



South Asia is diverse in terms of language, religion, tradition, cultural practice, and various other aspects. Home to over 15% of the world's population, and nearly 35% of Asia's population, it is the second poorest region in the world. How can Evidence-Based Healthcare be promoted in this setting?

**OBJECTIVES:** This presentation attempts to describe the best tools for promoting and disseminating Evidence-based Healthcare in South Asia, and other low and middle-income countries faced with similar challenges.

**What we looked at:** Socio-psychological factors that need to be taken into consideration, when preparing a communication strategy; Successful health campaigns, founded on Evidence, carried out by NGOs in the region; Statistics to throw light on the efficacy of traditional and social media to promote Evidence-Based Healthcare

### RESULTS:

➤ **Socio-psychological factors at play:** In our explorations into the various socio-psychological factors, we focused on the way South Asian women make reproductive choices.<sup>1-4</sup> Some of the factors that influenced their choices included the opinions of the older generation, religion, the level of education, economic status, level of autonomy, freedom of movement and so on.

➤ **Health campaigns based on Evidence:** We found that there were health campaigns, based on research findings, that were undertaken in the region. Three of these were:

- The campaign against the coercive two-child policy in Madhya Pradesh, undertaken by the New Delhi-based SAMA
- The campaign against violence against women, undertaken by the international NGO, PATH ([path.org](http://path.org))
- The campaign against the use of the pesticide, Endosulphan, undertaken by the Kerala-based NGO, Thanal.

➤ **Efficacy of traditional and social media**  
Our searches provided insufficient documented evidence assessing the efficacy of various media.

This is turn made it difficult to formulate a reliable framework. However, our own experiences in this area have given us some important pointers for the direction that activities for the promotion of EBHC in South Asia must take.

➤ **Lessons learnt:** In its efforts to disseminate the message of Evidence-Based Healthcare, to promote the use of the Cochrane Library and to build capacity in the region, the South Asian Cochrane Network and Centre has used a variety of tools including our website, newsletters, write-ups and reports in the media, social networking sites, CochraneSouthAsia on You tube, blogs, short e-letters, training workshops, reaching out to our stakeholders using conference venues, competitions for students and promotional materials.

However, the attention we received from our primary stakeholders, the policy makers, was not adequate through the use of these channels.

This has led us to take initiatives to seek out, sensitise, liaison and invite them to ask us for Evidence – a strategy that has seen us make great strides forward in the promotion of EBHC.

**CONCLUSIONS:** It is this direct, top-down approach – at odds with the traditional approach of working upwards, primarily through the media and the public - that we have identified as the most effective way forward.

### SAMA - Campaign against coercive population control

Study:	On representatives of local self-government institutions in the state of Madhya Pradesh (2003-4); research carried out in 12 districts; attempted to capture experiences of those disqualified / removed based on two-child norm
Aim:	To understand the implication of the policy on the lives of women
Findings: Implications for women:	The policy was used to discriminate against women, and members of low-caste and tribal groups Forced abortions, abandonment, allegations of infidelity and ensuing divorce, usurping of authority if the representative is a woman

Findings of the study helped revoke the two-child policy in Madhya Pradesh ([samawomenshealth.org](http://samawomenshealth.org))

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