



Social Behaviour Changes and Communication for Betterment of Village Women in Jamgaon (M) Village of Durg District, Chhattisgarh

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The present study assessed the impact of SBCC interventions conducted through the National Service Scheme (NSS) among village women in Jamgaon (M), Patan Block, Durg District, Chhattisgarh. A total of 60 women, mainly members of Self-Help Groups (SHGs), participated in the programme. Baseline and post-intervention data were collected using a structured interview schedule. The intervention included awareness sessions, group discussions, audio-visual demonstrations, and participatory communication activities focusing on personal hygiene, nutrition, women's empowerment, and government welfare schemes. The findings revealed significant improvements in knowledge of personal hygiene (75.0% to 95.0%), nutritious food (70.0% to 90.0%), communication skills (40.0% to 75.0%), self-empowerment awareness (65.0% to 95.0%), participation in SHG meetings (48.3% to 81.7%), and adoption of positive health practices. The study demonstrates that SBCC implemented through NSS effectively enhanced awareness, community participation, and healthy behavioural practices among rural women. Integrating SBCC with local institutions and community organizations can further strengthen women's empowerment and sustainable rural development.

Keywords: NSS, Rural Women, Self-Help Groups, Social and Behaviour Change Communication, Women's Empowerment.

Introduction

Social and Behaviour Change Communication (SBCC) is an evidence-based approach that promotes positive behavioural changes through dialogue, community participation, and interpersonal communication rather than one-way dissemination of information. SBCC combines awareness campaigns, group discussions, demonstrations, audio-visual aids, and community mobilization to improve knowledge, attitudes, and practices. The approach has been widely used to promote maternal and child health, nutrition, sanitation, gender equality, and utilization of government services. The National Service Scheme (NSS) provides an effective platform for implementing community-based SBCC interventions through awareness programmes, health campaigns, and participatory learning activities. During the NSS special camp organized in Jamgaon (M) village, Durg District, a series of SBCC activities were conducted to improve women's awareness regarding personal hygiene, nutrition, self-empowerment, communication skills, and government welfare programmes. The study evaluated the effectiveness of these interventions among village women using pre- and post-intervention assessments. The findings are expected to provide useful insights for strengthening community-based communication strategies aimed at improving the socio-economic and health status of rural women.

Objectives

1. To understand the awareness and communication needs of village women regarding health, education, sanitation, nutrition, and government welfare schemes in Jamgaon (M), Durg district.
2. To create awareness among village women about positive social and behavioural practices through Social and Behaviour Change Communication (SBCC) activities.
3. To encourage the participation of village women in community development, leadership, and women empowerment through effective communication and NSS activities.

Methodology

1. Selection of block– There are 4 blocks in Durg district. Out of which only Patan block was selected.
2. Selection of Village– Jamgaon (M) village was selected purposively due to NSS Camp and camp program was conducted by the College of Horticulture and Research Station, Sankara, Durg (C.G.).
3. Selection of respondents- There are many SHG and village women were identified. Out of which only 60 SHG Women and NSS girls were present for the workshop done under presence of NSS Program officer Dr. Gagendra Singh Rajput sir For Betterment of Village women and NSS unit at Village Jamgaon (M), Durg (C.G.)

Following Work schedule done in Workshop

1. Invite Village women and SHG women with All NSS Unit.
2. Welcome our Guest both Master Trainer and Program officer Dr. Gagendra Singh Rajput.
3. Interact with All women and NSS Girls Unit.
4. Telling them about SBCC.
5. Presenting Audio visual aid for Women's and Girls to aware about Self Hygiene.
6. Playing game with all including Programme officer for betterment listening art.
7. Feedback from everyone and what constraints face by them to empower herself towards nutrition, health, safety, work, progress etc.
8. End the session with song and ensure every woman that start their journey for better living with SBCC.

How does UNICEF practise social and behaviour change?

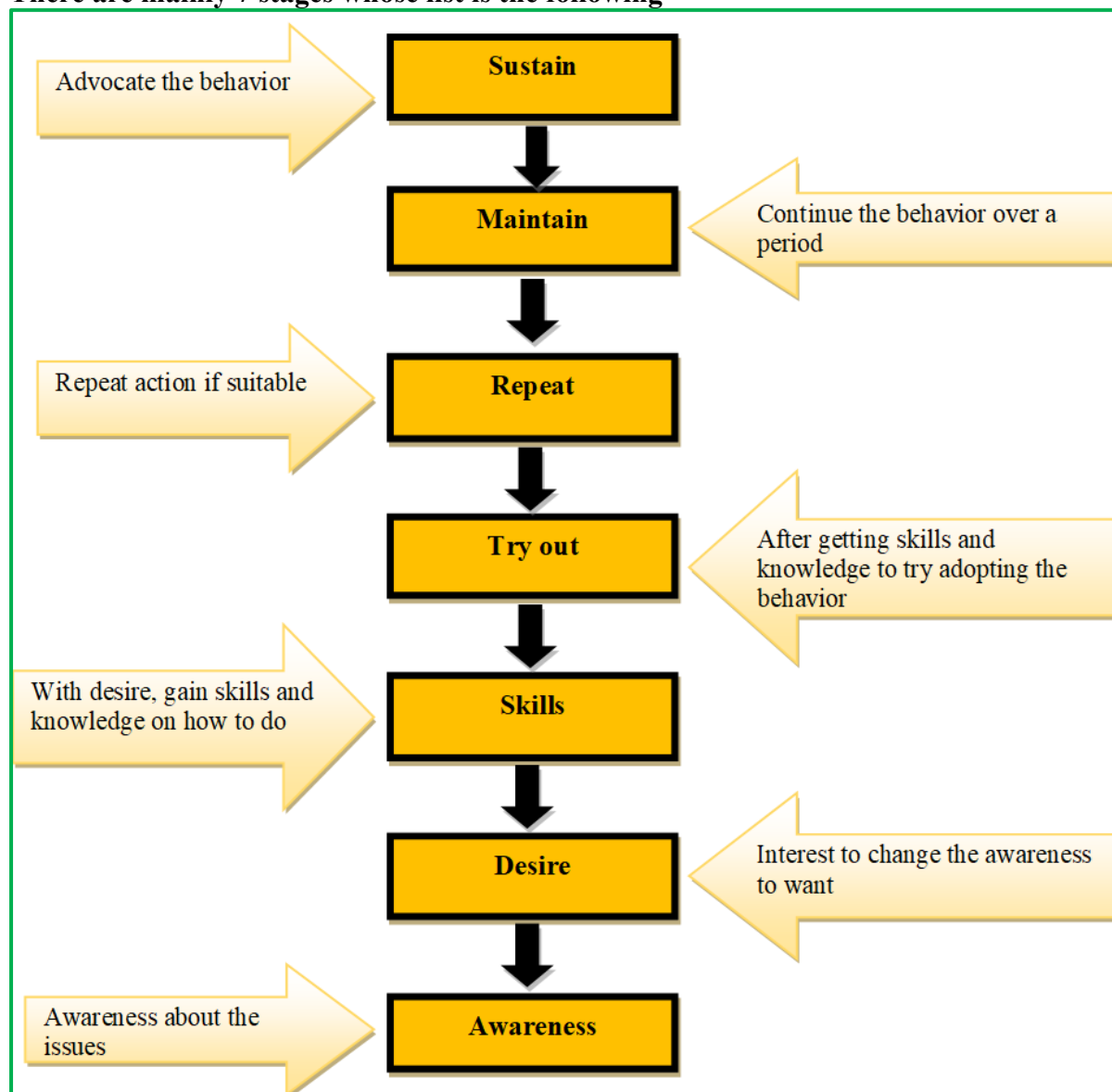
UNICEF recognizes that changing knowledge is not enough to change behaviours: We partner with families and community leaders to understand their needs and motivations, identify their strengths, and lower barriers to positive change. In every sector, our SBC programmes bring together local knowledge with scientific insights to support the most vulnerable. We don't work to change who people are – we work to change the environments in which they act, making it easier for individuals and communities to adopt protective practices for children. We also recognize that improving the situations of families requires social change. UNICEF actively engages with women and children worldwide to strengthen the role they play in creating the societies they want – societies in which equity prevails, stigma and discrimination recede, and their own voices contribute to meaningful change. Above all, we focus on participation and accountability to give families more control over the decisions that affect their lives.



Survey of Village

Stages of Behaviour Changeainly

There are mainly 7 stages whose list is the following



Result and Discussion

The survey and awareness activities conducted among village women in Jamgaon (M) village, Patan Block, Durg district, Chhattisgarh, indicated that most village women had basic knowledge of health, sanitation, nutrition, and government welfare schemes, but many lacked complete information about women-centric programmes, legal rights, and financial assistance. After the SBCC activities conducted through NSS, women showed greater interest in participating in discussions and seeking information from local health workers and Self-Help Groups. Similar findings have been reported in community-based communication programmes where participatory learning improved women's knowledge and awareness. Table 01 shows the knowledge and communication status of 60 village women before and after the Social Behaviour Change Communication (SBCC) workshop. The findings revealed improvements across all assessed indicators following the intervention. Knowledge of personal hygiene increased from 75.0% before the workshop to 95.0% after the workshop ($p = 0.003$). Similarly, knowledge of nutritious food improved from 70.0% to 90.0% ($p = 0.011$). Listening and communication skills showed an increase from 40.0% to 75.0% ($p < 0.001$), while interest in learning new skills increased from 50.0% to 75.0% ($p = 0.006$). Understanding through audio-visual aids improved from 35.0% before the workshop to 75.0% after the workshop ($p < 0.001$). Awareness regarding self-empowerment also increased from 65.0% to 95.0% following the

intervention ($p < 0.001$). All the observed improvements were statistically significant ($p < 0.05$), indicating that the SBCC workshop was associated with positive changes in the knowledge and communication status of the participating village women. Research reporting guidelines recommend presenting results objectively by summarizing the observed changes and statistical significance without interpreting the reasons for those changes; interpretation should be reserved for the discussion section.

Table 01: Pre- and Post-test Results (in percentages)

S. No.	Indicator details	Overall (n=60)	Pre Workshop Result (%)	Post Workshop Result (%)	p-value
1.	Knowledge of personal hygiene	46 (76.7)	45 (75.0)	57 (95.0)	0.003*
2.	Knowledge of nutritious food	42 (70.0)	42 (70.0)	54 (90.0)	0.011*
3.	Listening and communication skills	24 (40.0)	24 (40.0)	45 (75.0)	<0.001*
4.	Interest in learning new skill	30 (50.0)	30 (50.0)	45 (75.0)	0.006*
5.	Understanding through audio-visual aid	21 (35.0)	21 (35.0)	45 (75.0)	<0.001*
6.	Self-empowerment awareness	39 (65.0)	39 (65.0)	57 (95.0)	<0.001*

Table 02 shows that participation in community activities increased after the Social Behavior Change Communication (SBCC) programme. Participation in Self-Help Group (SHG) meetings increased from 48.3% before the intervention to 81.7% after the intervention ($p = 0.002$). Similarly, participation in village awareness programmes improved from 41.7% to 83.3% ($p < 0.001$), while knowledge of government welfare schemes increased from 38.3% to 76.7% ($p < 0.001$). Confidence in public speaking also increased from 33.3% before the programme to 70.0% after the programme ($p = 0.001$). Furthermore, women's participation in family decision-making improved from 46.7% to 71.7% following the intervention ($p = 0.014$). All the observed changes were statistically significant ($p < 0.05$), indicating that the SBCC programme was associated with improved community participation and communication among the participating village women.

Table 02: Participation in Community Activities

Variable	Before (%)	After (%)	p-value
Participation in SHG meetings	48.3	81.7	0.002*
Participation in village awareness programmes	41.7	83.3	<0.001*
Knowledge of government schemes	38.3	76.7	<0.001*
Confidence in public speaking	33.3	70.0	0.001*
Decision-making in family matters	46.7	71.7	0.014*

Table 03 presents the adoption of positive behavioural practices among village women before and after the SBCC programme. The proportion of women practicing regular hand washing increased from 63.3% before the intervention to 91.7% after the intervention. Similarly, the practice of consuming a balanced diet improved from 55.0% to 83.3%, while awareness regarding menstrual hygiene increased from 58.3% to 88.3%. The utilization of government health services also improved from 46.7% before the programme to 78.3% after the programme. In addition, participation in community meetings increased from 43.3% to 75.0% following the intervention. Overall, the findings indicate that the SBCC programme was associated with improved adoption of healthy behaviours and greater community participation among the village women. As recommended in scientific reporting, the results summarize the observed changes objectively, while interpretation of their implications belongs in the discussion section.



Awareness programm about personal hygiene



Women empowerment campaign through workshop

Table 03: Adoption of Positive Behaviour

Behaviour Indicator	Before (%)	After (%)
Regular hand washing	63.3	91.7
Balanced diet practice	55.0	83.3
Menstrual hygiene awareness	58.3	88.3

Use of government health services	46.7	78.3
Participation in community meetings	43.3	75.0

Discussion

The findings indicate that the Social Behaviour Change Communication (SBCC) programme implemented through the National Service Scheme (NSS) significantly improved women's knowledge, communication skills, community participation, and adoption of healthy practices in Jamgaon (M) village. Following the intervention, participants showed increased awareness of personal hygiene, nutrition, self-empowerment, and government welfare schemes, along with greater participation in Self-Help Group (SHG) meetings and community activities. Positive behavioural changes were also observed in hand washing, balanced diet practices, menstrual hygiene, and utilization of government health services. These findings are consistent with those of Desai et al. (2020), who reported that participatory SBCC interventions and community-based women's groups effectively improve health awareness, service utilization, and community engagement. The study highlights that integrating SBCC activities with NSS, SHGs, Anganwadi Centres, ASHA workers, and Gram Panchayats can strengthen women's empowerment and promote sustainable behavioural change in rural communities.

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