

EDUCATION OF RURAL ADOLESCENT GIRLS FOR BETTER LIVING

A Report

The project aims at upgrading the knowledge, skills and competence "Education for better living" of adolescent girls and young rural women by developing appropriate models for training them to participate in a range of developmental programmes.

The specific objectives of the project as proposed earlier, are as follows:-

1. To identify and prioritise problems based on needs and resources of local communities, using participatory research methods.
2. Developing appropriate educational messages which will upgrade the knowledge, skills and competence of rural women in utilizing resources for better nutrition and health.
3. To test the validity and effectiveness of the education messages and tools through different delivery systems.
4. Identifying active women's groups in the villages which could organize themselves into "cadres for better living".
5. Creating a nucleus of young and motivated women in

each village for the promotion of family and community welfare and for actual participation in development programmes.

For pretesting and implementation of the Education Programme, three major channels, namely the Health System, the ICDS system and a voluntary agency have been identified. The voluntary agency that has been selected is located in Rajasthan under the leadership of Dr. Sharda Jain. The Health agency will be located in Varanasi under the leadership of Dr. K.N. Agarwal and Dr.(Mrs) D.K. Agarwal of the Banaras Hindu University. The ICDS channel that has been identified is located in Gwalior, Madhya Pradesh, with Dr. Govila as the project leader.

The first phase of the project comprises development of appropriate messages which can be communicated to the rural adolescent girls using suitable educational material.

Two Task force meetings were held on the 14th and 15th June, 1990, to review the progress made till then and to delineate the future course of action. (Minutes of the meetings are appended herewith).

On the basis of the decisions taken in the task force meetings, various agencies were approached and the relevant literature was collected for the preparation of the messages. A list of 22 headings was formulated based on the review of the literature. The list is as follows:-

1. Personal Hygiene & Environmental Sanitation.

2. Nutrition - Selection of Foods for Health.
3. Food Conservation and Post-harvest technology.
4. Food Preservation.
5. Newer Agricultural Technology.
6. Adolescence and Planned Parenthood.
7. Care during Pregnancy.
8. Care of Nursing mother.
9. Care of new-born & Infant Feeding.
10. Child care and Development.
11. Home Safety.
12. First Aid.
13. Home Nursing.
14. Available Health Care facilities.
15. Immunization.
16. Diarrhoea.
17. Nutritional Ailments.
18. Common Ailments & home remedies.
19. Importance of Education of Children.
20. Legal rights of women and responsibilities of citizen.
21. Social Awareness.
22. Home Management.

After consulting the literature, Dr. Mudambi prepared relevant messages under various heads based on the available knowledge and experience. The drafts prepared by Dr. Mudambi were reviewed and further modified and adapted to the rural situation with the participation of Mr. Parthasarathy and Dr.

Sharda Jain and Ms. Ravinder Chadha. On the basis of this report, Educational Modules were prepared by Dr. Saramma T. Mathai which not only provide guidelines for the middle level instructors but also contain messages which should be actually propagated.

Two task force meetings were held on 7th and 12th November, 90, to discuss the logistics of the pretesting and the implementation of the Education Programme. 'Jan Shikshan Nilayams' was suggested by Dr. Sharda Jain as an alternative channel for implementation of the messages, which was well taken. The latter version prepared by Dr. Saramma T. Mathai is being translated in Hindi. It will be made available to all the three project leaders at the three project centres. All the participants of both the Task Force meetings were of the opinion that the feedback from the community even at the stage of formulation of messages was very essential, so that the messages which are evolved are in consonance with the cultural beliefs and felt needs of the community. In conformance with the suggestions made in the meetings of 14th & 15th June, 90, and 7th & 12th Nov., 90, the project leaders will be requested to undertake the following -

1. A group discussion with the community in order to ascertain the perceptions, the belief systems, and the problems and attitudes of the community in their area. This part of the work will be in nature of a general discussion which will enable the project leader and the workers to obtain a general first hand

assessment of the problems and the felt needs of the people.

2. On the basis of the above, the individual messages contained in each area will be examined from the point of view of (a) whether it is realistic, (b) whether it is relevant, (c) whether it is acceptable and (d) whether the message can be practised; if it cannot be practised, what are the obstacles in the way that need to be removed and what is the additional support that may be necessary in order that the message is implemented.

3. Any additional messages under each broad area that need to be incorporated will also be identified.

4. After the completion of this exercise, the messages will be restructured and finalised with the participation of the project leaders at the main office of the Foundation.

5. Meanwhile, the project leaders and the workers in each area will also identify the best communication methodology and the institutions which will be the right agents for transmitting the messages in the real life situation of the target group. This will strengthen and give direction to the phase - II in which suitable education material including the audio - visual aids will be prepared and young women and adolescent girls will be trained for their effective use.

The list of publications consulted by Dr. Sumati Mudambi for the preparation of the educational messages, the

draft prepared by her; the draft prepared by Mr. T.K. Parthasarathy and the Educational Modules developed by Dr. Saramma T. Mathai have been discussed with Dr. Pushpamma during her recent visit to the NFI.

#### Progress of Work

Of the five objectives that have been identified in the project proposal, work with respect to the following two objectives -

1. To identify and prioritise problems based on needs and resources of local communities, using participatory research methods.

2. Developing appropriate educational messages which will upgrade the knowledge, skills and competence of rural women in utilizing resources for better nutrition and health.

will be completed by the end of December, 90. Work with respect to other items will be taken up from January, 91.

Meetings on the 14th and 15th June 1990

14-6-90 (Forenoon)

Introductory statement on the project

Report by Dr. Sumati Mudambi on the present stage of her work.

Suggestions for the study design for obtaining community inputs for structuring the proposed education programme.

General discussion.

Finalisation of Study Design.

14-6-90 (Afternoon)

Focus discussion with Village level Workers at CHEB.

15-6-90 (Forenoon)

Participants: Dr. K.N. Agarwal  
Dr.(Mrs.) D.K. Agarwal  
Dr. Bhatia  
Dr. Sharda Jain  
Dr. Shanti Ghosh  
Dr. Sumati Mudambi  
Mr. T.K. Parthasarathy  
Dr. C. Gopalan  
Ms. Suminder Kaur

After the presentation of the objectives of the project, Dr. Sumati Mudambi gave a report of the present stage of her work. She indicated that nearly two-thirds of the work assigned to her had already been completed. She explained that apart from the messages, she had also provided, with respect to each message, a brief statement explaining the rationale of the message.

She reported that in the course of her work, she had collected over 210 publications from various voluntary agencies

which she had carefully consulted. Several of these publications had to be translated into English from the local languages in which they were written. In addition, she had also visited Baroda and Anand for detailed discussions. She expected that the first part of her work would be completed by 15th July 1990.

After Dr. Sumati Mudambi's presentation, there was a discussion on the strategy to be followed for obtaining community inputs, even at the present stage of formulating the study design.

The messages now formulated by Dr. Sumati Mudambi would be passed on to the three project leaders at the three project locations, viz. Dr. Sharda Jain, Dr. K.N. Agarwal and Dr.(Mrs.) D.K. Agarwal at Varanasi, and Dr. Upadhyaya (?) at Indore (or any substitute that may be appointed in her place on the suggestion of Dr. Tandon and Mr. Krishnamurthy.

#### 14.6.90 (Afternoon)

At the afternoon session at the CHEB a freeflowing dialogue between the investigators and the village level workers (six village level workers participated) took place. In this dialogue, it was the village level workers that were encouraged to play the major part. This focus discussion gave the project leaders a general indication that the proposed study design could, in fact, be implemented with the help of the village level workers if they were properly motivated and encouraged through



preliminary focus discussions.

On the 15th forenoon, the details regarding the future programme of work and the staffing pattern were decided. At each of the three project locations, it was decided that a total population of 10,000 will be covered. Four field workers, each drawing a salary not exceeding Rs. 500/- or a salary identical to the anganwadi worker (as the case may be) will be employed. The workers chosen will be village women with some level of school education (more or less of the same qualification as that now prescribed for the anganwadi worker). The project leaders will hold preliminary discussions with these workers in order to apprise them of the nature of the project.

In order to help the project leaders in the day-to-day supervision of the work, it was also agreed that there could be an intermediate level worker with the qualification of M.Sc. Home Science or M.Sc. Social Work, preferably a lady who could be appointed. The actual interaction with the village community will, however, be carried out by the four village level workers. Dr. Agarwal was requested to recruit the four village level workers immediately as also the intermediate level worker. Dr. Sharda Jain was asked to appoint the intermediate level worker (preferably an M.Sc. in Home Science). It was noted that the four village level workers were already in position in Dr. Sharda Jain's unit.

For various logistic reasons it was not possible so far

to identify the project leader for the ICDS stream to be located in Madhya Pradesh. Mr. Krishnamurthy agreed to expedite the process of selecting a suitable project leader for this purpose. The name of Dr. Govila who has just retired was suggested. it was agreed that in the project area in Madhya Pradesh where the ICDS stream will be the channel to be used, four women of the status of anganwadi workers will be recruited. Each of these will work in close consort with the regular anganwadi worker and the ICDS scheme covering two anganwadis. Thus, for the purpose of this project, eight anganwadi areas will be covered having a total population of between 8,000 to 10,000.

Meeting on the 12th Nov., 1990.

Participant:: Dr. C. Gopalan.  
Dr. Sharda Jain.  
Dr. Saramma T. Mathai.  
Mr. T.K. Parthasarathi.  
Ms. Ravinder Chadha.

Dr. Saramma Mathai presented the educational module prepared by her before the other members of the Task force. Dr. Sharda Jain felt that the Module was efficiently designed and would be effective in implementation of the educational messages. She suggested that in order to motivate the rural adolescent girls to participate in the educational programme, some kind of vocational training can be imparted. She also suggested that the 'Jan Shikshan Nilayams' could be an alternative channel for the implementation of the messages. Her suggestions were well taken. Dr. Gopalan felt that the programme could be initiated on the

lines of the scout movement where the older members of a cadre train the younger members, thereby ensuring the continuity of the system created.

The modules prepared by Dr. Mathai will be translated in Hindi and passed on to the project leaders in all the three project locations, who will pretest them and give their feedback. On the basis of the feedback from all the 3 centres, the messages will be finalized at the Foundation.