

**Draft Report**

**Track Study of Radio Distance Learning  
Program for Healthcare Providers**

*Submitted to:*  
**The Executive Director,  
SIFPSA,  
Om Kailash Tower,  
19 A, Vidhan Sabha Marg,  
Lucknow—226 010**



**Consulting**



**Research**



**Training**

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## *Annexures :*

Questionnaire

Program Calendar

- 1.1 A statewide communication campaign was developed and implemented by SIFPSA to promote spacing methods of contraception. With a focus on specific methods, messages were developed in continuity with the umbrella theme "Come Let's Talk" (*Aao Batien Karein*). Campaign components included mass media, local media, community media and inter-personal communication. The campaign was supported by orientation and training of outreach workers. In addition to the campaign promoting spacing methods, SIFPSA has also implemented statewide campaigns on age at marriage and Tetanus Toxoid (TT) immunization.
- 1.2 Building on previous efforts, SIFPSA planned to take forward the campaign theme to encourage adoption of family planning methods and select maternal and child health behaviours through a Radio Drama Series for general public and Radio Distance Learning Program for health service providers.
- 1.3 Radio is an important component of mass media with a reach of 27% across rural Uttar Pradesh, thus offering a unique media edge both in terms of cost effectiveness and reach. This is more so in the context of rural audiences that are the largest and most critical segment of our program's target groups.
- 1.4 It was proposed to air the radio distance-learning program in close synergy with the radio drama serial to strategically integrate and address both the supply and demand sides of health services. The Radio Distance Learning Program was aired one week before the Radio Drama series. The approach enabled simultaneously addressing both the provider and client on identified program issues. The use of health messages was coordinated among the different aspects of the

program so that health messages that were being broadcast to the provider in the radio distance-learning program were simultaneously being broadcast in the radio drama serial to the general public. Airing the Radio serials in close synergy with each other and with other components of the communication campaign was aimed at maximizing play off and heighten their impact.

1.5 The overall purposes of the Radio Distance Learning Program for health providers were:

- To reinforce and upgrade the knowledge of all health service providers, especially ANMs
- To demonstrate how to interact with clients, and to motivate health service providers to follow these guidelines
- To encourage health service providers to be proud of the work they do and to develop an improved level of self-respect.

1.6 At the end of the program for service providers, an evaluation was to be done to assess the quality and impact of the program in order to fine tune it for further up-scaling.

1.7 In view of the above, a track study of the "Radio Distance Learning Program for Health Service Providers" in selected blocks of Jhansi was undertaken.

## **Objective of the Study**

2.1 The overall objective of the track study was to assess the effectiveness of the Radio Distance Learning Program for health service providers in terms of—

- Listenership
- Comprehension
- Appeal, and
- Knowledge

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- To reinforce and upgrade the knowledge of all health service providers, especially ANMs
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## Approach

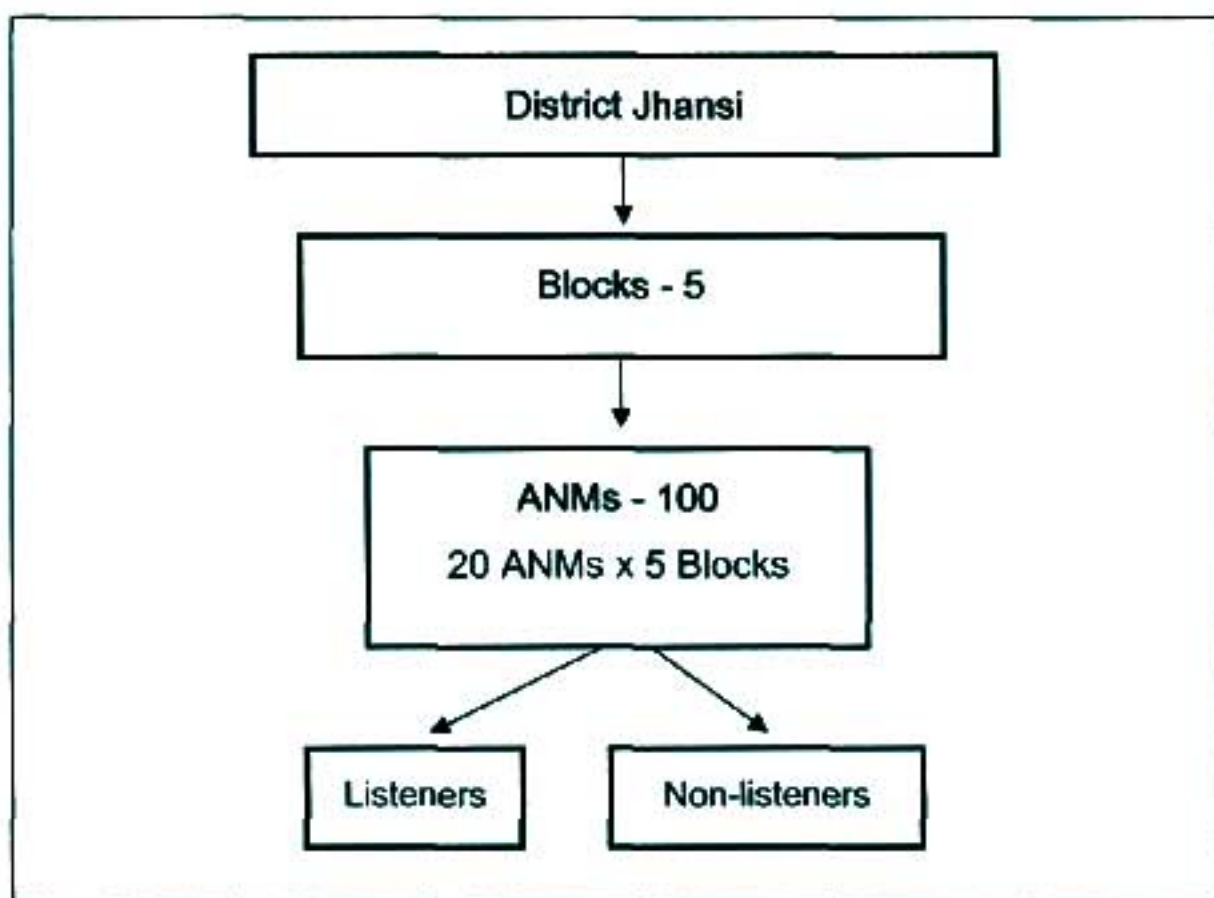
- 3.1 The Radio Distance Learning Program was aimed at increasing the job-related knowledge & skills and self-esteem of health service providers, especially ANMs, CBDs and AWWs. Accordingly, the track study was aimed at measuring the effectiveness of the program in quantifiable terms against certain key indicators, such as, listenership, comprehension, appeal, knowledge, etc.
- 3.2 As per the SIFPSA mandate, it was decided to carry out the study in 5 selected blocks of Jhansi namely, Chirgaon, Moth, Mauranipur, Babina and Badagaon with the key respondents being ANMs in these blocks. To derive the complete benefits of the study, wherein we not only measured the effects of the program on the target audience but also gained an insight into their perception on ways for making the program more effective, it was proposed to conduct In-Depth Interviews (IDIs) of the ANMs, in order to assess the effectiveness of the program in terms of the key indicators mentioned above.
- 3.3 The details pertaining to the Radio Distance Learning Program were provided by SIFPSA, and included—
  - Contents of the program
  - Script of the program
  - Broadcast timings
  - Duration of each broadcast
- 3.4 These details were utilized for designing the questionnaires for the IDIs for the purpose of the study.

## Study Design

- 4.1 As already mentioned, the 5 sample blocks for the study were selected by SIFPSA. From each of the sample blocks the key respondents for the study, namely, the ANMs were selected.

4.2 In each of the 5 blocks, a list of all the ANMs of that particular block was prepared. From the list, 20 ANMs were randomly selected from each block for the study purposes. Our Research Investigators then tracked each of the ANMs and conducted an in-depth interview of each of these ANMs.

4.3 Thus, the total sample size for the study was as presented below—



4.4 As depicted in the diagram above, a total of 100 respondents, were covered under the study. The analysis of the information gathered was done according to listeners and non-listeners of the radio program.

## Issues Probed

A list of issues that were probed during the study is presented below.

### 5.1 Listenership

- Aware of the radio program
- Listened to the radio program
- Episodes listened to

- Problems faced in listening to the program (Availability of radio-sets, free time, reception quality of the program, especially in far-off villages, etc.)
- Suggestions for increasing listenership

## **5.2 Comprehension**

- Recall key topics covered
- Recall key messages
- Recall characters
- Language comprehension
- Understand the overall objective of the program

## **5.3 Appeal**

- Like/dislike the program
- Interested in continuing to listen to the program
- Ranking of the episodes in terms of liking
- Talk to others about the program – potential “Buzz” element in the radio program Darpan, for increasing word of mouth discussions
- Would like an increase in frequency of the program
- Target audience (Service Providers) can relate to the characters in the program on a personal basis
- Increased level of self-esteem among the service providers

## **5.4 Knowledge**

- Knowledge about issues covered in the program
- Additional knowledge gained
- Applicability of the knowledge gained

2.1 Prior to the actual broadcast of *Darpan*, the Radio Distance Learning Program for health functionaries, SIFPSA had done an intensive pre-program publicity which included verbal communication to the functionaries by the MO I/Cs and SIFPSA officials, and the use of print as well as audio-visual media. Program calendars mentioning the dates and timing of program broadcast were also distributed among the functionaries. Posters depicting the program theme were pasted at the block CHCs & PHCs, and in villages falling in the catchment area of the functionaries. Along with these, wall paintings containing information pertaining to the radio program- *Sunahre Sapney Sanwari Raahein* for the general public, was carried out at various sites across the 5 study blocks.



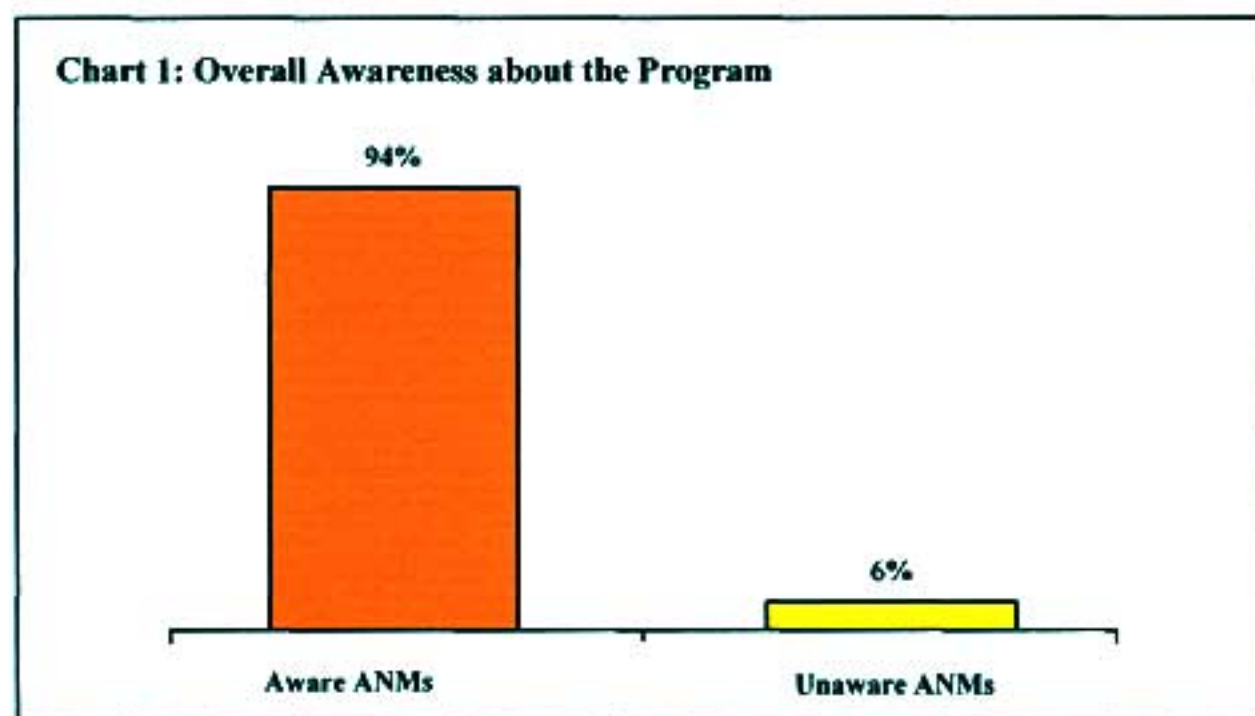
Fig.2.1: SIFPSA Program Calendar

2.2 Accordingly, we started the study by asking the ANMs the very basic question, i.e., whether they were aware about the Radio Distance Learning Program, *Darpan*. To this, all ANMs in the 5 study blocks, barring Moth stated that they were indeed aware about the program. However, 6 ANMs in Moth stated that they had no information about the program. On further probing, these ANMs said that they had neither received the SIFPSA program calendar nor were they present at the Block PHC during the briefing about the program. An analysis of the findings is presented ahead.

**Table 2.1: ANMs Aware About the Program**

Block	Total No. of Respondents (ANMs)	Aware ANMs		Unaware ANMs	
		Nos.	%	Nos.	%
Chirgaon	20	20	100	0	0
Moth	20	14	70	6	6
Mauranipur	20	20	100	0	0
Babina	20	20	100	0	0
Badagaon	20	20	100	0	0
Overall	100	94	94	6	6

2.3 The overall awareness about the program, as depicted by the chart below, came to 94 per cent. In the case of Moth, we found out that 6 of the ANMs had not received any information or program calendar because they had not been able to attend the meeting organized by SIFPSA for the pre-program publicity.



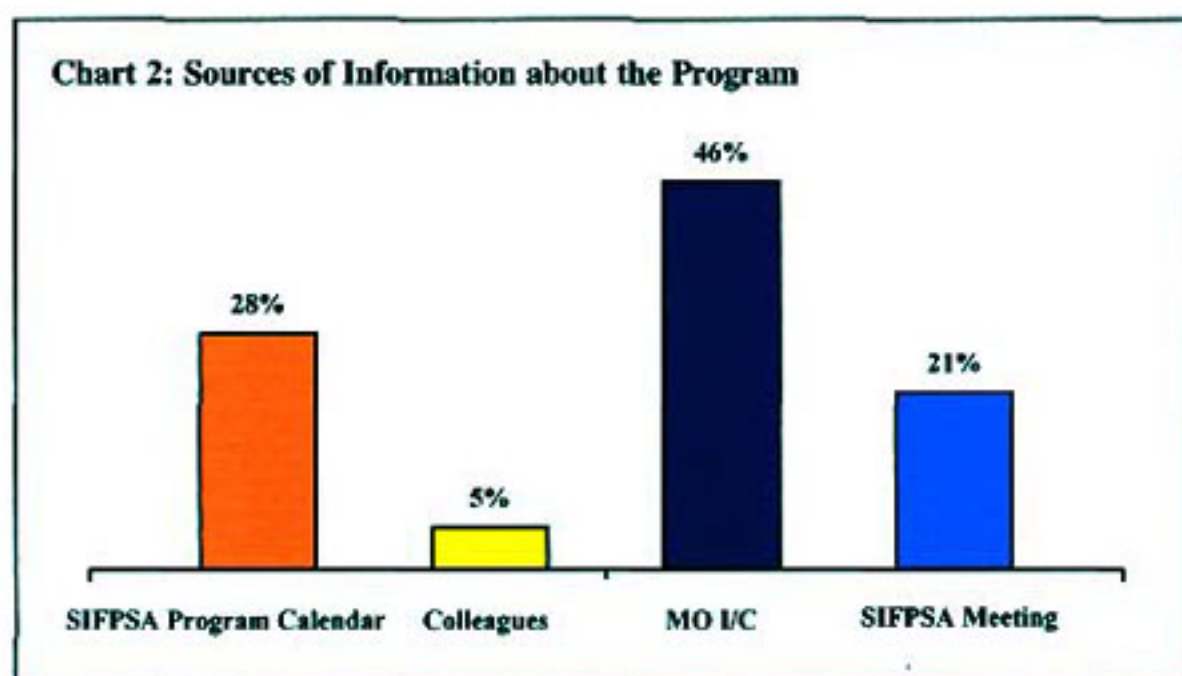
2.4 After having asked about the awareness of the program, we proceeded to understand the sources of awareness. This was important from two aspects— firstly, we needed to understand the best possible ways and means of reaching out to the health functionaries in the far off villages, right up to the grassroots; and secondly, we also needed to assess the

effectiveness of the pre-program publicity carried out by SIFPSA. Accordingly, we asked the aware ANMs as to what was the source of their information about the program. Of the multiple responses received, we have classified the 4 major ones as under—

**Table 2.2: Aware ANMs stating Sources of Information about the Program**

Block	No. of Aware ANMs	Respondents Stating the Particular Source							
		SIFPSA Program Calendar		Colleagues		MO I/C		SIFPSA Meeting	
		Nos.	%	Nos.	%	Nos.	%	Nos.	%
Chirgaon	20	7	35	0	0	4	20	9	45
Moth	14	2	14	2	14	5	36	5	36
Mauranipur	20	10	50	1	5	5	25	4	20
Babina	20	4	20	1	5	13	65	2	10
Badagaon	20	3	15	1	5	16	80	0	0
<b>Overall</b>	<b>94</b>	<b>26</b>	<b>28</b>	<b>5</b>	<b>5</b>	<b>43</b>	<b>46</b>	<b>20</b>	<b>21</b>

- 2.5 Thus, while the MO I/C had played a major role in spreading awareness about the program in Babina and Badagaon, it was the pre-publicity effort of SIFPSA that had been instrumental in the remaining three blocks, namely, Chirgaon, Moth and Mauranipur.



- 2.6 Overall, it is fairly evident from the chart above, that nearly half of the ANMs stated that they had received information about the program either

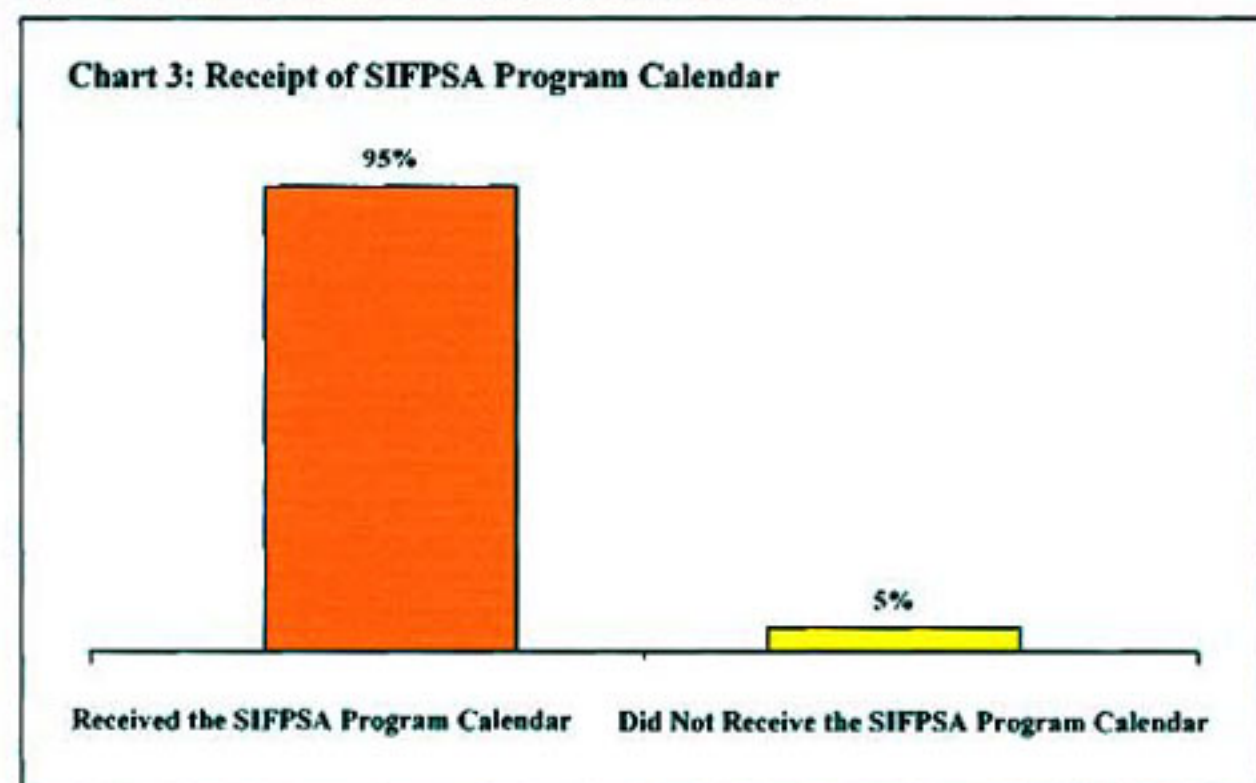
from the SIFPSA functionaries in the meeting or from the program calendar provided by SIFPSA. Almost an equal number stated that they had been told about it by the MO I/C in their monthly meeting.

- 2.7 Next, we proceeded to ask the aware ANMs whether they had received the program calendar. This was important because the program calendar was one of the key components of the SIFPSA pre-program publicity. The findings are as presented below.

**Table 2.3: Aware ANMs who Received the SIFPSA Program Calendar**

Block	No. of Aware ANMs	Received the SIFPSA Program Calendar			
		Yes	%	No	%
Chirgaon	20	18	90	2	10
Moth	14	12	86	2	14
Mauranipur	20	20	100	0	0
Babina	20	19	95	1	5
Badagaon	20	20	100	0	0
Overall	94	89	95	5	5

- 2.8 It is quite clear from the table above that distribution of program calendars had been extensive, and, with the exception of Moth, where it had been slightly lower, 90-100 per cent ANMs in all the other blocks reported having received the program calendar.



2.9 In the overall analysis, 95 per cent of the total number of aware ANMs reported that they had received the program calendar.

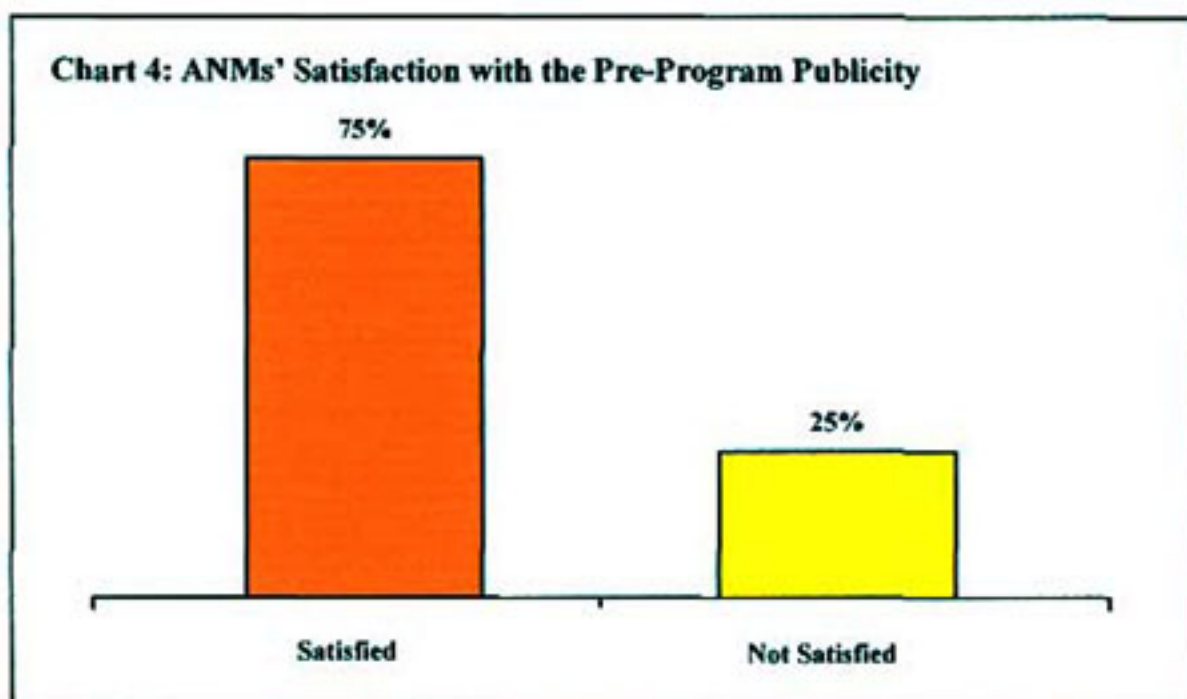
2.10 After having assessed the pre-program publicity efforts, we proceeded to ask the aware ANMs whether they were satisfied with these efforts. This was important from the point-of-view of service delivery, because, any future plans for publicity would be guided by the levels of satisfaction from the present efforts. The responses received have been presented hereunder.

**Table 2.4: Aware ANMs' Satisfaction with the Pre-Program Publicity**

Block	No. of Aware ANMs	Satisfied		Not Satisfied	
		No.	%	No.	%
Chirgaon	20	17	85	3	15
Moth	14	10	71	4	29
Mauranipur	20	11	55	9	45
Babina	20	15	75	5	25
Badagaon	20	17	85	3	15
Overall	94	70	75	24	25

2.11 While an overwhelming majority of the aware ANMs in Chirgaon, Moth, Babina and Badagaon, expressed satisfaction with the pre-program publicity, only around half of the aware ANMs were found to be satisfied with the publicity efforts in Mauranipur. On being further probed, the dissatisfied ANMs suggested that other media of publicity, such as TV, posters and pamphlets, miking, etc., should have been used.

2.12 The overall analysis, as presented ahead, shows that almost three-fourths of the ANMs were satisfied with the pre-program publicity.



2.13 Our discussions regarding the pre-publicity efforts of the program would have been grossly incomplete without seeking the opinion of the 24 ANMs who had been dissatisfied with these efforts. Hence, we asked them as to what could be done in future in order that maximum number of ANMs could be made aware about the program. The responses received, have been tabulated below.

**Table 2.5: Dissatisfied ANMs' Suggestions for Increasing the Reach of the Pre-Program Publicity**

Suggestions	ANMs Stating the Particular (n=24)	
	Nos.	%
Advertisement should be on TV	17	71
More posters, pamphlets, wall paintings	9	38
Others	3	13

2.14 Initially, most of the ANMs suggested that the publicity should be done on TV because they had an easy access to it. On being further prodded, they suggested that more posters, pamphlets and wall paintings should be used for spreading awareness about the program. One of them (*Saroj Verma, ANM, Mauranipur*) even suggested that miking, as used in the PULSE Polio campaign should be used for the purpose.

3.1 After having assessed the level of awareness about the program among the ANMs, we proceeded towards finding one of the primary objectives of this study, which was related to the actual listenership of the program. We asked the ANMs if they had actually listened to the program. On the basis of our query, we classified the entire sample of 100 ANMs into two categories— a) Listeners, and b) Non-listeners. All ANMs who had reportedly listened to at least 1 of the 4 episodes of *Darpan* were classified as listeners. A block-wise analysis of the findings is presented below.

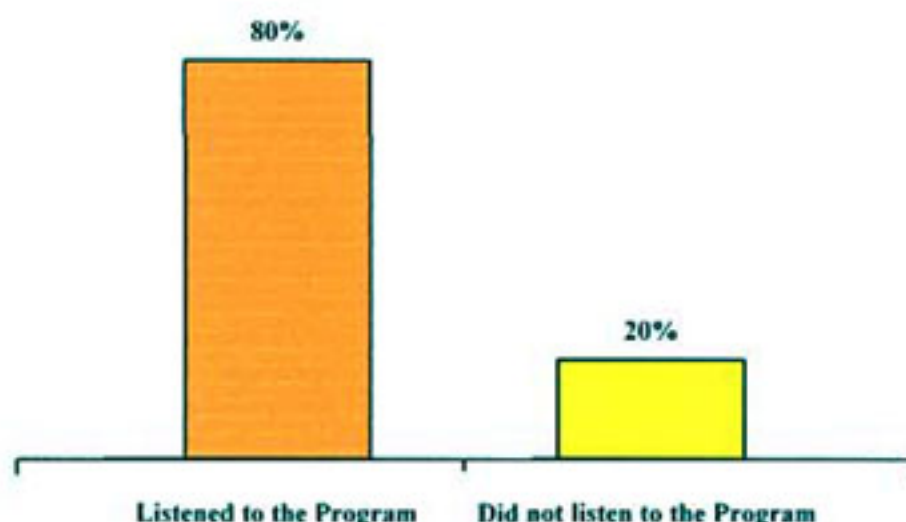
**Table 3.1: No. of ANMs who listened to the Program**

Block	ANMs Who			
	Listened to the Program		Did not Listen to the Program	
	No.	%	No.	%
Chirgaon	18	90	2	10
Moth	11	55	9	45
Mauranipur	16	80	4	20
Babina	16	80	4	20
Badagaon	19	95	1	5
Overall	80	80	20	20

3.2 Clearly, an overwhelming majority of the ANMs in all the blocks, except Moth, stated that they had listened to the program. The low listenership of the program in Moth further corroborated our finding that the level of awareness about the program was significantly lower here, as compared to the other 4 blocks.

3.3 Further, the overall listenership of the program in all the 5 blocks combined, came to 80 per cent. The findings in this regard have been presented in the chart ahead.

**Chart 5 : Overall Listenership of the Program**

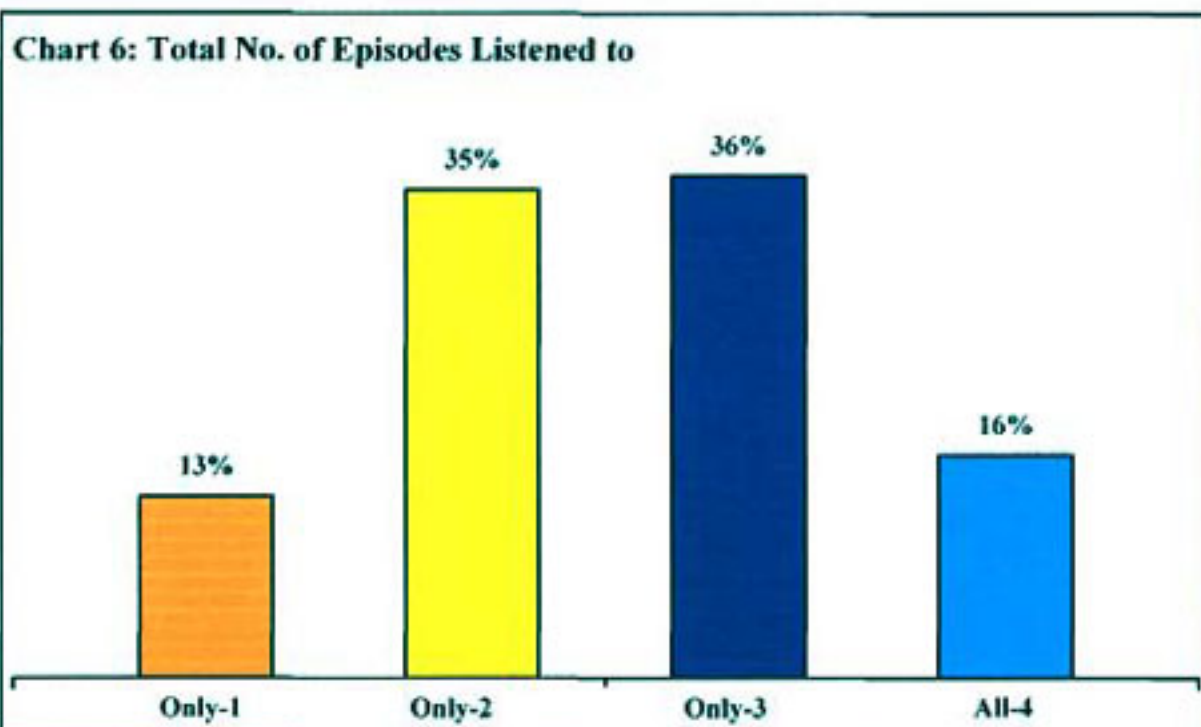


3.4 Next, we asked the ANMs the total number of episodes that they had listened to. We classified the responses into 4 categories, which were as— ANMs reporting having listened to: a) Only 1 Episode, b) Only 2 Episodes, b) Only 3 Episodes, and b) All 4 Episodes. The findings in this regard are presented in the table below.

**Table 3.2: Total No. of Episode(s) Listened to**

No. of Episode(s) Listened	No. of ANMs Reporting (n=80)	%
Only 1	10	13
Only 2	28	35
Only 3	29	36
All 4	13	16

3.5 While almost 90 per cent of the listeners reported having listened to 2-4 episodes of the program, only 16 percent of them had listened to all 4 episodes. A chart depicting these findings is presented ahead.



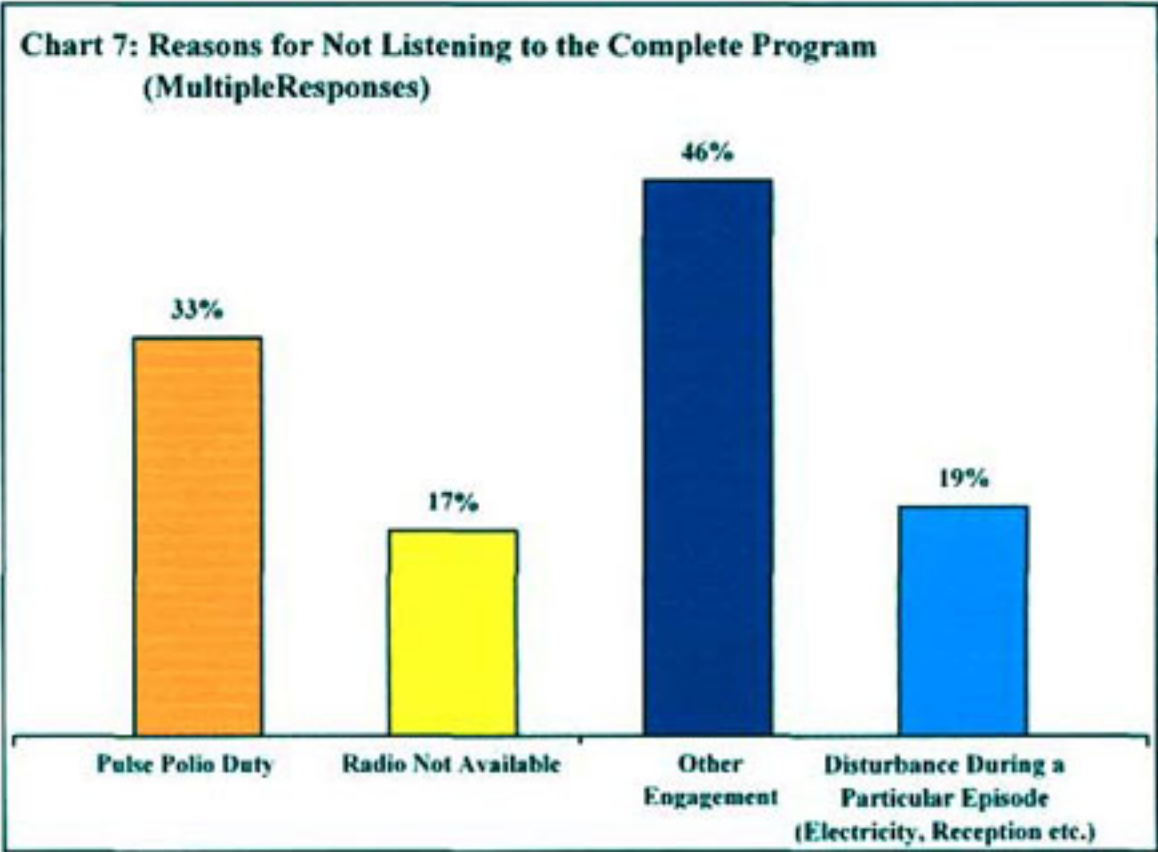
3.6 When we enquired from the listeners the reasons for not listening to all the episodes, a variety of responses were received. While 46 per cent of them cited "Other Engagement" as the reason for not being able to listen to particular episode(s), a significant 33 per cent attributed it to "Pulse Polio Duty & Related Paperwork". 19 per cent of the listeners stated that power outage and poor reception quality of the program during a particular episode had been the reason for their not being able to listen to that particular episode. Details of the findings are presented below.

**Table 3.3 Reasons for Not Listening to the Complete Program (Multiple Responses)**

Reasons	ANMs Stating the Particular	
	Nos.	%
Pulse Polio Duty & Related Paperwork	18	33
Radio Not Available	9	17
Other Engagement	25	46
Disturbance During a Particular Episode (Electricity, Reception etc.)	10	19

3.7 The problem of poor reception quality was singularly pronounced in Mauranipur, where 6 of the 16 listeners reported that they could not listen to the 4th episode of the program. 17 per cent of the listeners cited "Non-availability of Radio Sets" as the reason for their inability to listen to

all the episodes. It would be pertinent to note here that these listeners had hitherto managed to listen to the program at a neighbor's place or on borrowed radio sets. A chart of findings is presented below.



4.1 Moving on from the listenership aspect of the program, we asked the ANMs (only those who had reportedly listened to the program), whether they were able to comprehend the language of the program. To this, most of the listeners stated that they were able to understand the language of the program. However, there was a small fraction of listeners, 12 per cent to be precise, who reported some difficulty in understanding the language of the program. Further probing revealed that these listeners, mostly from Mauranipur, found it difficult to understand some of the Urdu words used by Badshah Driver, one of the key characters in the Radio drama series. Details of the finding are presented in the table below.

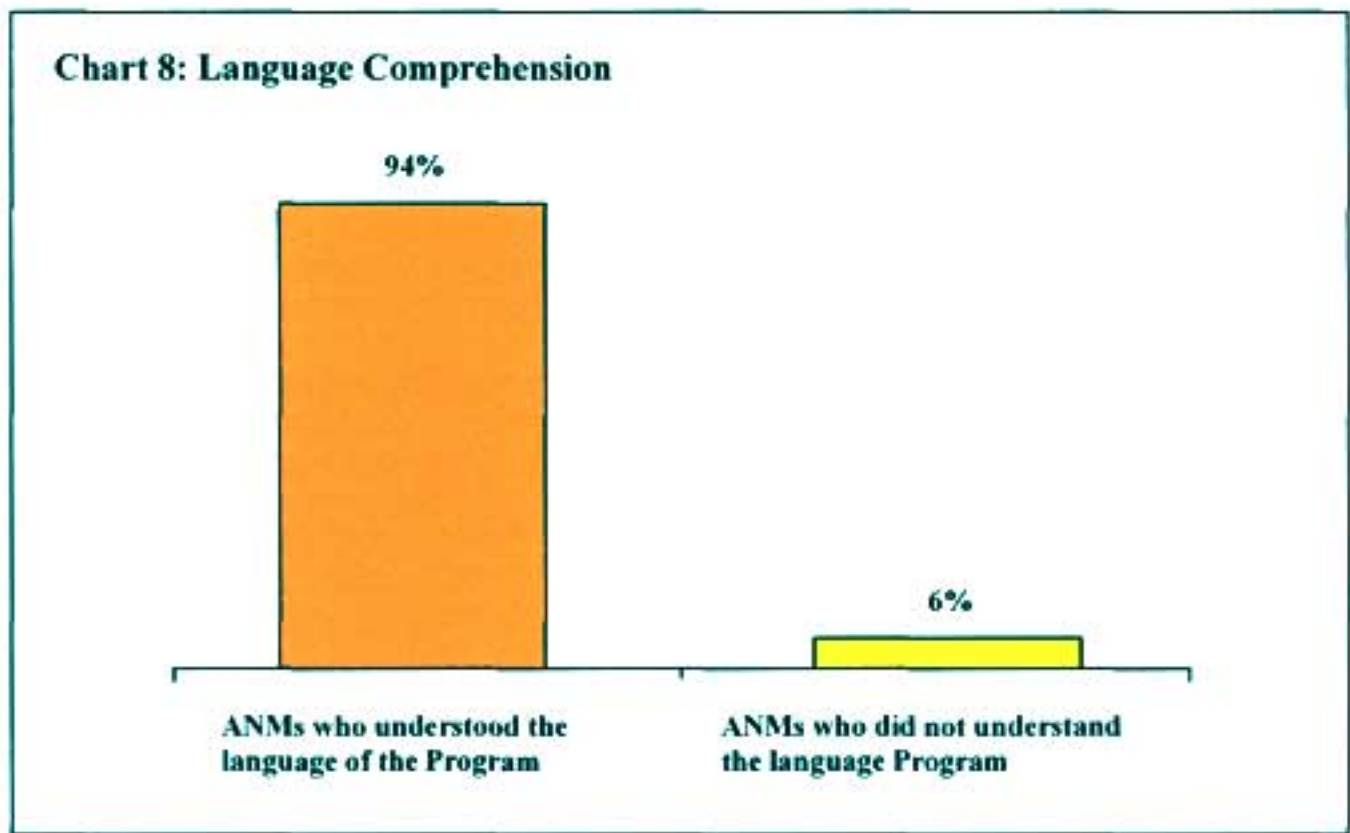
**Table 4.1: Language Comprehension**

Block	No. of Listeners	Listeners who understood the Language of the Program		Listeners who did not understand the Language of the Program	
		Nos.	%	Nos.	%
Chirgaon	18	17	94	1	5
Moth	11	11	100	0	0
Mauranipur	16	9	56	7	44
Babina	16	14	87	2	12
Badagaon	19	19	100	0	0
Overall	80	70	88	10	12

4.2 Evidently, an overwhelming majority of listeners in all the blocks except Mauranipur, stated that they were able to understand the language of the program.

4.3 In the overall analysis, as revealed by the chart ahead, 88 per cent of the listeners stated that they were able to understand the language of the

program, while the remaining 12 per cent found it somewhat difficult at times to understand the language.

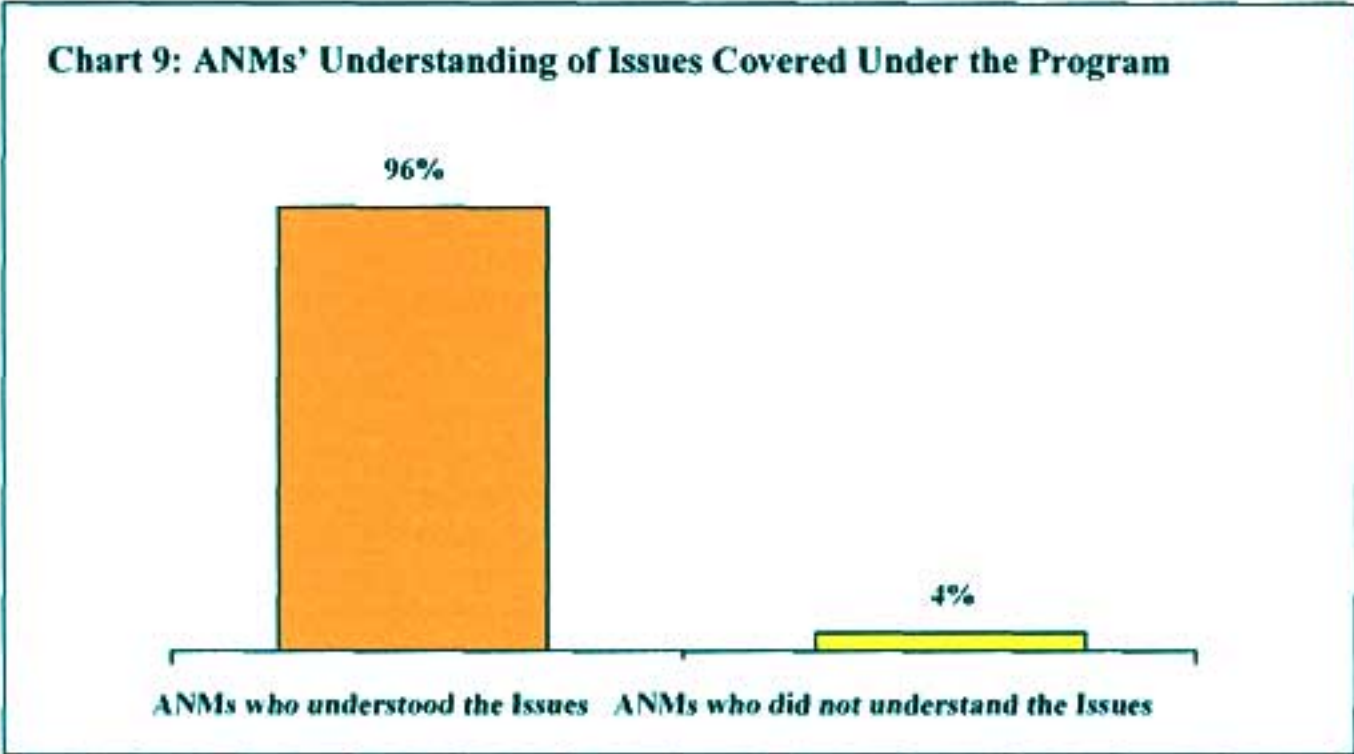


4.4 Next, we proceeded to find the listeners' understanding of the issues covered under the program. Our findings revealed that all the listeners, except 3, stated that they had been able to follow the issues covered under the program. Details of the findings are presented in the table below.

**Table 4.2: ANMs' Understanding of Issues Covered Under the Program**

Block	No. of Listeners	ANMs who understood the Issues		ANMs who did not understand the Issues	
		Nos.	%	Nos.	%
Chirgaon	18	18	100	0	0
Moth	11	10	90	1	9
Mauranipur	16	16	100	0	0
Babina	16	14	87	2	12
Badagaon	19	19	100	0	0
Overall	80	77	96	3	4

4.5 The overall analysis, as presented in the chart ahead, showed that an overwhelming 96 percent of the listeners reported to have understood the issues covered under the program. This was indicative of the fact that the program theme and its presentation, both had gone well with the listeners.



4.6 Proceeding further, we asked the listeners if they could recall the main objectives of the program. This being an open-ended query, a variety of responses was received from the listeners. After analyzing the responses, the findings have been tabulated hereunder as—

**Table 4.3: ANMs' Understanding of the Main Objectives of the Program**

Block	No. of Listeners	No. of ANMs who were able to Correctly recall 2 or more Main Objectives of the Program	%
Chirgaon	18	12	67
Moth	11	10	91
Mauranipur	16	13	81
Babina	16	10	63
Badagaon	19	16	84
Overall	80	61	76

4.7 Evidently, a majority of listeners in all the 5 blocks were able to recall 2 or more main objectives of the program. The somewhat lower percentages in Chirgaon (67 %) and Babina (63 %), are because the remaining listeners could recall only 1 main objective of the program.

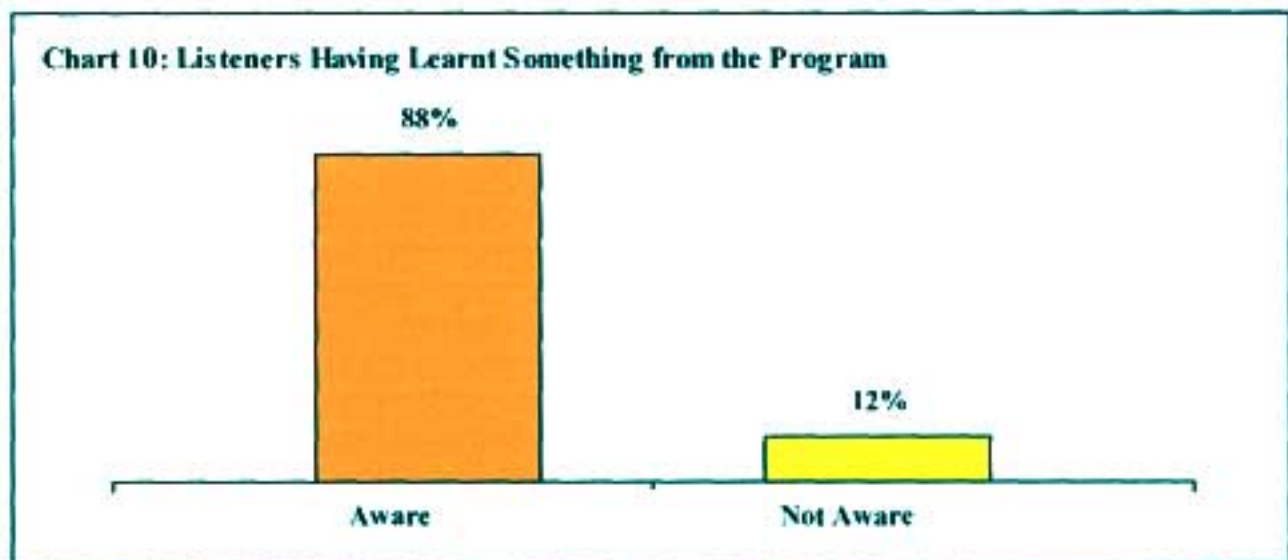
## Gains from the Program 5

5.1 As it was a distance learning program aimed at improving certain skills and self-esteem of the health care providers, we proceeded to ask the listeners the fundamental question, which was, whether or not they felt that they had learnt something from the program. It was a closed ended query and the responses received have been analyzed as under—

**Table 5.1: Listeners Having Learnt Something from the Program**

Block	No. of Listeners	Learnt Something from the Program			
		Yes		No	
Chirgaon	18	14	78%	4	22%
Moth	11	11	100%	0	0%
Mauranipur	16	14	88%	2	13%
Babina	16	12	75%	4	25%
Badagaon	19	19	100%	0	0%
Overall	80	70	88%	10	12%

5.2 As would be evident from the table, most of the listeners in all the blocks stated that they had indeed learnt something from the program. Altogether, an overwhelming 88 per cent of the listeners stated that they had learnt something from the program.



5.3 Next, we asked the listeners as to what was it that they had learnt from the program. We had purposely kept it an open ended query because we wanted the listeners to come out with their individual thoughts. Of the numerous responses received, we have analyzed the major ones as under—

**Table 5.2: Learning From the Program (n=70; Multiple Responses)**

<b>Learning</b>	<b>No. of ANMs Stating the Particular</b>	<b>%</b>
<b>New IPC Skills</b>	49	70
<b>Girl child should not be biased against</b>	23	33
<b>Importance of Family Planning</b>	23	33
<b>Law against female foeticide</b>	8	11
<b>Male determines the sex of the child &amp; not female</b>	7	10
<b>Importance of girl education</b>	7	10
<b>Girls should not be married at an early age</b>	3	4

5.4 While most of the listeners who had reportedly learnt something from the program, stated that they had learnt new IPC skills from the program, a significant 33 percent each, reported that they had learnt the importance of family planning and that the girl child should not be biased against. Quite a few of the listeners stated that they had learnt about the law against female foeticide.

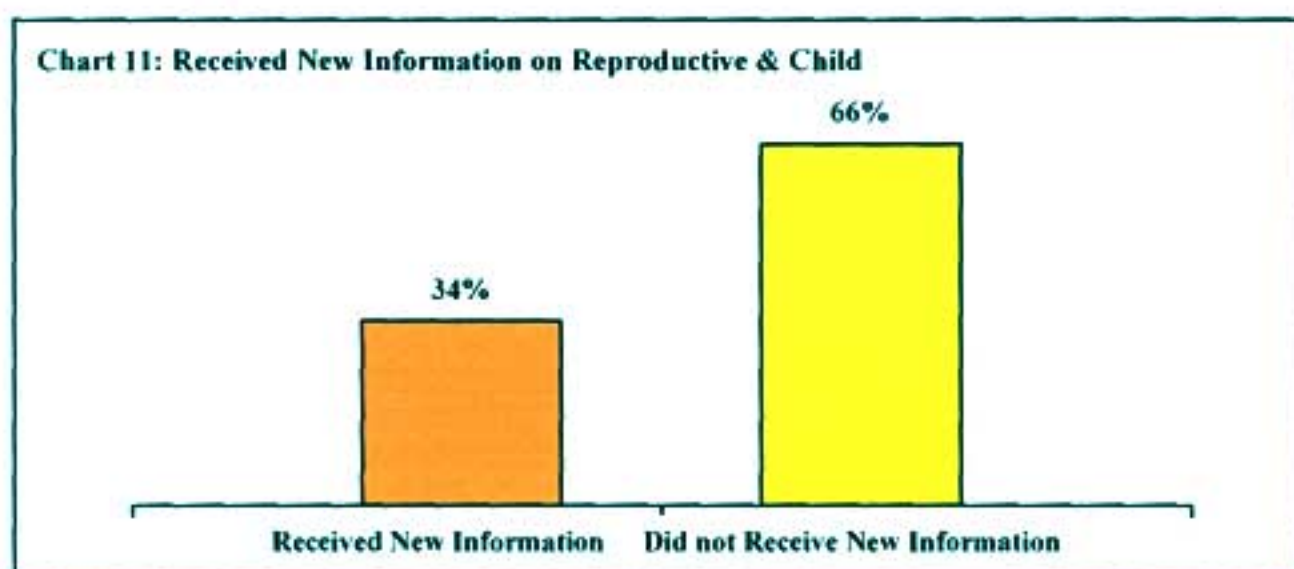
5.5 Next, we asked the listeners if they had received any new information on reproductive and child health. The responses received in this regard have been presented in the table below.

**Table 5.3: Received New Information on Reproductive & Child Health**

<b>Block</b>	<b>No. of Listeners</b>	<b>Received New Information on RCH</b>			
		<b>Yes</b>		<b>No</b>	
<b>Chirgaon</b>	18	6	33%	12	67%
<b>Moth</b>	11	7	64%	4	36%
<b>Mauranipur</b>	16	7	44%	9	56%
<b>Babina</b>	16	3	19%	13	81%
<b>Badagaon</b>	19	4	21%	15	79%
<b>Overall</b>	<b>80</b>	<b>27</b>	<b>34%</b>	<b>53</b>	<b>66%</b>

5.6 While a majority of the listeners reported that they were already aware of the reproductive and child health related issues covered under the program, a significant 64 per cent in Moth and 44 per cent in Mauranipur stated that they had in fact learnt something new on reproductive and child health from the program.

5.7 In the overall analysis, as depicted in the chart below, 34 per cent of the listeners reported that they had received new information on reproductive and child health from the program, while the remaining 66 per cent stated the contrary.



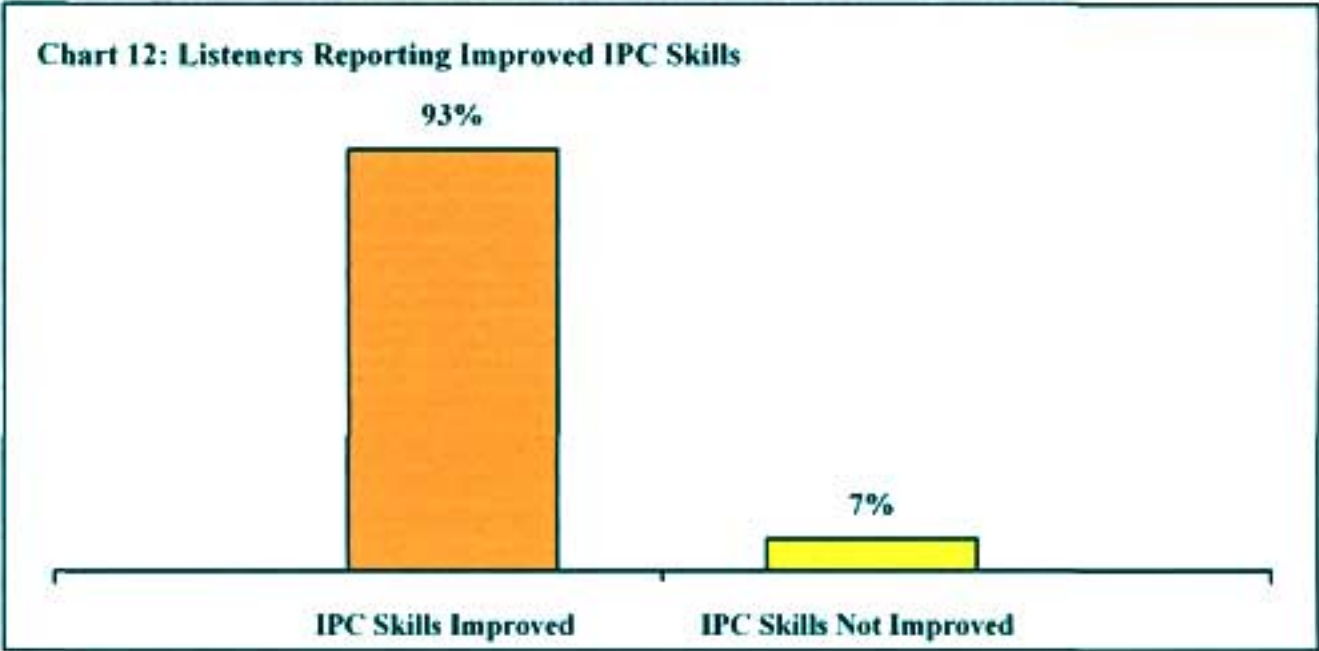
5.8 We proceeded next to ask the listeners if they felt that after having listened to the program, they were in a better position to talk to their clients on issues related to their areas of service delivery, i.e., whether their inter personal communication skills had improved.

**Table 5.4: Listeners Reporting Improved IPC Skills**

Block	No. of Listeners	IPC Skills Improved			
		Yes		No	
Chirgaon	18	14	78%	7	22%
Moth	11	11	100%	0	0%
Mauranipur	16	16	100%	0	0%
Babina	16	16	100%	0	0%
Badagaon	19	17	90%	2	11%
Overall	80	74	93%	9	7%

5.9 As would be evident from the table 5.4 above, an overwhelming majority of listeners in all the 5 blocks except Chirgaon, stated that they were in a better position to talk to their clients on issues related to their areas of service delivery.

5.10 The overall analysis, as depicted by the chart below, suggests that 93 per cent of all listeners reported that their IPC skills had improved after listening to the program.



5.11 Next, we asked the listeners if they felt that they were doing a great service to the society, i.e., whether their self-esteem had improved after listening to the program. To this, nearly all the listeners stated that after having listened to the program, their self-esteem had indeed improved manifolds.

**Table 5.5: Listeners Reporting Improved Self-esteem**

Block	No. of Listeners	Self-esteem Improved			
		Yes		No	
Chirgaon	18	17	94%	1	6%
Moth	11	11	100%	0	0
Mauranipur	16	15	94%	1	6%
Babina	16	15	94%	1	6%
Badagaon	19	18	95%	1	5%
Overall	80	76	95%	4	5%

- 5.12 Very few, 4 of the listeners to be precise, stated that they did not find so, and still felt that it was a thankless job.
- 5.13 Overall, 95 per cent of the listeners, as depicted by the chart below, stated that their self-esteem had improved after listening to the program.



6.1 After gaining an insight into the perception of the listeners on various aspects of the program, such as, awareness, listenership, comprehension, and the like, we proceeded to gauge the program appeal among the listeners. Like the other components of this study, program appeal was equally important from the point of view of further refinements in the program and it's up-scaling. We therefore, asked the listeners to rate the program against any of the four categories, namely— a) Very Good; b) Good; c) Average; and d) Poor. An analysis of the responses is presented below.

**Table 6.1: Listeners' Rating of the Program**

Rating	Listeners' Rating of the Program	
	Number	%
Very Good	40	50
Good	37	46
Average	3	4
Poor	0	0

6.2 Evidently, almost all the listeners rated the program between good to very good. A miniscule 4 per cent rated the program as average.

6.3 Next, we asked the listeners about the reasons for liking particular episode(s) of the program. The idea behind doing so was to identify the elements in the program which caught the greatest attention of the audience because, these and other such elements could be used in the designing of similar radio distance learning programs in future.

6.4 A variety of responses were received on this aspect of the study. After careful analysis of the responses, we classified them into the top three reasons for liking a particular episode. Details of the findings have been presented in Table below:

**Table 6.2: Reasons for liking particular episodes of the Program**

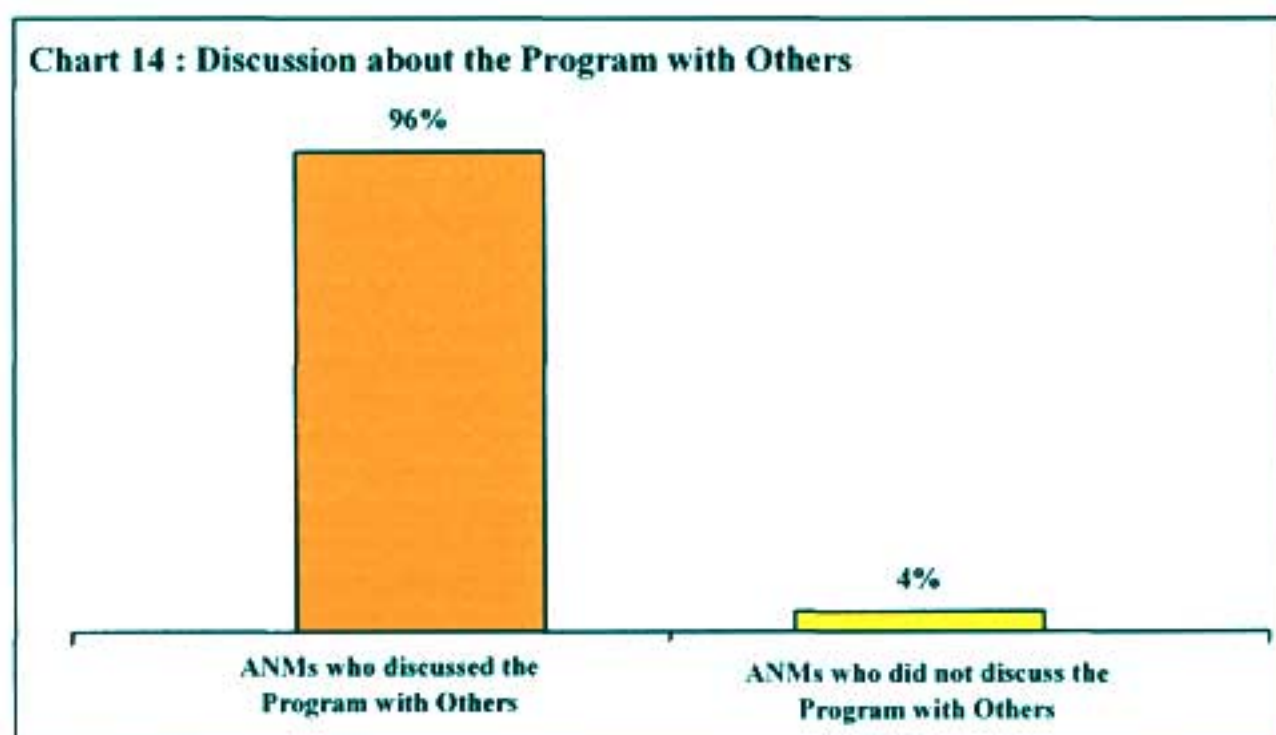
Episode	Reasons	Nos.	%
<b>First (n=32)</b>	Eight Important Things	11	34
	Interpersonal Communication Skills	9	28
	Doctor, Sangeeta Behenji & Badshah driver's chit-chats	5	16
	Others	7	22
<b>Second (n=39)</b>	Child spacing & Benefits of Family Planning	28	72
	Badshah helped an injured lady who was too weak	5	13
	Information on Healthy Child & Mother	3	8
	Others	3	7
<b>Third (n=55)</b>	Girls should not be discriminated against	35	64
	Man is completely responsible for the birth of a boy/girl	6	11
	Ultrasound should not be used to determine the gender of the child	3	5
	Others	11	20
<b>Fourth (n=4)</b>	Pradhan should give health information to villagers	2	80
	Learnt new skills	1	10
	Small family is necessary for good education of children	1	10

6.5 Next, we asked the listeners whether they had discussed about the program with their colleagues or other people. The idea behind it was to judge the potential buzz element in the program. The responses received in this regard were analyzed, and the findings have been presented ahead.

**Table 6.3: Discussion about the Program with Others**

Block	Number of Listeners	ANMs who discussed about the Program		ANMs who did not discuss about the Program	
		Number	%	Number	%
Chirgaon	18	18	100	0	0
Moth	11	11	100	0	0
Mauranipur	16	16	100	0	0
Babina	16	14	88	2	12
Badagaon	19	18	95	1	5
<b>Overall</b>	<b>80</b>	<b>77</b>	<b>96</b>	<b>3</b>	<b>4</b>

6.6 It is fairly evident from the table that, all listeners barring 3, had reportedly discussed about the program with their colleagues and other persons. This shows that the program had created quite a buzz among the target audience. The overall findings in this regard have been presented in the chart below.



6.7 Next, we asked the listeners whether they had recommended the program to others. This again was representative of the appeal that the program had created in the minds of its listeners, because had they not been convinced

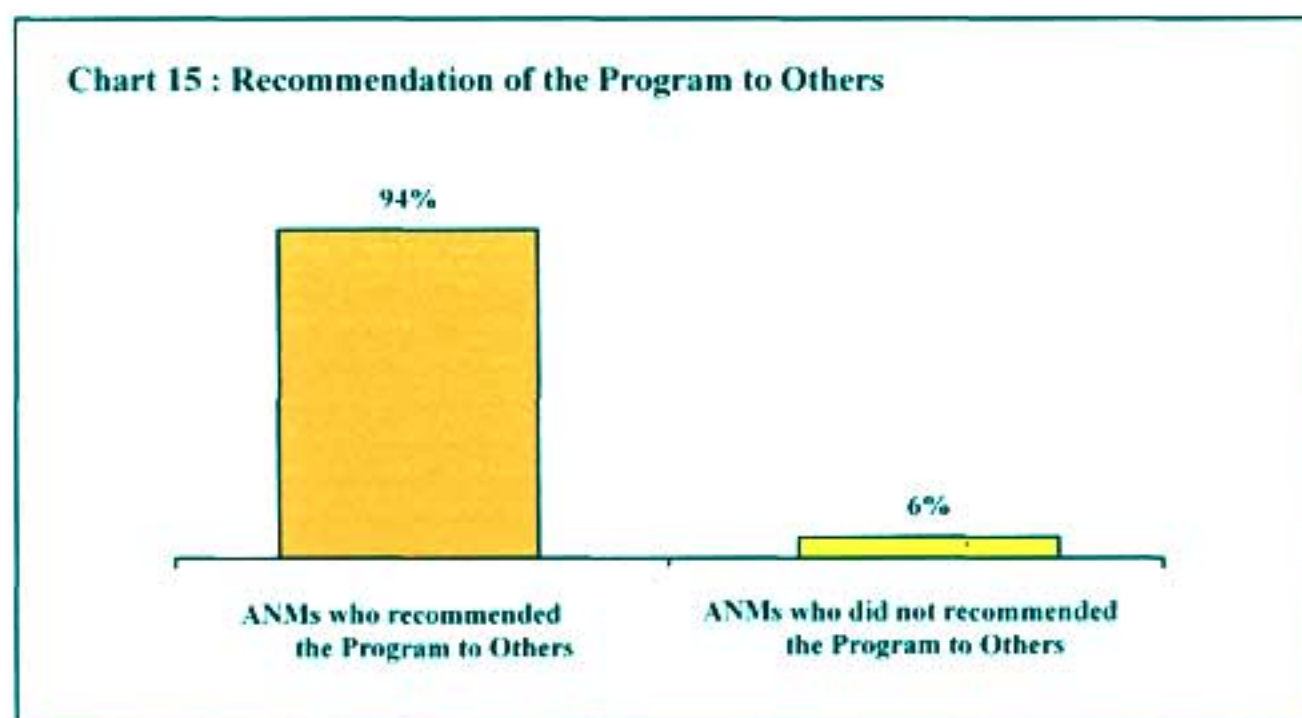
about the usefulness of the program, they would have never recommended it to others.

**Table 6.4: Recommendation of the Program to Others**

Block	Number of Listeners	ANMs who recommended the Program		ANMs who did not recommend the Program	
		Number	%	Number	%
Chirgaon	18	18	100	0	0
Moth	11	11	100	0	0
Mauranipur	16	16	100	0	0
Babina	16	13	81	3	19
Badagaon	19	17	90	2	10
Overall	80	75	94	5	6

6.8 It is fairly evident from the table that almost all the listeners, barring 5, had recommended the program to others.

6.9 The overall findings in this regard, as depicted by the chart below, show that an overwhelming 96 per cent of the listeners had reportedly recommended the program to others.



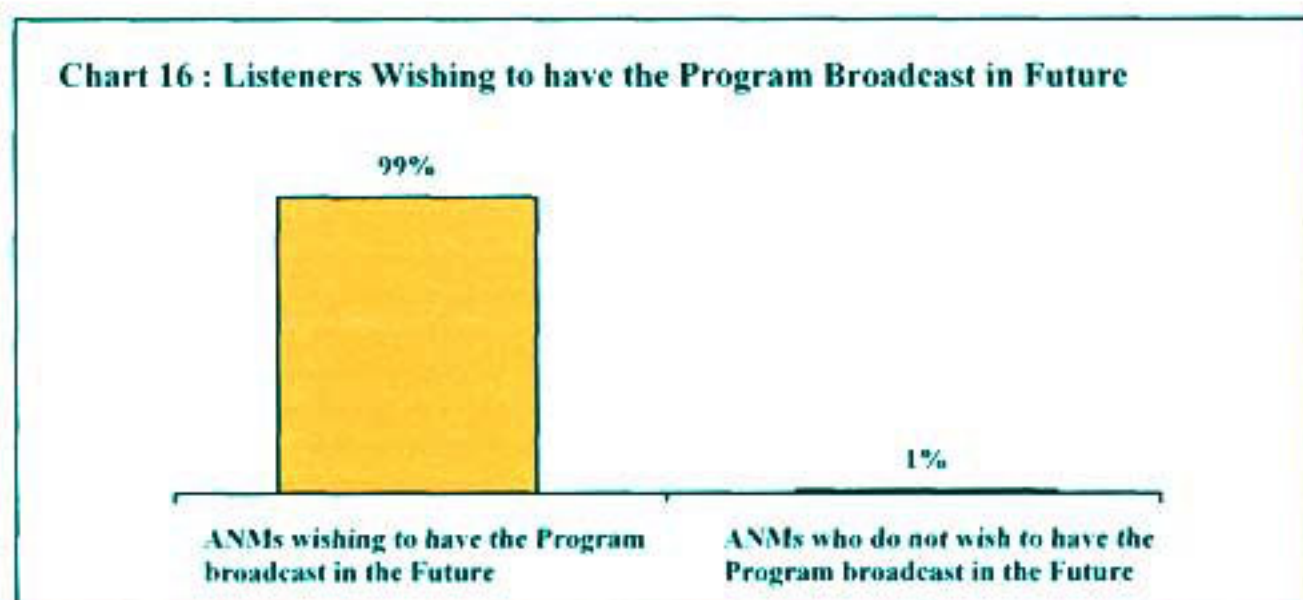
6.10 Finally, under the section on program appeal, we asked the listeners whether they wanted this and other similar programs to be broadcast in future too. The responses received were analyzed and the findings have been presented in the table below.

**Table 6.5: Listeners Wishing to have the Program Broadcast in Future**

Block	Number of Listeners	ANMs Wishing to have the Program Broadcast in the Future		ANMs who do not Wish to have the Program Broadcast in the Future	
		Number	%	Number	%
Chirgaon	18	18	100	0	0
Moth	11	11	100	0	0
Mauranipur	16	16	100	0	0
Babina	16	16	100	0	0
Badagaon	19	18	95	1	5
Overall	80	79	99	1	1

6.11 Clearly, all the listeners across the 5 blocks, barring 1 in Badagaon, stated that they wanted such programs to be broadcast in future too.

6.12 The overall analysis of findings in this regard, are also presented in the chart below.



## 7.1 Suggestions for Increasing the Reach of the Pre-Program Publicity

Our discussions regarding the pre-publicity efforts of the program would have been grossly incomplete without seeking the opinion of the 24 ANMs who had been dissatisfied with these efforts. Hence, we asked them as to what could be done in future in order that maximum number of ANMs could be made aware about the program. The responses received, have been tabulated below.

**Table 2.5: Dissatisfied ANMs' Suggestions for Increasing the Reach of the Pre-Program Publicity**

Suggestions	ANMs Stating the Particular (n=24)	
	No.	%
Advertisement should be on TV	17	71
More posters, pamphlets, wall paintings	9	38
Others	3	13

7.2 Initially, most of the ANMs suggested that the publicity should be done on TV because they had an easy access to it. On being further prodded, they suggested that more posters, pamphlets and wall paintings should be used for spreading awareness about the program. One of them (*Saroj Verma, ANM, Mauranipur*) even suggested that miking, as used in the PULSE Polio campaign should be used for the purpose.

## 7.2 Suggestions on language of the Program

While most of the listeners were fairly comfortable with the language of the program, 8 listeners from Mauranipur block suggested that Urdu words as used by Badshah Driver, one of the key characters in the radio DLP, were

sometimes difficult to understand and hence should not be used. The study also showed that while most of the ANMs were comfortable with the speed of dialogue delivery in the program, 1 listener from Chirgaon suggested that the characters should speak slowly.

**Table 7.2: Suggestions on language of the Program**

Suggestions	ANMs Stating the Particular (n=10)
Urdu words should not be used	8
Bundeli language should be used	1
Character should speak slowly	1

**7.3 Topics that should be included in the Distance Learning Program (DLP)**

As far as the subjects covered in the program were concerned, not all the 80 ANMs who listened to the program came up with suggestions. In all, there were only 56 responses towards the topics that could be included in DLP.

Majority of the respondents thought that the subject of Immunization/ Child immunization was most important and as many as 28 of them suggested that more details on these issues could be addressed in the DLP. This was followed by need for supplying more information about AIDS and as many as 12 respondents came up with this suggestion.

A few respondents also emphasized on the need for giving more details on other issues in the DLP such as, communicable diseases, leprosy and other new diseases; issues related to copper-T and personal hygiene for females.

**Table 7.3: Topics that should be included in the DLP (Listeners)**

Topics to be Included	ANMs Stating the Particular (n=56)	
	Number	%
Immunization	28	50
AIDS	12	21
Communicable Diseases	6	11
Copper - T	5	9
Personal Hygiene for Female	5	9

#### 7.4 Suggestions on Increasing the Listenership of the DLP

When we asked the listeners as to what could be done to increase the listenership of the program, 78 out of the 80 listeners came up with one suggestion or the other. Increasing awareness about the strengths of audio-visual medium, apart from its increased reach were evident from the responses given by the ANMs who had been listening to the program. As many as 66 ANMs felt that there was need for the DLP to be telecast on television as well.

While some of them, 19 to be precise, felt that appropriate adjustments in the broadcast timing of the DLP would suffice their needs, there were 13 others suggesting the use of traditional folk media like, *Nukkad Natak*, *Kathputli*, *Nautanki* or Drama in the villages. Only 4 responses suggested the use of comedy with a couple of songs.

**Table 7.4: Suggestions on Increasing the Listenership of DLP (n=78; Multiple Responses)**

Suggestions	ANMs Stating the Particular	
	Number	%
Telecast on T.V	66	85
Change in the Program timings. It should be between 2.00 – 3.00 p.m / 4.00 – 5.00 p.m / 7.30 – 8.30 p.m / 9.00 – 10.00 p.m.	19	24
Through <i>Nukkad Natak</i> / <i>Kathputli</i> / <i>Nautanki</i> / Drama in the Village	13	17
Comedy with 1-2 songs	4	5

## 7.5 Non-listeners reporting Suitability of the Program for DLP

The overall response from non-listening ANMs towards the suitability of the Program for DLP was on the higher side. 17 of the 20 non-listeners, felt that such radio-based DLPs were suitable for ANMs. Barring a single non-listener ANM each, from Mauranipur, Babina and Badagaon, all the other respondents under this category across the 5 blocks suggested that such DLPs were useful and should be broadcast in future too.

**Table 7.5: Non-listeners reporting suitability of radio-based DLPs for ANMs**

Block	Number of Non - Listeners	ANMs reporting suitability of the DLP		ANMs reporting non-suitability of the DLP	
		Number	%	Number	%
Chirgaon	2	2	100	0	0
Moth	9	9	100	0	0
Mauranipur	4	3	75	1	25
Babina	4	3	75	1	25
Badagaon	1	0	0	1	100
Overall	20	17	85	3	15

## 7.6 Non-listeners' Suggestions for Increasing the Listenership of DLP

Of the 17 non-listeners who found radio-based DLPs suitable for ANMs, the majority, numbering 14, suggested that such programs should also be telecast on T.V. Only 2 ANMs suggested change in timings of broadcast, while, one respondent stressed on the need for including more songs in DLP.

**Table 7.6: Non-listeners' suggestions for increasing the listenership of the program**

Block	Suggestions given by ANMs		
	Change in the Program Timings	Telecast on TV	Lots of songs should be included in the Program
Chirgaon	1	0	0
Moth	0	5	0
Mauranipur	0	4	1
Babina	1	4	0
Badagaon	0	1	0
Overall	2	14	1

### 8.1 Pre-program Publicity

- ❖ Publicity material coupled with extensive use of inter-personal communication, in the form of Pre-program Meetings, is the best mix for increasing the awareness about such programs
- ❖ With majority of the target audience (ANMs, AWWs & CBWs) having easy access to television, program-publicity on TV may also be considered

### 8.2 Language of the Program

- ❖ While most of the listeners were quite comfortable with the language of the program, a significant 10 per cent found the Urdu words difficult to comprehend. It would be pertinent to add here, that a significant number of ANMs in the State are from South India; further, the grass root workers are also mostly from a rural background. Hence, in their larger interest, it would be apt to minimize the usage of difficult to comprehend words in the program

### 8.3 Topics that may be Included in the DLP

Greater detail on

- ❖ Immunization
- ❖ AIDS
- ❖ Communicable Diseases
- ❖ Family-Planning methods, especially, Cu-T
- ❖ Personal hygiene for females

#### 8.4 Increasing Listenership of the DLP

- ❖ Greater use of Songs
- ❖ Greater use of Comic relief
- ❖ Increased frequency of broadcasts, if costs permit so

## Questionnaire

## साक्षात्कार प्रश्नावली

ब्लॉक का नाम : ..... दिनांक : .....

ए.एन.एम. का नाम : ..... अनुभव : ..... (पूर्ण वर्षों में)

कार्य क्षेत्र : (गाँवों की कुल संख्या) : .....

(गाँवों के नाम) : .....

सर्वेक्षणकर्ता का नाम : .....

1. क्या आपको रेडियो पर प्रसारित होने वाले कार्यक्रम दर्पण के बारे में जानकारी है? ..... ☐  
(हाँ-1; नहीं-2)

(प्रश्न संख्या-2 तथा 6 उन ए.एन.एम. से नहीं पूछना है जिनको कार्यक्रम के बारे में जानकारी नहीं है)

2. यदि हाँ, तो यह जानकारी आपको कहाँ से प्राप्त हुई? ..... ☐  
(सिफसा द्वारा दिए कार्यक्रम कैलेंडर से-1, सहकर्मियों से-2, सामुदायिक केंद्र पर MOIC से-3, अन्य (स्पष्ट करें)-4 .....

3. क्या आपको कार्यक्रम कैलेंडर मिला था? (हाँ-1; नहीं-2)..... ☐

4. क्या आपको लगता है कि कार्यक्रम के बारे में समुचित रूप से प्रचार किया गया था? ..... ☐  
(हाँ-1; नहीं-2)

5. यदि नहीं, तो भविष्य में ऐसा क्या किया जा सकता है जिससे अधिक से अधिक ए.एन.एम. को इसकी जानकारी मिल सके? .....

6. क्या आपने कार्यक्रम सुना? (हाँ-1; नहीं-2) ..... ☐  
(यदि ए.एन.एम. ने कार्यक्रम नहीं सुना है, तो सीधे प्रश्न संख्या 27 से पूछना शुरू करें)

प्रश्न संख्या-7 से प्रश्न संख्या-26 तक केवल उन ए.एन.एम. से पूछें, जिन्होंने कार्यक्रम को सुना है :-

7. यदि हाँ, तो आपने कार्यक्रम की कुल कितनी कड़ियाँ सुनी? ..... ☐  
(एक कड़ी-1, दो कड़ी-2, तीन कड़ी-3, चार कड़ी-4)

8. आपने कार्यक्रम की कौन-कौन सी कड़ियाँ सुनी? ..... ☐☐☐☐  
(एक से अधिक कोड हो सकते हैं)  
(पहली कड़ी-1, दूसरी कड़ी-2, तीसरी कड़ी-3, चौथी कड़ी-4)

9. यदि कार्यक्रम सुना, पर सभी कड़ियाँ नहीं सुनी तो क्यों नहीं सुनी? ..... ☐  
(एक दो कड़ियों के बाद रुचि समाप्त हो गई-1, ध्यान नहीं रहा-2, अन्य (स्पष्ट करें)-3 .....

10. आपको कार्यक्रम कैसा लगा? (बहुत अच्छा-1; अच्छा-2, साधारण-3; बेकार-4) ..... ☐

11. यदि कार्यक्रम अच्छा लगा तो कौन सी कड़ी/कड़ियाँ अधिक अच्छी लगी/लगीं और क्यों?
12. यदि कार्यक्रम अच्छा नहीं लगा तो कौन सी कड़ी/कड़ियाँ अच्छी नहीं लगी/लगीं और क्यों?
13. क्या आपको कार्यक्रम की भाषा आसानी से समझ में आ रही थी? (हाँ-1; नहीं-2) ☐
14. यदि नहीं, तो किस भाषा में कार्यक्रम को और बेहतर ढंग से स्वास्थ्य कर्मियों तक पहुँचाया जा सकता है?
15. क्या कार्यक्रम में प्रसारित विभिन्न विषय आपकी समझ में आए? (हाँ-1; नहीं-2) ☐
16. कार्यक्रम सुनने के बाद, इसका मुख्य उद्देश्य आपकी समझ से क्या है?  
(उद्देश्य : 1. .... 2. ....  
3. .... 4. ....)
17. क्या कार्यक्रम सुनने के बाद आपने अपने क्षेत्र में लोगों/सहकर्मियों से इसकी चर्चा की? ☐  
(हाँ-1; नहीं-2)
18. क्या आपने अपने सहकर्मियों/क्षेत्र के लोगों को यह कार्यक्रम सुनने की सलाह दी? ☐  
(हाँ-1; नहीं-2)
19. क्या इस कार्यक्रम से आपने कुछ सीखा? (हाँ-1; नहीं-2) ☐
20. यदि हाँ, तो क्या-क्या सीखा?
1. ....  
2. ....  
3. ....  
4. ....
21. क्या कार्यक्रम से आपको परिवार कल्याण, प्रजनन, मातृ-शिशु कल्याण संबंधी कोई नई जानकारी मिली? (हाँ-1; नहीं-2) ☐
22. क्या इस कार्यक्रम को सुनने के बाद आप को लगता है कि अब आप गाँव वालों से स्वास्थ्य संबंधी विभिन्न मुद्दों, जैसे, परिवार नियोजन, प्रजनन, मातृ एवं शिशु कल्याण, इत्यादि, पर बेहतर ढंग से बात कर पाएँगी? (हाँ-1; नहीं-2) ☐
23. क्या कार्यक्रम में ए.एन.एम. के चरित्र को सुनने के बाद आप को लगा कि यह एक बहुत महान सेवा है जो आप प्रदेश के लिए कर रही हैं? (हाँ-1; नहीं-2) ☐

24. क्या आप हमें कुछ बातें/विषय बता सकती हैं जिन्हें कार्यक्रम में शामिल करके हम इसे आपके लिए और उपयोगी बना सकते हैं?

सुझाव : 1. ....  
2. ....  
3. ....  
4. ....  
5. ....

25. क्या इस तरह के कार्यक्रमों का प्रसारण भविष्य में भी होना चाहिए? (हाँ-1, नहीं-2) ☐

26. आपके अनुसार इस कार्यक्रम में हम क्या-क्या सुधार कर सकते हैं, जिससे अधिक से अधिक ए.एन.एम. इस कार्यक्रम को सुनें?

सुझाव :

(1) .....  
(2) .....  
(3) .....  
(4) .....

केवल उन ए.एन.एम. से पूछें जिन्होंने कार्यक्रम नहीं सुना है -

27. यदि आपने कार्यक्रम की एक भी कड़ी नहीं सुनी तो क्यों नहीं सुनी?

.....  
.....  
.....  
.....

28. क्या ए.एन.एम. के प्रशिक्षण के लिए इस तरह के रेडियो कार्यक्रम उपयुक्त हैं? ☐  
(हाँ-1; नहीं-2)

29. भविष्य में कार्यक्रम किस तरह से बनाये जाएँ जिससे अधिक से अधिक ए.एन.एम. इसे सुनें?

सुझाव :

(1) .....  
(2) .....  
(3) .....  
(4) .....

हस्ताक्षर :

ए0एन0एम0 : .....

सर्वेक्षणकर्ता : .....

\*\*\*\*\*

# **Program Calendar**

**आपकी ही कड़ी मेहनत और निरन्तर  
प्रयासों से, जनता ने पाई हैं स्वास्थ्य सेवाएं।**



स्वास्थ्य सेविकाओं के लिए रेडियो  
घारावाहिक आकाशवाणी के प्राइमरी  
चैनल से प्रत्येक रविवार को  
**सुनना ना भूलें**

# दर्पण

**5 नवम्बर 2006 से  
सायं 7.30 बजे**

जीतिर आकर्षक इनाम  
घारावाहिक में पूरे बड़े प्रयासों  
के साथे उत्तर देंगे

2006 नवम्बर 2006

SUN MON TUE WED THU FRI SAT

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5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30			

2006 दिसम्बर 2006

SUN MON TUE WED THU FRI SAT

31					1	2	
3	4	5	6	7	8	9	
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24	25	26	27	28	29	30	

2007 जनवरी 2006

SUN MON TUE WED THU FRI SAT

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14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
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