Evaluation on Maternal Health solutions in Rajsamond, Rajasthan

Visual Communication- DRS

January 2017

Manish Kumar

VC 156250007

Guide: **Prof. Mandar Rane**

IDC School of Design

Indian Institute of Technology Bombay

Approval sheet

The Visual Communication- DRS Project entitled “Evaluation of Maternal Health solutions in Rajsamond district, Rajasthan” by Manish Kumar is approved, in partial fulfillment of the requirements for Master of Design degree in Visual communication at IDC School of Design, Indian Institute of Technology Bombay.

Guide:

Chairman:

Internal Examiner:

External Examiner:

Declaration

I declare that this written submission represents my ideas in my own words and where others' ideas or words have been included, I have adequately cited and referenced the original sources. I also declare that I have adhered to all principles of academic honesty and integrity and have not misrepresented or fabricated or falsified any idea/data/fact/source in my submission. I understand that any violation of the above will be cause for disciplinary action by the Institute and can also evoke penal action from the sources which have thus not been properly cited or from whom proper permission has not been taken when needed.

signature_____

name of the student_____

date:_____ roll no._____

Content

Acknowledgement

I would like to thank project guide Prof. Mandar Rane for his guidance and expert insight at each stage of project. His support in all forms is invaluable in this project.
I extend my heartfelt thanks to Jatan Sansthan - Rajsamond Rajasthan and all the Medical and health staff of Rajsamond district, Rajasthan in every aspect.
I would like to thank Miss Ashika Singh for helping throughout the project. I would like to thank Jatan Sansthan friends Pinki khatik, Anju Sishodiya and laxmi who helped me to arrange meetings with their staff. I would like to thank Prof. Alka, Prof. Girish Dalvi for their insights. I would like to thank my classmates for sharing their view points.

Abstract

In India, thousands of women die of pregnancy related complications, anaemia and malnutrition. These are easily preventable deaths, requiring only good nutrition and education of basic health care. In large parts of rural and urban India, the public health system lacks basic infrastructure like labour room and blood banks, as well as staff and proper equipment for childbirth. Here an attempt has been made to educate women about pregnancy and Maternal Health especially in rural areas by providing them pregnancy related information. The output of the project is in the form of a pregnancy calendar from which pregnant women could learn what important steps should be taken during her entire pregnancy period. Because calendar is the common medium of information in rural areas. Calendar is a form which generate clues in which how should one read information. This information is provided in the pregnancy calendar in the form of images, informative poems and instructions. It is also providing a system for midwives to visit pregnant woman once in a month atleast.

This project is an attempt to findout an alternative solution of my previous project which involves designing, testing and its documentation.

Aim

To understand the ecosystem of rural Maternal Health and to design a method for effective Information, Education and Communication (IEC) on Maternal Health and pregnancy for rural India.

Proper evaluation and documentation of desirable solution in the form of a pregnancy calendar.

Introduction

In India specially in rural areas many people die because of small and preventable causes.

On the other hand, we say Medical Science has made many achievements but why we are not able to prevent lives which are preventable? I believe that maternal health has a great role in this issue and by that I mean pregnancy related diseases.

Today India is a disturbing study in health contrast. The paradox is that, on the one hand, it is presented as a favoured billion- dollar destination for Medical Tourism, offering package deal in sophisticated surgery and reproductive technologies including "womb on rent". On the other hand there exists a parallel grim reality where thousand of women die of pregnancy related complications, anaemia and malnutrition. These are easily preventable deaths, requiring only good nutrition and education of basic health care. In this project an attempt is made to find out desirable solution on maternal health in form of a calendar and its evaluation and complete documentation.

Primary Study

Journey of understanding of Maternal Health in Rajsamond District, Rajasthan.

About Jatan Sansthan

Jatan Sansthan is a Non- profit organization working with a rural Population of the state of Rajasthan and the district of Rajsamond, Udaipur, Jhalwara, Bhilwara. These district are amongst more backward district of the state.

Since its inception in 2001, Jatan has designed and implemented various initiatives geared towards improving the social and demographic indicators of the state with special emphasis on youth, women, girl child and adolescents. Through the years Jatan has worked on programs related to health, education, violence against women, strengthening women in governance, migrant labour issues and livelihood issues.

Rajasthan is among the states having High Maternal and Neonatal Mortality. 'SUMA' Rajasthan White Ribbon Alliance for Safe Motherhood was launched in 2002 to create social awareness and work towards action and advocacy for reduction of high maternal and neonatal mortality in the state. CHETNA is secretariat of SUMA since 2002 and JATAN SANSTHAN is also working on Maternal and Neonatal Mortality. The members of the Rajasthan Medicare Relief Society (RMRS)/ Rogi Kalyan Samiti (RKS) who are responsible to ensure proper functioning of hospitals were trained to use these evidences to advocate for quality maternal health services at the facility level.

Observations and Study

Focus of Study

- Reproductive Health
- Maternal Health
- Newborn Health
- Child Health
- Adolescent Health
- Focus on spacing methods, particularly on PPIUCD at high case load facilities.
- Focus on interval IUCD at all facilities include sub centres.
- Home delivery of contraceptives and ensuring spacing at birth through ASHAs.
- Ensuring access to Pregnancy testing kits.

Interventions-

- Detect high risk pregnancies and line list including severally anaemic mothers and ensure appropriate management
- Review maternal, Infant and child death for corrective actions
- Identify villages with low institutional deliveries and encourage ANMs for domiciliary deliveries

Action Plan

Public hearing events were organised in Rajsamond districts through which, women demanded cleanliness of health centres, respectful behaviour from staff at health centres, stopping the demand of money for delivery services and ensuring that women who return to their natal homes for delivery, receive nutrition supplementation from the Integrated Child Development Scheme (ICDS).

Open house

I met pregnant women, husbands, mother in law, lactating women etc and discussed about maternal health. I tried to understand the situation by asking many questions.

- Do you know About contraceptives and who told you all about this
- Questions about quality of maternal and new born services at facilities

FGD (Focus on Group Discussion)

Under FGD we were suppose to discuss with separate groups of pregnant lady, husbands, lactating women about maternal health. We accessed the quality of services provided to women at public health facilities. So that we can discuss their experience further with official at those facilities and the services and care could improve motherhood in state.

Visit at Devgarh PHC (Primary Health Centre)

According to Dr. Sushil kumar, he and his staff were very passionate about working in this field and did not faced any problem regarding maternity issues yet. Even ANMs and other doctors had the same say about it. However, Dr. Sushil pointed out at the present facilities made available from the government but some of the facilities they didn't received yet.

Other visits

CHCs

- Railmagra
- Devgarh
- Kelwara

PHCs

- Kuraj
- Kuwaria
- Sangawash
- Nathdwara
- Aamet
- Selagurha

After doing group discussion with pregnant women, their husbands and mother in law etc. I came to know that they don't know anything related to pregnancy. In rural areas of Rajasthan new generation is mostly literate. They can read and write. But I found there that the communication gap is high between pregnant lady and doctor. These females never ask any question related to their pregnancy to doctors. Only when doctors tell them, they listen and follow. Sufficient communication between doctors and pregnant women generally does not happen because of lack of staff in PHCs and CHCs. Doctors are always busy with deliveries, they rarely have time to teach the talk to the females about pregnancy related information.

In our society Maternity, Menstruation, Period, Pregnancy etc are the topics in which nobody talks openly and confidently. When I asked females about pregnancy, they felt shy. So I wondered about these embarrassing topics and where they can get such information.

Where does the information come from?

When I was in Rajasthan, I discussed with pregnant and lactating women about information related to maternal health. They told me that they don't know pregnancy and related things. So I enquired how they know these aspects of pregnancy?

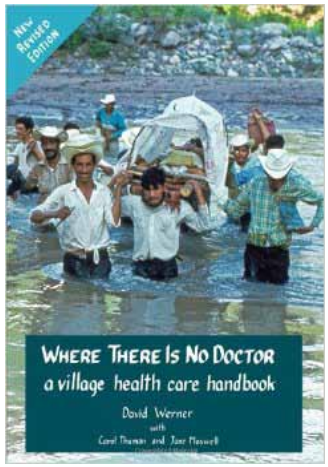
I talked to 30 women of different villages. Most of them told me that they never ask anything related to pregnancy to mothers in law, husbands. They sometimes ask their mothers and most of the time their elder sisters or friends of same age.

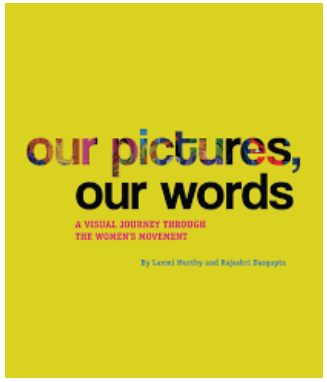
How much correct information do they have about pregnancy ?

Customs & Traditions

In Rajasthan customs, norms of the society, myths etc are there. So when a mother or sister gives information about pregnancy, it will always be a mixture of customs and myths. For example In Rajasthan females are told by mothers not to eat papaya, milk products in pregnancy. So the information about maternal health from mothers, sisters and others ladies is not proper because they also probably don't have the correct information. Women fully depend on Midwife, ANM or doctors in pregnancy. If in any case Midwife or ANM is not present in any village or during delivery she is not around then it will a very bad situation for lady.

Secondary Study





- Books
  - Where there is no doctor

    By David Werner,
    Carol Thauman
    and Jane Maxwell
  - Our pictures our words

    By Laxmi Murthi
    Rajashri Dasgupta
  - Guide Book

    Mother and child protection card

- Internet
  - Online Reports

    Ministry of Health and Family Welfare

    Reproductive, Maternal, Newborn, Child
    and Adolescent health programme
  - Unicef India
  - National Health Mission

- Big Picture

  - Globally, about 800 women die every day of prevent able causes related to pregnancy and childbirth ; 20 per cent of these women are from India.

  - Annually, it is estimated that 55,000 women die due to preventable pregnancy-related causes in India.

  - Good news: The Maternal Mortality Ratio – the number of maternal deaths per 100,000 live births – reduced from 212 in 2007 to 178 in 2012. UNICEF and its partners contributed to this reduction through schemes such as JSSK.

  - Mothers in the lowest economic bracket have about a two and a half times higher mortality rate.

- Mothers in the lowest economic bracket

  Its dual role with respect to women: its utter neglect of poor women who had no access to medical care while giving birth and the over materialization of pregnancy and childbirth for upper-class women, manifested by unnecessary caesarean section or hormone replacement therapy (HRT), for instance.

Equipping women with knowledge about their was a first step in changing unequal relationship as well as challenging the medical industry.

Several studies have revealed that woman have a greater need for health care, they are less likely than men to access and utilize health services.
Poor women neither afford medical treatment nor, given their role and responsibilities in the family, take time off from their work. They are intimated by a public health care system that does not respond to their system. While autonomous women's group concentrated on policy advocacy to make the government's health policies more women centres

Design Approach

School education in rural india doesn't include sensitive subjects like Maternal Health, pregnancy, Reproduction, Mensturation Cycle and so they remain uneducated and ignorant of the same even in the later ages of their lives.

These topics are thought of as taboo in rural villages so the people are shy and reluctant to talk openly on these topics. My previous attempt was to guide and spread information about pregnancy and maternal health in form of a booklet.

This book was sectioned in different parts according to chucking of information related to pregnancy. However this solution had its own limitations like a booklet can easily be misplaced and in rural areas people refers books less.

The entire pregnancy period is followed in a certain timeline however this booklet gave heavy information which was not set according to the pregnancy timeline. Though this booklet consists all the information but it fails to provide information according to pregnancy-timeline for a pregnant women.

After evaluation this form of the booklet was not found desirable as it didnt serve proper functionality purpose.

Final Design

The desirable solution is a pregnancy calendar followed the time line of pregnancy period.
A calendar is found in maximum houses even in rural areas. family is very atteched to clender in many aspects like date , moths, estrology, panchang, cooking recepies, etc. They spend most of the time with multpurpose calendar. There is an action involved the use of a calander that every months the current page has to be changed. So it keeps the person engaged. Calendar is allows a person to attend it everyday. The entire pregnancy period is followed in a certain timeline so this calendar give information which is set according to the pregnancy timeline. This calendar consists of monthwise information properly chunked according to the nine months of pregnancy period and we can flip pages according to the month. The common information which follows entire pregnancy period is always displayed on the calendar.

- Font - Ek mukta

  Ek mukta is highly readable and stable font with many conjunct which makes writing beautiful. It is available in many indic languages also. It is open type face and free for all purposes.

- Hanging calendar

  I choosed to design a hanging calander rather than other mode of calendars because in rural areas this type of calendar are highly used. Calendar is always hung on walls of the house, so it is always seen and reffered by the family members

Final Approach

- Information visual design

  I decided that it will be a visual pregnancy calen dar because visual is fastest easy medium of communication.

- Illustration

  I made colour realistic illustration related to information of pregnancy. These illustration depicts culture of rural India because females could relate with themselves.

- Colour

  Colour is medium where females can attract towards the colourful visual and can relate more with the illustrations and can understand it better.

- Language Design

  I decided that language of calendar will be Hindi for Rajasthan. Hindi is a difficult languages, so I tried to remove complicated words in information and try to make a verbal Hindi language which they can under stand better and feel familiar with it.

- Informative poems

  This is another approach of giving information. I tried to make rhyme of information about pregnancy, because poem is such a medium which can be remembered easily

- Monthwise information.
  Information about pregnancy is chunked in nine months because woman could read information of the current month of her pregnancy and step towards other months accordingly.
- First page of the calendar is about giving good wishes to the woman which also include the information about the symptoms of being pregnant.
- The following nine pages is to be reffered in the next nine months of the pregnancy accordingly. Each month has days of month mentioned in it which can be used to mark important days(visit doctors, taking injection, pills, cheakups with doctors) and make note of meeting with ASHA (midwife).
- Each month is designed in such a manner that the name of each month is shown outside, which helps the user to know the months and so they can flip accordingly as months pass.
- After nine months pages two pages are added which gives home delivery information. The last page consists of postnatal, diet and government scheme information. This information follows entire pregnancy period and is always displayed.

Final Approach

- Changes made

Typography

Arrangement of type was very scattered and unorganised it was than redesigned as per the visual heirarchy

Aesthetic value

Graphic design was improved to generate essence of Rajasthan after using Rajasthani traditional motifs so that women would become familier with it.

Additional value

Every page include monthwise checklist which will allow the user to make a note of the current month of annual calendar and also include the checklist of the dates of that same month.

The common information which could'nt be used monthwise, is put together in last three pages according to it's importance.

User Testing

After design all of these things, I did user evaluation with pregnant and lactating women of Rajsamond -Rajasthan

I spoke to 30 females from 10 villages. I was supported and assisted by AWW and ASHA workers.

Before evaluation of my calendar I asked some questions.

Questions 1

Is campaigning for better nutrition and birth control effective?

From 30 females 14 said no and 16 said yes and Posters, banners are useless, we know little bit about pregnancy only from AWW and ASHA (Midwife)

Questions 2

Were old reproductive technique better for your health or new reproduction, maternal health technology are better?

Every women said new reproduction technology is better because we get more confidence in front of doctor. Before Dai maa didn't know how to handle complications.

Questions 3

Are Menstruation, contraceptives, childbirth are embarrassing topics? What are your opinion?

All of them were not aware of these. Every women said we don't know about these but doctor must know.

Questions 4

Is our customs, religious taboos, myths come in between of your health?

28 Women out of 30 said that taboo or myths are there in our society and it effects our health and nature of mind.

Questions 5

Is midwife equipped woman? Does she know basic things like menstruation, child-birth and how to resolve complications during pregnancy?

25 Out of 30 women said that she don't work good. We handle all situations in pregnancy ourselves. But we fear to say it in front of ASHA(midwife)

- गर्भावस्था का अनुभव
- क्या आपके घरों में कैलंडर प्रयोग होता है ?
- आप कैलेंडर के साथ क्या क्या करते है?
- आपके घर में कोन कोनसा कैलंडर है , दिखाइये
- कैलंडर आपको कहाँ से मिलता है या आप खरीदते हैं?
- कैलंडर के पेज कोन बदलता है?
- आपके घरों में कितने बड़े कैलंडर हैं?
- आप कैलंडर को टांगते हो या कही रखते हैं?
- आप कैसे चित्रों का कैलंडर प्रयोग में लाते हैं?
- कैलंडर आपके किस- किस काम में आता है?
- मेरे कैलंडर में भाषा समझने के लिए कैसी लिखी हुई है?
- क्या आपके परिवार मई ऐसे चित्रों को टांगने पर आपति हो सकती है?
- गर्भावस्था के दौरान आप किस से बातें आदान- प्रदान करती हैं?
- आपको कैलंडर को पढ़कर पता लगा होगा की आपको कैलंडर को पढने का मन किया था की आपने जबरदस्ती पढ़ा?
- अगर आपको पढना नै आता तो आप कैलंडर किस से पढ़ वाएगी ?
- गर्भावस्था के दौरान आप पति से गर्भावस्था के बारे में बात करती हैं?
- आहार विभाग को देखकर आपको क्या समझ में आता है? विस्तार से बताइए
- क्या ये कैलंडर की सब जानकारियाँ आपको पहले से पता थी?
- कोन- कोन सी जानकारियाँ आपको पहले से नही पता थी?
- या वो कोन सी जानकारियाँ है जो आपको पहले से गलत पता थी?
- आपको गर्भावस्था की जानकारियाँ कोन देता है?
- आपके द्वारा गर्भावस्था की सबसे ज्यादा जानकारी आपके परिवार में किसके पास है ?
- क्या आपकी माँ को कैलंडर की सब जानकारिया पता है?
- क्या कैलंडर में लिखी हुई जानकारियां उसके चित्रों से मिलती हैं?
- गर्भावस्था मई आप किसकी दी हुई जानकारी को मानती हैं?
- आपके यहाँ प्राथमिक केंद्र कितनी दूर है?
- महीने मई आशा दीदी कितनी बार आपको देखने आती हैं?
- डॉक्टर का आपके साथ व्यवहार कैसा है?

I met pregnant ladies individually in their houses and handed over my final calendar to them. I asked them to go through the calendar, later I conducted a quiz based on the calendar. The purpose of this is to find out that how much they understand in one reading and what difficulties they felt during the reading and in understanding.

- सरकारी वाहन के लिए क्या नंबर है?
  1. 108, 104
  2. 100, 101
  3. 123, 321
  4. 111, 222

- प्रसव के बाद हस्पताल मे कितने घंटों तक रह सकते हैं?
  1. 48 घंटें
  2. 20 घंटें
  3. पता नही
  3. 30 घंटें

- हर महीने आशा दीदी आपके कैलंडर में क्या करेगी?
  1. कैलंडर मे महीनो और दिन क अनुशार टिक का निशान लगाएगी
  2. गप्पे मारेगी
  3. आपका साथ गर्भावस्था से अलग बाते करेगीं
  4. चित्र बनाएगी

- आशा दीदी से आपके संबंध कैसे हैं?
  1. बहुत अच्छे साथ मे कही हुई सारी बातें समझ आती हैं
  2. आशा की बाते समझ नही आती
  3. घर आती ही नही है
  4. झगडा हो रखा है

- गर्भवती होने की पुष्टि के लिए कौन- कौन सी जांचें होंगी?
  1. गले की जाँच
  2. मूत्र और रक्त की जाँच
  3. कान की जाँच
  4. दांतों की जाँच

- आपको गर्भवती कब से माना जाएगा?
  1. आखिरी में आने वाले मासिक धर्म के पहले दिन से
  2. जब से आशा दीदी कहे, तब से
  3. डॉक्टर के साथ पहली जाँच से
  4. पति के साथ पहली मुलाकात से

- गर्भावस्था के दौरान कितनी त्रिमहिया होती हैं?
  1. 3
  2. 5
  2. पता नही
  4. 6

- पेजों को महीनो के अनुसार बदलना है?
  1. कैलंडर देख कर समझ आता है?
  2. समझ मे नही आता है
  3. हमारा काम नही है
  4. पेज बदलना लाभदायक नही लगता

- निषेचन प्रक्रिया में कब होता है?
  1. पहले तीन सप्ताह में
  2. प्रसव के दौरान
  3. आशा दीदी जब भी कहे
  4. डॉक्टर के साथ पहली जाँच के समय

- क्या काव्य पंक्तियाँ की जानकारियाँ याद रखने में लाभदायक हैं?
  1. हां
  2. नही
  3. पता नही
  3. समझ ही नही आती

- आपको कुल ९ महीनों में कम से कम कितना वजन बढ़ना चाहिए?
  1. 5 किलोग्राम
  2. 10 से 12 किलोग्राम
  3. वजन बढ़ना ही नही चाहिए
  4. बढे या न बढे, कुछ फर्क नही पड़ता

- आपको कुल कितनी आयरन की गोलियां लेनी है?
  1. 100
  2. 50
  3. पता नही
  4. जितनी डॉक्टर दे उतनी

- डॉक्टर के साथ कुल कितनी जांचें होती हैं?
  1. दो
  2. होती ही नही है
  3. चार
  4. आशा दीदी बताएगी

- पहली जाँच कब से कब होती है?
  1. पहले तीन महीनों में
  2. डॉक्टर कहेगे तब
  3. आशा दीदी को पता होगा
  4. पता नही

- दूसरी जाँच कब से कब होती है?
  1. पहले तीन महीनो में
  2. आशा दीदी के कहने पर
  3. चौथे महीने से छटवें महीनें तक
  4. कभी भी

- तीसरी जाँच कब से कब होती है?
  1. कभी भी
  2. नौवे महीनें में
  3. सातवे महीने से आठवें महीनें तक
  4. कभी भी हो सकती है

- चौथी जाँच कब से कब होती है?
  1. चौथे महीने में
  2. नौवें महीने में
  3. चौथी जाँच नही होती है
  4. पता नही

- क्या आप मदर कार्ड के बारे में जानती हैं?
  1. हाँ
  2. देखा नही है
  3. नही
  4. ये क्या है?

- क्या आपने अभी तक मदर कार्ड को पढ़ा है?
  1. बहुत पहले
  2. मदर कार्ड पढना भी पड़ता है ?
  3. हाँ
  4. नही पढ़ा

- अनीमिया किस चीज़ की कमी से होता है?
  1. आयरन
  2. रक्त
  3. बालो की कमी से
  4. वजन की कमी से

- कुल कितने टेटनस के टिके लगेगे?
  1. दो
  2. पांच
  3. आशा दीदी को पता है
  4. पता नही

- कम और ज्यादा उम्र जिसमे बच्चे नही करने चाहिए?
  1. महिला बच्चे कभी भी कर सकती हैं
  2. 18 से कम और 35 से ज्यादा
  3. 25 से कम और 40 से ज्यादा
  4. नही पता

- कम से कम चार गर्भनिरोधक साधन?
  1. कंडोम, गर्भनिरोधक गोलियां, कॉपर टी , रिंग
  2. गाड़ी, ट्रक, ट्रेक्टर, साइकिल
  3. बस दो ही पता हैं
  4. ये क्या होते है?

- क्या आपके गाँव की दाई माँ को प्रशिक्षण मिला है?
  1. हाँ
  2. नही
  3. पता नही
  4. प्रशिक्षण भी लेना पड़ता है

- घर पर प्रसव के लिए कम से कम तीन वस्तुओं का नाम बताइए?
  1. साफ ब्लेड, साफ कपडे, साफ हाथ
  2. ब्लेड, कपडे, महिला के लेटने की जगह
  3. पता नही
  4. दाई माँ बताएगी

- बच्चे का सिर किस और होना चाहिए की बच्चा आसानी से जन्म ले सके?
  1. ऊपर की और
  2. निचे की और
  3. तिरछा
  4. पता नही

- बच्चे को कब तक माँ का दूध पिलाना चाहिए?
  1. प्रसव के 6 महीनों बाद तक
  2. दो महीनो तक
  3.मेरी माँ ने जब तक मुझे पिलाया था तब तक
  4. मेरा मन करेगा , तब तक

- जननी सुरुक्षा योजना क्या है?
  1. हस्पताल का नाम
  2. आंगनवाडी का नाम
  3. हस्पताल के द्वारा चलाई हुई योजना
  4. सरकार द्वारा गर्भवती महिलाओ को सुविधाए देने के लिए चलाई गयी योजना

- गर्भवस्था में आराम करते समय किस ओर सोना चाहिए?
  1. बाई तरफ
  2. दाई तरफ
  3. कुछ फर्क नही पड़ता
  4. पता नही

- गर्भावस्था में कम से कम कितने समय सोना चाहिए?
  1. 8 घंटे
  2. 4 घंटे
  3. काम ज्यादा होने से कम सोना
  4. जितने घंटे माँ कहेगी उतनी देर

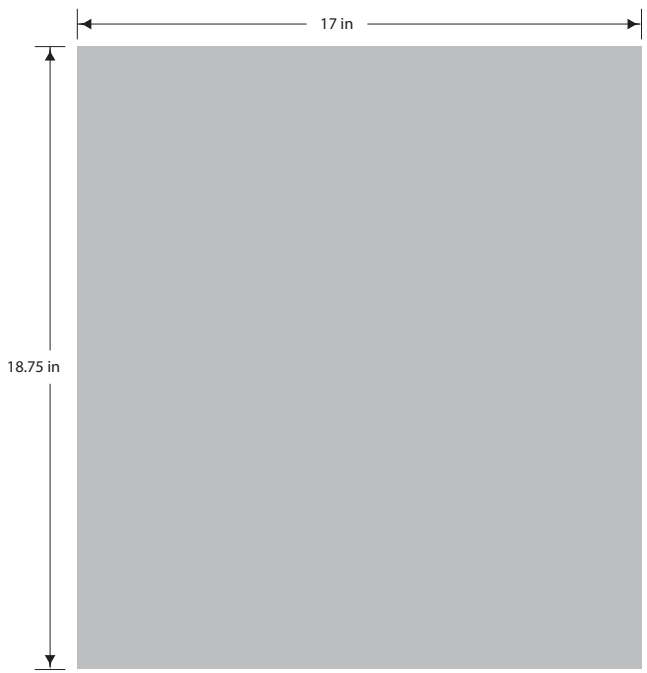
- आयरन की गोलियों क इलावा कोन सी गोलियां खानी चाहिए?
  1. फोलिक एसिड और कैल्शियम की गोलियां
  2. सिरदर्द की गोलियां
  3. पता नही
  4. इनमे से कोई नही

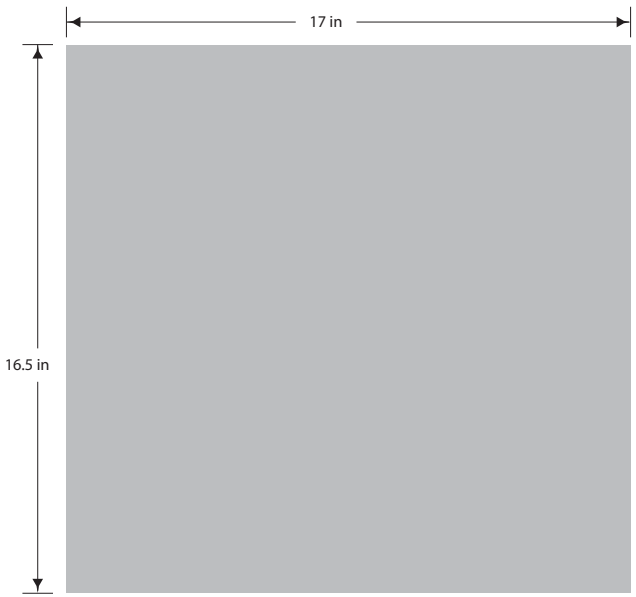
- अनीमिया की जाँच क लिए कोन सी जाँच होती है?
  1. मूत्र जाँच
  2. हिमोग्लोबिन की जाँच
  3. दांतों की जाँच
  4. पता नही

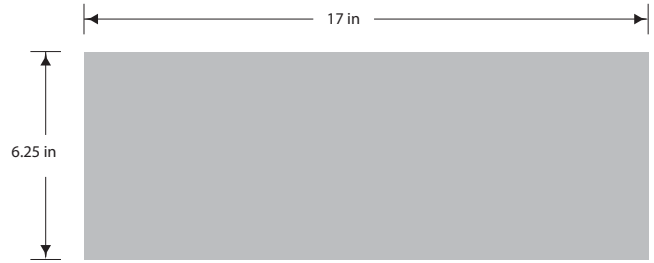
Outcome of testing

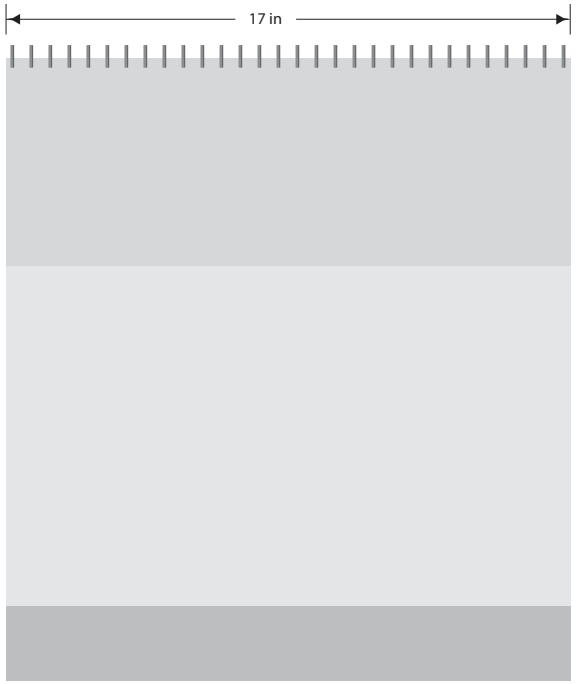
The calendar was tested on six pregnant ladies and following are the feedbacks-
Two out of six ladies were uncomfortable to hang the danger sign page in front of elders of family but they were comfortable hanging it in their saperate room.
Four women out of six didnt understand the use of checklist section on the calendar.
Four of six women got confused with the section where the size of the infant is compared to the size of fruits and vegetables. They thought the fruit displayed according to monthwise is ment to be eaten.
They suggested to have more pages on the information for post pregnancy.
They suggested to include more local food which can be consumed in pregnancy and is good source of iron amd vitamins.
Apart from the above point, all thing mentioned in calendar were found useful and neccessary by them

Calendar layout









Conclusion and Future work

It was a very fulfilling experience for me to meet rural people and talk with the women there, health staff, doctors and NGOs people. I learned a lot about some of the actual problems of rural India, especially Maternal Health and pregnancy. I even got to know of a lot of other aspects of their life, work and culture. It was a great opportunity for me to have hands on experience of the life project.

In future I would like to plan to publish and distribute the calendar with the help of NGOs and hospitals, so that this pregnancy calendar could reach to houses and can help to bring awareness among people. Also I will design this calendar in different indic languages like Marathi, Gujarati and hence forth.

Bibliography

- Where there is no doctor

By David Werner,
Carol Thauman
and Jane Maxwell

- Our pictures our words

By Laxmi Murthi
Rajashri Dasgupta

- Guide Book
Mother and child protection card

- http://unicef.in/Whatwedo/1/Maternal-Health
- http://nrhm.gov.in/
- http://www.babycenter.com/pregnancy-week-by-week
- http://www.mohfw.nic.in/WriteReadData/l892s/5665895455663325.pdf
- https://www.menstrupedia.com/