

Communication Strategies



One of the objectives of the study was to take a critical look at the existing communication mechanisms and suggest suitable strategies for its improvement. In addition the study also attempted to identify new communication pathways and communication platforms that are popular among the Gonds.

The communication process can be divided into its basic elements, viz., the Sender, the Message, the Medium and the Receiver. The existing communication mechanism was analysed within this framework. The main observations were as follows:

Sender

Currently, the primary level sender who communicates various messages of leprosy to the target community is the non medical assistant (NMA). While it was seen in the field that the NMA is well qualified and trained to act as the *Sender* of the messages, the number of senders is too few. On an average there are three NMAs in a block. Thus each NMA has to cover at least 60-80 villages. Even if one assumes that an NMA covers up to two villages per day, this translates to a minimum of 40 working days or about 2 calendar months before a village is revisited. Thus, the duration of the Message Reiteration Cycle is much too long for an effective absorption rate in the target audience. Thus there is an urgent need to reduce the duration of the Message Reiteration Cycle.

Message

The contents of the message are primarily focused upon annulling the myths that

1. Leprosy is hereditary.
2. Leprosy is contagious.
3. Leprosy is the result of evil deeds.
4. Leprosy is incurable.

While these myths need to be removed from the perception set of the target audience, the messages also need to emphasise other dimensions of the disease and its treatment process such as:

1. Symptoms of leprosy. How to identify leprosy?
2. What is the cause?
3. Why does it take a long time to cure?
4. What are the physical signs of cure from leprosy?
5. Why is leprosy medicine available free of cost?
6. Where is free treatment available?
7. Why are there only tablets and no injectables in leprosy treatment?
8. Why is early treatment important?
9. Why must the treatment not be stopped before completion?

Medium

The current medium and channels of communication are characterised by one to one interaction of the NMA with patients or village meetings addressed by the NMA. The NMA also distributes information material such as posters and booklets in Hindi. However, the reach of these media and channels of communication is very limited. The channels are restricted by the low level of literacy of the target audience, easily perishable nature of visual communication aids such as posters, and lack of enthusiasm on the part of the target audience at such meetings.

Communication Distortion and ‘Noise’

It was seen in the course of the field study that there was a lot of communication disturbance due to the ‘noise’ in the communication channel. The ‘noise’ was a result of conflicting messages regarding the

nature of the disease, its treatment and its cure emanating from the various health service providers consulted by the target audience.

Suggested Strategies

On the basis of lacunae in the present communication mechanisms and discussion with key resource persons at various tiers of the communication process, the following strategies have been suggested for making the communication process more target-oriented and effective.

Reducing the Duration of Message Repetition Cycle

As discussed in the first session, the duration of the message repetition/reiteration cycle is too long to result in a significant retention rate among the target audience. Hence the suggestion is to go for more transmissions of the message. This translates to needing more ‘senders’/NMAs. The following text details as to how one can increase the number of senders without significant additional costs.

Generation of more ‘Senders’/NMAs at the Village Level

Increasing the number of NMAs, though desirable may not be financially feasible. Thus there is a need to go in for new ‘Senders’ of leprosy messages. For this purpose, it was decided to use locally available human resource potential at the village level. In the first stage, exercises were conducted to rank ‘important’ individuals at the village level. The participants listed *sarpanch*, *panch*, school teacher, *anganwadi* worker, ANM and village priest. Though the position accorded to these individuals varied from village to village, there was general agreement on their being the most important and respected people in the village. These key individuals can be easily grouped into two categories based upon their exposure and qualification. Clearly, the school



teacher, *anganwadi* worker and ANM belong to an elite class, more qualified than the others. The other three (*sarpanch*, *panch* and village priest), albeit being less qualified are definitely held in equal esteem by the villagers.

The elite group of school teacher, *anganwadi* worker and ANM can be trained to give preliminary counselling on leprosy and to identify initial symptoms of leprosy. This strategy has very clear advantages. In the case of the school teacher, once trained s/he can easily undertake to do preliminary leprosy check-ups on all the students studying under him/her. S/he can then make a referral list to be confirmed by the NMA. In the case of the ANM and *anganwadi* health worker, they have an added advantage that village women would feel less hesitant about subjecting themselves to a visual examination for the symptoms of leprosy. This is a very clear advantage, as in the current scenario less than 20 per cent of the NMAs are women.

The less elite group comprising of *sarpanch*, *panch* and the village priest can be used to spread messages about leprosy and dispel common myths about its cause, spread and cure. Among these three key resource persons it will not be an arduous task to train the *sarpanch* and *panch*. In every village, the *sarpanch* and *panch* are already being trained in various village level issues, including health, by government institutions. Hence inclusion of information on leprosy in their training modules will not entail any significant additional cost.

Mass Campaign Programmes, ‘*Gram Sampark Abhiyaan*’

There is a need to take full advantage of the mass campaign programmes of the government. Every year, the government of Madhya Pradesh undertakes *Gram Sampark Abhiyaan* or ‘Village Contact Drive’, in which government officials visit each and every one of the 51,000 villages in the State. During the visit, they make a note of all the demands of the village – action is taken later — and provide information on various government programmes to the village community ‘Village health’ was the theme of the *Gram Sampark Abhiyaan* (GSA) in 2001 . It presented a unique

opportunity to diagnose new cases of leprosy and to disseminate information on leprosy. The District Leprosy Officer (DLO) can train the GSA teams on diagnosing leprosy and disseminating information on leprosy.



Piggy-backing on State Training Programmes

As mentioned earlier general information on leprosy can be included in health-related training programmes for the village *sarpanch* and *panch*. Under the provision of Madhya Pradesh's *Gram Swaraj* declaration, Village Health Committees have been formed in every village. The presidents of these committees are to be trained on issues of health and access to health services. Danida plans to support this training. By ensuring that the training module also includes a small session on leprosy, at least one person per village would be familiar with the general information regarding leprosy.

Diagnosis: Training Private Medical Practitioners

During the study it was revealed that for every one visit to a government health institution, a Gond makes at least 6 visits to private doctors. Often the private doctor is the first modern health service provider to be consulted



by the leprosy patient. In nearly all these cases, the private doctor had wrongly diagnosed the problem, resulting in the disease advancing in the patient. Therefore, it is suggested that a pilot project be launched for the training of private medical practitioners in diagnosing leprosy and counselling the patients. A related strategy would be to monetarily reward the private practitioner for every confirmed case referred by him. The monetary incentive could be anything between Rs. 50 and Rs.75.

Using *Haats* as Communication Platforms

Haats or local markets are an indispensable part of Gond life. The Gonds like other tribes live from *Haat* to *Haat*. They buy their groceries, household articles, clothes and footwear at the *Haat*. It is also a place where they sell their limited produce and livestock, such as chicken and goat. Market day is also an occasion to meet friends and relatives from the neighbouring villages. It is also the time when Gonds visit their doctors. An average-sized *Haat* attracts between 1,000 and 2,000 villagers from 15 to 25 villages.

Gonds spend anything between 10 and 12 hours at the *Haat*, and at least 3-4 hours of that is spent with friends. They could gossip, watch roadside shows or even drink *Mahua* wine together.

The results of the study based on the team visiting many *haats* show that



the NMA can contact at least 10 times the number of villagers at the *haat* than he would have on an average visit to a village. Thus it is suggested that an information kiosk on leprosy should be introduced in the *Haat*. The kiosk can play popular songs in between messages on leprosy, preferably in the local language Gondi, to attract the villagers.



Madai: The Annual Fair

Madai is the annual fair of the Gonds. Besides being a **mega Haat**, *Madai* lasts for 3-4 days. The number of visitors to the *Madai* range from 6,000 to 8,000. The main attraction of the *Madai* is that it hosts several cultural and sports events that are special to the Gonds. Some of these are climbing the pole of Meghnad and cock fights. A Gond would not mind walking even 10-15 km to a *Madai*. A radical proposition for NLEP or DANLEP would be to sponsor prizes for select cultural events at the *Madai*. The occasion can be used to disseminate general information about leprosy.

Local Art Forms

The Gonds as a tribe are in an advanced stage of 'Sanskritisation'. *Ram satta*, is a popular art form akin to folk drama in which select sequences of the Ramayan, such as the battle between Ram and Ravan or the abduction of Sita, are performed with great style and show. Accomplished local troupes render the performances, for which the audience turnout in a village is more than 80 percent. Getting these local troupes to script and render leprosy messages in the local language may be a worthwhile experiment.

Even without the stage show, attempts can be made to compose capsuled informative messages on leprosy set to the popular tunes of *Ram satta*.

Sensitisation of Local Healers to Leprosy

As observed in the KAP section, the Gond community prefers to access the non- formal medical system, viz., *Parihar*, *Guniya*, *Jankar*, *Bhumka*, *Bhagat*, before they decide to deal with the formal medical system. Hence it is suggested that the non-formal healers should be sensitized to leprosy, its symptoms and identification. This in all likelihood will increase the detection rate and reduce the time lag between the onset of the disease and the treatment.