ANNEXURE A

(QUESTIONNAIRE)
(QUESTIONNAIRE)

NAME: ____________________________

AGE: ____________________________

GENDER: __________________________

OCCUPATION: _______________________

Q1. Which media do you often use to keep yourself updated?
- Newspaper
- Television
- Radio

Q2. How do you watch television?
- At Home
- Neighborhood
- Community TV

Q3. How often do you watch television in a week?
- Regularly
- Rarely
- Not at all

Q4. Which television channel do you watch?
- DOORDARSHAN
- STAR
- ZEE
Q5. Do you think that television is a good source for awareness also and not just for entertainment?

- YES
- NO

Q6. What does the word “healthy” mean for you?

- Looking & feeling good
- Making sure you live a longer life by looking after your body
- To be free from illness

Q7. How important is being healthy to you?

- VERY IMPORTANT
- MODERATELY IMPORTANT
- NOT AT ALL

Q8. If you want general health information where you most likely to get it?

- DOCTOR
- TELEVISION
- INTERNET
- RADIO

Q9. Do you feel you know more about ‘health’ than you did 5 years ago?

- YES
- NO
- THE SAME

Q10. Do you think you are getting more awareness about health through television?

- YES
- NO
Q11. Have you heard about kalyani programme on doordarshan?

- YES
- NO

Q12. How frequently do you watch this programme?

- MODERATELY
- RARELY
- NOT AT ALL

Q13. Have you ever joined the kalyani club?

- YES
- NO

Q14. Do you think kalyani health club is beneficial for you?

- YES
- NO

Q15. Why it is beneficial for you?

- helps in decision making and to strategies on how to implement health messages
- helps in counseling and inspire us to watch health related issues
- helps in changing the behavior and lifestyle

Q16. Where do you usually go when you need health care?

- DOCTOR
- KALYANI MEMBERS
- QUACKS
Q17. To what extent you believe that ‘kalyani’ has potential for improving doctor patient communication?

- GOOD
- SATISFACTORY
- POOR

Q18. How do you rate the impact of media in achieving visible results in the following aspects of development in the society?

- HEALTH
- ENVIRONMENT
- EDUCATION
- WOMEN EMPOWERMENT
- COMBATING SOCIAL EVILS
ANNEXURE B

(FIELD PHOTOGRAPHS)
Village without LPG Gas
Same village has satellite television
People have access to TV
ANNEXURE C
(SECONDARY DATA)
Since May 30, 2002, the Kalyani series has focused on malaria, tuberculosis, iodine deficiency, blindness, leprosy, cancer, HIV/AIDS, reproductive and child health issues, tobacco related and water borne diseases and food safety.

Kalyani targets almost half the population of India, in the nine most populous States with the poorest health indicators.

Kalyani is telecast by the nine capital Doordarshan Kendras - Bhopal, Bhubaneshwar, Dehradun, Guwahati, Jaipur, Lucknow, Patna, Raipur, Ranchi and 12 sub regional kendras Gorakhpur, Varanasi, Bareilly, Mau, Allahabad, Indore, Gwalior, Jagdalpur, Daltonganj, Bhawanipatna, Sambalpur, Muzaffarpur.

Kalyani : Thursday and Monday 6:30 p.m. to 7:00 p.m.
Friday and Tuesday (Repeat Telecast)

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Cover Page : wall writing by Kalyani viewers from village Sarsa, Ranchi, Jharkhand
*(translation of writing on the wall : Quit tobacco, remain healthy)
**Viewers Write…**

B.B. Khandayi from Jajpur district of Orissa says that people in the district have vowed to make sure that nobody smokes or drinks in their area. Smoking or drinking in the district attracts a fine of Rs 500.

Ashok Sahoo, a viewer from Jagatsinghpur district of Orissa ensures that persons who do not have a television set at home are not deprived of watching Kalyani. He invites them to his house to watch the health programme.

Dr Hemant from Doroanda in Ranchi, Jharkhand, advises his patients to watch Kalyani regularly to be better informed about health issues. He is of the view that DD deserves to be complimented for producing a programme in public interest.

“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.” – Bobby Ramakant, noted Lucknow based activist with special interest in tobacco control.

“Today reading habit is on the decline. The wide reach of Doordarshan & 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.

S.K. Pradhan from Kolasira in Jharsuguda 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.

The Bhopal Doordarshan Kendra received interesting feedback from Amita Singh, a nutritionist who has appreciated the role of Kalyani in changing social attitudes. Amita Singh has recounted a case where a family decided 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. They said that they would support their daughter’s choice to pursue her studies instead.

Shevendra Mishra, District Tuberculosis Officer from Devas in Madhya Pradesh said that Kalyani has served to educate the masses about the importance of early diagnosis of Tuberculosis. According to Mishra, the DOTS (Directly Observed Treatment Strategy) programme for Tuberculosis has become more effective as a result of information disseminated by Kalyani. Mishra says that persons nursing a cough for more than three weeks are now coming for sputum examination to ascertain if they have TB.

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 that he never misses ‘Kalyani’ and makes sure that his neighbors also watch all the health programmes telecast by Kalyani.

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 of Jaisalmer.

Renuka Kumari an Anganwadi worker from Bhatu Bigha village in 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.

Doordarshan Kendra Guwahati received a letter from Bishwanath Kalindi, an employee of Amlokhi, M.E. School, who is grateful to Kalyani for carrying persuasive content on the harmful effects of tobacco and smoking on health. Kalindi says that 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.
More than 8 lakh Indians die and 1 crore 20 lakh become ill every year as a result of tobacco consumption. The Portuguese introduced tobacco in India 400 years ago and 200 years later the British laid the foundation of tobacco production by introducing commercial production of cigarettes in the country. Today, we have more than 17 per cent of the world’s smoking population.

The majority of users start taking tobacco at the age of 18 while some even start as young as 10. More men, approximately 200 million, consume tobacco, but women are not just passive smokers - 50 million of them consume tobacco. Thus, tobacco users come from all age groups, both genders and from all socio-economic-educational backgrounds. Addressing audiences from such varied groups with one television programme is a challenge especially when the media initiative is not about creating awareness alone but aims at behaviour change. In this case, the goal is de-addiction in large numbers and deterring new entrants from joining the club.

Across the world, peer pressure is the single common reason for getting started on tobacco use. It is estimated that 5,500 adolescents start using tobacco every day in India.

Interviews with hundreds of adolescents had provided valuable insight into the angst and pressures of adolescence. Vikas, a class 11 student in Delhi had shared “we have so much enthusiasm at this age that we can do anything. But in the absence of proper guidance, our attention is drawn to teasing someone, playing small pranks or doing anything ‘your’ society does not consider ‘good’. What can we do? Look around. What we see others doing we also do that. Maybe we go a bit further”. And they see tobacco being consumed as a way of life, being glorified by their role models.

Therefore, a holistic approach is required to address the issue. In the absence of such an approach, media can provide motivation for young people to stay away from tobacco. Engineering of social environment is critical to such motivation and that is what Kalyani is attempting through a number of strategies employed on screen and through inter-personal communication.

The Television programme is used as a platform for interaction among all sections and all age groups. The format of ‘Kalyani’ has been designed to promote participation of all to create an environment that inculcates a sense of hesitation and shame towards tobacco use. These initiatives have created activists from among children and adolescents. Dipali Sahu in Bhubaneswar convinced her grand father Narayan Sahu to quit tobacco at the age of 73. Mr. Chandan Sharma, a journalist in The Assam Tribune writes to share, “just imagine the influence of Kalyani, my daughter age three, told one of my guests not to smoke because it is so advised in Kalyani”. Young villagers in Jaipur district of Orissa have introduced penalty to ensure that nobody smokes or drinks in their village. Public declaration by individuals quitting tobacco inspires others as demonstrated by a homeopath in Belapur, Orissa. Such individuals/groups are monitored by Kalyani and their stories are telecast as role models to motivate others, and it works. We receive communications from happy wives who are gifted sarees from the savings made by their husbands after they quit tobacco. Such savings come from the dipping sales of tobacco sellers like Dilip Kumar Tiwari, Mang Ram, Parsu Ram from Raipur, Dosh Kumar Tiwari from Patna and others who have decided to shift to the sale of other non-tobacco products.

Various Kalyani clubs have reported success in motivating users to quit tobacco in their respective villages. They have succeeded with 20 in Katapara, 47 in Kuijhari, district Khurda, 100 in Kiarda, district Balasore and 200 in Kusum ghati, district Mayurbhanj, and smaller numbers in many other villages. This village level movement can impact the quit rate of India, recorded 10%, if various stakeholders were to hold hands to inspire, guide and acknowledge the voluntary activists working at the grassroots.

Why are these villagers becoming activists? Namita Mohapatra a Kalyani club member from Chandikhol, district Cuttack, Orissa says, “every one watches Kalyani eagerly that inspires club members. We feel like soldiers to fight diseases.”

Moving on from behaviour change to creation of demand for better health services, Kalyani, after villages Mahajan in Rajasthan and Painchi in Madhya Pradesh, inspires residents of village Khankira in Orissa to get their PHC reopened and provide them the services it is meant to.

And, the tribals in Bastar in Chhattisgarh have acquired sufficient knowledge to achieve zero maternal mortality in three of their villages.

(Usha Bhasin)
A TV programme... a health movement

A Special on "The girl child"

Kalyani enters homes as the daughter
Kalyani targets half the population of India, especially those living in its most populous states, and that too the rural hinterlands of these states. As a health and social issues programme, it uses the power of television to impact those areas that have the poorest health indicators. It uses a participatory method through its “phone ins”, letters from the people and quizzes, and avoids the pitfalls of a one-off programme through repeats and revisits, to the same theme.

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Cover Page Photo: Some parents who named their daughter Kalyani, Pravita and Jayant Das from Raipur, Meena from Dehradun, Md Shoaib and his wife Praveen from Jharkhand, Azimullah and his wife Soni from Jharkhand and Agmu Mahato and his wife Saraswati from Jharkhand.
Mail Bag

Given the fact that women hold up half the sky, through the year we give coverage to issues faced by women. Consequently many letters that come to our mailbox also concern the girl child. Selected below are some letters from viewers of Kalyani about how Kalyani has made a positive difference in the life of the girl child, woman and mother.

Shobha Arvind, Village Tendupara, Sarguja, Chhattisgarh “We are regular viewers of Kalyani. In our family girls are not treated like a weight round our necks but like the goddess of good fortune. We are very happy parents of a daughter and we had always hoped that we would have a girl as our first-born. When it will come to education, for it is too early for that as yet, we will make sure that our daughter gets the best education that any boy would have got, for we want her to grow up to be an independent girl capable of standing on her own feet. We are very glad that the stock characters of Kalyani are so encouraging of the girl child.”

Bhola Khushwaha, Gwalior, Madhya Pradesh “In one of the Kalyani programmes, it was shown that the sex ratio is unfavorable to girls. This is mostly because of the terrible practice of female foeticide. This practice must be stopped immediately, and the balance between males and females restored.”

Mrs. Jonali Kalita, Guwahati, Assam “I am a mother of a six-month-old baby and have benefited 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 did not 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.”

Kavita Nagariya, Gwalior, Madhya Pradesh “In the telecast on programmes about maternal mortality and women’s health one point that comes to the forefront is that the young age of marriage and of motherhood is often responsible for this sorry state of affairs. This should be stopped immediately.”

Rinjumoni Pathak, Guwahati, Assam “Earlier in Assam 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.”

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 check ups and also follow the advice of the doctor.”

Renuka Kumari, Anganwadi worker, Bhatu Bigha village, Nalanda district, Bihar “I compliment Kalyani producers for taking up the issue of maternal and child health. The programmes on Kalyani that telecast interviews with experts on care of the newborn and nutritional needs of pregnant women and adolescent girls are very useful. The tips given by experts on the Kalyani programme help me in having a better understanding of the needs of pregnant women and adolescent girls in the course of my field duties.”

Babulal, Benaar Road, Jaipur “The programmes telecast from the Jaipur Doordarshan Kendra in the Kalyani series, covering a range of subjects like child health, immunization, HIV AIDS, gender equality and gap between pregnancies to secure maternal health have all created so much awareness that in every corner of rural and urban Rajasthan, people are as knowledgeable as doctors. Even illiterate women from rural villages are helped in caring for their children by the tips provided by Kalyani. The public rallies and the efforts of the Kalyani clubs have linked common people to the Kalyani movement.”

Dr. Geeta Gupta, Bhopal, Madhya Pradesh “Daughters can be as much a support to aged parents, as sons. If the daughter is unmarried, by her instinctively caring nature she will look after the elders in the family. Even after marriage they are beholden to look after their parents, if necessary. And if she is working and earning, no one can stop her from financially supporting her parents. But it is equally important for parents to abandon rigid customs change with the times, and treat a daughter just as well as they treat sons.”

“Whether daughter or son, For parents they are one.”
T his edition of the Kalyani Newsletter is a special on the girl child. It focuses on the precarious existence of the girl child in the family. Fifty years of independence have not been enough to guarantee the natural claim of childhood for most Indian girls.

It is universal truth that women are part of the cycle of creation. This is a role that she cannot escape bound as she is to the rhythms of creation. Every month, irrespective of everything, her menstrual cycle links her to life affirming and life generating energies of the universe. It is through her that even man is created.

Samsara and Samaj: the Circle and the Square

Part of a large design, she is one with “samsara” the cosmic whole symbolically represented as a circle. But in a patriarchal society, she was confined by mores and traditions that restrict her within a square of the “samaj”, the society.

Kalyani’s strategy

In a traditional society like India, so fixated are people on certain ideas that they cannot imagine any different. As it was cultural deep seated cultural reservations and practices that Kalyani was targeting, cultural specificity has to be ensured. The stories of women achievers were telecast in Kalyani in the hope that the stories of women’s empowerment and success, could impact Kalyani’s large audience to value their daughters.

Additionally, the insistence on the entertainment and musical component has reaped Kalyani rich dividends. Our song about the girl child, “Bitiya ne janam liya”, became part of the annual day function of a school in Jaipur. When Kalyani messages are on every lip and people’s identification with Kalyani is so complete that they not only name daughters after Kalyani, but also celebrate their birth with song and dance, then Kalyani has reached where very few development communication messages have.

This vitamin “L”, a vitamin called “love” can make all the difference in the girl child’s life. A spate of letters from people telling us about how they love their daughters has come as evidence that we have succeeded in what we set out to do.

Padmashri recipient for her path breaking studies in science and a Sangeet Natak Akademi award for her prowess as a dancer, distinguish Bhubaneshwar based Dr. Primambada Mohanty Hejmadi, from many in her generation. A valued daughter who was encouraged in every field, she in turn lavishes affection and attention on her own daughter Ahalya. Ahalya wears three roles, an academic with a doctorate in Psychology, a dancer of Odissi and a mother of two girls Shrishi and Reeti.

“Only girls are born with full set of genes, making them scientifically more complete than boys. They are so sincere, hard working and loving. I cannot imagine anyone being unable to love them” says, Dr. Hejmadi. Ahalya’s two daughters are the centre of their parents’ world and are given every opportunity to grow and realize their potential.

Daughters who care

From Village Raipal in Kamrup district of Assam, Hemprabha Kalita admits that while she is a mother to a son and a daughter, her son does not seem to have much time for her and she is being brought up real well by her daughter, whom she loves, because “she feeds me with delicacies, including pigeon meat”. Its little touches of care like this that make girls so much more sensitive and loved.

From another village, Chandshali, in the same district of Kamrup in Assam, Damyanti Das advocated strongly for equal treatment to children irrespective of their being a girl or a boy.

A father’s voice

Dr. Rajesh Hishikar from Raipur is an advocate for same treatment to his son and his daughter. “No double standards in bringing up my children” says he. “I will not slip up on that, as I love her very much and know that as a good father this is my duty” he says.

His sentiments are echoed by Dr. Rajesh Dube, a senior journalist from Raipur who spoke forcefully as a father of a girl child on the Kalyani programme. “In this day and age girls are no different from boys. Perhaps they would have always been so had they been given the kind of love and attention the male child gets. I love my daughter and will give her every thing, just as any boy.”

Kalyani feels good that it has helped change attitudes and been part of the effort to get the girlchild her just position in the glow of her parents’ love.

Kalyani sees itself as a beacon of hope for a girl child friendly India for the future.

(Usha Bhasin)
School students of distt. Bundi, Rajasthan raise their voice against female foeticide and in favor of female education.

Girls from Pilibanga, Rajasthan at a rally organized by the local Kalyani Club reminding us of that part of our heritage, which has celebrated the girl child.
International Women's Day

Children promoting the girl child and small family at Bhubneshwar, Orissa

Students of Bhopal, Madhya Pradesh participating in a painting competition
Kalyani anchor with an old woman at Bhubaneshwar

"Carrying forward the voice of every woman"
Women of Kalyani Club in the forefront of flood relief in Bellarpur, Orissa