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Assessing the effectiveness of Communication Media in Health

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Abstract:

This is a strategy paper for developing effective communication strategies in health in the state of Rajasthan, India. Rajasthan is one among the poor performing states in Health and Family Welfare. The author first presents the current stains of communication strategies, which have been developed by the called Information Education and Communication (IEC) Bureau. Further, few indicators and methods are suggested to develop a strategy for effective communication on Health.

The author would like to probe few research questions for developing strategies. What are the various reasons for the poor performance of the IEC Bureau ' Is it due to poor co-ordination among various levels of health functionaries? Or due to less involvement of health personnel in IEC activities? Is it because the Media selected are not appropriate? etc. The present paper is an attempt to answer a few of them.

¹ Author acknowledges **Prof. Rushikesh M.Maru, Director, IIHMR, and Dr. S.D. Gupta**, Dean for their valuable guidance on this issue. Author Presently working at IIITM-K, Trivandrum, as a Faculty Member.

Assessing the Effectiveness of Communication Media in Health

K.Srinivasan Ph.D.²

Introduction

Health is an important issue to be given due importance by the planners. Health is a sector which is always working for the quality of life in many ways. For achieving the goal of Health For All, the Information Education and Communication has been playing a vital role. IEC is very important for enhancing Child survival, prevention of maternal mortality and mortality in general, control of RTI and STD, providing FP services for those who are interested in postponing/spacing or limiting child bearing, and increasing the awareness of services. Rajasthan is one of the least performing states (CCP, 32. and CBR 35) in terms of FP practices. Hence, it is crucial to identify the factors responsible for the poor performance. One important reason is poor IEC activities. The present endeavour is an attempt to understand the present IEC activities and suggesting the possible strategies with the available resources.

Saxena (1995) studied the Changing life style of Illiterate village women resulting into healthy life events through IEC intervention. The study was an attempt to simplify and integrate the IEC components into identified factors.

The IIMR Study on Concurrent Evaluation (1997) shows that in the state of Rajasthan. the Film Shows and Lok Sangeet are not common. The interpersonal media namely the meeting by the ANMs and MPWs are more effective than any other medium. It further reveals that. Mahila Swasthya Sangh meetings are more effective than Radio and Television. The Mahila Swasthya Sangh (MSS) meetings were the major activity in which 78 percent of samples participate. There are 38 percent of people felt that the IEC materials are inappropriate and they also suggested that integration and co-ordination of Mahila Mandal/ Jan Mangal pairs to influence the target population to adopt the FW practices. In case of Mass Media , 33 percent of among the population are exposed to Radio and 17 percent are exposed to Television, 13 percent have an access to both radio and Television and 37 percent are not exposed to any media.

The UNFPA Area project has shown few interesting findings. Under IEC activities, the health workers involved in interpersonal activities were 53.6 per cent, 35.7 per cent were involved in group activities, 21.4 per cent were engaged in Organising Mass Meetings and 28.6 per cent were meeting opinion leaders regularly. The film shows and Mass Media were not frequent activities. As far as the materials are concerned, more than 80 per cent of the sub-centres had communication materials on various aspects of Health and Family Welfare and MCH. It is further mentioned that 70 per cent of the health workers and 84.9 per cent of the Block PHC/CHC received *Nirmaya* (A News Letter). Televisions and Video Cassette Recorders were available in 57.6 per cent and OHP in 91 per cent of the Block PHCs.

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From the above studies it is inferred that the IEC Bureau is not performing as expected due to the following reasons. First, insufficient material, second not addressing to the needs, and finally poor performance of the staffs. Hence, it is important to identify the factors responsible for the poor performance of the Bureau. Before going further it is important to raise a few questions.

What are the various reasons for the Poor performance of the IEC Bureau? Is it due to the poor co-ordination among various levels of health functionary? Or due to the Poor involvement of health personnel in IEC activities? Or the Media selected are not appropriate? etc. The present study is proposed to conduct answer some of this questions.

Information Education and Communication :

State Information Education and Communication (IEC) Bureau is functioning under the Director, IEC. It is an independent organisational set-up. There are three divisions of the IEC bureau, (a) A field operations division headed by Deputy Director, (b) Material Production Division headed by another Deputy Director, and (c) Administrative and Accounts division headed by an Administrative Officer. The District level IEC bureau was functioning under Deputy Chief Medical and Health Officer (F&W).

The present media:

In the present scenario, a few media are in use. As far as the media in general are concerned, not all are equally effective. All media are not used for all programmes. In general, it has been felt convenient to include one or two media. The media mix opted for in the present situation are:

1. Radio Message,
2. Message on TV
3. Mahila Swasth Sewaks
4. Gram Panchayat Meetings
5. Personal contact - ANM contacting women and MPWs contacting the male members.
6. BHS contacting the people
7. Mass contact meetings
8. Folk media- songs. Cultural Programmes, Drama, etc.
9. Audio Visual Aids - Television, Video Cassette Recorder, Film Shows

In the above mentioned media, the interpersonal medium namely the meetings conducted by the ANMs and MPWs, are more effective than any other medium. It is also found through various studies that (Gupta et al. 1995) the media such as Mass Media is not effective and only interpersonal medium is effective. Even the personal discussion with one of the Managers of *Vikalp* district has revealed the same. The concurrent evaluation study findings show that Mahila Swasthya Sangh meetings are more effective Radio and Television are not effective. This emphasizes the need for a new strategy for IEC.

Methodology:

This paper suggests a strategy for evaluation of media. Both quantitative and qualitative methods need to be used for Evaluation. For assessing their effectiveness, various scales are to be used. The scales are basically designed to get the perceptions of the respondents on the media. The questions will be selected to assess each medium, based on the mode, the content, frequency, clarity, appropriateness and suitability, cultural compatibility, etc. They will be administered among the various groups such as grassroots level health staff, women, community leaders, members of various village organisations, MSS members, and community members in general. In addition to the quantitative, methods few qualitative methods also used. They are used for collecting information, which were not collected through the quantitative methods. The FGDs, in-depth interviews and observations will be administered on the same respondents. The present strategy is proposed to identify few indicators through which the effectiveness of the media will be assessed. The effectiveness of any medium depends on various factors. They are, (a) the percentage of success over the period of time, (b) the extend of reach, and (c) the culturally acceptable form, etc.

Strategy

To start with a district will be selected. Then its effectiveness will be studied based on the responses. A baseline survey will be conducted on the following:

- a) Availability of communication media in rural areas
- b) Media use and habits of the various demographic groups
- c) The social and economic status of rural media users, and
- d) The existence and use of traditional forms of communication.

Effectiveness :

Effectiveness, of the media in general, means getting the maximum out of available resources. For the measurement, the following factors are to be taken into consideration:

- a) service unit,
- b) time, and
- c) cost of service unit.

To make service unit reasonable, the following are the important steps to be followed: High occupancy of space (space is cost)

- a) Full engagement of health staff
- b) Cut down unnecessary staffs
- c) Use appropriate equipment, not expensive, not sophisticated
- d) Don't request for more lab tests than are necessary
- e) Have relevant /adequate medical documentation with a orientation to the problem and
- f) Simplify for easy usage.

Measurement of Effectiveness:

It is mostly dealing with results of the health status. They are,

- a) Saving lives for long period /short period
- b) Saving life years, i.e. better to save 30-year-old person than a 90 year old.
(Focusing on young couples and adults in the age of marriage should be targeted than the old couples completed their Reproductive age in case of FP)

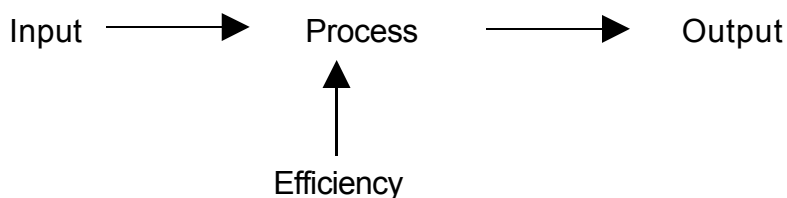
The question here is for how long? What kind of result? Can we use that money to do something more effective?

Information needs for health care services.

The information needs for health care services are to be assessed through collecting possible responses for the following questions.

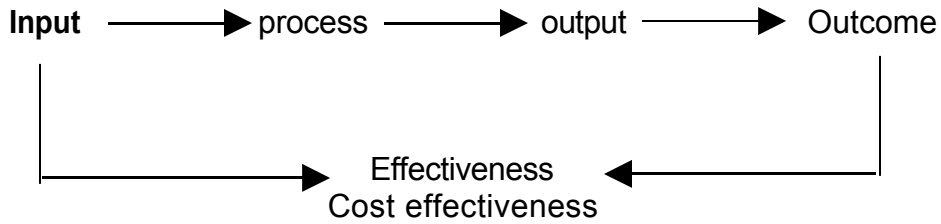
1. Who utilises the Family Planning Services (Males, Females, Old Young, etc.)?
2. Why do they utilize Family Planning services (perceived need, or by compulsion)?
3. Where do they utilize Family Planning services (health institutions, home etc.)?'
4. When do they utilize Family Planning services (day. month, season etc.)?
5. Where from they receive messages (media specify)?
6. What are the services offered by (terminal, spacing)?
7. What is the result of care? (Satisfaction, side effects etc.)?
8. How much does it cost (Media and Message creation)?

Cost efficiency is the ratio of total cost of programme to the number of units of service delivered by the programme, irrespective of the outcome of these services, or ratio of the input to the immediate output of the programme. (Efficiency is doing things right).



Effectiveness

The effectiveness of communication media does not mean only the number of persons being covered by programme. It should also be measured in terms of the level of awareness of the messages received by the community through the programme, as well as its impact on their decision making process related to family planning and overall health seeking behaviour. In other words the effectiveness of the programme is the ratio of the input and the outcome of the programme. (Effectiveness is doing right things)

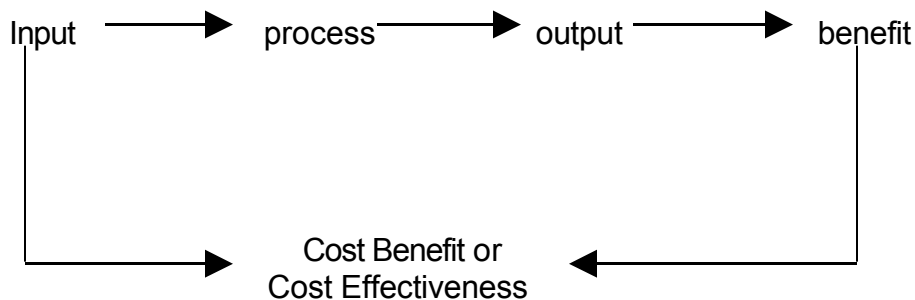


$$\text{Potential} = \frac{\text{Possible modification (cases)}}{\text{Total load(all cases-utilisation)}}$$

$$\text{Real} = \frac{\text{Modified(cases)}}{\text{Total load (all cases utilisation)}}$$

Benefit could be considered as help or advantage but as well as profit. Cost/benefit is ratio of input and benefit.

$$\text{Cost benefit} = \text{Benefit} / \text{Input}$$



Effectiveness of communication media in the dissemination of development information depends on various factors. They are selection of appropriate media, the creation of participatory communication environment, recognition of the socio-cultural context of the audience and setting of the message, an appropriate symbiosis between traditional and modern communication forms and content, the setting up and appropriate use of rural community based news papers, radio stations, and other small scale, localized and group

media, and use of multiple strategies and different media channels for disseminating information geared towards development.

Equally significant was (i) the realisation of the need for an alternative model of information dissemination that can reduce existing imbalances between the urban and the rural communities, (ii) that a pre-requisite in the flow of information for development is the use of media formats which facilitate grassroots -level communication.

References:

1. Roloff, Michael E., and Miller, Gerald R. (Edited) (1987), *Interpersonal Processes, New Directions in Communication Research*, Sage Publications, New Delhi.
2. Micovic, P. " *Cost Efficiency and Cost Effectiveness in Health care* ". *Health Administrator*. Vol.7, No.1. Jul, 1989.
3. Hansra b.s. and Mathur P.N., (1992), *Video in Rural Development Production, and use* , Classical Publishing co. , New Delhi.
3. Bofo, Kwame (1990) (Edited) *Communication Processes : Alternative Channels and strategies for Development support, selected papers prepared for a seminar held in Nairobi. Kenya. Nov. 14-16, 1990, Communications division. International Development Research Centre, Canada.*
4. Atkin, Charles, and Lawrence Wallack (1990) *Mass Communication and Public Health, Complexities and conflicts*, Sage Publications. New Delhi.
5. Aday, L.A., Begley C.E., Lairson D.R., and Slater C.H.. (1993) *Evaluating the Medical Care System : Effectiveness, Efficiency, and Equity*, Health Administration Press. Ann Arbor, Michigan.
6. Jaslin F.M. , Putnam L.L. , Roberts K.H., Porter L.W. (1987) . *Handbook of Organisational Communication. An interdisciplinary perspective.* Sage Publication. New Delhi.
7. Project Report of UNFPA Assisted Area Project : Rajasthan (1995) . IIMR. Jaipur: India
8. Project Report of Concurrent Evaluation of Reproductive Health and Child care in Rajasthan (1997), IIMR, Jaipur, India.