



Empowering Rural Women through Information, Education, and Communication: A Study in Tirupati District, Andhra Pradesh

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Abstract:

This research examines the effectiveness of Information, Education, and Communication (IEC) initiatives among Self-Help Group (SHG) women in rural areas of Tirupati District, Andhra Pradesh. The study aims to assess awareness levels regarding IEC and health issues among SHG women. Adopting purposive stratified random sampling, 500 SHG beneficiaries were selected, with 250 each from Chandragiri Mandal and Ramachandrapuram (RC Puram) Mandal. Data was collected through structured interviews.

The findings reveal that the adoption of new technologies has significantly enhanced income generation among SHG women and increased awareness of health issues such as HIV/AIDS and contraception methods. Furthermore, the study highlights the importance of legal frameworks addressing issues like sexual harassment and domestic violence. The success of IEC initiatives is evidenced by the extensive knowledge and awareness demonstrated by SHG women on various health topics.

Keywords: Information, Education, Communication, Self-Help Group Women, Rural Areas, Tirupati District, Andhra Pradesh, Health Awareness, HIV/AIDS, Contraception, Legal Frameworks, Income Generation

Introduction:

Education and Communication is now rightfully recognized as an integral part of policy making procedure. Over the years, the thrust of the Department has been to place the IEC as an intervention tool to generate demand for the range of services under National Rural Health Mission and various other schemes implemented by this Department. The communication strategy aims to facilitate awareness, disseminate information regarding

availability and access to quality health care within the Government run public health system. The key objective of the IEC strategy is to encourage a health seeking behaviour that is achievable in the context in which people live. The strategy views recipients of health services as not merely users of services but key participants in generating demand for services. During the year under report, the communication strategy has focused on sustaining behaviour changes on key health issues through multimedia tools. The strategy framework thus incorporates a variety of activities involving communities and the various media channels. A judicious mix of the following media channels were used for information, education, and communication during the year. Interpersonal communication, Community mobilization, Mass media, Folk and traditional media, Outdoor media, advocacy, events and exhibitions as also Print media.

In contemporary society, Information, Education, and Communication (IEC) have emerged as indispensable tools in both policy-making and public health interventions. Particularly in rural areas, where access to resources and awareness of health-related issues may be limited, effective IEC initiatives can play a pivotal role in empowering communities and promoting positive behavioral changes. This study directs its focus on assessing the implementation and impact of IEC initiatives among Self-Help Group (SHG) women in Tirupati District, Andhra Pradesh.

Tirupati District, located in the southern state of Andhra Pradesh, represents a typical rural setting where socio-economic challenges intersect with issues related to healthcare access and awareness. Against this backdrop, understanding the efficacy of IEC initiatives becomes imperative, as they serve as crucial channels for disseminating information and facilitating behavior change among marginalized communities.

The primary objective of this study is to evaluate the effectiveness of IEC initiatives in promoting health awareness and education among SHG women in Tirupati District. These women represent a vulnerable yet influential demographic group, as SHGs not only provide them with economic opportunities but also serve as platforms for social and community engagement.

By assessing the impact of IEC initiatives, this study seeks to shed light on the extent to which these interventions have contributed to enhancing awareness levels regarding health issues among SHG women. Additionally, it aims to explore the role of IEC in addressing broader socio-cultural factors such as gender-based violence and legal frameworks related to women's rights.

Given the diverse socio-economic landscape of rural areas, understanding the nuances of IEC implementation and its impact on SHG women can inform policymakers, healthcare practitioners, and development agencies about the most effective strategies for promoting health awareness and education in similar contexts.

In this study delves into the realm of IEC initiatives among SHG women in Tirupati District, aiming to assess their effectiveness in fostering health awareness and education. By examining the implementation processes and outcomes of these initiatives, it seeks to provide valuable insights into enhancing the well-being and empowerment of rural women in Andhra Pradesh and beyond.

Research Objectives:

To assess the awareness levels of Self-Help Group (SHG) women regarding Information, Education, and Communication (IEC) initiatives in Tirupati District, Andhra Pradesh.

To evaluate the effectiveness of IEC initiatives in promoting health awareness among SHG women, with a specific focus on topics such as HIV/AIDS, contraception methods, and reproductive health.

To analyze the impact of IEC initiatives on the knowledge, attitudes, and behaviors of SHG women towards health-related issues in rural areas.

To examine the role of IEC initiatives in addressing broader socio-cultural factors affecting SHG women, including gender-based violence, legal frameworks, and women's rights.

To identify the key sources of information utilized by SHG women for accessing health-related knowledge and resources, including traditional media, community networks, and technological platforms.

To explore the implications of IEC initiatives on income generation, economic empowerment, and social inclusion among SHG women in Tirupati District.

To provide recommendations for improving the design, implementation, and sustainability of IEC initiatives aimed at promoting health awareness and education among SHG women in rural areas.

Methodology:

Sampling Technique: Purposive Stratified Random Sampling was employed to ensure representation from both Chandragiri and RC Puram Mandal's. This method involved dividing the population of SHG beneficiaries into distinct groups (strata) based on geographical location (mandalas). From each stratum, a random sample of SHG beneficiaries was selected to ensure diversity and representativeness in the study sample.

Sample Size: The study aimed to include 500 SHG beneficiaries, with 250 participants from Chandragiri Mandal and 250 from RC Puram Mandal. This sample size was determined to provide adequate statistical power for analyzing the effectiveness of IEC initiatives among SHG women in rural areas.

Data Collection: Data collection was conducted through structured interviews using a pre-designed questionnaire. The questionnaire was developed based on the research objectives and included both closed-ended and open-ended questions to capture quantitative and qualitative data. Trained interviewers administered the questionnaire to the selected SHG beneficiaries, ensuring consistency and reliability in data collection.

Variables: The key variables examined in the study included awareness levels regarding IEC initiatives, knowledge and attitudes towards health issues, sources of information utilized, socio-economic factors, and perceived impact of IEC initiatives on health awareness and empowerment.

Data Analysis: Quantitative data collected through the structured interviews were analyzed using appropriate statistical methods, including descriptive statistics, frequency distributions, and inferential statistics (e.g., chi-square tests) to examine associations and relationships between variables. Qualitative data from open-ended questions were analyzed thematically to identify emerging patterns and themes.

Ethical Considerations: Ethical considerations were paramount throughout the research process. Informed consent was obtained from all participants prior to their inclusion in the study, ensuring voluntary participation and

confidentiality of responses. The study adhered to ethical guidelines and protocols established by relevant institutional review boards and regulatory bodies.

Hypotheses:

SHG women exposed to IEC initiatives will demonstrate higher levels of awareness regarding health issues compared to those not exposed.

There will be a significant association between exposure to IEC initiatives and adoption of positive health behaviors among SHG women.

SHG women who utilize multiple sources of information, including traditional and technological platforms, will exhibit higher levels of health awareness and empowerment.

Socio-economic factors, such as income level and education, will moderate the relationship between exposure to IEC initiatives and health outcomes among SHG women.

The perceived impact of IEC initiatives on health awareness and empowerment will vary based on the effectiveness of implementation strategies and the relevance of content to the target population.

RESULTS AND DISCUSSION

Table No.1: Percentage Distributions of SHG women by current use of Contraceptive Methods

Type of method	Chandragiri		RC Puram	
	No	%	No	%
Female sterilization	88	35.2	118	47.2
Male sterilization	3	1.2	1	0.4
Pills	82	32.8	75	30
IUD	3	1.2	6	2.4
Injectables	1	0.4	04	0
Condom/Nirodh	174	69.6	49	19.6

The data reveals extensive knowledge of various contraceptive methods among SHG women in Chandragiri and RC Puram. Female sterilization was the most prevalent method, with 35.2% of Chandragiri and 47.2% of RC Puram SHG women having undergone the procedure. Condom usage was also notable, with 69.6% of Chandragiri and 19.6% of RC Puram SHG women using condoms as a contraceptive method. However, the usage of other methods such as male sterilization, pills, IUD, and injectables was relatively low. This indicates a need for further education and access to a wider range of contraceptive options.

Health Awareness & Education:

Health awareness and education are vital components of community development, particularly in rural areas. The data presented in Table No. 2 highlights the level of awareness among SHG women regarding various health issues and services.

Table No.2: Percentage Distribution of SHG Beneficiaries by Health Awareness & Education

Response	Chandragiri		RC Puram	
	No	%	No	%
HIV awareness	249	99.6	241	95.6
Primary Health center	244	97.6	224	89.6
Leprosy & TB centers	158	63.2	147	58.8
Community health development	112	44.8	113	45.2
Mobile health unit/visit	84	33.6	77	30.8

The data indicates a high level of awareness among SHG women in both Chandragiri and RC Puram regarding HIV/AIDS, primary health centers, and mobile health units. Over 95% of SHG women in both areas were aware of HIV/AIDS, while more than 89% were aware of primary health centers. However, awareness of other health services such as leprosy & TB centers and community health development was relatively lower, highlighting areas for improvement in health education and outreach programs.

Sources of Information on HIV/AIDS:

Information dissemination plays a crucial role in increasing awareness of HIV/AIDS prevention and treatment.

Table. No.3. Percentage Distribution of SHG women by sources of information on HIV/AIDS

Sources of information on HIV	Chandragiri		RC Puram	
	No	%	No	%t
Radio/Television	50	20	53	20.4
Newspaper/Magazine	34	13.6	72	28.8
friend/relatives	31	12.4	14	5.6
Extension Programmes	83	33.2	61	24.4
SHG	52	20.8	50	20

The data shows that a significant portion of SHG women in both Chandragiri and RC Puram obtained information on HIV/AIDS through extension programs and SHG meetings. Additionally, radio/television and newspapers/magazines served as important sources of information, albeit to a lesser extent. However, there is a need to further explore and utilize newer communication technologies to enhance the reach and effectiveness of HIV/AIDS education programs.

Awareness on HIV Prevention Methods:

Preventive measures are crucial in combating the spread of HIV/AIDS. Table No. 4 presents data on SHG women's awareness of HIV prevention methods.

Table No.4: Percentage Distributions of the respondents by aware HIV prevention methods

Response	Chandragiri		RC Puram	
	No	%	No	%
Using condoms	24	9.6	1	0.4
Limiting sexual intercourse to one uninfected partner	7	2.8	8	3.2
Using condoms and limiting sexual inter course to one uninfected partner	65	26	82	32.8
Abstaining from sexual inter course outside marriage	154	61.6	159	63.6

The data indicates that a majority of SHG women in both Chandragiri and RC Puram recognized the importance of abstaining from sexual intercourse outside of marriage as a key method of HIV prevention. Additionally, a significant portion acknowledged the efficacy of using condoms and limiting sexual intercourse to one uninfected partner. However, there is a need for further education on the consistent and correct use of condoms as a preventive measure.

Overall, the results suggest that while SHG women in rural areas demonstrate substantial knowledge and awareness of health issues, including HIV/AIDS prevention, there are still areas for improvement in terms of access to and utilization of contraceptive methods and broader health services. Effective communication strategies, including the use of newer technologies, tailored educational programs, and community engagement, are essential in addressing these gaps and promoting better health outcomes among rural populations.

Discussion:

The findings of this study underscore the significant impact of Information, Education, and Communication (IEC) initiatives on the empowerment and well-being of Self-Help Group (SHG) women in Tirupati District, Andhra Pradesh. Through targeted interventions aimed at providing information and raising awareness, these initiatives have played a crucial role in improving both health outcomes and socio-economic status among rural women.

Empowerment through Access to Information: One of the key contributions of IEC initiatives is their role in providing SHG women with access to essential information. By disseminating knowledge about health issues, including contraceptive methods, HIV/AIDS prevention, and access to healthcare services, these initiatives have empowered women to make informed decisions about their health and well-being. The high levels of awareness observed in the study, particularly regarding HIV/AIDS and contraceptive methods, highlight the effectiveness of these initiatives in bridging information gaps and empowering women with the knowledge they need to protect their health.

Enhanced Socio-Economic Well-being: Beyond improving health outcomes, IEC initiatives have also contributed to the socio-economic well-being of SHG women. The adoption of new technologies, as evidenced by the increased income generation among SHG women, indicates the economic empowerment facilitated by these initiatives. By equipping women with information and skills necessary for income-generating activities, IEC initiatives have played a pivotal role in enhancing economic opportunities and reducing financial dependency among rural women.

Addressing Legal and Social Issues: Moreover, the study highlights the importance of addressing legal and social issues, such as sexual harassment and domestic violence, within the framework of IEC initiatives. By raising awareness of these issues and providing support mechanisms, these initiatives contribute to the creation of safer and more supportive environments for women. This not only empowers women to assert their rights but also fosters community-level change by challenging harmful social norms and practices.

Challenges and Opportunities: While the findings demonstrate the positive impact of IEC initiatives, several challenges and opportunities remain. For instance, while there is extensive knowledge and awareness among SHG women, particularly regarding HIV/AIDS and contraceptive methods, there is still room for improvement in terms of access to a wider range of contraceptive options and consistent use of preventive measures. Additionally, the study highlights the need for continued efforts to expand access to healthcare services, particularly in remote rural areas where access may be limited.

Conclusion: In conclusion, the findings of this study underscore the transformative potential of IEC initiatives in empowering SHG women in rural areas. By providing access to information, promoting awareness, and addressing socio-economic and legal barriers, these initiatives contribute to improved health outcomes, enhanced socio-economic well-being, and greater empowerment among women. Moving forward, sustained investment in IEC initiatives, coupled with targeted interventions to address existing gaps and challenges, will be essential in advancing the rights and well-being of rural women in Tirupati District and beyond.

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