

ABSTRACT

Health Communication is an integral component of the National Health Mission used for promotion of health programmes and healthy behaviour amongst the communities. According to the Ministry of Health and Family Welfare, GoI (2019) a strategic framework for targeted IEC activities using 360-degree communication approach is designed. All possible means of media including mass media, mid-media and inter-personal activities are used to disseminate information about various health schemes. The year-long IEC/Communication Plan has a month-wise focus on health days and health themes. Accredited Social Health Activists (ASHAs), ASHA Facilitators and Female Health Workers (FHWs) perform their duties as Frontline Health workers besides other support structure under Community Process—a component of National Health Mission (NHM).

The Present research was undertaken in a tribal district of Gujarat state—Chhotaudepur, which aimed to study the process of Health Communication Strategies and available health facilities. It also intended to find out Provision, Use, Perceived Benefits and Need of Additional Health Communication Strategies by the selected ASHAs, ASHA Facilitators and FHWs under NHM. Therefore, a combination of descriptive and analytical methods to explore and describe the existing situation of Health Communication Strategies was adopted.

A survey of 326 ASHAs was conducted across all six blocks for which Multi-stage sampling technique and a pretested questionnaire was used to elicit the data. Survey data were analysed using frequency, percentage, Intensity Indices and hypotheses were tested using t-test, ANOVA and Tukey's HSD tests for the variables *i.e.* Age, Educational Qualification, Work Experience, Training received under NHM, Occupational Skills, Media Use and block represented by the selected ASHAs.

Besides this total twelve Focus Group Discussions were held *i.e.* two in each block in which 74 ASHAs, 31 ASHA Facilitators and 34 Female Health Workers took an active part, who were selected purposively based on set criteria. An In-depth Interview of the Chief District Health Officer was also conducted. Separate tools were prepared for effective conduct *i.e.* Theme guides for FGDs and an Interview Schedule

for In-depth interview. Firstly, data were transcribed and content analysis method was used to derive to the conclusion on selected themes.

Results and discussion are illustrated on central themes of research. Regarding the availability and provision of Health Communication strategies, block-wise variation was observed from data provided by DPO. A comparatively higher percentage of ASHAs (58.3 %) had more Health Communication Strategies. Overall, 41.7 % of the ASHAs having more work experience, excellent occupational skills and belonging to Pavi Jetpur used more number of Health Communication Strategies than their counterparts. Amongst the five activities of ASHAs, the highest use of Health Communication Strategies was found for planning and celebrating Village Health and Nutrition Day which included *Mamta* card followed by ASHA Diary, Register, chart/poster and leaflet. ASHA Facilitators used *Mamta* card posters/charts, banners, flipbook and their own experiences to explain beneficiaries, their families to educate them regarding high-risk signs and symptoms of pregnancy through comparative pictures during home visits and on Village Health and Nutrition Day. FHWs besides pictorial media used TeCHO mobile, PA systems, PPT and registers for their duties.

More than half *i.e.* 60.4 % of the ASHAs felt that Health Communication Strategies were extremely beneficial, in rapport building, providing scope for repetition/reminders and assist in promoting services and innovations amongst beneficiaries. The ASHAs belonging to Chhotaudepur with a high level of occupational skills expressed that the Health Communication Strategies were highly beneficial. The ASHA Facilitators felt that pictures in *Mamta* card, other graphic media and TeCHO mobiles were very much effective for creating awareness and during counselling. The FHWs identified, AV aids on a large screen for large gatherings and video clips on TeCHO mobiles to be highly effective, precisely TeCHO in establishing contacts, data entry and retrieval, maintaining work schedules *etc.*

Results in barrier section illustrated that majority *i.e.* 73.6 % of the ASHAs faced moderate barriers and significant differences were reported by those who belonged to Bodeli, having excellent occupational skills, with low knowledge about Health Communication Strategies and average media use expressed more barriers

than their counterparts. Barriers related to availability, accessibility and characteristics of beneficiaries for Health Communication Strategies were faced to great extent by ASHAs and ASHA Facilitators, however, FHWs expressed barriers related to increase in workload due to duplication of data entry at multiple levels and teething problems in TeCHO,

Results from Need section asserted that the majority (72.4%) of the requested for their training on 'Use of Health Communication Strategies'. Amongst five activities nearly half of the ASHAs (47.2%) expressed their need for Health Communication Strategies for planning and celebration of Village Health and Nutrition Day (VHND), the list included ASHA kit, Chart/Posters, a mobile phone with a CUG card on priority. The ASHAs belonging to Nasvadi block, having excellent occupational skills, with low knowledge regarding Health Communication Strategies reported higher needs as compared to their counterparts. ASHA Facilitators had the least provision of Health Communication and therefore their needs included ASHA kits, mobile phone, training for folk media and FHWs requested for Projective facilities and Smartphones for ASHAs and ASHA facilitators. They all also impressed upon need of large size pictures and folk forms for effective message delivery in tribal area.

In a nutshell, results conclude that despite knowing the fact that Health Communication has a significant role to play, this component of NHM is neglected. Hence, the findings demand serious attention on the part of NHM officials and media experts who are the custodian of the community process component of NHM and also academicians and researchers who can also contribute immensely. It is suggested to pay utmost importance and adopt to evidence-based scientific approach for design, production and provision of tailor-made, useful and effective Health Communication Strategies for grass-root level health workers and volunteers to foster communication efforts in improving on social determinants of health, achieving behavioural change.

Key words:

Health Communication Strategies, National Health Mission, Chhotaudepur-tribal district, ASHA, ASHA Facilitator, Female Health Worker