

Information, education and communication through self help group women

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ABSTRACT

The present study was conducted to assess the “Information, education and communication through self help group women” was undertaken in the rural area of Chittoor District in Andhra Pradesh. Objectives are, to examine the awareness on information, education and communication of SHG Women, to study the awareness on Health Awareness and Education. Adopting purposive stratified random sampling technique, 500 SHG Beneficiaries were selected as respondents for the study – 250 from Chandragiri Mandal and 250 from Ramachndra Puram (RC Puram) Mandal. A structured interview schedule was prepared based on the objectives of the study and was used for collecting primary data. Majority of the respondents reported that adoption of new technologies has helped them to increase their incomes. Further, they reported that new technologies in health have created awareness on HIV / AIDS, STD’s and possible sources of infection. Cent per cent SHG women had knowledge, awareness and prevention of HIV/AIDS. A large proportion (61.6%) cited abstaining from sexual inter course as HIV Prevention method. Adoption of spacing methods of contraception has also increased due to awareness programmes on mass media like TV and FM Radio. To cite a few - Laws to eliminate Sexual Harassment, Domestic Violence, adverse effects of passive smoking on women and necessity for pregnant women to go for Elisa testing for possible HIV infection, Brest cancer and self recognition technique.

Key Words : Information, Education and communication, Health awareness, Health education

INTRODUCTION

Information, education and communication is now rightfully recognized as an integral part of policy making procedure. Over the years, the thrust of the Department has been to place the IEC as an intervention tool to generate demand for the range of services under National Rural Health Mission and various other schemes implemented by this Department. The communication strategy aims to facilitate awareness, disseminate information regarding availability and access to quality health care within the Government run public health system. The key objective of the IEC strategy is to encourage a health seeking behaviour that is achievable in the context in which people live. The strategy views recipients of health services as not merely users of services but key participants in generating demand for services. During the year under report, the communication strategy has

focused on sustaining behaviour changes on key health issues through multimedia tools. The strategy framework thus incorporates a variety of activities involving communities and the various media channels. A judicious mix of the following media channels were used for information, education and communication during the year. Interpersonal communication, Community mobilization, Mass media, Folk and traditional media, Outdoor media, advocacy, events and exhibitions as also Print media.

The success of communication programmes takes years to measure. It is the success of a programme which tells how the communication campaign has worked. The sustained IEC campaign on Polio and hard work of health functionaries over several years has a great unprecedented success as no incident of Polio has been reported since 13th January 2011, thus paving the way for Polio free India. Three years continuous without Polio is without doubt the result of a focused and well-coordinated IEC campaign for Polio free India. Among prominent initiatives of the Department, the Health magazine programme “Swasth Bharat” has been produced and telecast and broadcast through 30 Regional Kendras of Doordarshan and 29 Stations of All India Radio covering 27 States. The half an hour programme is telecast for five days a week in Regional languages at primetime.

The objective of the programme is to empower citizens with information on health related issues. The Ministry of Health and Family Welfare is the first Ministry in Government of India to have signed a Memorandum of Understanding with Prasar Bharti to start such an outreach programme to be able to reach out to wider spectrum of population through Mass media. During April 2012 - March 2014, about 12,460 programmes were telecast by Regional Kendras of Doordarshan in which about 15405 specialists, super specialists and health experts participated in the discussions. During this period, about 14913 programmes were broadcast through Regional Stations of All India Radio in which about 15201 health experts participated. An agreement was reached to advertise/publicise our national programmes for one hour during a week.

The Programme ‘Healthy India’ produced and telecast through Lok Sabha TV on every Saturday at 5.00 - 6.00 pm. To supplement Swasth Bharat Programme on DD a series of 20 folders in various national health programmes/schemes are published in Urdu, Hindi and English. Among them, folders on Janani Shishu Swasthya Karyakram, Janani Suraksha Yojana, Child Health, Immunization Programme for the Elderly, Blindness Control Programme, Programme on Mental Health, Financial Assistance to Poor Patients, National Programme on Malaria Control, Kala Azar, Japanese Encephalitis, TB, Cancer, Diabetes, Tobacco Control, Cardiovascular diseases and Family Planning have been published for distribution across the country.

Need for the study :

Information, education and communication :

The national family welfare programme in India has traditionally sought to promote Responsible and Planned Parenthood through voluntary and free choice of family planning methods best suited to individual acceptors. The most popular and acknowledged method was information, education and communication. In April 1996, the programme was renamed the reproductive and child health programme and given a new orientation to meet the health needs of women and children. It aims to cover all aspects of women’s reproductive health through out their lives. With regard to family planning, this new approach emphasizes the target-free promotion of contraceptive methods, and the assurance of high with at least three years between births. The following discussion presents information on the contraceptive knowledge, awareness and needs of SHG women in Chandragiri and RC Puram through ICT.

ICT provides information very fast and also cheaply. It connects the poorest of the poor to the main stream and to communicate their problems to the Government. Information on Family Welfare and Contraceptive methods and spacing of births is continuously advertised through various channels of ICT. Health and Medical information is passed on effectively to the people. ICT reaches the people and creates awareness. It is an effective tool of dissemination of information. A large proportion of the respondent women reported that ICT created awareness about contraception and spacing methods. They stated that most of them adopted contraception because of information through ICT.

METHODOLOGY

General objective :

The main objective of the study is to examine the “Role of advocacy and information, education and communication on SHG women”.

Specific objectives of the study :

- To examine the awareness on information, education and communication of SHG women
- To study the awareness on health awareness and education

Area of study :

The present research investigation was undertaken in Rural areas of Chittoor District in Andhra Pradesh.

Sample design :

Using purposive stratified random sampling technique the SHGs were selected for the study. The total sample selected for the study consisted of 500 self-help group women beneficiaries – 250 from Chandragiri and 250 from Ramachandra Puram (RC Puram) Mandals of Chittoor District.

Sample frame:

Two Mandals from Rural Chittoor were selected purposefully for the study – Chandragiri and Ramachandra Puram Mandal as they had a large number of SHGs actively functioning in the area. 500 SHG Beneficiaries were selected for the study – 250 from Chandragiri Mandal and 250 from Ramachandra Puram (RC Puram) Mandal. Chandragiri Mandal had 158 actively functioning SHGs, of which 24 SHGs were selected purposefully for the study. The total SHG beneficiaries belonging to the selected 24 SHGs was 430. Of those, 250 SHG Beneficiaries were selected randomly for the present study.

Similarly, Ramachandra Puram Mandal had 127 actively functioning SHG groups of which 24 SHGs were selected purposefully. The 24 groups had 420 beneficiaries of which 250 were selected randomly for the study.

RESULTS AND DISCUSSION

The data in the Table 1 indicated that there was extensive knowledge of various contraceptive methods available among the SHG women in Chandragiri and RC Puram. More than one-third (35%) of the Chandragiri and 47 per cent of the RC Puram SHG women had undergone female sterilization. Nearly one-third (29.6%) of the Chandragiri SHG women and about one fifth of the

(19.6%) RC Puram SHG women used Condoms as also about 69 per cent of the Chandragiri SHG women. One-third (33%) of the Chandragiri SHG women and 30% RC Puram SHG women used oral pills. About 2.4 per cent of RC Puram and 1.2 per cent of Chandragiri SHG women used IUD. Very few (1.2%) of Chandragiri and (0.4%) of RC Puram SHG women cited Male sterilization. 0.4% of the Chandragiri SHG women used injectables.

Table 1 : Percentage distributions of SHG women by current use of contraceptive methods				
Type of method	Chandragiri		RC Puram	
	No	%	No	%
Female sterilization	88	35.2	118	47.2
Male sterilization	3	1.2	1	0.4
Pills	82	32.8	75	30
IUD	3	1.2	6	2.4
Injectables	1	0.4	04	0
Condom/Nirodh	174	69.6	49	19.6

This data indicates that the SHG women had knowledge of contraceptive methods and were using spacing methods also, though the number still needs to increase.

The respondents cited Radio, TV, and Extension programmes undertaken by Centre for Extension Studies and Women's Studies, Sri Venkateswara University, Tirupati (AP) were the major sources of information.

Health awareness and education:

Health is an essential requirement of all irrespective of age, caste, religion and economic standard. Health awareness and education includes Knowledge, Awareness and Prevention of HIV/AIDS, Primary Health Centers, Leprosy & TB Medication, Health, Community development, Mobile health unit/visit etc.

The data showed that about 99.6 per cent of the Chandragiri SHG women had awareness about HIV. 97.6 per cent knew about Primary Health Centre. 63.2 per cent knew about the existence of Leprosy and TB Centre's. 44.8 per cent were aware of community health development and one third stated that they knew about mobile health unit/visit.

Table 2 : Percentage distribution of SHG beneficiaries by health awareness and education				
Response	Chandragiri		RC Puram	
	No	%	No	%
HIV awareness	249	99.6	241	95.6
Primary health center	244	97.6	224	89.6
Leprosy and TB centres	158	63.2	147	58.8
Community health development	112	44.8	113	45.2
Mobile health unit/visit	84	33.6	77	30.8

Similarly about 95.6 per cent of the RC Puram SHG women were aware of HIV while 89.6 per cent knew about Primary Health Centers. 58.8 per cent knew about Leprosy and TB centres. 45 per cent stated that they knew about Community health development while 30.8 per cent were aware of Mobile health unit/visit.

While comparing data between the Chandragiri and RC Puram, cent per cent (99.6% and

100%) of the Chandragiri and RC Puram SHG women had Knowledge and awareness of HIV/AIDS, as also information about prevention. Majority (97.6%) of the Chandragiri SHG women and more than four fifths (89.6%) of the RC Puram SHG women knew about Primary Health Centers. More than two-thirds (63.2% and 58.8%) of the Chandragiri and RC Puram SHG women knew about Leprosy & TB treatment centres. Two fifths each (44.8% and 45.2%) of the Chandragiri and RC Puram SHG women knew about Community Health Development while one-third (33.6% and 30.8%) of the Chandragiri and RC Puram SHG women were aware of Mobile health units/visits.

Sources of information on HIV/AIDS:

ICT has played a major role in disseminating information relating to HIV /AIDS. Radio/television, cinema, Magazines/News papers, Friends/relatives, Health worker were recognized sources of information.

From the above table it is evident that about one third of the Chandragiri SHG women cited Extension programmes as their major source of information. One fifth women cited SHG group meetings, 13 per cent cited other sources like news paper/magazines. About 12 per cent cited friends/relatives and one fifth cited Radio/Television. One third of the SHG women cited Extension programmes as their source of information.

Table 3 : Percentage distribution of SHG women by sources of information on HIV/AIDs

Sources of information on HIV	Chandragiri		RC Puram	
	No	%	No	%t
Radio/Television	50	20	53	20.4
News paper/Magazine	34	13.6	72	28.8
friend/relatives	31	12.4	14	5.6
Extension programmes	83	33.2	61	24.4
SHG	52	20.8	50	20

More than a quarter (28.8%) of the RC Puram SHG women cited news paper/magazine as their source of information while another quarter of the SHG women cited University Extension programmes. 20 per cent cited SHG meetings where knowledge and information was shared. 12 per cent cited Radio/Television. 5 per cent cited friends/relatives as their information source.

In both the sample areas, SHG women cited new information sources. New communication technologies coupled with audio – video aids are becoming popular sources of information.

Awareness on HIV prevention methods:

Data on SHG Women Awareness on HIV prevention methods like using condoms, limiting sexual intercourse to one uninfected partner, abstaining from sexual inter course

The data in the above table showed that about 61 per cent of the Chandragiri SHG women stated abstaining from sexual inter course outside marriage as the best method of preventing HIV / AIDS. 26 per cent said using condoms and limiting sexual intercourse to one uninfected partner would help in preventing HIV / AIDS. 9 per cent stated using condoms and remaining 2.8 per cent said limiting sexual intercourse to one uninfected partner would help in prevention.

About 63 per cent of the RC Puram SHG women said abstaining from sexual intercourse other than marital relations while one third said using condoms and limiting sexual intercourse to

Table 4 : Percentage distributions of the respondents by aware HIV prevention methods

Response	Chandragiri		RC Puram	
	No	%	No	%
Using condoms	24	9.6	1	0.4
Limiting sexual intercourse to one uninfected partner	7	2.8	8	3.2
Using condoms and limiting sexual inter course to one uninfected partner	65	26	82	32.8
Abstaining from sexual inter course out side marriage	154	61.6	159	63.6

one uninfected partner would help in prevention of HIV / AIDS. 3.2 per cent said limiting sexual intercourse to one uninfected partner while 0.4 per cent of SHG women said using condoms would prevent AIDS.

Comparatively majority (61.6% and 63.6%) of Chandragiri and RC Puram SHG women cited abstaining from sexual intercourse outside marriage as HIV Prevention method. They stated that awareness was generated through Information gaining and this was possible through technology development and adoption.

The data in the above table showed that 94 per cent of the Chandragiri SHG women and 96 per cent RC Puram SHG women stated that they knew about the VCTC's Centre. They also knew that VCTC's Centre conducted free Elisa test and that it was essential for pregnant women to undergo the test.

Table 5 : Percentage distribution of the respondents by VCTC's Centre

Know the VCTC's center	Chandragiri		RC Puram	
	No	%	No	%
Know	236	94.4	242	96.8
Don't know	14	5.6	8	3.2
Total	250	100	250	100
VCTC's center conducted free Elisa				
Know	236	94.4	242	96.8
Don't know	14	5.6	8	3.2
Total	250	100	250	100

Implications of the study:

– In the present day context, Science and Technology must meet the needs of the poor and studies of this type would help to develop appropriate technologies for rural women.

– Many of the existing IEC (Information, Education and Communication) materials are not sensitive to women's needs. It is necessary to listen to what women have to say about health and what they would like to know. Developing culturally appropriate women sensitive and specific IEC material, which would take into account issues regarding women's health, would go a long way in attaining high quality Reproductive Health Status for women.

– Today, information technology has changed the communication paradigm, making it no longer difficult to reach a large number of people more or less at the same time; and that too enable them to respond, interact as well as obtain a copy of the information within a low-cost. There is a large need for basic communication services in the rural areas of this region. ICT are currently used primarily for news, entertainment and communication with family and friends. Rural households, even the poor, are willing to spend significant portions of their income on communication and media.

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