

Impact of Information, Education and Communication (IEC) Activities on Malaria, TB and HIV/AIDS: A Systematic Review of the Literature

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ABSTRACT

Communication strategy and its application is a good means of creating awareness about a disease, its causes and treatments, change a person's or group's attitudes about a disease, advocate policy changes in favour of prevention and control, and create social norms that favour healthful living. A lot of emphasis has been given in the recent past to enhance the reach of Information, Education and Communication (IEC) activities on social and health issues. The crux remains to explore the quality and quantity of such activities in disseminating the information and making an impact on the masses.

Although efforts have been made to address the health issues of Malaria, Tuberculosis (TB) and HIV/AIDS in India on a vigorous mode, no specific research paper on IEC activities addressing them has been developed or published after missing the Third Millennium Development Goal (MDG) in 2015. The gap is still evident, despite the fact that several health organizations like WHO, UNICEF, Public Health Foundation of India (PHFI), National Institute of Health and Family Welfare (NIHFW), Population Services International (PSI) among others have joined hands in executing the campaign to its full potential to overcome these diseases and achieve the Sustainable Development Goal (SDG) by 2030.

It is noted that communication interventions hold a vital and indispensable place in prevention and treatment. Studies conducted in different countries, including Ethiopia, Mexico, Nigeria, Pakistan, Thailand and India revealed that patients with low knowledge about the symptoms of these diseases are more likely to delay the testing and treatment. And, there is a possibility of these patients visiting traditional healers and worsening the case.

In all the programmes to overcome these diseases, the main content revolves around advocacy, behaviour change communication and social mobilization and IEC plays a vital role. Thus, the mission cannot be accomplished without any research papers on the IEC activities.

This systematic review of literature identifies the gap, and aims at provoking more research papers to strengthen the IEC activities to overcome Malaria, TB and HIV/AIDS so as to achieve the United Nation's Sustainable Development Goal by 2030.

KEYWORDS: Social Behaviour, Change Communication, Millennium Development Goal (MDG), Sustainable Development Goal (SDG), Information Education and Communication (IEC)

Introduction

Communication is a vital component of healthcare delivery. Health has been recognised as a central development imperative that acts not just as a resource for, but also as an indicator of, sustainable development. In other words, health gains are directly proportional to economic growth and if the benefits of that growth are equitably distributed, poverty reduction will result. Nevertheless, the development prospects of the world's poor countries have been directly undermined by major diseases, such as HIV/AIDS, Malaria and TB. Policymakers across the globe appear to have realized this and have therefore continued to introduce intervention programmes that will promote economic growth.

The MDGs acknowledged the centrality of health to the global agenda of human development. Goals 4, 5 and 6 aimed at reducing child mortality, improving maternal health, and combating HIV and AIDS, Malaria and other diseases, respectively. The MDG 6 was successful in promoting public sympathy for these three major diseases and subsequently realised billions of dollars to fight the diseases. Health communications therefore play a role in raising awareness about certain illnesses and available interventions in the society. HIV/AIDS, Malaria and TB have devastating impacts on poorer countries. Together, these diseases, also known as the 'big three', account for a staggering 5.6 million deaths and the loss of 166 million disability-adjusted life years (DALYs) annually.

Efforts are being made to promote adherence to treatment of TB and Malaria that has been reportedly hampered by drug resistance while improving innovative domestic financing and efficient use of available resources. There are ongoing efforts by scientists to develop an anti-malaria vaccine which is currently undergoing clinical tests to ensure its safety. Efforts to curb the menace of the three illnesses were articulated in the National Policy on HIV/AIDS, National Tuberculosis and Leprosy Control Program and National Malaria Control Program. In all these programmes, the main content revolves around advocacy, behaviour change communication and social mobilisation.

Looking at the above scenario, one is inclined to think that there is definitely a missing gap. It is either that the intervention programmes have not reached the desired target or they are not appropriately communicated to influence change. It is pivotal in the effort to understand, create and communicate people-oriented media messages which will ultimately improve healthcare. These three illnesses are seen as the most serious problems faced by the health practitioners. According to Jack C. Chow, WHO's Assistant Director General for HIV/AIDS, TB and Malaria, "the combined toll of the 'big three' diseases have been so high and the risk to global health is too great". Thus, in order to reduce infection rates attributable to a lack of information and many of the social ills associated with misinformation and myths around the epidemic, effective and appropriate communication is the fundamental key.

The sustained IEC campaign on polio and the hard work of health functionaries over several years has a great unprecedented success as no incidence of polio has been reported since 13 January 2011, thus paving the way for a Polio-free India. Three years continuous without polio is without doubt the result of a focused and well coordinated IEC campaign for polio free India.

The IEC strategy framework incorporates a variety of activities involving communities and the various media channels like that of interpersonal communication, community mobilization, mass media, folk and traditional media, outdoor media, advocacy, events and exhibition, radio, television and also print media. Research papers could well assess the impact,

gaps and make suggestions for further corrective measures and add value to the campaign.

Methodology

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Review and Meta Analysis (PRISMA) guidelines. The research papers and articles were systematically searched on the said topic with the help of Google Scholar. We used the search string on communication, IEC, BCC, awareness and health issues like Malaria, TB and HIV/AIDS. Restrictions were made on study location as in India, date of publication after 2015 and English language.



IEC activity: Women Panchayat leaders participating in a health awareness camp

Most of the research studies had adopted purposive stratified random sampling technique using a structured interview schedule to collect the primary data. Approximately 40 research papers and stories published on the likeness of this topic were searched and 15 identified through the Google Scholar. These papers were then screened to weigh the impact of IEC materials

in creating awareness, sensitizing, prevention and treatment and in changing the behaviour of the patients and public accordingly. The papers were categorized at the national and state level, based on the demography, and on the criteria of the disease so as to understand the intricacy and its impact.

Most of the research papers revealed that majority of the respondents have heard about the three diseases from the communication media. Findings from oral source showed that some people see the non-formal avenues of communication, such as bill boards, hand bills, posters, handset text messaging, workshops and schools as alternative and invaluable channels for health communication. The mass media, interpersonal and non-formal avenues of communication were incorporated in the intervention efforts to address the big three killer diseases. Indeed, due to differences in peoples' culture, level of education, beliefs, associations and locations or places of abode, a combination of communication channels in communicating the three killer diseases is necessary.

The IEC strategy mainly focused on either the Health Belief Model (HBM) or Social Ecological Model (SEM). The HBM is used to explain and predict health behaviours by focusing on the attitudes and beliefs of individuals based on the media messages. On the other hand, the SEM posits that human behavior is influenced and shaped by the environment in which he lives. The model represents a comprehensive approach to designing, implementing and evaluating interventions which target the multiple influences on behaviour. It takes cognizance of the intricate interplay between individuals, relationships, community and societal factors.

It is noted that communication interventions, including IEC and Behaviour Change Communication (BCC), hold a vital and indispensable place in prevention and treatment. Studies conducted in different countries, including Ethiopia, Mexico, Nigeria, Pakistan, Thailand and India revealed that patients with low knowledge about the symptoms of these disease are more likely to delay the testing and treatment. And, there is a possibility of these patients visiting traditional healers and worsening the case.

Discussion

India reported almost 3 million fewer malaria cases in 2017, a 24% decrease over the previous year, while cases increased worldwide from 219 m to 217 m, according to the World Malaria Report 2018. The reduction of cases however means that India is no longer among the world's top three countries in terms of number of cases (around 8.7 m in 2017). In 2017, India launched its five-year National Strategic Plan for Malaria Elimination that shifted focus from malaria 'control' to 'elimination' and provided a road map with targets to end malaria in 571 districts out of 678 districts in India by 2022.

What seems to have worked for India is the awareness created through the IEC materials, scaling up diagnostic testing, treatment and surveillance and ensuring an uninterrupted drug and diagnostics supply chain, training community workers to test all fever cases and provide medicines, and distributing medicated bed-nets (11 m) for prevention, under 'test-treat-track' in the endemic areas. "Odisha is a driver of India's success against malaria, where innovations such as improving health care worker skills, expanding access to diagnostics and treatment and strengthening data collection, has led to the state recording a path-breaking decline of over 80% in reported malaria cases and deaths," says Dr Pedro Alonso, Global Malaria Programme Director, WHO.

The Global Malaria Eradication Program's failure to eliminate malaria in the 1950s and 1960s underlines the importation for its downfall by reintroducing transmission and spreading chloroquine resistance.

India accounts for about a quarter of the Global TB burden. TB is responsible for the death of every third AIDS patient in India. TB is referred to as a poor man's disease and is often spread among the family and community members living in dense clusters. As per the Ministry of Health and Family Welfare, 2.15 m new TB patients were discovered in 2018. The Government is committed to eliminate TB till 2025. TB is India's biggest health issue, but what makes this issue worse is the recently discovered phenomenon of TDR-TB – Totally drug resistant TB. This issue of drug-resistant TB began with MDR-TB, and moved on to the most dangerous form of XDR-TB.

India has the third largest HIV epidemic in the world. As per the UNAIDS data 2018, in India 2.1 million people are living with HIV, 88,000 new HIV infections were reported, 69,000 AIDS related deaths occurred.

Conclusion

The main constraints to health communication interventions could be effectively addressed if we adopt a step-by-step approach in planning, selecting the target audiences and design surveys, and formulating key messages that will provide the best foundation for a programme's success. This foundation is invaluable in the selection, execution and testing of appropriate materials. Finally, engagement with key medical and required stakeholders, as well as the media, will maximize positive outcomes for health communication programmes.

There is a need for attitudinal change by all to ensure that the level of awareness is matched with action and subsequently influences the adoption of intervention measures to improve management of these diseases. There are many ways to address malaria and efforts should be tailored to the specific high-risk group; special focus should be on reducing receptivity and killing the parasites by creating awareness.

Understanding the situation, strategizing the interventions through better communication is the key to address these health issues of Malaria, TB and better vaccination. Impact study, research papers and close monitoring and evaluation will add value to the communication activities and campaigns.

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