TO DEVELOP AND ROLL-OUT SOCIAL BEHAVIOUR CHANGE COMMUNICATION (SBCC) STRATEGY FOR MEGHALAYA HEALTH SYSTEMS STRENGTHENING PROJECTS (MHSSP)

FINAL COMMUNICATION NEED ASSESSMENT REPORT

Submitted to:

The Project Director
Department of Health & Family Welfare (DoHFW),
Government of Meghalaya,
Meghalaya Health Systems Strengthening Project (MHSSP),
Health Complex, Red Hills,Laitumkhrah,
Shillong-793003, Meghalaya

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Executive Summary

The Government of Meghalaya has partnered with the World Bank to implement the Meghalaya Health Systems Strengthening Project (MHSSP). The project's **objective** is to **improve both the utilization and quality of health services** in Meghalaya. MHSSP is aimed at enhancing accountability, quality, and utilization of health services in Meghalaya, especially the services provided through public facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs), and at district-level hospitals. The project is focused on 4 broad areas of action:

- **Improving accountability and strengthening governance through Internal Performance Agreements (IPAs);**
- **Strengthening systems to sustain the quality of health service;**
- **Increasing coverage and utilization of quality health services; and,**
- **Contingent Emergency Response Component.**

In this regard, the State has identified the **need to implement a carefully designed advocacy, communication, and social mobilization strategy. Development and Roll-out of Social Behaviour Change Communication Strategy (SBCC) for Meghalaya Health System Strengthening Projects (MHSSP)** are to be undertaken. The proposed communication strategy is expected to serve the information needs of both the demand and supply-side stakeholders. From the supply side, the project identified the need for documenting and creating material for awareness generation about the MHSSP interventions, and to create a quality service orientation among the service providers and motivate them to adopt a result-oriented behaviour. Further, to enhance the uptake of Government health services, it aims to generate awareness in the community about the health services offered by the State. The Department of Health & Family Welfare, Meghalaya commissioned the Academy of Management Studies (AMS) to undertake the aforesaid assignment. In order to develop a suitably responsive communication strategy for the State, a rapid communication needs assessment exercise was undertaken in the initial stages. The overarching objective of this study was to **develop a thorough understanding of the context, actors, enablers, and barriers that influence the adoption of desirable behaviours.**

The study adopted a mixed-method approach. It was conducted in three districts in Meghalaya- **East Khasi Hills, West Garo Hills, and West Jaintia Hills.** Further, interaction with three stakeholder groups was conducted- **primary, secondary, and tertiary**. Among the primary stakeholders, **a household survey** was conducted at the community level**. In-depth Interviews** were conducted with the village headmen and ward officials and **Focus Group Discussions** were held with the mothers, youth, and other influential stakeholders at the community level. Besides, **in-depth interviews** were administered with the respondents in the other two stakeholder groups.

Key Findings and Suggestions

The major inferences drawn from the survey have been summarized in the sections ahead. The findings have been organized into three major inquiry areas considered for the study.

1. Current Level of Knowledge and Awareness among Community on Various Health Aspects

- Altogether, **18% of the respondents** were found to be unaware of the right age at which **a woman's body is ready for pregnancy.** This included **38% of the respondents from West Garo Hills.** This reflects a need to educate the community about the concerns associated with early-age pregnancy.
- With regards to the perceived age gap between two pregnancies, **14% of the respondents**, predominantly from **West Jaintia Hills**, reported that **a gap of less than 3 years** should be ensured between two pregnancies. An equal proportion of respondents from both the urban and rural areas (14%) expressed this. Further, a comparatively higher share of respondents aged between 18 to 25 years was of this opinion.
- The most mentioned reason for not practicing family planning methods by families in the community was found to be a **lack of willingness to use the same (49%).** Around **2 in every 5 respondents** interviewed from **East Khasi Hills** expressed that the people in the community **do not deem it necessary**. Some of the other responses that were mentioned by the respondents were **fear of side effects, a belief that children are gifts from God, and certain superstitious beliefs.**
- **Difficulty in accessing health facilities was reported by 32% of the respondents** as the reason why family do not opt for institutional deliveries. Besides, **a certain extent of trust and dependency on Traditional Birth Attendants was also reported by some of the respondents, especially in East Khasi Hills**. Some of the responses mentioned as others were fear of delivery at a hospital, due to emergencies, and preference to deliver at home.
- On inquiring about the reason behind not consuming recommended IFA & Calcium Tablets by women in the community, **fear of side effects** and **dislike for taste** was found to be the major reason in **East Khasi Hills and West Garo Hills,** respectively. In **West Jaintia Hills**, most of the respondents reported that **women tend to forget to consume the IFA & Calcium tablets.**
- A **lack of awareness** of the respondents on **government schemes concerning pregnant women and children** was found. **Janani Suraksha Yojana** was the only scheme about which **more than half of the respondents were awar**e across districts.
- When the respondents were asked about the various measures they are aware of for keeping a baby warm in the initial days after birth, **76%** of the respondents mentioned **wrapping a baby in clean cotton clothes** and **67%** of them said **wrapping a baby in warm clothes**. Besides, **62% of the respondents from East Khasi Hills** were found to prefer

keeping the room warm with fire, closely followed by **Kangaroo mother care (60%).** Besides, when the members were asked about the common practices concerning Kangaroo Mother Care (KMC), they **mentioned that maintaining skin-to-skin contact of the child with the mother (especially while breastfeeding) is practiced.**

- 42% of the respondents across districts mentioned that the practice of complementary feeding for babies under 6 months of age is prohibited. However, **in West Jaintia Hills**, while **one-third of the respondents mentioned that it is an acceptable and followed practice**, around **44% of the respondents mentioned that it is not accepted but practiced in the community.** The main reason reported for feeding semi-solid food to a baby under 6 months of age was that some people in the community believe that breastmilk is not sufficient to meet the nutritional requirement of a baby (of that age). In **West Jaintia Hills**, respondents said that children are **fed semi-solid food mostly in those households where the mother goes out for work.**

- A clear majority of the respondents in the household survey perceived tracking the status of weight and height of the child to be very important. However, **a lack of knowledge** regarding the **meaning and importance of a balanced diet** was identified during the focus group discussions. Moreover, the **financial constraint** was underlined to be an important reason why some families in the community cannot afford to provide their children with nutritious and balanced meals.

- During the household survey, the respondents were also asked about the plausible reasons why some families in the community do not get their children vaccinated. The main reason reported behind this was a **tendency to forget about the immunization schedule.** A considerable proportion of the respondents from **West Garo Hills** said that some families in the community **do not consider routine immunization of their children as necessary**. Further, around 2 in every 5 respondents from **East Khasi Hills** mentioned people have had **a negative experience with vaccinating their children.**

- ***21%*** of the respondents in **West Garo Hills** reported that **adolescents and youth do not engage in sports and physical activities at all. A lack of time from regular school and school work** was stated as the main reason why youth and adolescents don't engage in physical activities. Further, **in East Khasi Hills, hesitancy/shyness was mentioned as a factor** by a significant proportion of respondents.

- When the adolescents and youth were asked about whether people in their age group face any kind of mental and emotional stress, a majority of the respondents across districts mentioned that atleast some people do. The **pressure of studies** was mentioned to be the main reason behind such stress. **Pressure to make a career and bearing multiple responsibilities** has been pointed out as the main reasons by respondents **in West Jaintia Hills** for mental and emotional stress among the targeted sample group.

- On enquiring about whom adolescents and youth mostly approach to discuss their problems, family and friends were the most given response across districts. However, **a lack of awareness of such issues** was reported to be the **main reason why they do not approach medical professionals for assistance.**

2. Existing Health-related Concerns and Healthcare-Seeking Practices in Community

- Altogether, instances of **acute illnesses** such as cold, cough, and fever were mostly reported among the **children**. Some respondents also mentioned **diarrhoea, jaundice, measles, mumps, chickenpox, malnutrition, typhoid, and respiratory tract infections** as major health concerns among this group. Further, among adolescents, issues such as **teenage pregnancy, substance use, and mental & emotional stress** were primarily reported. Certain stakeholders stated **anaemia, jaundice, malnutrition, and gastritis** as other ailments faced by people in this age group.
- With regard to the main health concerns among women, respondents underlined **pregnancy-related issues and complications. Anaemia, hypertension, gastritis, diabetes, urinary tract infections, cysts, and cancer** (breast cancer in particular) were other crucial ailments that were stated to be prominent among women. Among men in the community, ***stroke,*** **hypertension, diabetes, tuberculosis, cancer, and urinary tract infections** were identified as major health problems. However, **the issue of alcoholism** among men was perceived to require immediate resolution.
- The respondents were of the opinion that the elderly in the community are majorly facing **age-related concerns** such as joint pain, weakening of eyesight, deafness, etc. The **issue of substance use** was further highlighted by most of the respondents. In addition, diabetes, hypertension, dementia, Alzheimer, and cancer were some other health problems prevalent among senior citizens. In a majority of the households, **mothers were taking decisions regarding healthcare** in their respective households. This was also observed when the responses were analysed in terms of areas (urban and rural). However**, in West Garo Hills and West Jaintia Hills**, around **one-third of respondents** mentioned that their **fathers take decisions** regarding healthcare services to be sought from hospitals. Some respondents from **West Garo Hills** added that in some families, the **household head** plays a decisive role in this regard. A few respondents across districts were of the opinion that the **decision-making mechanism is subjective in nature** and it differs from one family to another family.
- As far as the decision-making for a pregnant woman is concerned, in **East Khasi Hills**, **a majority of the respondents** answered that it was **the mother** who would take decisions regarding healthcare, **followed by the spouse**. However, in **West Garo Hills** the targeted respondents mentioned that **spouses take decisions** regarding their health during pregnancy. Further, in the

West Jaintia Hills, **more than half of the targeted respondents** preferred to take decisions regarding healthcare **by themselves.**

- In addition to the support and guidance from the family, the respondents were found to **strongly depend on frontline workers** (ASHAs, ANMs, and AWWs) for taking health-related decisions. Further, the role of **Village Headmen** and Community-based Organisations such as **Self-help Groups (SHGs)** was considered pivotal in this regard.
- Altogether, a comparatively higher reliance on Government Health Facilities was noted in the community across districts, irrespective of the type of ailment. The reasons laid down for preferring Government Health Facilities included **easy accessibility to these health facilities, low cost of treatment, free check-ups, and availability of medicines at subsidized rates.** The dependency on private clinics/hospitals was found comparatively more among the urban community.
- However, some factors, acting as barriers to availing healthcare services from Government Facilities, were **unavailability of diagnostic services (especially for terminal ailments such as cancer, and heart diseases), inadequate infrastructure, long waiting hours, lack of adequate manpower & specialist doctors, and unavailability of requisite medicines.** In addition, all the stakeholders reported that some segments of the community, especially **adolescents and youth**, **shy away from seeking assistance** from professional medical personnel.
- A dependency on traditional healers was also highlighted by the respondents across different groups owing to their easy availability. **Pregnancy-related concerns, childcare, and ailments related to bone fractures** were some of the health issues regarding which the community was mentioned to rely on traditional healers. In East Khasi Hills**, a fear of modern medicines** was also reported as a reason for seeking assistance from local healers.
- Altogether, **88% of the respondents** mentioned that **atleast one person in their family has health insurance.** Among the rest 12%, **unawareness** in this regard was reported by most of the respondents. Besides, **a lack of trust in insurance agencies was majorly reported in West Garo Hills. S**ome supply-side stakeholders said that some people find the **process to be tedious and time-consuming**. A few families were mentioned to have had a **negative experience** with purchasing insurance. It was also reported that some people belonging to the low-income category do **not perceive investing in insurance schemes as pertinent.**

3. Suggestions for the Development of SBCC Strategy

A. Target Audience and Key Content

- **Ignorance and unawareness** among the community regarding health were identified as **major barriers.** While the community was found to **lack knowledge** of the significance of concerns like **birth spacing, early age pregnancy, health insurance**, etc., **unwillingness to follow requisite practices** pertaining to **family planning, immunization, availing professional medical care, participating in community health events, etc.,** was reported.
- A **lack of awareness** among the community concerning **services offered at various government health facilities** was specified by the supply-side stakeholders. In addition, all the respondent groups were of the opinion that the **service delivery system** at various health facilities must be **aligned with the demand of the community**. It was also deemed vital to ensure that the **healthcare providers are well-versed in the locally spoken languages** so as to facilitate clear communication with the community.
- All the stakeholders were of the same opinion that the interventions under the program must **primarily target** the **adolescents, youth, and women** in the community. A need for improvement in **adolescent health** such as **teenage pregnancy, menstrual hygiene, substance use, mental & emotional stress, and reproductive and sexual health, and maternal and child health** including **antenatal check-ups, post-partum care, family planning & birth spacing, exclusive breastfeeding, neonatal care, routine immunization, malnutrition**, etc., were emphasised.
- Altogether, a **strong reliance** of the community on **frontline workers and village headmen** was understood. The stakeholders not only suggested their **active engagement** but also considered **improvements in their skill set** vital.

B. Prominent Communication Channels

- Altogether, several health events were mentioned to have been organised in the community by the secondary stakeholders across districts. This included the conduct of **Deworming Day, POSHAN Diwas, Village Health, Nutrition, and Sanitation Day (VHNSD), Free Health Check-ups, Immunization Day, NCD Scanning and Awareness Programs (Tuberculosis, Malaria, Cancer, etc.), Health Camps, and Baby Shows.** Further, the facilitation of **awareness campaigns** on numerous health aspects was highlighted.
- When the demand-side respondents were asked about whether they have accessed the various health events/campaigns organised at the community level, the **most accessed health event was found to be Deworming Day.** In addition, **VHND and VHC Meetings were also attended by atleast three-fifth** of the sampled respondents. On the contrary, **hardly one-tenth of the respondents were identified to have accessed Jam Samwad and RBSK/ECD Helpline Number.**

- However, overall, **atleast half of the respondents** affirmed that they **do not know about the RBSK/ECD Helpline Number, Social Media Pages of Other Health Departments, Jam Samwad, and Grievance Redressal System at the Health Facility.** Therefore, a need for improving the awareness and participation of the community in such health events is identified. At present, numerous interventions are already in place to promote positive health practices in the community. As a part of the SBCC strategy, these existing platforms should not only be strengthened but also build into the implementation of the project interventions.

C. Prevalent Media Sources

- With regards to the media sources, **among adolescents and adults, the internet and social media were the most accessed media.** Around **3 in every 5 respondents** mentioned that these were the most preferred sources among these groups. However, in **East Khasi Hills, television** was also reported to be one of the most preferred sources. Further, **among adults, reliance on social media was higher than on the internet** in **East Khasi Hills** and **West Garo Hills**. In **West Jaintia Hills**, the trend in this regard was vice-versa.
- Reliance on the internet and social media among adolescents and adults was reported to be **comparatively higher in urban communities.** In fact, **atleast half of the respondents from Urban regions** reported that **television** is also one of the most accessed media among adolescents.
- The **most preferred media among the elderly members was community events.** The district-wise analysis further reflected that in East Khasi Hills and West Garo Hills, television was reported to be the most accessed media source among this group. However, in West Jaintia Hills, **around 3 in every 5 respondents stated that senior men and women mostly prefer community events.** Further, the reliance of senior citizens on television and community events was observed to be comparatively higher in urban and rural communities, respectively.
- According to the frontline workers and medical staff, **Wall Writings/Drawings/Posters and Community Meetings/Interpersonal Counselling** were considered to be **very effective in East Khasi Hills and West Jaintia Hills**. Additionally, three other media sources- **social media platforms, visual clips displayed on video vans/video walls, and theatre/folk songs/ street plays** were mentioned to be **very effective in West Jaintia Hills**.
- The usage of printed media such as **banners, posters, leaflets,** etc. was specified by tertiary stakeholders. A few respondents also shared the idea of conducting **street plays** for the purpose of awareness generation in the community on various health-related themes.

D. Ideas for Designing SBCC Materials

- Altogether, the stakeholders were of the opinion that the **audio-visual content** to be developed under the program must be **clear and in local languages**.
- **Usage of bright colours** was recommended in the SBCC toolkits. In this regard, colours like blue, white, and green, were associated with positive attributes associated with health and life such as cleanliness, hygiene, well-being, peace, hope, and trust. The colour red was believed to indicate danger/emergency and the colour yellow was associated with illness/diseases.
- The stakeholders added that SBCC materials must be designed in a **pictorial form such that every age group will be able to easily understand the importance of health and well-being.** A few respondents also expressed that the **dancing character of an animal or animation** is usually preferred by the community and this should be used in posters to highlight key messages.
- It was also suggested that the **visual content** to be developed must be **customised** based on the **cultural traits of the local communities.** The **real-life experiences and success stories** from the community must be built into the content so that the target audience connects with the project interventions and feels a sense of association with the program.

* * * * *

1 Introduction

1.1 Meghalaya: A Brief Background

The state of Meghalaya emerged as the 22nd state of India on 21st January, 1972 by merging two districts from the state of Assam – the United Khasi Hills and Jaintia Hills, and the Garo Hills. Meghalaya is one of the seven sisters that comprise northeast India. It extends for about 300 kilometers in length and about 100 kilometers in breadth. It is bounded on the north by Goalpara, Kamrup, and Nowgong districts, on the east by Karbi Anglong and North Cachar Hills districts, all of Assam, and on the south and west by Sylhet, Mymensingh, and Rangpur divisions of Bangladesh.

Figure 1.1: Map of Meghalaya

(Source: https://www.mapsofindia.com/maps/meghalaya/)

1.1.1 Social Demography of Meghalaya

Meghalaya is **predominantly rural**, with a **distinct tribal identity.** The state is home to various tribal communities which mainly belong to three groups- **Garo, Khasi, and Jaintia.** These communities are settled across the three hills, named after the major tribes of the state- the Garo Hills, the United Khasi Hills, and the Jaintia Hills**,** which have been divided into 11 districts. The term "Khasi" generally is used to describe a group consisting of the Khynriam, Pnar, Bhoi, and War. The people who inhabit the Jaintia Hills are called the Synteng or the Pnar or simply Jaintia (Nongkynrih, 2014).

The society of Meghalaya represents one of the few **matrilineal** cultures in the world. There are no major differences among the tribes as all of them follow matrilineal system. All three major tribes follow this system wherein lineage is traced through the side of the mother. Women inherit ancestral property and it is the men who join the household of their wives after marriage and not vice-versa. Women command much more power, social presence, and liberty than their counterparts elsewhere. However, it cannot be said that men in the family do not have a say in decision making.

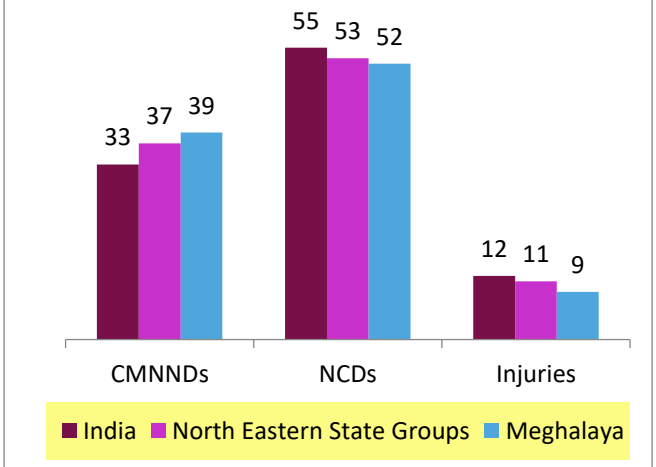
Among the Khasi tribe, the father in the family is the head of the family and a maternal uncle ('kni') in his sister's house. His earnings before marriage remain part of his mother's or sister's and he cannot take away to his wife's house; after marriage, his earnings become part of his wife's household.[1] The practice differs to some level among the Jaintias. The son remains a member of his mother's or sister's family (before or after marriage) and all earnings are towards them. Further, a married woman must take a vow to never remarry if she wants to retain the property of her spouse (Nongkynrih, 2014). In the Garo Tribe, the children are recognized by their mother's clan/ machong signifying a family unit where members descent from the same ancestress. With regards the property inheritance, it is usually the daughter who is selected as an heiress or "nokna", as decided by the parents. The choice of the mother prevails and the property is always retained within a machong.

1.2 Health Statistics of Meghalaya

Compared to the national average, **Meghalaya's performance on key health outcomes is mixed,** with a significant improvement over time, but with **large rural-urban disparities** and **a growing burden of Non-communicable Diseases (NCDs).**

The total disease burden of Meghalaya versus the national and regional average is shown in Figure 1.2. It is estimated that in 2016**,** **NCDs** (such as hypertension, diabetes, cardiac conditions, and cancers) **accounted for** about **52 percent of all**

Figure 1.2: Proportion of Total Disease Burden (2016)
Meghalaya vs. National & Regional Average



Source: *India: Health of the Nation's States Report (2017)*

[1] Nongkynrih, D. (2014). Land Relations in the Tribal Societies of Meghalaya: Changing Patterns of Land Use and Ownership. *Social Change and Development*.

deaths in Meghalaya, with another 7 percent due to injuries[2]**.** It is also revealed from Figure 1.2 that the burden of **Communicable-Malnutrition-Maternal-Newborn Diseases (CMNNDs) in** Meghalaya is higher than the national average and that is a matter of concern**.**

In 2019-20**, the Infant Mortality Rate (IMR) of Meghalaya increased from 30 (in 2014-15) to 32 per 1,000 live births,** while the prevalence of stunting in children under the age group of 5 years, increased from 44% (NFHS-IV: 2015-16) to 46.5% (NFHS-V:2019-20). The country's infant mortality rate was 41 deaths per 1,000 live births as per NFHS-IV. The under-five mortality rate was 50 deaths per 1,000 live births. An inquiry into the possible reasons for such figures in the state reflects **significant gaps and inequalities in health service coverage**. In 2019-20, only 64% of children aged 12-23 months were fully immunized and institutional delivery stood at a bare 58%. The rural areas fare poorly across multiple indicators like - the infant mortality rate (33.6 per 1000 live births in rural areas as against 23.4 in urban), women who have had at least 4 ANC visits (50% in rural areas and 68% in urban), etc. Further, the prevalence of stunting, low weight, and anemia are higher in rural areas[3].

The population is **more dependent on government health services compared** to other states in India, although household **out-of-pocket spending on health care** is still a **significant burden** on the poor. In Meghalaya in 2017, the average out-of-pocket expenditure (OOPE) incurred by patients for a hospitalization was INR 2,385 for treatment at a public hospital and INR 27,375 at a private hospital[4]. Additionally, there are significant rural-urban differences, with OOPE in rural areas at INR 3,190 and INR 3,353 in urban public health facilities.

1.3 Health Systems in the State of Meghalaya

In India, while the major responsibility for creating infrastructure and building manpower largely rests with the State Government, various disease control programs and Family Welfare Programs are financed by the Centre, along with some assistance from external agencies. However, they are implemented with the help of the State Health Machinery available[5]. The apex body in the state of Meghalaya that is responsible for maintaining health care systems and supervising the Health and Family Welfare Programs in the region is the **Department of Health and Family Welfare (MoHFW), Meghalaya**. The activities of the department include the establishment and maintenance of medical institutions with necessary infrastructure, implementation of National Disease Control and Eradication Programs, Control of communicable as well as non-communicable diseases, etc. Acting

[2] Indian Council of Medical Research, Public Health Foundation of India and Institute for Health Metrics and Evaluation. 2017.
[3] National Family Health Survey (NFHS-5), 2019-20
[4] Health – NSS 75th Round (July 2017-June 2018). Ministry of Statistics & Program Implementation. National Statistical Office.
[5] Meghalaya Human Development Report 2008

as an administrative wing, the MoHFW is also entrusted with the task of overseeing and coordinating the operations of three main Directorates:

1. *Directorate of Health Services, MI (Medical Institutions)*
2. *Directorate of Health Services, MCH, and FW (Maternal and Child Health and Family Welfare)*
3. *Directorate of Health Services, R (Research).*

Some of the primary roles and responsibilities of these three Directorates have been presented in Figure 1.3.[6]

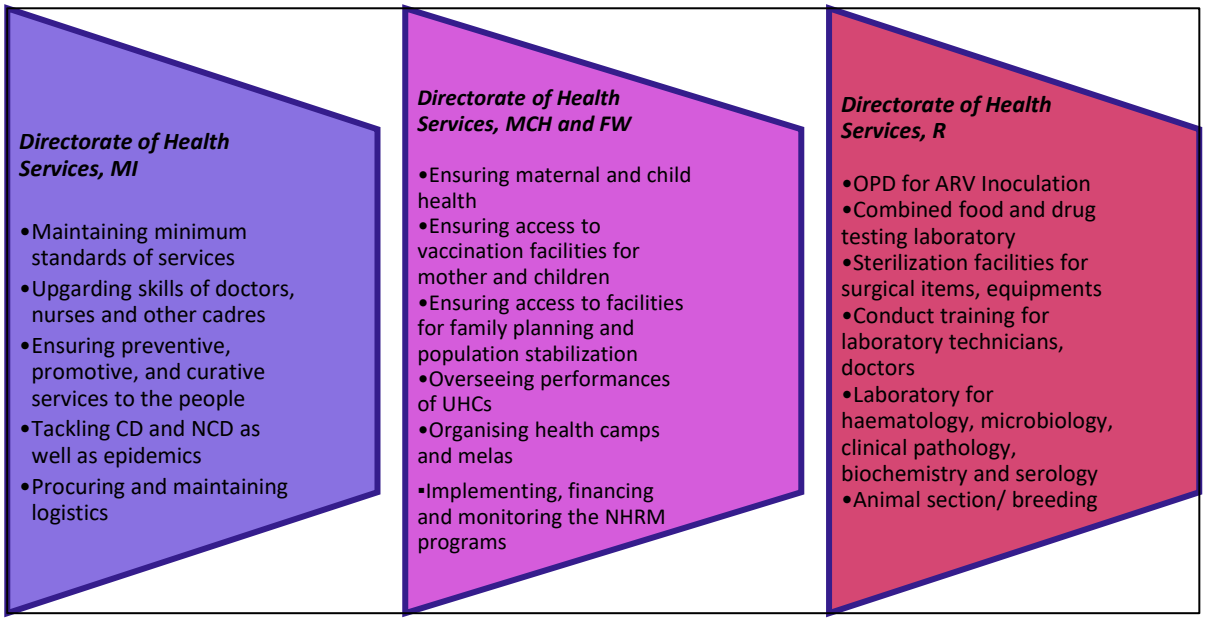


Figure 1.3 : Citizen Charter of the Directorates under MoHFW, Meghalaya

Furthermore, the three-tier health delivery system is found to be operational when the public sector health infrastructure is studied. This includes the **Sub-Centers, the Primary Health Centers, and the Community Health Centers**. As per the Department of Family and Health Welfare, Meghalaya, there are **31 Community Health Centers, 110 Primary Health Centers, and 463 Sub-Centers along with 13 Dispensaries across the 11 districts of the state.**[7] The state has District/Civil hospitals at Tura, Jowai, Nongpoh, Williamnagar, Baghmara, Ampati, Khliehriat, Nongstoin, and Mairang. The state also has a mental health hospital and a T.B. hospital, namely, MIMHANS and R.P. Chest hospital. There are three Maternal and Child Health hospitals i.e., Ganesh Das Govt MCH hospital at Shillong, District MCH hospital at Tura, and MCH Hospital at Panaliar, Jowai.

[6] Formulation of the Citizen's Charter of the Health and Family Welfare Department
[7]Department of Health and Family Welfare, Government of Meghalaya (http://meghealth.gov.in/healthcentres.html)

Altogether, there are 15 districts hospitals.[8] Additionally, around 18 private hospitals, set up in the state, have been noted to have been empaneled with the Meghalaya Health Insurance Scheme (as per mhis.org.in). Certain health institutions have also been established by the Central Government such as The North East Indira Gandhi Regional Institute of Health and Medical Sciences (NEIGRIHMS), Military and Paramilitary Health Institutions, Regional Directorate of Health Services, Ministry of Health, GoI, Central Government Health Scheme (CGHS) and the Employees' State Insurance (ESI) services.[9]

1.4. Issues and Challenges facing Healthcare in Meghalaya

There are several factors that influence the performance of Meghalaya with respect to various healthcare indicators. Both the supply side (including the health infrastructure and healthcare providers) and the demand side (referring to the healthcare practices in the community) have brought forward several barriers to the reach of healthcare services, thus, underlining the key areas of improvement. The hindrances concerning the healthcare sector in Meghalaya can be understood in terms of **the 5 A's** i.e., **Availability, Accessibility, Affordability, Awareness, and Accountability.** The key concerns which are lacking in Meghalaya have been discussed as below:

- **Availability:** Merely instituting a health system is not enough. I**t is vital to have all the necessary health equipment and machines, proper amenities such as toilets for women and men, electricity connection, power backup, availability of requisite drugs and medicines, adequate furniture, and fixtures and availability of adequate manpower** at various levels.
- **Accessibility:** With difficult hilly terrain and poor road connectivity in rural areas, accessibility of the community to healthcare becomes a cause of concern, especially for those coming from the remote vulnerable sections[10].
- **Affordability:** While it is appreciable to note that Meghalaya has shown improved performance on some of the significant health indicators, the **average cost or out-of-pocket expenditure per delivery in a public health facility was calculated to be Rs.3219 against the national value of Rs.2916** and that is a cause of concern. This poses vital questions of affordability, especially when Meghalaya is predominantly a rural and agrarian based society.
- **Awareness:** Unless and until people perceive an ailment as a health concern, it will be hardly possible to expect them to avail services offered by the healthcare system. The **degree of awareness becomes very crucial for the future of maternal healthcare in the state**. Despite a matrilineal culture, women depend on male relatives, elders, and other groups, such as the village council, for the information they receive on health issues. Further, on aspects like family planning, their male counterparts as ignorant to some extent.

[8]Department of Health and Family Welfare, Government of Meghalaya (http://meghealth.gov.in/hospitals.html)
[9] (Meghalaya Human Development Report 2008, 2008)
[10] (Meghalaya Human Development Report 2008, 2008)

- **Accountability:** In the face of complaints of bad behaviour by hospital staff, it becomes **vital to conduct sensitization** of the staff and **orient them about their roles and responsibilities** and the change that it can bring to the community. This is particularly important when there is a **heavy reliance on traditional healing practices,** especially fuelled by the drawbacks listed above.

1.5 Meghalaya Health Systems Strengthening Project (MHSSP)

Considering the aforementioned challenges, the Government of Meghalaya has partnered with the World Bank to implement the Meghalaya Health Systems Strengthening Project (MHSSP). The project's **objective** is to **improve both the utilization and quality of health services** in Meghalaya. MHSSP is aimed at enhancing accountability, quality, and utilization of health services in Meghalaya, especially the services provided through public facilities at Primary Health Centers (PHCs), Community Health Centers (CHCs), and at district-level hospitals. The project is focused on 4 broad areas of action:

- **Improving accountability and strengthening governance through Internal Performance Agreements (IPAs):** This includes supporting the creation of an enabling environment for reforms, enhancing performance, and improving efficiency at all levels of healthcare services
- **Strengthening systems to sustain the quality of health service:** This includes improving quality of care and augmenting systems related to HRM, waste management, procurement, etc.
- **Increasing coverage and utilization of quality health services:** This entails increasing coverage of the state health insurance program, strengthening primary care, and designing and implementing community interventions
- **Contingent Emergency Response Component:** Setting up an immediate Emergency Response System (ERS).

1.5.1. Strategic Context of the Project

When the Project Appraisal Document (PAD) of the Meghalaya Health Systems Strengthening Project (MHSSP) was reviewed, the sectoral and institutional context of the state was examined. Several other **aspects that support the execution of the MHSSP** project in the state were discovered. Some of these factors are listed as follows:

- In India, the health sector has witnessed **several reforms,** particularly **in-service delivery** and **financing. Investments in the health sector** have **increased** over the years through various reforms such as the National Health Mission (NHM), **positive revisions in the share of central tax devolution** in the 14th Finance Commissions, **expansion of the Rashtriya Swasthya Bima**

Yojana, a health insurance program for the poor, into Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), etc.

- In Meghalaya, the **state budget is dependent on central transfers,** with **significant deficits** limiting the fiscal space for investment. The state is mainly dependent on fiscal transfers from the Central Government, as its own resources constitute less than 20 percent of total revenue (Central Statistics Office and state budget documents). This has led to erratic growth in government health expenditures in the state along with lower capital expenditure in the sector[11]. The state budget for health in the fiscal year 2019-2020 was 7.4 percent of total public expenditure, which is significantly higher than the national average of 3.9 percent.
- Significant **gaps and persistence of inequalities** in the spread of healthcare services in Meghalaya is another alarming factor that necessitates the implementation of such a holistic health program in the state.
- There are **weaknesses in accountability, management, and service delivery systems.** In 2017–18, the average number of days taken for the transfer of NHM funds from the state level to implementing agencies was 58 days. While this is on par with other states in India, it is an increase of 20 days from 2015–16[12]. It is further noted that during the three years before 2017–
  18, district chief medical officers in Meghalaya spent an average of almost two years in their posts, indicating relative stability in management at the district level.

It is, therefore, an opportune time to assess significant gaps, confront roadblocks and make way for a better healthcare scenario in the State through a structured roadmap. And this must be met alongside facing the challenges that uniquely embody the landscape of Meghalaya.

1.5.2. Project Development Objectives

The Project Development Objective (PDO) is to improve management capacity, quality, and utilization of health services in Meghalaya. The Meghalaya Health Systems Strengthening Project combines Result Based Funding and input-based financing approaches to achieve enhanced performance management in the public health sector. It uses a systems approach and is broken down into three individual parts which need to be appreciated as forming part of a whole system's approach complementing each other. These parts are discussed below:

Component 1: Improving Accountability, Management, and Strengthening Governance

[11] Meghalaya Health Systems Strengthening Project (MHSSP)- Project Appraisal Document, World Bank
[12] GoI 2019

This component provides performance incentive grants to health agencies and health facilities with an overarching aim to improve governance and management structures and delivery of quality health services based on the achievement of results, as measured by performance indicators.

Component 2: Strengthening Systems to Improve the Quality of Health Services

The project will support the review of the HR policy to promote women professionals' entry, transition, and career advancement across various job roles in the health sector. The component will also incentivize the hiring of women professionals through preferential clauses in the public-private partnership (PPP) contracts. This component involves various information and communication technology (ICT) activities to improve the overall efficiency and will also pilot innovative ICT solutions. Specifically, the investment under this component will improve the quality of health services through the following:

- Development and implementation of QA programs including training, certification, and quality-tracking tools and investments in the functionality of health services infrastructure for DHs, CHCs, and PHCs
- Provision of support for infection prevention and control, environmental and energy-efficiency measures, and management of resources and biomedical waste at the health facility level
- Development of tools and provision of TA including training and outsourcing to improve (i) HR supply, planning, and management, (ii) in-service capacity building, and (iii) pre-service education
- Strengthening of the DoHFW's procurement of medicines and consumables and supply chain management at the state and sub-state levels
- Provision of support for the design, development, and piloting of innovative models for outreach and in-service delivery, which may include the use of telemedicine to connect PHCs for referral and tertiary care and the use of drones for emergency supplies
- Development of systems for, and provision of training and TA to the administrative structures responsible for health system management in planning, management, and monitoring.
- Provision of support for the management of the project, including its technical, fiduciary, safeguards management, monitoring, and evaluation aspects.
- Provision of support for information and communication technology (ICT) activities to improve overall efficiency and develop pilot innovative ICT solutions

Component 3: Increasing Coverage and Utilization of Health Services

This component will invest in increasing the coverage and utilization of the state health insurance program, strengthening primary care through HWCs, and strengthening community-level interventions and engagement to improve service utilization.

Component 4: Contingent Emergency Response

This component provides a mechanism for immediate response to an eligible crisis or emergency, as needed, by drawing from the uncommitted loan resources under the project and from other project components.

Through the SBCC strategy, there is an attempt to achieve the PDO by generating positive behaviour towards healthcare facilities, programs, and issues among the targeted audience groups.

1.6 Rationale for the Assignment

The Government of Meghalaya has identified the **need to implement a carefully designed advocacy, communication, and social mobilization strategy.** The proposed communication strategy is expected to serve the information needs of both the demand and supply-side stakeholders. From the supply side, the project identified the need for documenting and creating material for awareness generation about the MHSSP interventions, and to create a quality service orientation among the service providers and motivate them to adopt a result-oriented behaviour. Further, to enhance the uptake of Government health services, it aims to generate awareness in the community about the health services offered by the State.

ADVOCACY
To generate positive orientation among supply-side stakeholders

SOCIAL MOBILISATION
To educate & motivate the community to promote positive health behaviour

BEHAVIOUR CHANGE COMMUNICATION
To create awareness in the community

The Department of Health & Family Welfare, Meghalaya commissioned the Academy of Management Studies (AMS) to undertake the aforesaid assignment. In order to develop a suitably responsive communication strategy for the State, a rapid needs assessment exercise was undertaken in the initial stages. This report is an outcome of the needs assessment survey which offers an insight into the stakeholders that need to be targeted under the proposed communication campaign, their information needs, as well as the potential methods and tools that can be used to ensure optimal recall and retention of messages being conveyed.

Methodology

2.1 Objectives of the Assignment

The **principal objective** of the assignment was to **provide technical and implementation support to the Meghalaya Health Systems Strengthening Project (MHSSP)** towards enhancing the demand for health services including health insurance, promoting the adoption of desired behaviours and practices among both the service providers and the target beneficiaries of the health services in the State. The specific objectives of the proposed consultancy services are laid as below:

- **Design and develop a comprehensive SBCC strategy** addressing three broad expected outcomes as reflected in the preceding section.
- **Develop/redesign or adapt the available and appropriate IEC materials** in Khasi, Garo, Jaintia and Bengali to enhance the awareness, understanding, and knowledge of the key stakeholders from both the supply and demand sides on the key components of MHSSP.
- **Roll-out the SBCC package and train the relevant staff** to use the same for bringing about desired changes in the behaviours and practices of the community around MHSSP interventions.

2.2 Scope of Assignment

There are 2 phases in the project. In **the first phase,** a **rapid Communication Needs Assessment (CNA)** was to be conducted to gather context-specific information on the communication needs of different stakeholders. Information gathered during this exercise will serve as a key input for **designing the SBCC strategy.** It will help in identifying the target audience and their information needs, ascertain pragmatic approaches to reach out to this audience and develop a detailed communication plan. Following this, the **SBCC toolkit, including the required communications materials, is to be developed, pre-tested, and finalized**. The **second phase** will entail two key activities: firstly, the agency has to work towards **building capacities of key project staff/consultants/master trainers on the utilization of tools developed.** This will be followed by active support to the Department to communicate the SBCC messages to the identified stakeholders. Secondly, the agency has to undertake **concurrent monitoring using a well-designed M&E system to assess the effectiveness** of the SBCC materials and identify areas of improvement. Accordingly, necessary adjustments will be made to the materials and strategy as and when required.

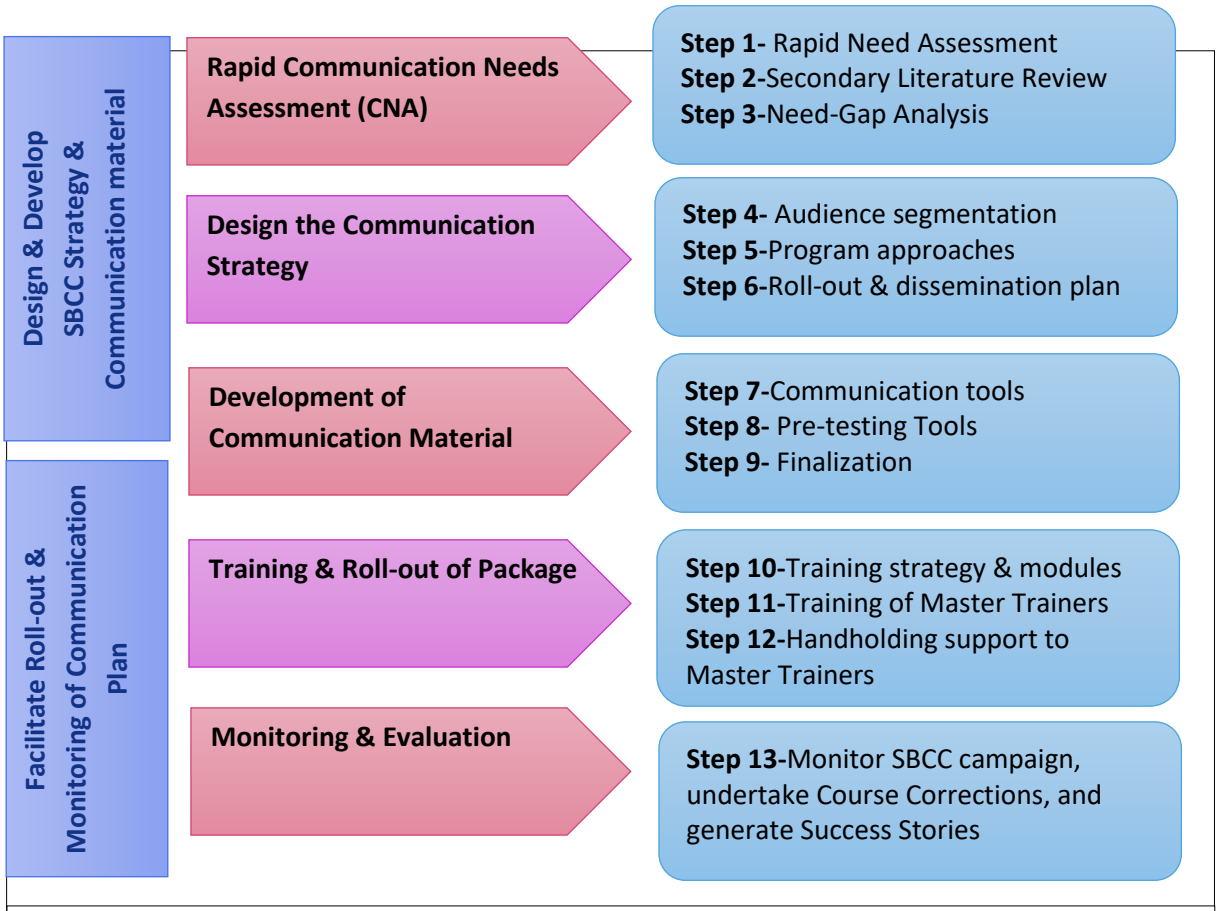


Figure 2.1: Pictographic Representation of Scope of Work of the Assignment

2.3 Objective of Rapid Communication Needs Assessment (CNA)

A **rapid communication needs assessment (CNA)** was the preliminary activity that was undertaken in the initial stages of the project. The overarching objective of the proposed CNA was to **develop a thorough understanding of the context, actors, enablers, and barriers that influence the adoption of desirable behaviours.** Further, there was also a need to spread awareness about the initiatives being taken under the MHSSP project to strengthen the healthcare services in the State. The issue was explored from two perspectives–

- **Community's Perspective:** Considering the fact that the ultimate objective of this assignment is to promote positive behaviours and practices related to the utilization of public health services, the **prime focus** was on the **current levels of readiness of the community for the desired behaviour change**.
- **Provider's Perspective:** As the service providers were expected to serve as key change agents by disseminating required knowledge on nurturing care and motivating behaviour change in the desired direction, it **was imperative to gauge their current levels of competency** for the same.

2.4 Research Framework

The **'Socio-Ecological Model' (SEM),** originally created by psychologist Urie Bronfenbrenner in the late 1970s, is one of the most widely used frameworks for deriving deep insights into human behaviour. This model considers the complex interplay between individual, relationship, community, and societal factors that influence any behaviour. The Socio-Ecological Model **examines several levels of influence to provide insight into the causes of problems and find tipping points for change.** The rings guide the level of analysis, closely mapping all potential influencers, the underlying beliefs and practices among influencers, the direct and indirect ways in which they influence individuals' thought processes, and the degree of influence that they have on people's behaviour. The triangle in the figure presents cross-cutting factors including information, motivation, ability to act, and norms, that are likely to influence all levels of influencers. Inquiry along these factors offers a deeper perspective on the potential communication strategies that will work best in the given scenario.

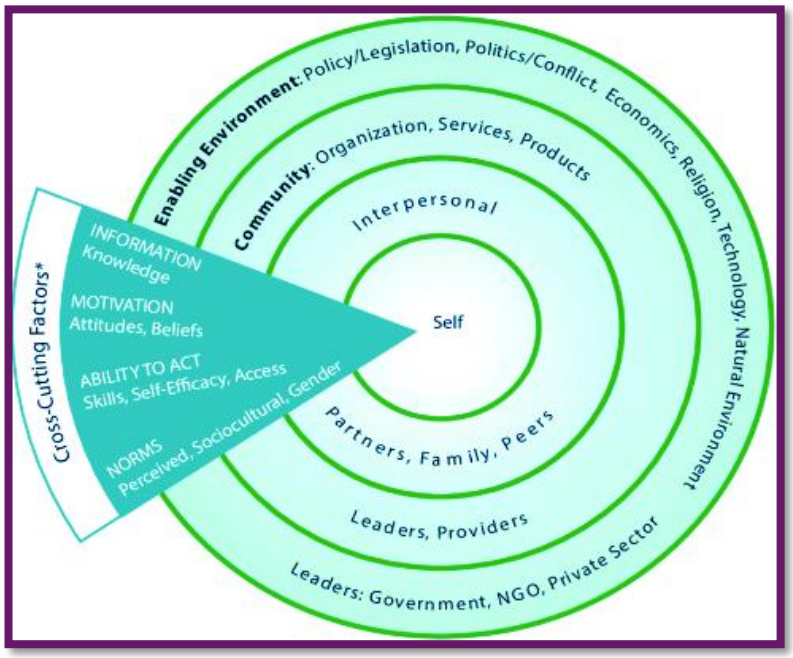


Figure 2.2: The Socio-Ecological Model

(Source: M.E. Khan, M&E in SBCC Training Module: https://www.researchgate.net/figure/THE-SOCIO-ECOLOGICAL-MODEL-FOR-CHANGE_fig1_270370970)

Taking into consideration the SEM Model, 'Formative Research' was undertaken to gain strategic insight into the existing level of knowledge, attitudes, skills, behaviours, social networks, needs, aspirations, and degree of self-efficacy related to health-seeking behaviour. The focus of inquiry revolved around determining the severity and causes of problems, identifying factors inhibiting or facilitating desired changes, identifying the target audience, key influencers, and change agents, and assessing the training and communication needs of the stakeholders. The data collected during formative research was subjected to the analysis **represented in Figure 2.3, to carve out strategic insights for the SBCC strategy**.

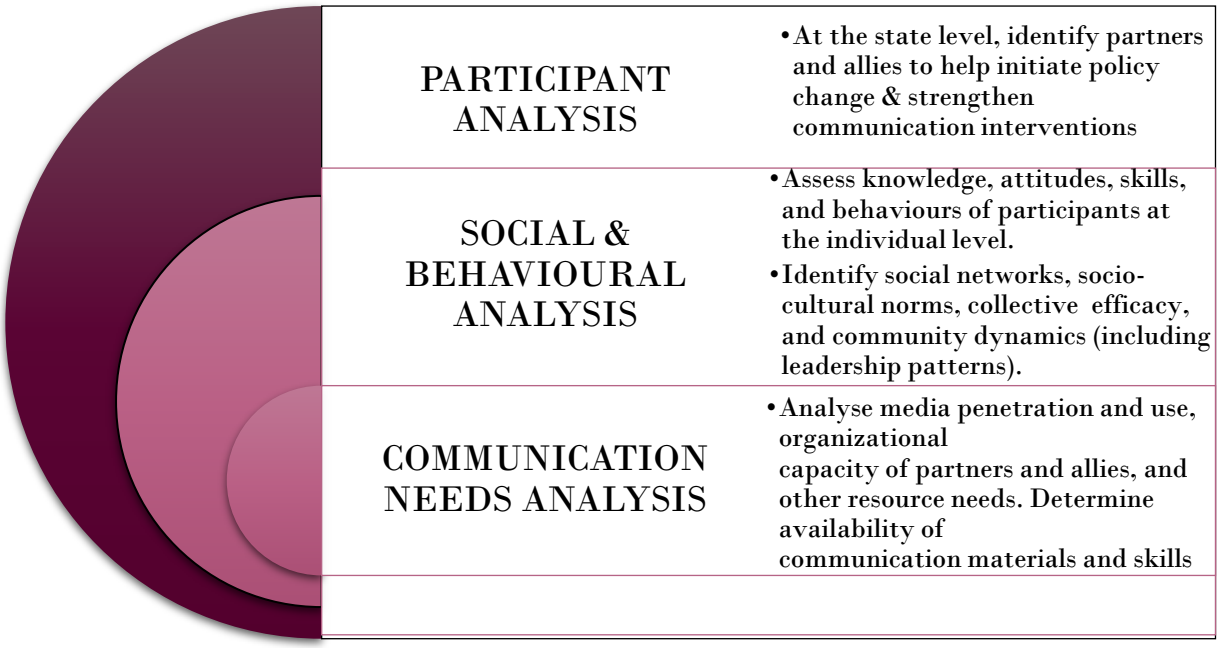


Figure 2.3: Analysis Framework to Carve Out Strategic Insights for SBCC Strategy

2.5 Study Design

The communication issues that emerge hereafter the analysis, would support the overall communication objectives of the project. This section details the types of analyses that were undertaken to develop a holistic perspective on the communication needs of various stakeholder groups.

2.5.1 Stakeholder Identification

As the first step, it was attempted to identify relevant participant groups that should be targeted under the proposed SBCC strategy. The study involved interactions with these stakeholder groups to be able to understand their characteristics, the roles they play in the scheme of things, their existing awareness levels and underlying beliefs and perceptions about the existing health systems, and the resources each group could access to bring about and maintain the desired behaviour change**.** This analysis helped us understand **'Who are the different stakeholders who should be targeted under the proposed communication strategy?'** The stakeholders of the project have been classified into three categories– primary, secondary, and tertiary stakeholders. The figure ahead presents a detailed view of the stakeholders identified for the project.

Figure 2.4: Key Stakeholders under the Assignment

The study involved interviews and discussions with each of the aforementioned stakeholders and the chapters ahead present an insight into their health behaviours and the key enablers and barriers that influence their decisions to seek healthcare services.

2.5.2 Sample Coverage

The formative research took place at three levels involving consultation with State-level stakeholders, district-level stakeholders, and community-level stakeholders. Using the standard statistical formula, the required sample came to 300, considering the fact that a 95% confidence interval was used with a 7% margin of error, with a design effect of 1.3 (considering intra-cluster correlation coefficient of 0.05, and cluster size of 10). Taking an inflation of 10%, 330 respondents at the community level were sampled. A three-stage sampling approach was followed–

- **Selection of Study Districts: 1 district from each of the three Hill divisions** (i.e., Garo, Khasi, & Jaintia) was sampled to ensure adequate representation of the three key tribal communities**. One district has been selected from each of the three hill regions**, ensuring that the districts that account for a major population of the State are covered in the study. Accordingly, East Khasi Hills that accounts for 27% of the total State population, West Garo Hills that constitutes 15% population, and West Jaintia Hills that host 10% population of the State were sampled for the study. These three districts together account for 52% of the State's population.

- **Selection of Clusters/Primary Sampling Units:**
  - In the next stage, it was attempted to sample urban and rural clusters to be able to draw a representative sample of the community-level respondents. As the purpose of the study was to assess the health-seeking behaviour of the community, different levels of Government Health Facilities were sampled, and thereafter, wards (urban) and villages (rural) were sampled from the catchment area served by the sampled health facilities.
  - Three types of health facilities were selected for the purpose including – District Hospitals, Community Health Centres, and Primary Health Centres. The district hospitals sampled from each of the three districts included the hospitals that offered a comprehensive array of health services including maternal and child health services besides general and critical healthcare services. **Three CHCs were sampled from each of the three districts**. The CHCs were categorized in terms of population coverage, and 1 high coverage, 1 average coverage, and 1 low coverage CHC were sampled from each district.
  - **Two PHCs have been sampled from the same block as that of the selected CHC**, or adjoining block of the CHC in case of non-availability of an adequate number of facilities in the given block. The PHCs were categorized on the basis of some key performance indicators like Immunization Coverage, pregnant women who received four or more ANCs, etc., and one PHC each was sampled randomly from high-performing and low-performing facilities.
  - While sampling the health facilities, an attempt was also made to ensure a geographical spread of the sampled facilities within the district to be able to capture maximum diversity.
  - Thereafter, for the urban clusters, the wards or colonies located in the area around District Hospital and the three CHCs sampled in each district were selected.
  - For the rural clusters, one village for the catchment area of each PHC was sampled in consultation with the PHC officials to ensure representation of underserved or difficult-to-reach areas.
- **Selection of Target Respondents:** The staff deployed at the sampled health facilities and frontline workers serving the catchment area for the same were the supply side stakeholders who served as the target respondents. At the community level, **the households were sampled by adopting a systematic random sampling approach using random start method.** The households included were the ones that had at least one of the following respondent categories – parents or caregivers of children under 8 years of age, adolescents and youth, and decision-makers in the household.
The sample coverage achieved for the Communication Needs Analysis is depicted in Table 2.1 ahead –

Table 2.1: Sample Coverage for the Communication Needs Analysis		
Physical Coverage		
Districts	One each from Garo, Khasi, Jaintia Hills	**3**
District Hospital	One per District	**3**
CHCs	3 per District including one low, one average, and one high coverage CHC in terms of the total population covered.	**9***
PHCs	6 per District. 2 PHCs in each of the three CHCs' catchment areas were sampled randomly to ensure representation of High and low-performing PHCs in terms of some key performance indicators.	**18***
Rural Clusters	6 per District. 1 cluster from the catchment area of each PHC was sampled randomly in consultation with PHC officials to ensure representation of difficult-to-reach and unserved areas.	**18**
Urban Clusters	4 per District. 1 cluster from each of the three CHCs' catchment areas and one cluster around the Govt. District Hospital in each of the selected districts.	**12***
**** In case of non-availability of the targeted number of CHCs and PHCs in the sampled district, the State-level officials were to be consulted to select the CHCs or PHCs in the neighbouring district or block to ensure spread across 3 regions. The sampling strategy was to be suitably altered to meet the needs of the study.***		

Table 2.2: Sample for Survey/Interviews			
Stakeholder Category	**Level**	**Method of Data Collection**	**Proposed Coverage**
QUANTITATIVE METHODS			
Primary Stakeholders	Community Level	♦ Survey of households. Households with specific sections to be answered by: ✓ Parents or caregivers of children under 8 years ✓ Adolescent and Youth ✓ -Decision-Makers in Household	♦ 330 Households covered (11 per cluster). The respective respondent categories are to be included based on the availability in the sampled households.
QUALITATIVE METHODS			
Primary Stakeholders	Community Level	♦ IDIs with Village administration functionaries such as the Dorbar headed by the Rangbah Shnong, Village Health Councils, and Village Organizations.	♦ 18 IDIs with Village administration functionaries such as the Dorbar headed by the Rangbah Shnong, Village Health Councils, and Village Organization ♦ 12 IDIs with Ward Officials of sampled urban clusters

Table 2.2: Sample for Survey/Interviews			
Stakeholder Category	**Level**	**Method of Data Collection**	**Proposed Coverage**
		♦ FGDs with Mothers Committee Members/ Members of Village Health Committees	♦ 6 FGDs (2 FGDs per Region)
		♦ FGDs with Youth Group Members/ Peer Educators	♦ 6 FGDs (2 FGDs per Region)
		♦ FGDs with other key influential members including members of SHGs, members of religious/ tribal groups, political representatives, etc.	♦ 6 FGDs (2 FGDs per Region)
Secondary Stakeholders	State-level	♦ Consultative discussions with the Project Implementation team of MHSSP	♦ 2-3 meetings depending on the availability of concerned officials
		♦ Consultative discussions with other health department officials including PMA, NHM-IEC Division, RBSK team, MBDA, etc.	♦ 4-5 meetings depending on the availability of concerned officials
	District level	♦ IDIs with CMO /CMS	♦ 3 IDIs with CMO/CMS (1 per DH)
		♦ IDIs with Medical Officers	♦ 27 IDIs with MOICs (1 per facility)
		♦ Semi-structured Interviews with Staff/ Nurse/ Pharmacists/ Others deployed at the facility	♦ 60 Semi-structured Interviews with staff (2 per facility)
		♦ IDIs with DHEOs/DHIEC Officials	♦ 6 IDIs with DHEOs/ DHIEC officers (2 per sample district)
		♦ IDIs with Officials of Education Department	♦ 3 IDIs with District Education Officer
		♦ IDIs with Officials of Social Welfare Department	♦ 3 IDIs with District Social Welfare Officer
		♦ Sector Team members (MO, BPM-NHM, BPM-NRLM, CDPO)	♦ 9 IDIs (3 teams per Region)

Table 2.2: Sample for Survey/Interviews			
Stakeholder Category	**Level**	**Method of Data Collection**	**Proposed Coverage**
	Community Level	♦ Semi-structured Interviews with Frontline Healthcare workers	♦ 54 Interviews with ANMs (2 Per Facility) ♦ 54 Interviews with ASHAs (2 Per Facility)
Tertiary Stakeholders	State/District	♦ IDIs with NGOs/CBOs/ organizations working in health domain like UNICEF, JHPIEGO, JSI, etc. ♦ IDIs with local influential media personnel working for newspapers, radio channels, and local TV channels ♦ IDIs with Faith-based organizations	♦ 5 IDIs based on availability ♦ 5 IDIs based on availability ♦ 3 IDIs based on availability

Note: The tools were translated into Khasi, Garo, and Jaintia languages for the purpose of data collection in the concerned districts.

2.6 Consultative Meetings with Project Officials

A series of consultations and discussions (both in-person and virtual) were held with the MHSSP Project Officials, members of the World Bank Team, and officials from the Project Management Unit (PMU), National Health Mission (NHM), Rashtriya Bal Swasthya Karyakram (RBSK), and other related departments between March 2022 to May 2022. In these meetings, an understanding of the client's expectations from the assignment was gained. During the same duration, the first draft of the inception report and CNA tools were also submitted by the AMS Team. By the end of May 2022, feedback and suggestions on the same were received. These were as follows:

1. With regards to the development of the tools, **some of the key areas of focus** were suggested which included Early Childhood Development, Childhood Diseases, Infant & Young Child Nutrition, Pregnancy & New Born Care, Grievance Redressal, Health & Wellness Centre, Waste Management, Gender-based Violence/Gender Discriminatory Practices, Health Insurance, Village Health Councils, etc. In addition, aspects like expectations/ rights/ experiences during the last visit to health facilities, distance to various facilities, accessibility, community engagement in improving ownership, the effectiveness of existing platforms, and access to local events were also decided to be explored during the survey.

2. Furthermore, it was agreed upon to facilitate FGDs and IDIs **with other stakeholder groups from both the demand side** (Youth Groups, Peer Educators, Mothers' Groups, Faith-based Groups, and Political Leaders) and **the supply side** (Sector Team Members, PMA, IEC-NHM Division, MBDA Team, RBSK Team, and other available Independent Agencies).
3. It was also suggested to **contextualize the tools** with regard to Meghalaya. It was also highlighted that the data collection tools should be crisp and concise and an interview must be **completed within 15-20 minutes (on average).** It was also suggested to **increase the sample size** for the need assessment.

Altogether, emphasis was laid on the review of the Communication Need Assessment Tools. Accordingly, the Inception Report was reviewed and the tools were revised.

2.7. Data Analysis

2.7.1 Quantitative Data

The in-house Data Entry Operators, engaged full-time for this purpose, converted the Field level data into a soft format. The data sets were validated by duly subjecting them to the range and consistency checks. The validated quantitative data was then analyzed using SPSS software. Descriptive statistics were calculated for each variable.

2.7.2 Qualitative Data

With the qualitative information, the first step was a verbatim transcription of all in-depth interviews and information collected through FGDs and IDIs. The text was scrutinized for its primary as was the latent content. The following procedure was adopted for the content analysis of all the information gathered—

- **Free Listing:** For synthesizing the qualitative information, available responses to a particularϖ question were listed to obtain the range of responses for all open-ended questions in the schedules for various stakeholders. The responses that were considered irrelevant under a specific question were moved to the appropriate question. During this process, the important statements or quotable quotes with their reference have been extracted verbatim for use in the report as reference material.
- **Coding**: During the final screening, for every open-ended question, responses were coded according to the domains. Some responses may be placed under more than one domain as a range of views might be stated in a single sentence. After scrutiny, the responses found to be completely irrelevant were discarded.
- **Summarizing:** Similar information sought from different stakeholders was triangulated to conclude with a greater degree of accuracy ensuring reliability and validity. The analysis was done according to the study sites to check for 'between-sites consistency' and other differences if any. The results were then summarized for each of the issues.

2.8 Challenges Faced During the Survey

The fieldwork for the Rapid Communication Need Assessment started on August 4, 2022, and by September 10, 2022, it was completed in all three sampled districts of Meghalaya- East Khasi Hills, West Garo Hills, and West Jaintia Hills. Through the survey, a deeper understanding of the communities' awareness and practices concerning health has been achieved. However, there were certain difficulties that were encountered during the survey. These have been discussed as follows:

1. This has been a largely qualitative study relying on many open-ended responses. Further, the interviews were conducted in different languages suited to the local context. For the ease of standardized analysis, it was required to transcribe and translate all the responses in English. While the translation was started soon after the initiation of data collection, maintaining accuracy and standardizing the terminology from different languages to common English words for facilitating systematic content analysis consumed more than the expected time.

2. Conducting interviews with the District level officials was the most time-consuming and difficult task, fraught with multiple issues. Some of the common issues that hindered the smooth conduct of these interviews have been listed hereunder –

    - Many of the officials were reluctant to share any information, as the authorization letter shared with the team did not address them directly. As a result, they did not wish to participate in the survey and it took longer to convince them in the larger community interest.
    - The officials from stakeholder departments, other than the Health Department, exhibited greater reluctance to participate in the study. They considered that it was a health-related survey, which falls beyond their functional domain. They were of the view that the questions were not related to their area of work, and so, they could not contribute much to it. According to them, only the Health Department is responsible for such issues, and hence, they are the ones who are answerable for these issues.
    - Even for the officials who finally agreed to participate, it took a long waiting time to seek their undivided attention to respond to the interview. Our team members had to wait for long hours and make multiple visits to their office as they were either busy with their own routine work or were not available in the office during our visit, in spite of giving us a prior appointment for the same.

3. Some of the Health officials stated that they did not have time to answer the questions as they were hard-pressed to finish their routine chores and responsibilities. They prioritized their responsibilities over participation in the survey.

4. The healthcare workers in some of the facilities were not willing to cooperate. They were apprehensive that anything they say might get reported to the top officials. Hence, they were very guarded during the interview, and despite giving many reassurances about the confidentiality of their responses, they did not respond as seriously as expected.

5. The sampling approach mandated the identification of urban and rural clusters for community-based survey in consultation with Medical Officers In-charge of selected facilities. This process of seeking approval from the MOs also took a very long time. Further, at the community level, the headman of the sampled cluster also took a lot of time and effort to convince them to give their permission to initiate the survey activities in the village.
6. At the household level, it was required to capture responses from three different types of respondents including – parents/caregivers of children under 8 years, adolescent girls/ boys, and adult decision-makers of the household. Getting responses from all three types of respondents in a single visit was next to impossible, as working people were away for work and the students were in school for a major part of the working hours.
7. The media and faith-based organisations were cooperative but had little knowledge about the health care systems. Hence, they could not provide detailed responses to all the questions that were targeted at them.

Thus, in light of the above-discussed approach and strategy, the Rapid Communication Need Assessment for the Meghalaya Health Systems Strengthening Project was undertaken. In the chapters ahead, the findings from the survey have been elucidated. The communication needs of each of the stakeholder groups have been discussed in separate chapters. Accordingly, the suggestions for designing the SBCC strategy for various stakeholders have been enumerated.

Basic Profile of the Respondent Group

The key to the success of any initiative is its active and positive reception by the intended target group. Health initiatives especially depend on the interplay of several social determinants which ultimately shape the audience's response to them. A few of these determinants include regional practices, societal norms, and attitudes shaped by factors such as age, gender, etc. To harness the best results for any project, often strategies of communication like Social Behaviour Change Communication (SBCC) are applied as they go beyond the mere delivery of social messages and slogans and instead shape a holistic, informed, and favorable opinion among the audience groups. For such positive reactions, it is of utmost importance to first know what kind of notions pre-exist in society and how social attitudes are formed. For this, the primary step is to establish a stakeholder analysis of the clientele for whom the program is being laid out. Only then, their needs, factors that mould their behaviours, the barriers that hinder the delivery of program services, and the enablers which could help in actualizing targets can be understood.

In this regard, extensive Focus Group Discussions (FGDs), In-depth Interviews (IDIs), Household Surveys, and Semi-structured Interviews were conducted across 3 districts of Meghalaya. Under this, as discussed earlier, **three stakeholder groups** were established namely- Primary, Secondary, and Tertiary Stakeholders. Responses gathered through each of these tools were studied from the viewpoint of **four major attitude-influencing elements**: the gender of the respondents, their age, the population group they form (rural or urban), and their tribal grouping. The sections ahead discuss the basic profile of the respondents interviewed under the assignment.

3.1 Profile of Primary Stakeholders

The Primary Stakeholders include the community actors and the ultimate beneficiaries of the Health Department. Under the assignment, interactions were held with **five different respondent categories** comprising the demand-side stakeholder group. These were- **Households** (wherein awareness and practices of three different groups were collected- **Parents/Caregivers of Children under 8 years of Age, Adolescents and Youth, and Decision-makers of the households**), **Village Headmen/PRI and Ward Officials, Mothers Group, Youth Group, and Others Primary Stakeholders** (including key influential members of Village Health Committees, SHG Members, Members of Tribal/Religious Groups, Political Representatives, etc.). The basic profile of each of these groups has been elucidated as follows:

3.1.1 Respondents of Household Survey

As discussed in the previous chapter, **a total of 110 households were sampled from each of the three study districts**- East Khasi Hills, West Garo Hills, and West Jaintia Hills. Further, from each of the districts, **4 urban clusters and 6 rural clusters** were selected. Altogether, this ensured **standardizing the analysis and maintaining comparability of findings across districts.**

With regards to the respondents covered among Parents/Caregivers of Children under 8 years of age, **a majority was found to be female across the three study districts.** Overall, **96% of the respondents** interviewed under this group were **female**. As far as the age of these respondents was concerned, **in East Khasi Hills and West Garo Hills**, around **half of the respondents** belonged to the age group of **26-35 years.** However, **in West Jaintia Hills**, a **majority of the respondents** were found to be **older than 35 years of age.** Altogether, all the respondents were atleast 18 years of age. The major area of inquiry for this group of respondents was understanding the current level of awareness and prevalent practices concerning maternal and child health.

Further, the questions administered to Adolescents and Youth were pertaining to the health concerns encountered by them. The popular healthcare practices among adolescents and youth were assessed. **In East Khasi Hills**, around **one-third of the respondents were male**. Further, **in West Garo Hills and West Jaintia Hills**, **almost equal proportion of males and females were interviewed.** Further, in all three districts, **a majority of the respondents belonged to the age group of 14-19 years.**

As far as the profile of **decision-makers in the sampled household** is concerned, in **West Garo Hills and West Jaintia Hills,** a **majority of the respondents under this category were aged between 31 to 45 years. In East Khasi Hills, almost 3 in every 5 respondents belonged to 25 to 30 years of age.** With regard to the gender of this group of respondents, a variation in the ratio between male and female respondents was observed across districts. Overall, one-third respondents were males and the rest were females. The main purpose to interview this section of the community was to understand the decision-making mechanism existing in the households. Reliance on various media sources and healthcare events was also comprehended based on interactions with this group.

The other details regarding the basic profile of respondents interviewed during the household survey have been summarized in Table 3.1.

Table 3.1: Details of Basic Profile of Respondents Covered under Household Survey

District→/ Parameters↓		East Khasi Hills (n=110)	West Garo Hills (n=110)	West Jaintia Hills (n=110)	Total (n=330)
HOUSEHOLDS					
Tribal Group	**Garo**	----	100%	----	33%
	Khasi	100%	----	----	33%

Table 3.1: Details of Basic Profile of Respondents Covered under Household Survey					
	Jaintia	----	----	100%	33%
Area	**Urban**	40%	40%	40%	40%
	Rural	60%	60%	60%	60%
(i) Parents/Caregivers of children under 8 years of age					
Gender	**Male**	7%	4%	2%	4%
	Female	93%	96%	98%	96%
Age	**18-25 yrs.**	12%	23%	3%	12%
	26-35 yrs.	53%	49%	40%	47%
	Above 35 yrs.	35%	28%	57%	40%
(ii) Adolescents and Youth					
Gender	**Male**	34%	53%	45%	44%
	Female	66%	47%	55%	56%
Age	**14-19 yrs.**	61%	79%	72%	71%
	20-24 yrs.	39%	21%	28%	29%
(iii) Decision Makers					
Gender	**Male**	17%	56%	25%	33%
	Female	83%	44%	75%	67%
Age	**25-30 yrs.**	59%	30%	22%	37%
	31-45 yrs.	40%	46%	52%	46%
	46-60 yrs.	1%	20%	20%	14%
	Above 60 yrs.	----	4%	6%	3%

3.1.2 Respondents of IDIs and FGDs

As mentioned, IDIs were to be conducted with the Village Headmen, PRI Officials, and Ward Officials from the study districts. In **each of the districts, 10 interviews were conducted** with the Village Headmen/PRI Officials/Ward Officials. In **East Khasi Hills and West Jaintia Hills**, the respondents were **males**. However, in **West Garo Hills, 4 interviewees were females and the rest were males.** With regards to the age of this respondent group, in **East Khasi Hills**, 5 respondents were less than 50 years of age, 4 respondents were aged between 51 to 70 years of age, and 1 respondent was older than 70 years. Likewise, in **West Garo Hills**, 2 respondents aged less than 50 years were interviewed. While 5 interviewees belonged to the 51 to 70 years age group, 3 respondents were more than 70 years old. In **West Jaintia Hills**, 7 respondents were less than 50 years of age and the rest were between 51 to 70 years of age.

Furthermore, **6 FGDs were facilitated (2 in each district)** with each of the following categories- **Mothers Group, Youth Group, and other influential primary stakeholders.** With regards to the FGDs with Mothers Group, on average, a group size of 8 members, 10-12 members, and 8-10 members were maintained in East Khasi Hills, West Garo Hills, and West Jaintia Hills, respectively. The minimum age of participants in these FGDs was 24 in East Khasi Hills and West Garo Hills. In West Jaintia Hills, the minimum age of the participant was 18 years. On the other hand, the maximum age of participants was 46 in East Khasi Hills and 60 in the other two districts. With regards to the FGDs with the Youth Group and the other primary stakeholders, discussions were facilitated with a group of 10 members in each of the districts. The participant group was a mix of both males and females. Altogether, some of the participants of the FGDs with the youth group were as young as 14 years of age and others were as old as 24 years of age. In the case of FGDs with other primary stakeholders, overall, the minimum and maximum age of the participants was 20 years and 62 years, respectively.

3.2. Profile of Secondary Stakeholders

The group of secondary stakeholders was comprised of the key supply-side actors, i.e., the healthcare providers and various health functionaries at the village level, block level, and district level. As a part of the study**, semi-structured interviews** were conducted with the **ASHAs, ANMs, and other medical staff.** In this regard, a total of 54 interviews (18 per district) were held with ASHAs & ANMs, and around 60 interviews (20 per district) were conducted with medical staff. Among the ASHAs, in East Khasi Hills and West Jaintia Hills, the minimum age and the maximum age of a respondent were found to be 23 years, and 54 years, respectively. On the other hand, the minimum age and the maximum age of a respondent interviewed in this category from West Garo Hills were 30 years, and 63 years, respectively. Altogether, the ASHAs interviewed under the survey had a minimum experience of atleast 1 year. In West Garo Hills, one ASHA was found to have a total experience of almost 27 years.

Among the ANMs, the youngest respondent was 23 years of age from East Khasi Hills. Further, the eldest ANM, aged 54 years, was also interviewed from the same district. Barring a respondent from West Jaintia Hills who mentioned having a total experience of 4 months as an ANM, all the other respondents were found to have a minimum experience of 1 year. Also, the maximum experience an ANM shared to have from East Khasi Hills, West Garo Hills, and West Jaintia Hills was 27 years, 30 years, and 29 years, respectively.

As far as the profile of medical staff covered in the need assessment survey is concerned, staff nurses, lab technicians, pharmacists, and supervisors were interviewed across districts. Among the, the youngest respondent and the eldest respondent were interviewed from West Jaintia Hills who was 22 years and 54 years of age, respectively. Overall, respondents in this category were having a minimum experience of atleast 1 year. There were a few staff members who had more than 25 years of work experience.

Furthermore, **in-depth interviews** were held with other government functionaries at the block and the district level. This included 27 interviews with **Medical Officers** across districts**.** In addition, 1 interview was held with **District Health Education Officers, District Education Officers, District Social Welfare Officers, Child Development Project Officers, and Sector Team Members including Block Project Manager- NRLM and NHM** in each of the study districts. However, in West Jaintia Hills, the interaction with the District Education Officer could not be held.

3.3. Profile of Tertiary Stakeholders

The tertiary stakeholder comprises the actors who have an indirect influence on the decision-making practices in the community. For the purpose of the Communication Need Assessment Survey, representatives from three organisation were sampled- **Faith-Based Organisations, Media Organisations, and Non-Government Organisation preferably working in health domain.** A total of 3 interviews were to be conducted with the faith-based organisations and 5 interviews were to be held with the representatives of the other two institutions. However, this was dependent on the availability of the targeted respondents in the study districts.

During the survey, interactions were held with representatives of three Faith-Based Organisations including a Mosque, a Gurudwara, and a Socio-Religio-Cultural Organisation in East Khasi Hills. In West Garo Hills and West Jaintia Hills, the interview was held with a representative from a Church. The representative interviewed from West Garo Hills was the only female respondent. Besides, the representative from the Mosque in East Khasi Hills was working in his position for the past 37 years which was the highest in the group. He was also the eldest at 88 years of age.

Likewise, three interviews were held with media representatives in East Khasi Hills and one interview was conducted in West Garo Hills. In addition, an interview was facilitated with a media representative from North Garo Hills. However, no interview in this category could be conducted in West Jaintia Hills. Further, concerning interviews with NGO representatives, 1 interview could be conducted in West Jaintia Hills and 2 interviews were held in the other two districts. All the respondents were male in both of these categories.

To sum up, it can be said that among the demand-side primary stakeholders, the responses of various audiences have been captured. The profile of the respondents is diversified in terms of age and gender. In fact, the selection of the respondents is in alignment with the core themes that are emphasised under the project intervention. In addition, the supply-side stakeholders include the key healthcare providers who work in close interaction with the community and who are directly responsible for service delivery. Further, the perceptions of those who engage in the planning and implementation aspects of various health interventions have also been gathered. This helped in gaining a holistic understanding of the healthcare situation in the study districts which is crucial to

propose and carving out strategic interventions under the program. Moreover, the tertiary stakeholders interviewed in the survey were found to be well-experienced in their respective positions. The interactions with them were insightful and this helped in gaining a deeper understanding of the existing healthcare practices in the community. Further, vital suggestions were received for them for the drafting of a communication plan under the program.

The chapters ahead discussed the findings from the interviews with each of these stakeholder groups. The next chapter provides insights into the existing level of knowledge and awareness of the community on various health aspects. Their perception with regard to the key influential stakeholders, most preferred media sources, key intervention areas, and suggestions for designing SBCC materials have also been enumerated. Chapter 5 and Chapter 6 elaborates views and opinions of the supply-side stakeholders and the tertiary stakeholder on the existing healthcare behaviour in the community and suggestions for the SBCC strategy, respectively. Chapter 7 discusses the approach adopted for designing the SBCC strategy and the proposed communication plan for the program. Lastly, the major findings from the survey are summarized in the final chapter.

Communication Needs of Primary Stakeholders

The primary stakeholders including community members and key influencers like the frontline workers and PRI members constitute a very important group for the proposed communication plan. Intensive IEC initiatives need to be designed to address their information needs and to improve the health behaviour of the community. Therefore, it becomes pertinent to gain an in-depth understanding of the needs of these stakeholders as well as the key enablers and barriers that drive their behaviour. This chapter offers the readers an insight into the current levels of awareness and practices among primary stakeholders with respect to various pertinent health issues affecting different population groups in the State.

4.1 Awareness & Practices related to Maternal Health

As briefly mentioned in the previous chapter, the **Household Survey** involved the assessment of the awareness and practices of the community about various issues pertaining to maternal health. Parents and caregivers of children under 8 years constituted the targeted respondent for these queries. In addition, some **Focus Group Discussions** were also carried out with Mothers' groups and other Primary Stakeholders in the community, and **In-Depth Interviews** were facilitated with PRI Members, Village Heads, and Ward Officials to gain insight into the current level of understanding about various issues and carve out the key enablers and barriers that influence the health behaviour towards women in the reproductive age group. The sub-sections ahead present an overview of observations on various maternal health issues.

4.1.1 Early Age Pregnancy

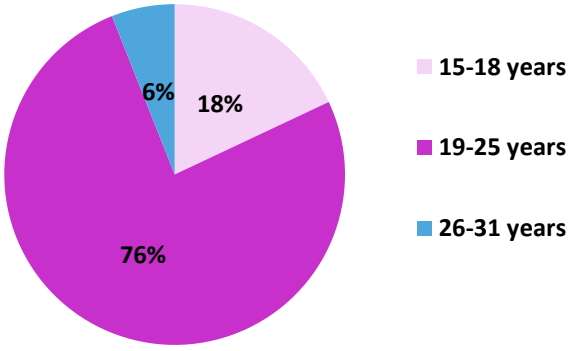
As per the Meghalaya Health Policy (2021), teenage pregnancy and multiple gravida have been identified as key factors leading to high maternal and infant mortality rates. As per the State data, teenage pregnancy accounts for 10% and Multiple Gravida accounts for 30% of the total pregnancies in Meghalaya.[13] **As per NFHS-5, 7% of women aged 15-19 years in Meghalaya were already mothers or were pregnant at the time of the survey reflecting a vast differential between the rural (8.4%) and urban (3.2%) populace.** Further, the adolescent fertility rate stood at 49 births per 1000 women between 15-19 years of age as compared to the country's average of 43. The **adolescent fertility rate was much higher among the rural areas** (58 births per 1000 females) as compared to

[13] Meghalaya Health Policy (2021), accessed from https://meghealth.gov.in/docs/Meghalaya%20Health%20Policy%202021.pdf

the urban areas (18 per 100 females). **This highlights the need to investigate the understanding of the community about this important issue.**

To understand the current level of understanding about early age pregnancy, the respondents were asked about the ideal age after which they think that a woman's body is ready for pregnancy. Region-wise analysis revealed that **West Garo Hills exhibited the highest level of lack of awareness about this issue, with 38% of respondents reporting 15 to 18 years as the ideal age for conceiving,** i.e., when they believe that the woman's body is ready for pregnancy. **Overall, 18% of respondents supported the 15-18 years bracket, indicating a lack of knowledge regarding the ideal age.** Further, roughly 20% of the urban population perceived the 15-18 age bracket to be suitable for pregnancy, as against 17% of those from rural communities. The other findings in this regard have been presented in Figure 4.1.

Figure 4.1 : Distribution of Respondents by Perceived Ideal Age After which a Woman's Body is Ready for Pregnancy (n=330 HHs)



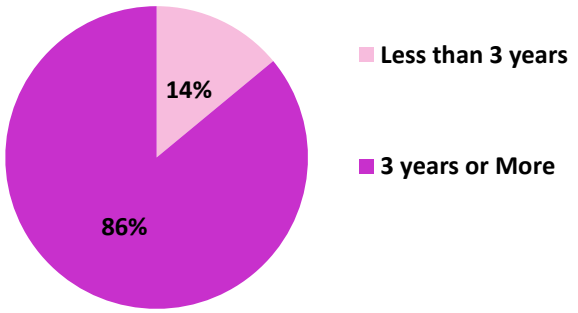
The survey clearly reflects the lack of understanding about the correct age for pregnancy among the population, which is the probable reason behind the higher incidence of early-age pregnancies. The Health Policy of the State also supports that it is extremely vital to educate the community, especially during the teenage years about a broad variety of topics related to sex, exploring values and beliefs about topics and gaining the skills that are needed to navigate relationships and manage one's own sexual health. **The communication plan must, therefore, include messages designed to generate awareness about the ideal age for pregnancy, clearly highlighting the ill effects of early-age pregnancies with a view to curb the incidence of the same in the State.** The findings reflect the need for increased focus on Garo Hills while conveying messages about early-age pregnancy. Also, the messages should be conveyed with equal frequency across rural and urban areas of the State.

4.1.2 Birth Spacing

Birth spacing refers to the time between two consecutive pregnancies. The National Health Mission recommends a gap of 3 years between two infants. This window is crucial **for reducing mortality in mothers and infants**. In a State where teenage pregnancy and multiple gravida have been identified as key factors for high maternal and infant mortality rates, discussions on family planning and birth spacing become pertinent in the community (Meghalaya Health Policy, 2021).

Through the Household Survey, the opinion of the community concerning the ideal age gap that must be maintained between two children was captured. During analysis, a **majority of the respondents in each district believed that a gap of 3 or more years must be maintained** between two successive births. The findings from the data have been presented in Figure 4.2. However, a significant proportion of about **24% of respondents in West Jaintia Hills expressed that the gap between two pregnancies must be less than 3 years.** This emerges as a concern as the community then needs to be sensitized about the harmful implications of not opting for proper birth spacing.

Figure 4.2: Distribution of Households by Perceived Ideal Gap a Couple Should Maintain Between 2 Children (n=330 HHs)



The perception of the respondents in terms of the area (**urban and rural)** was similar in this regard. Although a majority of the respondents from both the urban and the rural communities were aware that an ideal age of 3 years must be maintained between two pregnancies, the proportion of respondents that opined an age gap of less than 3 years as appropriate is comparatively significant. Therefore, equal emphasis must be laid on both the urban and rural communities with regard to educating them on the ideal birth spacing.

When the responses of the sampled households concerning the perceived ideal gap between two children were assessed in terms of the age of the respondents, the tilt did appear in the right direction among all age groups of respondents, **17% of the respondents aged between 18 to 25 years were found to perceive that a gap of less than 3 years between two children is ideal**. This trend is slightly worrisome because members of this age cohort fall in the sexually and reproductively active age groups, especially given the early marriages in the state (NFHS-5). They must realize the importance of birth spacing and how it affects the health of not just the mother but the infant too. Therefore, while designing the communication strategy, the concerns highlighted above must be addressed. Furthermore, the strategies must be formulated according to the dynamics of each region and age group. The other findings on the awareness of the community on birth spacing from the survey have been summarised in Table 4.1.

Table 4.1: Distribution of Respondents by Perceived Ideal Gap a Couple Should Maintain Between 2 Children

Particulars		Distribution of Respondents by Perceived Ideal Gap a Couple Should Maintain Between 2 Children		
		N	Less than 3 years	3 years or more
District-	East Khasi Hills	110	3%	97%

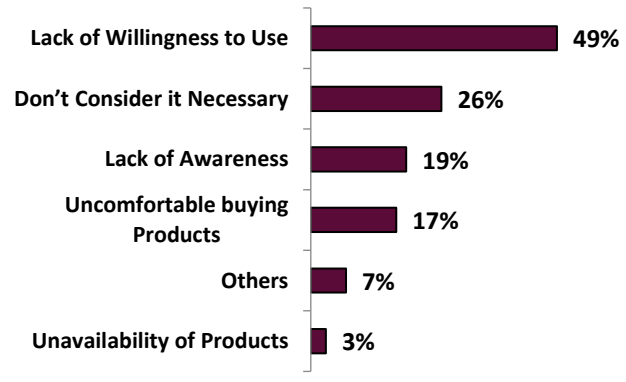
Table 4.1: Distribution of Respondents by Perceived Ideal Gap a Couple Should Maintain Between 2 Children				
Particulars		Distribution of Respondents by Perceived Ideal Gap a Couple Should Maintain Between 2 Children		
		N	Less than 3 years	3 years or more
wise distribution	West Garo Hills	110	14%	86%
	West Jaintia Hills	110	24%	75%
Area-wise distribution	Urban	132	14%	86%
	Rural	198	14%	86%
Age-wise distribution	18-25 yrs.	41	17%	83%
	26-35 yrs.	156	14%	86%
	Above 35 yrs.	133	0%	100%

4.1.3 Family Planning Methods

With a substantive population in the reproductive age category, opportunities are plenty but so are challenges. Investing in family planning is the most intelligent step that a nation like India can take to improve the overall socio-economic fabric of the society and reap high returns on investments and drive the country's growth[14]. Modern family planning methods are a cost-effective strategy for reducing high-risk pregnancies, decreasing unsafe abortions, and allowing for birth spacing and limiting[15]. **As per NFHS-5, in India, around 67% of the currently married women aged 15-49 years use any family planning method**. However, **in Meghalaya, hardly one-fourth (27.4%) of the currently married women (in the said age group)** were found to use any family planning method which was comparatively lower than the national figures.

The Household Survey attempted to understand the reasons why communities in Meghalaya do not use family planning methods, so that eventually the community may be guided toward the importance of the same. In this regard, a multiple-response question was asked to the respondents. When the responses were assessed, it was found that **the most mentioned reason why the couples in the community did not use family planning methods across regions was a lack of**

Figure 4.3: Distribution of Respondents by Various Reasons why Couples in the Community Do Not Use any Family Planning Method (n=330 HHs)



[14] Muttreja, Poonam[#]; Singh, Sanghamitra[#]. Family planning in India: The Way Forward. *Indian Journal of Medical Research*: December 2018 - Volume 148 - Issue Suppl 1.

[15] Schrumpf LA, Stephens MJ, Nsarko NE, Akosah E, Baumgartner JN, Ohemeng-Dapaah S, Watt MH, Side effect Concerns and their Impact on Women's Uptake of Modern Family Planning Methods in Rural Ghana: a mixed methods study. *BMC Womens Health.* (March,2020)

willingness to use them. It was further noted that **a significant proportion of respondents across various age groups mentioned lack of willingness to use family planning methods** as a major reason for not using them. Further, **lack of awareness** on such methods was mainly stated by people aged between **26 to 35 years**. The other details in this regard have been presented in Figure 4.3.

Some of the other responses that were mentioned by the respondents were fear of side effects, a belief that children are gifts from God, and certain superstitious beliefs. It was also noted that all respondents, regardless of the district, hardly any respondent mentioned that the use of family planning methods was prohibited in their communities. Besides, only 3% of the respondents reported the unavailability of family planning methods in their area. Therefore, **the angle of societal pressures inhibiting the usage** and even the **unavailability of such products** can be **ruled out**.

When the district-wise response was assessed, a striking **40% of respondents from East Khasi Hills reported that couples in the community consider using family planning methods as unnecessary.** This underlines a critical lack of understanding of the implications of not practicing family planning. Further, **a lack of willingness to use contraceptive measures was found to be the major reason (reported by 86% of the respondents) behind not using family planning methods in West Garo Hills. This was also mentioned by almost one-third of the respondents from West Jaintia Hills.** In terms of **urban-rural differential**, the **rural population seemed to face a lack of awareness as well as found it unnecessary to use these methods**. However, it was the **urban populace** that, compared to their rural counterparts, **showcased a higher unwillingness to use the products as well as a hesitance to purchase such products.**

When the **Mothers Group** was asked about their opinions and practices on this issue, respondents from **East Khasi Hills** shared that **usage of contraceptive methods** such as pills, Cooper T, and injections were mentioned as the **commonly used methods in the community for family planning**. **Fear of side effects and inability to conceive later** when the couple wishes to plan a family was found to be some of the existing beliefs hindering the uptake of contraceptives. Respondents from **West Garo Hills** believed that a mutual understanding between couples was essential for the adoption of family planning methods. In **West Jaintia Hills**, though community **members used modern methods** of contraception, **yet there was a tendency to rely on natural methods**. They also pointed towards a **fear of side effects** like vomiting and gastritis as

"Some families believe that children are the gift of God and they should not use family planning methods as it will mean not respecting God's gift. On the other hand, there are some families who follow the instructions as given by ASHAs and ANMs with regard to appropriate usage of contraceptives."

- Respondent from Mothers Group

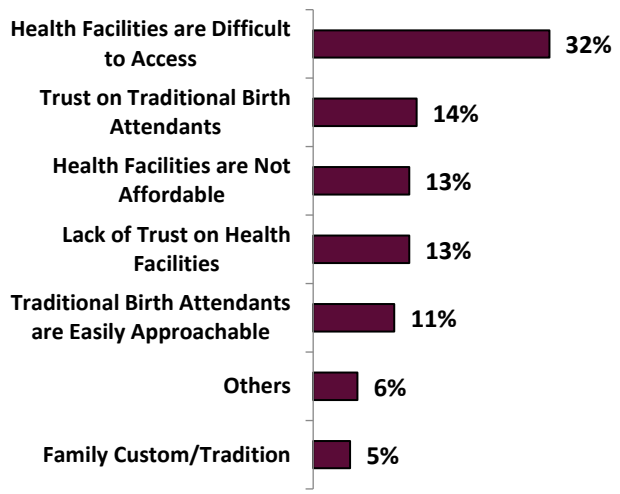
inhibiting factors but in all, they seemed to **abide by instructions of doctors on this subject. Responses** were **quite similar** when the same question was posed to **other primary stakeholders. Altogether, it can be said that the communication strategy** must **aim at educating the community about the significance of using family planning methods.** The **gap between the knowledge and practice of these measures must be bridged. They must also be explained how a lack of family planning influences other aspects of the general standard of living, resulting in low nutritional, health, and educational levels of mothers and children and an increased economic burden.** Region-specific measures must also be taken.

4.1.4 Delivery Care

All women should have access to skilled care during pregnancy and childbirth to ensure the prevention, detection, and management of complications. Assistance by properly trained health personnel working within an enabling environment is needed to eliminate preventable maternal and newborn deaths[16]. NFHS-5 figures revealed a concerning trend for the state of **Meghalaya** with regard to institutional birth. Overall, institutional birth was reported in **58.1% of the cases in Meghalaya** while **the national figure in terms of institutional births was 88.6%**, thus, implying reliance on home deliveries in the state.

In order to understand the reason behind such dependency of communities in Meghalaya on home delivery, the respondents were asked about the reasons the families in their community prefer home delivery. This was asked as a multiple-response question. The findings on this aspect have been illustrated in Figure 4.4.

Figure 4.4: Distribution of Respondents by Various Reasons why Families in the Community Prefer Home Delivery (n=330 HHs)

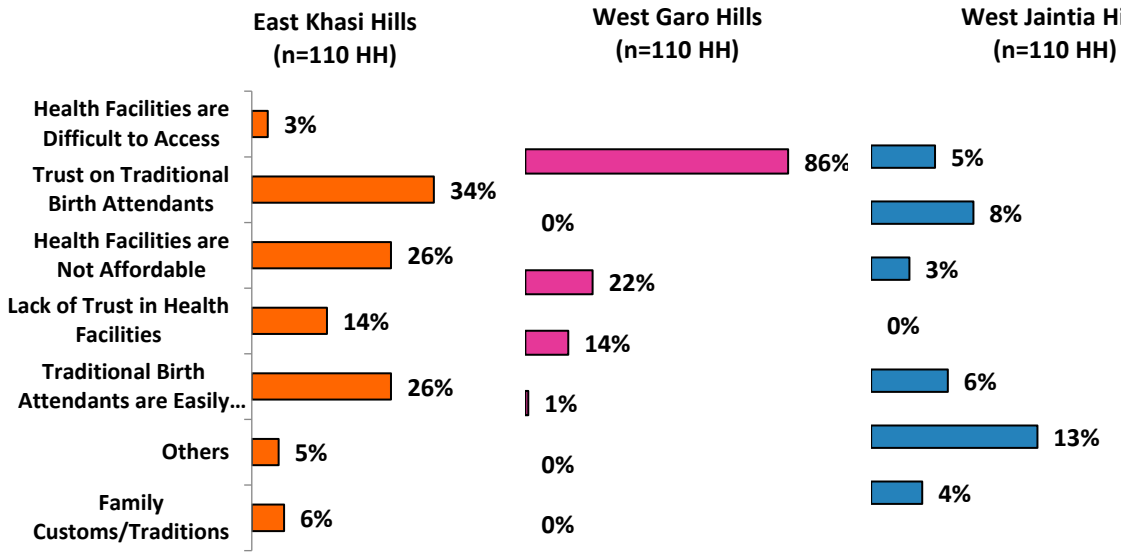


The mostly mentioned reason was **difficulty in accessing health facilities.** This was mentioned by almost one-third of respondents. Besides, **a certain extent of trust and dependency on Traditional Birth Attendants was also reported by some of the respondents**. Some of the responses mentioned as others were fear of delivery at a hospital, due to emergencies, and preference to deliver at home. There was no significant difference in the responses based on the age of the respondents.

[16] https://www.who.int/data/gho/indicator-metadata-registry/imr-details/institutional-birth

In order to gain an understanding of the region-specific factors behind preferring home delivery, district-specific responses were assessed. In **East Khasi Hills**, the mostly mentioned reason behind preferring home delivery was **trust on traditional birth attendants**. Furthermore, the respondents from **West Garo Hills** reported **difficulty in accessing the health facilities** as the main reason. However, in **West Jaintia Hills**, around **51% of the respondents** expressed that the families in the community **do prefer institutional deliveries**. No major reason was reported for preferring home delivery in West Jaintia Hilla. The other details in this regard have been presented in Figure 4.5.

Figure 4.5: District-wise Distribution of Respondents by Various Reasons Cited by Families in the Community Who Prefer Home Births



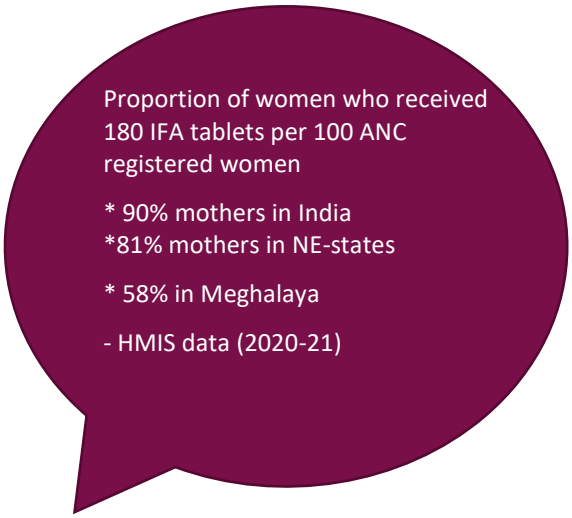
On the question of home or institutional delivery in FGDs with **Other Primary Stakeholders**, respondents across all three districts mentioned that they visit the hospital a little early than the due date. They abide by the instructions given by ASHAs. However, in West Jaintia Hills, some participants mentioned that institutional delivery is usually preferred in the first pregnancy. In West Garo Hill, some respondents mentioned that a birth plan is prepared. Besides, the pregnant woman is provided a healthy diet, and care is taken so that she does not lift heavy weights. The respondents further added that they visit the hospitals at the time of delivery to avoid any complications so that any harm to the baby and the mother can be prevented.

Overall, we see a trend of **major reliance on traditional birth attendants across all three districts, especially** among **rural sections**. All three districts have deep tribal roots and a strong belief in traditional systems of healing. In terms of pregnancy, they **find traditional birth attendants much more approachable** than other health facilities. All this is **compounded by the inaccessibility to health facilities** and a **lack of trust** in them. **Affordability is another hindrance in opting for institutional deliveries. It is in this direction that the communication strategy needs to make a**

breakthrough. It not only needs to convey the demand side issues to the supply side stakeholders but also bring about attitudinal changes in the community by way of gaining their trust. It needs to highlight how health facilities offer a greater amount of safety to both mother and child, especially in dealing with emergencies related to delivery. Since traditional beliefs are often deep-seated, the benefits of health facilities must not be presented as a striking alternative but rather as a pleasing course of action that they can be encouraged to opt for.

4.1.5 Consumption of Micro-nutrient Supplements

Iron-folic acid (IFA) and calcium supplementation are **nutritional interventions** recommended prophylactically (**against maternal anemia and preeclampsia**, respectively) to all antenatal mothers in India under basic antenatal care (ANC) services.[17] In alignment with WHO guidelines, prophylactic IFA and calcium supplementation are recommended for all mothers in India as a part of the basic ANC package under National Health Mission (NHM). Accordingly, the distribution of IFA (total 180 tablets) and calcium supplements (total 360 tablets) are mandated in all pregnant Indian women for daily consumption (one IFA tablet and two calcium tablets) starting from the second trimester and continuing for a minimum of 180 days during gestation[18]. The consumption of these tablets, thus becomes mandatory for ensuring maternal and child health. Yet a lot of gaps exist on this front.

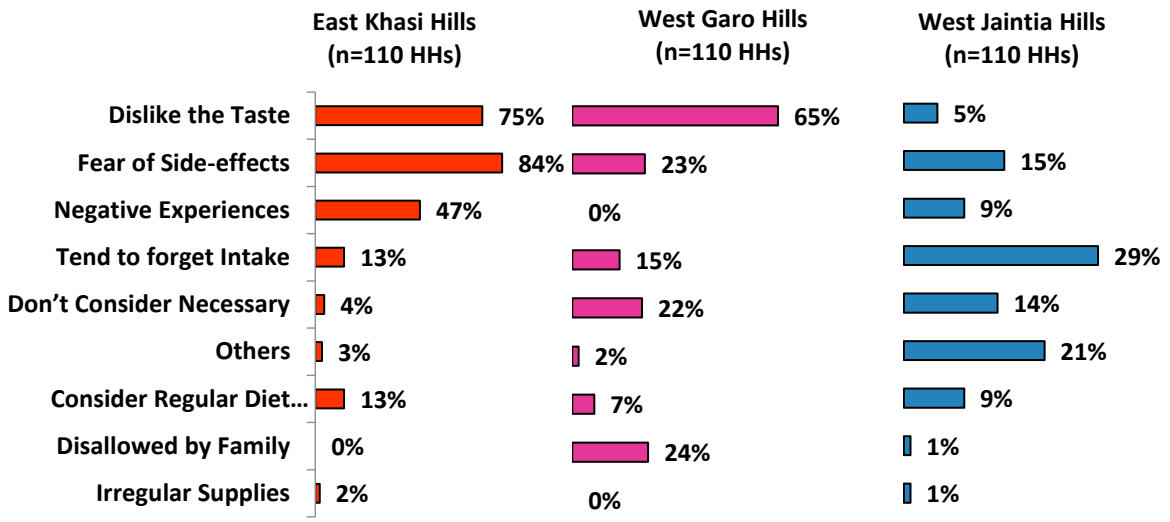


The Household Survey attempted to understand reasons that hindered the intake of these crucial medications and a variety of reasons behind shirking them surfaced. **Almost half of the respondents** mentioned that women **do not like the taste of the IFA Tablets and the Calcium Tablets** which is why they do not consume them. Furthermore, **around 2 in every 5 respondents expressed a fear of side effects of using such supplements.** The region-wise responses in this regard have been graphically represented in Figure 4.6.

[17] Bora K, Barman B, Pala S, Das A, Doke G, Tripura A. Coverage of Antenatal Iron-folic Acid and Calcium distribution during Pregnancy and their Contextual Determinants in the Northeastern Region of India. Front Nutr. 2022 Jul 18;

[18] Bora K, Barman B, Pala S, Das A, Doke G, Tripura A. Coverage of Antenatal Iron-folic Acid and Calcium distribution during Pregnancy and their Contextual Determinants in the North-eastern Region of India. 2022 Jul 18;

Figure 4.6: District Wise Representation of Reasons Behind Not Consuming Recommended IFA & Calcium Tablets



East Khasi Hills reflected a trend where **the fear of side effects acted as a major deterrent**, whereas a **dislike for taste** was the most mentioned reason in **West Garo Hills** for not consuming them. However, **in West Jaintia Hills**, a comparatively higher proportion of respondents mentioned that **women tend to forget to regularly consume the dosage.**

When the responses were assessed in terms of area, i.e., urban and rural, the mentioned reasons for not taking the supplements were quite similar to each other. The **dislike for taste** was cited by 50% of respondents in urban and 48% in rural. The **fear of side effects** was expressed by 39% of urban and 42% of the rural populace and a tendency to **forget the intake of pills was reported** in 17% urban and 20% of rural households.

When the **Mothers Group** was asked about their opinions on the consumption of IFA and Calcium Tablets, the respondents mentioned that **most women regularly consume IFA tablets during and after pregnancy** as they understand that IFA tablets are essential to maintain hemoglobin levels and to fulfill the nutrition requirement of both the child and the mother. However, members in East Khasi Hills and West Garo Hills mentioned that **some members perceive that the consumption of IFA Tablets may have side effects on the baby (if consumed during pregnancy)**. Therefore, they **preferred consuming IFA tablets in the post-partum period**.

The responses further highlighted that there is an emphasis on regular uptake of a healthy and nutritious diet including green leafy vegetables, and other dietary sources of protein and vitamins during pregnancy as they believe that the consumption of a **healthy diet alone is sufficient to ensure the good health of both the mother and the baby** and **prevent malnutrition among children.**

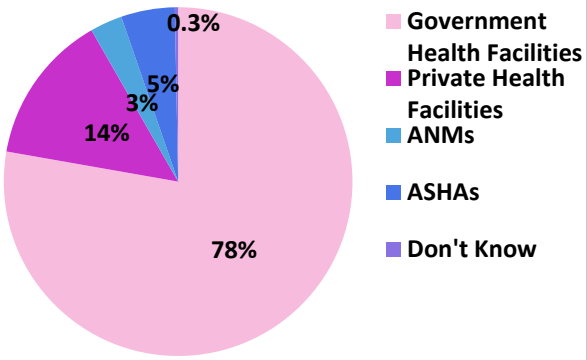
Among all the responses gathered from all the demand-side primary stakeholders, it was observed that in all three regions, there was a difference in the main factor responsible for women not consuming IFA and Calcium Tablets as discussed above. Therefore, while designing the communication materials, the content should be customized accordingly. Further, **regular intake may be inculcated through catchy campaigns** and advertisements or on-ground promotions which can capture the attention of the targeted audience in desired ways. The communication strategy must also **engage in discussions that dispel negative notions about micro-nutrient tablets, shatters myths around them, and drives home the message that there is no harm in taking such supplements along with a healthy diet**.

4.1.6 Antenatal Check-ups

Antenatal care is an important component of reproductive healthcare that eventually induces a positive pregnancy experience and improved maternal and child survival. It serves as a facilitating platform linking the woman and her family to the healthcare system and possibly promotes higher utilization of essential services like breastfeeding and nutritional counseling, post-partum family planning, and childhood vaccination[19]. **In Meghalaya**, the **proportion of pregnant women receiving the minimum 4 antenatal visits has increased** from 50% in 2015-16 to 52.2% in 2019-2020 as per NFHS-5 figures, with about 54% being mothers who had had an antenatal checkup in the first trimester.

When the households were enquired about their choice of health facility for antenatal checkups, a variety of responses came up with respect to Government Health Facilities, Private Hospitals, and Frontline Workers. Overall, **a major dependency on Government Health Facilities was observed.** The same has been illustrated in Figure 4.7. The other details in this regard have been summarised in Table 4.2.

Figure 4.7 : Distribution of Respondents by Most Preferred Sources from where Women Get Their Antenatal Checkups During Pregnancy (n=330 HHs)



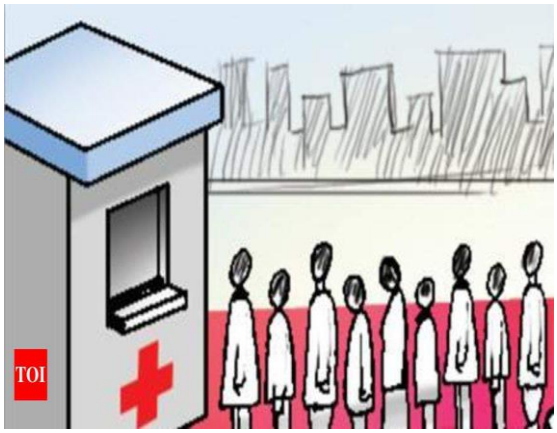
[19] Kumar, G., Choudhary, T.S., Srivastava, A. *et al.* Utilisation, equity and determinants of full antenatal care in India: analysis from the National Family Health Survey 4. *BMC Pregnancy Childbirth* 19, 327 (2019).

Table 4.2: Distribution of Respondents by Most Preferred Source from where a Majority of Women Get their Antenatal Check-ups During Pregnancy						
Particulars		Most preferred source from where a majority of women get their antenatal check-ups during pregnancy				
		N	Government Facility	Private Facility	ANM	ASHA
District-wise distribution	East Khasi Hills	110	85%	14%	0%	1%
	West Garo Hills	110	83%	17%	0%	0%
	West Jaintia Hills	110	67%	11%	8%	13%
Area-wise distribution	Urban	132	61%	25%	4%	8%
	Rural	198	90%	7%	1%	2%
Age-wise distribution	18-25 yrs.	41	75%	22%	0%	2%
	26-35 yrs.	156	78%	13%	4%	4%
	Above 35 yrs.	133	79%	13%	1%	5%

As presented in Table 4.2, in all these districts, a clear majority of respondents mentioned that women prefer to visit a Government Health Facility for ANCs. This reliance on Government Health Facilities was **comparatively higher among rural communities**. **Around one-fourth of the sampled urban respondents were found to prefer a Private Health Facility for Antenatal Checkups**. A plethora of reasons stands behind this trend, namely, **faith in the government-backed institution, good quality of service delivered at affordable rates, cordial behaviour of staff, ease of accessibility, traditional or family recommendations** et cetera. At times it was also due to it being the only available institution for seeking medical aid.[20]

IDIs with Village Head, PRI Members, and Ward Officials further corroborated these reasons as key enablers for the trust in Government Facilities. However, lack of specialists, doctors not being available 24*7, and treatment not being available for all types of illness were mentioned as some of the barriers to accessing Government facilities, often resulting in a flow of patients towards private or other facilities.

Top 3 Reasons why Government Facility is preferred:
(i) Ease of Access
(ii)Affordable Rates
(iii) Faith in the Institution



[20] Picture Credit: (Govt. Hospital)- https://timesofindia.indiatimes.com/
(Private Hospital)- https://www.dreamstime.com

Top 3 Reasons why Private Facility is preferred:
(i) Quality of Service Delivered
(ii) Faith in the Institution
(iii)Ease of Access

During FGDs with **Mothers Group,** when the mothers were asked about their opinions on routine checkups during pregnancy, it was revealed that **members in all three districts do visit sub-centers or any other nearest health facilities for checkups**. They mentioned that women in the community are conscious about the health of the baby and the mother and understand that it is crucial for maintaining their good health. In fact, during **FGDs with other primary stakeholders**, respondents from East Khasi Hills also said that **regular ANCs help in reducing the infant mortality rate.**

Based on the responses, the communication strategy must be so designed as can **increase the public confidence in the credibility of Frontline Workers**, pressing hard for their potential to fare well at the grassroots level. **Measures must also be taken to ensure the quality of services in government hospitals as that is the top pull factor for private facilities.** The communication strategy must not only **convey the needs of demand side stakeholders to the service providers** but also promote a positive campaign on this front so that **quality services can be ensured to them.** The staff must be **sensitized and oriented about their responsibilities** towards the community.

4.1.7 Gender-based Discriminatory Practices in Community

Gender is a fundamental and social determinant of health. It is a factor that regulates not just the access to services but also the degree to which they are extended to a major section of society. It, thus, becomes pertinent to explore levels to which this factor hampers or not, the health levels among seekers of both sexes. In the household survey when respondents were asked if ever they have been denied medical care because of their gender, overall **8% of the respondents reported few instances of facing gender-based discrimination** while 3**% of the respondents pointed to a frequent bias in this regard**. The others findings have been category-wise represented in Table 4.3.

Table 4.3: Distribution of Respondents by whether they feel that women are not able to get appropriate medical care when needed					
Particulars		Do you feel that there are times when you do not get appropriate medical treatment because you are a woman?			
		N	Not at All	Sometimes	Most of the Time
District-wise distribution	East Khasi Hills	110	98%	1%	1%
	West Garo Hills	110	74%	19%	6%
	West Jaintia Hills	110	95%	4%	1%
Area-wise distribution	Urban	132	87%	9%	2%
	Rural	198	90%	7%	3%
Age-wise distribution	18-25 yrs.	41	83%	12%	5%
	26-35 yrs.	156	90%	7%	3%
	Above 35 yrs.	133	91%	7%	1%

Across districts, it was only **in West Garo Hills** where **around one-fourth of the respondents mentioned that they feel that either sometimes or most of the time**, women do not get appropriate medical treatment. Further, there was no significant difference between the opinion of the respondents from urban communities and rural communities.

With regards to understanding any gender-based discriminatory practices in the community, the **Mothers Group** were asked about any gender-discriminatory practices which they might have witnessed in their community, especially with regard to the uptake of healthcare practices or if any kind of health issues were witnessed as a result of gender-based violence/sexual exploitation and abuse/sexual harassment in the FGDs. It was found that **none of the members from either district were aware of any such instances.**

"We cannot say with surety that Gender-based violence/sexual exploitation happens in the community as we have not witnessed these practices ourselves. There are possibilities of some unreported cases as the husband may treat his wife well in front of others, but may resort to abuse or violence towards wives within a home. We are conscious that if such events happen, they should be duly reported and be addressed immediately by the social welfare authorities or community-based organizations working towards the welfare of women."

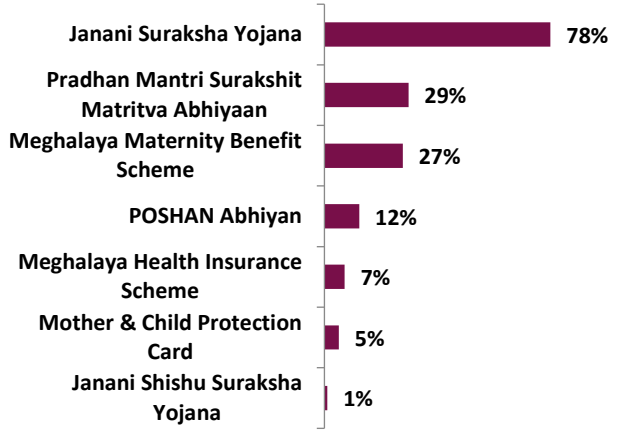
- Respondent from Mothers Group (East Khasi Hills)

While a majority of respondents across various stakeholders never faced discrimination in receiving healthcare services due to gender bias, the proportion of them who reported that at times women do not get appropriate treatment was sizeable in West Garo Hills. Hence, the **communication strategy for the region must** aim at targeting this concern. Accordingly, necessary orientation programs must be planned for the health providers so as to **ensure equitable treatment of both sexes in service delivery by health systems.**

4.1.8 Awareness of Government Schemes & Provisions for Pregnant Women and Children

The Government is making relentless efforts to serve the needs of various sections of society especially, pregnant women and children, but they would be of no use if the message and benefits do not penetrate at the grassroots levels. For this to happen, **it is imperative for the intended sections to have full knowledge of these schemes/benefits and about the processes via which to avail the proffered benefits.** Through the Need Assessment Survey was the awareness of the community on various Government Schemes/Provisions for Pregnant Women and Children. The respondents were asked if they can name a few Government schemes/provisions which offered different kinds of benefits to pregnant women and children during the household survey **to understand the levels of awareness in the community.** It was a multiple-response question. The findings regarding the same have been presented in Figure 4.8.

Figure 4.8: Distribution of Respondents by Awareness of Various Government Schemes and Provisions offered to Pregnant Women and Children (n=330 HHs)



Janani Suraksha Yojana emerged as the **most popular scheme** across all districts. In addition, 73% of the respondents from East Khasi Hills were aware of Pradhan Mantri Surakshit Matritya Abhiyan and 67% of the respondents from West Garo Hills mentioned awareness of the Meghalaya Maternity Benefit Scheme. **Janani Shishu Suraksha Karyakaram** and **Mother and Child Protection Card (MCP Card)[21] fare lowest in popularity,** especially in the districts of East Khasi Hills and West Garo Hills. One of the interesting responses mentioned by around one-fifth of the respondents as others was the Meghalaya Health Insurance Scheme (MHIS). Respondents, majorly from West Jaintia Hills said MHIS in response to this question.

[21] *MCP Guidebook* (2018); accessed from: https://nhm.gov.in

The schemes that ensure safe motherhood, neonatal care, nutritional status of adolescent girls, pregnant women, lactating mothers and children from 0-6 years of age, and much more are popular in separate measures. The **Communication Strategy** must, therefore, design ways **to promote the low-faring schemes** in the community as the intended target **audience is missing out on some crucial benefits at sensitive stages of maternal and child health.** Variable-specific measures must be taken so that the most potent underlying factors that hinder the penetration of these schemes are addressed as per specific needs. Equal weightage must be given to both the rural and urban communities in this regard.

4.1.9 Key Health Concerns Prevalent in the Community

A.L. Hek, Minister of Health & Family Welfare, Meghalaya (2018-2021) in his speech in the State Assembly commented- "As per National Cancer Registry Program, 2020, East Khasi Hills district of Meghalaya has the second highest cancer incidence rate (in the country). It is a fact that **East Khasi Hills district has the highest relative proportion of cancers associated with the use of tobacco for both males and females**". The **highest incidence rate of head and neck cancers** (which also include mouth cancer) has been reported among males (78.5 cases per 1,00,000 males) in the East Khasi Hills of Meghalaya[22]. The FGDs in East Khasi Hills clearly reflected the gravity of this issue.

The proportion of women with mildly elevated Blood Pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg) stands at 10% while **women with high Blood sugar level (141-160 mg/dl) is 5%** for Meghalaya as per NFHS-5. The health concerns such as hypertension and diabetes that the respondents in the FGDs across all districts highlighted are clearly corroborated in the official statistics on the State.

With respect to Child Health Concerns, diarrhea emerged as a common issue in all three districts. The NFHS-5 reveals that the **prevalence of diarrhea in children under the age of 5 in Meghalaya happens to be 10%**, which is three percentage points more than the national average. The same report lists about **73% of children with fever or symptoms of acute respiratory infection** in Meghalaya, pointing to a disturbing reality.

In the FGDs conducted with the Mothers Group and Other Primary Stakeholders, questions were asked to understand the most prevalent health issues in the community which needed to be addressed on a priority basis. While the Mothers were asked about the concerns prominent among women and children, the other primary stakeholders were asked about the major health concerns encountered by the community in general. Most concerns were common or overlapping among districts. With regard to that, the findings have been summarized in Table 4.4.

[22] National Cancer Registry Program, 2020

Table 4.4: Overview of Key Health Concerns Prominent Among Various Stakeholder Groups			
District/ Stakeholder Groups	**Women**	**Children**	**Community**
East Khasi Hills	(i)Gastritis (ii)Diabetes (iii)Hypertension (iv)Pregnancy-related Complications (v)Osteoporosis (vi)Headache	(i)Fever (ii)Common Cold (iii)Cough (iv)Diarrhoea	(i) Hypertension (ii) Diabetes (iii) Tuberculosis (iv)Gastritis (v)Cancer (vi) Whooping Cough
West Garo Hills	(i)Gastritis (ii)Diabetes (iii)Hypertension (iv)Pregnancy-related Complications (v)Tuberculosis (vi)Typhoid (vii)Backache (viii)Stress	(i)Fever (ii)Common Cold (iii)Cough (iv)Diarrhoea (v) Chickenpox (vi)Measles (vii)Tuberculosis	(i) Hypertension (ii) Diabetes (iii) Tuberculosis (iv)Gastritis (v)Heart Diseases
West Jaintia Hills	(i)Gastritis (ii)Diabetes (iii)Hypertension (iv)Pregnancy-related Complications (v)Heart Diseases (vi)Stroke (vii)Urinary Tract Infection (viii) Breast Cancer	(i)Fever (ii)Common Cold (iii)Cough (iv)Diarrhoea (v) Chickenpox (vi)Pneumonia (vii)Mumps	(i) Hypertension (ii) Diabetes (iii) Tuberculosis (iv)Fever-Cold-Flu (v)Joint Pain (vi)Headache

The key concerns are trends that have persisted for some time now and though steps are being taken in this regard by the Government, strategies need to continue evolving until hard-hitting improvements are transpired on the ground. For that to happen, the **Communication strategy** needs to engage organically **to bring about positive attitudinal changes in personal health practices, attitudes towards medical treatment and health services, and acceptance of advancements in modern medicine.** It also needs to **understand the reasons these health issues exist or persist** and where the gaps in policies need to be addressed to bring about a fitter health scenario.

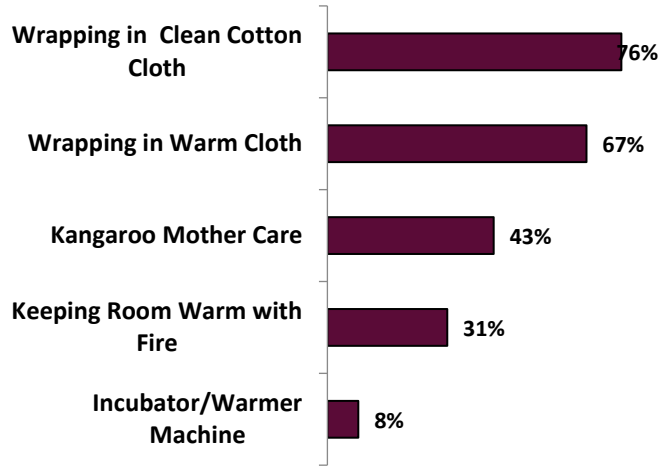
4.2 Awareness & Practices Related to Child Care

One another aspect that was assessed in the Rapid Need Assessment Survey was the awareness levels and practices of the community about various issues pertaining to childcare. The sub-sections ahead present an overview of observations along various childcare health issues.

4.2.1 Measures to Keep the Baby Warm in the Initial Days

With regards to child care, the first and foremost thing which must be ensured is keeping the baby warm after birth. While there are various measures that are effective in ensuring optimal temperature for the newborn, a few methods like kangaroo care go a further mile ahead. Kangaroo mother care, which involves skin-to-skin contact and exclusive breastfeeding, significantly improves a premature or low birth weight baby's chances of survival[23]. **Kangaroo mother care** is already known to be effective and it has **reduced mortality by 40%** among hospitalized infants with a birth weight of less than 2kg when started once they are clinically stable. To understand awareness and practices related to the care of newborns, the respondents were enquired about popular measures undertaken in the community to keep the baby warm. The overall findings have been graphically presented in Figure 4.9.

Figure 4.9: Distribution of Respondents by Awareness of Various Measures Taken to Keep Baby Warm in the Initial Days after Birth (n=330 HHs)



Around three-fourth of the respondents mentioned that they **wrap the baby in clean cotton cloths.** Further, **wrapping the baby in warm cloth** was the second most reported measure to keep a baby warm which was mentioned b**y around two-third of the respondents.** When the responses were assessed district-wise, **62% of the respondents from East Khasi Hills** were found to prefer **keeping the room warm with fire,** closely followed by **Kangaroo mother care (60%)**. **Keeping the newborn wrapped in a clean cotton cloth was the most popular method in the other two districts**. **Incubator care fares lowest** among all responses received.

[23] https://www.who.int/news/item/26-05-2021-kangaroo-mother-care-started-immediately-after-birth-critical-for-saving-lives-new-research-shows

During FGDs, the **Mothers Group** pointed out that the **most common practice** to keep the baby warm was to **wrap them up in clean clothes**, which even the other Primary Stakeholders Group believed to be the apt practice. This was perceived as important to protect the baby from any infection or disease. Besides, when the members were asked about the common practices concerning Kangaroo Mother Care (KMC), they **mentioned that maintaining skin-to-skin contact of the child with the mother (especially while breastfeeding) is practiced.** This was considered **crucial to develop a strong bond between the mother and child**. The respondents from East Khasi Hills and West Garo Hills also mentioned the **practice of holding the baby in an upright position.** However, it was reported by the respondents from **West Jaintia Hills** that in the case of home delivery, the measures for **KMC are not practiced actively**.

Altogether, reliance on traditional measures was observed among the people. Incubator in the neonatal stage, especially in case of a complication, acts as a life-saving measure, hence awareness of the same among the community is essential so that people do not hesitate to opt for it when recommended. Further, during the household survey, the practice of maintaining skin-to-skin contact was also reported majorly in East Khasi Hills. Therefore, the **communication strategy must aim to create awareness and a positive attitude towards kangaroo mother care and the usage of incubator/warmer machines in case of emergencies.** The communication materials project well the importance of these methods and their positive outcomes so that more and more members of the community employ them in childcare stages.

4.2.2 Breastfeeding and Complementary Feeding Practices

Breast milk is uniquely suited to the human infant's nutritional needs and is a live substance with unparalleled immunological and anti-inflammatory properties that protect against a host of illnesses and diseases for both mothers and children[24]. Thus, breastfeeding **forms the most important part of a child's growth and development**. **Breastfeeding within an hour of birth could prevent 20% of newborn deaths**[25]. Infants who are not breastfed are 15 times more likely to die from pneumonia and 11 times more likely to die from diarrhea than children who are exclusively breastfed, which are two leading causes of death in children under five years of age[26]. As per the NFHS-5 data, in Meghalaya, in 79% of the cases, the children are breastfed within 3 hours of being born which is comparatively better than the national figures (42%). However, exclusive breastfeeding for children under 6 months of age was reported in merely 43% of the cases in Meghalaya against the national figure of 64%.

[24] Lawrence RA, Lawrence RM. Breastfeeding: a guide for the medical profession. 7th ed. Philadelphia: Saunders; 2010.

[25] MAA-Program for Promotion of Breastfeeding: Operational Guidelines (2016), *National Health Mission*, Ministry of Health and Family Welfare.

[26] MAA-Program for Promotion of Breastfeeding: Operational Guidelines (2016), *National Health Mission*, Ministry of Health and Family Welfare.

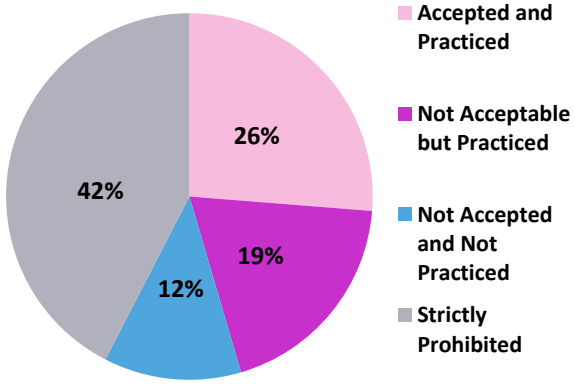
In order to understand the awareness of the community and prevalent practices concerning breastfeeding, two main questions were asked to the parent or caregivers of children under 8 years of age. First, after birth, how soon a child should be breastfed. Second, if it is permissible in their community to feed a baby under 6 months of age anything other than breast milk like water, formula milk/or animal milk, honey, broth, juices, etc. Altogether, it was appreciable to note that **almost all the respondents opined that a child should be breastfed right away or within 1 hour of birth.** The other findings in this regard have been presented in Table 4.5.

Table 4.5: Distribution of Respondents by Awareness on How Soon should a Child be Breastfed after Birth

Particulars		After birth how soon should a child be breastfed?			
		N	Right away/Within 1 hour of birth	Within 24 hours	More than 24 hours
District-wise distribution	East Khasi Hills	110	100%	0%	0%
	West Garo Hills	110	100%	0%	0%
	West Jaintia Hills	110	92%	7%	1%
Area-wise distribution	Urban	132	93%	6%	1%
	Rural	198	100%	0%	0%
Age-wise distribution	18-25 yrs.	41	98%	2%	0%
	26-35 yrs.	156	99%	1%	0%
	Above 35 yrs.	133	95%	4%	1%

A **majority section** in all districts, areas, and age groups was found to be aware of the fact that a newborn baby must be breastfed right away or within 1 hour after birth. Discussions with **Mothers Group** on topics like the initiation of breastfeeding, exclusive breastfeeding, and the type of alternative foods given to children under 6 months, revealed several notions on these issues. The respondents mentioned that the baby must be **breastfed immediately after birth**, though some were in favor of **breastfeeding within 1 hour**. They **recognized the role of breast milk in protecting the child from various infections and diseases.** This opinion was also expressed by the other demand-side primary stakeholders They expressed that **breast milk contains adequate nutrition which prevents malnutrition among them**.

Figure 4.10 : Distribution of Respondents by Acceptance of the Practice of Feeding the Babies under 6 months of age Anything Other than Breastmilk in the Community (n=330 HHs)



Further, with regards to the second question, **around 2 in every 5 respondents** mentioned that it is **strictly prohibited in their community** to feed a baby under 6 months of age anything other than breastmilk. This was majorly reported in **East Khasi Hills and West Garo Hills.** However, **in West Jaintia Hills**, while **one-third of the respondents mentioned that it is an acceptable and followed practice**, around **44% of the respondents mentioned that it is not accepted but practiced in the community.**

However, in **East Khasi Hills**, some of the respondents during the FDGs (Mothers Group) mentioned that in some cases, children under 6 months of age are **fed semi-solid food items** (Cerelac and Lactogen) so as to ensure their proper growth and development. The **practice of feeding rice and smashed vegetables to the child was also reported in West Garo Hills and West Jaintia Hills**. When the respondents were asked about why they undertake this practice, **West Garo Hills** respondents replied that some members felt that **feeding the child breastmilk alone is not sufficient to meet their nutritional requirements**. In **West Jaintia Hills**, respondents said that children are **fed semi-solid food mostly in those households where the mother goes out for work.** In fact, a few other key stakeholders mentioned that they **also feed their children cooked rice powder with breastmilk once a day.**

Altogether, community members in all three districts were found to be aware of the significance of breastfeeding. However, one concern that was identified during the analysis was that certain respondents, especially in West Jaintia Hills, mentioned that some families in the community do feed their children under 6 months of age semi-solid food. This is something that must be addressed under the project. The **Communication strategy** must aim at **sensitizing the community that the advantages of complementary feeding act well only when they are put to use at the appropriate time**. The adequacy of foods administered under this must also be ensured.

4.2.3 Tracking Weight/Height Status and Malnutrition

It is very important to track a child's development and growth in the initial years to know if the progress is on track. As per the NFHS-5 Figures, in Meghalaya, around 46.5% of the children under 5 years of age are stunted (height-for-age). This was comparatively higher than the national figures of 35.5%. Furthermore, around 26.6% of the children under 5 years of age in the state were found to be underweight (weight-for-age). Therefore, as a part of the need assessment survey, the Household Survey attempted to draw out opinions on the current level of understanding of the community on the significance of tracking the height and weight of the children. In addition, the perception of the community with regard to a proper and nutritious diet for the children was also captured. The findings in this regard have been discussed as follows:

It was appreciable to note that **a clear majority of the respondents in the household survey perceived tracking the status of weight and height of the child to be very important. Hardly 4 respondents** (2 from West Jaintia Hills and 1 from East Khasi Hills and West Garo Hills, each) **opined this practice to be not at all important.** Furthermore, there was no significant difference in the opinion of the rural community and the urban community in this regard. Almost all the respondents from various age groups also considered this practice to be very important. Other details in this regard have been summarized in Table 4.6.

Figure 4.11 : Distribution of Respondents by Perceived Level of Importance of Tracking the Status of Weight and Height of the Child in the First Five Years (n=330 HHs)

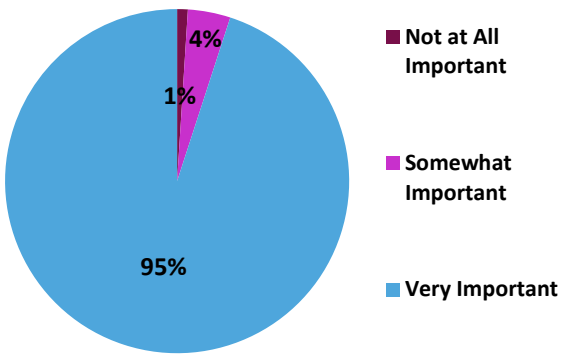


Table 4.6: Distribution of Respondents by Perceived Level of Importance of Tracking the Status of Weight and Height of the Child in the First Five Years

Particulars		How important is it to track the status of weight and height of the child in the first five years?			
		N	Not at all important	Somewhat important	Very Important
District-wise distribution	East Khasi Hills	110	1%	2%	97%
	West Garo Hills	110	1%	3%	96%
	West Jaintia Hills	110	2%	8%	90%
Area-wise distribution	Urban	132	1%	6%	93%
	Rural	198	1%	3%	95%
Age-wise distribution	18-25 yrs.	41	0%	0%	100%
	26-35 yrs.	156	1%	4%	94%
	Above 35 yrs.	133	1%	5%	93%

The opinions of the **Mothers Group** on tracking weight, health, and malnutrition in children highlighted that in all the districts, respondents **ensured providing the children with a healthy and nutritious diet** so as to prevent the incidence of any diseases among them and ensure their proper growth and development. However, the respondents from **East Khasi Hills and West Jaintia Hills informed that there are certain families in the community who could not afford healthy food items for their children**. Further, in **West Garo Hills**, it was also reported that in certain cases, **signs of malnutrition remain unnoticed, unless the child gets severely ill**. It is only then the parents understand the significance of providing a healthy diet to their child and deal with the situation seriously.

FGDs with **other Primary Stakeholders** further revealed that **in all the districts**, the **respondents were found to be aware of the importance of feeding their children a healthy and nutritious meal**. All the respondents affirmed that a proper and balanced diet will protect the children from any disease or infection and assist in their overall growth and development. **In East Khasi Hills**, some of the respondents also **mentioned that children must be fed food items from five food groups- fruits, vegetables, grains, dairy, and food items rich in protein.** In **West Garo Hills**, a few respondents mentioned that some people in the community believe that **feeding only rice to the child is sufficient.** This can be considered one of the plausible causes of malnutrition among children. In **West Jaintia Hills**, some of the participants mentioned that the children must be fed home-cooked food on time. However, the **financial condition of the family also plays a key factor** in the type and variety of food items that they can provide to their children.

Altogether, the community was found to be aware of the significance of tracking the status of height and weight of the children. They also understood the significance of providing a healthy and nutritious diet to their children. However, there were three main concerns that were noted. **First,** while the respondents understood the significance of a proper and nutritious diet, a lack of understanding with regard to what constitutes such a diet was noted (especially in West Garo Hills). **Second,** a need for educating the community on the signs of malnutrition among children was identified. **Third,** the respondents from East Khasi Hills and West Jaintia Hills mentioned that some families could not afford healthy food items for their children. They must be oriented about the healthy food options available and cultivated in their communities. Therefore, the **Communication Strategy** must be designed keeping into consideration the mentioned concerns. Accordingly, a positive change in this regard can be realized.

4.2.4 Immunization

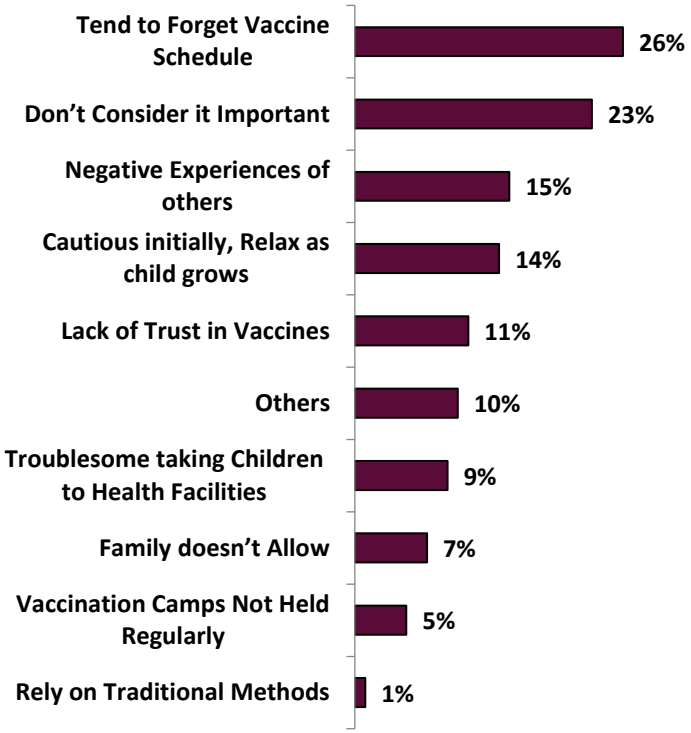
Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases[27]. It thus becomes imperative for every parent to get their child vaccinated and secure them from future preventable diseases. However, only 64% of children aged 12-23 months in Meghalaya happen to be fully vaccinated based on information from either vaccination card or mother's recall, as per NFHS-5 figures. The Need Assessment Survey, thus, attempted to understand the beliefs of the community regarding child vaccination and the reasons behind the lack of immunizations in the community.

Overall, the **most mentioned reason** (as per the household survey) why the families in the community do not vaccinate their children was reported to be the **tendency to forget the vaccine schedule.** Around **one-fifth of the respondents** expressed that families in the community **do not consider it important.** The other details in this regard have been illustrated in Figure 4.12.

[27]Immunization Handbook for Health Workers (2018), *National Health Mission*, Ministry of Health & Family Welfare.

When the district-wise responses were assessed in this regard, **around 44% of the respondents** from **East Khasi Hills**, mentioned that some people have had **a negative experience with vaccinating their children.** A similar proportion of respondents from **West Garo Hills**, reported that families **do not consider immunization important** as the main reason in this regard. However, in **West Jaintia Hills**, around **one-third of the respondents mentioned that families ensure regular vaccination of their children.** Therefore, some of the respondents were not much aware of the reasons why families in the community do not vaccinate their children. Furthermore, **36% of urban respondents** mentioned that families in their region **do not consider vaccination to be important** while **11% expressed a lack of trust** in them. The respondents from **rural regions seemed to be slightly more sensitive** to the importance of immunization.

Fig. 4.12: Distribution of Respondents by Various Reasons why Families in the Community to do not get all the Vaccinations for their Children (n=330 HHs)



Discussions with the **Mothers Group** further revealed that respondents in all the districts were found to be aware of the importance of child immunization. They mentioned that they follow the immunization schedule to ensure that their child is timely vaccinated. They also stated that they visit the nearest health facility for the vaccination of their child. The community was also found to understand the significance behind routine immunization of their children. They mentioned that it is crucial to prevent the incidences of a series of infections and diseases among children. However, in West Garo Hills, certain members expressed fear of the side effects of vaccines (effects such as body aches, fever, etc.)

Hence, the **Communication strategy** needs to come up with ways to help the community instill belief in the importance of vaccines and give a boost to their credibility so that more and more people opt for them. The Communication Plan must be able to shatter myths and fears about side effects related to vaccines. Measures need to be devised to help community members get a grip on their laxity in vaccination as the child grows up.

4.2.5 Most Preferred Source for Child Care

Household Survey attempted to understand the most trusted source for seeking medical aid for children in the community to understand health-seeking behaviours. In this regard, **a major reliance on Government Health Facilities was noted.** However, **around one-fourth of the respondents reported that the most preferred source for child care was Private Health Facilities**. Table 4.7 has laid out an overview of the responses received from the survey.

Figure 4.13 : Distribution of Respondents by Most Preferred Sources for Medical Care When a Child Falls Sick (n=330 HHs)

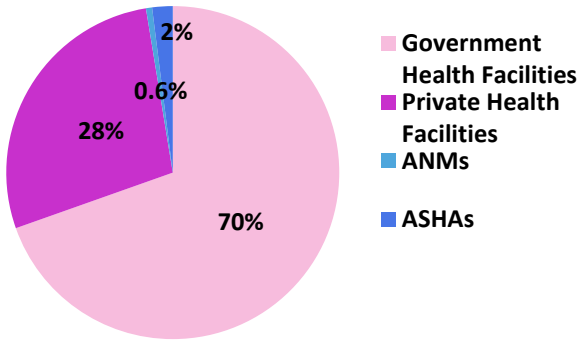


Table 4.7: Overall Distribution of Respondents by Most Preferred Source of Medical Care when Children Fall Sick

Particulars		In your community, which is the most preferred source where most families seek medical care when their children fall sick?				
		N	Government Health Facility	Private Health Facility	ANM	ASHA
District-wise distribution	East Khasi Hills	110	89%	10%	0%	1%
	West Garo Hills	110	75%	20%	2%	3%
	West Jaintia Hills	110	44%	53%	0%	3%
Area-wise distribution	Urban	*132*	60%	39%	0%	1%
	Rural	198	76%	20%	1%	2%
Age-wise distribution	18-25 yrs.	41	76%	24%	0%	0%
	26-35 yrs.	156	72%	25%	1%	1%
	Above 35 yrs.	133	65%	32%	0%	4%

As can be seen from Table 4.7, atleast **three-fourth of the respondents from East Khasi Hills and West Garo Hills** reported the **Government Health Facilities as the most preferred source** for childcare. **Ease of access, availability of services at affordable rates, and faith in the facility** were mentioned as the **main reasons to prefer Government Health Facilities in East Khasi Hills**. The respondents from **West Garo Hills also mentioned that Government Health facilities are easily accessible.** Reliance on Government Facilities was noted to be **comparatively higher among the rural communities as well.** However, it was **only in West Jaintia Hills where atleast half of the respondents** said that **private health facilities are their most preferred source** for childcare majorly because of the **quality of services** offered in these facilities.

However, during the IDIs and FGDs, certain factors impeding the access to Government Health Facilities were also identified. In all the districts, the following barriers to availing services from a Government Facility were mentioned- lack of equipment, unavailability of all types of services, lack of competent and efficient medical staff, unavailability of medicines/free medicines, long waiting hours, and lack of rapid health assistance. With the help of the **Communication Strategy,** these challenges must be communicated to the concerned officials. Adequate measures must be taken to address the gaps in the provision of health services to Government Facilities through a dialogue with service providers where factors that act as barriers can be discussed and grievances alleviated.

4.3 Health Issues of Youth and Adolescents

Through the rapid communication need assessment, the awareness and practices in the community concerning some health issues pertaining to youth and adolescents were also assessed. The questions in this regard were majorly administered by the Household Survey to youth and adolescents in the age group of 14 to 24 years. In addition, some focus group discussions were also carried out with youth groups in the community to gain an insight into the current level of understanding about various issues and carve out the key enablers and barriers that influence their health behaviour. The sub-sections ahead present an overview of the findings in this regard.

4.3.1.a. Engagement in Physical Activities

The age group encompassing 14 to 24 years is a time of tremendous change and discovery. During these years, physical, emotional, and intellectual growth occurs at a dizzying speed, thereby challenging to adjust to a new body, social identity, and expanding world.[28] According to the WHO, the health benefits of a physically active lifestyle during youth and adolescence include improved cardiorespiratory and muscular fitness, bone and cardiometabolic health, and positive effects on weight. There is also growing evidence that physical activity has a positive impact on cognitive development and socializing. To achieve these benefits, the WHO recommends for adolescents to do moderate or vigorous physical activity for an hour or more each day. This specifies the need to investigate into the understanding of the youth and adolescents about this important issue.

As a part of the survey, the respondents were asked whether people of their age engage in sports and physical activities. The **majority of the respondents in all three districts** affirmed that **atleast some of the people in their age group engage in sports and physical activities.** However, **21% of the respondents in West Garo Hills** reported that **people in their age group do not engage in sports and physical activities at all.** Percentage of respondents who have a perception that people of their age group do not engage in sports and physical activities at all were higher in the urban areas. Further, gender-wise findings revealed that more female respondents think that people of their age group do

[28] Meghalaya Health policy, 2021.

not engage in sports and physical activities as compared to their male counterparts. The other details in this regard have been presented in Table 4.8.

Table 4.8: Distribution of Respondents by whether they think people of their age engage in sports and physical activities

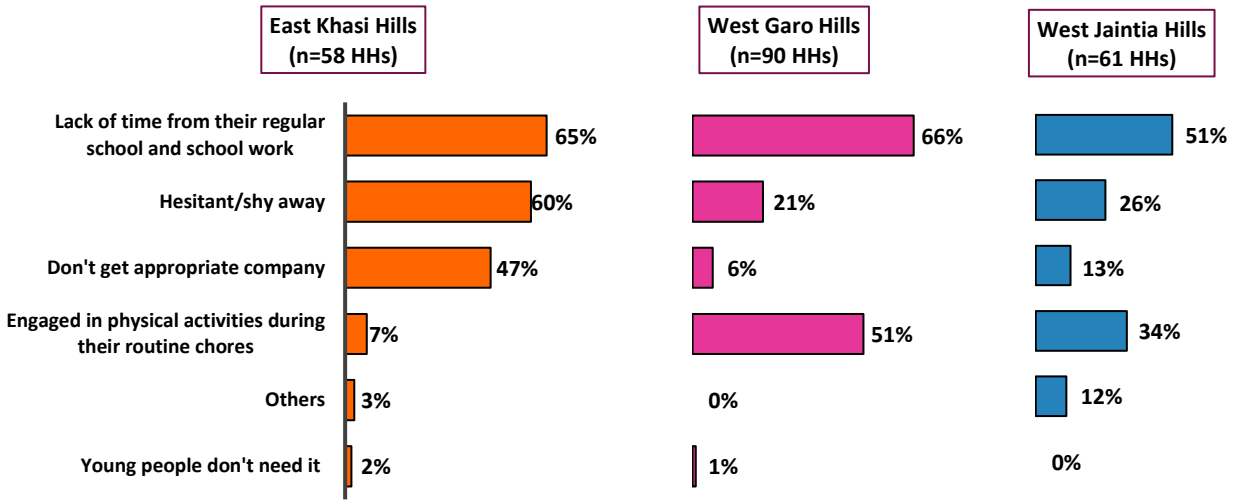
Particulars		Distribution of respondents by whether they think people of their age engage in sports and physical activities			
		N	Not at all	Some people do	Most people do
District-wise distribution	East Khasi Hills	110	9%	44%	47%
	West Garo Hills	110	21%	61%	18%
	West Jaintia Hills	110	10%	46%	44%
Area-wise distribution	Urban	132	15%	51%	34%
	Rural	198	12%	50%	38%
Gender wise distribution	Male	145	10%	49%	41%
	Female	185	15%	52%	33%
Age-wise distribution	14-19	233	13%	51%	36%
	20-24	97	12%	48%	40%

4.3.1.b. Reasons for Inactive Engagement in Physical Activities

Increased levels of physical inactivity have negative impacts on health systems, the environment, economic development, community well-being, and quality of life. Thus, to increase the level of awareness among youth and adolescents regarding physical activities it is of utmost importance to know the causes behind their less engagement. Thus, the respondents (who mentioned that either the people in their age group do not engage in physical activities at all or some people engage in physical activities), were asked about their views regarding the reasons that they think were responsible for less engagement of people in their age group in sports and physical activities. Some of the options that were provided were young people do not need it, they do not have time after their regular school and on account of school work, they already engage in a lot of physical activities while doing chores, they do not get a company to undertake these activities, and hesitancy or shyness.

A majority of respondents in all the districts **perceived lack of time from regular school and school work as the reason why youth and adolescents don't engage in physical activities**. Moreover, this was also majorly reported by both male and female respondents. Further, **in East Khasi Hills, hesitancy/shyness was mentioned as a factor** by a significant proportion of respondents. The district-wise distribution of respondents based on various reasons why adolescent and youth do not engage in physical activities has been presented in Figure 4.14.

Figure 4.14: Distribution of Respondents Based on Various Reasons Why Adolescent and Youth Do Not Engage in Physical Activities



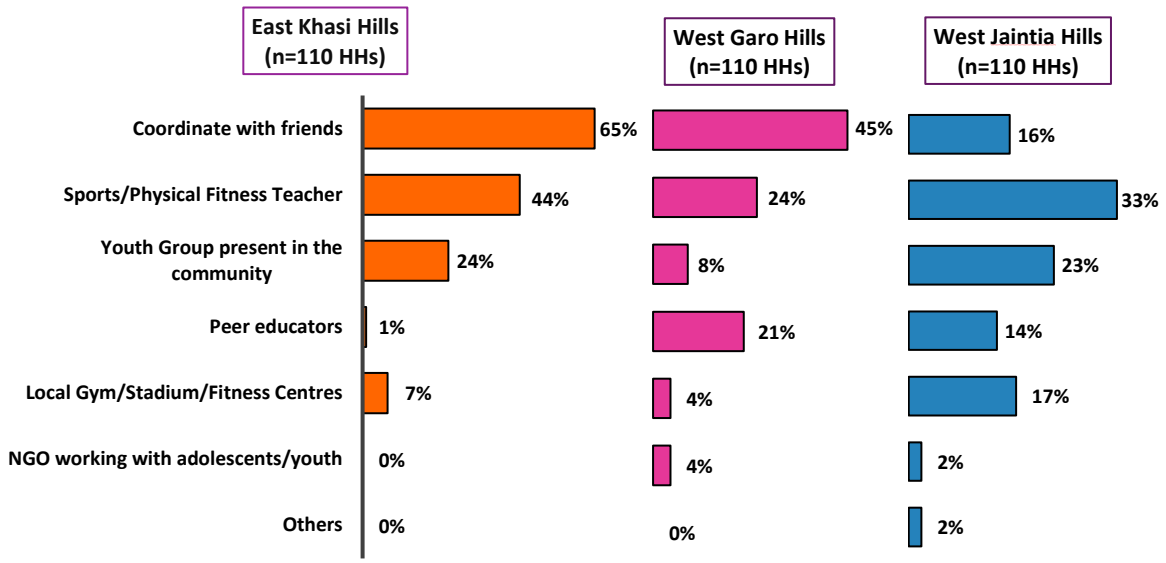
A majority of respondents in both urban (79%) and rural areas (48%) also mentioned lack of time from regular school and school work as the reason they think why adolescents and youth do not engage in physical activities. It was also noted that **engagement in physical activities during their routine chores, was also mentioned as a reason by a sizeable population of male respondents (40%).** Though, they were keeping up with physical activities it should be inculcated in their mind to be a part of sports for their holistic development.

4.3.1.c. Preferred Source to Pursue Physical Fitness or Sport Activities

The respondents were also asked if they would like to pursue any physical fitness activities or sports activities, which sources would they prefer or approach. They were given some options such as sports or physical fitness teacher or department in school or college, youth group present in the community, peer educators, any NGO in the area that is working with youth and adolescents, will coordinate among friends, in local gymnasium/stadium/fitness centers, and any other sources.

Region-wise analysis revealed that **in East Khasi Hills and West Garo Hills, a majority of the respondents preferred that they would coordinate with friends** in case they wish to pursue physical fitness or sports activities. However, **in West Jaintia Hills**, a maximum of the respondents mentioned that they would **approach sports/physical fitness teacher** for the same. The district-wise distribution of respondents based on where or whom are the respondents most likely to approach if they wish to pursue physical fitness or sports activities has been presented in Figure 4.15.

Figure 4.15: District-Wise Distribution of Respondents Based on Where or Whom Are the Respondents Most Likely to Approach If They Wish to Pursue Physical Fitness or Sports Activities



Further, area-wise analysis of the data revealed that **nearly half of the respondents in urban areas preferred to coordinate among friends** to pursue physical activities. In **rural areas, maximum response was garnered for sports/physical fitness teacher** as the preferred source. **Gender-wise analysis of data** also revealed that **coordination with friends** for pursuing sports and physical activities is the most favoured option **followed by sports/physical fitness teacher** as the preferred source for pursuing sports and physical activities.

During FGDs, the respondents were asked about their opinion regarding some common health issues faced in general along with the prevalence and extent of seriousness of the same in their area. They were also asked for suggestions regarding serious problem affecting their area, and what they thought were the common reasons behind those problems in terms of general attitude, beliefs and practices. Respondents in **West Garo Hills** opined that **physical fitness is very much crucial and the people in the community consider it to be significantly important.** They further added that members ensure regular exercise to remain physically fit. Adolescents engage in sports activities held in school and college. Some also engage themselves in household chores. Further, in **East Khasi Hills, the respondents expressed that the members perceive physical fitness as somewhat important.** They engage in manual labour to ensure physical fitness. **In West Jaintia Hills, some respondents mentioned that people consider physical fitness to be very important.** They ensure active involvement in household chores. Most of the adolescents and youth also regularly play outdoor sports such as football. **However, there were certain other respondents who expressed that the idea of physical fitness is hardly considered vital and such a practice is not prevalent in the area.**

The Communication Strategy must thus be customized with regard to the region-specific findings in this regard. **In West Garo Hills, the messages must emphasize increasing the engagement level in sports and physical activities of the adolescents and youth in the community.** The findings further reflect that though people in **West Jaintia Hills** are aware of engagement in physical activities, they express less interest in engaging themselves with the same. Thus, it highlights on the further need for increased **focus on spreading awareness and raising the interest of the youth and adolescents to get engaged in sports and physical activities through proper communication plan.** Further, the messages should be conveyed with equal frequency across rural and urban areas of the state and between male and female populations Moreover, the respondents suggested that youth and adolescents in their age group engage in household chores and manual labour to ensure physical fitness in West Garo Hills, West Jaintia Hills, and East Khasi Hills, respectively. It is worth mentioning that though the youth and adolescents lay significance to physical fitness and try to maintain the same through other activities, **they should be encouraged to spare some time for sports and physical activities for their holistic development.**

The project interventions are planned in such a way that they lead to a comprehensive development of the youth and adolescent and thus more emphasis needs to be laid on the importance of physical activities among the targeted respondents. To mould the targeted respondents favourably towards physical activities social and behaviour change communication needs to be carried out and they should be counseled on a regular basis to make sure that they do not leave this healthy behaviour in between.

4.3.2.a. Incidences of Mental Stress

According to the WHO, adolescence is a unique and formative time. Physical, emotional, and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting youth and adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence as well as adulthood. Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations. Reduced mental wellness can be easily linked to depreciation in the overall health of the individual. Hence, the survey also aimed at understanding the incidences of emotional or mental stress among the youth and adolescents and to identify the reason for the same to arrive at a conclusion and frame a proper planning and guidance to counsel the respondents in a proper manner for their mental well-being.

The respondents were asked whether adolescents and youth in the community experience any emotional issue/mental stress and were given three options: not at all, some people do and most people do to choose from for their response. Region-wise data revealed that a **majority of**

respondents in all the districts were in favour that most people of their age do face emotional or mental stress. Further, **1 out of 4 respondents in urban areas** mentioned that **most people in the targeted age group have been exposed to mental and emotional stress.** Gender-wise analysis of data revealed that **more female respondents were of view that adolescents and youth in the community experience mental stress**. The distribution of respondents by whether adolescents and youth in the community experience any emotional issue/mental stress has been presented in Table 4.9.

Table 4.9: Distribution of respondents by whether adolescents and youth in the community experience any emotional issue/mental stress

Particulars		Distribution of respondents by whether adolescents and youth in the community experience any emotional issue/mental stress			
		N	Not at all	Some people do	Most people do
District-wise distribution	East Khasi Hills	110	16%	82%	2%
	West Garo Hills	110	32%	57%	11%
	West Jaintia Hills	110	13%	62%	24%
Area-wise distribution	Urban	132	20%	55%	25%
	Rural	198	20%	75%	5%
Gender wise distribution	Male	145	21%	69%	10%
	Female	185	20%	66%	15%
Age-wise distribution	14-19	233	26%	66%	8%
	20-24	97	6%	70%	24%

4.3.2.b. Causes Behind Mental Stress

Having a proper knowledge of the reasons behind the causes of emotional and mental stress will lead to arriving at a properly planned communication strategy to tackle this issue. Therefore, those who mentioned that most people in their age group have experienced emotional or mental stress were asked for the probable reasons behind mental stress.

Region-wise analysis of the data revealed that **a majority of respondents mentioned the pressure of studies** as the reason for emotional and mental stress among youth and adolescents. **Pressure to make a career and bearing multiple responsibilities** has been pointed as the main reasons by respondents **in West Jaintia Hills** for mental and emotional stress among the targeted sample group. The data findings from the urban and rural areas revealed that while **pressure to make a career** has been mentioned as the reason for emotional and mental stress by a majority of respondents in the **urban areas**, the **pressure of studies** was said to have a significant impact on the mental health of the youth and adolescents in **rural areas.**

4.3.2.c. Preferred Source to Approach During Emotional and Mental Stress

Increased vulnerability and exposure to emotional stress might be detrimental to the health of the youth and adolescents in the long run. Hence, a proper source of counseling must be present and approached to tackle this issue. The respondents were asked whom they would approach in case they face any emotional or mental stress as a multiple-response question.

Region-wise findings from the data showed that **nearly half of the targeted respondents in all the three districts preferred friends as the source to whom they will talk to during any event of mental or emotional stress.** Further, **in East Khasi Hills, 78% of the respondents also preferred talking to their family members** in case they experience emotional issue or mental stress. **42% of the respondents in West Garo Hills and 44% in West Jaintia Hills also preferred the same option.** The findings from the data have been presented in Figure 4.16.

Some respondents mentioned that they will go to religious places. Others expressed that they will not approach anyone.

Figure 4.16: District-Wise Distribution of Respondents Based on Where or Whom They Are Most Likely to Approach If They Face Any Mental/Emotional Stress

The responses when were observed from the urban and rural population showed a similar trend with majority of youth and adolescents opining friends as their priority to communicate followed by family members. In the rural area, however, almost an equal trend was observed when it came to choosing between family and friends.

During the FGDs with Youth Groups and Other Primary Stakeholders in **West Garo Hills**, the respondents expressed that issues concerning emotional/mental stress are **considered significantly crucial in the community** which can be supported by the earlier findings that a sizeable number of respondents faced emotional or mental stress. In **East Khasi Hills**, the respondents mentioned it to be **somewhat important**. However, **in West Jaintia Hills**, while **there were some respondents who perceived emotional/mental health concerns as somewhat important, there were others who expressed that such concerns are not very prevalent** in the area as was evident from the earlier findings.

When the respondents were asked about the beliefs and perceptions of the community on emotional/mental stress, it was reported by **most of the respondents (across districts) that a majority of the community members are not aware of the seriousness of mental health and well-being.** They consider it to be a normal occurrence. Among those who perceive mental health to be vital, they often approach their family and friends for help. **In West Jaintia Hills, respondents mentioned that the incidence of anxiety and stress is high among youth and adolescents. However, some of them shy away from approaching health professionals or their family and friends**. **They feel that they may be looked down upon by their peers and family if they express their feelings.**

In light of the above-discussed findings, **a well-planned approach** needs to be framed and executed to make sure that the targeted respondents who are exposed to any sort of mental or emotional stress don't lack any medical assistance. Also, **communication and parental guidance** in any pertaining problems for the youth and adolescents needs to be encouraged, such that they can easily share their problems with their parents and arrive at a logical conclusion rather than taking any drastic decisions. Further, **the holistic and comprehensive development** of the youth and adolescents can be carried out by chalking out **a proper communication plan to educate them** about the signs of emotional and mental stress so that such an ailment does not go unnoticed. They must also be oriented about the possible sources they can approach for help and guidance.

4.3.3 Awareness of Adolescent-Friendly Health Clinic

As per the National Health Mission, Government of Meghalaya, proper emphasis has been laid on the counselling of adolescents by establishing Adolescent Friendly Health Clinics (AFHCs). During the survey, question was asked to the respondents regarding whether they were aware that the Government has special AFHCs that offer medical care and counselling support to adolescents facing any physical or mental problems.

District-wise analysis of the data revealed that a larger population was ignorant about AFHCs. However, **in West Garo Hills, 55%** of the respondents did mention that they **were aware about Adolescent Friendly Health Clinics operational in their area**. The ignorance level needs to be minimized keeping in mind that these facilities are being run specially for them and the youth and adolescents should be encouraged to avail these without any hesitation or shyness. Area-wise and gender-wise observations also reveal a similar kind of trend in ignorance level regarding the presence of AFHCs. The distribution of respondents by awareness levels about Adolescents Friendly Health Clinics has been presented in Table 4.10.

Table 4.10: Distribution of respondents by awareness levels about Adolescents Friendly Health Clinics

Particulars		Distribution of respondents by awareness levels about Adolescents Friendly Health Clinics		
		N	Aware	Not Aware
District-wise distribution	East Khasi Hills	110	16%	84%
	West Garo Hills	110	55%	45%
	West Jaintia Hills	110	27%	73%
Area-wise distribution	Urban	132	39%	61%
	Rural	198	27%	73%
Gender wise distribution	Male	145	34%	66%
	Female	185	29%	71%
Age-wise distribution	14-19	233	28%	72%
	20-24	97	38%	62%

When the respondents were asked about the healthcare facilities in the community that focus on the health and well-being of adolescents and youth during the FGDs**, in all the districts, the respondents mentioned about the PHCs.** In **West Garo Hills**, the respondents also mentioned the **Sub-centers.** In **East Khasi Hills**, the respondents mentioned that **private doctors also focus on the health and well-being of adolescents and youth.** Further**, in West Jaintia Hills, schools and community halls** were mentioned as other facilities that aid adolescents and youth.

On enquiring about the type of services offered by the mentioned facilities or entities, the most mentioned services were **free medical checkups, awareness of teenage pregnancy, menstrual health management, and counseling services on substance use**. In **West Garo Hills and West Jaintia Hills,** the respondents also reported that they **receive IFA tablets from the mentioned facilities.** Besides, **vaccination and deworming services** are also rendered at the mentioned facilities. Further,

in **West Garo Hills**, the respondents added that they receive **awareness of sexual reproductive health and HIV/AIDs from PHC/Sub-center.** Overall, the services received from mentioned facilities were perceived to be either somewhat effective or significantly effective. However, **in West Jaintia Hills, the respondents added that in most of the cases, adolescents approach health facilities only when the problem becomes severe.**

It can be concluded from the findings that though the youth and adolescents mentioned the various health centers functioning in their areas, **they were not aware of the AFHCs. This gap needs to be bridged through a proper communication medium. Also, they must be encouraged to approach the health facilities and get their problems resolved as early as possible rather than waiting for the problem to get severe.** This would lead to less financial burden and mental stress. The communication plan must be prepared accordingly to keep the youth and adolescents upbeat about the health facilities being run by the State Government to counter health issues faced by them.

4.3.4 Gender-Based Discriminatory Practices in the Community

Gender discrimination is the unequal or disadvantageous treatment inflicted on someone because they belong to a specific gender. It is usually the women who usually have to face such gender discrimination. As per 2011 census data, effective literacy rates (age 7 and above) were 82.14% for men and 65.46% for women, which bears testimony to the fact that gender discrimination still exists to some extent in the country. Several factors like poverty, illiteracy, patriarchal setup in the society, social customs, beliefs and practices, and lack of awareness among women can be considered for this gender-based discrimination encountered in the society. During the survey, the respondents were questioned if most families discriminate between girls and boys when it comes to offering health and education opportunities to which they were given three options viz. Not at all, some people do, and most people do to choose from.

Region-wise findings of the data revealed that **85% of the respondents mentioned that families do not discriminate between girls and boys when it comes to offering health and education opportunities.** In **West Garo Hills**, **a comparatively higher proportion of the respondents perceived that some people do discriminate between boys and girls when it comes to health and education**. The discrimination was more prevalent in the rural areas with the respondents perceiving that families in the community discriminate between girls and boys. Gender-wise analysis of the data revealed that it was the female population that was subjected to some sort of discrimination regarding health and education opportunities as perceived by the respondents. The distribution of respondents by their perception of whether families in the community discriminate between girls and boys has been presented in Table 4.11.

Table 4.11: Distribution of respondents by their perception of whether families in the community discriminate between girls and boys					
Particulars		Distribution of respondents by their perception of whether families in the community discriminate between girls and boys			
		N	Not at all	Some people do	Most people do
District-wise distribution	East Khasi Hills	110	94%	4%	2%
	West Garo Hills	110	68%	29%	3%
	West Jaintia Hills	110	93%	7%	0%
Area-wise distribution	Urban	132	86%	12%	2%
	Rural	198	84%	15%	1%
Gender wise distribution	Male	145	85%	15%	0%
	Female	185	85%	12%	3%
Age-wise distribution	14-19	233	85%	14%	1%
	20-24	330	84%	12%	4%

The respondents from the youth group were also enquired about any gender-based discriminatory practices that they have witnessed in the community, especially with regard to the healthcare practices among adolescents and youth. Further, they were asked for their opinion regarding any kind of health issues that they have witnessed as a result of gender-based violence/sexual exploitation and abuse/sexual harassment among men and women in their community. In response to the questions, it was stated that there was **no perceptible gender-based discriminatory practices in the community.** The community was **reported to not have any knowledge of cases of gender-based violence/sexual exploitation and abuse.**

While it was appreciable to note that a significant proportion of respondents mentioned that there was no gender-based discriminatory practices in the community, **a proper communication plan** must be chalked out to make sure that the families (with a special focus on West Garo Hills) be properly **counselled for not allowing such discriminations** and pave the way towards the solutions that make gender bias prevailing in the society a foregone issue.

4.3.5 Common Health Issues Prevailing in Youth and Adolescents

The Meghalaya Health policy 2021 focuses on strengthening the overall healthcare facilities in the state wherein the project intervention aims to educate the youth and adolescents about some common health issues and health-related concerns that they very often face. To make sure that the targeted respondents be made aware of the healthcare facilities available in the state, it becomes relevant to know their perspectives too and understand the concerns that they face. This understanding was made clearer by the FGDs that were conducted in the respective districts where the respondents were asked about their opinion pertaining to some common health issues that they face and the extent of the seriousness of the same. Further, they were also asked about the

common reasons behind those problems in terms of general attitudes, beliefs, and practices around these issues. The answers of the respondents were recorded and observed across categories such as Malnutrition and Dietary practices, Substance use, Menstrual Hygiene Management, Teenage Pregnancy, Reproductive, and Sexual Health Practices. Opinions of some other primary demand-side stakeholders were also captured in this regard. The findings in this regard have been discussed as follows:

A. Malnutrition and Dietary Practices:

- In West Garo Hills, the respondents were found to consider adequate dietary practices very significant. They mentioned that the intake of a healthy and nutritious diet is ensured in the community. They added that a majority of the households consume vegetables and fruits grown on their own farm. It was also reported by them that the healthy food items available in the market are believed to be overpriced. Therefore, the members depend on locally grown fruits and vegetables.
- In East Khasi Hills, the respondents were found to perceive malnutrition and dietary practices as somewhat important. They reported that the members of the community are not very aware of the importance of a healthy diet. Most of them hardly follow healthy dietary practices. However, certain households do prefer consuming vegetables and fruits cultivated on their own farms. A similar belief was also expressed by the respondents from West Jaintia Hills. They also stated that the consumption of meals on time is considered important.

B. Substance Use:

In all the districts, the respondents mentioned that the community majorly perceived the aspects of substance use and dependency/substance use disorders to be significantly important. It was further mentioned that adolescents and youth indulge in the consumption of alcohol, drugs, and tobacco under peer pressure. They believe that this practice will make them confident and become a part of their peer groups. In East Khasi Hills, some respondents also quoted stress as the reason behind the increasing consumption of alcohol and tobacco among adolescents and youth groups. Furthermore, substance use was also mentioned to cause dropouts among school-going adolescents in West Jaintia Hills. Besides, in West Garo Hills and West Jaintia Hills, some respondents added that the practice of consuming betel nuts is driven by cultural and traditional norms in the community.

C. Menstrual Hygiene Management and Menstrual Problems:

This aspect was found to be significantly important by the respondents of all three districts. It was mentioned in all the districts that the usage of cotton cloth was preferred to the use of sanitary napkins. The respondents mentioned that they wash the used clothes and they opine that this will prevent them from any infections. Furthermore, in West Garo Hills and West Jaintia Hills, the respondents were found to believe that discussions on menstruation must be held only

among women. They perceive that such discussions should not be held at home along with the male family members.

D. Teenage Pregnancy & Adolescent Reproductive and Sexual Health Practices:

Teenage pregnancy & Adolescent Reproductive and Sexual Health Practices was perceived to be a very significant concern in all the districts. The respondents expressed that adolescents are not much aware of this regard and they hardly come forward to seek medical assistance. They do not understand the consequences of their actions and often, teenage pregnancy is found to be an outcome of peer pressure. The respondents from East Khasi Hills also added that such cases leave a long-lasting effect on both the physical health and mental health of the concerned adolescent.

Further, the respondents from East Khasi Hills and West Garo Hills said that they have received some information on sexual and reproductive health practices from frontline workers such as ASHAs, ANMs, and AWWs. In West Jaintia Hills, the respondents mentioned that they have learned about sexual and reproductive health from school. **However, it was also added by respondents across all the districts that they are not sure if have received complete knowledge on this aspect.**

Lack of knowledge was identified to be a key concern with respect to various health concerns related to youth and adolescents. This **needs to be addressed through proper communication and counselling strategy** with the targeted respondents so that they can be made aware of this issue completely. Developing such awareness and orienting the youth towards learning is a challenging task that involves extensive and persistent effort. However, with the interventions being made through MHSSP, it is hoped that more and more youth and adolescents would be oriented toward learning health-related concepts.

4.4 Healthcare Decision-Making in Household

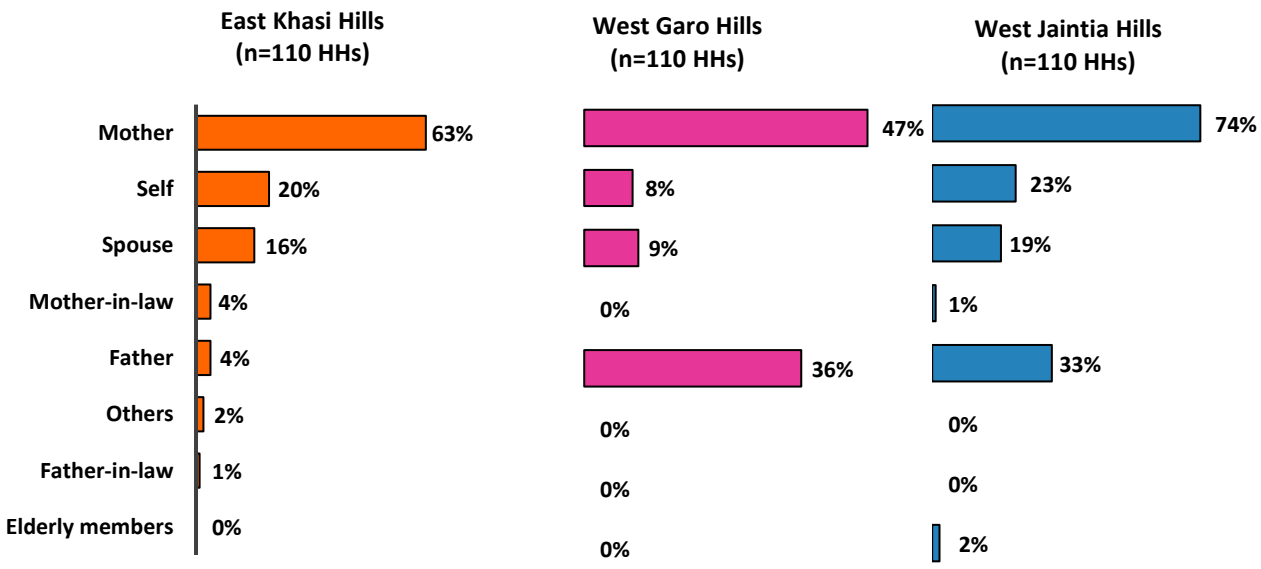
The previous sections discussed the findings focusing mainly on the healthcare habits that are adopted for maternal care, child care, and healthcare for youth and adolescents. Emphasis was also laid on the barriers that should be intervened to facilitate a smooth health maintenance process. However, it is of prime importance to further understand that when it comes to avail the operational healthcare facilities, who all are involved in the decision-making process in a household. Also, the information obtained from the survey has helped us to understand how far are women involved in the decision-making process in households. To have a clearer understanding regarding the same, the data from the household survey has been presented under the following sub-headings in this section.

4.4.1 Decisions to Seek Health Services from Hospital

The access of patients to healthcare facilities is of utmost importance. It is feasible only when the decisions regarding this are made timely and unanimously. A minute of delay and negligence may prove to be fatal for the health and well-being of the patient. It has been observed that many-a-times patients/sufferers tend to conceal their ailments from their household members which further delays the overall decision-making process regarding the healthcare facilities to be availed. It should be borne in mind that waiting to receive medical care is not only detrimental to the patient's health, but it can also financially burden the family. As the delay in timely decision-making progresses, it leads to complicated surgeries, extended hospital stays, more medications, and unwanted higher costs for treatment.

To get an idea regarding who all are involved in the decision-making process in the households regarding healthcare, two questions were asked to the respondents during the household survey. **First,** household members who take the decision to seek health/treatment services from hospitals. **Second,** household members who take decisions for pregnant women. The targeted respondents were given eight options for the family members i.e. father, mother, father-in-law, mother-in-law, spouse, elderly members, self, and others to choose from. District-wise analysis of the responses from the survey revealed that in **a majority of the households, mothers were taking decisions regarding healthcare in their respective households.** This was also observed when the responses were analysed in terms of areas (urban and rural). However, **in West Garo Hills and West Jaintia Hills, around one-third of respondents** mentioned that **their fathers take decisions regarding healthcare services to be sought from hospitals**. The district-wise distribution of household members who take decisions to seek Health/Treatment services from hospitals has been presented in Figure 4.17.

Figure 4.17: District-wise distribution of household members who take decisions to seek Health/Treatment services from hospitals



However, gender-wise findings from the survey showed that **the male respondents had an equal response (37% for both father and mother) for their parents when it came to decision-making regarding healthcare in their household.** However, **the female respondents answered mother as their preferred choice for taking decisions regarding healthcare with nearly 7 out of 10 respondents answering such.**

"In the family, the mother is the one who makes a decision regarding healthcare services. However, it differs from family to family and it also depends on the economic situation of the family. Certain factors that are considered are the distance of the facility, the financial situation of the household, and the quality of services when it comes to decision-making regarding healthcare facilities".

- Other Primary Stakeholders (East Khasi Hills)

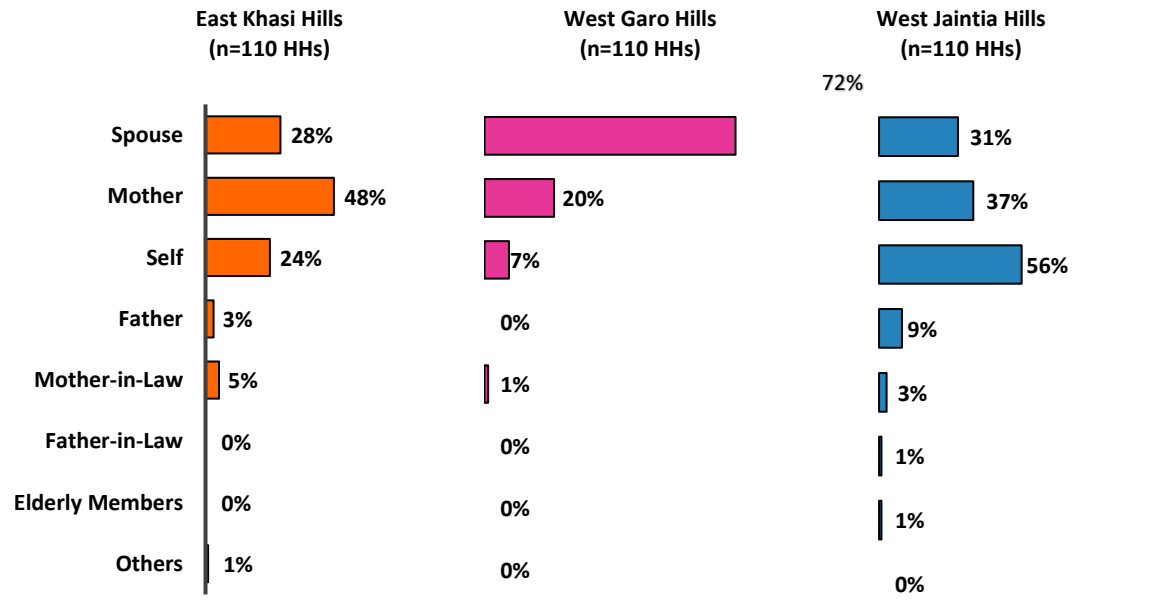
During FGDs, the youth group was questioned about who usually decides whether the adolescent or young members of the family needs to consult some practitioner for check-up or treatment in case they are facing any physical or mental health issues. In **East Khasi Hills and West Jaintia Hills, parents were mentioned to take such a decision.** It was further added that usually, **the mother accompanies the adolescent or the youth to the health facility, which supports the data that was available from the household surveys.** However, **in West Garo Hills, the respondents mentioned that the household head makes the final decision in this regard**. In some cases, the parents also play an active role in making health-related decisions for the adolescents and youth.

It was also of utmost importance to discuss the same with the other demand-side primary stakeholders. In **East Khasi Hills**, **parents or the mother** was mentioned to be the key person who takes healthcare-related decisions in the household, which has been seen earlier as per the findings that were revealed from the survey. It was further added that **the distance of the facility, quality of services offered, and cost of services are some of the factors which play a decisive role in this regard**. In some cases, **the economic status of the household** is also key in making such decisions. Overall, the past experiences of the household play a vital role in influencing health-related decisions.

In **West Garo Hills**, it was mentioned that while in most of the cases, the **household head** takes healthcare-related decisions, altogether, it is **a subjective aspect and it differs from one family to another.** In other households, either the spouse, father, or even the woman members are also engaged in taking healthcare decisions. Some of the key factors that are considered in deciding which facility to visit or which doctor to consult are the quality of services offered and the economic situation of the household. Further, in **West Jaintia Hills**, it was found that the household member who takes the major health-related decisions **differs from family to family**. In some cases, both parents take such decisions while in others, the mother plays the key role. Further, in case of a minor illness or acute illness, either the household depends on home remedies or consults traditional healers. In case the ailment is not cured or a member is suffering from a serious illness, doctors in government/private facilities are consulted.

With regards to the second question in this regard, a variation in trend was observed with regards to family members who take decisions regarding healthcare for pregnant women. District-wise analysis of the data revealed **that in East Khasi Hills majority of the respondents answered that it was the mother who would take decisions regarding healthcare, followed by the spouse**. However, in **West Garo Hills** the targeted respondents mentioned that **spouses take decisions** regarding their health during pregnancy. Further, in the **West Jaintia hills**, **more than half of the targeted respondents preferred to take decisions regarding healthcare by themselves**. The region-wise distribution of household members who take healthcare decisions for pregnant women has been presented in figure 4.18.

Figure 4.18: District-Wise Distribution of Household Members Who Take Healthcare Decisions for Pregnant Women



"The member involved in making health care decisions in the community differs from family to family. Mostly, the head of the family takes the decision. In some families, the spouse or the father may take healthcare decisions for concerns faced by the male members, women, and children. There are other families where women take control of the health care decisions at the household level".

- Other Primary Stakeholders (West Garo Hills)

Further, a majority of the respondents, in both **urban (51%) and rural (38%)** areas, suggested that **spouses take decisions** regarding healthcare during pregnancy. It was also reported that a sizeable number of respondents preferred **mother** as their choice in both **urban (43%) and rural (30%) areas**. Decision-making by **themselves** during pregnancy was also preferred as an option by the respondents from both areas as suggested by **22% of urban respondents and 34% of rural respondents**.

Altogether, it was noted that the person responsible for taking healthcare decisions in a household differs from one family to another. While mothers (parents) were found to take overall healthcare decisions in the household, spouses were mentioned to play a key role with regard to the healthcare of a pregnant woman. In addition, some respondents also added that pregnant women themselves take health decisions. Thus, it is very evident that **women in the community are one of the key stakeholders.** They **must be targeted under the communication strategy** and **necessary SBCC materials must be designed not only to orient them about maternal and child health but also to strengthen their role with regard to improving healthcare practices at the household level.**

4.4.2 Various Stakeholders Influencing Community's Healthcare Seeking Behaviour

To understand the healthcare decision-making mechanism in the households, the respondents were also asked to share their views regarding who in their community influenced their health decisions. In response to which majority of the respondents affirmed that **the frontline workers played an instrumental role in influencing their decisions related to health.** This response was unanimously reported across all three districts. A similar trend was reported in both the urban and rural areas where a majority of the respondents opined that their healthcare-seeking behaviour was influenced majorly by the frontline workers. In addition, **atleast half of the respondents in East Khasi Hills also recognised the role their families and they themselves play in this regard. A similar trend was also noted in West Jaintia Hills** where 43% of the respondents mentioned that their family members

influence their health decisions and 52% of the respondents reported that they depend on their own knowledge.

The findings from the household surveys were further complemented by the responses from the In-depth interviews where the respondents were asked about the key stakeholders in the community who influence the choices of community members and help them decide the sources from where they can take up the healthcare services. In **East Khasi Hills and West Jaintia Hills**, a majority of the respondents opined that it was the intervention made by **the ASHAs and Village Headman** that played an important role in influencing their behaviour toward seeking healthcare services. In **West Garo Hills,** the trend remained the same with a **maximum response for the ASHAs, followed by ANMs**. In addition, during FGDs with the primary stakeholders, their opinion regarding the same was also asked for. In all the districts, **Frontline Workers, Self- Help Groups (SHGs), and Village Headmen** were stated to be instrumental in influencing healthcare behaviour, which completely complements the earlier findings. Further, **Doctors and Medical Staff** were also mentioned by respondents from **East Khasi Hills and West Garo Hills.**

The responses obtained clearly highlight that **frontline workers (ASHAs, ANMs, and AWWs) are instrumental** in influencing the masses regarding their healthcare behaviour and practices. It has been also observed from the discussions with the community members that the **Village Headman and SHGs were pivotal in influencing the health-seeking behaviour among the targeted beneficiaries.** In this regard, initiatives must be taken to strengthen the health cadres which will not only include healthcare workers but also **grassroot mobilization of Self-Help Groups (SHGs)** which can have a vital role in strengthening healthcare in the State and will act as the last mile delivery institution for participation. SHGs can be **trained to facilitate awareness programs** and can serve as **an important platform where community members participate in discussions on positive health practices** and **to improve health-seeking behaviours for accessing the services provided by public health institutions.**

4.4.3 Preference of Health Facilities Based on Illness

As a part of the Communication Need Assessment, the respondents were questioned about their preference for the healthcare facilities for different types of illness so as to understand their reliance on the Government health facilities and their health-seeking behaviour. While specific questions with regards to ANC and childcare were administered through the household survey questionnaire, the opinion of the community in this regard was also gathered through IDIs and FGDs to have a clearer understanding of the community health practices. The findings in this regard have been

a. Acute Illness: In East Khasi Hills, the members mentioned that they visit the PHC if they or any of their family members face an acute illness as it was easy to access, only vicinity in the area, provided free of cost services, and most reliable and trusted source. In West Garo Hills and West Jaintia Hills, the respondents stated that first, they rely on home remedies. If the ailment is not cured through

home remedies, they consult PHC medical staff. Further, some of the respondents from West Garo Hills reported that they visit CHCs for acute illness as it was easy to reach and the nearest facility available. A preference for private clinics for acute illness was also expressed by some of the respondents from West Jaintia Hills as they had a good quality of services, easily accessible, medical care for all types of illness, and affordable rates.

b. Chronic Illness: With regards to Chronic Illness, respondents from East Khasi Hills mentioned that they either visit PHC/CHC or private hospitals as the services are offered 24*7. A few respondents were found to prefer private clinics as they had medical care for all types of illness, and were the only facility available in the vicinity. In West Garo Hills, the respondents mentioned that they either visit the CHC or private hospital for chronic illnesses as the services offered are of good quality, medicines are available, and the community has had positive experiences. Besides, the uptake of a healthy diet and regular follow-ups is also considered. In West Jaintia Hills, the respondents mentioned that if the illness is not severe, they visit the PHC or CHC as the services are offered at affordable rates. Otherwise, they visit private hospitals or consult specialists as diagnostic services are available. It also depends on referrals from government health facilities.

c. Positive Parenting: In East Khasi Hills, the respondents mentioned that positive parenting practices differ from family to family. The parents must be made aware of the ways in which they can ensure positive parenting. In West Garo Hills, the participants mentioned that the children must be taught life values through examples and experiences. This will help in ensuring a good upbringing for the children. In West Jaintia Hills, the members said that a cordial relationship should be maintained with the children. The parents must avoid shouting at or scolding their child. This will help in instilling a positive parent-children relationship and overall, the children can be taught good manners.

d. Maternal and Child Health: In East Khasi Hills, members mentioned that they usually visit the PHC for seeking medical care for mothers and children. In case, the illness is severe, they visit the CHC or District Hospital. They choose these facilities as good quality services are offered at affordable rates and doctors and medical staff are available. With regard to a child's health, they ensure regular check-ups and routine immunization. Besides, the suggestions given by ANMs are also followed.

In West Garo Hills, the advice of the ASHAs is followed with regard to the health of infants and young children. The PHC/Private Hospital is consulted for issues concerning maternal health as the services are offered 24*7. Besides, a proper diet for the mother is also ensured. It is believed that if the mother is healthy, the infant will also be healthy.

In West Jaintia Hills, as was reported in West Garo Hills, the suggestions and instructions given by ASHAs are followed for child health. Besides, traditional healers are also consulted in this regard. For concerns pertaining to maternal health, both the Government or Private Health facilities are visited as good quality services are offered at affordable rates. In the case of a government health facility such as PHC, medicines were mentioned to be available free of cost.

e. Emergency Care: In East Khasi Hills, the participants mentioned that they visit the PHC for emergency cases as it is the nearest facility and it is easy to access. Besides, they expressed that visiting the PHC will fulfil the requirement of basic requisite equipment in cases of emergencies. In West Garo Hills, some respondents mentioned that they visit private health facilities as the treatment starts on time. There were some other respondents who reported that first, they visit the PHC. In case the medical staff there refers the patient to any other facility, they visit it, accordingly. In West Jaintia Hills, the members mentioned that they approach the PHC medical staff in case of emergencies as the facility is easy to access and treatment is received on time.

Altogether, it was noticed that a majority of the healthcare seekers preferred the healthcare facilities based upon various reasons including economic status, cultural and social beliefs, vicinity to their area, type of illness during which the preferred health facility is approached. A few of them still were showing an inclination toward traditional healers. Overall, **a need for a proper intervention to create awareness about the health issues that one can encounter and their prevention and appropriate cure was identified.**

4.4.4 Most Recommended Healthcare Facility

To understand the view of the respondents they were asked about their preference for the healthcare facilities that they would most likely recommend. In response to this, **a majority of the respondents preferred PHCs for seeking healthcare facilities across the districts.** However, in urban areas, **around one-third of the respondents** showed **an inclination toward private clinics**. In rural areas, **4 out of 5 respondents preferred PHCs** for availing healthcare services. Gender-wise, an equivalent response was obtained across all the options with **more than half of the respondents preferring PHCs for their healthcare needs.** The distribution of respondents by the type of healthcare facilities that they are most likely to recommend has been presented in Table 4.12.

Table 4.12: Distribution of respondents by type of healthcare facilities they are most likely to recommend

Particulars		Distribution of respondents by type of healthcare facilities they are most likely to recommend						
		N	Sub centre	PHCs	CHCs	DHs	Private Hospital	Private Clinic
District-wise distribution	**East Khasi Hills**	110	3%	71%	1%	11%	10%	4%
	West Garo Hills	110	3%	55%	3%	14%	24%	1%
	West Jaintia Hills	110	5%	52%	3%	14%	15%	11%
Area-wise distribution	**Urban**	132	2%	25%	3%	29%	35%	5%
	Rural	198	4%	82%	1%	2%	5%	5%
Gender wise distribution	**Male**	145	1%	56%	4%	10%	24%	5%
	Female	185	5%	60%	1%	14%	13%	5%
Age-wise	**25-30**	122	4%	54%	3%	14%	21%	3%

Table 4.12: Distribution of respondents by type of healthcare facilities they are most likely to recommend								
Particulars		Distribution of respondents by type of healthcare facilities they are most likely to recommend						
		N	Sub centre	PHCs	CHCs	DHs	Private Hospital	Private Clinic
distribution	31-45	152	3%	64%	1%	10%	15%	7%
	46-60	45	2%	58%	2%	22%	13%	2%
	Above 60	11	18%	46%	0%	9%	9%	18%

The respondents were further asked to mention the reasons for their preference regarding the type of health facilities. District-wise analysis of the data revealed that **in East Khasi Hills,** a majority of the respondents affirmed that **affordable cost, good quality of services provided at the healthcare facilities, easy accessibility, and availability of medicines at a subsidized rate** were the principal reasons to seek healthcare in **Government health facilities.** In **West Garo Hills,** at least half of the respondents mentioned that it was **affordable cost at healthcare facilities, easy accessibility, and good quality of services** offered as the prime reasons to visit Government health facilities. **In West Jaintia hills, a** majority of the respondents mentioned **affordable cost, easy accessibility, and subsidized medicines** as the reason for their inclination toward government healthcare facilities.

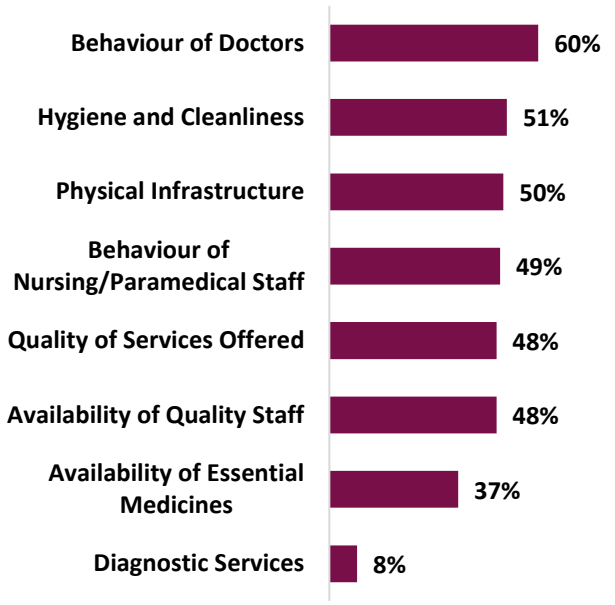
However, the respondents were also asked the reasons for preferring non-government health facilities. Region-wise analysis of the data revealed that **a majority of the respondents mentioned long waiting hours as the reason for preferring other healthcare facilities across the districts.** This was equally emphasised upon by respondents from both the rural and urban areas. Also, **in East Khasi Hills and West Jaintia hills, a sizeable number of respondents mentioned the unavailability of adequate diagnostic facilities** as another reason for their preference for other healthcare facilities. Further, the unavailability of adequate diagnostic facilities was flagged significantly by the rural community.

It can thus be concluded from the above findings that Government healthcare facilities **need to focus on appropriate measures to reduce long waiting hours at the hospital premises.** Retention of patients by reducing the turnaround time at the healthcare facilities will prove to be detrimental to providing a comprehensive healthcare facility to the patients. A proper communication plan must be chalked out to **train healthcare providers regarding various aspects of effective communication with healthcare seekers**. Proper provisions should be made for organizing such training programs at healthcare facilities. Further, attention needs to be paid to make sure that **required diagnostic facilities should be available at any given time.** The key focus of healthcare facilities should be on making the experience of healthcare seekers a memorable one.

4.4.5 Community's Perception of Various Aspects of Government Healthcare Facilities

In the earlier sections, discussion regarding the respondents favouring the government healthcare facilities has been carried out based on the findings from the survey. The respondents were further asked to rate the various aspects of the Government healthcare facilities such as behaviour of doctors, hygiene and cleanliness, Physical infrastructure, behaviour of nursing/paramedical staff, availability of qualified staff, quality of services offered, availability of essential medicines and diagnostic services. and cleanliness, physical infrastructure, behaviour of nursing/paramedical staffs, availability of qualified staffs, and quality of services offered in the Government health facilities as either good or excellent. The rating was to be done on a scale from 1 to 5 where 1 being Very poor and 5 being excellent. The opinion of the community with regard to the behaviour of medical staff and quality of services offered at government facilities was also captured during IDIs and FGDs.

Figure 4.19: Proportion of Respondents who Rated Various Aspects of Government Health Facility either Good or Excellent (n=330 HHs)



Altogether, the **behaviour of doctors** was rated either good or excellent by **around three-fifth of the respondents.** Besides, **physical infrastructure and hygiene and cleanliness** of government health facilities was rated good or excellent by **at least half of the respondents**. However, the available **diagnostic services were rated good or excellent by hardly one-tenth of the beneficiaries.** District-wise analysis of the data revealed that **in East Khasi Hills, a majority of the respondents rated the overall aspects (except for the diagnostic services) of the Government healthcare facilities as either good or excellent**. Based on their past experience, **in West Garo Hills and West Jaintia hills, behaviour of doctors was the only aspect that was rated either good or excellent by at least a majority of the respondents.**

With regards to the **behaviour of the medical staff**, the respondents of FGDs and IDIs further added that this is **a subjective aspect and it differs from one person to another**. While the community had had positive experiences with the nurses and doctors, there have been instances where they behaved rudely with the community members. However, the respondents added that as the staff is overburdened, they display such behaviour. Further**, in West Jaintia Hills, a few respondents**

mentioned sometimes the community members do not follow the instructions given by medical staff which is why the latter have to behave strictly with them.

Altogether, a need for improving the quality of services offered in Government Health Facilities was identified. Necessary measures need to be taken to ensure the availability of essential medicines and diagnostic services. Through communication materials, the medical staff must be sensitized about their responsibilities so that they can not only offer quality services to the community but also provide a hospitable environment to them.

4.4.6 Insurance Coverage in the Community

Health insurance plans reimburse insured customers for their medical expenses, including treatments, surgeries, hospitalization, and the like which arise from injuries/illnesses, or directly pay out a certain pre-determined sum to the customer. A health insurance policy offers coverage for any future medical expenses of the customer. The Meghalaya Government has launched several health insurance plans for the benefit of the masses. To highlight this issue and understand the coverage of the respondents under health insurance, the respondents were asked whether anyone in their family has health insurance. The respondents who affirmed having health insurance were then asked who all in the household have insurance and what type of health insurance they have.

Altogether, **88% of the respondents mentioned that atleast one person in their family has a health insurance.** Among the rest 12%, unawareness in this regard was reported by most of the respondents. Besides, **a lack of trust in insurance agencies was majorly reported in West Garo Hills.** District-wise analysis of the data was instrumental in revealing the fact that a **majority of the respondents were covered under health insurance in all three districts.** A similar trend was also noted in both the rural communities and the urban communities and among the male and female respondents in this regard. Other details in this regard have been summarised in Table 4.13.

Table 4.13: Distribution of respondents by whether any member in their family has insurance

Particulars		**Distribution of respondents** by whether any member in their family has insurance			
		N	**Yes**	**No**	**Don't know**
District-wise distribution	**East Khasi Hills**	110	84%	11%	5%
	West Garo Hills	110	89%	11%	0%
	West Jaintia Hills	110	93%	7%	0%
Area-wise distribution	**Urban**	132	87%	12%	1%
	Rural	198	89%	8%	3%
Gender wise distribution	**Male**	145	90%	10%	0%
	Female	185	88%	9%	3%

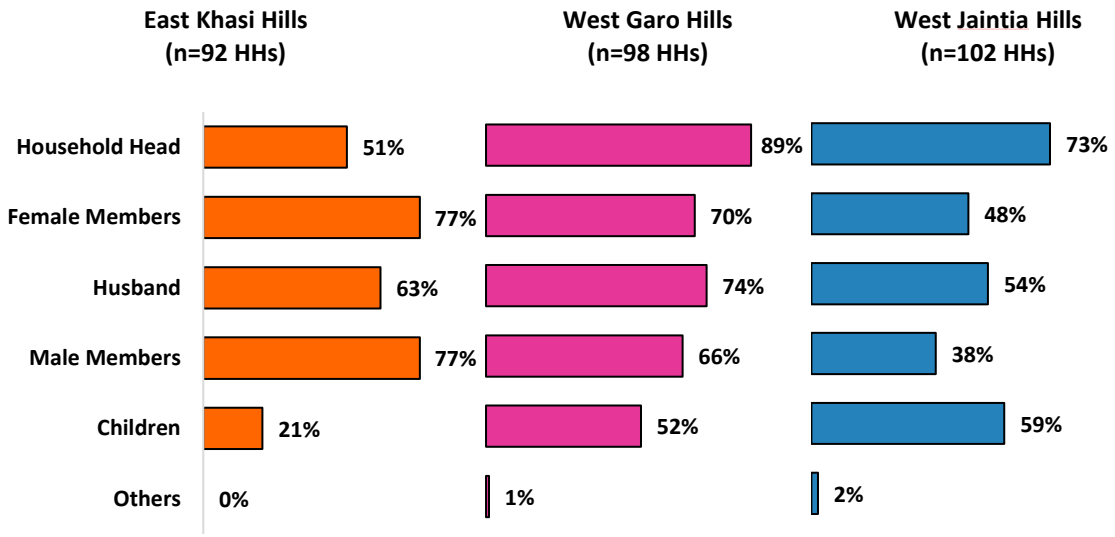
Table 4.13: Distribution of respondents by whether any member in their family has insurance					
Particulars		Distribution of respondents by whether any member in their family has insurance			
		N	Yes	No	Don't know
Age-wise distribution	25-30	122	83%	13%	4%
	31-45	152	93%	6%	1%
	46-60	45	89%	11%	0%
	Above 60	11	91%	9%	0%

With regards to the type of health insurance, almost all the respondents barring 3 (1 from East Khasi Hills and 2 from West Jaintia Hills) affirmed that they were covered under Meghalaya Health Insurance Scheme (MHIS), followed by a marginal number of respondents who were covered under private health insurance schemes and both of them across all the districts. A similar trend was reported in urban and rural areas as well as among male and female respondents. The distribution of respondents (who affirmed that their Family has health insurance) by type of Health Insurance category-wise distribution of the respondents has been presented in Table 4.14.

Table 4.14: Distribution of respondents (who affirmed that their Family has health insurance) by type of Health Insurance					
Particulars		Distribution of respondents (who affirmed that their Family has health insurance) by type of Health Insurance			
		N	Megha Health Insurance Scheme	Private Health Insurance Scheme	Both
District-wise distribution	East Khasi Hills	92	99%	1%	0%
	West Garo Hills	98	100%	0%	0%
	West Jaintia Hills	102	89%	2%	9%
Area-wise distribution	Urban	115	90%	2%	8%
	Rural	177	99%	1%	0%
Gender wise distribution	Male	97	94%	2%	4%
	Female	125	96%	1%	3%
Age-wise distribution	25-30	101	96%	1%	3%
	31-45	141	95%	2%	3%
	46-60	40	97%	0%	3%
	Above 60	10	100%	0%	0%

When the respondents, who affirmed that atleast someone in their family has a health insurance, were asked about which household member has the insurance, overall, in **72% of the cases, household head was reported to have the insurance.** Region-wise findings suggest that **in East Khasi Hills male and female members were equally covered under insurance.** In **West Garo Hills and West Jaintia Hills**, the readings suggest that **majority of the respondents mentioned household heads** to have an insurance cover. Besides, **in atleast half of the cases, children were also found to be covered under a health insurance in West Garo Hills and West Jaintia Hills**. The distribution of respondents based on various family members having an insurance in household of the data has been presented in Figure 4.20.

Figure 4.20: Distribution of Respondents Based on Various Family Members Having an Insurance



Area-wise analysis of the data revealed that **81% of the respondents in urban areas** mentioned **female members** to have an insurance. In the rural areas, however, **73% of respondents** majorly answered household heads to have an insurance. The findings suggest that majority of the health insurance schemes were in the name of household heads. The focus must be laid on rural areas to include more female members under insurance coverage.

The communication strategy must lay emphasis on **mass awareness related to health insurance schemes.** The community must be educated about the **eligibility criteria of various insurance schemes and how they can avail benefits under such schemes.** This will be a crucial step in ensuring that a majority of healthcare seekers are covered under health insurance schemes. Also, it has been reported **in West Garo Hills** that **half of the respondents were somewhat having no trust in insurance agencies.** This needs to be properly attended and the reason for the same must be understood.

4.5 Suggestions for SBCC Strategy

Social and Behaviour Change Communication is a process of interactively communicating with individuals, institutions, communities, and societies as part of an overall program of information dissemination, motivation, problem-solving, and planning. SBCC employs a systematic process that includes formative research and behaviour analysis; communication planning, implementation, and monitoring; creating an environment that supports desired outcomes; and evaluation.

As a part of the need assessment study, attempts were made to understand the communities' perspectives regarding the aspects that must be emphasised under the project intervention. They were asked about the audience groups and the related concerns for which the communication materials must be developed. Communities' perception of the most accessed media sources by different audience groups (such as adolescents, adults, and senior citizens) was captured. The community was also asked about the existing sources of information and the frequently accessed healthcare events/community gatherings so that they can be leveraged during the program implementation. Furthermore, suggestions with regard to the designing of the communication materials (such as colour schemes) were also asked from the community. In the section ahead, the findings on each of these aspects have been discussed.

4.5.1 Target Audience Groups and Key Content

With regards to designing a communication strategy, the first and foremost step that must be taken is the finalization of the audience groups that must be targeted. Accordingly, the key messages are to be designed based on the barriers that need to be addressed concerning the audience groups. Under the study, the identification of the target respondent groups was done in two ways. **First,** the community's current level of awareness of various health aspects and existing healthcare practices was assessed through the household survey. **Second,** various demand-side stakeholders (such as Mothers Groups, Youth Groups, Village Headmen/PRI Officials, and Others) were directly asked about the sections of society (social groups, economic categories, hamlets, tribe/ sub-group, age, gender, etc.) that must be targeted under the program in their opinions.

Altogether, **adolescents and youth were the most mentioned audience group.** In fact, **in West Jaintia Hills,** respondents from **Mothers Groups** said that attention on **school dropped out adolescents** must be paid. As discussed in the previous sections, the respondents across all the districts mentioned a lack of awareness among adolescents and youth regarding sexual and reproductive health practices. The community also reported the indulgence of this group in substance use. Therefore, a need for orientation of this group on health aspects such as **teenage pregnancy, menstrual hygiene, early marriage, substance use, and child abuse** was expressed.

In addition, emphasis on **maternal and child health** was also laid by the respondents. They mentioned that **women in the community (especially pregnant women)** must be educated about various aspects of maternal and child health such **as institutional delivery, health, nutrition, and immunization.** Besides, there were certain respondents from West Jaintia Hills who opined that attention should be paid to all the groups in the community as each of them have a different communication need. In fact, in East Khasi Hills, a need to focus on the health requirements of members from low-income groups was also specified. Furthermore, one of the Village Headmen interviewed from West Garo Hills expressed that there is a need for educating the community about the significance of a healthy life. He said **"The project should be able to help people in understanding the importance of health so that they will become aware and make healthy choices, accordingly. Until or unless people understand the importance of health, it is difficult to convince them to take care of their health seriously. To instill this, there is a need to focus more on awareness generation campaigns in the community."** This was also emphasized by another Village Headman from East Khasi Hills. When asked about his suggestions for the SBCC strategy, he replied **"The communication plan should consider all the health needs of the people. Most importantly, the communication plan should help to reach the people and gradually the project will be a success if the needs of the people are taken into account."**

4.5.2 Prominent Channels, Media Sources, and Key Stakeholders

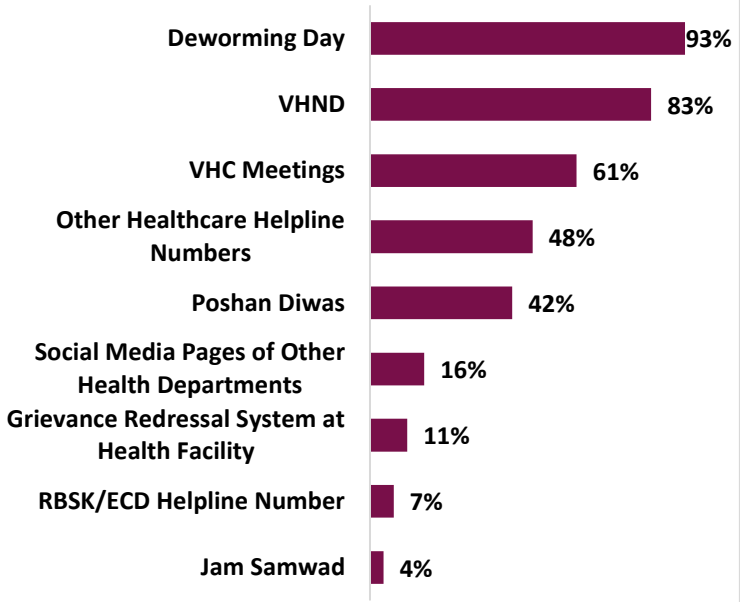
The next important aspect with regard to designing a communication strategy is to identify the appropriate channels and media through which the message can reach the target audience effectively. It is equally crucial to understand the existing effective communication channels and key stakeholders in the community. This will assist in overcoming the prospected barriers in the adequate roll-out of the communication plan. In this regard, different questions were administered to the respondents across districts through various data collection tools. They were asked about the various health events and community gatherings that had been organised, the media sources preferred by various audience groups, and key stakeholders that had been playing an active role in knowledge dissemination in the community. The findings in this regard have been elucidated as follows:

4.5.2.a. Most Accessed Healthcare Events/Platforms

The Government of Meghalaya in line with the Ministry of Health and Family Welfare, Government of India, organizes special programs and events to create awareness among the masses regarding safe healthcare aspects along with focusing on key changes in behaviours that when adopted and practiced on a regular basis can pave a way for a healthier self. Thus, it becomes essential to attend these events and get valuable inputs regarding different ways the maintenance of one's health on a day-to-day basis.

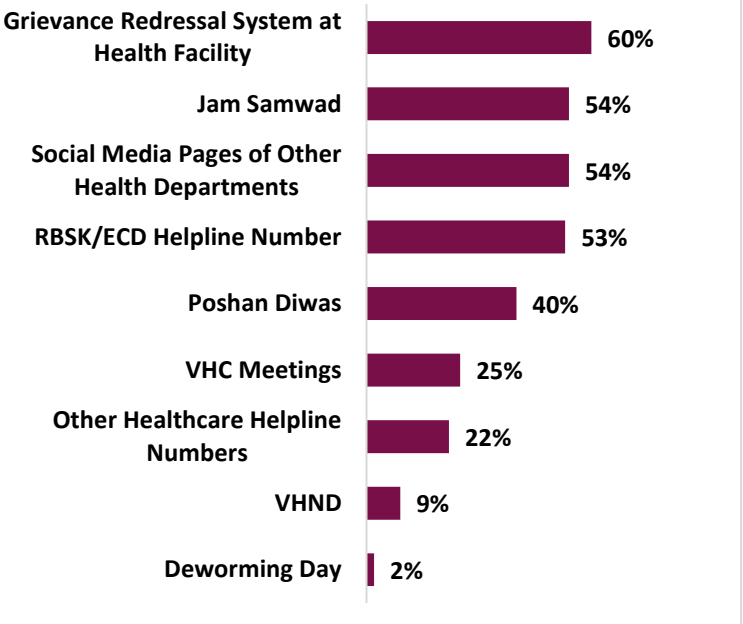
During the survey, the awareness and access of the community to nine different health events/platforms were assessed. This included **Meetings Organized by the Village Health Council, Village Health and Nutrition Day, Poshan Diwas, Deworming Day, Jan Samwad, RBSK/ECD Helpline, Other Healthcare Helpline Numbers, Social Media Pages of State Health Department/NHM, and Complaint Box/Grievance Redressal Cell in the Health Facility.** It was found that the **most accessed health event was Deworming Day.** In addition, **VHND and VHC Meetings were also attended by atleast three-fifth** of the sampled respondents. On the contrary, **hardly one-tenth of the respondents were identified to have accessed Jam Samwad and RBSK/ECD Helpline Number.** Other details in this regard have been presented in Figure 4.21.

Figure 4.21: Distribution of Respondents by Various Health Events/Platforms Accessed (n=330 HHs)



District-wise findings from the survey revealed that **in East Khasi Hills and West Jaintia Hills, maximum accessibility was recorded for Deworming Day (98%).** In fact, **91% of the respondents** mentioned having accessed **other healthcare helpline numbers**. In **West Garo Hills,** a majority of the respondents mentioned having accessed **VHND (96%), followed by VHC (94%) and Deworming Day (83%).** Further, there were no major differences in the access of rural and urban communities to these events/platforms.

Figure 4.22: Distribution of Respondents by Unawareness of Various Health Events/Platforms (n=330 HHs)



The survey further focused on finding the percentage of respondents who were unaware of the mentioned healthcare events/platforms. Overall, **atleast half of the respondents** affirmed that they **do not know about the RBSK/ECD Helpline Number, Social Media Pages of Other Health Departments, Jam Samwad, and Grievance Redressal System at the Health Facility.** In **East Khasi Hills, almost all the respondents** mentioned that they were **unaware of the RBSK/ECD Helpline (93%) and Jan Samwad (92%).** Further, **in East Khasi Hills and West Garo Hills,** most of the respondents were also **unaware of grievance redressal cells at the healthcare facilities (84% and 73%, respectively).** On the contrary, in **West Jaintia Hills**, atleast half of the respondents were found to have a knowledge of each of the nine health events/platforms. It was only with regards to **Poshan Diwas and Jan Samwad that atleast one-third of the respondents were unaware.**

Area-wise also, a similar trend was reported where a majority of the respondents answered to be unaware of grievance redressal cells available at the healthcare facility. Nearly half of the respondents were also ignorant about social media pages, RBSK/ECD helpline, and Jan Samwad in both the urban and rural areas.

In addition, some additional health events were mentioned to have been organized by the respondents during FGDs and IDIs. Across districts, health programs such as **cleanliness drives, immunization camps, Covid-19 Vaccination Camps, Health Screening Camps** (for Non-communicable Diseases such as diabetes), and **Awareness Programs** (Maternal and Child Health, Malaria, Tuberculosis, Nutrition, Sanitation, and Hygiene, etc.). Besides, **in East Khasi Hills,** campaigns for **free medical checkups, distribution of medicines counseling services, awareness program (on mental health, breastfeeding, and family planning), and campaigns on oral health by private health practitioners were also reported.** Some other issues that were mentioned to have been covered through health events in **West Garo Hills** included

"Health camps and VHND are held in the community. ASHAs and ANMs take initiative to inform and mobilize the people. They share information about the date, time, and venue of such events. Through these events, the respondents have received information on various aspects of health, the importance of health, nutrition, sanitation, and child immunization. However, members of the community do not actively participate in those events because they believe that there are no direct benefits. If the event provides free medicines and free medical checkups, the turn up of people is good." - Respondent from Mothers Group (East Khasi Hills)

counseling services on substance abuse, awareness programs on teenage pregnancy and menstrual health management, nutrition day for pregnant women and children, and treatment and checkups for HIV/AIDs. Furthermore, **in West Jaintia Hills, annual health camps (by BANSARA Eye Care), and awareness programs on healthy practices and services offered by frontline workers and doctors were also reported.** The mothers from West Jaintia Hills mentioned the conduct of a community meeting, **MASS,** by ASHAs in the community. It is a group formed within a locality including **10 members and 2 ASHAs**. This meeting is held **once a month** where the ASHAs discuss with the community members about the **activities to be conducted, related plans, and challenges encountered.** In addition, donations (in cash and kind) for improving the health scenario in the area are also encouraged.

"Information about the health event is received through public announcement and it is shared prior to the program day. Overall, the experience is very helpful. Information on various health concerns such as nutrition, the importance of ANC, covid-19 vaccination, the importance of immunization, etc., is shared. Women and children have learnt about the aids that they could avail of through different healthcare facilities and healthcare providers. A community meeting called MASS is also organized by ASHAs. This is one of the meetings where all women come together to talk and discuss their health issues and health-related problems." - Respondent from Mothers Group (West Jaintia Hills)

"VHND is frequently organized. The village headman and staff from various health departments (including ICDS Center) participate in such events. During the event, the community is made aware of various health issues like sanitation, nutrition, and maternal health. In certain events, free medicines are also provided." - Respondent from Mothers Group (West Garo Hills)

The respondents also mentioned some of the social events that are organized in the locality. This included **Youth Weeks, Market Day, Community Meetings, and SHG Meetings.** Some traditional events such as **Fete, Shad Suk Mynsiem, Chad Sukra, and Behdeinkhlam** were also reported by the respondents from **East Khasi Hills and West Jaintia hills.** In addition, respondents from **West Jaintia Hills** said that certain annual events and recreational activities were also organized in the community. This included an **annual week celebration (sports activities, fashion show, drama, dance, quiz competition), New Year & Christmas celebration, football tournaments, and republic day celebrations.**

It can be concluded that the respondents were satisfied with the healthcare events organized and also these events are being organized on a regular basis. Moreover, awareness regarding various aspects of health and healthcare is also being disseminated through a proper communication channel to the respondensts. However, it must be noticed that attendance at these healthcare events was reported to be less and a cent percent participation has not been reported at any such events. Lack of incentives was identified as one such issue along with a lack of proper communication regarding the organization of these events. **Effective communication in mass awareness and mobilizing more and more participants to healthcare events is an important aspect that must be emphasized under the program so as to promote healthy practices among individuals.**

4.5.2.b. Media Sources Accessed by Various Household Members

The current age is a digital age and thus information is available at the tip of the fingers. However, it is pertinent to mention that socio-economic criteria play an important role in accessing various sources of information. This can be understood by the example that in urban areas more people have access to faster internet facilities as compared to those living in rural areas. Hence, the preference for media varies with the demographical features. In the dissemination of relevant information related to healthcare, the media which is most preferred and popular among the target audience must be chosen. Therefore, during the survey, the respondents were asked about the media sources that are being accessed by different household members. The preference for seven media was assessed. This included **Newspapers, Radio, Television, Social Media (Facebook, WhatsApp, Instagram, Twitter, etc.), the Internet (Google, YouTube, etc.), Community Level Gatherings/Events, and Folk Songs.** The respondents were enquired about which of these seven media is most likely to be accessed by household members from different age groups and gender **(adolescent boys and girls, adult men and women, and senior men and women).** The findings in this regard have been presented in Figures 4.23, 4.24, and 4.25.

Figure 4.23: Distribution of Respondents by Various Media Most Likely to be Accessed by Adolescents in the Household (n=330 HHs)

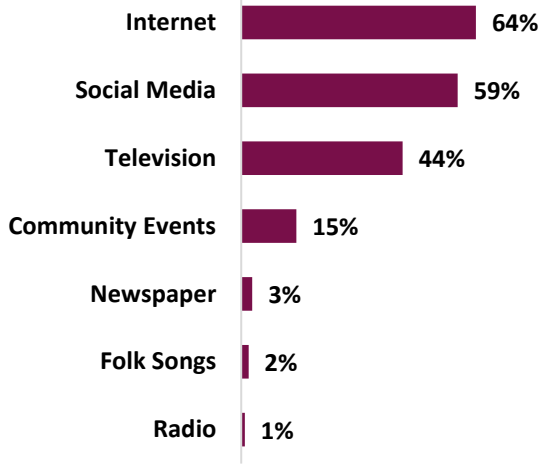
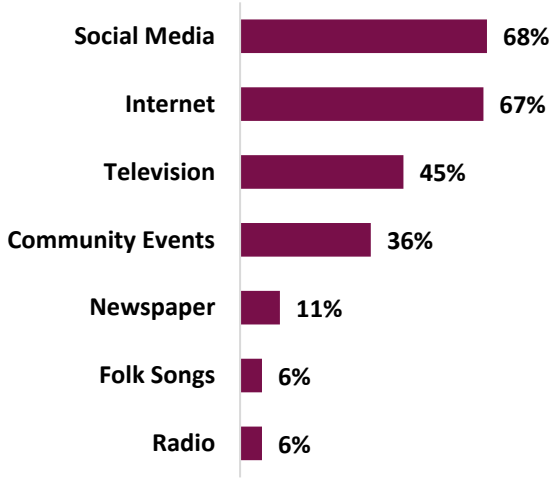


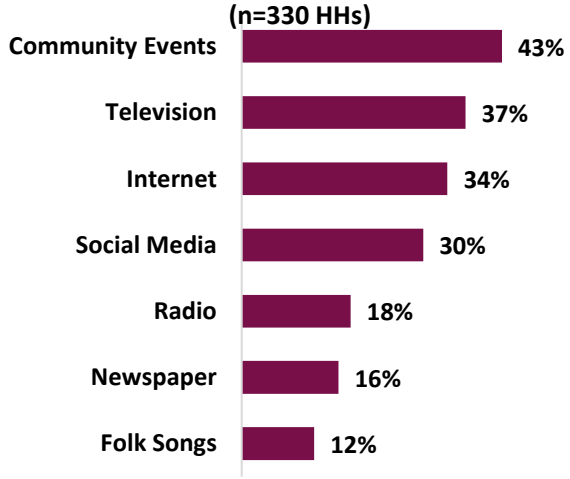
Figure 4.24: Distribution of Respondents by Various Media Most Likely to be Accessed by Adults in the Household (n=330 HHs)



It was noted that overall, **among adolescents and adults, the internet and social media were the most accessed media.** Around **3 in every 5 respondents** mentioned that these were the most preferred sources among these groups. However, in **East Khasi Hills**, **television** was also reported to be one of the most preferred sources. Further, among adults, while reliance on social media was higher than the internet in East Khasi Hills and West Garo Hills, in West Jaintia Hills, the trend was vice-versa. Reliance on the internet and social media among adolescents and adults was reported to be **comparatively higher in urban communities.** In fact, **atleast half of the respondents from Urban regions** reported that **television** is also one of the most accessed media among adolescents.

There was a slight change in trend when the reported preference among senior men and women was analysed. The **most preferred media among this group was community events.** The district-wise analysis further reflected that in East Khasi Hills and West Garo Hills, television was reported to be the most accessed media source among this group (61% and 23%, respectively). However, in West Jaintia Hills, **around 3 in every 5 respondents stated that senior men and women mostly prefer community events. Further, the reliance of senior citizens on television and community events was observed to be comparatively higher in urban and rural communities, respectively.**

Figure 4.25: Distribution of Respondents by Various Media Most Likely to be Accessed by Senior Citizens in the Household (n=330 HHs)



Altogether, the reliance of the community on the internet and social media was reported in all the districts. The respondents during IDIs and FGDs also mentioned that **approximately 80% to 90% of the community (across districts) have an access to the internet.** Trust on **Public Announcements, Village Headmen, Village Gatherings, and Family and Friends** was also expressed by the respondents. In fact**, in West Garo Hills**, a few respondents also mentioned that **Community Based Organisations (CBOs) such as Self-Help Groups (SHGs) have also been a reliable source of information** in the community. Besides, some of the other trusted sources of information as mentioned during the discussions were the **Frontline Workers (ASHAs, ANMs, and AWWs), Doctors, and other Medical Staff.** Furthermore, in all the districts, **the frontline workers were mentioned to be the major source of information on pregnancy and child care and nutritional aspects by the respondents** during the household survey.

Altogether, the respondents across districts were found to be aware of the importance of Frontline Workers. In fact, the respondents from West Garo Hills also expressed that-
"ASHAs in the community is helpful and they are always available. It is often seen that ASHAs manage a lot of work by themselves. There is a need to appoint more ASHAs so that they are able to handle their responsibilities diligently."

However, some of them (majorly from **East Khasi Hills and West Jaintia Hills**) mentioned that **there have been instances where the women in the community did not cooperate with the ASHAs, ANMs, and AWWs.** Therefore, while designing the SBCC toolkit, materials on **sensitizing the community with regard to the role and importance of this cadre must also be developed.** The women in the community must be oriented about how with the help and support from the frontline workers, they can not only ensure better care during pregnancy and after child birth but also contribute towards nurturing healthy behaviour in their household.

"Most of the women in the community are not receptive and not approachable. This hinders the involvement and engagement of ASHAs, ANMS, and AWWs in the community. Therefore, women, ASHAs, ANMS, and AWWs need to work together in order to improve the health and well-being of the community as a whole."

- Respondent from Mothers Group (East Khasi Hills)

"The experience of women with ASHAs, ANMs, and AWWs is quite good. There are some women in the community who are not willing to cooperate with them. They need to understand that ASHAs, ANMs, and AWWs are there to help the community so as to promote the health-seeking behaviour of every individual."

- Respondent from Mothers Group (West Jaintia Hills)

4.5.3 Suggestions for Designing SBCC Materials

SBCC materials must be designed keeping in mind the priority audience with key information the audience needs to know in order to make the change that the project intends to make. A well-designed SBCC material must be simple, and easily understandable while being in alignment with the cultural and traditional values so as to ensure its reception among the target audience. When the SBCC materials are designed appropriately and creatively they will more effectively persuade the priority audience to change or adopt the desired healthcare behaviours. In this regard, the opinion of the community was asked concerning the colours they consider can be used for designing the audio-visual content. They were also asked about the figures, pictures, or characters that will be accepted among the target audience. A variety of responses were received on this aspect. The same has been discussed district-wise as follows:

- **East Khasi Hills**

"The audio-visual content should be colourful and attractive which will catch the attention of the people at one glimpse. It will also be easy to understand the content if it is translated into the local language."-Other Primary Stakeholders (East Khasi Hills)

The respondents from East Khasi Hills mentioned a variety of colours that they connected to health and considered should be used for designing the communication materials. **Red** was mentioned to denote **diseases or emergencies.** Some respondents expressed that **yellow** also indicates **diseases. Blue** was mentioned to symbolize a **healthy life and well-being of the people**. Further, the **green colour** was said to imply **new beginnings and cleanliness**. In fact, the colour **white** was also said to typify **purity and cleanliness**. **Orange** was considered to mark **happiness.** In addition, the **flowers Lilies and Roses** were perceived as auspicious by the community members. They added that both of these flowers signify **well-being, beauty, and purity.**

♦ West Garo Hills

As far as the opinions of respondents from West Garo Hills are considered, the respondents from **Mothers Group** suggested the colours **pink, blue, white, red, and black**. They said that **pink** signifies **good health**, **blue** stands for **hope**, **white** denotes **cleanliness**, **red** indicates **mental health**, and **black** marks **danger**. Furthermore, the bird **Dove and Peacock** were mentioned to be pious as they are **beautiful and colourful** and they represent a **happy life.** On the other hand, the participants from the **Youth Group** FGDs expressed that **white** stands for **cleanliness**, **orange** indicates **energy**, **yellow** implies **ill health**, **red** marks **emergency**, and **grey** stands for **depression**. They also said that the flower **rose denotes danger.** Hence, in the communication material, danger can be indicated in the form of a rose.

> ***"Blue, White, Light Green, Black, Yellow, and Red are some of the colours that can be used while designing the audio-visual content. It should be designed for all age groups so that every age group will understand the importance of health and well-being."***-Other Primary Stakeholders (West Garo Hills)

♦ West Jaintia Hills

Some of the participants from the FGDs with mothers group in West Jaintia Hills **considered green and white auspicious as they indicate health, calmness, and cleanliness**. A few also added that the **colours of the community flag**, i.e**., blue and green must be used as they signify peace, cleanliness, health, and wellness.** The members of the Youth Group further expressed that **white implies cleanliness, green symbolises hope, and red marks injury and danger which is why they must be preferred for designing banners and hoardings.** They also added that **Myna**, a bird is considered to indicate **good luck** as per traditional and social beliefs. Hence, they suggested that the picture of this bird must be used to signify good luck.

> ***"The audio-visual content must be in the local language which will be understood by the community people. Some of the colours that can be used are green, white, red, and yellow which are found to be appropriate for being used. It should be more in pictorial form as this will make it easier to understand whether it is for children or for elders."***-Other Primary Stakeholders (West

Altogether, the respondents across all three districts suggested that **Audio-visual content should be colourful and attractive.** Further, it should be **translated into local languages** so that it is easily understood by the target audience. Respondents from **West Garo Hills** added that SBCC materials must be designed in a **pictorial form such that every age group will be able to easily understand the importance of health and well-being.** A few members from **West Jaintia Hills** also expressed that the **dancing character of an animal or animation** is usually preferred by the community and this should be used in posters to highlight key messages. Therefore, while designing the **SBCC tool kit, the listed suggestions must be considered.** Accordingly, **effective and efficient communication materials based on the issues identified and prioritized by the demand-side stakeholders** should be formulated to cater to the health requirements of the primary stakeholders. Moreover, **the roll-out of the developed materials and the promotion of necessary interventions** under the program must be done in **convergence with the existing cadre of frontline workers and through the most recognized media among the various target group.**

Needs Communication of Secondary Stakeholders

The previous chapter discussed the existing level of awareness and knowledge of the demand-side stakeholders on various health aspects. Their perception concerning the services offered at government health facilities and suggestions for designing the SBCC strategy under the program was also discussed. In this chapter, the perception of the supply-side stakeholders (secondary stakeholders) with regard to the prevalent health practices in the community is enumerated. The Secondary Stakeholders are an important part of the entire health ecosystem as they not only offer medical aid and services at the front end but also help in the facilitation of effective service delivery through infrastructural strengthening and execution of health initiatives. Frontline Workers (ASHAs and ANMs), Staff, Medical Officers, and other Government Health Functionaries form crucial pillars of this stakeholder category. As they are so deeply involved in the process of healthcare facilitation, their opinions are valuable to grasp a holistic understanding of the health-related scenario in the study districts. Therefore, in-depth interviews were conducted with them to understand their experiences of interacting with the community. Moreover, their ideas and suggestions for carving out the SBCC toolkit were asked to ensure efficient planning of interventions under the program. The section ahead the major findings from the interactions with the said supply-side stakeholders.

5.1 Perceptions on Healthcare-seeking Practices in the Community

As mentioned, during the survey, data was collected from various supply-side stakeholders with regard to their opinion on the prevalent healthcare behaviour in the community. In this regard, the respondents in this category were asked about the **major health concerns** that are being faced by various segments of the community, i.e., children, adolescents, men, women, and senior citizens. Furthermore, the views of the secondary stakeholders concerning the **uptake of insurance schemes in the community** were also captured. The Frontline Workers and Medical Staff were also asked about the extent to which the **community is aware of their role and cooperates with them**. The **dependency on Government Health Facilities** and the **significance of traditional healers** in the community were also understood during interaction with them. Lastly, insights with regard to the **measures taken for improving service delivery** and **difficulties encountered by these supply-side actors** in the process were also gathered.

5.1.1 Major Health Concerns Faced by the Community

The inquiry with regards to the major health concerns faced by various community members (children, adolescents, men, women, and senior citizens) was primarily made to the various district and block-level functionaries and officials of the health department. The findings in this regard have been presented as follows:

a. **Children:** The Medical Officers (MOs) who were interviewed in **West Garo Hills** highlighted that children often experience **cough, diarrhoea, fever, dysentery, measles, and jaundice**. The respondents from **West Jaintia Hills** were found to be of the same opinion. However, a few also mentioned the incidence of **malnutrition and pneumonia among children**. In addition to these ailments, some of the MOs from **East Khasi Hills** reported **respiratory tract infection** among children as a major concern.

b. **Adolescents:** With respect to major health concerns among adolescents, **fever, anaemia, and jaundice** were some issues highlighted in **West Garo Hills**. The concerned respondents from **West Jaintia Hills and East Khasi Hills** also reported the prevalence of **gastritis, respiratory illnesses, and malnutrition** among adolescents. However, what stood out as the common and most prominent health issues concerning adolescents across districts were **mental health concerns and substance abuse**. All the concerned secondary stakeholders were of the same opinion. Furthermore, the concern of **teenage pregnancy** was highlighted by some of the MOs from East Khasi Hills.

c. **Men:** In the opinion of the MOs across districts, men in the community are major suffer from **hypertension, diabetes, tuberculosis, cancer, and urinary tract infections.** However, the most concerning ailment among men according to this group of respondents was **alcoholism.**

d. **Women:** The MOs from **West Jaintia Hills** shared that among women the major health issues were related to **pregnancy including post-partum concerns**. The incidence of **anaemia** was added by the respondents from **West Garo Hills**. Besides, **diabetes, hypertension, gastritis, and breast cancer** were some other ailments prominent among women in the community.

e. **Senior Citizens:** All the respondents across districts were of the opinion that senior citizens in the community majorly face concerns **related to old age** such as joint pain, weakening of eyesight, etc. Some of the stakeholders further stated that health problems like **diabetes, hypertension, cancer, and substance abuse** are some other concerns among them.

As a part of the SBCC strategy under the program, it will be vital to spread awareness among the community concerning the said ailments among their family members. The main member engaged in taking healthcare-related decisions, for instance, the household head and parents, may be targeted in this regard. For this purpose, first, it must be aimed at **educating the community about the seriousness of the stated health concerns**. Then, they must be taught about the **primary**

symptoms to identify with each of the mentioned concerns and related IEC materials must be prepared. They must also be **encouraged to come forward and seek assistance from the available healthcare facilities in their region**.

5.1.2 Uptake of Insurance Schemes in the Community

In order to comprehend the extent of penetration of health insurance schemes in the community, the supply-side stakeholders were asked this question. The ASHAs, ANMs, and medical staff members were enquired about this through a close-ended question. The response was recorded in terms of the Likert Scale and the codes in this regard were '1- No Users', '2-Only a few people have insurance'. '3- Some people have', '4- Most people have', and '5- Almost all eligible have'. In case, any of the respondents mentioned code 1, 2, or 3, they were asked about the plausible reasons behind the lower uptake of insurance schemes in the community. On the other hand, the Medical Officers and other Government Functionaries were asked their opinion on the uptake and utilization of health insurance schemes in the state/district/block. In addition, the reasons behind the low penetration of insurance schemes were discussed with them.

Altogether, it was found that **a majority proportion of the community members have been availing benefits of the health insurance scheme,** thus, implying a significant extent of penetration of the health insurance schemes across the study districts. However, some of the respondents expressed that there is a certain section of the community that is yet to be covered under a health insurance scheme. In this regard, the most important factor acting as an impediment to the uptake of such schemes was mentioned to be **a lack of awareness about such schemes**. Further, a few respondents said that **some people do not deem it crucial to apply for an insurance scheme**. In **East Khasi Hills**, a **lack of trust in insurance agencies and negative experiences** of someone who availed insurance were some of the other reasons mentioned by the frontline workers and the staff. The former was also reported in West Jaintia Hills. Furthermore, **a tedious application process** was highlighted by some of the ASHAs in **West Garo Hills.** Some of the Medical Officials from East Khasi Hills mentioned that certain **superstitious beliefs** also act as a hindrance in the uptake of insurance schemes. Further, **financial constraints** for certain families and **unwillingness to invest in insurance schemes** were reported by a few health functionaries as responsible factors in this regard.

In light of the above-discussed findings, it becomes crucial to **generate awareness** among the community with regard to the uptake of insurance schemes by all eligible members. The community must be first oriented about the **need for health insurance.** They must be explained how this can protect them against any health-related emergencies in the future. After that, the community must be explained the eligibility criteria for various health insurance schemes and **how they can apply** for availing benefits under any health insurance scheme. Furthermore, necessary SBCC materials can be designed to address this concern.

5.1.3 Reliance on Government Health Facilities

With regard to understanding the extent to which the community is dependent on Government Health Facilities, a direct question was asked to the MOs and other health functionaries. They were also asked about the health facilities preferred for ailments suffered by various segments of the community, i.e., children, adolescents, women, men, and senior citizens. Furthermore, the opinion of ASHAs, ANMs, and other medical staff in this regard was captured in terms of the health facilities preferred for various types of illnesses such as acute illness, chronic illness, maternal health, child care, and emergency care. The reasons behind the mentioned preferences were also inquired. More importantly, the views of the MOs and other health functionaries were also understood regarding the significant role played by the traditional healers in the community.

Overall, a strong reliance on Government Health Facilities was mentioned by all the key respondents (both in terms of the type of illness and population segments). The responses of the Medical Officers (MOs) from **West Garo Hills** suggested a **high level of reliance on Government Health Facilities** for seeking health services transpires in the community. In **West Jaintia Hills and East Khasi Hills**, a **fairly high level of reliance** was mentioned by them. The responses of various Government functionaries, ASHAs, ANMs, and staff were quite similar in this regard. The reasons laid down for preferring Government Health Facilities included **easy accessibility to these health facilities, low cost of treatment, free check-ups, and availability of medicines at subsidized rates.**

However, **a certain level of dependency on private clinics/hospitals, traditional healers, and Over The Counter (OTC) Drugs** was also mentioned by this stakeholder group during the interactions. In this regard, the major factors that were mentioned to act as a hindrance in accessing government health facilities among the community included **unavailability of diagnostic services (especially for terminal ailments such as cancer, and heart diseases), inadequate infrastructure, long waiting hours, lack of adequate manpower & specialist doctors, and unavailability of requisite medicines.** A few respondents also mentioned that the decision to visit a government health facility depends on the **seriousness of the ailments and the financial status** of the subjected family. The Block Project Manager, National Health Mission in West Garo Hills shared that the severity of the sickness plays a key role in deciding if the hospital must be visited (especially in cases of emergencies and if a child is ill). In certain cases, **a lack of awareness** and **hesitancy** to visit a medical facility and seek professional care service was reported by the respondents, **especially among adolescents**. It was reported that adolescents usually prefer to **open up to their friends and family regarding emotional problems.** Further, the **unavailability of a specialist** for providing healthcare services to adolescents was also reported. A few staff members also added that sometimes the doctors from the Government Health Facility refer the patients to a private clinic/hospital.

As far as the dependency of the community on traditional healers is concerned, the MOs from **West Garo Hills and West Jaintia Hills** stated that the community trusts the traditional healers majorly for **pregnancy-related concerns, childcare, and ailments related to bone fractures**. The main reason

cited behind the same was their **easy availability in the village**. In **East Khasi Hills**, it was pointed out by a few respondents that some people in the community have **a fear of modern medicines**. This is one of the factors why they rely on traditional healers. The government functionaries across districts also agreed that a majority of the population has **a deep-seated belief in traditional healers**. They shared how historically these figures commanded the trust of the members and how **these natural healing methods** were much **cheaper than modern medicines**. Also, a fear of side effects with regard to modern medicine was mentioned in the community.

Altogether, it was appreciable to note that the community across the study districts depends on Government Health Facilities to a fair extent. However, it is crucial to overcome the challenges considered to be faced by them in certain cases. In this regard, it becomes vital to **educate the community about the healthcare services offered** at various health facilities, especially adolescents. In addition, the **existing fear** among the members concerning modern medicines must be understood, and accordingly, **counselling campaigns must be organised** to help them overcome it. One of the main concerns that the program must consider addressing is **ensuring the availability of requisite medicines in the facility**. This will **reduce the cost incurred by the community** (especially the low-income families) in purchasing those medicines from a pharmacy shop or a private clinic/hospital. This may also contribute to preventing the purchase of Over the Counter Drugs atleast to some extent.

5.1.4 Awareness and Acceptance of Frontline Workers and Staff in the Community

As mentioned in the preceding section, the opinion of the frontline workers and medical staff members concerning their perceived level of awareness and acceptance in the community was gathered. In this regard, three questions were asked to this group of respondents. First, whether they think the community is aware of their role. On assessing the responses of the said group, it was appreciable to note that the ANMs, ASHAs, and the medical staff believed that the **community is very well aware of their roles and responsibilities**. This was also understood from the interactions held with the community members as discussed in the previous chapter.

Second, the extent to which people are aware of some 14 health conditions pertaining to pregnancy care, maternal care, child care, and adolescent health, and third, how convenient it is for them to convince the community to follow the recommended behaviour concerning each of them. The responses to both of these questions were recorded in terms of a Likert Scale. The codes given for the former question were- '1 People do not consider the issue seriously until it gets critical', '2 People are somewhat conscious but they do not seek appropriate medical care', '3 People are somewhat conscious and they often delay in seeking medical care', '4 People are quite conscious but they slightly delay in seeking required medical care', and '5 People are highly conscious and they seek medical care well in time'. For the purpose of analysis, the overall responses were colour

coded. The colours **red, orange, yellow, green, and blue** were used for **code 1, code 2, code 3, code 4, and code 5, respectively,** if the majority of respondents gave the same opinion. Similarly, the codes given for the latter question were- '1 Extremely Difficult', '2 Somewhat Difficult', '3 Undecided', '4 Somewhat Easy', and '5 Extremely Easy', and the same colour codes were used in the given order for this question. As these questions were asked to three categories of stakeholders- ASHAs, ANMs, and other medical staff, average scores were calculated to understand the existing level of consciousness of the community and the extent to which it is easy for the respondents to convince the community to adopt positive practices for each of the health aspects. The findings in this regard have been summarised district-wise in Table 5.1 and Table 5.2.

It was noted that across districts, the community was mentioned to be **atleast somewhat conscious** regarding the considered health domains. There were five health issues- **adoption of family planning method, infant and young child feeding practices, tracking nutritional status of children, seeking care for childhood illnesses, and reproductive & sexual health for adolescents**, about which the people in **East Khasi Hills** were believed to be somewhat conscious but were mentioned to **often delay in seeking medical care**. Similar responses were recorded for the community in **West Garo Hills** concerning **adoption of family planning and reproductive & sexual health for adolescents**. Additionally, in **East Khasi Hills**, people in the community were reported to be **somewhat conscious about mental and emotional health**. However, according to the frontline workers and staff, they **do not seek appropriate medical care**. In this regard, the **community in West Garo Hills and West Jaintia Hills** were mentioned to **often delay in seeking medical care**. As highlighted in Table 5.1, there were also certain health concerns about which the community in West Garo Hills and West Jaintia Hills was believed to actively seek medical care.

Table 5.1: Perceived Extent to which Community is Conscious of Various Health Aspects across Study Districts

S.N.	Health Domains	East Khasi Hills	West Garo Hills	West Jaintia Hills
1	Adoption of family planning methods for birth spacing			
2	Antenatal Care			
3	Institutional Delivery			
4	Post-partum care for mothers			
5	Early Initiation of Breastfeeding post delivery			
6	Neonatal Healthcare			
7	Exclusive Breastfeeding for first 6 months			
8	Initiation of Complementary feeding			
9	Continued Breastfeeding up to 2 years			
10	Appropriate Infant and young child feeding practices			
11	Tracking nutritional status of children			

Table 5.1: Perceived Extent to which Community is Conscious of Various Health Aspects across Study Districts				
S.N.	**Health Domains**	**East Khasi Hills**	**West Garo Hills**	**West Jaintia Hills**
12	Seeking care for Childhood illnesses			
13	Reproductive and Sexual health for adolescents			
14	Mental and Emotional Health issues among adolescents			

On the other hand, when the frontline workers and medical staff were asked about their perceived level of convenience of encouraging the community to adopt positive health practices regarding the considered health aspects, crucial findings were drawn. The **adoption of family planning methods, tracking of nutritional status of children, reproductive & sexual health of adolescents, and mental and emotional health among adolescents** were the major domains regarding which the respondents believed that it is **neither easy nor difficult** to convince the community. Other findings in this regard have been presented in Table 5.2.

Table 5.2: Perceived Level to which it is Convenient for ASHAs, ANMs, and Other Medical Staff to Convince the Community to Adopt Positive Practice for Various Health Aspects across Study Districts				
S.N.	**Health Domains**	**East Khasi Hills**	**West Garo Hills**	**West Jaintia Hills**
1	Adoption of family planning methods for birth spacing			
2	Antenatal Care			
3	Institutional Delivery			
4	Post-partum care for mothers			
5	Early Initiation of Breastfeeding post delivery			
6	Neonatal Healthcare			
7	Exclusive Breastfeeding for first 6 months			
8	Initiation of Complementary feeding			
9	Continued Breastfeeding up to 2 years			
10	Appropriate Infant and young child feeding practices			
11	Tracking nutritional status of children			
12	Seeking care for Childhood illnesses			
13	Reproductive and Sexual health for adolescents			
14	Mental and Emotional Health issues among adolescents			

Altogether, it was appreciable to note that the community was atleast somewhat conscious about the various health aspects. However, the fact that there is a reluctance among the community to come forward to seek professional medical assistance is concerning. Through the interventions planned under the program, it will be **crucial to encourage the community to avail requisite healthcare services, especially for the identified health concerns**. As the **frontline workers and staff** mentioned that for a majority of the aspects it is somewhat convenient for them to convince the community, they **must be involved in designing of communication materials and facilitation of requisite health campaigns**.

5.1.5 Measures Taken for Effective Service Delivery

One of the crucial aspects that was studied to gain deeper understanding of the existing health care scenario in the study district was the prevalent measures taken by the government health functionaries for the effective delivery of healthcare services. In this regard, several questions were asked to the medical officers and other district and block-level officials. The concerned respondents were inquired about their perceived level of effectiveness of Health & Wellness Centers in catering to the health-related demands of the community, type of healthcare services currently prioritised by the government, arrangements at place for disposal of hospital-generated wastes, grievance redressal mechanism for addressing the complains of the community, and measures in place to address instances related to sexual exploitation/harassment in the health department, if any. Moreover, the possible ways in which these respondents aim at encouraging the community in seeking healthcare services from qualified medical practitioners was also discussed during the interactions. The major findings in this regard have been discussed as follows:

a. Perceived Level of Effectiveness of Existing Health & Wellness Centers (HWCs):

All the respondents believed that the operations of HWCs have **extensively contributed towards comparatively improving the reach of healthcare services** in the state, especially to the under- privileged and rural communities. They further said that HWCs provide healthcare services for wide range of aspects including maternal health, child health, non-communicable diseases, mental health, and other emergency care. An MO from West Jaintia Hills said that **"With the coming of Mid- Level Health Providers (MLHP), health care services have developed to a great extent. It has improved the life of people as now people look up to PHCs (Sub-centre) for health care. Things have lifted up with the coming of MLHP and ANM."** An MO from West Garo Hills said that **"Health and wellness provides comprehensive health care services closer to the community and this has reduced the financial burden on the community. Facility of teleconsultations have also been introduced which has aided the community immensely."** In fact, one health functionary from West Garo Hills was of the opinion that with the coming up of HWCs, there has been an **improvement in the number of institutional deliveries**. However, some of the officials were

of the view that the uptake of healthcare services has not increased as expected. Therefore, certain suggestions were also shared by them to further improve the operations of HWCs.

First and foremost, **certain degree of unawareness in the community concerning the services offered at various health facilities** (sub-centers, PHCs, CHCs, HWCs, and DH) was mentioned. One of the medical officers mentioned that there have been instances were a community member has visited the District Hospital for a minor ailment. Therefore, orientation of the community was viewed important. Thus, considering this, as a part of the project, it becomes important to generate the necessary level of awareness among the community. Second, the Block Project Manager (NHM) in West Garo Hills said that the **services offered at the HWCs must be in alignment with the needs and demands of the community**. In addition, **a scope for improvement in the infrastructural arrangements** at the HWCs was underlined during the survey. A few of the respondents also opined that **availability of good quality and requisite medicines must be ensured** in the facilities. Further, a need for **adequate staffing** was also put forward. In this regard, not only the **recruitment of required number of staff** was suggested but **their capacity building** was also emphasised.

b. Healthcare Services Currently Prioritised:

As already stated, the IDIs with the Medical Officers (MOs) and Government Functionaries enquired about the kind of healthcare services that are being prioritized by the State Government. They were also asked about their vision and action plan for the next five years in the space of healthcare delivery in the State. Overall, the emphasis was laid on improving the status of **maternal and child health care** services in the state. One of the MOs interviewed from East Khasi Hills said that "**The State is majorly focusing on improving the maternal and child health care scenario. In this regard, several measures have been taken. One of the most important steps taken is the construction of transit homes for pregnant women in the difficult to reach areas."** The discussions with MOs in **West Jaintia Hills** revealed that **promotion of Health & Wellness Centres** for information dissemination about health (especially concerning maternal and child health) was under focus. Another aspect of focus was **eradication of tuberculosis.** In this regard, **collaboration with all the sectors under Government** (administrative, SDO, BDO, ICDS, ISI) was also found to be considered by the respondents. The MOs from **West Garo Hills** revealed that **child immunization** is a crucial part of ensuring child health and that remains a focus area for any future action plan. **Upgradation of sub-centres into health and wellness centre, improvement in rural infrastructure, and a focus on maternal and child health** was further emphasised. The MOs in **East Khasi Hills** added that the department also aims at **improving the quality of services and skill set of existing manpower for Non-communicable Diseases, especially cancer.**

It can, thus, be said that the **program interventions concerning maternal and child health must be prioritised**. A special focus must be laid on this while designing the SBCC toolkit. The community must be encouraged to take up positive health practices that may contribute in improving the maternal and child health scenario in the state. Therefore, effective communication materials must be prepared and related messages must be delivered to the concerned target groups. This will aid in contributing towards the vision of the esteemed health functionaries.

c. Arrangements for Disposal of Hospital-generated Wastes:

Disposal of medical waste is a big and critical part of hospital management. As this waste qualifies as bio-hazardous waste, it has massive implications on both human health and environmental health. Hence, it becomes mandatory for any health facility to ensure proper and careful disposal of hospital waste.

When the MOs and other Health Functionaries were asked about the kind of arrangements that have been made for proper disposal of hospital-generated wastes including bio-medical waste as well as other waste generated from the health facility, **abidance to the Biomedical Waste Guidelines** was mentioned. A Medical Officer from West Jaintia Hills revealed that some facilities also follow the **guidelines of the Meghalaya Pollution Control Board** as a waste disposal system has not been put in place in the healthcare facility. Some functionaries pointed out that most facilities have their own waste disposal teams who carried out the exercise. It was also reported by some of the medical officers that the **people involved in the disposal of such wastes wear proper safety gears. Usage of colour-coded bins for different type of wastes** and **preparation of proper burial pits** was also mentioned. Besides, incineration and mechanical/ chemical disinfection were mentioned as some other methods for disposal of hospital wastes.

Although as per the supply-side stakeholders, atleast some arrangement for the disposal of medical waste was mentioned to be present at the government health facilities, as a part of the program, **orientation of the concerned stakeholders** in this regard can be considered. This will be requisite to **ensure continuity of such practices at the facility level**. In addition, appointment of a dedicated staff in this regard can also be considered so that a proper management of hospital generated wastes can be assured.

d. Existing Grievance Redressal Mechanism and Measures taken to Address Complaints of Sexual Abuse/Exploitation/Harassment:

With regards to the kind of system that has been institutionalized for redressing the grievances of the community concerning healthcare services, the **setting up of RKS Committee or Hospital Management Committee at the CHC levels and installation of**

complaint boxes was mentioned as some of the existing measures in place. Besides, the MOs from **West Garo Hills** shared that the **state has taken steps in forming the Village Health Committee in the villages to develop a sense of belongingness among them and to work together with the health care providers in the community.**

However, some of the respondents suggested that **the role of ANMs and ASHAs in the community must be strengthened as they can assist in redressing the grievances in the community.** The frontline workers share a cordial relationship with the community and often the people share their experiences (good or bad) with the frontline workers. Therefore, appropriate system must be installed to ensure the transfer of complaints received by the ASHAs and ANMs to the senior authorities.

Concerning the complaints of sexual abuse/exploitation/harassment, it was mentioned by the respondents that so far, **no such instances have been reported**. However, they added that certain preventive measures such as formation of an Internal Complaint Committee, availability of Women Commission, and helpline numbers related to sexual exploitation and abuse and the protection of women must be checked for. In this regard, the District Social Welfare Officer from West Garo Hills said that **One Stop Centre** have been institutionalised which has helpline numbers and monitoring mechanisms.

Overall, based on the interactions with the medical officers and other government functionaries, a scope for strengthening of the grievance redressal mechanism was identified. An active Grievance Redressal Committee is vital to understand the concerns faced by the community in seeking healthcare services and the medical staff in delivering the requisite services. This will guide in bridging the gaps existing in the service delivery process. Therefore, as a part of the SBCC strategy, efforts must be made to orient the key stakeholders about the need and significance of having an active grievance redressal mechanism.

5.1.6 Challenges Encountered in Service Delivery

While it is crucial to understand the challenges encountered by the demand-side stakeholders in availing healthcare services, it is equally significant to analyse the obstacles encountered by the supply-side stakeholders in effective delivery of various healthcare services. Only then it will be possible to gain a holistic understanding of the factors impeding the successful reach of healthcare services in the community. Therefore, with this purpose, the secondary stakeholders were asked about the difficulties they face while interacting with the community and providing them required medical assistance.

As previously mentioned, one of the major challenges mentioned by this respondent group was **lack of understanding among the community about why the uptake of a healthcare service is**

important. A **certain degree of hesitancy** was mentioned among people to consult the medical professionals, especially for adolescent health issues. A **fear of side effects from immunization** in the community was another problem highlighted by the MOs and other health functionaries. One of the pharmacists from West Garo Hills also shared that **sometimes female patients refuse to get examined by male healthcare providers.**

Client interaction forms a major part of service delivery and directly affects uptake of services and its popularity. If the service provider is cordial, welcoming, understanding and open in their communication with service consumer, acceptance of the service expands manifolds. For this reason, when the concerned stakeholders were asked if and how the attitude or behaviour of healthcare providers at the facility level hinders in the effective delivery of quality healthcare services, they shared that **largely they have practiced good behaviour**, especially when their profession trains them to be compassionate towards their patients. In this regard, an official from East Khasi Hills stated that "**The attitude and behaviour of a person is subjective in nature and it differs from hospital to hospital. There are health care providers who are behave cordially with the patients and there are some who talk rudely with them.**" Further, the CDPO interviewed from West Garo Hills shared that **"Instances of Verbal abuse have been witnessed among some medical staffs. Due to that, some community members, such as pregnant women, shy to seek medical health facilities."** However, certain reasons such as work pressure and lack of ownership and understanding of responsibilities were mentioned behind the rude behaviour of the healthcare providers. Further, some instances of **mistreatment by relatives of patients** were mentioned to bring their energy down and demotivates them.

Therefore, while it is important to motivate the community to seek medical care from professional healthcare providers, it is **equally significant to sensitize the healthcare providers about that roles and responsibilities.** Requisite IEC materials must be designed in this regard. This will be vital for developing a conducive environment for the patients to seeking medical assistance.

5.2 Suggestions for SBCC Strategy

After having gathered opinions, observations, and experiences of various secondary stakeholders, a rich knowledge base gets created which is replete with suggestions to improve outreach of healthcare services in the concerned State. It also throws light on pre-existing shortfalls that are present in the sector, thus, aiding a better implementation of interventions devised under the program. However, it is important to understand the order in which efforts must be made to overcome the challenges discussed in the previous sections. Furthermore, it is crucial to lay down the modus operandi that must guide the execution of the planned measures under the program.

The previous chapter entailed a discussion on the opinions of the demand-side stakeholders regarding the key audience group that must be targeted under the program, the messages that must be delivered by SBCC materials, the existing platforms and media sources that must be capitalised for the efficient implementation of the program, major stakeholders to be entailed in the planning

and implementation process, and overall suggestions with regard to the designing of the SBCC toolkit. In the section that follows, the perceptions of the supply-side stakeholders have been enumerated on the specified aspects.

5.2.1 Target Audience Group and Key Content

The identification of the problem is the most important step in the designing of a SBCC strategy. Not only is this but it is equally vital to understand who must be approached to resolve the problem and how the identified challenges must be addressed. Thus, as a part of the need assessment survey, the frontline workers and medical staff were asked a direct question to understand their view on the health issues that should be prioritised under the program and the segment of the community that must be targeted the most for awareness generation under the program.

Altogether, all the respondents in this category (across districts) were of the opinion that a special focus must be laid on the **adolescents and youth** in the community. In this regard, most of the ANMs in all three districts stated that **adolescents and youth constitute the next generation and therefore, they must be considered as a major target group for interventions planned under the program.** The respondents also specified some of the issues on which this segment of the community must be educated. This included **Substance Use, Menstrual Health Management, Sexual and Reproductive Health, Teenage Pregnancy, Birth Spacing, Anaemia, and Emotional & Mental Health.** Furthermore, **Women** (including Pregnant Women, Lactating Mothers, and Mothers) were identified to be another vital audience group by the respondents. In accordance to this, **Family Planning, Birth Spacing, Institutional Delivery, Pregnancy Care, Feeding Practices, Child Care, Routine Immunization, Nutrition & Dietary Practices** were some of the aspects on which awareness generation among women was emphasised. Some of the respondents also suggested that the **parents** in the community must be educated on **Positive Parenting, Routine Immunization.** A few also suggested that the **men** in the community must be oriented on **family planning methods, and substance use.** The **ASHAs in East Khasi Hills** added that the **Head of the Households must be targeted under the program interventions as they play a decisive role in the health-related decision making at the household level.**

Furthermore, it was interesting to learn that the respondents believed that **the key supply-side stakeholders active at the community level,** i.e., ASHAs, ANMs, and AWWs must also be targeted under the program and their existing skill set must be improved. Some of the respondents also added that the **capacity building of the Village Headmen and other local representatives** must be considered. This was believed to increase the effectiveness of the service delivery mechanism at place.

5.2.2 Prominent Channels, Media Sources, and Key Stakeholders

As previously mentioned, the understanding on the prominent channels, media sources, and key stakeholders was also sought from the secondary stakeholders. In this regard, the concerned respondents were asked about various community health events that have been organised in the study districts in the past years. Additionally, the key enablers aiding the conduct of such events and barriers impeding their execution was discussed. Furthermore, the respondents were enquired about their perceived level of effectiveness of various media sources and the most trusted media sources among the community. The opinion of this stakeholders was also gathered to comprehend which key actors in the community can be approached for the successful planning and implementation of the interventions under the program. The findings in this regard have been discussed as follows:

5.2.2.a Most Organised Healthcare Events and Programs

Altogether, several health events were mentioned to have been organised in the community by the respondents across districts. This included conduct of **Deworming Day, POSHAN Diwas, Village Health, Nutrition, and Sanitation Day (VHNSD), Free Health Check-ups, Immunization Day, NCD Scanning and Awareness Programs (Tuberculosis, Malaria, Cancer, etc.), Health Camps, and Baby Shows.** Further, facilitation of **awareness campaigns** on numerous health aspects was highlighted. Moreover, when the respondents were asked about the success rate of the organised community health events, most of them perceived it to be successful to an extent. The concerned issues have been presented in Figure 5.1.

Figure 5.1: Various Aspects on which Awareness Campaigns are Organised across Study Districts

It can, thus, be understood that the state has been conducting community health events from time-to-time to improve the health scenario. More importantly, almost all the vital health domains have been covered under these events in the study districts. However, the fact that despite so much of

efforts already in place, the successful delivery of the health care services is still impeded at the grassroot level. Therefore, it was considered important to understand the key enablers and key barriers concerning the highlighted events. The findings in this regard have been summarised in Table 5.3.

Table 5.3: Key Enablers and Barriers Associated with the Conduct of Community Health Events

Key Enablers	Key Barriers
❖ Timely Information Dissemination ❖ Public announcement by Village Headman ❖ Community Coordination & Cooperation ❖ Involvement of Key Stakeholders ❖ Regular Meetings with Stakeholders ❖ FLWs understanding their Roles and duly carrying them out ❖ Proper Planning ❖ Entertainment Sessions in between event ❖ Teamwork ❖ Good IEC Materials ❖ Effective Community Mobilisation	❖ Inadequate Infrastructure ❖ Lack of Transport ❖ Organising programs in Sowing/Harvesting Seasons ❖ Insufficient Funds ❖ Lack of Manpower ❖ Misconceptions within Community ❖ Less Public Turnout ❖ Repetitive Programs ❖ No Ice-breaking Sessions

Overall, it was realised that the key to a successful community event was **adequate planning and coordination among various stakeholders** including health functionaries, frontline workers, and village headmen. **Effective communication by ensuring community engagement** was understood to be the second most important contributor to an event's success. Furthermore, **selection of a convenient location and day as well as timely dissemination of information** about the event was another considerable aspect. Thus, the mentioned factors must be considered for organisation of any events under the program.

5.2.2.b Most Prevalent Media Sources

To understand the most prevalent media sources according to the secondary stakeholders, the sampled frontline workers and medical staff were asked their opinion on the effectiveness of 13 media sources including printed media, social media, audio-visual media, community meetings, hotlines, etc. The respondents were asked to rate the extent of effectiveness of each of this media sources on a scale of 1 to 3 where 1 implied not at all effective, 2 implied somewhat effective, and 3 implied very effective. For the purpose of analysis, average scores were calculated for the responses received from ASHAs, ANMs, and the medical staff. Further, based on the average score, colour codes were used to denote the overall effectiveness of each of the media sources across districts. In this regard, the **colour red** was used to indicate that a media source is **not at all effective**. Likewise,

the **colour orange** was used to underline that a media source is **somewhat effective** in a region and the **colour green** was used to refer **extreme level of effectiveness** of a media source.

It was noted that according to this respondent group, the considered media sources were atleast somewhat effective in all the districts. When district-wise effectiveness of these media sources was assessed, in **West Garo Hills, all the 13 media sources** were found to be **somewhat effective** based on the average scores calculated. Further, **in East Khasi Hills and West Jaintia Hills, Wall Writings/Drawings/Posters and Community Meetings/Interpersonal Counselling by Frontline Staff** were considered to be **very effective** by the respondents. Additionally, three other media sources- **social media platforms, visual clips displayed on video vans/video walls, and theatre/folk songs/ street plays** were mentioned to be **very effective in West Jaintia Hills**. Other details in this regard have been summarised in Table 5.4.

Table 5.4: Perceived Level of Effectiveness of Various Media Sources by Frontline Workers and Medical Staff across Districts

S.N.	Media Sources	East Khasi Hills	West Garo Hills	West Jaintia Hills
1	Brochures/ Leaflets/ Pamphlets			
2	Wall writing/ Drawing/ Posters			
3	Newsletters/ Handouts/ Handbills			
4	Flipcharts/ Handbooks			
5	Short message service (SMS)			
6	Newspaper advertisement/ articles			
7	Social media methods like blogs/ facebook feeds/ twitter /instagram/ Whatsapp messages			
8	Radio jingles			
9	Visual clips displayed on video vans/ video walls			
10	Community meetings/ interpersonal counselling by frontline staff			
11	Theater/ Folk songs/ street plays			
12	Commercials in cinema/ documentary			
13	Hotlines or help desks/ platforms for recording feedback/ grievances			

Therefore, as a part of the SBCC Strategy under the program, it will be pertinent to focus on the mentioned media sources in a particular study district for the dissemination of information and awareness generation in the community at the elementary stages. Based on the effectiveness of the

chosen media sources, other communication platforms can be strengthened for meeting the objectives of the project.

5.2.2.c Key Stakeholders

As far as the opinions of the secondary stakeholders regarding the major demand-side and supply-side stakeholders is concerned, the emphasis was significantly laid on **frontline workers including ASHAs, ANMs, and AWWs, doctors and other medical staff.** It was further expressed by the respondents that the frontline workers have been strongly working at the grassroot level along with the community. They have been doing a remarkable job in ensuring improvements in the health aspects of the community, especially with regards to maternal and child health. Similar was the case concerning the doctors and other healthcare providers working at the government health facilities at the village and the community level. Therefore, it was perceived vital to ensure their active engagement in the project.

The second mostly recognised stakeholder was the **Village Headmen**. The Village Headmen were believed to be a key facilitator of events at the community level. The respondents said that they have been playing a key role in community mobilization. The public announcements by village headmen were considered to be a trusted source of information among the community. Furthermore, it was mentioned that they have been coordinating and cooperating with the healthcare providers and health departments for a smooth conduct of the events.

Some other prominent actors that were believed could contribute towards achieving the project objectives were **Elderly Members in the Households, Church Leaders, Political Leaders, and existing CBOs in the community, i.e., the SHGs.** Encouraging the members to seek medical assistance, mobilising the community for health events, coordinating with frontline workers for various health events, and guiding the upcoming generation to follow positive health practices were some of the ways in which the respondents expressed that the elderly members and church leaders can contribute towards the project. Providing financial and infrastructural support were the main ways in which the political leaders were expected to aid the execution of program interventions. However, a majority of the respondents from West Jaintia Hills were of the opinion that the political leaders may be hardly interested in contributing towards the program. With regards to the CBOs, the respondents expressed that the existing network of SHGs can be used for knowledge dissemination and awareness generation. A few respondents also suggested to engage school teachers in the communication campaigns.

5.2.3 Suggestions for Designing of SBCC Materials

The secondary stakeholders were also asked for suggestions concerning the designing of the SBCC materials. In this regard, three important questions were asked to them. First, suggestions for drafting the communication plan for generating health-related awareness among the community. Second, suggestions concerning the designing of audio-visual content and the appropriate colour

themes. Third, objects/animals/birds/flowers considered auspicious or are associated with health and well-being by people in general. The key findings in this regard have been discussed as follows:

Altogether, the respondents were suggestive of the fact that the communication plan to be developed under the program must be **clear and concise**. They believed that it should be closely **associated with the needs of the community**. Furthermore, the secondary stakeholders said that the **IEC materials** must be translated in **local languages** so that the message can easily reach the intended group. When the responses of this group were assessed to understand their choice of colours for the SBCC materials, respondents across districts were found to associate different colours to various aspects of health such as **nutrition, cleanliness, hygiene, diseases, emergencies/danger, and overall well-being.** Overall, the use of **green, white and blue** was emphasised by the respondents. Further, the **colour red** was majorly associated with **emergency/danger** and **diseases/illnesses** were found to be connected with the **colour yellow.** With regards to objects/animals/birds/flowers, the respondents were found to majorly associate them to positive attributes concerning health and life. However, in a few cases, **snakes and roses** were associated with **danger** by the respondents. The other details in this regard have been summarised in Table 5.5.

Table 5.5: Various Colours and Objects Suggested by Secondary Stakeholders for Use in Designing of SBCC Materials across Districts

S.N.	Districts	Colours	Objects/Animals/Birds/Flowers
1	East Khasi Hills	• **Health**- Green, White, Blue, Pink • **Nutrition**- Yellow, Orange • **Peace**- White • **Cleanliness & Hygiene**- White, Green, Orange, Peach, Blue • **Emergency**- Red, Black • **Diseases**- Yellow, Orange, Brown, Red	• **Flowers-** Lily, Rose, Dahlia, Tulip, Sunflower, Orchid, Lotus, Marigold • **Animals/Insects-** Dog, Cat, Rabbit, Lion, Lamb, Tiger, Snake • **Birds-** Dove, Eagle • **Others-** Food Pyramid, Grass & Pine Trees
2	West Garo Hills	• **Health**- Green, White, Blue • **Nutrition**- Yellow, Orange • **Peace**- White, Blue • **Hope**- Blue, Green • **Cleanliness & Hygiene**- White, Green, Blue • **Emergency**- Red, Black • **Diseases**- Red • **Happiness**- Yellow, Orange	• **Flowers-** Lily, Rose, Dahlia, Tulip, Sunflower, Orchid, Lotus, Marigold • **Animals/Insects-** Lion, Tiger, Snake • **Birds-** Dove, Pigeon, Parrot, Sparrow, Peacock • **Others-** Injection

Table 5.5: Various Colours and Objects Suggested by Secondary Stakeholders for Use in Designing of SBCC Materials across Districts			
S.N.	**Districts**	**Colours**	**Objects/Animals/Birds/Flowers**
3	**West Jaintia Hills**	• **Health**- Green, White, Blue, • **Nutrition**- Green, Red • **Peace**- White • **Hope**- Blue, Green • **Cleanliness & Hygiene**- White, Green, Blue • **Emergency**- Red, Yellow	• **Flowers-** Lily, Rose, White Rose, Cherry Blossom, Marigold, Sunflower • **Animals/Insects-** Ants, Snake, Elephant, Bees • **Birds-** Dove, Pigeon, Hill Myna, Parrot • **Others-** Water, Stethoscope, Injection, Tulsi Plant

Overall, the findings from the interactions with the supply-side stakeholders were informative and insightful. It aided in developing a holistic understanding of the existing health scenario in the state. A need for encouraging the community to seek professional medical assistance was not only supported by this respondent group but the scope for improving the skill set of the healthcare providers was also highlighted by them. The discussions also helped in understanding the key areas in which the interventions must be emphasised. To sum up, it can be said that for the success of the interventions planned under the program, it will be vital to develop a conducive environment between the healthcare providers and the community. Coordination and cooperation between them are the key to achieving the project objectives and ensuring sustainability of the achieved outcomes. Therefore, by incorporating the above-discussed suggestions in the SBCC toolkit to be designed under the program, the same can be realised.

Communication Needs of Tertiary Stakeholders

With regards to the concerned Communication Need Assessment Study, Faith-based Groups, Media Representatives, and NGOs/CBOs were considered as the tertiary stakeholders that may exert an indirect influence of the behaviour and practices of the community. These groups form a crucial part of our stakeholder population for the project due to reasons which cannot be overlooked. In many hard-to-reach areas of Meghalaya, where people still do not use smartphones and the internet, religious places and congregations act as crucial platforms for information dissemination[29]. Religious leaders are often the most respected figures in the communities; faith communities play a powerful role in shaping attitudes, opinions, and behaviours because their members trust them. [30] Media representatives can mould opinions, bust myths, dispel notions and popularise positive behaviours not just by information dissemination but also through advertisement campaigns, interviews with trusted professionals, and *vox populi*. NGOs act as another crucial partner to bring change and development at the grassroots level. They dawn multiple roles to do so. They act as watchdogs for current policies/programs, educators of citizens, advocates of their problems, and even service providers. Since these groups hold power over popular opinions and behaviours, it is not only important to understand their stance on relevant health issues but also to rope them in our efforts to strengthen the health system in the State.

This chapter seeks to discuss the perception of the Tertiary Stakeholders, including faith-based groups, media representatives, and NGOs/CBOs, on the healthcare-seeking practices in the community and the designing of the SBCC strategy that was acquired via in-depth interviews with them.

6.1 Perceptions on Health-seeking Practices in Community

As a part of the study, In-depth Interviews were conducted with the said tertiary stakeholders to gain an understanding of their perspective with regard to the existing health-related practices in the community. They were asked about the major health concerns faced by various segments in the community, and dependency of the community on Government Health Facilities. This stakeholder

[29] https://meghealth.gov.in/covid/Press%20Note%20on%20interaction%20with%20faith%20based%20leaders%2009-07-2021.pdf

[30] https://healthcommcapacity.org/i-kits/role-religious-leaders-faith-communities/

group was further enquired about how they have been contributing towards improving the health practices of the people so as to understand the degree at which they exert influence on the community. The section ahead explores responses of each of the tertiary stakeholder group in this regard.

6.1.1 Major Health Concerns Faced by the Community

The tertiary stakeholders were asked about the major health concerns faced by various groups in the community, i.e., **children, adolescents, women, men, and senior citizens.** This was asked to the target respondents as an open-ended question. The key findings in this regard have been presented as follows:

a. **Children:** On the issue of major health-related problems encountered by children, the faith-based groups from all three districts spoke of **cold and fever**, primarily. A **pastor from West Jaintia Hills** also pointed toward the prevalence of **stomach aches and asthma**. Responses from NGOs highlighted similar problems with the addition of **diarrhoea, pneumonia, malnourishment, chicken pox, and abscess**. The media representatives corroborated these and added **malaria, typhoid, jaundice, measles, and mumps** to the list of health concerns faced by children across districts.

b. **Adolescents:** With respect to adolescents, **gastritis** emerged as a major issue in West Garo Hills, and **drug abuse** in East Khasi Hills. NGOs and Media groups were also of a similar opinion. In addition to this, a media representative from East Khasi Hills pointed to the concern of **teenage pregnancy.**

c. **Women:** According to various faith-based organisations, women in West Jaintia Hills seemed to deal with **blood pressure, diabetes, and asthma-related issues** while those in West Garo Hills experienced **urinary tract infections and cysts**. Mortality during pregnancy was a prime health concern for the women in East Khasi Hills according to them. A respondent belonging to an NGO from West Jaintia Hills also shared that **cancer and anaemia** were also causes of worry when it came to female health in the district. On the count of lifestyle diseases, pregnancy-related issues, and hypertension, both media and NGO groups were in consonance.

d. **Men: Hypertension and diabetes** were also found to be major health issues for the men in West Garo Hills and West Jaintia Hills districts, while for the East Khasi male population, **alcoholism, substance use, stroke, and cancer** were health concerns that needed attention.

e. **Senior Citizens:** The faith-based groups and NGOs shared that senior citizenry in East Khasi Hills and West Garo hills faced the usual old age problems like **joint pain, deafness, low vision**, while in West Jaintia Hills, the pastor flagged **BP, diabetes, asthma and liver problems.** A media representative from East Khasi Hills also highlighted **Alzheimer's and dementia** as major health issues in old-age populace.

As a part of the SBCC strategy under the program, awareness must be generated among the community regarding the reported health concerns. Necessary IEC materials must be prepared accordingly. In addition, the community must be encouraged to avail healthcare services from professional medical practitioners.

6.1.2 Reliance on Government Health Facilities

The IDI made an effort to comprehend the extent to which Government facilities are trusted by the community members for seeking health services so that it could be assessed which areas worked as assets for the government health facilities and which areas needed to be addressed at the earliest. They were further inquired about which is the most preferred source to seek medical care for various groups of people. In case, the reliance on the nearest PHC or CHC is found to be less, the respondents were asked about the plausible reasons behind the same.

> *"There is a need for man power who can dedicate their life in serving people. There are health care providers who work because their duty calls. Despite having less man power, health care providers are not committed to their work. This really has a negative impact on improving the health system in the State. "*
> - Media Representative, West Garo Hills

Overall, a **dependency on Government Health Facilities** such as Sub-centers, PHC, CHC, and District Hospitals was mentioned by the tertiary stakeholders with regard to seeking medical care for various illnesses. The media representatives in all districts showed some level of reliance on Government health facilities, especially East Khasi Hills which showed a high degree of reliance. However, there were areas of concerns they all highlighted. However, some of the respondents also reported that **certain people in the community visit private clinics/hospitals** for medical assistance.

Altogether, some of the reasons why the community may not rely on the nearest PHC/CHC that were mentioned by the tertiary stakeholders included the **unavailability of requisite medicines, availability of diagnostic services, long waiting hours, lack of adequate manpower, and lack of accessibility to the facilities.** It was specified by a respondent from West Garo Hills that **sometimes doctors and nurses were not available on all days in the health facility** Some of the

> *"Accessibility to health care is still one of the loopholes, even in the 21st century there are still sick persons being carried on bamboo stretches or chairs, while being taken to the hospital. Some of the health facilities do not have doctors and nurses at all."*
> - Media Representative, East Khasi Hills

respondents also mentioned that the choice of the medical facility also depends on the **seriousness of the ailment**. If a condition is less serious, the community depends on Government Facilities. In case, an ailment is severe, people tend to visit private health facilities. Also, an NGO representative from East Khasi Hills said that **"The choice of health facilities may differ between rural and urban areas. The reason behind choosing private facilities includes the availability of medical practitioners, medicines, and good quality of services."** Further, **a lack of awareness of the existing healthcare services offered** at the Government Health Facilities concerning **adolescent health** was reported by another NGO official from East Khasi Hills.

The representatives of Faith-based Groups who were interviewed also highlighted that in some cases, the **lack of knowledge of local languages** among the health staff affects the quality delivery of healthcare services. A few instances of improper information dissemination were further underlined by them. A respondent from East Khasi Hills pointed to **a shortage of ambulances** and **a lack of properly trained paramedics.** On the other hand, NGO representatives expressed a **need for sensitisation of healthcare providers** across all districts. Possible reasons for unprofessional behaviour, as suggested by the respondents, included **lack of behaviour management training, work pressure, lack of coordination, and lack of commitment.** They suggested that healthcare providers **must be politer in their interactions with patients** so that the community is not scared to approach them with their problems or doubts. There has to be an **attitudinal shift** from considering their work as a mere job to realising that their profession is service to humanity. Another exercise that was asked to be stressed on was **more door-to-door visits**.

Reliance on traditional healers and home remedies (especially among the families that have financial constraints) for child care was also expressed by one of the media representatives interviewed from **West Garo Hills**. **Trust in traditional healers** was also specified with regard to **pregnancy care and maternal health**. Some respondents from the NGO group pointed out that there continues a simultaneous reliance on traditional healing systems on account of various reasons like **myths around modern medicines, deeply entrenched traditional belief in that way of healing and the high degree of trust that traditional healers command**.

With regard to drug addiction among adolescents, the said respondent added that **some adolescents do not come forward to seek medical assistance but they depend on self-medication.** The NGO representative interviewed from West Garo Hills expressed that there is **hesitancy and shyness among adolescents** and they hardly come forward to seek professional medical care. This is something that must be addressed as a part of the project. The media representative interviewed from **North Garo Hills** further reported that **certain families consult the local pharmacists and buy medicines** from them for curing the ailment among children. Additionally, the **financial status of a family and its previous experiences** were some of the other factors reported for considering this to be a **subjective choice** in the community.

While it is appreciable to find that the community largely depends on Government Health Facilities, it becomes imperative to ensure strengthening of the service delivery system at these institutions. Thus, as a part of the SBCC strategy, necessary orientation programs must be organized for the supply-side stakeholders so as to sensitize them about their roles and responsibilities. With regards to the demand-side stakeholders, awareness generation campaigns must be organized to clear the myths around modern medicines. Further, self-medication for drug addiction was reported among adolescents by the tertiary stakeholders. The interventions under the program must aim at addressing this concern. Requisite IEC materials must be designed.

6.1.3 Role of Tertiary Stakeholders in Influencing Health Practices in the Community

As a part of the survey, the existing level of involvement of the tertiary stakeholders in influencing the healthcare practices among the community was also assessed. The representatives from Faith-based Groups and NGOs were asked whether any community health events have been facilitated by their respective organisations, their experience in this regard, any member providing voluntary services at health facilities, and the possible ways they believe they can contribute towards achieving the project objectives. In addition, the media representatives were enquired about the various sources they rely on seeking healthcare-related information for their column/program and the challenges they encounter in the process of accessing the information. The findings from the interaction with each of these groups have been discussed as follows:

a. **Faith-based Organisation:** When the representatives of faith-based organisation were asked whether they have implemented or supported any communication campaign for raising positive awareness about health issues in the community, except for West Jaintia Hills, other respondents mentioned that no such events have been held by them. The pastor interviewed from **West Jaintia Hills** stated that they conducted **a session on early marriage in the community.** In the process, they did not face any challenges. However, none of their members were serving in any healthcare facility on a voluntary basis or have been associated with any hospital or health facility. On the other hand, **in East Khasi Hills and West Garo Hills, members** of the selected organisations were reported to be **a part of some or the other health facility where they served as doctors.**

b. **Non-Government Organisations:** In **all three districts**, the selected NGOs were found to have organised campaigns and awareness programs on health issues. An NGO **from East Khasi Hills** organised campaigns providing **awareness and IEC to the masses on various thematic issues**. **The NGO from West Garo Hills** conducted **educational health campaigns** and carried out **free health check-ups** on various health problems such as **tuberculosis, malaria, diarrhoea, and communicable diseases.** Most of the respondents further reported that participation from the community was appreciable in the events that have been organised by their respective institutions. However, a respondent from **West Jaintia Hills**

pointed out that **male participation was lower than females and adolescents**. Another respondent from **West Garo Hills** pointed out that **more people participated** in events where certain **incentives like free services or free medicines** were provided.

The **major difficulty faced** that was reported during the survey was **encouraging the community to take up positive healthcare practices.** The respondents said that it is often found that people in the community are not serious about their health. Therefore, it becomes a herculean task to make them realise the significance of adopting a healthy lifestyle. Some other hindrances encountered in the process as reported by the concerned respondents include **lack of funds**, **lack of cooperation with health departments, and low level of participation of community members.** Some of the measures taken to mitigate the mentioned challenges as said by the interviewed respondents were **effective community mobilization, awareness generation, motivating the community through collaboration with the community leaders & other key stakeholders (at the Village and the District level), ensuring the active engagement of women, SHGs & schools for more participation, provision of refreshments, busting misconceptions and motivating staff.**

c. **Media Groups:** Of the five media representatives interviewed, **two (both from East Khasi Hills) shared that their respective media organisations had special columns or programs for health-related messages.** When enquired about the various sources on which they rely to seek healthcare-related information for their column/ program, the responses generated pointed majorly towards **Health Department and doctors/nurses**. It was found that they **verify that information** from the **head of the concerned institution** (government department, hospital, or media company), **police station, and health experts.**

The media organisations sampled from East Khasi Hills and West Garo Hills were found to offer coverage to certain community-level health events like health check-up camps, awareness campaigns, etc., in the past year. Information dissemination regarding Covid-19 new medical colleges/hospitals, polio, deworming, etc., were mentioned by the concerned respondents. **All respondents affirmed that such coverage on their part was somewhat successful in creating an impact on the community regarding health issues. However, lack of transportation, poor road connectivity, low community participation, and lack of financial support were mentioned as some of the impeding factors in the conduct and coverage of such events.**

6.2 Suggestions for SBCC Strategy

After having interacted with the various tertiary stakeholder groups, what emerged from the conversations were some proposals, ideas, recommendations with regards to shaping some social and behaviour change communication (SBCC) interventions that should be implemented in the region for better outreach of health services. In addition, the opinions of the respondents were gathered to find out the prominent channels, media sources, and key influential stakeholders among

the community. Further, their suggestions for designing the communication materials were also asked. The major findings in this regard have been discussed as follows:

6.2.1 Prominent Channels, Media Sources, and Key Stakeholders

The perception of the tertiary stakeholders with regard to the crucial media platforms and major key stakeholders that may be considered while designing the communication plan under the MHSSP Project were captured under the survey. There were two major questions that were asked to this stakeholder group in this regard. One, the most trusted sources of information in the community, and second, various demand-side and supply-side stakeholders that may directly or indirectly contribute to the success of the envisioned communication campaigns. The major inferences drawn from the interaction with this category of respondents have been discussed as follows:

a. **Most Trusted Media Sources:** Altogether, a strong reliance on **frontline workers and medical staff** with regards to receiving health-related information in the community. As the community (particularly in rural areas) remains in close contact with these stakeholders, a trustworthy relationship has been nurtured between them. This was mentioned to be the main reason behind such dependency of the community on them. Furthermore, the information disseminated by Government Health Departments (through press releases) was also stated to be a crucial source of information. Some of the other reported sources of information included **Village Headmen (via public announcements), Local Influential Leaders, Announcements made in the Church, and Family Members.**

   Additionally, the NGO representative from **West Jaintia Hills** said that **"Radio and social media platforms such as Facebook & YouTube are some of the existing channels that can be utilized for disseminating the messages related to the project."** In fact, the respondent (in this category) who was interviewed in **West Garo Hills** suggested that SHGs, localities youth, and general communities have their own WhatsApp groups to share any piece of information. This channel can also be leveraged to spread knowledge under the project. In fact, one of the media representatives, interviewed from **East Khasi Hills**, added that the urban community is comparatively more dependent on **social media and media sources like television, radio, and newspaper owing to their easy accessibility**. Furthermore, **seeking healthcare information by contacting the helpline numbers (such as 108)** was also mentioned as a practice among the community by some of the media personnel and NGO representatives.

b. **Key Stakeholders:** When the tertiary stakeholders were asked about the key stakeholders that they believe may directly or indirectly contribute to the success of the envisioned communication campaign, **frontline workers, medical staff, and key officials and experts of various Health Departments** were primarily stated by almost all of them. As the ASHAs, ANMs, and AWWs have a good rapport among the community and as they are active at the

grass-root level, they were believed to be a major stakeholder that may assist in ensuring an effective realisation of the project objectives. Some other key actors that were mentioned by the respondents were **Village Headmen, Local Representatives, Political Leaders, Religious Leaders, Mothers, and Youth.**

The **Village headmen (*Rangbah shnong*)** were considered to be responsible for the overall well-being of the community. It was expressed that they can aid the successful implementation of the project by ensuring the mobilisation of community members and collaborating with other key supply-side stakeholders. In fact, the representative of the Faith-based Organisation from West Jaintia Hills said that **"there should be a strong collaboration between the health care providers and the community leaders. The community leaders are significant stakeholders. Through them, the desired changes can be brought to the community."** With regards to the **religious leaders,** it was believed that they can contribute by encouraging the community to adopt positive health behaviour via counselling sessions and motivational talks. Further, it was expressed by the NGO representatives that **elderly members of the family** could **encourage, motivate, guide, and advise youth about cultivating appropriate health behaviour.** Therefore, the main manner in which the other mentioned actors were believed to contribute towards the project was by encouraging the community to practice positive health behaviour and mobilising the community to participate in various health campaigns. This emphasised upon the need to strengthen the engagement of demand-side stakeholders in the planned project interventions which was believed to be vital for deciding the overall success of the project.

6.2.2 Suggestions for Designing the SBCC Materials

In addition to understanding the key stakeholders and media platforms that may be engaged in designing and implementing the communication plan under the project, the tertiary stakeholders were also inquired about the manner in which they think the SBCC toolkit should be drafted. In this regard, two major questions were asked to each of the three respondent groups (among tertiary stakeholders). First, suggestions for drafting the communication plan for generating health-related awareness among the community. Second, suggestions concerning the designing of audio-visual content and the appropriate colour themes. The key findings in this regard have been discussed as follows:

The first and foremost aspect that was underlined during interactions with the respondents for designing the communication plan was **having a clear understanding of the needs and aspirations of the community.** The media representative interviewed from East Khasi Hills stated that **"While designing the communication plan, the basic requirements of the people must be understood. If an initiative under the project aims at offering something that is required by the community, their active participation can be ensured. The project should help people in understanding the significance of adopting a healthy lifestyle. Subsequently, the behaviour of the people will change."**

The usage of printed media such as **banners, posters, leaflets,** etc. was specified. A few respondents also shared the idea of conducting **street plays** for the purpose of awareness generation in the community on various health-related themes. Concerning the designing of suggested audio-visual content, the most important factor that was highlighted was that the **content should be translated into local languages**. The respondents stated that dissemination of information in local languages will ensure effective communication of intended messages via any audio-visual media. Besides, **usage of bright colours** like green, blue, white, etc., in preparation of communication materials was also suggested during the interactions. One of the respondents (faith-based organisation) from East Khasi Hills stated that **"The audio-visual content should be informative. The key messages must be clear and understandable. Also, it should be appropriate for all age groups."** The NGO representative from West Jaintia Hills expressed that the **visual content** to be developed must be **customised** based on the **cultural traits of the local communities.** The **real-life experiences and success stories** from the community must be built into the content so that the target audience connects with the project interventions and feels a sense of association with the program. Furthermore, it was suggested by the NGO representative from East Khasi Hills that **"Informative drama (Audio-visual) can be prepared including special messages from different influential people (Ministers and Politicians, Village Headman, Religious Leaders, etc.)"** In fact, the NGO representative interviewed from West Garo Hills suggested that the project should consider **collaboration with other organisations that have been actively engaged in designing and implementation of IEC campaigns**.

Altogether, the interactions with the tertiary stakeholders aided the understanding of the present health situation in the state. They offered valuable suggestions for the development of communication plan. Thus, if their suggestions can be included in the designing process, it shall aid in streamlining the SBCC strategy in a better manner and increase coverage of the program. It shall help us eliminate loopholes and overcome challenges through grasping lessons learnt from their experiences. Moreover, the manner in which these entities have been contributing towards promoting a positive health behaviour in the community was also comprehended. Therefore, collaboration and coordination with the active faith-based groups, non-government organisations, and local influential medias can be considered to aid an effective and efficient execution of the project interventions in the state.

Conclusion & Proposed Communication Plan

The Communication Need Assessment study was the first step of the assignment titled "Development and Roll-out of Social Behaviour Chansge Communication (SBCC) Strategy for the Meghalaya Health System Strengthening Projects (MHSSP). This study was conducted in three districts across Meghalaya to get an in-depth and robust understanding of the current awareness levels, perceptions, acceptability, and behaviours of various key stakeholders concerning health-related practices. The study aimed at identifying key enablers and barriers of behaviours, and stakeholder-specific motivators so as to develop a comprehensive communication strategy to best fill the knowledge gaps and bring a positive behaviour change in the community concerning health. In this regard, key information on commonly used and accessed communication tools across stakeholder groups, mediums of communication, languages, successful communication initiatives, and an array of indicators regarding the most effective means of communicating with diverse groups relevant to the project was duly examined. Based on the comprehensive understanding of the stakeholders' context, awareness, perception, and practices, a communication strategy was to be developed to cater to the needs of diverse groups.

This chapter summarises the major findings drawn from the interactions with various stakeholder groups. The suggestions received from the target respondents for the development of the SBCC strategy have also been listed. Further, a communication plan has been proposed based on the learnings from the Communication Need Assessment Study.

7.1 Key Findings

The major inferences drawn from the survey have been summarized in the sections ahead. The findings have been organized into three major inquiry areas considered for the study.

7.1.1 Current Level of Knowledge and Awareness among Community on Various Health Aspects

- Altogether, **18% of the respondents** believed that **a woman's body is ready for pregnancy at 15-18 years old**. This included **38% of the respondents from West Garo Hills.** This reflects a need to educate the community about the concerns associated with early-age pregnancy.

- With regards to the perceived age gap between two pregnancies, a majority of the respondents across districts were of the opinion that a gap of 3 or more than 3 years must be maintained between two children. However, **14% of the respondents**, predominantly from **West Jaintia Hills**, reported that **a gap of less than 3 years** should be ensured between two pregnancies. An equal proportion of respondents from both the urban and rural areas (14%) expressed this. Further, a comparatively higher share of respondents aged between 18 to 25 years was of this opinion.

- The sampled respondents were found to be aware of the family planning methods. However, a gap in practicing family planning was highlighted during the focus group discussions. The most mentioned reason for not practicing family planning methods by families in the community was found to be a **lack of willingness to use the same (49%).** Around **2 in every 5 respondents** interviewed from **East Khasi Hills** expressed that the people in the community **do not deem it necessary**. Some of the other responses that were mentioned by the respondents were **fear of side effects, a belief that children are gifts from God, and certain superstitious beliefs.**

- The mostly mentioned reason for home deliveries was **difficulty in accessing health facilities (32%).** Besides, **a certain extent of trust and dependency on Traditional Birth Attendants was also reported by some of the respondents, especially in East Khasi Hills**. Some of the responses mentioned as others were fear of delivery at a hospital, due to emergencies, and preference to deliver at home.

- On inquiring about the reason behind not consuming recommended IFA & Calcium Tablets by women in the community, **fear of side effects** and **dislike for taste** was found to be the major reason in **East Khasi Hills and West Garo Hills,** respectively. In **West Jaintia Hills**, most of the respondents reported that **women tend to forget to consume the IFA & Calcium tablets.**

- A **lack of awareness** of the respondents on **government schemes concerning pregnant women and children** was found. **Janani Suraksha Yojana** was the only scheme about which **more than half of the respondents were awar**e across districts. In addition, **73% of the respondents** from **East Khasi Hills** were aware of **Pradhan Mantri Surakshit Matritya Abhiyan** and **67% of the respondent**s from **West Garo Hills** mentioned awareness of the **Meghalaya Maternity Benefit Scheme.**

- When the respondents were asked about the various measures they are aware of for keeping a baby warm in the initial days after birth, **76%** of the respondents mentioned **wrapping a baby in clean cotton clothes** and **67%** of them said **wrapping a baby in warm clothes**. Besides, **62% of the respondents from East Khasi Hills** were found to prefer **keeping the room warm with fire,** closely followed by **Kangaroo mother care (60%).** Besides, when the members were asked about the common practices concerning Kangaroo

Mother Care (KMC), they **mentioned that maintaining skin-to-skin contact of the child with the mother (especially while breastfeeding) is practiced.**

- As far as the current level of awareness of the community concerning exclusive breastfeeding is concerned, a clear majority of the respondents across districts believed that a new born baby should be breastfed right away or within one hour after birth.

- With regards to the practice of complementary feeding for babies under 6 months of age, 42% of the respondents across districts mentioned that it is prohibited. However, **in West Jaintia Hills**, while **one-third of the respondents mentioned that it is an acceptable and followed practice**, around **44% of the respondents mentioned that it is not accepted but practiced in the community.** The main reason reported for feeding semi-solid food to a baby under 6 months of age was that some people in the community believe that breastmilk is not sufficient to meet the nutritional requirement of a baby (of that age). In **West Jaintia Hills**, respondents said that children are **fed semi-solid food mostly in those households where the mother goes out for work.**

- A clear majority of the respondents in the household survey perceived tracking the status of weight and height of the child to be very important. However, **a lack of knowledge** regarding the **meaning and importance of a balanced diet** was identified during the focus group discussions. Moreover, the **financial constraint** was underlined to be an important reason why some families in the community cannot afford to provide their children with nutritious and balanced meals.

- During the household survey, the respondents were also asked about the plausible reasons why some families in the community do not get their children vaccinated. The main reason reported behind this was a **tendency to forget about the immunization schedule.** A considerable proportion of the respondents from **West Garo Hills** said that some families in the community **do not consider routine immunization of their children as necessary**. Further, around 2 in every 5 respondents from **East Khasi Hills** mentioned people have had **a negative experience with vaccinating their children.**

- The majority of the respondents in all three districts affirmed that atleast some adolescents and youth engage in sports and physical activities. However, **21%** of the respondents in **West Garo Hills** reported that **adolescents and youth do not engage in sports and physical activities at all. A lack of time from regular school and school work** was stated as the main reason why youth and adolescents don't engage in physical activities. Further, **in East Khasi Hills, hesitancy/shyness was mentioned as a factor** by a significant proportion of respondents.

- When the adolescents and youth were asked about whether people in their age group face any kind of mental and emotional stress, a majority of the respondents across districts mentioned that atleast some people do. The **pressure of studies** was mentioned to be the main reason behind such stress. **Pressure to make a career and bearing multiple**

responsibilities has been pointed out as the main reasons by respondents **in West Jaintia Hills** for mental and emotional stress among the targeted sample group.

- On enquiring about whom adolescents and youth mostly approach to discuss their problems, family and friends were the most given response across districts. However, **a lack of awareness of such issues** was reported to be the **main reason why they do not approach medical professionals for assistance.** Besides, a clear majority of respondents in East Khasi Hills and West Jaintia Hills were not aware of **Adolescent Friendly Health Clinics operational in their area**.

- With regard to the occurrence of gender-based discriminatory practices in the community, a clear majority of the respondents mentioned that they are not aware of any such instances. Hardly, **8% of the respondents and 3% of the respondents reported few instances of facing gender-based discrimination**, respectively. This included around one-fourth of respondents from West Garo Hills. A similar response was recorded when this question was asked to the adolescents.

- In the opinion of the frontline workers and medical staff, there were five health issues- the **adoption of family planning methods, infant and young child feeding practices, tracking nutritional status of children, seeking care for childhood illnesses, and reproductive & sexual health for adolescents**, about which the people in **East Khasi Hills** were believed to be somewhat conscious but were mentioned to **often delay in seeking medical care**. Similar responses were recorded for the community in **West Garo Hills** concerning the **adoption of family planning and reproductive & sexual health for adolescents**. Additionally, in **East Khasi Hills**, people in the community were reported to be **somewhat conscious about mental and emotional health.** However, according to the frontline workers and staff, they **do not seek appropriate medical care**. In this regard, the **community in West Garo Hills and West Jaintia Hills** were mentioned to **often delay in seeking medical care**.

7.1.2 Existing Health-related Concerns and Healthcare-Seeking Practices in Community

- The respondents across various stakeholder groups were inquired about the major health concerns faced by various segments of the community such as children, adolescents, men, women, and senior citizens. Altogether, instances of **acute illnesses** such as cold, cough, and fever were mostly reported among the **children**. Some respondents also mentioned **diarrhoea, jaundice, measles, mumps, chickenpox, malnutrition, typhoid, and respiratory tract infections** as major health concerns among this group. Further, among adolescents, issues such as **teenage pregnancy, substance use, and mental & emotional stress** were primarily reported. Certain stakeholders stated **anaemia, jaundice, malnutrition, and gastritis** as other ailments faced by people in this age group.

- With regard to the main health concerns among women, respondents underlined **pregnancy-related issues and complications**. **Anaemia, hypertension, gastritis, diabetes, urinary tract infections, cysts, and cancer** (breast cancer in particular) were other crucial ailments that were stated to be prominent among women. Among men in the community, **stroke, hypertension, diabetes, tuberculosis, cancer, and urinary tract infections** were identified as major health problems. However, **the issue of alcoholism** among men was perceived to require immediate resolution.

- The respondents were of the opinion that the elderly in the community are majorly facing **age-related concerns** such as joint pain, weakening of eyesight, deafness, etc. The **issue of substance use** was further highlighted by most of the respondents. In addition, diabetes, hypertension, dementia, Alzheimer, and cancer were some other health problems prevalent among senior citizens. In a majority of the households, **mothers were taking decisions regarding healthcare** in their respective households. This was also observed when the responses were analysed in terms of areas (urban and rural). However, **in West Garo Hills and West Jaintia Hills**, around **one-third of respondents** mentioned that their **fathers take decisions** regarding healthcare services to be sought from hospitals. Some respondents from **West Garo Hills** added that in some families, the **household head** plays a decisive role in this regard. A few respondents across districts were of the opinion that the **decision-making mechanism is subjective in nature** and it differs from one family to another family.

- As far as the decision-making for a pregnant woman is concerned, in **East Khasi Hills**, **a majority of the respondents** answered that it was **the mother** who would take decisions regarding healthcare, **followed by the spouse**. However, in **West Garo Hills** the targeted respondents mentioned that **spouses take decisions** regarding their health during pregnancy. Further, in the **West Jaintia Hills**, **more than half of the targeted respondents** preferred to take decisions regarding healthcare **by themselves.**

- In addition to the support and guidance from the family, the respondents were found to **strongly depend on frontline workers** (ASHAs, ANMs, and AWWs) for taking health-related decisions. Further, the role of **Village Headmen** and Community-based Organisations such as **Self-help Groups (SHGs)** was considered pivotal in this regard.

- Altogether, a comparatively higher reliance on Government Health Facilities was noted in the community across districts, irrespective of the type of ailment. The reasons laid down for preferring Government Health Facilities included **easy accessibility to these health facilities, low cost of treatment, free check-ups, and availability of medicines at subsidized rates.** The dependency on private clinics/hospitals was found comparatively more among the urban community.

- However, some factors, acting as barriers to availing healthcare services from Government Facilities, were **unavailability of diagnostic services (especially for terminal ailments such as cancer, and heart diseases), inadequate infrastructure, long waiting hours, lack of**

adequate manpower & specialist doctors, and unavailability of requisite medicines. In addition, all the stakeholders reported that some segments of the community, especially **adolescents and youth**, **shy away from seeking assistance** from professional medical personnel.

- A dependency on traditional healers was also highlighted by the respondents across different groups owing to their easy availability. **Pregnancy-related concerns, childcare, and ailments related to bone fractures** were some of the health issues regarding which the community was mentioned to rely on traditional healers. In East Khasi Hills**, a fear of modern medicines** was also reported as a reason for seeking assistance from local healers.
- Altogether, **88% of the respondents** mentioned that **atleast one person in their family has health insurance.** Among the rest 12%, **unawareness** in this regard was reported by most of the respondents. Besides, **a lack of trust in insurance agencies was majorly reported in West Garo Hills.** The interactions with the secondary stakeholders also brought forward similar opinions concerning the existing coverage of health insurance in the community. In addition to the above-mentioned reasons why certain families in the community have not availed of health insurance, some supply-side stakeholders said that some people find the **process to be tedious and time-consuming**. A few families have had a **negative experience** with purchasing insurance. It was also reported that some people belonging to the low-income category do **not perceive investing in insurance schemes as pertinent.**

7.1.3 Suggestions for the Development of SBCC Strategy

A. Target Audience and Key Content

- Overall, **ignorance and unawareness** among the community regarding health were identified as **major barriers.** While the community was found to **lack knowledge** of the significance of concerns like **birth spacing, early age pregnancy, health insurance**, etc., **unwillingness to follow requisite practices** pertaining to **family planning, immunization, availing professional medical care, participating in community health events, etc.,** was reported.
- A **lack of awareness** among the community concerning **services offered at various government health facilities** (sub-centers, primary health centers, community health centers, and district hospitals) was specified by the supply-side stakeholders. In addition, all the respondent groups were of the opinion that the **service delivery system** at various health facilities must be **aligned with the demand of the community**. For instance, adequate arrangements must be ensured at the facilities for treating major health concerns in the community. It was also deemed vital to ensure that the **healthcare providers are well-versed in the locally spoken languages** so as to facilitate clear communication with the community.

- All the stakeholders were of the same opinion that the interventions under the program must **primarily target** the **adolescents, youth, and women** in the community. A need for improvement in **adolescent health and maternal and child health** was expressed by the respondents. In this regard, issues such as **teenage pregnancy, menstrual hygiene, substance use, mental & emotional stress, and reproductive and sexual health** were identified to be addressed among adolescents. Concerning maternal and child health, health domains including **antenatal check-ups, post-partum care, family planning & birth spacing, exclusive breastfeeding, neonatal care, routine immunization, malnutrition**, etc., were emphasised.
- Altogether, a **strong reliance** of the community on **frontline workers and village headmen** was understood. The stakeholders not only suggested their **active engagement** but also considered **improvements in their skill set** vital.

B. Prominent Communication Channels

- Altogether, several health events were mentioned to have been organised in the community by the secondary stakeholders across districts. This included the conduct of **Deworming Day, POSHAN Diwas, Village Health, Nutrition, and Sanitation Day (VHNSD), Free Health Check-ups, Immunization Day, NCD Scanning and Awareness Programs (Tuberculosis, Malaria, Cancer, etc.), Health Camps, and Baby Shows.** Further, the facilitation of **awareness campaigns** on numerous health aspects was highlighted.
- When the demand-side respondents were asked about whether they have accessed the various health events/campaigns organised at the community level, the **most accessed health event was found to be Deworming Day.** In addition, **VHND and VHC Meetings were also attended by atleast three-fifth** of the sampled respondents. On the contrary, **hardly one-tenth of the respondents were identified to have accessed Jam Samwad and RBSK/ECD Helpline Number.**
- However, overall, **atleast half of the respondents** affirmed that they **do not know about the RBSK/ECD Helpline Number, Social Media Pages of Other Health Departments, Jam Samwad, and Grievance Redressal System at the Health Facility.** Therefore, a need for improving the awareness and participation of the community in such health events is identified. At present, numerous interventions are already in place to promote positive health practices in the community. As a part of the SBCC strategy, these existing platforms should not only be strengthened but also build into the implementation of the project interventions.

C. Prevalent Media Sources

- With regards to the media sources, **among adolescents and adults, the internet and social media were the most accessed media.** Around **3 in every 5 respondents** mentioned that these were the most preferred sources among these groups. However, in **East Khasi Hills, television** was also reported to be one of the most preferred sources. Further, **among adults**, **reliance on social media was higher than on the internet** in **East Khasi Hills** and **West Garo Hills**. In **West Jaintia Hills**, the trend in this regard was vice-versa.

- Reliance on the internet and social media among adolescents and adults was reported to be **comparatively higher in urban communities.** In fact, **atleast half of the respondents from Urban regions** reported that **television** is also one of the most accessed media among adolescents.

- The **most preferred media among the elderly members was community events.** The district-wise analysis further reflected that in East Khasi Hills and West Garo Hills, television was reported to be the most accessed media source among this group. However, in West Jaintia Hills, **around 3 in every 5 respondents stated that senior men and women mostly prefer community events.** Further, the reliance of senior citizens on television and community events was observed to be comparatively higher in urban and rural communities, respectively.

- According to the frontline workers and medical staff, **Wall Writings/Drawings/Posters and Community Meetings/Interpersonal Counselling** were considered to be **very effective in East Khasi Hills and West Jaintia Hills**. Additionally, three other media sources- **social media platforms, visual clips displayed on video vans/video walls, and theatre/folk songs/ street plays** were mentioned to be **very effective in West Jaintia Hills**.

- The usage of printed media such as **banners, posters, leaflets,** etc. was specified by tertiary stakeholders. A few respondents also shared the idea of conducting **street plays** for the purpose of awareness generation in the community on various health-related themes.

D. Ideas for Designing SBCC Materials

- Altogether, the stakeholders were of the opinion that the **audio-visual content** to be developed under the program must be **clear and in local languages**.

- **Usage of bright colours** was recommended in the SBCC toolkits. In this regard, colours like blue, white, and green, were associated with positive attributes associated with health and life such as cleanliness, hygiene, well-being, peace, hope, and trust. The colour red was believed to indicate danger/emergency and the colour yellow was associated with illness/diseases.

- The stakeholders added that SBCC materials must be designed in a **pictorial form such that every age group will be able to easily understand the importance of health and well-being.**

A few respondents also expressed that the **dancing character of an animal or animation** is usually preferred by the community and this should be used in posters to highlight key messages.

- It was also suggested that the **visual content** to be developed must be **customised** based on the **cultural traits of the local communities.** The **real-life experiences and success stories** from the community must be built into the content so that the target audience connects with the project interventions and feels a sense of association with the program.

7.2 Framework for SBCC Strategy

Social Behaviour Change Communication (SBCC) strategy is a framework indicating the direction and scope of communication activities. A communication strategy is the bridge between the situation analysis and the actual implementation of the SBCC program, including the creation and rollout of materials, products, and activities. The communication strategy is expected to guide the intervention by providing direction and ensuring that the different products, materials, and activities all ultimately work well together and support each other toward change. In order to develop a robust strategy, the focus was laid on – (i) target audiences, (ii) desired changes, barriers, facilitators, communication objectives by audience, (iii) strategic approach, (iv) positioning, (v) key content, and (vi) communication channels (e.g., mass media, mid-media, IPC), activities, and materials. The proposed strategy is designed against the framework given below.

Figure 7.1: Components of SBCC Strategy

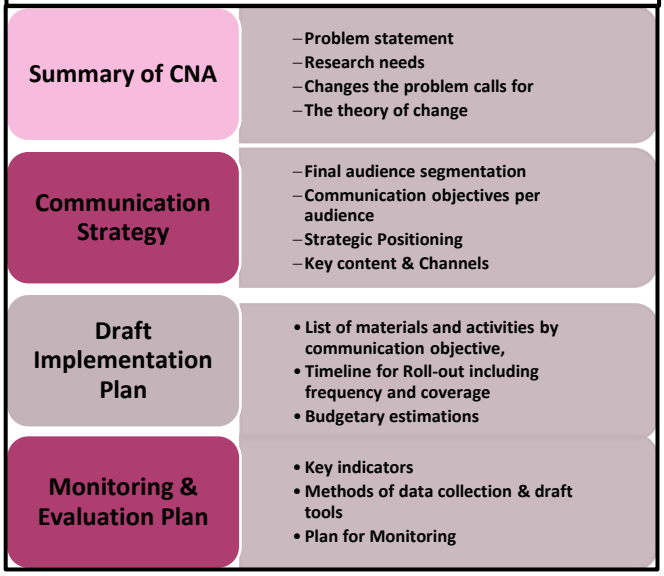


Table 7.1: Detailed Framework for Designing the Communication Strategy	
Particulars	Issues to be probed/ answered
Final Audience Segmentation	– Which audiences (primary, secondary, tertiary) need to be addressed for these changes to occur? – Which audience segments are a priority and why?
Desired Changes	– What is the intended audience expected to change: knowledge, attitudes, beliefs, behaviours, skills, self-efficacy, access, perceived norms, socio-cultural norms, policies, legislation, or something else? – Which theories and models contribute to an understanding of how these changes can happen?

Table 7.1: Detailed Framework for Designing the Communication Strategy	
Particulars	Issues to be probed/ answered
Barriers	– What gets in the way of the changes that are needed? From the analysis, identify the main reasons why the audiences currently do not do this.
Communication Objectives	– For each audience segment, establish SMART communication objectives— specific, measurable, attainable, realistic, and time-bound— that address these key barriers.
Strategic Approach	– How are all communication objectives to be brought together into one approach or one activity platform to work toward change? – What is that platform called? – What will be the key strategy? – What will support it or link it to other strategies?
Positioning	– How will this approach stand out? – How will people be made to remember the program or campaign? – What distinctive logo or image will people associate with the program?
Key Content	– What is the key content to be communicated through each channel for each audience segment?
Channels, Activities & Materials	– Select channels, activities, or materials for each audience based on how to effectively reach a majority of them. – Consider how channels can reinforce each other to create an environment of change

7.2.1 Proposed Communication Strategy

Based on the results of the needs assessment, the understanding of the project area and audience, as well as the communication framework presented above, the following communication strategy is being proposed. Table 7.2 elaborates the tentative communication plan amongst target stakeholders under the project concerning that takes into consideration the stakeholder, the objectives under the communication plan for each stakeholder group, desired changes, key barriers, the specific messaging content and messages that need to be the point of focus, the most effective tools to be used as per availability and stakeholder usage, as well as a proposed frequency of communication.

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
Community	1. To spread awareness about common health issues and promote healthy habits	Improvement in health appropriate behaviour and increased uptake of healthcare services from the identified health facilities	Local myths, beliefs, norms hindering uptake of appropriate behaviour. Heavy dependence on traditional healers and home remedies. Lack of access to health facilities. Poor experience with health facilities.	a. Use some audio-visual media to reach out to the targeted beneficiaries. b. Build capacities of healthcare providers and provide them with tools that they can use to educate community members about the identified health issues. c. Organize community level events and activities	Promoting Direct interaction between healthcare providers and community about health related issues will help them win the trust of community, thereby, enhancing acceptance of health facilities as empowered and well-meaning units for the benefit of community.	Spread specific messages about identified health issues including - # Routine Immunization #Anaemia & Diet Diversity #Kangaroo Mother Care # Institutional Delivery # Birth Spacing # Child Malnutrition # Positive Parenting # Protecting against Pneumonia # Teenage Pregnancy # MHIS & JSSK # Exclusive Breastfeeding # Non-communicable Diseases # Discourage Tobacco & Alcohol # Emotional and Mental	# Wall writings with important messages on the walls of public buildings # Flipbook/ Flipcharts for healthcare providers to be used for advocacy during home visits # Radio Jingles # Street Plays in local markets around the identified health issues # WhatsApp or Text messages to be relayed through ASHAs or other VHC members # Health Camps, Awareness Campaigns, and Community Meetings # Folk songs and Plays in the Melas and Community Gatherings

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
						Health # Menstrual Hygiene Management # Sexual Reproductive Health	
	2. To generate awareness about healthcare services available at SCs, HWCs, PHCs, and CHCs.	Increased uptake of healthcare services from Government health facilities to ensure availing of quality health services at reduced health expenditure.	Heavy dependence on traditional healers and home remedies. Lack of access to health facilities. Poor experience with health facilities.	Use of print media to ensure people correctly identify the Government health facilities offering different kinds of services, with special focus on immediate beneficiaries needing healthcare services.	Promoting Government Health facilities as Health centres offering quality healthcare at affordable cost.	#Services that can be availed at SCs, HWCs,PHCs and CHCs # Financial benefits or Health schemes that can be availed by expecting mothers or people (Eg. MHIS, JSSK, etc, Chief Minister's Safe Motherhood Scheme, etc) # Services that can be availed in Anganwadi Centres (AWCs) under ECD mission # Other existing health and nutrition facilities	# Posters at prominent public places in the village # Stickers carrying names, addresses, and services offered on public vehicles like taxis # Wall paintings on the walls of health facilities mentioning names of services being offered

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
Frontline Workers (ASHAs/ANMs) & Medical Staff	1. To provide frontline health workers and medical staff with adequate and effective material to disseminate information about various health issues among community members in any meeting or session they organize	Educating the community about health appropriate behaviour to prevent occurrence of diseases and ensuring better health of the community	Inability of members to educate community about health issues and break local myths, beliefs, and norms. Poor acceptance of such IEC campaigns in the community	a. Use some print media and interactive sessions to build capacities of healthcare providers b. Provide them with tools to educate community members about the identified health issues.	a. Ensuring that healthcare providers are well versed about the health issues b. The healthcare providers have IEC tools to explain the required messages during their community interactions	Spread specific messages about identified health issues including - # Routine Immunization #Anaemia & Diet Diversity #Kangaroo Mother Care # Institutional Delivery # Birth Spacing # Child Malnutrition # Positive Parenting # Protecting against Pneumonia # Teenage Pregnancy # MHIS & JSSK # Exclusive Breastfeeding # Non-communicable Diseases # Discourage Tobacco & Alcohol # Emotional and Mental Health # Menstrual Hygiene	# Flipbook/ Flipcharts for frontline workers and medical staff for advocacy # Orientation of frontline workers and medical staff on Educational Modules for various health issues including pertinent FAQs and their answers # Advocacy Kits with Infographic Content & Interactive Games

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
						Management # Sexual Reproductive Health	
	2. To train frontline workers and medical staff to encourage people to use the health facilities and make them aware about the project.	To ensure that frontline workers and medical staff correctly understand the prevalent health problems & offer correct guidance for seeking required healthcare services	Lack of trust in Government health facilities. Poor awareness about the facilities and services available at these facilities	a. Use of print media and orientation sessions to ensure healthcare providers correctly identify the Government health facilities and their services b. Exposure Visits to nearest health facilities	Promoting Government Health facilities as Health centers offering quality healthcare at affordable cost	#Services that can be availed at SCs, HWCs,PHCs and CHCs # Financial benefits or Health schemes that can be availed by expecting mothers or people (Eg. MHIS, JSSK, etc, Chief Minister's Safe Motherhood Scheme, etc) # Services that can be availed in Anganwadi Centres (AWCs) under ECD mission # Other existing health and nutrition facilities	Advocacy Kits with Infographic Content in the form of brochures/ handbills

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
	3. To orient the frontline workers and medical staff about their roles and responsibilities and adopt an adequate code of conduct with the patients	Ensuring delivery of quality services to the community so as to strengthen the interaction between the community and healthcare facilities	Hesitation among community to interact with healthcare providers. A lack of ownership among healthcare providers regarding their work	Use some print media and interactive sessions to nurture professional behaviour among healthcare providers	Promoting Government Health facilities as Health centers offering quality healthcare at affordable cost	Spread specific messages about standards of behaviours- # Inappropriate Behaviour such as belittling or berating statements, name-calling, lack of cooperation without good cause, personal sarcasm or cynicism, etc. # Disruptive Behaviour such as physically threatening language, sexual harassment, threats of violence/retribution, throwing instruments/charts/other things, etc.	Advocacy Kits with Infographic Content in the form of brochures/ handbills
Village Headmen &	1. To enhance the outreach of Village Headmen and Ward	Educating the community about health	Local myths, beliefs, norms	a. Use some print media and interactive	a. Ensuring that village headmen and	Spread specific messages about identified health issues	# Flipbook/ Flipcharts for village headmen and ward officials for advocacy

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
Ward Officials	Officials to promote positive health practices under the project 2. To encourage PRIs to organize sessions with frontline workers and families.	appropriate behaviour to prevent occurrence of diseases and ensuring better health of the community	hindering uptake of appropriate behvariour. Heavy dependence on traditional healers and home remedies. Lack of access to health facilities. Poor experience with health facilities.	sessions to build capacities of village headmen and ward officials b. Provide them with tools to educate community members about the identified health issues.	ward officials are well versed about the need for positive health behaviour b. The village headmen and ward officials have IEC tools to explain the required messages during their community interactions	including - # Routine Immunization #Anaemia & Diet Diversity #Kangaroo Mother Care # Institutional Delivery # Birth Spacing # Child Malnutrition # Positive Parenting # Protecting against Pneumonia # Teenage Pregnancy # MHIS & JSSK # Exclusive Breastfeeding # Non-communicable Diseases # Discourage Tobacco & Alcohol # Emotional and Mental Health # Menstrual Hygiene Management # Sexual Reproductive Health	# Orientation of village headmen and ward officials on Educational Modules for various health issues including pertinent FAQs and their answers # Advocacy Kits with Infographic Content & Interactive Games

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
Block & District Level Health Functionaries	1. To generate awareness about project strategy 2. To enhance cooperation and convergence with different concerned departments 3. To motivate stakeholders to carry out implementation of the services effectively	Ensuring an effective implementation of interventions, and thereby, an efficient realisation of the project objectives	Lack of understanding of the project objectives. Weak convergence among various departments.	Orientation meeting of Officials where they can be informed about the project objectives and strategies	Offering orientation to health officials will ensure better coordination among key stakeholders to disseminate information on health-related issues	# Spread awareness about health issues prevalent in the community and their needs and aspirations # Information on scope of improvements in existing healthcare delivery system such as setting up of grievance redressal committee, waste disposal system at facilities, etc. # Ensure effective delivery of healthcare services to community as an intermediary # Identify and take action against health related problems	# PowerPoint/ Flash presentations to be used during orientation sessions # Orientation kit with printed material.
Tertiary Stakeholders including faith-based groups, media	1. To regularly update them with the information of services and facilities offered	Enhancing acceptance of the project interventions and ensuring	Weak convergence with various health departments.	a. Orientation meeting of Officials where they can be informed about	Offering orientation to tertiary stakeholders will ensure	# Spread awareness about health issues prevalent in the community and their needs and aspirations	# PowerPoint/ Flash presentations to be used during orientation sessions # Orientation kit with printed

Table 7.2: Proposed Communication Plan							
Stakeholders	**Communication Objectives**	**Desired Changes**	**Barriers**	**Strategic Approach**	**Positioning**	**Key Content**	**Channels, Activities, & Materials**
organisations, and non-government organisations	under the project	sustainability of the achieved outcomes	Unawareness among community about various health concerns. Poor uptake of positive health behaviour among community	the project objectives and strategies b. Provide them with tools to spread awareness in the community about the identified health issues.	better implementation of program interventions	# Ensure effective delivery of healthcare services to community as an intermediary # Identify health-related problems	material.
	2. To provide them with success stories and the improvements observed under the project						
	3. To achieve mass awareness in coordination with the heads of organizations						

It is hoped that the findings presented in this report will serve as an important strategic input for formulating an effective Social Behaviour Change Communication (SBCC) strategy to aid the implementation of the project.

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