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Promoting Health Information Literacy (HIL) in Rural Communities of Bangladesh for Attaining SDGs: A Collaborative Approach

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Abstract

Community Health Workers (CHWs) play a crucial role in providing essential healthcare services to communities in Bangladesh, forming a vital part of the healthcare system. However, ensuring community awareness about health is imperative, with a primary focus on empowerment. This necessitates engaging all stakeholders in health information literacy (HIL) through education and awareness efforts. In these contexts, health information professionals (HIPs) have the opportunity to collaborate with CHWs to strengthen community empowerment.

This study explores potential areas where HIPs can collaborate with CHWs to help individuals find accurate health information related to primary and pre-secondary healthcare issues. Employing a case study approach, the research provides an in-depth observation and analysis of the potential collaboration between these two professional groups. Additionally, a survey method was incorporated to gather insights. Findings suggest that HIPs can play various collaborative roles, including instructor, marketer, motivator, awareness builder, and counselor. These roles highlight the potential for HIPs to contribute to enhancing health awareness and literacy within the community.

Keywords: Health Information Literacy, Sustainable Development Goals, Rural Communities, Bangladesh

1. Introduction

Better health is pivotal in human happiness and well-being as well as functioning smoothly as human capital. It also makes an essential contribution to economic progress, as healthy populations live longer, are more productive and save more ('WHO | Health and Development, n.d.). The country provides a primary health care service to her population. Citizens in urban areas typically receive more facilities from government and non-government health programs while people outside from towns and cities depend on community-based health care services.

Although Bangladesh achieved success in public health, some portion remains lagging because of the low use of primary and community health services. Reasons for not using (or underutilizing) community health services include cultural and social belief systems, discrimination against the poor, the distance of the facilities, lack of awareness regarding information or sources of care as well as the value of services ('Improving primary health care using community clinics in rural Bangladesh, n.d.)

In community health care, the Community Health Workers (CHWs) play an active role like a doctor or semi doctor for the people in the remote area. They are the pillar or building block of the community-based health care system. They provide a lot of basic and primary health care and services from desk to door for the people of

the community. The significant initiatives of community health workers are supervising treatment, serving as a counselor, helping the poor patient to overcome barriers, acting as a health care educator, keeping a lookout for people with a severe condition, initiating outreach programs to help the community people, and guiding people in terms of required secondary, pre-tertiary and tertiary healthcare needs (Meghea et al., 2013). In Bangladesh, CHWs are supposed to provide all of the services to the different socio-demographic population living in rural areas country-wide. Nevertheless, people from the rural community are not aware of their health status. They get services, but to some extent, they are not self-empowered to take their health-related or health-enhancing decisions in their daily lifestyle for leading a healthy life.

On the contrary, CHWs have some laggings in terms of adequate training as well as training facilities, getting health education incorporating recent trends, and the proper knowledge of health literacy and media literacy for helping themselves in conducting evidence-based practice. The existing gaps from both side, i.e., service provider (CHWs) and service receiver(community people) have been hindering the process of empowerment regarding health-care decision making of the rural community as a whole where plenty of potentials exist for inviting the role of health information professionals(HIPs) or Information Professional(IPs).

1.1 Statement of the Problem

Health information and health education are core services of primary health care, which are mainly provided by community health workers to community people. Every aspect of primary and pre-primary health care is linked with health information. Health information makes people aware and helps them to think about their health with improved health literacy. These are key aims of community health care, public health, and health promotion activities. Socio-political initiatives aim to fulfill the indicators of the SDGs whose ultimate goal is to ensure horizontal rather than vertical development across all sectors. The health sector is not an exception to it. In line with this, gaining HIL skills helps communities become self-empowered, contributing to the achievement of the SDGs.

On the other hand, the lower level of HL affects the national health and economy and also acts as a barrier towards achieving the Sustainable Development Goals. Government initiatives for Digital Bangladesh also indicate the achievement of digital literacy in healthcare issues. There are no activities related to the promotion of HIL in CHWs' services provided in the communities. There is no existing role of HIPs for promoting HIL in different domains dealing with healthcare issues.

In this backdrop, to know the ground realities, the study has come up with the following questions to figure out the justification of collaborative areas between CHWs and HIPs.

1.2 Research Questions

What kinds of information are needed in the communities covering different demographic characteristics?

What is the state of HIL/HL in both domains, i.e., community people and CHWs?

Does the situation demand the collaborative role between CHWs and HIPs for promoting HIL/HL in both domains? If so, what are the areas that should be considered with particular importance for making collaboration?

1.3 Objectives of the Study

The main objectives of this study are to identify the possible and potential fields of collaboration between CHWs and HIPs in promoting health information literacy.

The specific objectives of this research are as follows:

To identify the literacy level of community people and community health workers,

Identifying cause of low literacy,

To identify the collaborative fields to make CHWs self-empowered.

To identify the collaborative fields for working together with CHWs to promote health information literacy among community people.

2. Literature Reviews

2.1 Constitutional Commitment of Healthcare

The Government of Bangladesh has the constitutional commitment to supply the necessary medical requirements to all segments of people in the society and the 'improvement of the nutritional and the public health status of the people'("Constitution of the People's Republic of Bangladesh," 1972).

2.2 Challenges in HealthCare Infrastructure

Immediately after the emergence of Bangladesh, the healthcare infrastructure faced many challenges in reconstructing its healthcare service for the old, adult, maternal, child, and newborn health. Later the health care system has flourished through getting various advantages and facilities from the GO-NGO and private initiatives and funds coming from national and international agencies; eventually, the Bangladesh health care systems have already shifted to health promotion and prevention services. Though a large number of rural communities remain with little access to health care facilities, it is also recognized that Bangladesh has a well-structured health system with three tiers of Primary Healthcare: Upazila Health Complex, Union Health, and Family Welfare Centers and Community Clinics, which are backed by District Hospitals, Large Urban Centers for further secondary and tertiary level care (Islam & Biswas, 2014).

2.3 Role of Community Health Workers (CHWs)

Community health workers (CHWs) are a powerful force for promoting health behaviors and extending the reach of the health system around the world. CHWs are a diverse category of health workers who commonly work in communities outside of fixed health facilities, have some formal, but limited, training for the tasks they are expected to perform (HB, R, & Rogers MM., 2014)

2.4 Definition and Functions of CHWs

According to WHO, "CHWs are men and women chosen by the community, and trained to deal with the health problems of individuals and the community and to work in close relationship with the health services". They should have had a level of primary education that enables them to read, write and perform simple mathematical calculations ("The Status of Community Based Health Workers in Rural Bangladesh," 2014).

2.5 Responsibilities of CHWs

CHWs perform a wide range of tasks: home visits, environmental sanitation, provision of water supply, first aid and treatment of simple and common ailments, health education, nutrition and surveillance, maternal and child health and family planning activities, TB and HIV/AIDS care (i.e., consoling, peer support and treatment support and palliative care), malaria, control, treatment of acute respiratory infections, communicable disease control, community development activities, referrals, record keeping, and collection of data on vital events. These tasks are performed in many different combinations and with different levels (Lehmann & Sanders, 2017).

2.6 CHWs in Bangladesh's Family Planning Program

The majority of the population resides in rural areas where CHWs play a critical role in health service delivery in Bangladesh. They started a community-based family planning program with an initial cadre of Family Welfare Assistants in the mid-1970s. The program expanded in the mid-1980s and was complemented by NGO CHWs working in the family planning services. It is regarded as one of the world's most successful family planning program in a developing country ("The Status of Community Based Health Workers in Rural Bangladesh," 2014)

2.7 BRAC's Shasthya Sebika (SS) Initiative

Shasthya Sebika (SS) (meaning a woman who provides basic healthcare service in the community) of BRAC health programs forms the core of its Essential Healthcare Services with training on preventive, primitive and curative healthcare (Ahmed, 2008).

In rural Bangladesh, the Government provides 54,000 permanent healthcare workers and another 52,000 temporary CHWs via NGOs supported community health programs. BRAC deploys 63,000 CHWs and other NGO's- around 6,000 ("The Status of Community Based Health Workers in Rural Bangladesh," 2014).

2.8 Importance of Health Literacy

Health information that is delivered in a clear, engaging, personally relevant manner can promote understanding, action, and self-empowerment, no matter the literacy level of the recipient ("Improving Oral Communication to Promote Health Literacy," 2013).

2.9 Relationship Between Health, Knowledge, and Environmental Support

Health professionals in Bangladesh had taken into consideration the relationships between health, knowledge, and environmental support to achieve a more sophisticated understanding of how to change lifestyles in recent years. This concept relates to health literacy and simple dissemination of the message, enhances people's ability to think about health behaviors, seek and use the information, and motivates people to take action to improve health through promoting health information and literacy (Jahan, 2000).

2.10 Gaps in CHW-HIP Collaboration

The result of the literature review and database search shows that there was no such type of collaborative framework between CHWs and HIPs for promoting HIL/Hl along community people in context of South Asia. No literature and initiative related to collaborative work between HIPs and CHWs for promotion of HIL/HL were found. Even the concept and role of HIPs is not clear in Bangladesh. Those professionals who deals with health information like medical librarian, information officer of health institutes are not aware about their activities related to health education. Only a few health professionals and root level health care providers involve promoting HIL at a limited range which is not enough to achieve SDGs within the required timeframe.

3. Research Methodology

This study uses the case study method as an appropriate research strategy for in-depth observation and analysis of the potential for collaboration between the two professional groups. The study aims to explore and develop a new field of collaborative work for information professionals (IPs) from the context of Bangladesh by figuring out different variables and indicators.

Furthermore, the study embedded the survey method within the case study to collect data, observe the current situation, understand the population and processes, and verify independent and dependent variables. In this study, there were two separate questionnaires for two different domains, i.e., one set for CHWs and another for community people. Those questionnaires consisted of both open and closed-ended questions for gathering raw data, real facts, observations, and views.

3.1 Study Population and Sampling

One hundred respondents were selected purposively from the five districts of the Rajshahi Division to assess the state of health literacy and health information literacy of the community people. There was an attempt to include male and female groups, different age group, marital status and other demographic criteria. The study chose 100 people from 5 districts where 20 respondents from each district were selected to ensure equal distribution of the sample.

The main study group consisted of CHWs, identified under various titles such as Community Health Care Provider (CHCP), Health Assistant (HA), Family Welfare Assistant (FWA), and Shasthya Sebika (SS). There was an attempt to cover all of these CHWs, but it was not easy to get permission from the non-governmental organization. Fifty CHWs were selected from five districts of the Rajshahi Division by considering their organizational affiliation, activities, and demographic information.

4. Data Analysis and Interpretation

4.1 Need for Health Information

4.1.1 Need for Health Information

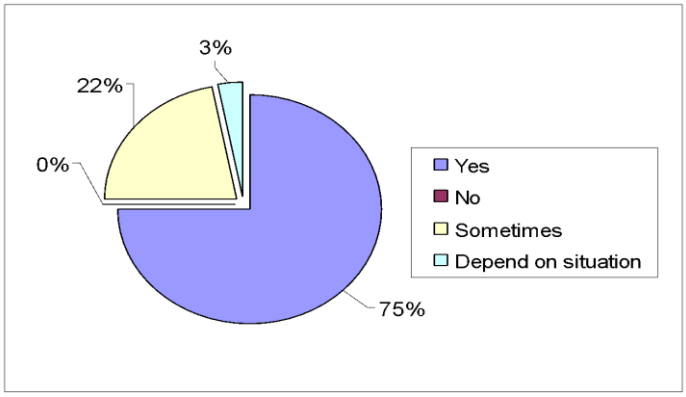

Figure 1

Figure 1 exposes that everyone needs health information from a child to an older one. The survey of the study shows that 75% of people need health information directly, 22% need it sometimes, and only 3% respond that their need depends on the situation.

4.1.2 Type of Health Information Community People Need

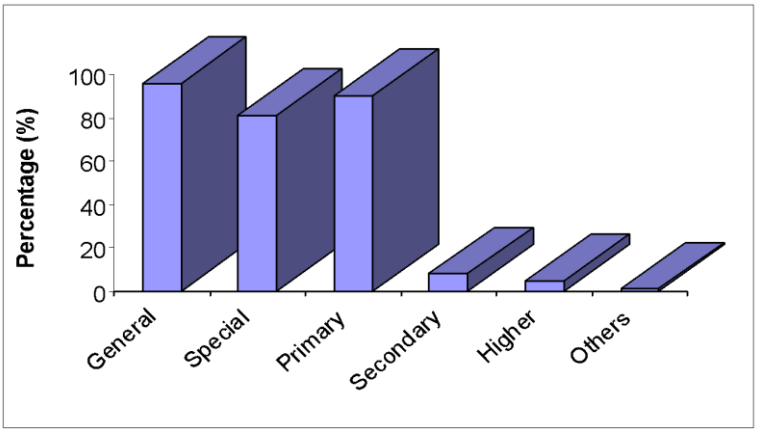

Figure 2

The above figure shows that community people basically need general (96%), special (81%), and Primary (90%) health information. A very few responded with a need for secondary, higher, and other health information need.

4.1.3 Sources of Health Information People Often Use

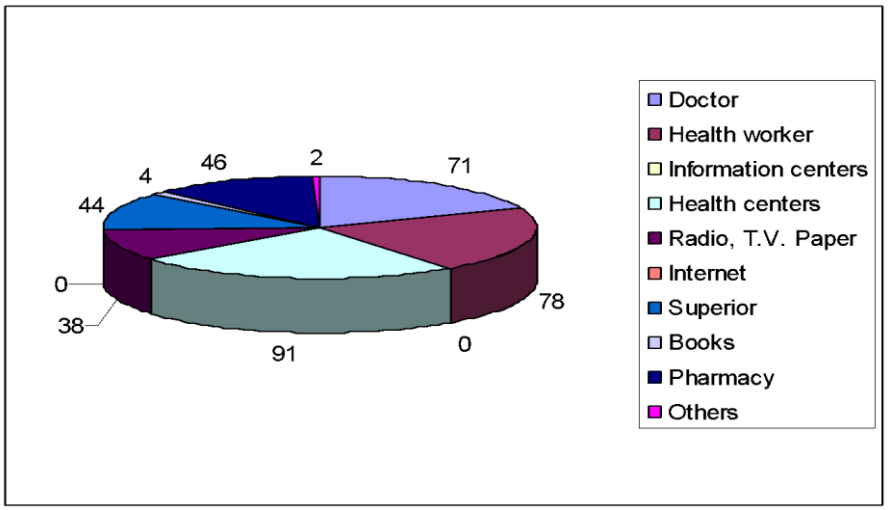

Figure 3

Sources are essential for storing, and disseminating of information also applies to health information. Figure-3 reveals that only a few percent (17%) of people directly search for health information, others seek indirectly or anyhow. The sources for health information that community people use to consult with are health centers (91%), health workers (78%), doctors (71%), pharmacies/medicine shops (46%), superior/knowledgeable persons of their familiarity (4%), Media (38%), and almost all of them do not use information centers and internet.

4.1.4 Role of Health Worker to Get Health Information

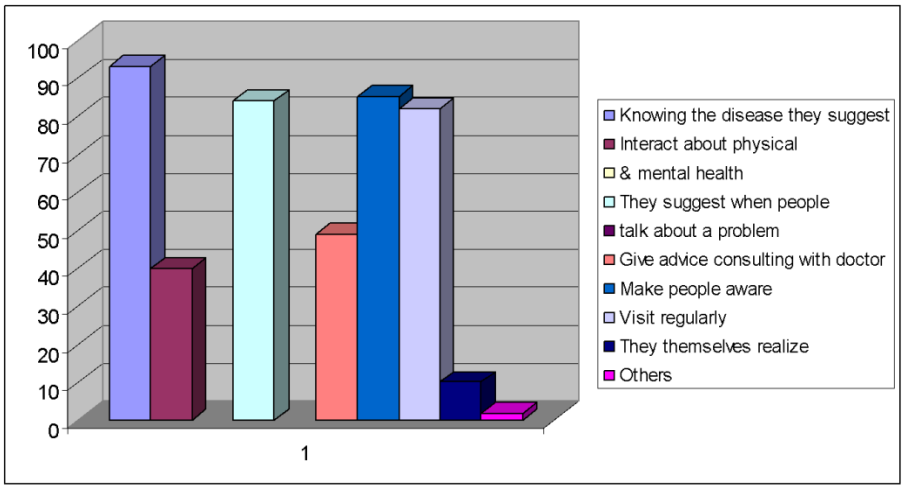

Figure 4

Community health workers are one of the vital independent entities for providing health information. The above figure revealed the roles that are played by the CHWs to promote health information literacy in the community such as: playing a vital role (93%) to keep community people knowing about different diseases; making people aware of (85%) the preventive and protective measures regarding different diseases along with health-enhancing behaviors; providing interactive space (38%) for discussing the physical and mental health of the community people; giving them suggestions (84%) when people talk about a problem (84%); and visiting vulnerable people with health-related issues regularly (82%).

4.1.5 Types of Health Information Provided by CHWs- to Community People

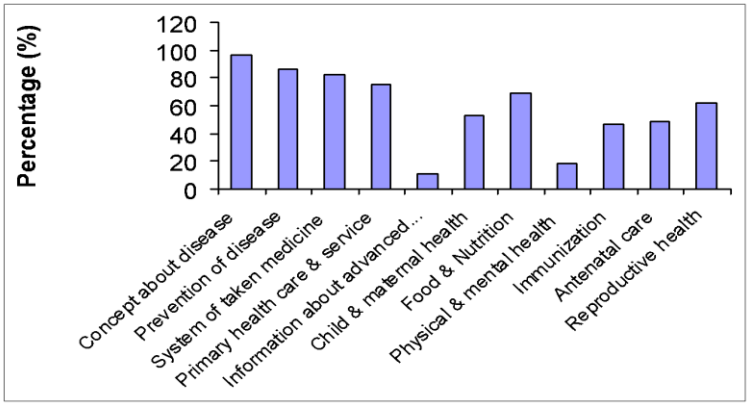

Figure 5

Questions were about what type of health information provided by CHWs to people. People answered that(exposed by figure 5) they are getting information regarding concepts of the diseases (97%); how to prevent disease (86%); how to take medication (82%) who are unable to understand; primary health care and services (75%); food and nutrition (69%); and reproductive health (62%). As they are not concerned about the advanced treatment, they provide such type of information at a low rate (11%). They also cover all types of health information like child and maternal care (53%), immunization (47%), antenatal care (49%), and physical and mental health (18%).

4.1.6 Use of Health Information by Community People

Table 1

Level of use	Response	Percentage
Yes	76	76%
No	00	00%
Sometimes	24	24%
Never	00	00%
Total	100	100%

The Table 1 reveals that 76% of people somehow use health information regularly either directly or indirectly or consciously and unconsciously, while 24% of them use it sometimes. However, the problem exists in using health information due to their low level of understanding and unwillingness and lack of awareness about the importance of getting and formally using health information.

4.1.7 Response of Beneficiary of Health Information

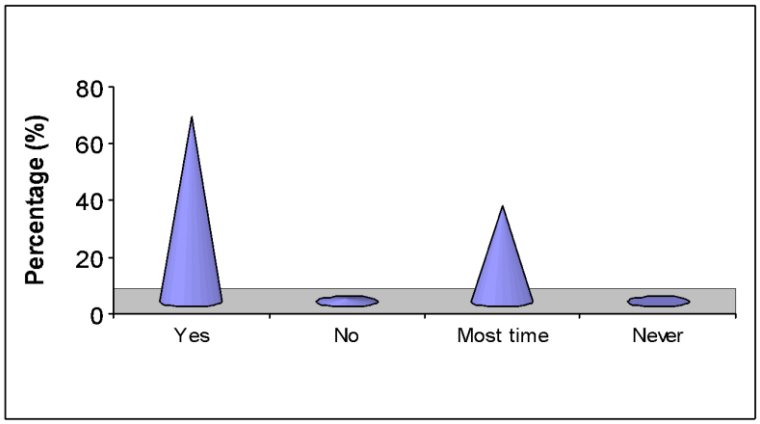

Figure 6

The above figure shows that 65% of respondents replied that they directly get benefits, and 34% of total respondents are getting so most of the time. Only 1% of the respondents do not get benefits from health information, and it could be because of the lack of proper understanding and use of information.

4.1.8 Result in the Use of Health Information

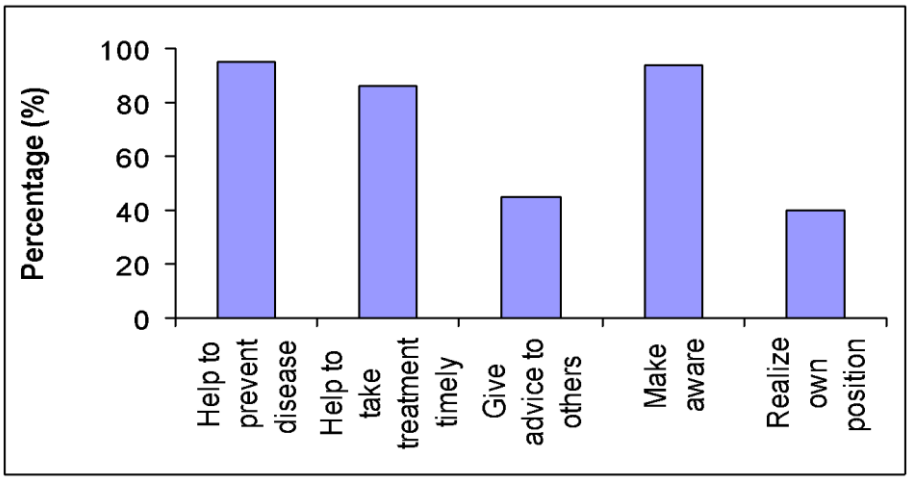

Figure 7

Every time a positive outcome must be achieved by the proper use of health information. The above figure showed that what types of results community people are experiencing through their use of health information. These are: helping to prevent disease (95%), helping to take timely treatment (86%), and making people aware of (94%) different health-compromising behaviors. They can also realize their position and share advise (40%) with others by using health information from their knowledge-base.

4.1.9 Gathering Knowledge About Specific Health Information by CHWs

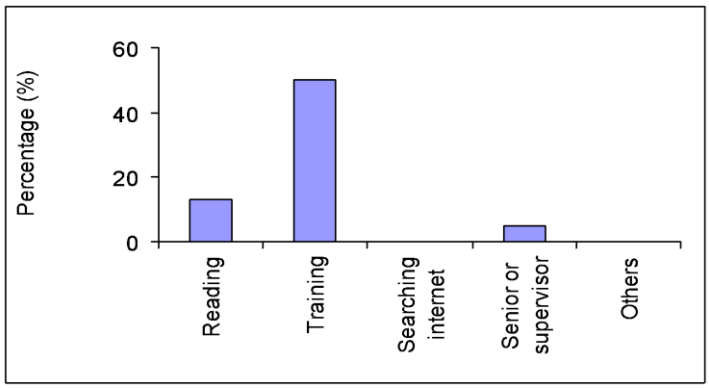

Figure 8

Figure 8 reveals the sources of knowledge for CHWs. They mainly depend on training (100%) for gathering knowledge about a specific issue, and they also read general or health-related light literature for gathering knowledge.

4.1.10 Media for Delivering Health Care Information

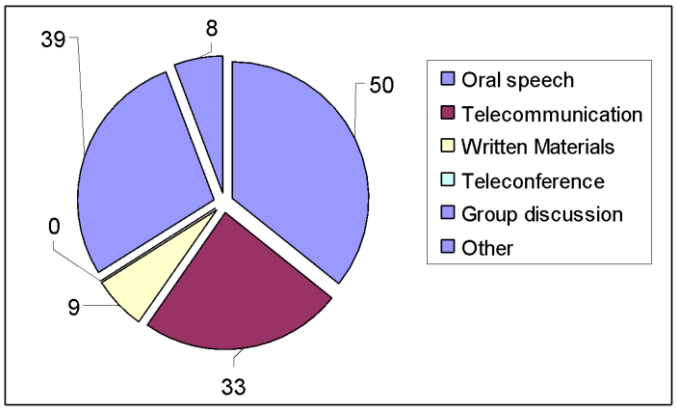

Figure 9

Figure 9 reveals that CHWs used to provide health care information mainly by their oral speech (100%), group discussion (78%) and telecommunication systems (66%), only 18% CHWs use written documents, and none are familiar with advanced technologies like teleconferencing, video conferencing, and webinar.

4.2 Knowledge and Experience in Health Care

4.2.1 Channel for Gathering Knowledge and Experience

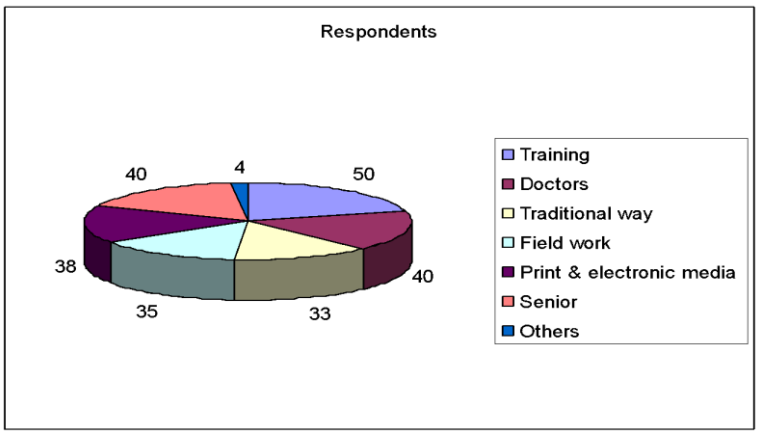

Figure 10

Different channels or media are essential components for CHWs in terms of gathering health care information and knowledge. As per the following figure (no. 10) they are accustomed to receiving training (100%) about health care, 80% of them used to get help from doctors and senior CHWs/other healthcare professionals, print and electronic media (76%),and fieldwork also helps them to accumulate knowledge and experience (35%), and a noticeable amount are getting benefited from the traditional way (66%).

4.2.2 Expected Channel to Enrich Knowledge

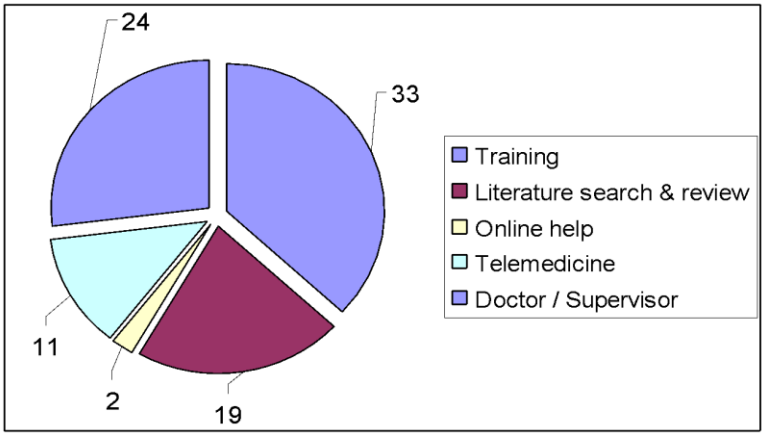

Figure 11

Figure 11 indicates that CHWs want to get more advanced and up-to-date training (66%), more access to doctors' and supervisors' help (48%), literature and manual (38%), and telemedicine (22%) help to enrich their health care knowledge.

4.2.3 Sufficiency of Health Information to Serve Community People

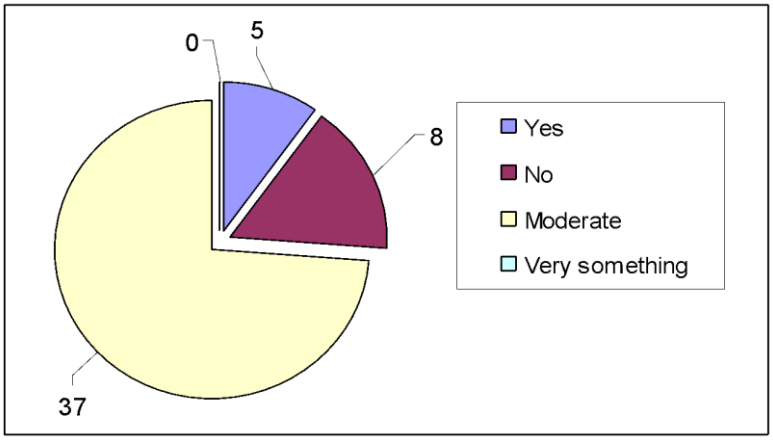

Figure 12

The Figure 12 shows that, only 10% of the respondents have acknowledged the sufficiency of health information to serve the community, while 16% have expressed about the insufficiency in it. The remaining portion of CHWs (74%) has felt the sufficiency of health information moderately to serve the community people.

4.2.4 Sources of Health Information for CHW

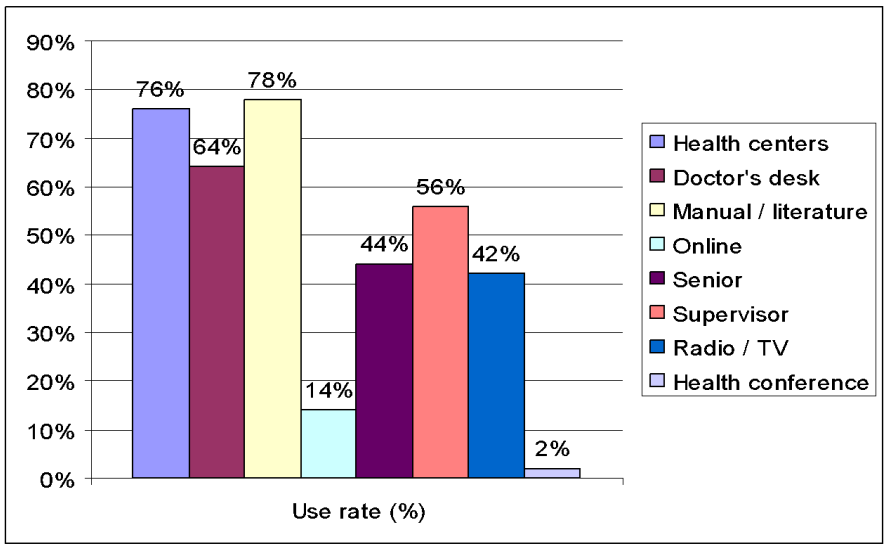

Figure 13

Figure 13 affirms that, most of the CHWs used to depend on manual and literature (78%), health centers (76%), doctor's desk (64%), supervisors (56%), radio/TV (42%), seniors (44%) for their health information. Only 14% of them seek help online. They are not adequately informed about advanced sources of health information.

4.2.5 Satisfaction With Health Information

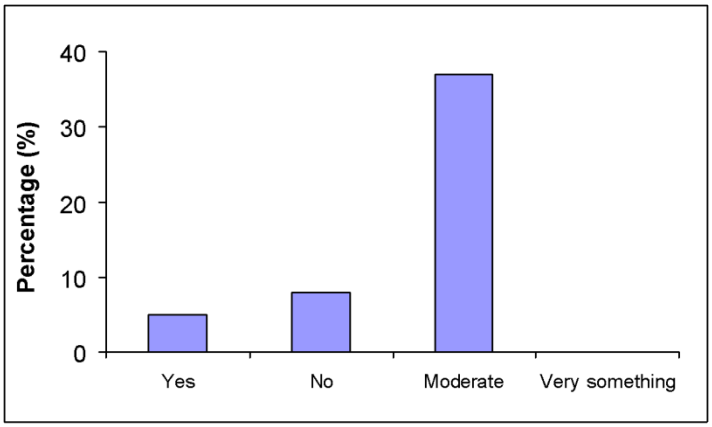

Figure 14

Satisfaction level of CHWs regarding health information is exposed by Figure 14. It shows that only 2% of CHWs are mostly satisfied with existing health information, while 40% of them are less satisfied, and 38% are moderately satisfied with the present condition of health information. Moreover, at least 20% of CHWs are never satisfied with the current health information for health care.

4.2.6 Effect of Dissemination of Health Information

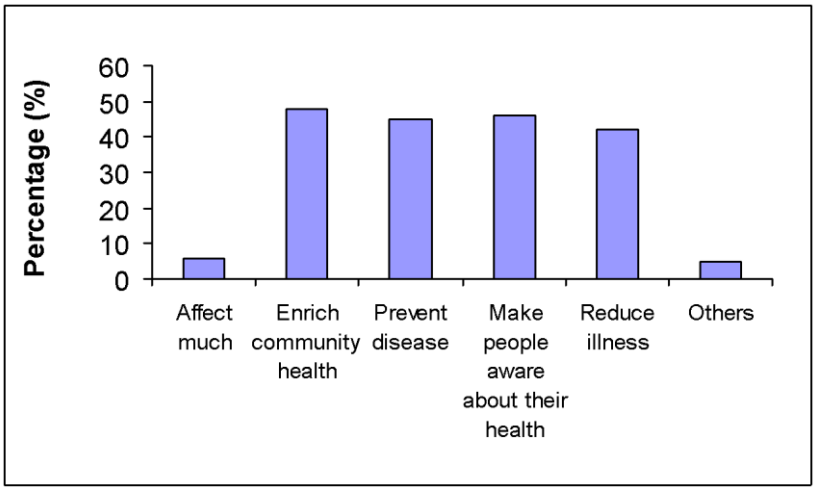

Figure 15

There are some effects on the dissemination of health information. The above Figure 15 imparts the types of effects that come out from those. Significant types of these effects are enriching community health (96%), making people aware of their health (92%), and preventing common diseases like fever and skin problems, solving problems related to maternal-prenatal-antenatal-child health care issues at the primary and pre-secondary level and even sometimes reducing illness (84%). It has a significant impact on public health.

4.2.7 Level of Promotion

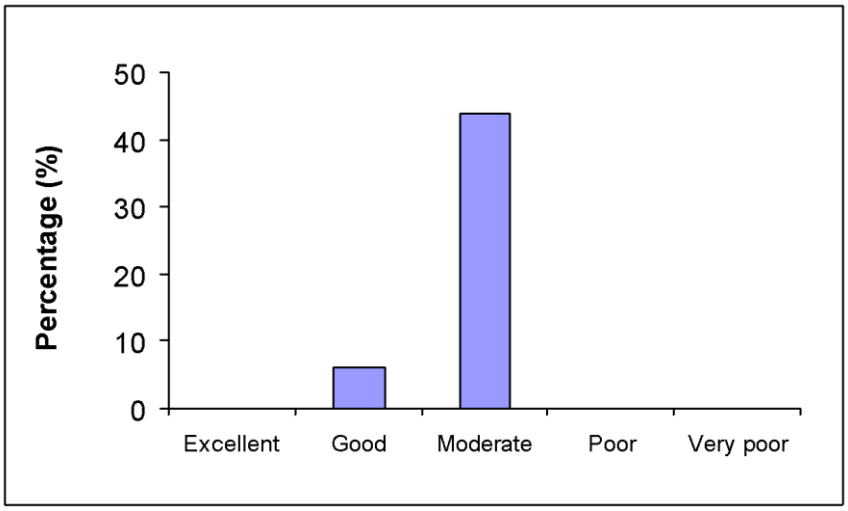

Figure 16

Figure 16 reveals the promotional level of health information is almost at moderate (88%) level and only 12% realizations and observations fall within the satisfactory level.

4.2.8 Feel the Need for the Support of Health Information Professionals

Table 2

Use	Respondents	Percentage
Yes	50	100%
No	00	00%
Total	50	100%

Table 2 shows that, 100% of the respondent (CHWs) feel the need for support from health information which may come through the collaborative support of information professionals or health information professionals (HIPs).

5. Summary of Findings

The necessity of health information may vary across different demographic criteria such as women could feel the need for maternal, antenatal, and child healthcare-related information. A child and their mother may search for food, nutrition, immunization, and hygiene-related information. Gender, marital status, educational background, and even age are crucial factors in health information need and literacy status. People may realize their health information need by utilizing their knowledge, from previous experience or suggestion from others. The need for health information may also generate in different situations.

The study sums up with the result that 100% of the community people need health information, and about 75% of them need it directly. Community people needed general health information (96%), primary health care information (90%), and specific health information (81%) according to their demographic criteria. Among types of general health information, community people often demand daily life health information (89%), primary health care (85%), common disease (85%) related information. Other crucial general health information for the community people includes hygiene, food and nutrition, water supply, immunization, and communicable disease-related health information. Particular health information for the community people is child care (70%), antenatal and maternal care (56%), and family planning (70%), health information for older adults (81%), women's health (61%), and juvenile health (69%).

Apart from general and specialized health information, 30% of people feel the need for other types of health information like advanced, critical, and contemporary health information.

The majority of the community people (85%) can identify by themselves the types of health information they need, recognize knowledgeable persons (73%) who can help them understand, and consider listening to physicians' advice as important for their understanding. Among the participating community people, 95% (first segment in this study) replied that CHWs' recommendations help them realize their health information needs.

When people get sick, they take different actions such as going to doctors (90%), health centers (89%), village doctors (68%), and utilizing their knowledge (61%). Only a few of them (17%) directly seek health information in the above cases or other suddenly generated cases.

90% of the respondents take advice (health-related information and instruction) from CHWs when they get sick. Community people seek health information in health centers (91%), from health workers (78%), doctor's desks (71%), pharmacies (46%), superiors/seniors (44%), and media (38%). Nevertheless, none of them use information centers and the internet, where they can demonstrate their self-efficacy regarding their IL/HIL skills.

CHWs play a vital role in promoting health information including providing suggestions on diseases and problems, making people aware of the prevention and protection from different diseases, and regularly visiting people vulnerable to health-related issues. Community people (82%) said that CHWs provide information when they asked and 52% replied that CHWs do it by themselves. Major types of health information provided by CHWs are concepts of diseases (97%), how to prevent disease (86%), how to take medicine (82%), primary health care and advice (75%), food and nutrition (69%), reproductive health (62%) etc. They also provide advanced treatment-related information at a low rate (11%). Some other health information provided by them is the child and maternal care, immunization, antenatal care, physical and mental health care.

For the dissemination of health information, CHWs mainly use oral speech (95%). They also use mobile (73%), group discussion, and program (74%). Though the CHWs put in full effort, only 47% of people can grab health information and instruction properly, and some others (45%) often understand.

In the case of a promotional level, the usage of health information depends on understanding, consciousness, and willingness. The data revealed that 76% of people directly use health information in their life. Proper usage of information creates some advantages for community people, such as preventing diseases (95%), taking treatment in a timely manner (86%), and creating awareness in terms of their self-esteem regarding health-enhancing behavior (94%) as well as advisee others.

Demographic criteria affect the provision and promotion of health information literacy and health literacy among CHWs and community people.

Most of the activities of CHWs support community people are related to their health information promotion and literacy like primary health care (100%) where they provide treatment, medicine, and guidance for recovery. Here every attempt related to health information like why such type of diseases caught the patient, what is the condition of physical and mental health, and how to take medicine. CHWs (94%) provide health education, which is primary initiative to health promotion and health literacy. CHWs observed that 88% of community people could express their healthcare information need, but only 2% of them follow health information in every case.

This study found that CHWs gather their knowledge of specific issues mainly from training (100%). Only a few (4%) of the CHWs have excellent knowledge about primary and basic health care, and 72% of them replied that they have moderate knowledge. Among the total respondents, 12% think that their knowledge is not sufficient, and 36% replied that they need more information and knowledge for their service delivery.

A large number of the CHWs (66%) want to get training, doctors or supervisors help (48%), literature and manual (38%), and help from telemedicine (22%) to enrich their knowledge. They are conscious of health Information, but their sufficiency is limited. Only 10% of them have sufficient health information to serve the community, and 16% have no sufficiency in it. It is also a hopeful result that 74% CHWs feel they have moderate sufficiency in health information to serve the community.

Community health workers provide services at the primary and pre-primary level where consciousness, awareness, making appropriate decisions, observing symptoms, and health-enhancing behaviors are important factors. Furthermore, these are related to health information. Moreover, no doubt, all of the services provided by CHWs are related to health information and health literacy. CHWs used to provide health care information mainly through oral speech (100%), group discussion (78%), and telecommunication systems (66%). Only 18% of CHWs use written documents like reference paper and prospectus to promote health information. None of the CHWs use advanced technology to provide health care information.

Dependable sources of health information for CHWs are the training manual (78%), health centers (76%), doctors' desk (64%), supervisors (56%), senior (44%), radio, and Television (42%). CHWs need more effective and advanced health information, guidelines and instructions, and up-to-date sources of information. None of CHWs use advanced technologies like the internet, video conferencing, and webinars for gathering knowledge.

A higher number of health workers (96%) use health information products for the proper understanding of low health literate people. Moreover, a good number (76%) of the CHWs provide instructions to community people about health information.

From the collected data, the promotional state of health information of the community people indicates that it is almost at a moderate (88%) level though actual observations suggest otherwise, citing problems like lack of self-esteem, self-motivation, and awareness regarding HIL. Traditional knowledge, beliefs, and attitudes act as the triggering factors for showing the unwillingness towards obtaining HIL skills.

There is no existing provision or involvement of information professionals to provide health information to community people. No attempt was found to provide health information from HIPs to CHWs. None of the CHWs use libraries or information centers. All the respondents from CHWs feel the need to get support from health information professionals in a collaborative manner.

6. Recommendations or Implications for Practice

The collaboration of HIPs and CHWs are essential for fulfilling different purposes, such as:

To empower CHWs to become skilled and fully health literate;

To educate community members by helping them gain HIL skills;

To arrange training for CHWs and collaborate with their trainers or educators on how to gain HIL skills; and

To provide sufficient opportunities for HIPs to collaborate with CHWs' educators to embed IL courses in their training manuals or curricula.

Apart from that, collaboration may take place between them in terms of measuring, assessing, and evaluating the HIL status of both domains, in terms of their ways of expressing information needs, seeking and finding, evaluating, and using health information. As per those results, jointly organized different 'awareness-building campaigns' could be very useful in motivating them to gain HIL skills.

In line with the socio-political initiative for Digital Bangladesh, an e-learning platform has been established under the supervision of DGHS, Bangladesh. On that platform HIPs could play a vital collaborative role in designing MOOCs in terms of promoting HIL along with content related to primary health care issues.

Another collaborative role of HIPs is to act as a counselor and marketer of evidence-based health care (EBHC) culture, which is important for providing quality health care services that focuses on modern trends.

Collaboration could also take place for creating awareness in terms of gaining media and digital literacy.

7. Concluding Remark

From the context of Bangladesh, the improvement of community health remains behind other areas of development. Though an effective strategy planned, the actual situation is still not up to the mark. Lack of proper health information literacy skills in different domains, i.e., health care service providers and receivers, creates such type of poor health outcome of the community. Inadequate provision of health information creates a low level of health information literacy and health literacy. Information professionals have ample opportunities to play different collaborative roles in extended areas for promoting health information literacy of the community people. The recommended fields should contribute significantly to improving health information literacy that helps to reach SDGs successfully. Professionals, policymakers, developers, and interested authorities and stakeholders in this regard should take proper action to create results in this field, which eventually would help in reducing many burdens in the primary and pre-secondary healthcare system of Bangladesh.

7.1 Limitations of the Study

This study provides valuable insights into the collaborative potential between Community Health Workers (CHWs) and Health Information Professionals (HIPs) for promoting Health Information Literacy (HIL) in rural Bangladesh. However, certain limitations must be acknowledged. The study was conducted within a limited geographic scope, focusing on selected districts within the Rajshahi Division, which may not fully capture the diverse socio-cultural and economic conditions across Bangladesh. Additionally, the sample size, though sufficient for analysis, was relatively small, and self-reported data may have introduced biases. A longitudinal approach would provide deeper insights into the long-term impact of CHW-HIP collaboration.

While the study highlights digital platforms in HIL promotion, it does not extensively explore emerging technologies such as mobile health (mHealth) or telemedicine. Institutional gaps persist, as no structured framework formalizes HIPs' involvement in community healthcare. Future research should engage policymakers to establish clear roles for HIPs.

Another limitation is the lack of focus on specific training models for CHWs. Although the study acknowledges the need for training, it does not propose structured curricula. Additionally, assessing the effectiveness of HIL interventions remains challenging due to the absence of experimental methodologies like randomized controlled trials (RCTs).

Further research may assess the readiness of HIPs in Bangladesh in terms of the competencies required for collaboration with healthcare professionals. Addressing these limitations will strengthen future studies and contribute to more effective strategies for improving health literacy and achieving the Sustainable Development Goals (SDGs).

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Appendixes

A. Abbreviations and Acronyms

Acronym	Full Form
CHW	Community Health Worker
HIP	Health Information Professional
HIL	Health Information Literacy
HL	Health Literacy
SDGs	Sustainable Development Goals
WHO	World Health Organization
NGO	Non-Governmental Organization
MOOCs	Massive Open Online Courses
DGHS	Directorate General of Health Services
EBHC	Evidence-Based Health Care

B. Key Concepts

Health Information Literacy (HIL) – The ability to find, evaluate, and use health-related information for better decision-making.

Health Literacy (HL) – Understanding and applying health information for improved well-being.

Community-Based Healthcare – A model where CHWs provide healthcare services in rural areas.

Evidence-Based Health Care (EBHC) – Using research-based evidence to improve healthcare practices.

Digital Health Literacy – The ability to access and use digital platforms for health information.

CHW-HIP Collaboration – A model where HIPs support CHWs in delivering accurate health information to communities.

C. Relevant Theories

Health Belief Model (HBM) – Explains how individuals make health-related decisions based on perceived risks, benefits, and self-efficacy.

Social Cognitive Theory (SCT) – Highlights the role of social influence and observational learning in health behavior change.

Diffusion of Innovations Theory – Describes how new ideas, behaviors, and technologies spread within a community over time.

Theory of Planned Behavior (TPB) – Suggests that an individual's intention to engage in a behavior is influenced by attitudes, subjective norms, and perceived control.

Transtheoretical Model (TTM) of Behavior Change – Identifies different stages of health behavior change, including pre-contemplation, contemplation, preparation, action, and maintenance.

Information-Seeking Behavior Theory – Examines how individuals seek and use health-related information based on their needs and circumstances.