CHAPTER 6

DISCUSSIONS

This chapter interprets and discusses the statistical findings enlisted in the previous chapter. A synoptic view of the research findings is provided. The first part of this chapter discusses how each of the objectives is fulfilled along with the acceptance and rejection of hypothesis. The second part presents inferences based on the secondary data. The chapter is concluded with the limitations and recommendations for the study.

6.1 FINDINGS

- Out of total respondents, 53% of the respondents watch TV, 29% listen to radio and 18% read newspapers to keep themselves updated. From these data, it is obvious that Television is the most popular medium among the respondents. Hence, a development communication campaign using TV will have more reach and consequently more effective.

- Among the total respondents, 45% of the respondents watch television using community viewership facilities, and 24% watch at their homes as it ensures personal accessibility; while 31% go to neighbor’s home to watch TV. Since many people can’t afford the television sets, so they prefer to watch programs accessing community television viewing facilities. Thus community TV provides a public platform to the marginalized sections of the society to avail informational, educational and entertaining opportunities given by TV, and thereby promoting the overall development of the community.

- 45% of the respondents watch television regularly, 36% rarely, while 19% respondents don’t watch TV at all. From the data given, it is clear that the
majority of the respondents watch TV regularly, thus gain greater knowledge and understanding of the subject as people learn through both the eyes and ears. While TV provides words with pictures and sound, it has the capacity to reach the largest number of people in the shortest possible time more effectively. It is undoubtedly one of the most versatile audio visual aids provided for the development of the society.

- Among the Television viewers, 52% of the respondents watch Doordarshan, 36% watch ZEE TV whereas 12% watch STAR TV. Majority of the respondents watch Doordarshan because of its 100% reach as it is being delivered free to air both through the public broadcaster’s terrestrial network and Direct to Home (DTH) services. Also they believe that they get more required information on skills, career, health and nutrition and education from Doordarshan rather than private channels which are entertainment and profit driven.

- 81% of the respondents believe that television is a good source of information and awareness and not just for entertainment; while 19% thinks just the opposite. A huge majority of the respondents believe that TV provides lot of information that people are otherwise not aware of. Doordarshan telecasts documentaries and information based programs that can broaden the understanding of people on socio development issues.

- 41% of the respondents, healthy means to be free from illness, 34% feel that living longer life by looking after the body, whereas for 25% healthy means looking and feeling good. Thus majority feel health is wealth and thus a person will be considered healthy if he is without any ailment.

- 62% of the respondents believe that being healthy is very important, 33% feel it is moderately important whereas 5% respondents doesn’t feel the importance of being healthy. Being healthy is important because it can help a person to
integrate mind, body and heart, and have a sense of well-being and thereby a quality social and individual life.

- it is evident that television has superseded all other informational sources. More than 36%, of the respondents get health related information from TV, 31% access radio, while 24% rely on direct visit to doctors. Only 9% use internet to meet their health related information needs, since access to internet is marred by infrastructural deficits and affordability.

- 67% of the respondents feel that they know more about health than 5 years before, 25% don’t feel so, while 8% respondents feel that they have same knowledge as they have 5 years ago. People have become more health conscious, as the demand for information about health has grown exponentially in the last few years. The media is an important partner in any public health services. TV as a mass medium impart health related information to the rural population. Also, the PSB plays a vital role as the link between health workers and the larger public.

- 72% of the respondents believe that they are getting more awareness about health through television, while 28% don’t think so. TV is an effective way to persuade a specific target audiences through its auditory and visual appeals to adopt new behaviors, besides informing public about the diseases, their prevention and treatment. Hence TV with its large reach and popularity, is definitely a much powerful mass communication platform and aggressive campaigns for Health and Hygiene Programs are undertaken through TV.

- 77% of the respondents have heard about the Kalyani programs on Doordarshan, while 23% have never heard about it. This shows kalyani is a popular programme and mostly watched by the viewers on Doordarshan.
• 55% of the respondents watch Kalyani programs on moderate basis, 35% rarely whereas 10% don’t watch them at all. The very fact that more than half of the respondents watch these programs moderately indicates the acceptance of this program among the rural population.

• 56% of the respondents have joined the Kalyani clubs whereas 44% didn’t, i.e. more than half of the respondents have joined Kalyani club. It clearly indicates how the Kalyani Programs have touched millions of people. Apart from the informational enhancement from the Kalyani programs, viewers are moved to act, i.e. to engage with the community through the Kalyani Clubs – extension of the TV programs.

• 81% of the respondents believe that Kalyani health clubs are beneficial for them, whereas 19% doesn’t believe so. A huge majority of the respondents acknowledges that Kalyani clubs have been beneficial for the audience as these clubs have empowered people on individual and communitarian basis.

• 53% of the respondents admit that Kalyani health clubs help people to change their health behavior and lifestyle, and 30% acknowledges that they help in decision making and strategizing the application of health related messages. Whereas 17% feels that they help in counseling and inspire people to follow health related issues vigorously. Thus, Kalyani clubs not only enhanced people’s awareness, but also, attained behavioral and attitudinal change, the ultimate objective of empowering people through development communication.

• 49% of the respondents go to Kalyani members when they need a medical assistance, while 40% visits a doctor and 11% goes to quacks. The larger dependence on kalyani Club members indicates the trust that they could achieve, though their community participation initiatives. Kalyani Clubs, apart from mobilizing the communities, could decentralize the very concept of healthcare to a certain extent and thereby making a visible difference on the ground.
• Kalyani clubs have the potential for improving doctor patient communication which is accepted by 47% of the respondents acknowledge that, while 44% don’t believe so. Whereas 3% of the respondents perceive poor potential for the same. Thus, majority of the patients go to doctors to get the details on issues pertaining to their health which they watch on kalyani without any shyness and hesitation.

• Media contribute significantly for the development of the society in the given areas Health (24%), Environment (17%), Education (24%), Women Empowerment (15%) and Combating Social Evils (20%). Among these, media’s involvement in health and education sectors stands out.

6.2 INFEERENCE FROM SECONDARY DATA

Kalyani, doordarshan’s weekly health magazine programme is a health communication initiative of the Health and Family welfare Ministry and Doordarshan. It uses the power of television to have a greater impact. The programme uses creative means to educate and aware the masses about various health related issues. Started in 2002, kalyani is initially telecast in the most populous states with the poorest health indicators which include Bhopal, Bhubaneshwar, Dehradun, Guwahati, Jaipur, Lucknow, Haryana, Patna, Raipur, Ranchi and 12 sub regional kendras Gorakhpur, Varanasi, Bareilly, Mau, Allahabad, Indore, Gwalior, Jagdalpur, Daltonganj, Bhawanipatna, Sambalpur, Muzaffarpur.

After a good response and success of the initiative this health show is being changed into a national programme as “Swasth Bharat”, telecast across the country and targets almost the entire nation. It focuses on various health problems like TB, blindness, cancer, HIV, reproductive problems, malaria and other seasonal problems. The format of the programme is magazine based so as to make it more effective and entertaining. It tells about all these health issues through participatory methods like drama, storytelling, quizzes, and letters from the people in order to make it infotaining. Its
phone-in programme enables the viewers to ask about their queries from the medical experts.

**The concept of Kalyani Clubs** is a crucial part of this communication strategy. Kalyani clubs were formed in which local people of the village who watch the programme avidly become members who plan to implement the health messages among others through interpersonal communication. The main objective of forming kalyani clubs was to give platform to all the women who were confined to four walls to step out and participate in the process of development.

6.2(1) **Face to Face interaction with Programme Incharge Mrs. Usha Bhasin (the then Director General of Development Communication division)**

a) “Today because of the lack of awareness and the busy schedule, we all are ignoring our health which is an important aspect of our lives. Our country is gripped under so many health and social problems like heart diseases, diabetes, AIDS, tobacco consumption, depression, women related reproductive problems, social issues likes female feticide etc, which involves people from all age groups. So there is a great need of a holistic approach to deal with such issues.

It is believed that addressing audiences from such varied groups with one television programme is a challenge especially when the public service broadcaster initiative is not about creating awareness alone but aims at behavior change. Thus Public service Broadcasting is used as a platform for interaction among all sections and all age groups to get rid off all these health issues by spreading awareness and ultimately help in forming a developed society.

At present when about 300 TV channels are beaming programmes from within and outside the country and are competing for attracting more and viewers by adopting all sorts of methods, the responsibility of Doordarshan, being the sole public service broadcaster in providing healthy media support to socio-economic
development of the country has gained more importance. Thus it can be said that public service broadcasting helps in catalyzing the process of development.”

**Finding**: On the basis of the above, Hypothesis 1 i.e. “There is no significant contribution of Public service Broadcasting in catalyzing the process of development” gets rejected.

b) “Since 1959 Doordarshan being the only public service broadcaster is contributing effectively in the socio-economic development of the country. From the very beginning Doordarshan has earmarked a sizable chunk of its time for telecasting various programmes to provide media support to socio-economic development activities of the country like Agriculture programme, programmes for rural development, women, children, family welfare, adult education, youth, civic sense and public awareness, science & technology. In order to manage these development programmes more efficiently Doordarshan has created two separate wings namely Development Communication Division, and Narrowcasting. Development Communication Division concentrates on health and sanitation and other development issues; while Narrowcasting deals with agriculture and allied subjects. Development Communication Division (DCD) was established in Doordarshan in March 2001 to cater to the communication needs of various Ministries/Departments and Public Sector Undertakings of the Government. The programmes produced by DCD have contributed immensely in creating awareness amongst people on various socially relevant issues. Besides kalyani, ‘Grameen Bharat’ (on rural development), ‘Bhoomi’ (on environment), ‘Janjatiya Darpan’ (on tribal affairs), ‘Khel Khel Mein Badalo Duniya, (on petroleum conservation), ‘Jaljivan’ (on water conservation), ‘Paisa Hamara Phaisala Aapka’ (on financial matter), ‘Aatmaja’ (on female infanticide), Aparijita’ (girl child), ‘Jago Grahak Jago’ (on consumer’s affairs), programme on Integrated Insurance Regularity and Development Authority of India (IRDA) etc. are some of other programmes produced by DCD on development issues. Thus, DCD allots a sizable chunk of its telecast time for development programmes
and makes all efforts to make the programme need based, effective and useful for the audience”.

**FINDING:** On the basis of the above, Hypothesis 2 ie. “There is no significant role of Development Communication Division (DCD) in Development communication” gets rejected.

6.2(2) *From the kalyani Newsletter, volume IV on ‘Leave Tobacco and Stay healthy’ (tambacco chodo... swasth raho) and volume VII A special issue on ‘The Girl Child’, the following statements of the viewers have been taken as the secondary data to test the hypothesis of the research.*

a) “Today reading habit is on the decline. The wide reach of Doordarshan and its high viewership has made information dissemination on health issues very effective. Kalyani’s programmes exclusively focused on tobacco control and TB programmes have been very helpful.” - Shobha Shukla, senior teacher, Loreto Convent, Lucknow

b) “Doordarshan's Kalyani health magazine has been an excellent weekly programme not only for raising awareness about different health issues but also for providing an interface with key experts on different health challenges in Uttar Pradesh. I have been a resource person for tobacco control for Kalyani. I found the programme was very well received. Regular feedback from the viewers made the entire campaign very meaningful.” ~ Boby Ramakant, activist with special interest in tobacco control.

c) S.K. Pradhan from Kolasira in Jharusuguda district of Orissa says that he stopped eating junk food after watching ‘Hello Kalyani’, a programme where medical experts respond to questions raised by viewers over the phone.

**FINDING:** on the basis of the above, Hypothesis 3 ie. ‘There is no significant role of kalyani programme in health communication’ gets rejected.
d) According to Amita Singh, a nutritionist from Bhopal has appreciated the role of Kalyani in changing the social attitudes. She tells about a case where a family decides to postpone the marriage of their 16-year-old daughter by two years after watching a programme on Kalyani. The family asserted their stand by telling the prospective groom’s family that they would not marry their daughter before 18 years of age which is the legal age of marriage for girls in India.

e) Renuka Kumari an Anganwadi worker from Nalanda district of Bihar complimented Kalyani producers for taking up the issue of maternal and child health. She specifically liked some interviews with experts on care of the newborn and nutritional needs of pregnant women and adolescent girls. Renuka has acknowledged that tips given by experts on Kalyani have helped her in having a better understanding of the needs of pregnant women and adolescent girls in the course of her field duties.

f) Mrs. Jonali Kalita, Guwahati, Assam “I am a mother of a 6 month old baby and have benefitted from the tips that Kalyani has given on food habits of children. My family has learnt that the impact of Kalyani is not limited just to our home for many members of the Muslim community in our area, who earlier didn’t believe in family planning, because of religious sanctions, have begun adopting family planning methods, after watching Kalyani. This is a big impact and the Kalyani team deserves our congratulations”

**FINDING:** On the basis of the above, Hypothesis #4 ie. “There is no significant change in behavior and social actions of the viewers” gets rejected.

g) Badri Vishal Vyas, president of Kalyani Club, Jaisalmer, Rajasthan, says that he was inspired to associate with Kalyani club activities after watching the Kalyani health series. He says that he has succeeded in mobilizing public opinion on deficiencies in public health system in the city.
h) Manoj Kumar, a beetle shop owner in Raipur says that he is so inspired by Kalyani’s messages on the health hazards of tobacco that he is considering taking up another business as a means of livelihood. Kumar says he became a member of Kalynai club and makes ensures that his neighbors also watch all the health programmes and spreads the message.

i) Ashok sahoo, a viewer from Orissa ensures that persons who don’t have a television set at home are not deprived of watching kalyani. As a Kalyani member, he invites them to his house to watch the health programme.

FINDING: On the basis of the above, Hypothesis #5 ie. “There is no significant relationship of kalyani to involve the participation of the people from the field” gets rejected.

j) Mrs. Kalpana Devi, Guwahati, Assam “Kalyani has informed us about food and nutrition necessity during pregnancy. Since our area is a little backward, earlier there used to be deliveries at home supervised by ‘dais’. After watching Kalyani, pregnant women and their guardians have understood the importance of institutional deliveries and visit the hospital for regular checkups and also follow the advice of the doctor”.

k) Rinjumoni Pathak, West Bengal, “Earlier here women would do hard labour even during pregnancy, like rice pedaling winnowing etc. Now after watching kalyani, many of the elders forbid this kind of hard work since it affects the health of their daughters in law”.

l) Bishwanath Kalindi, an employee of school from Haryana who is grateful to kalyani for carrying persuasive content on the harmful effects of tobacco and smoking on health. Kalindi says he was a chain smoker but has given up tobacco altogether after watching Kalyani. He gave up smoking two years back and has never reverted to it.
**FINDING:** On the basis of the above, Hypothesis #6 i.e. “There is no significant impact of kalyani programme on viewers in context of their health and improved living style” gets rejected.

**6.3 LIMITATIONS OF THE STUDY**

I. Because of the paucity of time, resources and energy, the study is limited to television only.

II. The field observation conducted to gather the data is restricted only to one village.

III. Since the programme was initially targeted to rural audiences only, therefore the study is not able to give a holistic view.

IV. The ministry has various initiatives in health communication. To gauge the overall communication information, it is essential to research other major campaigns as well. This study is limited to just kalyani which is one of the campaigns broadcast via PSB.

V. Development communication is not just about health but it includes other indicators also such as poverty alleviation, education, women empowerment etc. health. This study is focusing only on health which is one of the indicators of the development.

VI. Since the rural people feel shy to communicate. Therefore non cooperation attitude of many respondents created hindrance in the study.
6.4 RECOMMENDATIONS & SUGGESTIONS

1. It is confined to Haryana village only. It is suggested that NCR and other regions can also be considered.

2. The study could be taken up with larger sample from a large geographical area.

3. Public Service Broadcaster includes radio as well. It is suggested that study can be done on the use of radio in health communication.

4. It is suggested to study the other health campaigns as well like swasth bharat.

5. Other than Health, it is recommended to study the role of media in other factors of development.

6. Health is such an important issue which should not just be confined to rural people.
   Therefore, it is suggested to do study on people other than rural area.