

use was also observed, which indicates the possibility of improving the use of facilities at the clinic and the zone level after the reorganization of facilities.

Conclusion: Redistribution plans of the PHC facilities based on the intervention methodology can significantly reduce inadequacies, gaps and overlaps of essential services, and improve access to and the availability of essential services in the urban areas.

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Health Promotion Campaigns and Urban Women in Bangladesh

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Objective: Assess differences in awareness about ongoing health promotion campaigns among urban women.

Methodology: Sociodemographic information and data on awareness of recent health promotion campaigns were collected from respondents in the stratified multistage cluster sample of households from the Panel Survey based on the population in the Bakshi Bazar, Lalbagh and Rayer Bazar areas of Dhaka city. Samples of 525 and 2,636 women with children aged less than five years were interviewed in slum and non-slum areas after the National Immunisation Days (NIDs) in June 1995 and in June 1996 respectively. Subsequently in March 1997, a random sample of 601 women from the same panel was interviewed after the launching of a national campaign to promote the use of MCH-FP clinic.

Results: Over 60% knowledge of the slum women, in contrast to only 23% of the non-slum women, said that they had never seen or heard about the logo of the clinic promotion campaign at that stage. There were also significant differences among the slum and non-slum women in terms of their awareness of the national immunization day campaign. While 44% of the women in the non-slum areas linked the NID campaigns with polio prevention and eradication, only 25% made this link in the slum areas. Nearly 90% of those who were aware of the clinic promotion campaign had acquired this information from TV. In contrast, less than a third of the slum dwellers had heard about NIDs from TV messages. The main source of information about NIDs among slum dwellers are clinic outreach staff delivering domiciliary services, friends, relatives, and neighbours.

Conclusion: The majority of the women interviewed were aware of both campaigns. The most established immunization campaigns were better known by both slum and non-slum dwellers. As expected, the proportion of women who knew about the clinic promotion campaigns was greater in the non-slum areas. Nevertheless, most slum and non-slum dwellers mentioned TV as their source of information about the clinic promotion campaign. The findings suggest links between awareness and access to TV. The more mature immunisation campaigns revealed contrasting findings about the sources of information of the slum and non-slum women. Although television was the most frequent source of information mentioned by all respondents, there were significant differences among the slum and non-slum dwellers. The findings suggest the use of combined channels of communication in health promotion campaigns to reach slum women.

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