ABSTRACT

People vary in their lifestyles and the level of knowledge. These limitations at uniform communication approach have long been recognised. So, a combination of different approaches such as individual approach, group approach and mass approach are being used in TINP. The communication strategies followed in TINP are reaching the mothers through community groups. The grass-root level workers have indeed identified and created many channels of communication. So far so good. Yet the community participation in the programme is limited and there is need to improve community participation. It is with such a main objective of promoting community participation through PRA approach, the present study has been undertaken.

The area of the study for this research purpose was chosen Dindigul district as universe of the study, two blocks namely Dindigul and Athoor were pinned down for the study. Two Community Nutrition Centres(CNCs) in each of the selected blocks were identified. Usual communication methods were employed in one set of CNCs referred to as Normal Centres(NCs) and the participatory techniques in another set of CNCs referred to as Action Centres(ACs).

There were three major sources of data collected for this research. The first one is PRA menu with the following exercises; Social mapping, Venn diagram, Seasonal analysis, Trend analysis and Problem analysis. The second
one is mother and child health indicators. The indicators used in TINP for the purpose of monitoring the project activities have been used as the major source of data for analysis and comparison in this study. The third method of data collection is K.A.P survey. The data compiled in the KAP study was collected through the use of a pretested interview schedule. Two different types of interview schedule were prepared for maternal health and child health separately. In the data analysis and interpretation, a quartile presentation has been made for monitoring the programmes and to measure the improvement in MCH. The reach and effectiveness of the programmes have been reviewed on the basis of the mother and child health indicators only. A comparison of the KAP survey findings during the terminal evaluation among the centres has been made. There is a significant difference observed in the terminal evaluation, the significant difference shows that the improvement has taken place in the case of AGs only due to participatory methods.

The results of this study, it is hoped, on the one hand will enthuse grass-root level workers to make their job more interesting and challenging; on the other hand, may lead to some revisions in programme planning on the part of policy makers.