6$ ,  $P<.01$ ), whereas education is not significantly associated with practice category.
- In our study it is observed that there is a significant association of marital status with the knowledge category ( $\chi^2=72.67$ ,  $df=6$ ,  $p<.01$ ) and attitude category ( $\chi^2=59.817$ ,  $df=6$ ,  $p<.01$ ) of reproductive health.
- The analysis of the relationship between marriage age of respondents' husband and KAP score of RH of respondents using Pearson's Chi square analysis revealed a statistically significant relationship with attitude category ( $\chi^2=5.015$ ,  $df=2$ ,  $P<.10$ ).
- The attitude score of the respondents were associated with the size of the family ( $\chi^2=9.410$ ,  $df=4$ ,  $.052$ ).
- The analysis between the category of Socioeconomic class and KAP scores depicted a significant association between practice ( $\chi^2=47.552$ ,  $df=8$ ) at the level of  $p<.01$ .

##### **5. To access the media exposure of the respondents with different type of media and their association with the level of knowledge, attitude and practice of reproductive health.**

- Most of the respondents had the internet and/ mobile availability 186 (73.5%) at their home followed by the respondents who had availability of TV 138 (54.5%) at their house. Only 21 (8.3%) women had audio aids and 16 (6.3%) women had availability of print media at their home. Only 10 (4.0 %) women had the availability of other media.
- A good amount of the respondents used to prefer other sources (NGO worker) 177 (70 %) to get the information regarding RH. Less than half of the respondents preferred mobile/ internet 43 (17%) to get the information regarding RH. Only 5

(2%) of the respondent were preferring print media followed by audio aids (.8%) to get the information about RH.

- Majority of the respondents reported that they were getting information by NGO workers 92 (36.4%) to get the information about RH followed by the respondents who were using mobile/ internet 88 (34.8%) to get the information about RH. Only 52 (20.6%) respondents were getting the information regarding RH through TV. A smaller number of respondents reported that they used to get the information of RH through audio aids 11 (4.3%) and print media 11 (4.3%).
- Most of the women (45.5%) had given first preference to the NGO worker for getting the information about RH. It was followed by doctors and mothers 62.8% and 34.8% respectively. Very low percent of respondents had given the first preference to films and video (4.3%) followed by books and magazine (2.0%).
- There is a relationship between the knowledge score of RH and time spent with print media ( $p < .01$ ), mobile/ internet ( $p < .01$ ) and others (NGO) ( $p < .01$ ).
- It was found that there is relationship between the time spend with print media, Audios, mobile/ internet and others as the  $p = < .01$ .
- Time spend with print media and other mass media were significantly related with the practice score of RH as the p value is  $< .05$  and equal  $= .05$ .

#### **7. To evaluate the effectiveness of the intervention.**

- After intervention the scores ranged from  $25.41 \pm 7.670$  (knowledge) to  $42.51 \pm 5.009$  was observed. Similarly, mean score of the attitude of RH was also increased from  $30.37 \pm 9.251$  to  $43.88 \pm 4.816$  at  $p = p < 0.001$  and practice score was increased from  $24.96 \pm 8.610$  to  $34.04 \pm 3.648$  at  $p = < 0.001$ .
- After intervention the scores ranged from  $11.17 \pm 2.692$  to  $16.77 \pm 1.579$  in knowledge of menstruation,  $13.17 \pm 3.504$  to  $16.58 \pm 1.732$  in attitude and  $8.53 \pm 2.468$  to  $10.66 \pm 2.200$  in practice of menstruation was observed.
- According to the table 4.7.2.2 it is observed that there is a significant value change is seen in knowledge, attitude and practice of FP as  $p < 0.001$ . The FP scores ranged from  $4.61 \pm 2.806$  to  $6.38 \pm 1.958$ , from  $4.44 \pm 2.896$  to  $6.42 \pm 1.951$

and from  $3.83 \pm 3.192$  to  $4.97 \pm 2.724$  in knowledge, attitude and practice of FP respectively.

- It was noticed that after intervention the score of knowledge, attitude and practice regarding RTI/ STI ranged from  $3.73 \pm 2.049$  to  $2.049 \pm 1.382$ , from  $4.61 \pm 2.806$  to  $6.38 \pm 1.958$  and from  $4.61 \pm 2.806$  to  $6.38 \pm 1.958$  respectively. A significant value change is seen ( $p < 0.001$ ) in knowledge, attitude and practice of RTI/ STI.
- Knowledge of RTI/ STI was increased from  $6.01 \pm 4.297$  to  $11.30 \pm 2.878$ . Similarly, the attitude and practice of RR was also increased from  $7.54 \pm 5.766$  to  $11.92 \pm 3.030$  and  $6.63 \pm 4.416$  to  $11.70 \pm 2.884$  respectively.