CHAPTER 6: Findings, Discussion and Conclusion

6.0 Introduction
6.1 Findings of the study
6.2 Discussion of the results
6.3 Suggestions of the study (proposed information service model)
   6.3.1 Objectives of the proposed model
   6.3.2 Policy goals of WHIS
   6.3.3 Strategy of WHIS
   6.3.4 Grass root level action plan
6.4 Conclusion
6.0 Introduction

The present study is basically to design an integrated system for information service to women. The system design in this study is for community-based service considering all strata of society and seeking behaviour. Relevant terminologies in context of this study are defined.

The system is defined as total machinery, that is linked to achieve a targeted goal, like infrastructure facility, resource, financial and human resource support. In the context of this study information is a vital ingredient resource for the system. Hence, the information system is be defined as information-centered infrastructure, in addition to information resource, expertise an experts.

In the present study, information system is not considered as a separate or independent system, it is considered as an integral part of health care delivery system. The library system is considered as a background cluster of libraries like public libraries, academic libraries, medical libraries, hospital libraries and other health related libraries.

The design includes operation level integration aimed a promotion of the information system itself and its retrieval plan. The output operation, in day-to-day activity, is designed as integral part of grass root level activities for dissemination of information.

The development of information system is proposed based on failure and success stories of existing services in various sectors. It is well established that the development of the integrated system or an isolated system is depending on various factors like educational factors, socioeconomic factors, psychosocial factors, participation factors, socio-occupational factors, cultural factors and accessibility of the services.
The design of integrated women health information system is based on evaluation of many models like life style model, community-based model and women centered model. While designing integrated system the study has evaluated information services in existing health care delivery system, particularly its programme called Information, Education and Communication (IEC) programme. IEC have undertaking a massive work in creating awareness and educating community about health, yet IEC programme has not been successful in achieving its objectives of educating community due to the lack of appropriate information support and communication support. There are many activities programmes targeting the community education in the existing social system and health care delivery system like health education, population education and campaign through mass media including school health education programme.

To achieve maximum coverage or to reach the remote consumer various strategies and sectors were involved including NGO organizations, in providing information service many drawbacks/indicates were to be solved tactfully due to sentiment values of women, which were mostly stigmatized in the Indian society.

The design and development of integrated system is considered as a community based activity, in which supporting factors like development of health education materials and feedback system are considered as two main organs of the system. Figure 1 and 2 gives a clear picture about the inter-sectoral schema and interaction of women with various systems in gaining knowledge.

The study largely concentrated on developing effective partnership, appropriate mechanisms for integrated information system called “Women Health Information system” as a model, with appropriate structure. The “Women Health Information System (WHIS) is not envisaged as an independent system. Main variables of the WHIS are:
• Appropriate Access
• Appropriate resources
• Strategic plan for creating awareness about access and resources
• Need to Inter-sectoral co-ordination.

The present study, Women Health Information System (WHIS) has undertaken in multi-approach/methods considering main variables namely appropriate access, resources, strategic plan and suitable system. To achieve the better model development, multi approach/method study was undertaken namely, KAP analysis, survey of exit patient, suitability of reading printed literature and knowledge of libraries, using appropriate survey questionnaire and materials.

There are six major components covered in this study viz 1) need based health care use. 2) Health care access 3) physician – patient communication 4) sources of health care information 5) socio demographic characteristics and 6) integrated health information service through existing health care delivery system, particularly at grass root level.

To control extraneous variable mass media information/sources were included in the study such as newspaper, magazine, television shows and radio. Respondents were also asked about use of libraries, health books, health newsletter, posters at local hospital, women organization and other NGOs.

The factors associated with use of information resources were identified and classified into: 1) print media (books, magazines) 2) print news media (newspaper, news magazine) 3) Broadcast media (radio talk/shows, television shows 4) Digital resources (CD-ROM, Internet) 5) health organizations (hospitals, decision making bodies) and 6) organized health events (health fairs, support groups).
The study also has taken into its fold the appropriateness of education and a need-based approach in educating the consumers.

6.1 Findings of the study

The study in its multi approach, has following findings

1. Inspite of IT revolution and television, radio is still far reaching media to rural consumers.

2. Transportation even at rural level is improved but not enough.

3. Reading of newspaper, magazines and books is very less.

4. Each family has atleast one literate person particularly children around 18 years of age.

5. Massive awareness programme, in some of the programs, has resulted in a) Creating good knowledge among grass root level workers, particularly ANMs, dais, PHC doctors. b) Community approaching trained grass root level workers like ANMs and dais for pregnancy/child deliver care is improved c) Use of medical care for delivery of child is improved d) Knowledge about symptoms of pregnancy is improved (not because of the campaign, it is by pride feeling of the family and the cultural events conducted in context of pregnancy encouraging women to talk about and share their knowledge) e) knowledge on use of contraceptive is very less except sterilization and pills due to shy nature of women to talk about.

6. Accessing of health care facility by women is still depending on the distance of the hospital, availability of lady doctors, accompanying person, suitability of timings, transport and knowledge of how and whom to access. Further, rude/crude behaviour and harsh communication from the staff of the hospital,
waiting time, and affordability are other problems in use of health care facility, in addition to cost of care.

7. Sources of information, in practice, are acquired predominantly from parents, relatives, health workers and public hospitals.

8. Majority of the mass media (like TV, Radio, Magazines) are used predominantly for watching, listening or reading entertainment activities and political activity.

9. The convenient time to visit hospital is at the leisure time of the consumer, hence preferred 6pm to 9pm or 12 noon to 2pm.

10. Preferred uses of material are AV materials or reading materials, which can be borrowed to use at home.

11. Participation of community member in social agencies varied with purpose. Most of the personal problems are discussed with kith and kin than formal organization.

12. Decision makers at home vary with purpose. In patriarchal family male head of the household or male child or literate member of the family take the decision.

13. Knowledge of library particularly to use the literature for acquiring knowledge about health is very poor. Even the general awareness about library and type of materials available in library is also very poor.

14. The coverage in general magazines about women health problems is poor.

15. Though a woman believes that doctors are competent in providing knowledge, acquiring knowledge in process of doctor-patient interaction is very poor.

16. Massive campaigns like in the areas of reproductive and child health including, immunization, ORT, could able to just sensitized community to avail the facility but actual knowledge about the health problems and the care is very poor.
Finding of the study mentioned above are not very positive to show the IEC programs existing undertaken by department of health could not achieve much in educating women community in general. Findings are discussed with the points highlighted in chapter 2, literature review to evolve suitable WHIS model.

6.2 Discussion of the Results

The world at large is witnessing a visible progress in the field of Information Communication Technology (ICT), multinational companies, banks, educational institutions, data consolidation centers, electronic publishing outlets and web-enabled services. India is not lagging behind in this realm. In-fact, India is attracting such organizations to collaborate in its ICT activities. At the same time, it is noticed that there is a "digital divide", which automatically treading society to "social divide" between "haves and have nots," for accessing information. In this context, one more divide is visible, that is "gender divide" between men and women in almost all the sectors and participation in social, economic and education.

Women form nearly 50 per cent of the population, the skills of women with the existing "gender divide" are not utilized properly which in effect a big loss for both the country and women (in particular). Women are still struggling to survive and cope in men dominated society though women movement had started as far back as in 1960s. Although women have good legal and legislative power they cannot lead quality life as they are not aware of their rights. The status of women at rural level, particularly the tribal, is pathetic in all fronts - social, economic and health.

In the existing health care service, Reproductive and Child Health (RCH) is given higher priority. Women health is still critically dependent on complex interaction between individual biology, health behavior and physical needs. Since a decade,
women health is observed as a care of total life cycle of women as well as her psychological and social well-being than just reproductive care. There are many factors like environmental, occupational, violence against women, blind cultural believes and lack of social homogeneity, affecting the quality of life of women. At the government level, though there have been many discussions and legislations about women health, the real momentum gained after ninth five-year plan. In this study it is found, that almost all studies and policies are targeting systematic life style of women, and very few studies look into the awareness and education of women as a means of empowerment. Beijing platform in 1995 came out with many variables, such as socio-economic, psychosocial factors and cultural factors as the key issues. Though there have been many initiation and advancement programme, women are still used as a body (her anatomical attributes).

Keeping in view the above factors this study concentrated on health seeking behaviour, health behaviour and information empowerment of women. In the existing health care delivery system, IEC (Information, Education Communication) stresses more on health records and vital statistics not as a programme for community education. There is general lack of good information resources required by the gross root levels workers or health educators for supporting health education. There is a comprehensive grass root level infrastructure and manpower which includes health workers, health educators and community leaders to educate community with strategies like self-help groups, national health scheme, school-based health education, community-based camps, group dynamics, posters, training camps etc. The "information resources support", which is most important ingredient, is missing.

Health promotion is tackled through immunization and specific health care programme or eradication programme. Many studies have recommended multi-sectoral
cooperation, community coalition and community education as the main base for women empowerment. Also, many studies opined that information service and education play an important role. A large number of studies stressed on teaching methods, teaching aids, multimedia products to educate women across social, economic and cultural barriers. In cultural factors, studies have pointed out that inhibition of women in participating with community and their freedom for movement alone.

In early times, women from socially advanced families used to go to school and started participating in leadership movements of the society. But in the late 19th century participation of women in community activity increased, as also attending school and taking up jobs.

In rural areas, the study revealed that the social network among friends, relatives and neighbors is still very strong in exchanging information or learning resources. Hence, using the principle of "self-help group" is more effective. Mass media like newspapers, magazines, radio and TV, promotional materials like pamphlets and posters are less effective as per the study.

The study also found that inter-sectoral co-operation among various relevant sectors help to reach wider community. Mass media and health educators are helpful in creating awareness and the library more effective for imparting knowledge. Knowledge, Attitude, Practice (KAP) analysis, pre and post survey of the readers of menopause education material and the survey of exit patients and their spouses (to find out knowledge acquisition by doctor patient interaction) showed that, reading material for literate community is more helpful in acquiring knowledge. The abstraction of routinely collected service statistics at the PHC and a private nursing home, at the rural level, help to simulate and disseminate required information to the needed women. Further, authentication of education materials from respective physician or doctor is
important to communicate effectively and creating better understanding among the local community. Hospital based women employees too can communicate better in the language suitable to the local public. The content / bibliometric analysis of the literature published in three Kannada popular magazine shows that needed/choice of the required information is lacking. It was also found that this media can be used as a supplementary channel to create better awareness for the community with short messages on health topics. Information service at community contact point would be more suitable in an integrated approach. Further, information service should be in consonance with the information seeking behaviour of women and that of their family members. Hence it is essential to prepare list of existing information resources and services so that women can choose the resources access to with respect to their need health problems.

The study found many problems in attaining health, they are:

a) General lacunae in supporting proper information (particularly at primary health care level) both for providers, the health educator and to community to learn on their own.

b) There is no dearth of information, at the same time, people are not getting right information at right time. This situation has arised due to lack of awareness about information resources and knowledge of searching information resources.

c) Lack of basic library and information resources/service integrated to health care services at the grass root level to both health workers (to conduct health education for the community effectively) and community.

d) There is a general lacuna in strategy to address the need-based information resources in the native (mother tongue) language and in multi-media

There is good grass root level infrastructure and health care manpower, but there is general lack of information support. In this context it is found, that
proper library and information support can play a major role in bridging the
communication gap between users of information and information generator by
guiding and disseminating choicest sources of information.

The study found that library and information center reinforces knowledge
acquisition and awareness/creation in addition to massive publicity. The constant
awareness, follow up and legal enforcement on certain belief and practices can help to
achieve better result on problems like age of marriage, two children norms and
symptoms of pregnancy.

It is found that library becoming a part of informal social network to achieve better
knowledge percolation at grass root level. It is clear from the study that women’s
learning by reading books is proportionate to awareness of library. The knowledge
dissemination through grass root level health workers is better than that by the doctor.
At the same time, the education level of the respondents also plays a crucial role. It is
encouraging to note that 60-65% of the respondents are capable of reading and writing
in their native language (mother tongue).

This study has proposed a model called WHIS considering intrinsic values of the
local beliefs, and information seeking behavior and utilization of information by the
existing grass root level health workers, particularly women health workers. The
proposed model is an integrated model in health care system.

6.3 Suggestions of the study (Proposed information service model)

Considering the advantage and many problems of the women this study has proposed
information model called “WHIS”. (Women Health Information System) Women
health information system is envisaged as inter-sectoral resource mobilization and
dissemination model. Predominantly information service is addressed as community
based model, keeping hospital-based (PHC) system. The service model for the system is an institution approach.

6.3.1 Objectives of the proposed model

- To create awareness about information resources/service
- To develop suitable strategy for need-based education and programs.
- To integrate information service (on-site program) at execution point of health system like immunization camp and point of care.
- To mobilize multi-sectoral involvement to create awareness and to reach more women at remote areas.
- To integrate information service at periphery level of health care and other related staff at grass root level and deal with immediate health problems of women.
- To involve women organizations in planning and implementation of information service.
- Development of a National Information System and integrate information service through to public libraries, medical libraries, social welfare department and mass media.

The model is proposed keeping in mind the women's health across the life span considering demographic factors, access to health care, health believes social influences and personnel for service. The model views that the access to health care and right for health are basic rights. The proposed model aims at developing information base to guide and educate women about health care services recognizing the central concern of promoting the health and well being of women. The WHIS aimed to support health education, creating awareness to targeted women but not an attempt to cure or treat
disease. It is felt essential that while establishing WHIS it needs to actively consider inter-sectoral co-operation and collaboration with both government and of non-government organization. The retrieval approach of WHIS, consider biological difference between men and women particularly in attaining good health. The retrieval information is recommended to consider social factors and vulnerability of health problems. It is suggested that WHIS system should pay more attention to vulnerable and disadvantaged groups, such as girl child, elder women, migrated women, destitute women, women with mental and physical disability, women in prostitution and refugees. The system while extending service should follow non-discrimination principle against women; ensure equality among men and women in providing information services. The system should respect the privacy, cultural sensitivity and confinement of women, while providing information service. Proposed model place priority on most critical health issues affecting women in the locality. Service can be established with the controlled group of population like occupational health problems and other hazardous conditions that affect women health at their job. The success of the information service also depends on co-ordination of programmes such as family education, follow up action to bring down the drop out rate in postnatal care, family planning and counseling services. The system recommends to use existing manpower such as grass root level health workers in various sectors.

WHIS combines information and communication services in its integrated approach to strengthen the advocacy skills for women’s health awareness. The strategy of WHIS also be aimed at the broader goals of women’s empowerment in building a healthy society. WHIS should initiate the assistance to women’s organizations to use all forms of media to access, disseminate, communicate and advocate information that are
important in their local communities and reduction of all forms of violence against women.

WOMEN HEALTH INFORMATION SYSTEM MODEL

Schematic Model for WHIS

Figure – 1

6.3.2 Policy Goals of WHIS

The policy level support is very essential for any national programmes.

1. Both the state and central government should have legislation plan and policies in providing for information services for women. The service should be on cost effective, concentrate more preventive and curative measures and understand the needs of women in the country, considering ethnic, regional or community variations or practice based on religion, tradition or culture.
2. The policy of WHIS should be in accordance with the health care delivery system considering biological, socioeconomic and psychological and the confidentiality of the patient and women at large.

3. WHIS should ensure access to authentic health information service and health education in consonance with health care system to respect, protect and fulfill women rights.

4. WHIS should have guidelines and enactment and effective enforcements and laws including protocols while providing information service to sensitive incidences like violence against women, gender sensitive behavior, sexual abuse, female genital mutilation and marriage of girl child.

5. WHIS while providing sensitive service should ensure the service through properly trained personal specifically in designed programs that respect their rights and confidentiality.

6. While planning, WHIS should adhere to health policy procedures, laws and protocols particularly in case of women.

7. WHIS at national and state levels should develop collaboration and cooperation to integrate information service in health care delivery system and various other sectors, like social, occupational and cultural, to develop resources and dissemination of information service.

8. Integrate of WHIS to bridge the communication gap between health care delivery system and the targeted community.

9. The WHIS should also have collaboration with alternative medicine and health providers to respect the choice by the local women.

It is very clear that people are interested in entertainment from almost all the media. Motivation, incentive, sensitization of the community during prime time (suitable time)
would help library and information center to popularize the service. Let us not underestimate our community, it is better to use IT, interactive radio and TV programs called as integrating entertainment at the service. The library and information center should be a part of social and educational institutions and a cultural center. Information service is more of culture than a task.

6.3.3 Strategy of WHIS

WHIS stress upon to develop good communication strategies using traditional and mass media effectively and linking groups. It needs to offer a unique perspective by strengthening health care delivery system with its entire range of communication capacities so that it will be able to communicate its mission and become truly sustainable. The strategies that are essential in the WHIS are:

- Strengthening and capacity-building of decision-makers and health providers to formulate and implement polices and programs for and of WHIS
- Provide technical and organizational support to civil society particularly women's groups to guarantee their participation in the formulation and monitoring of WHIS
- Facilitate and consolidate inter-sectoral networks with the participation of civil society.

In broader perspective of the proposed model is to bridge the gap between people and policy level for eliminating health disparities and to critically analyze the process and outcomes trends of information resources.

While mobilizing the information resources it should recognize social, environmental, economic, physical, emotional and cultural factors that influence women health with respect to changing roles and responsibilities in their life span and
maintain the well being of women by women themselves focusing on preventive practice.

To make the service effective, it becomes essential to integrate information service to various activities that are popular locally. Highest respect should also be maintained on values of women's knowledge/skills and their right to make informed decisions about their health. It is needed to define the basics of developing a large system of education materials, distribution and community communication, and assess the gap areas of outreach education materials and problems in the dissemination system.

6.3.4 Grass root level action plan

- WHIS to support prevention and treatment of diseases through library and information service (providing appropriate information, appropriate media and appropriate language).
- The WHIS (as a part of library and information service) to deliver the information at the doorsteps thereby helps women to maintain their anonymity and choice of information.
- WHIS to assist collection development, preservation and facilitation of flow of information.
- WHIS should also participate in proper display of materials like poster and distribution of pamphlets.
- WHIS should support health programs and time-to-time changes made in the program.
- WHIS should preferably be operative at PHC level with the larger support network background of teaching medical colleges, Public libraries and other bigger networks at local, regional and national levels.
In the society no individual or institution can buy all the books, magazines, newspaper or access all the information available in the world. Hence the libraries/information centers (as a part of WHIS) are evolved as library-information systems (networks of libraries). Hence the library and information centers are becoming part of the routine intellectual activity, and claimed that “information is money and information is solution”, if we can achieve right access at the right time to the right user.
6.4 Conclusion

Health information resources include print and multi media, to educate consumers irrespective of race, gender, caste, creed, location etc. However the use of information has definite constraints and consumers needs choice in their usage. In India the use of information depends on language-friendly communication. It is needless to point out that the presence of many languages in India is the biggest constraint for the development of health education resources at national level.

It is found that rural illiterate, particularly slum dwellers are less likely to use all these information resources and Internet is almost non-existent. However, women watch television more for entertainment, than gather health information. There are many studies focuses on maternal and child health particularly to examine the impact of socioeconomic problems. Though women are the primary consumers of health care services (60% of the visits) where as health care decisions in regard to women and children are taken by men. Hence, it is imperative that gender biased education and health education materials are targeting women.

The main finding is that women with college education use print media and broadcast media for acquiring information. However, finding did not reach statistical significance.

Although health information resources are essential tools for imparting health education, it needs a suitable strategy to cover various race, ethnicity and socioeconomic group. Hence the study recommends a strategy for development of integrated information services for promoting health of women.

Health care delivery system communicates about general health through pamphlets, and grass root health workers. In case of computer based information services both education and economic level affects the access.
It is well established that access to information does not always indicate a well-informed consumer, at the same time, access to health does not mean that women are receiving the best care. In the same way access to information does not mean that they are receiving updated user-friendly information. The information should always be customized to the local community in respect of commonly used terminologies.

Women empowerment is viewed as social, economic and education power, but the limitation like cultural blind belief restrict her movement to achieve better in life. First and foremost important aspect is that one has to see women as human being who need (unlike all men) nutritious food, entertainment, company, freedom for mobility etc. Most important empowerment is to make her free from cultural blackmail and unmatched dowry driven marriage. For all their achievement create better awareness and respect her anonymity and privacy. Book never quarrel, book respect anonymity, books treat everybody unbiased for which library is temple.

Book or library or right information does not have “any divide” or “dowry driven” or miscommunication. It is friendly available all the time. Information says, “I will knock your door and mind” “only return that book expect is your willingness to accept and learn”. Hence, timely information is said, “information is money, information is solution".