Utilization of Printed Health Education materials on Family Planning, Safe Motherhood and Newborn Care in Nepal

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Background

- Health education materials are cost-effective method to reach wide range of audience
- Helps to reinforce verbal information provided by health professionals.
- National Health Education, Information and Communication Centre (NHEICC) is responsible for health promotion activities through delivery of information and health-related messages
- NHEICC has been developing and supplying health education materials since very long time, but has not conducted the studies on utilization

Objectives

- General objective:
  - To assess the utilization of printed health education materials on Family Planning, Safe Motherhood and Newborn Care developed by NHEICC

Specific Objectives

- Assess the accessibility, availability and utilization of printed health education materials on family planning, safe motherhood and newborn care in provincial ministry of health, provincial health directorate , district health offices, local levels and Health facilities
- Explore the perceptions of service clients on use of the printed health education materials.
- Identify any gaps or areas for improvement in the content or design of the printed materials.
- Generate innovative ideas for development of new health education materials.

Methodology

- Qualitative study design

- Using Key Informant Interview (KII), in-depth interviews, Focus Group Discussion (FGD) and Client Exit Interview
- Convenience sampling to select three local levels representing mountain, hill and terai

- Health Workers, FCHVs and Clients selected based on convenience sampling

Study Population

- Provincial Ministry of Health- Health Education officer/adminstrator
- Provincial Health Directorate- Health Education Administrator
- District - Health education focal person
- Local Level (LL)- Health Coordinator
- FCHV from each LL
- Health worker from at least three Health facilities from each LL
- Clients from two health facilities of each LL
- Mother’s group from one health facility of each LL

Data Collection and Analysis

INTERVIEW GUIDELINES PREPARED

FIELD RESEARCHES TRAINED ON STUDY TOOLS.

MONITORING OF THE DATA COLLECTION

INTERVIEWS RECORDED AND NOTES TAKEN IN NEPALI.

TRANSLATED INTO ENGLISH LANGUAGE

THEMES AND CODES WERE GENERATED

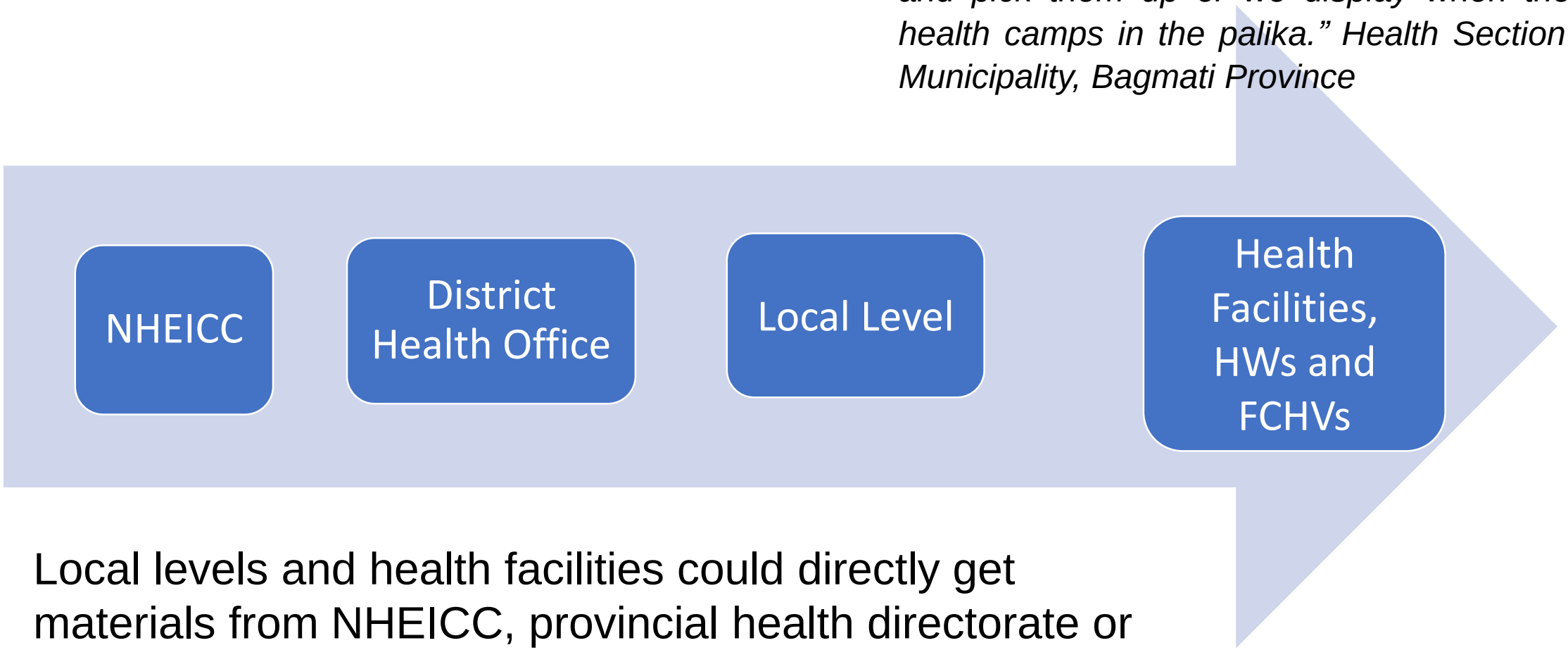
THEMATIC ANALYSIS PERFORMED

Results

- Distribution Process
- Availability and Accessibility
- Utilization
- Mitigation measures to increase availability, accessibility and utilization
- Perception of clients
- Areas of improvement
- Innovative approaches

Distribution Process

"Not just IEC materials for family planning, safe motherhood or newborn health. When all the materials are enough, they (district office) pack in bags and sent to us. When we have brochures in our store either we inform health workers to come and pick them up or we display when there are health camps in the palika." Health Section Chief, Municipality, Bagmati Province



Local levels and health facilities could directly get materials from NHEICC, provincial health directorate or district health office when they visited those institutions

Availability and Accessibility

- Inadequate supply of printed health education materials
- Previously (before federalization) available but have become scarce, possibly due to lack of interest and reduced supply
- Lack of communication and coordination about availability of health education materials
- Use of available funds for less critical items, promotes unavailability of health education materials.
- No proper mechanism to ensure if the printed health education materials were available and accessible to health workers, FCHVs and target groups (only during monitoring visits)

Utilization

- Effective and beneficial in the places where the materials were available
- Actively used during counseling sessions with clients and monthly mothers' group meetings to educate target groups
- Lack of sufficient availability and less interest among health workers and clients in using the printed health education materials were the main challenge for utilization

Mitigation measures to increase availability, accessibility and utilization

- Making health workers, FCHVs and clients aware on importance of these materials
- Dedicating focal person with sufficient resources
- Developing proper channel for distribution of these materials
- Adopting alternative approaches of health education.

Perception of clients

- Clients and mother’s group member mentioned that health education materials were important to receive health education messages.

- Some mentioned that it is beneficial in changing their behavior.

“They are very useful. If it weren't for them, I wouldn't have known; I have four children. By looking at these materials, I realized I needed to take medicine. I even asked the volunteer lady, and she told me about it. Because of taking this, I didn't end up with five children. Otherwise, I might have had five or six kids.” Client, Sarlahi district

Areas of improvement

- Use more pictures than text
- Larger posters to effectively convey the message
- Compilation of information in one place rather than placing in different pamphlets
- Putting human faces instead of cartoon characters
- Printing calendar with the messages
- Use alternative approaches using social media

Innovative approaches

- Develop mobile applications for health-related message.
- Use social media like Facebook, Tiktok to disseminate health education materials.
- Deliver short messages through SMS, caller ringtone for awareness.
- Continue printed materials along with digital health education materials.

Conclusion

- There are major gaps in the availability, accessibility, and use of printed health education resources in Nepal.
- To address these difficulties, a holistic approach is required, including improved distribution channels, budget allocation, digital innovations, and stakeholder engagement.

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- Field enumerators
- All the study participants

About the author

- Public health professional with extensive experience in monitoring and evaluation (M&E), knowledge management, and capacity building. Over 15 years of experience leading and supporting projects for international organizations such as USAID,FCDO, WHO, UNFPA, Save the Children and FHI 360. Skilled in developing strategic documents, including M&E plans, log frames, and research protocols, and facilitating data-driven decision-making for improved health outcomes.

Thank You