Research Article

# A descriptive study to assess the awareness of communication and social mobilization activities for tuberculosis control among households in rural area of Shivamogga, Karnataka

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## ABSTRACT

**Background:** Advocacy, communication, and social mobilization addresses four key challenges such as improving case detection and treatment adherence, reducing stigma and discrimination, empowering tuberculosis (TB) patients, and mobilizing the resources and political commitment required to combat TB. A multipronged approach included activities to disseminate information through information, education, and communication materials, and simultaneously initiating community-based activities by actively involving and sensitizing communities on TB. **Objectives:** The objectives of this study were as follows: (1) To assess the awareness of communication and social mobilization activities among households in rural field practice area of Shimoga Institute of Medical Sciences, Shivamogga and (2) to know the preferred sources of communication and social mobilization activities among households in rural field practice area of Shimoga Institute of Medical Sciences, Shivamogga. **Materials and Methods:** A cross-sectional community-based study was conducted among households in rural field practice area of Shimoga Institute of Medical Sciences, Shivamogga. After taking approval from the Institutional Ethical Committee, data were collected by doing house-to-house visits until all the houses in that particular village were covered. After taking informed consent, every household willing to be a part of the study was subjected to personal interviews using a semi-structured and pre-tested questionnaire, which was initially developed in English, and all the questions were translated into local language Kannada for the target population. Statistical analysis was done using SPSS software. **Results:** Of 100 households covered, females (74%) were more compared to males (26%), and among media information sources of TB; unaware (43%), television (TV) (26%), posters in health center (5%), and among community information source of TB; and unaware (34%), health-care provider (36%), and peers (11%). Most of them preferred TV and health-care providers as the priority to disseminate health education. **Conclusion:** The awareness of communication and social mobilization activities is very poor among rural people, which requires effective use of media information sources such as TV, radio, and digital innovations to convey the information with high priority to community participation in all social mobilization activities.

**KEY WORDS:** Communication; Social Mobilization; Tuberculosis

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## INTRODUCTION

Advocacy, communication, and social mobilization (ACSM) focuses on four key challenges such as improving case detection and treatment adherence, reducing stigma and discrimination, empowering tuberculosis (TB) patients, and mobilizing the resources and political commitment required to combat TB.[1]

The lack of public awareness and limited engagement of communities are identified as challenges impeding TB control.[2]

A multipronged approach included activities to disseminate information through information, education, and communication (IEC) materials and also initiating community-based activities by actively involving and sensitizing communities on TB. When these are implemented in a planned and systematic manner, it will make communities TB literate and mobilize them toward TB control activities.[3]

When people are unaware of the disease, further research in diagnosis and treatment becomes second priority, and creating awareness to people is first priority. Planning and evaluating in ACSM aspect of TB is must for the effectiveness of all other aspects of TB control.[3] Not many studies are undertaken in our country; hence, an attempt is made to evaluate the communication and social mobilization aspects of TB control program.

### Objectives of the Study

The objectives of this study were as follows:

1. To assess the awareness of communication and social mobilization activities among households in the rural field practice area of Shimoga Institute of Medical Sciences, Shivamogga
2. To know the preferred sources of communication and social mobilization activities among households in the rural field practice area of Shimoga Institute of Medical Sciences, Shivamogga.

## MATERIALS AND METHODS

A cross-sectional community-based study was conducted among households in the rural field practice area of Shimoga Institute of Medical Sciences, Shivamogga. Multistage sampling was used; subcenter areas were the primary sampling units, and villages that fall under the rural field practice area were the secondary sampling units. The subcenter areas and villages were selected by simple random sampling. All households in the selected village were included in the study.

Data were collected for 1 month from January 6, 2018, to February 6, 2018, by doing house-to-house visits until all the houses in that particular village were covered. Locked houses and houses, in which the households were temporarily absent, were excluded from the study.

After taking informed consent, every household willing to be a part of the study was subjected to personal interviews using a semi-structured and pre-tested questionnaire, which was initially developed in English and all the questions were translated into local language Kannada for the target population. The questionnaire includes information on sociodemographic background and household information and knowledge and attitude about health education materials on TB. Permission was taken from the Institutional Ethics Committee before conducting the study.

All data were entered into an Excel spreadsheet and SPSS 21 was used for data analysis, and results are discussed in proportions (percentages).

## RESULTS

### Sociodemographic Profile

As shown in Table 1, of 100 participants, female and male respondents were 74% and 26%, respectively. Almost all were in the age group of 25–35 years. Most of them were married (81%), 20% of the participants were uneducated, 32% had secondary education, almost 40% of participants were employed, and about 41% of participants' family income was in the range of 5001–10,000/month.

### Awareness about TB Communication and Social Mobilization Activities

Almost 43% of participants did not know any media TB information sources, and 34% of them had no idea about community TB information sources [Figures 1 and 2].

**Table 1:** Sociodemographic profile of the study participants

| Participants characteristics | Variables | *n* | Percentage |
|---|---|---|---|
| Gender | Male | 26 | 26 |
| | Female | 74 | 74 |
| Marital status | Married | 81 | 81 |
| | Unmarried | 11 | 11 |
| | Widowed | 3 | 3 |
| | Divorced/separated | 5 | 5 |
| Education | Uneducated | 20 | 20 |
| | Primary | 25 | 25 |
| | Secondary | 32 | 32 |
| | Matriculation | 10 | 10 |
| | Degree | 11 | 11 |
| | Masters/above | 2 | 2 |
| Occupation | Working | 40 | 40 |
| | Retired/pensioner | 1 | 1 |
| | Student | 9 | 9 |
| | Unemployed/looking for job | 6 | 6 |
| | Housewife | 44 | 44 |
| Income | <1000 | 10 | 10 |
| | 1001–5000 | 22 | 22 |
| | 5001–10,000 | 41 | 41 |
| | 10,001–15,000 | 15 | 15 |
| | 15,001–20,000 | 5 | 5 |
| | More than 20,000 | 2 | 2 |
| | Refused | 5 | 5 |

Only 26% of participants heard about TB from television (TV), 5% from poster displayed in public places, and 5% from poster in health center. Among community TB information sources, 36% of participants knew about TB from health-care providers, 11% from peers, and 6% from elders.

### Preferred Sources of Information about TB

Most preferred media information source among first priority (54%) and second priority (17%) was TV, then poster displayed in public places (15%), posters in health centers (9%), and newspapers (10%). The third priority was for school sessions (10%) and banner (10%) [Figure 3].

Furthermore, most preferred community information source among first priority was from health-care provider (77%). The second priority was from teachers (39%) and door-to-door campaign (17%). The third priority was from motivational talk by treated patients (18%) and public announcements (15%) [Figure 4].

## DISCUSSION

In our present study, of 100 households covered, females (74%) were more compared to males (26%), among media information sources of TB; unaware (43%), TV (26%), posters in health center (5%), and among community information source of TB; and unaware (34%), health-care provider (36%), and peers (11%). Most of them preferred TV and health-care providers as the priority to disseminate health education.

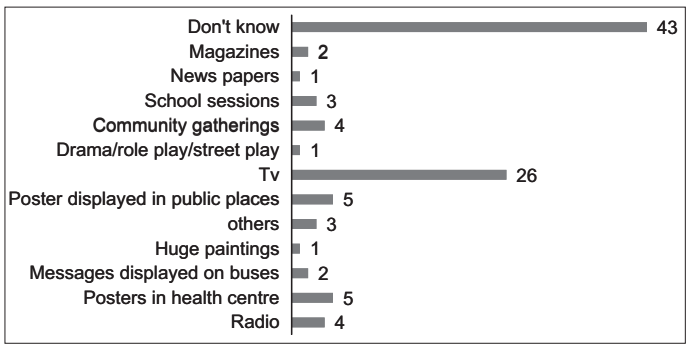


**Figure 1:** Media tuberculosis information sources

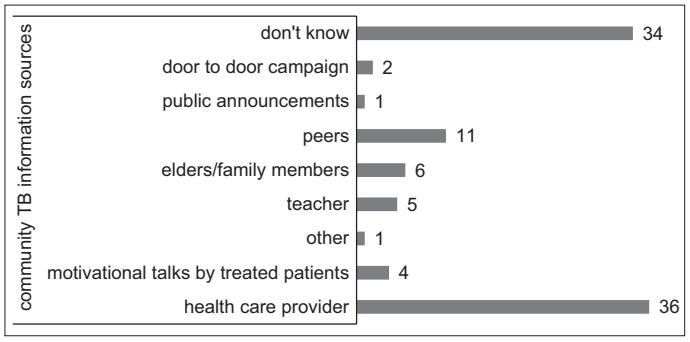


**Figure 2:** Community tuberculosis information sources

Our study found that 26% of participants heard of TB from TV, similar to findings by Ma *et al.* in China.[4] According to study by Turk *et al.* in Pakistan, the most preferred source of information was broadcast media (55%) and print media (16%) which was similar to our study.[2]

A study by Karim *et al.* on stigma, gender, and their impact on patients with TB in rural Bangladesh suggested that the majority of students prefer TV as a source of information, then social websites, and newspapers as a medium for dissemination of information about TB.[5]

A study by Hoa *et al.* in the rural community of Vietnam concluded that TV and loudspeakers were suggested as good ways of supplying information (70.4% and 55.1%) almost resembles our study findings.[6]

The most preferred community information source in our study was health-care provider (77%) same findings as found by Agboatwalla *et al.* in Pakistan;[7] also, health workers (8.9%) were preferred in a study by Turk *et al*.[2]

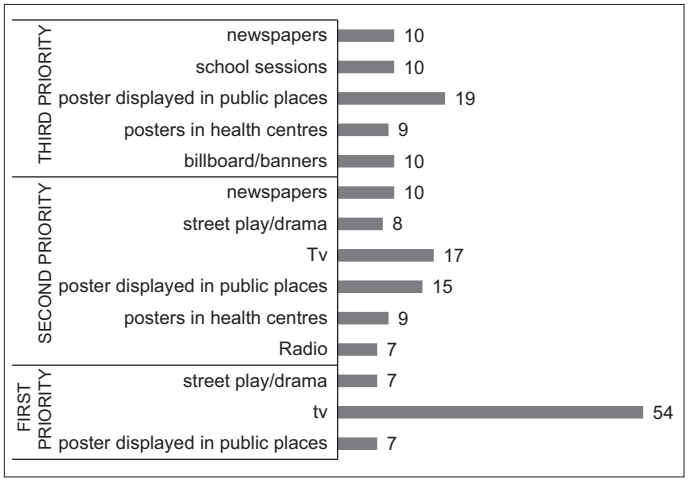


**Figure 3:** Preferred media tuberculosis information sources

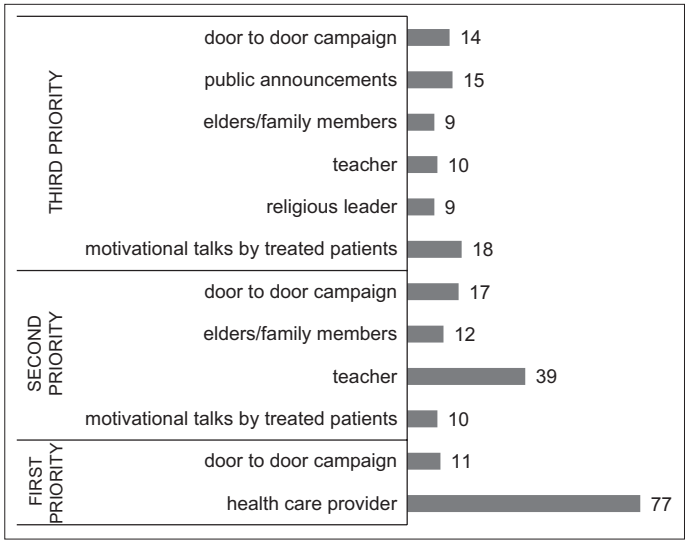


**Figure 4:** Preferred community tuberculosis information sources

Health workers must be oriented on the systematic and correct use of IEC materials. Balochistan study indicated that trained religious leaders were effective in increasing the case detection rates; similarly, our study found 9% from religious leaders.[8] School sessions were preferred by 10% of participants similar to Ma *et al.* which showed 6.2%.[4]

The need for improvement in TB information by the media, public health department, and school system was found by Ailinger *et al.* concludes our study findings also.[9] Amgain *et al.* conducted a study on awareness and attitude of pulmonary TB patients toward TB in Chitwan district of Nepal suggested that TB control programs must be focused in the areas where there is a high burden of disease and low level of public sensitizations.[10]

The strengths of our study are as follows:
- Community-based study
- Problems of communication activities were addressed at gross root level
- Needs assessment for improving TB control was focused.

The limitations of our study are as follows:
- The study was conducted in Shivamogga city and results may not be representative of other locales
- Short duration of the study and smaller sample size
- Descriptive nature of the study.

### Recommendations

Based on the results in our study,
- There is a demand for more innovations to build advocacy and communication activities to educate about TB
- People believe in healthcare workers words, need to fill the skills deficient among them
- TV has very good impact, focusing on improving other media information sources as well
- Technology in health care needs focus on TB prevention and cure.

## CONCLUSION

There is a need to intensify the awareness about TB with adequate emphasis on supplying and preparing culturally acceptable, easy to understand, and accessible health education materials. Monitoring the efficiency of community health professional's works, training, and retraining to them to updates with the recent guidelines. ACSM needs prior focus at present to minimize the stigma associated with TB.

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