CHAPTER – 5
5.1 Major Findings:

Demographic profile of the respondents:

1. Majority of the respondents (75.00%) of the study area are in the age group of 20-29 and only 1.20 percent respondents found up to 19 years of age. This says that majority of the women are either got married / became mother after 19 years of age, which is a healthy trend.

2. 98.75 percent respondents are found married, 54.00 percent respondents belong to general category and rest belong to SC and OBC. 52.00 percent of respondents are Hindu and rest are Muslim.

3. 34.00 percent of respondents are below matriculation and 20.80 percent are illiterate. Percentage of respondents with qualification above matriculation and below graduation is found at 5.20 percent. Majority of the respondents are housewives with 2.00 percent respondents only found engaged in Govt. job.

4. 74.00 percent of the respondents have family size up to 4 members (37.20 percent) or in between 5-6 members (36.80 percent). Family size seems to be big as compared to their monthly income for most of the respondents as around 89.00 percent of the respondents have monthly income either up to INR 5000 (50.30 percent) or in between INR 5000 – INR 10000 (40.30 percent). Remaining 11.00 percent respondents have monthly income more than INR 10000.

5. Out of pocket expenditure is high as 42.00 percent spend up to INR 500 as monthly health expenditure and 23.20 percent spend more than INR 501 to INR 1000 per month.
6. 93.00 percent have own house and 70.00 percent of respondents have electricity at their house and 72.00 percent of the respondents have access to clean supply water.

7. Since, use of kaccha latrine is high, so there are chances of getting water borne diseases as 87.00 percent of the respondents use kaccha latrine and remaining use hygienic sanitation (11.25 percent) and 1.25 percent respondents use other modes of defecation. Awareness needs to be generated among public for using hygienic sanitation and the impact of using proper hygienic sanitation.

Objective 1:

To understand the current media seeking habits of the people

The media seeking habits of respondents may be interpreted as follow:

1. Almost 71.25 percent of the respondents do not read newspaper, only 7.5 percent read newspaper daily and 21.25 percent respondents read newspaper occasionally. So, it can be said message dissemination through newspaper do not seem to be a very effective medium to reach out to target group.

2. It is seen that among the types of reading newspaper Samayik Prosongo leads the table with 23 percent, 19.20 percent and 15.80 percent read Dainik Jugasankha, Dainik Prantojoyoti respectively. Another important point, which is revealed that no respondent read either English or Assamese daily. So, if planning is made to reach to target group through English or Assamese newspaper then the effort and money will be waste.
3. No one reads magazine (in any language) in the study area. So, any effort of reaching to target group with desired messages through magazines will be wastage of resources.

4. It is revealed that habit of listening radio is very less, only 2.50 percent respondents listen radio. So, radio is not considered to be an effective medium to reach to community, as radio will have very less impact.

5. It is found out that 64.75 percent respondents watch television. So, compare to radio, television has better acceptability among respondents. However, reality show, Hindi song are liked mostly by the people. So, local channel, namely BTN, which has very poor reach, is not catering large population. The reach of local channel BTN and Doordarshan has to be increased through production of quality program (as observed by the respondents) and then television can to some extent be used for disseminating messages among public. In the present situation, any investment made in television to bring community awareness also will hardly pay any dividend.

6. No one in the study area uses internet. So, any social networking to disseminate health messages using internet will not be a good investment, resources will go waste.

7. It is revealed that miking, dhamail, folk song, kirtan are the most popular traditional means of ensuring high reach out to population. So, as compared to reach out / accessibility of Radio and Television, it can be said that the traditional media has better reach out / accessibility. So, the traditional media needs to be optimally used to carry out health messages among masses to generate awareness among them.
Objective 2:

To understand the current health seeking behaviour of the people

Health seeking behavior of respondents may be interpreted as follow

1. Majority of the respondents opined that PHC is preferred most nearest to the respondents’ home (72 percent), followed by DH with 11.50 percent, 10.00 said that SC is the most nearest. While trying to understand the reason of not being SC the most nearest health facility of respondents’, it was understood that as the SC does not function regularly but in PHC, they get quality care and services. So they prefer to go to PHC, where their health needs are met. So, there is strong need of ensuring functionality of SCs so that people starts using SC optimally and thus ensuring that the needy patients get due quality care at PHC. Proper functioning of SCs will also reduce the workload of PHC, which help critical manpower of the PHC to spent time for the needy patients, who comes to the facility seeking medical care.

2. It is further revealed that largely health facilities (mainly PHCs) are extending range of services from general medicine, immunization, delivery services, TB and malaria etc.

3. It is also revealed that if people do not visit health facility then they go to private medical store (57.20 percent) and 41.20 percent said they go to quacks/traditional healer. Only, 1.50 percent said they do home management. So, it can be concluded that out of pocket expenditure seems to be on higher side for those who does not go to the health facility. Making SC functional and through improving the quality of services at the PHC and also through awareness generation, people can be mobilized for accessing government health care facilities and thus lowering down the out of pocket expenditure.
4. It is further revealed that non-availability of Medical Officer / ANM and coupled with poor staff behavior are the contributory factor for not accessing government health facilities. So, urgently accessibility in terms of functionality of health facilities will have to be improved along with staff behavior so as to gain confidence of community.

5. Almost 60.00 percent population visited health facilities in last six months. So it can be said that study area has disease burden, which needs further analysis and holistic action to address the burden.

6. Most of the ASHAs are found very active in the study area. They are instrumental in mobilizing target group for taking all programmatic benefits. AWW is also contributing but her performances have not been found at par with ASHA. Because of ANM’s less frequent field visit, she has not been found as an effective motivator.

7. With the passing of time, the services of the most of the facilities have been changing in terms of cleanliness of the facility, increase in OPD, staff behavior, immediate care on reaching to facility, increase in IPD.

8. In the study area, it has been found out that institutional delivery is around 60.00 percent and 40.00 percent is home delivery. Increase in institutional delivery will be able to ensure safe delivery and thus bringing down the death of mother and newborn during delivery. Also the post delivery complication management of mother and newborn will be better, which will further reduce maternal and newborn death.

9. As because, institutional delivery is mostly preferred, so it can be said that awareness level regarding institutional delivery is high in the study area, which also says that JSY, which advocates for institutional delivery has been able to penetrate in the minds of the people.
10. It is seen that the reasons for not preferring institutional delivery are health facility is located at a far distance and poor staff behavior. Also few believe that delivery is a normal process, which does not require any medical attention. This finding says that with the functioning of health facilities and through improvement of staff behavior more mothers can be brought under the fold of institutional delivery.

11. Majority of the mothers had antenatal check up, which is encouraging. Proper antenatal care is the most important for identifying high risk mother and for ensuring safe delivery.

12. A large, 96.00 percent mother did not go for post natal check up within 2 to 14 days of delivery and only 4 percent had done post natal check up. This shows that even the mother, who are delivering at health facilities are also not staying for minimum 48 hours (mandatory stay period as per guideline) at facility, which is revealed during the discussion with the respondents (mothers). So, they are not able to undergo post natal check up. As because, the post natal check up is equally important to ensure safe survival of mother and new born, so this needs improvement to ensure that mother with the newborn at least stay for 48 hours. If mother stays, then conducting post partum sterilization can also be thought of.

13. In the study area, immunization coverage is found very high with 80.00 percent respondents said that they have immunized their children. This spirit has to be further improved to register further progress.

14. Majority of the respondents have child immunization card, which is very much encouraging. This means that people are aware and understands the importance of this very important card
Objective 3:

To assess the role of Interpersonal Communication (IPC) in community mobilization

The role of interpersonal communication in health sector may be interpreted as follow:

1. As far as interaction with community is concerned, it is revealed that respondents had more interaction with ASHA than ANM. Interaction with AWW is found to be very poor.

2. It is revealed that village level worker had more counseling session with the respondents as compared to group discussion and meeting. Having more counseling session has also increased the knowledge of the target group on different health issues. Further strengthening of the ASHAs counseling skills will show much better result.

3. It is also seen that ASHA goes for more frequent field visit/home visit than others. More home visit also helps ASHAs in identifying high risk cases and to take action accordingly.

4. Respondents opined that counseling session increases awareness level and it also improves the staff behavior so respondents found counseling useful but effort is to be made so that awareness brings behavioural changes to improve outcome.

5. Respondents have opined that IPC has immense strength and more stress has to be given on IPC to make the intervention more focused.
6. Statistically speaking also the table no 4.5.10.i.a, 4.5.10.i.b, and 4.5.10.i.c proved that mass media have a role in community mobilization. The more number of times a health workers makes visit to the target group or more number of times a viewer watches a health related program, it increases the level of sensitization of the issue.

Objective 4:

To study the initiatives of community mobilization efforts in health sector including NRHM

The role of community mobilization initiatives under NRHM may be interpreted as follow:

1. All respondents know ASHA even with her name. People are also found aware about ASHA’s role, (which includes home visit, mobilizing target group, accompanying pregnant mother and newborn, health service provider etc.), which means that ASHAs are the visible face of health sector in general and NRHM in particular in the community.

2. The performance of the VHSNC is too weak as almost 94.00 percent respondents have said that either they do not know VHSNC or did not give their observation, only 6.00 percent said that they know VHSNC. Meeting schedule of VHSNC is found very poor as 98.00 percent respondent could not tell about numbers of VHSNC meeting held in last 6 months. So, strengthening VHSNC has to be taken up on priority.

3. While trying to understand the poor meeting schedule of VHSNCs, it was revealed that the fund flow for the VHSNC is not regular from the district and also the gaon panchayat ward member, who is the President of the VHSNC hardly give time for meeting. In many cases s/he asks money for coming in the meeting. S/he wants that VHSNC
grant should be used by him/her. This is a serious problem and it has to be dealt at administrative level.

4. Support of VHSNCs in holding VHND is very weak, as revealed. So, it can be concluded that the functionality of VHSNC needs to be streamlined so as to support in holding VHND successfully.

5. During VHND, immunization is the prime activity done along with ANC, nutritional support and awareness generation, PNC and sick baby management by giving drugs. It shows that the VHND has been doing lot of activities with thrust on immunization but convergence with VHSNC has to be strengthened.

6. ASHA and ANM are active in attending VHND followed by villagers themselves are active in attending VHND and attendance of Medical Officer and AWW are found to be low. While trying to know the reasons of poor attendance of AWW in VHND, it was learnt that as they do not get any incentive like ASHA, so they show their less interest on attending VHND. This is an area of concern and needs strengthening.

7. Almost 50.00 percent of the respondents informed that they know that the VHSNC gets INR 10000 as untied grant, which means there is scope of awareness generation. So, lot of awareness generation has to be done mainly through ASHA so that villagers can know that VHSNC gets INR 10000 and can participate for making proper planning on how to spend the VHSNC grant judiciously.

8. Lack of clarity was found regarding VHSNC fund utilization guideline. As a result, proper expenditure of VHSNC grant could not be made.
9. VHAP preparation still now in its infancy and lots more will have to be done to make VHAP a reality. The VHSNC, ASHA, AWW has to play a proactive role for effective VHAP preparation, which is critical to the success of NRHM. To begin with, VHSNC can think of designing a plan detailing how to use VHSNC grant judiciously.

Objective 5:

To assess the current mass media strategy used for effective community mobilization

The mass media strategies for effective community mobilization initiatives under NRHM may be interpreted as follow:

1. Janani Suraksha Yojana (JSY) is the most known program in the study area among the few government schemes known to respondents namely JSY, Majoni, Mamoni, Adarani, JSSK, but many of the other programs like DOTS, NAMP, Morom and Sneha-Sparsh, RBSK, RSBY etc are left out. So, it can be said that although awareness has come but it has to be increased manifold through effective community mobilization using appropriate mass media strategy.

2. ASHA has been acting as main person of informing public about the scheme and also flex/banner/poster has also played average role in informing public different program. Rest all means such as newspaper, Television, Booklet, Radio have not been found very active. So, instead of spending money on these sources, money should be spent more on interpersonal communication (IPC) through ASHA and partly in poster/banner/wall painting to generate mass awareness.
3. Any investment plan for generating awareness using radio, television and newspaper has to be thoroughly seen as the study reveals that in the existing pattern none of these are very effective.

4. It is revealed that for effective community mobilization, community need has to be assessed to know the felt need of the community, message has to be research based, field tested and to be presented in local dialect through IPC to the target group.
5.2 Conclusion

From the study, it is evident that the ASHA has been playing the role of the most active mobilizer from at least three different angles. Firstly, they are active for mobilizing target group of immunization, ANC, PNC, Intra-natal Care, Immunization, accompanying mother for institutional delivery, working for various disease control programs like DOTS under RNTCP, NAMP under NVBDCP, HIV/AIDS. Secondly, the ASHAs have been playing the role of social activist by mobilizing the people to realize their rights from the health service providers. Thirdly, ASHAs also have been helping community by providing them with drugs for basic curative care. It is also seen that ASHAs have been extensively using IPC skills, but a lot of room still left for improvement. So, it is felt that health department in general and NRHM in particular has to take initiative to upgrade IPC skills of ASHAs through continuous training and re-training to ensure continuous skill up-gradation of ASHA. This will further help ASHAs to perform in a much effective manner.

It is also found during the study period that functioning of VHSNC is an area of concern, which is seen as the first pillar of community mobilization at the community level. VHSNC is not doing well in terms of frequency of meeting and even when it is happening, the attendance of members is found to be poor. This shows that the members are not aware of their roles and responsibilities in terms of VHSNC, i.e. role clarity is missing. Poor functioning of VHSNC is directly affecting the community mobilization initiatives at the village level. So, it has to be ensured that VHSNC functioning has to be strengthened. To strengthen VHSNC functioning, training has to be given to the VHSNC members so that they know their roles and responsibilities and can perform accordingly. Moreover, convergence initiative has to be taken up with PRI Department to sensitize Panchayati raj members on VHSNC’s roles and responsibilities. Effective convergence at community level will result in effective mobilization, which will help communities to ask for services.
It is crystal clear that effective holding of VHND is the key to reach out to community and also to address community need. The quality support of VHSNC members helps in holding the VHND successfully. So, VHSNC members are to be sensitized on VHND, while giving them orientation about their roles and responsibilities.

It has come out from the study that the community reach of Radio is very poor, so it is turning out to be one area where not much energy and resources should be invested.

It has been found that television has a far better community reach but at the same time, communities hardly refers to these messages broadcast on television. The local channel has very poor reach and Doordarshan is seen by a small percentage of population. So, it has to be seen what media strategy is adopted by the development planners in near future. Till that time, investment in media strategy has to be kept minimum so that resources do not go waste.

The section of the respondents who have a penchant for reading newspaper daily is also very less. Since the printed word still has a more lasting impression on the human psychology, there has to be a considerable thinking whether a better share of the rupee should go in to newspaper basket or not as compared to radio and television.

So far as the influence of the magazine or internet is concerned, it can safely be summarized that the active service seekers of NRHM, or to put it otherwise, the people at the bottom of social and financial ladder find no use of the either internet or magazine. These media items just simply do not exist for them. The world in which they move or survive has to wait for some more years for these people to be familiarized with these contributions of media.
Folk media stand in an advantageous position for more than one reason. The members of Self Help Group (SHG) can also participate in the performance of the folk programme, which actually helps in turn the process of identifying themselves as dependable communicators. While the folk media have seen a steady decline over the years in recent time, but unarguably it still remains an exceptionally influential medium what still holds a sway over the minds of the people. Folk media are still at the core of the imagination for most of the people, who need to depend on Government health care services. It runs into their vain and the respondents can relate to their world outside through folk media. For the lowest common denominator among the respondents, folk media replace television and radio as a tool for relating to his daily chores.

While dealing with the communication aspects, it should also be recorded that poster or the use of microphone for sensitization of the proposed beneficiaries of health care programs turned out to be of certain degree of relevance. While poster may not be that effective in case of illiterate audience, miking can overcome that process.

While embarking on the final impression about the functioning of the program is concerned, there is still a lot to be done about the functioning of the program. Sub Centres are poorly functional and no quantum of communication efforts can suffice if these centres remain in that condition. Sub Centres were conceived to reduce the out of pocket expenditure or rural folk and the entire communication activities are undertaken to sensitize people and to motivate them for coming to these centres, which itself are in pretty bad shape. Naturally, the goal of communication is lost on the people and the community linkage fails to yield the result. Another problem, which has come to the fore while working on the field relates to the communication skill deficiency of the service providers meaning the health workers at the grass root level. They have to be trained in terms of soft skills like communication, motivation, negotiation and behavior change communication
to turn them in becoming capable of disseminating messages successfully, which essentially constitutes the bedrock of any social care projects. ASHA, who happens to be the last post of entire communication network, needs to be galvanized through counseling, which they seriously lack. Unless ASHAs are trained in counseling, the mass media strategy or whatsoever is destined to fail at the final lap since the last post is faltering. In addition to that, it needs to be noted that ASHAs are the most important intermediaries between the program and the people since the feedback of the program starts with them.

A good number of social and health care programs in India have failed because of the ineptitude at some stage. One of the most significant examples of ineptitude is that all these previously held programs had failed to garner proper feedback, which is intensely necessary for the success of a program, which has as its principle subject, mostly poor and semi-literate rural people. The problem with proper feedback starts when an ASHA provides a wrong representation of the situation at the ground level to hide her failure in counseling or communicating with the villagers. It has happened all too often with all social care programs in India and in other third world countries and would might be repeated again unless ASHAs are properly trained in counseling and also if they are not motivated to learn the soft skills related to communication. It is also unarguably true that there are other mechanisms at place to find out the mistakes committed by them but at the same time, it must be remembered that all these checks and balances were always there and were of no use because these mechanisms are always fraught with many problems like time lag.

Finally, if the communication component is not freed of the blemishes, especially the people at the bottom of the structure, the entire approach is destined to fail as has always happened with any top-down approach. Any process, mechanical at the bottom, is destined to fail. It is extremely important to go for a proper coordination with other social institutions like NGOs or CBOs or SHGs and MGs for reaching out to the community and the
community should not be forced to depend on someone else’s charity. The workers at every level need to deliver. The strength as well as the will to deliver originates only when someone has been thoroughly conversant with the program as well as armed with a sound communication skill. Without a proper mix of the both, the program is destined to fail. It has to be in the mind of the development planner that communication is important for both to integrate the people into a community as well as disintegrating an already existing well-structured community. In both the ways, the communication component can be arbiter and this has been the reason for analyzing mass media strategies linked with any social health care or for that matter any social communication program.

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