Chapter - 8
MAJOR FINDINGS

The study highlights the role of All India Radio as a medium of health communication with special reference to Reproductive and Child Health (RCH). The major findings of this study as per the objectives defined for the study are presented in this chapter. Before proceeding towards a detailed presentation of the results of the study, results in respect of certain basic issues are briefly discussed here below.

**Campaigns:** All the five campaigns selected for the study had focused on Reproductive and Child Health. Content generation practices, process of dissemination and evaluation methods adopted in all the five campaigns are by and large similar. The campaigns were provided adequate budgets under special projects. The campaigns used innovative formats, giving more importance to drama, songs, anchoring and music. In addition to the concerned government departments, others such as agencies connected with the projects, public health experts, resource persons from the projects, creative artists, musicians, lyricists and writers had contributed to the content development. The broadcasts made under these campaigns included specific provision for feedback collection from the audience.

**Language:** All the five campaigns broadcast were mainly in Telugu language. Two campaigns included some content in Urdu language also (campaigns 4 and 5). For the first time in the health communications efforts in the department, full length sponsored programmes in Urdu language were produced and broadcast on par with the Telugu broadcasts.

**Total response:** The response was a feedback to radio campaigns specially designed and broadcast with a focus on RCH for specific durations spread across a period of 7 to 8 years. Each campaign received a huge response (C1 – 9404, C2 – 4256, C3 – 1851, C4 – 9656 and C5 – 1049 responses). Except C4, all other campaigns evaluated all
the responses received from the listeners. In view of the huge number of responses, C4 had to limit to 2795 responses for the present analysis.

The number of responses may not necessarily be an indicator of the size of listenership of a particular programme, and the actual listening could be much higher than the actual response received, though it is difficult to say how higher, in respect of any given programme

**State wise response:** The programs had reached audience beyond the state of Andhra Pradesh, and listeners in states bordering Andhra Pradesh have also derived benefit from the programs. Though the number of responses received from other states was small, the feedback can be considered as valuable since it reveals the potential of transmitters to reach larger areas covering huge population residing in remote corners of the state and surrounding border areas. The states which received these programmes are Karnataka, Tamilnadu, Odisha, Maharashtra Chhattisgarh and Assam. Of all these states listeners from Karnataka have responded relatively more in number for all the four campaigns.

**Gender wise response:** Of all the responding listeners of the various campaigns, men outnumbered women. The difference was very sharp in case of C3 and C5. The percentage of female response was also reasonably good, though variations could be seen among different campaigns. RCH programmes included sensitization of men on women’s health issues and high response from male listeners was an encouraging sign in this direction.

**Age Wise response:** By and large, listeners in reproductive age have responded more than older persons. Listeners in the age group of 15 to 35 followed by 35 - 50 responded in significant number. The response shows the success of the campaigns in reaching the targeted group for whom the programs were exclusively designed.
Major findings
1. Content

Objective 1

- To examine the content of RCH broadcasts
- To examine the content generation practices in RCH broadcasts
- To compare and contrast the response to content of the five campaigns

Response to contents

Frequency level comparisons were possible only among three campaigns (C1, C2 and C3). C4 had completely focused on Child Immunization, and C5 on Adolescent Reproductive Health. Campaign wise response to contents is given below:

Campaign 1: ORT (32.5%), Age at Marriage (32.8%), and Adolescent girls’ health (21.2%)
Campaign 2: Spacing (16.99%), Condom (16.59%), and Child Nutrition and Breast feeding (13.23%)
Campaign 3: Girl Child and gender sensitization (24.04%), Age at marriage (16.37%), Ante-natal care (10.31%)
Campaign 4: Importance of Immunization (33.91%), remaining issues scored almost equal ranging between 8 to 10 percent,
Campaign 5: RTI & STI (16.68%), Adolescent girls’ health issues (13.02%), and HIV/AIDS (9.68%)

Multivariate Cluster Analysis

Clusters - Topic wise

The various contents (topics) focused upon in the campaigns are grouped into four clusters. ORT and adolescent girls’ health issues are grouped in one cluster. Age at marriage which received high response at frequency level is allotted a separate cluster.
Ante-natal care, reproductive tract infections and sexually transmitted infections, girl child and gender sensitization and reproductive and child health concept are combined in one group. Nutritional anemia (women), child nutrition and breast feeding, acute respiratory infections, spacing devices (more emphasis on condom), IUD and oral pills, low birth weight and detection and care of high risk child, small family norm, vasectomy (with more emphasis) and tubectomy, immunization against killer diseases, post natal care, condom and public health were grouped under one cluster.

ANOVA (Analysis of variance) shows the campaigns between clusters to be statistically significant.

**Influence of Gender on response to contents**

C1 examined the influence of gender on the topics listened to. Though males outnumbered females in responding to the campaigns, topic-wise distribution, both in first and repeat broadcasts, revealed significantly different trends.

**First Broadcast:** Females’ response (40.21%) for Adolescent girls’ health issues was higher than that of males (35.08%). Similar observation was seen in case of female listeners’ response to the topic ‘Age at marriage’ also.

**Repeat Broadcast:** Both in respect of the topics ‘Age at marriage’ and ‘Oral Rehydration Therapy’, female-listeners had responded more than male listeners. In respect of the topic ‘Acute Respiratory Infections among children’, such difference was not noticed.

**Appreciation of content**

In addition to responding to the competitions (which were conducted as a part of assessing the listeners’ interest in the program as well as improving the listenership to the programmes), many listeners have expressed their views about the programs. The
responses include appreciation of the efforts to educate people on health issues. They also mentioned specific messages, personal experiences, case studies, suggestions for improvement etc. in the feedback.

**Age Vs. Gender**

On the whole more number of male listeners have appreciated the effort to educate people on reproductive and child health issues. However, when the response is further analyzed to see the distribution across different age groups, it is seen that slightly higher number of females had appreciated the programmes in all the age groups consistently, up to the 60 years of age category.

**Understanding contents**

The ‘competitions’ were used as a strategy to collect the feedback. A Majority (around 92%) of listeners gave correct responses. The Songs campaign which used lyrics to communicate health messages revealed some deviation in this regard. Only 33.45% could give correct answer followed by 26% partially correct and around 23% incorrect.

**Recall of contents on Immunization**

A majority of listeners recalled one point (71.68%) of the main thrust of the programmes, and 15.49% referred to two points. A significant 7.63% wrote three points and 5.20% mentioned four points. Many listeners wrote additional information about immunization. This included details of vaccines, names of the killer diseases, schedule of doses as per age, doubts and clarifications about giving vaccines, positive and negative stories, problems in availing services, complaints about services, personal experiences and case stories and how the programs helped in availing services, etc.

Though the responses could have been motivated by prize money, it could reasonably be concluded that many listeners would have taken this as an opportunity to
express their views about Immunization. If they were interested only in prize money, they would not have mentioned other points and only concentrated on competition.

2. **Dissemination**

   **Objective 2**

   - To critically analyze the coverage potential of health broadcasts
   - To understand the listening patterns and preferences for RCH broadcasts

**Station/Channel-wise response**

It is seen that Primary channels that broadcast development programmes received higher response from listeners, when compared to entertainment channels. Many consider entertainment channels to be more popular among listeners. However, it is a fact that the entertainment channels are limited to major urban centers, and do not enjoy similar large area of broadcast coverage which the general channels command. The results clearly indicate that popularity without sufficient extent of broadcast coverage may not be of much help. It is further seen that even in areas where both entertainment and primary channels are in position and are broadcasting, the primary channels have registered higher score. Campaign wise response is given below.

**C2 :** The order in which higher listener response was received is, Hyderabad (23.43%) followed by Vijayawada (18.73%), Kadapa (12.1%), Warangal (10.88%) and Visakhapatnam (9.63%).

**C3 :** AIR Hyderabad received a high response (23.77), followed by Vijayawada (11.94%).

**C4 :** Hyderabad (33.81%) and Vijayawada (26.87%) received higher responses.

**C5 :** Listeners’ response in AIR Hyderabad was 25.55%, followed by Vijayawada- Vividh bharati (17.64%). Vijayawada main station stood at 3rd position with 10.49% response.
Cluster Analysis
Clusters - Station/channel wise

As per the Dendrogram, data is distributed in two clusters: stations which scored high in listeners’ response, such as Hyderabad and Vijayawada are shown in one cluster and the remaining stations in another cluster. Visakhapatnam and Kadapa, which showed significant level of listeners’ response at frequency level in most of the campaigns, were also put in second cluster along with AIR stations which received low response.

ANOVA (Analysis of Variance) shows the campaigns between clusters to be statistically significant.

Time of broadcast

Morning slots were referred to as the program they are responding to, by a majority of listeners in all the campaigns. However response for the programmes broadcast in the slots of afternoon 1.30 pm and night 8.00 pm was also not less. This response disproves the opinion among the general public that radio listening is reduced due to viewing television in the evenings. it is observed radio listening is still active both in the morning and night. Campaign wise response is given below.

C3: Morning – 14.64%, Afternoon – 10.21% and Night – 7.19%
C4: Morning – 34.38%, Afternoon – 8.73% and Night – 20.68%
C5: Morning – 55.2%, Night – 40.61%

First Broadcast (FB) and Repeat Broadcast (RB)

First broadcast is listened to by more number of people. However, many listened to repeat broadcasts. Campaign wise response:
Campaign 2  FB – 57.26%, RB – 31.25%.
Campaign 5  FB – 44.25%, RB – 40.61%.
Campaign 4  FB – 34.38%, RB – 20.68%, (Afternoon) RB – 8.73% (Night).

**Age Vs. First Broadcast (FB) and Repeat Broadcasts (RB)**

C2 examined whether age difference had any influence on the listening habits of the people who responded. More listening to FBs is noticed except in case of 16-25 age category where RBs scored slightly more higher FBs.

3. **Reception**
   **Objective 3**

- To examine audience profile and feedback from the five campaigns.
- To assess the influence of certain variables on the feedback.

**Region wise responses**

Andhra region showed an edge over others in C1 and C5. Both Andhra and Telangana scored similar number in C2 and C4. Telangana received a larger response in the Songs campaign (C3) as compared to Andhra. Rayalaseema stood lower among all the three regions though the response was significant.

**District wise responses**

All districts have registered significant level of response. East and West Godavari, Guntur, Kadapa, Hyderabad, Nalgonda and Warangal have showed relatively a better response. Districts of Adilabad, Nellore, Rangareddy, Srikakulam, Vizianagaram, responded a bit less to C3. Variation in response among different campaigns was also observed.
Campaign 1: East Godavari (19.93%) followed by Visakhapatnam (11.44%) and West Godavari (7.55%)

Campaign 2: Warangal (10.13%) followed by East Godavari (9.37%).

Campaign 3: Krishna (7.25%) Mahaboobnagar (6.87%), Nalgonda (6.98%), Warangal (6.76%).

Campaign 4: Chittoor (7.51%), Kadapa (7.50%), East Godavari (7.96%), Krishna (7.66%), Warangal (6.91%).

Campaign 5: Guntur (17.77%), Hyderabad (13.45%), Khammam (96.53%).

Cluster Analysis

Clusters- District-wise

The data is grouped into four clusters. Cluster-formation has not revealed any contradictions when compared to frequency distribution. As in case of station-wise distribution, certain districts which appeared to have fared relatively better in preliminary analysis were also grouped along with districts with low response. East Godavari which recorded consistently steady score in all the campaigns is formed as a separate cluster. Similarly, confirming the results at frequency level, Guntur and Hyderabad are put in one cluster. Kadapa, Chittoor, West Godavari and Warangal, though showed some response in all the campaigns, are grouped as one cluster along with few more stations with low response. Remaining districts with low scores are formed as one cluster.

ANOVA (Analysis of Variance) shows the campaigns between clusters to be statistically significant.

Rural Vs. Urban

Rural followed by semi-urban and urban was the order of response from high to low score (C1). The results are drawn from a large data of 9404 responses received from different corners of the state including remote areas. The results prove that radio continues to be a suitable medium for development communication.
**Education-wise response**

C5 intended to reach adolescent youth directly, and in particular to school goers and provide them information on adolescent reproductive health. To see the utility of the campaign, information on the educational background of the listeners was also collected.

From an analysis of the data, it is seen that 19.83% of the respondents are degree holders. This is very closely followed by the proportion of respondents (17.64%) with intermediate qualification. Respondents studied up to high school level are 15.44% and 3.05% have education up to middle school level. Further, 2.10% of the respondents are either post-graduates or holding higher professional degrees such as B.Tech /MBA.

**Influence of Certain Variables**

**Region Vs. Gender**

When the data is examined from a gender point of view, it is seen that more number of women from Rayalaseema had responded to the campaign than from other regions (C1). However, the percentage of female respondents from Andhra was equal to that of men of the same region.

**Age Vs. Gender**

Age-wise break up revealed slight variation in the percentages of male and female response to the campaign (C1). The percentage of women responding to the broadcasts were more in below 15 years age group than male respondents in the same group. (female – 17.19% and male – 13.41%). Among the age group i.e. 15-30 years, the ratio was found to be equal. In case of above 30 years age group number of male listeners was slightly higher than that of females.
Overall response revealed more number of men than that of women interacting during the campaign by providing feedback. Listeners from reproductive age group also responded in more number than other age groups. However, distribution of respondents gender-wise and age-wise revealed significant variations in the second campaign. Response from women was slightly higher and consistent in almost all the age categories than from men.

**Urdu broadcast**

Two of the campaigns included equal amount of programming for Urdu listeners also as for the listeners of Telugu language. The effort can be claimed as the first initiative of its kind, and the response was quite satisfactory.

**Campaign 4 Child Immunization – “Chote Khatre” and “Chote Teeke”**

Around 200 letters were received from listeners. Out of this 110 letters were analyzed. The feedback included appreciation for the effort to educate listeners on the issues relating to Child Immunization in Urdu language.

Females (69) outnumbered males (41) in listening.

Majority of the responses were from Hyderabad (102), followed by Secunderabad and Rangareddy (3 each); and one each from Medak and Maharashtra state.

Not much difference was seen when the responses were analyzed age-wise, except that respondents above the age of 46 years are seen to have responded in low number than younger persons.

The broadcast included topics on the importance of Child Immunization, TB, Polio, Diphtheria, Tetanus, Pertussis, Measles and Hepatitis B.
Campaign 5 – Adolescent Reproductive Health- *Jawani - Diwani*

To educate the minority population on adolescent reproductive health, campaign-episodes exclusively in Urdu were planned, designed and implemented on par with Telugu programmes.

Feedback received for Urdu programmes is by and large in tune with the response received for Telugu broadcasts.

In contrast to the response to campaigns in Telugu language, more number of females responded to the broadcasts in Urdu programmes.

Age-wise response was in agreement with that seen in the Telugu campaign i.e. reproductive age group responded in the largest number (26-35 age group – 18.18% followed by 16-25 age group – 13.64%).

Education background of listeners shows more number of degree holders followed by people with 10+2 qualification.

In addition to Hyderabad, the campaign has reached Kurnool, Nizamabad, Rangareddy and Karimnagar districts also. However, an overwhelming proportion of the response, i.e., 88%, was from twin cities of Hyderabad and Secunderabad alone.

Topic-wise, STDs and Adolescent Health issues received a higher score in terms of listeners’ responses. This was followed by ‘Youth as Change Agents’ and ‘Parents’ views on AEP (Adolescent Education Programme). Students’ opinion on AEP and Teachers’ perspective on AEP have also received a good response.

Majority of the respondents had written correct answers to the questions asked in the competition.
48% of the listeners had appreciated the programme and the criticism was nil.

For both Telugu and Urdu campaigns many people had written letters more than once and expressed sustained interest throughout the campaign.

4. **Best practices and Emerging approaches**

**Objective 4**

- To identify best practices and approaches emerging from the 5 campaigns on RCH

The campaigns being focused upon in the present study have adopted different approaches when compared to the regular routine health broadcasts on RCH. Special attention was paid to every aspect such as content generation, dissemination plan and collection of feedback on reception etc. The best practices and approaches are discussed in comparison to the existing practices in health broadcasts in a broad perspective. The following items are included in the discussion.

**Contents:**

- Development Vs. Sensational, Quantity Vs. Quality, Random Vs. Focused or Regular Vs. Campaign, Treatment Vs. Prevention, Detachment Vs. Involvement, Service Vs. Sponsored.

**Dissemination:**

- Multiple Vs. Single medium, Long Vs. short duration, Isolation Vs. Coordination, Routine formats Vs. Special, Simple Vs. Strategic and Repeat broadcasts.

**Reception:**

- One-way Vs. Two way, Qualitative Vs. Quantitative data collection, Unknown Vs. Known.

Focused contents, suitable and appropriate formats, lively anchoring, music and songs helped the campaigns in receiving good response. Adequate budgets, attractive packaging and creating publicity environment further added value to the efforts. Repetition strategy helped reinforcement. All campaigns gave importance to documentation of the process and effects of the broadcasts.

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