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TRIP REPORT:

ASSISTANCE TO THE INDIA NATIONAL INFORMATION,  
EDUCATION, AND COMMUNICATION STRATEGY PLANNING WORKSHOP ON HEALTH  
AND FAMILY WELFARE FOR THE USAID ASSISTED PROJECT

DECEMBER 3 - 7, 1984  
TAJ PALACE HOTEL, NEW DELHI, INDIA

*Population Communication Services*

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Prepared By: James A. Palmore, Jr.  
JHU/PCS Consultant

Dates of In-Country Work:  
November 26-December 8, 1984

Population Communication Services  
Population Information Program  
The Johns Hopkins University  
624 N. Broadway  
Baltimore, Maryland 21205  
USA

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### APPENDICES:

A. "Report of I.E.C. Strategy Workshop Held from 3rd December to 6th December, 1984 for USAID Assisted Area Projects in Taj Palace Hotel Assisted Area Projects in Taj Palace Hotel, New Delhi;" Ministry of Health and Family Welfare, Government of India

B. List of Persons Contacted

## EXECUTIVE SUMMARY

James A. Palmore, Jr. was in Delhi, India, from 26 November to 8 December, 1984 on behalf of the Population Communication Services, Johns Hopkins University, to assist in the planning and conduct of the 3 - 7 December, 1984 national workshop on information, education, and communication for health and family welfare. This workshop was an activity designed to make use of data collected in the "Communication Needs Assessment" (CNA) of the Integrated Rural Health and Population" Project (often called the "USAID - Assisted Area Project"). Professor Palmore has been involved in the CNA since its first stages and helped develop the philosophy and design of the assessment. Several previous trip reports describe earlier phases of the work.

The purpose and objectives of the present assignment were:

- (1) to assist the Government of India in interpretation of the communication needs assessment results;
- (2) to advise the Government of India on the development of health/population messages based on the survey findings;
- (3) to advise the Government of India on appropriate communication strategies for spreading messages; and
- (4) to act as a resource person in the communication strategy workshop.

Professor Palmore was one of three persons acting on behalf of JHU/PCS: Robert P. Worrall, former President of the Population Reference Bureau, Washington, D.C., and Subroto Sen Gupta, marketing consultant, were also involved in assisting the workshop.

Professor Palmore is Director of the Population Studies Program and Professor of Sociology at the University of Hawaii and Research Associate of the East-West Population Institute, East-West Center. He has been active in population research in the Asia/Pacific region for over 20 years. He has published four books or monographs and roughly sixty articles or book chapters, many dealing with population information, education, and communication -- starting with his Ph.D. dissertation at the University of Chicago. Dr. Palmore's familiarity with India stems most from work on the present project, although he had participated in a small project under Ford Foundation funding that began in the late 1960s.

Prior to the workshop, Professor Palmore worked with the two other consultants and with Delhi personnel in developing the final agenda for the workshop. In Delhi,

the principal others involved were Dr. Saramma Thomas-Mattai and Mr. John Rogosch of the Health/Nutrition section of USAID/Delhi and Mr. N.R. Yadav of the Ministry of Health and Family Welfare, GOI.

Professor Palmore prepared a paper for presentation at the workshop ("A Quick Review of the Communication Needs Assessment") and presented it there. He also assisted each state in summarizing and interpreting CNA data in a manner suitable to developing new information, education, and communication strategies.

The Ministry of Health and Family Welfare, Government of India, prepared a report on the workshop. Their report is attached as Appendix A. Additional information on the CNA, based on a later visit to India by Professor Palmore, which included a draft of several chapters in the final report on the CNA, was also provided to JHU/PCS.

The workshop was successful, at least in so far as greatly heightening the awareness of IEC needs and possible strategies. Whether or not suitable follow-up activities (e.g., actual implementation of the new strategies) will take place remains to be seen and seemed somewhat doubtful at the end of the workshop. Also, additional use of the CNA data can be made and the short workshop only began to scratch the surface of the information available for planning purposes.

## LIST OF ABBREVIATIONS

AID	-	Agency for International Development
CNA	-	Communication Needs Assessment
GOI	-	Government of India
IEC	-	Information, Education, and Communication
IRHP	-	Integrated Rural Health and Population project
JHU/PCS	-	Johns Hopkins University/Population Communication Services
USAID	-	United States Agency for International Development

ASSISTANCE TO THE INDIA NATIONAL INFORMATION, EDUCATION  
AND COMMUNICATION STRATEGY PLANNING WORKSHOP ON HEALTH  
AND FAMILY WELFARE FOR THE USAID ASSISTED PROJECT

Introduction

The purposes of the present assignment were to:

- (1) assist the Government of India (GOI) in interpretation of the communication needs assessment results;
- (2) advise the GOI on the development of health/population messages based on the survey findings;
- (3) advise the GOI on appropriate communication strategies for spreading messages; and
- (4) act as a resource person in the communication strategy workshop.

These activities were to be one of the final stages in the communication needs assessment (CNA), part of the Integrated Rural Health and Population (IRHP) project-- otherwise known in India as the USAID-assisted area project. The USAID-assisted area project is taking place in 14 districts in 5 states (Gujarat, Haryana, Himmachal Pradesh, Maharashtra, and Punjab) and involves not only improvements in the health and family welfare infrastructure but also attempts to improve the efficiency and quality of services. To achieve the latter goal, three types of needs assessments have been carried out: the CNA (for which the present assignment was undertaken), a training needs assessment, and a management needs assessment.

Prior to the present assignment, the CNA had already been designed, data collected and hand tabulated, and assessed in a preliminary way. The overall philosophy, design, and results of the CNA are described in several previous trip reports submitted by James A. Palmore, who has been involved in the CNA since it began.

For the present assignment, Professor Palmore was one of three persons acting on behalf of JHU/PCS: Robert P. Worrall, former President of the Population Reference Bureau, Washington, D.C. and Subroto Sen Gupta, marketing consultant, were also involved in assisting the workshop. Dr. Saramma Thomas-Mattai and Mr. John Rogosch,

of USAID/Delhi, Health/Nutrition Section, and Mr. N.R. Yadav, of the Ministry of Health and Family Welfare, were the principal persons involved in planning and implementing the workshop and the three JHU/PCS consultants were to advise these three persons as well as the workshop participants. Dr. Palmore's principal role was in assisting in the interpretation of the CNA data (items 1 and 4 of the scope of work for the present assignment) with Dr. Worrall and Mr. Sen Gupta more heavily responsible for advice on developing messages and designing IEC strategies (items 2 and 3 of the scope of work for the present assignment). Dr. Palmore was in Delhi, India, from 26 November to 8 December 1984 for this assignment.

### Highlights of In-Country Work

#### Workshop Planning

A preliminary agenda for the 3-7 December workshop had been drawn up prior to Dr. Palmore's arrival. It was subsequently modified in discussions involving all three consultants, USAID/Delhi staff, and finally and most importantly Mr. N.R. Yadav of the Ministry of Health and Family Welfare. During the planning stages, it quickly became apparent that it would not be possible to make full use of the CNA data because not all of the hand tabulations were available in Delhi. Attempts were made to reach each state to have them bring the necessary information with mixed results.

#### Workshop Activities

The workshop itself was organized to first assess the CNA data. Dr. Palmore and Dr. Saramma Thomas-Mattai worked with each state to summarize the important implications of the data. This activity was severely hampered by the fact that not all of the data were available in Delhi or at the workshop. Nevertheless, it was still possible to assess the data for at least one district in each state so that the workshop could at least proceed to illustrative participation in later stages of the workshop.

The second part of the workshop involved message development and Mr. Sen Gupta was the primary consultant. Finally, Dr. Worrall led the participants in the development of IEC strategies based on the first two stages of the workshop. (The agenda is provided in Appendix A).

Participants in the workshop included personnel from the IRHP in each of the five states, supplemented by: staff of USAID/Delhi, Ministry of Health and Family Welfare personnel, staff of the National Institute for Health and Family Welfare, and a few

representatives from such agencies as the Ministry of Information and Broadcasting, the Indian Institute of Mass Communication, and All India Radio. (A complete list of the participants is provided in Appendix A. pp 58 ff.).

Each of the consultants made presentations during the workshop in addition to assisting in group work. Dr. Palmore's presentation ("A Quick Review of the Communication Needs Assessment") was based on the overhead transparencies reproduced as pages 63-77 of Appendix A. A text that summarizes essentially the same information is provided as Chapters 1 and 2 in Appendix B. The presentation by Dr. Worrall and Mr. Sen Gupta are also summarized in Appendix A, pages 78-115.

Following each of the consultant presentations, there was group work and subsequent reports on this work at plenary sessions. The final results for each state, presented on the last day of the workshop, are summarized in pages 3-54 of Appendix A. These presentations include, for each state, an assessment of the CNA data, message development for at least one topic, and a two year IEC strategy for that state.

### Conclusions and Recommendations

The workshop was successful in so far as it heightened the awareness of the participants in the potential use and value of the CNA data, how to develop messages, and how to work out communication strategies. Full benefit from the workshop was not, however, possible because:

- (a) not all of the CNA data were available at the workshop;
- (b) it would have been desirable to have the analyses completed and fully interpreted prior to the workshop;
- (c) the workshop was too short and did not always involve all of the appropriate personnel for each state.

These difficulties were somewhat unavoidable and it was far better to proceed with an imperfect situation than wait for the perfect one, but complete use of the CNA data and a full development of the communication strategies seemed, at the workshop's conclusion, to still be in the future.

The principal recommendation is that the activities of the workshop should probably be repeated in each state after the CNA data has been fully analyzed and that proper follow-up activities should be carried out by the appropriate agencies to ensure that the valuable information from the CNA is not lost to planners.

MINISTRY OF HEALTH AND FAMILY WELFARE  
GOVERNMENT OF INDIA

REPORT OF I.E.C. STRATEGY WORKSHOP  
HELD FROM 3RD DECEMBER TO 6TH DECEMBER, 1984  
FOR USAID ASSISTED AREA PROJECTS  
IN TAJ PALACE HOTEL, NEW DELHI

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## INTRODUCTION

USAID - assisted area projects are in operation in 14 districts of 5 states viz. Gujarat, Maharashtra, Punjab, Haryana and Himachal Pradesh. One of the objectives of these projects is to improve and expand communications in support of community's access to expanded health and family planning services. In order to bring about this improvement, the Communication Needs Assessment (CNA) was done in the project States. The assessment was carried out in 2 parts. Part 1 of the assessment included checking the knowledge and skills of communication workers at the block and district levels, viz. Block Extension Educators (BEEs), Deputy Extension and Media Officers (Dy DEMO) and District Extension and Media Officers (DEMOs). Two separate sets of questionnaires were prepared for this purpose. The data collected was analysed separately.

Part 2 of the assessment also referred to as community survey, was conducted to obtain information from the following categories of respondents:

1. Currently married women age 15 to 45 years (CMW)
2. Currently married men (MM)
3. Development functionaries (DF)
4. Community leaders (CL)
5. Health services providers (HSP) e.g. Health Assistants (HAS) (male and female), Health workers (HWs) (male and female), Village Health Guides (VHG), trained / Untrained Dais (UnTDs), and Private Practitioners (PPs).

The purpose of the community survey was to know the knowledge, attitudes, practices, availability of channels of communication and community's accessibility to them and the prevalent rumours in relation to the 12 key fertility and child mortality problems, viz. early age at first pregnancy, short inter-birth interval, large family size, low birth weight, neo-natal tetanus, birth injury, asphyxia, neo-natal septicemia, diarrhoea, malnutrition, respiratory diseases, immunizable diseases and malaria.

For the community survey a set of 4 questionnaires/check list was prepared and pretested for data collection. All primary health centers in the project districts were covered. The sample size at the primary health center level comprised about 200 currently married women, 100 currently married men, 100 community leaders and development functionaries, and 70 health service providers. The survey involved more than 60,000 interviews.

The faculty members of the Health & Family Welfare Training Centers at Ahmedabad (Gujarat), Aurangabad (Maharashtra), Kharar (Punjab), Rohtak (Haryana) and Simla (Himachal Pradesh) interviewed D.E.M.Os., Dy. D.E.M.Os., and B.E.E.s in their respective states. The other interviews were conducted on multi-stage basis by the staff of the primary health centers i.e. the higher level workers interviewed those one level below and lastly the 2 teams of health workers (male) and health workers (female) interviewed male and female members of the sample in the community.

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20 order to have quick results of the assessment simple hand tabulation of data, not requiring cross tabulation, was done at the primary health centers, under 13 categories of respondents. The data was analysed and interim reports were prepared.

The next logical step was to use the findings of CNA data in preparing I.E.C. strategies for the project districts in the 5 states. And so on an I.E.C. Strategy Planning Workshop for the USAID-assisted projects was organized at New Delhi from December 3 to 7, 1984 with the following objectives:

1. To review the Communication Needs Assessment methods, results and their implications for communication planning.
2. To prepare messages for various identified audience groups.
3. To develop IEC strategies for the five states using marketing and advertising techniques.
4. To develop a detailed campaign for a selected priority program in each project state.
5. To prepare IEC workplans for two years for the five area projects. The workshop had the benefit of three consultants provided by USAID, New Delhi:

Prof. J.A. Palmore, Director, Population Studies Program and Professor of Sociology, University of Hawaii and Research Associate, East-West Center;

Dr. Robert P. Worrel, Director, Population Bureau; and

Mr. S. Sengupta, Marketing Consultant, who participated as resource persons.

The reports of the Plans developed state-wise, may be seen in the following pages.

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GUJARAT

MEMBERS OF THE GROUP

Dr. R.D. Kachhia                      Project Director, USAID assisted area project, Directorate of Health Services (DHS), Gujarat.

Mr. S.M. Joshi                        IEC Officer, USAID assisted Area Project, DHS, Gujarat.

Mr. S. Mehta                         Sr. Training Officer, Health and Family Welfare Training Centre, Ahmedabad.

Mr. J.N. Gandhi                      Statistician, Health & Family Welfare Training Centre, Ahmedabad.

Mr. M.M. Shukla                     Educator & Information Officer, District Bharuch, (USAID assisted area project), Gujarat.

Mr. U.S. Mishra                      Program Officer, Media Division, Ministry of Health & Family Welfare, Government of India.

IEC Strategy for area health project, Gujarat

I. Early age at First Pregnancy

1. Problems:

Problem of early marriage and early age of first conception prevails in both the districts viz. Bharuch and Panchmahal. But the problem is more acute in Panchmahals. A large variation of opinion amongst the category C.M.W., SC/ST, who have more than 3 children, of CMW, NSC, have more than 3 children is observed. The percentages are 47.7 and 73.5 respectively.

Reasons for early marriage

- a. Late marriage is a social stigma
- b. Early marriage offers better prospects of getting a good husband
- c. It relieves social burden of parents.

Reasons for early pregnancy (before 20 years)

- a. To complete the family
- b. To please the husband
- c. To avoid social criticism of being infertile

Awareness

1. 30-35% have not heard about contraception in Bharuch whereas 36.47% have not heard in Panchmahals.

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2. 80-90% of those opinion leaders and development functionaries who are aware of contraception have heard about the methods through Orientation Training Camps (OTC) and interpersonal communication.
  3. Awareness regarding oral pills is very poor in both the districts.
  4. Knowledge of jellycream, foam tablets and douche is very poor in both districts.
  5. 41-62% currently married women (CMW) have not heard about condom.
  6. Married men (MM) (38-56%) have not heard about condom.
  7. Very high percentage (63-78%) of untrained Dais (UnTD) have not heard about condom.
  8. Awareness of condom amongst community leaders (CL) is comparatively high.
  9. Awareness of condom among development functionaries (DF) is low (58% Panchmahal, 81% Bharuch).
  10. Very high percentage of CMW are unaware of IUD/Loop.
  11. Similar situation amongst M.M.
  12. About 50% of development functionaries are unaware about IUD/Loop.
  13. Awareness regarding natural methods is very poor amongst all categories.

#### Priority Audiences

- a. Currently Married Women
- b. Parents
- c. Categories to be utilised for giving the message viz. teachers, N.S.S. group, college students, adult educators, community leaders, young educated married women.

#### Media

1. Simple audio visual media will be utilized for improving the knowledge and motivation of health workers.

Media content will not have only simple matters but also contain matters which will enable health workers to dispell people's misgivings and objection to various spacing methods. Non-verbal communication media will be given priorities.

Some examples:

Pocket Album  
Flash Cards  
Flip Books  
Flip Charts

2. Audio-visual aids such as slides / flip charts will be prepared.
3. Special audience programmes of AIR for rural and tribal groups will be utilized.
4. Sticker posters / laminated posters on Cu.T will be prepared.
5. Folk media programmes for rural and tribal groups will be organized by utilizing the local folk groups. New scripts will be developed for folk media. These will include material for dispelling people's misgivings.
6. Talent in the commercial advertising will be utilized for developing new scripts.

II. Short Birth Intervals

Problems:

- a. Majority of the respondents have unfavourable attitude towards spacing and the practice of CMW shows that more than 78% of women had children with less than 3 years birth interval.
- b. The disturbing situation is that health service providers themselves do not appreciate the value of proper spacing of births.
- c. The knowledge of spacing methods amongst various categories is poor.

Reasons

- a. To complete the family sooner.
- b. Children can share their clothes and books.
- c. Husband happy to have many children.

Reasons given for larger birth interval

- a. Better health of mothers and children.
- b. Less frequent sickness of mother and child.
- c. Better rearing of children.

Priority Audiences

- a. Health service providers.
- b. Currently married women and married men.

III. Large Family Size

Problems

- a. Panchmahals is in favour of large family size in comparison with Bharuch.

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## Vasectomy

### Reasons:

- a. More people means more income.
- b. Desire to have a male child for socio-cultural reasons.
- c. Maintain family strength.
- d. To have support in old age.

### Priority Audiences

- a. C.M.W.
- b. Health service providers.
- c. Teachers, N.S.S. group, college students, adult educators, community leaders.

## IV. Low Birth Weight

### Problem:

- a. In Bharuch about 84% of CMW (NSC) and 47% of CMW (SC/ST) do not get their children weighed within first week of life. Similar is the problem in Panchmahals district.

CMW (NSC) - 75%  
CMW (SC/ST) - 53%

- b. On account of the practice of not taking weight of new borns, the children at risk are not identified and enumerated. Thus these children do not get the advice for nutritional supplement.
- c. 90% of HA(F) and HW(F) believe that children should be weighed in the first week of life.
- d. T.D. and Un.T. Dais also believe that children should be weighed during the first week of life.

### Priority Audiences

- a. Pregnant women.
- b. C.M.W.
- c. Health service providers.

## V. Diarrhoea

### Problems

1. Most of the CMW and MH believe that children having diarrhoea should not be fed. The same opinion is expressed by H.G., Un.T. Dais, T.Dais, Private Practitioners.
2. Regarding giving water during diarrhoea, attitude is favourable but more than 75% CMW and MH have not heard of ORS and nearly 60% of community leaders and development functionaries have not heard of ORS.

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3. Knowledge about preparation of ORS among the groups of MM, MW, CL and DF is very poor and among HS providers except T.Dais and Un.T. dais, is quite good.
  4. In Bharuch district about 50% of CMW (NSC), T.Dais and Un.T. Dais have used ORS. Majority in the rest of the categories have not used ORS. In Panchmahals district more than 60% of private practitioners, H.A.(F), H.A.(M), HW(F) and HG have used ORS. Majority in the rest of the categories have not used ORS.

Audiences:

1. Health service providers.
2. Mothers.
3. School children, community leaders, development functionaries, teachers.

REPORT ON MARKETING STRATEGY FOR CONTROL OF DIARRHOEA

Diarrhoea: Knowledge, Attitudes and Practice

Attitude regarding not feeding the child with diarrhoea is very strong in Panchmahals district as the percentage are over 60% amongst all the categories.

Similar attitude is expressed by the respondents of Bharuch district, from the categories, i.e. Private Practitioner, Married Men (Non SC) and Married Women (Non SC), Community leaders and Development functionaries.

Quite a high percentage from the categories of Health Guide, Trained Dais and Untrained Dais also think that the child should not be fed during diarrhoea.

In both the districts the favourable attitude is observed for giving water during diarrhoea except amongst the category of Health Worker (Male) of Panchmahals district

O.R.S.

In Panchmahals district the percentage of those who have not heard about O.R.S. ranges from 52% to 67% in all the categories, while it is 53 to 87 in Bharuch district.

Knowledge about preparation of ORS in both the districts among the group of Married Men, Married Women, Community Leaders and Development functionaries is very poor and among Health Service Providers except trained and untrained dais in both the districts is quite good.

More than 70% of the Married Women from both the districts have not used ORS while amongst the Health Service Providers, nearly 70% of the categories have used ORS except untrained dai and trained dai from both the districts and Health Worker (M) from Panchmahal District.

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IEC Strategy for control of Diarrhoea

**1. For Awareness:-**

**A. Radio programmes for special audience groups e.g.**

- a. Programmes for Rural people
- b. Programmes for Tribals
- c. Programmes for workers

**B. Advertisements in Vividh Bharati**

**C. Speial Features**

**D. Special Radio Spots**

**E. Workshop for Communication**

Functionaries using the expertise from:

- a. Radio
- b. TV
- c. SAC (Space-Application Center)
- d. I.I.C.M.
- e. NID
- f. Communicators in IRHP State and District
- g. GOI
- h. Song and Drama
- i. Field Publicity Unit

**F. Advertisement through Commercial Channel**

**G. a. Posters**

- b. Laminated stickers / posters
- c. Wall slogans

**II. For Group Work**

- a. Use of dramatised scripts, recorded on cassettes and use of slides, flash cards
- b. Role-play by Health Service Providers
- c. Use of Video Cassettes to be telecast and subsequently utilized for demonstration of preparing ORS
- d. Puppet story.
- e. Tribal folks programme after getting script papers

**III. Interpersonal Communication**

- a. Small Albums
- b. Flash Cards
- c. Demonstration for prepaing O.R.S.

**IV. Evaluation Study and Feed Back**

At the end of one year (i.e. mid-term evaluation) replanning.

V. Talking points

1. Love, affection and health care of child is of prime importance.
2. Diarrhoea can cause danger to life of a child.
3. Diarrhoea is not due to teething but is related to infection.
4. Infective diarrhoea can be due to contaminated water, food, milk, unhygienic health habits.
5. Breast and nipple should be cleaned before starting breast feeding.
6. Before feeding the child with food, mother should wash her hands.
7. Even in case of minor diarrhoea, ORS should be started immediately.
8. If diarrhoea persists inspite of ORS therapy, refer the child to PHC/hostpital.
9. Child does not die due to diarrhoea but due to dehydration and loss of minerals.

1. Objectives

- a. Raise the utilization of ORS through communication.

2. Target Audience

- a. Health Service Providers
- b. Leaders
- c. CMW and MM
- d. PP
- e. Other development functionaries
- f. School Children above Vth standard

3. Belief of Target Audience

- a. Diarrhoea is not considered as a problem unless it is acute.
- b. Food should not be given to patient of diarrhoea.
- c. Lack of knowledge regarding use of home made ORS by CMW.
- d. 50% of the service providers do not believe that food should be given during diarrhoea.
- e. Diarrhoea is due to teething troubles.

4. Problems to be solved

- a. The health service providers will be equipped with required knowledge and skills to be effective in the field.
- b. Different category of leaders will be oriented about the problem and their role in solving it.
- c. Arrange educational programmes including demonstrations for preparing ORS.

5. The Opportunity

- a. 70-90% believe that water can be given during diarrhoea (in Bharuch).

6. Supportive Evidence - Expert Opinion

- a. Users' experience to be utilized.
- b. Example of beneficiaries.

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MAHARASHTRA

Members of the Group

Dr. P.B. Khedekar,	Planning Officer, USAID Assisted Area Project, Directorate of Health Services. 4th floor, Govt. Dental College, St. George's Hospital, Bombay
Mr. R.N. Moghe	Sr. Sanitarian, Health & Family Welfare Training Centre, Aurangabad.
Dr. R.P. Worrall	Communications Consultant, USAID, New Delhi.
Mr. K. Yasodharan	Joint Director, (IEC) Directorate of Health Services, Kerala.
Dr. R.K. Seth	Asst. Commissioner, Area Projects Division, Ministry of Health & Family Welfare, Government of India.

IEC STRATEGY OF AREA HEALTH PROJECT, MAHARASHTRA

The report is in two parts viz.:

- A. List of the observations - Topic wise
  - B. Programme implications of the observations
- A. I. Fertility (Age of marriage, Age at 1st Pregnancy and birth interval). 50 to 60% of respondents from other than HSP have negative attitude. Certain percentage of HSP also have negative attitudes and advocate early marriage, short birth interval. Dais particularly have negative attitude while going through the reasons for such attitudes, two things became apparant.
- 1. Very strong cultural factors
  - 2. Poor knowlegle about disadvantages of early age at marriage/first pregnancy and its effect on health of mothers and children.

II. Knowledge of contraception

About 50% of respondents were unaware of contraception. When we look at knowledge of different methods - awareness about sterilization appears to be unrealistic. The level of awareness about condom, pill & IUD is also on the lower side, but similar to what is observed in the baseline survey. All the same, the knowledge regarding the spacing method is very critical for states like Maharashtra - where the couple protection is as high as 40% - and sterilization coverage has almost reached saturation. Certain misbeliefs about methods have also surfaced and needs to be counter-acted.

### III. Health Practices

Feeding during illness, measles and diarrhea: Almost 70% of respondents have stated that children should not be fed during illness - giving water during diarrhea and other illness where the health workers have exhibited poor knowledge.

ORS - little awareness in the community.

Giving Colostrum - little awareness in all sections of respondents - including health service providers.

Large proportion of currently married women thought that a child should be only breast-fed up to 12 months. And they thought so because they were so advised by dais or health workers.

ANC Care - Almost 60% of women said they did receive the ANC care. Those who did not receive through it is not necessary or the facility was too far.

Mid-Wifery Care - Large proportion of deliveries are home deliveries. The practice of smearing the floor with cow dung is a common practice.

New Born Care - Early breast feeding. Weighing new born - facilities not available.

Immunization - Knowledge regarding immunizable diseases is poor even in certain proportions of health service providers.

### Media & Media Contacts

Health workers and teachers were the categories which have maximum contact with the community.

Radio and movies appear to be popular media.

Though the figures are different - media are the same for all the three districts.

No pattern emerges amongst SC/ST or non-SC/ST.

Problem - rumours

Opportunities - (Advantages) can be used for message development.

Supporting evidence - expert opinion - ANMs, doctors, satisfied users.

Attitude response - talk about, enquire about.

#### B. 1. Age at Marriage:

a. 55% married women hold the opinion that marriage age should be less than 18.

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- b. Scheduled caste/Non scheduled caste prefer age of marriage less than 18 years
  - c. Good number (44%) Health Workers feel that female's age of marriage should be less than 18 years.
  - d. 40% of Dev. Functionaries/Community leaders said it should be less than 18 years.

Reasons:

- a. Certainty of finding good husbands
- b. Happiness of parents
- c. Proper adjustment with husband/inlaws

2. Age at Ist Conception:

- a. 77% of SC women and 40% of NSC women favoured Ist pregnancy before 20—a significant number.
- b. Health Worker/Dev. functionaries/Community leaders favoured Ist Pregnancy before 20

Reasons

- a. To please husbands / in-laws
- b. To complete family size quicker
- c. To enhance the prestige of woman in the family

3. Birth interval

- a. 50% women wanted less than three years spacing between children and the same is favoured by Health Supervisor, - Dev. functionaries/ community leaders.
- b. 71% women had their children within (3 yrs.)—90% sch. caste women had less than three years interval.

Reasons

- a. Family size is completed soon
- b. Books/clothes of elder children could be used by younger children.

4. Large Family Size

- a. A good percentage of women wanted a large family of more than 3 children  
Dai/HGs also favoured large family

Reasons

- a. More persons; more help
- b. Large family; strong family
- c. Chances of having enough sons
- d. Old-age help

5. Knowledge of contraceptive

a. A lot of men and women were not aware about contraceptive methods. Community leaders had more knowledge about contraception. Awareness of Pills is very low. Same is the case with awareness about IUD and CONDOM.

6. Social climate about H&FW

- a. Contraceptive should not be give to young couples
- b. Higher value for a male child - social stigma

7. KAP Towards Health

a. Contact of rural women with MHO is very small

8. Measles, Immunization, Prenatal care, diarrhea, Polio etc.

Many health workers as well as the community leaders lacked adequate knowledge about the care to be given to women and children.

9. Prenatal/mid wifery care and the care of the newborn

30-40 persons did not get service, 50 did not visit the worker for check up in Govt. institutions and no immunization got. Delivery problems were more common in SC/ST women than others. About 30% of the people continue to plaster with cow dung the rooms in which deliveries take place, which is undersirable.

10. Care of the New born

- a. New borns are not weighed due to non availability of weighing machines
- b. In SC/ST families, problems of new born such as baby did not cry, became blue, difficulty in breathing, infected umbilicus, convulsion, and low birth weight problems were more common than in NSC.

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## MARKETING PLAN FOR MEASLES IMMUNIZATION PROGRAMME IN MAHARASHTRA

### Introduction

The state has decided to undertake the measles immunization as an innovative project for the project districts. State is also actively considering to take up state-wide measles immunization programme. Therefore it is thought that it would be useful to prepare a marketing plan for the programme only little information in the C.N.A. study regarding measles.

### Objective

The objective is to reduce the child mortality by preventing 'Measles' and thereby the deaths due to measles. This objective is to be reached by achieving 80% immunization coverage with measles vaccine amongst the children between age 9 months to 12 months.

### Target Audience

As the children in the age group of 9 months to 12 months are to be reached, the motivational effort has to be directed to parents and especially mothers. The target audience, therefore, would be:

- i) Currently married women
- ii) Married men
- iii) Opinion leaders
- iv) Doctors

### Existing Beliefs

There is no information in the present C.N.A. study, which can be picked up and made use of to understand the belief. It would, probably be necessary to gather such information quickly from the community. However, certain known beliefs are presented below:

- i) Measles is supposed to be the curse of Goddesses.
- ii) The disease is accepted as one of the normal events that occur as the child grows - as child walks and talks, he also gets measles. There is also very little awareness about complications.
- iii) Not to disclose to neighbours, if the child has measles.
- iv) Not to give any medicine and food during measles.

Unfortunately all the beliefs are negative beliefs, which, probably would make the process of educating people tougher.

### Problems

The side-effects of the vaccine will mainly be in the list of problems. These are: (1) Fever, (2) Rash.

Such problems can be tackled with proper reassurance.

### Opportunities

It is observed that about 40% of currently married women contacted health personnel for immunization of their children. Similarly 50% of CMWs and 60% MHs know that certain diseases can be prevented by immunization. This particular section of the community can be taken advantage of to make headway.

### Supporting evidence -(Expert Opinion)

Word from the following personnel would be of value:

Doctors - Government and Private

Health workers

Satisfied Patients

### Strengthening service delivery system

This would be particularly important in the following aspects:

- i) Training of staff
- ii) Effective cold chain
- iii) Logistics
- iv) Deciding vaccination strategy

### Key attitude response

Mothers talking about vaccination - weigh, prick and fever after the vaccination.

### Behaviour change

The expected behaviour change is that the parents get their children immunized for measles.

### Message

It would be essential to convey three things:

- i) Measles can be dangerous
- ii) Measles can be prevented by immunization
- iii) Availability

The message can be:

'Why let your child suffer from measles, when there is a vaccine to prevent it.'

### MEDIA MIX

- i) For creating awareness - Outdoor media such as wall paintings, hoardings and medium of radio can be made use for the purpose.

- ii) Providing knowledge - Press, television, O.T.C. and pictorial pamphlets can be useful for disseminating the knowledge.
- iii) Behaviour change - Inter-personal communication through the health worker can be made use of to achieve the expected behaviour change.

MONITORING AND EVALUATION

- Baseline information
- Vaccination coverage
- Reduction in measles morbidity and mortality

NOTE

I.E.C. strategy for key problems regarding immunization and medical care will be developed later.

TRAINING

In service training course will be organized for following categories of health workers separately.

	Category	Duration of training
i)	DEMO, BEE and Members of District training teams	3 days
ii)	Health Assistants and Workers	3 days
iii)	Health Guides and trained Dais	2 days

The DEMOS, BEEs and the members of district training teams will be trained by H.F.W.T.Cs. The health workers, Health guides and trained dais will be trained at P.H.C. by BEEs and district training teams.

Training of Private Practitioners	2 days
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Training course for private (traditional) practitioners will be organized to train them in key areas at PHC level.

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PUNJAB

MEMBERS OF THE GROUP:

Dr. Pritpal Singh	Project Director, USAID Assisted Area Project, Directorate of Health Services (DHS) of Punjab, No. 38, Sector 26, Chandigarh.
Mr. G.S. Mathur	IEC Officer, USAID Assisted Area Project, DHS of Punjab, No. 38, Sector 26, Chandigarh.
Mr. Jagjit Singh Walia	Social Science Instructor, Health & Family Welfare Training Centre, Kharar, Punjab.
Mr. S.N. Kashyap	District Education and Information Officer, District Sangrur (USAID Assisted Area Project) Punjab.
Mr. N.S. Rawat	Deputy Director Programmes, Doordarshan, Ministry of Information and Broadcasting, Govt. of India.
Mr. R.K. Bararoo	Deputy Director, Song & Drama Division, Ministry of Information and Broadcasting.
Mr. P.N. Kapoor	OSD, Evaluation and Intelligence Division, Ministry of Health and Family Welfare, Govt. of India.

IEC STRATEGY FOR AREA HEALTH PROJECT, PUNJAB

IMPORTANT IMPLICATIONS OF CNA FINDINGS

**Key Problem I:** Early Age at first pregnancy

**Observation:** Majority (60-70%) have positive attitude towards marriage of girls above 18 years of age. The same percentage also think that the first pregnancy should not occur before the age of 20 years. 15-20% variation has been observed in scheduled casts and non-scheduled castes. Currently married women - Quite a high percentage of development functionaries and community leaders have positive attitudes.

**Implications:** It is interesting to note that inspite of a high percentage of Community Leaders and Development Functionaries having an attitude that marriage of girls and first pregnancy should not happen at the age less than 18 years and 20 years respectively, a large percentage of target Community continue to practice the opposite i.e. the marriage of girls under 18 years and 1st pregnancy under 20 years of age.

There is need to step up education of the opinion leaders in order to encourage the right practice in the Community. The tactics shall be directed towards creating favourable social climate.

**Key Problem 2: Short Interbirth Interval**

**Observation:** Majority of currently married women both scheduled castes and non scheduled casts (75%) have birth interval less than 3 years. Only 48-57% of them think that the interval should be more than 3 years.

The attitudes of Health Service providers needs correction as 17% MA(M) to 32% (UTDs) have a negative attitude.

**Implication:** Interbirth interval more than 3 years is to be encouraged amongst the currently married woman specially those women who have one child or no child at all.

Female Social Organisations in the Community (Mahila Mandals) need to be geared up to build correct attitudes and promote interbirth interval, amongst eligible couples.

**Key Problem 3: Contraceptive Practice**

**Observation:** A good number (34%) are ignorant about the routinely used methods of family planning like condoms, vasectomy, tubectomy and CuT. The method of their use is known to even smaller number of respondents.

**Implications:** The knowledge about methods and use of Family Planning Methods be strengthened and practice increased through interpersonal and group communication. The use of mass media for popularising methods needs strengthening through concerted efforts by individual and group contracts.

**Key Problem 4: Measles and Diarrhoea**

**Observation:** About 1/3rd child population suffer from measles and diarrhoea during first year. About 50% of mothers do not feel that the child should be fed when he suffers from measles or diarrhoea. Most common reasons given are "food worsens diarrhoea", "child refuses to eat during fever". Mothers do not even give water during diarrhoea because of fear of vomit. A large percentage of Health service providers, community workers and development functionaries are also of the same view.

**Implications:**

In this important area, the primary need is to correct the knowledge of Health Service providers including Private Practitioners and community leaders, particularly mahila mandals.

The preparation and use of ORS from home ingredients is another important area which needs attention. The mothers having children 1-5 years are to be educated for use of ORS during diarrhoea.

**Key Problem 5:**

**Mid-Wifery Service**

**Observation:**

It has been observed that almost all the deliveries (98%) take place at home through trained and untrained Dais but prenatal check is got done by 60% of mothers. A sizeable number of mothers RMPs and community leaders are ignorant about the benefits of immunization.

Breast feeding presents no problems as almost all mothers breast feed their children. The only drawback is the early initiation of breast feeding. Almost all the respondents have replied that they put the child to breast after 2 hours of birth.

**Implications:**

Prenatal check up of pregnant mothers is to be increased, particularly the check up at the nearest sub-centre by HW(F) is to be promoted. More education of mothers on Immunization of children is needed. Preparation for home delivery is another important area for education.

**Media:**

Radio, T.V. Newspapers are mostly commonly used media. The use of the media is to be encouraged by having increased broadcasts and telecasts on areas of family welfare specially in the form of Quiz Sessions. The programme officers of Radio & Doordarshan be kept informed of latest developments of the programme.

It is important to develop suitable group and interpersonal communication techniques among health service providers and community leaders. Media for use during group and interpersonal communication needs to be developed.

CNA - PUNJAB

EDUCATION AREAS	OBSERVATIONS X - IVE	DESIRED CHANGE	COMMUNICATION	TARGET COMMUNITY
Early age at Marriage	CMW - Practice SC - 60 - 66% NSC - 43 - 52%	Delay Age of Marriage	Advantage of Marriage after 18 yrs and Disad. of Marriage before 18 yrs	C.L. - Mahila Mandals D.F. H.G. P.P., Dais, Parents  Unmarried girls of less than 18 yrs age Mothers of girls of less than 18 yrs age
Early age at 1st pregnancy	CMW - Practice SC - 58% NSC - 40%	Delay Martial Fertility Till 20 years	Disadvantages of Preg. before 20 yrs Advantages of conceptions 20+	CMW 20 Concerned Mother-in-laws Mahila Mandals, H.G, Dais
Interbirth (short)	NSC 63% SC 68% (CMW 3) 75% (CMW 3+) 17% 32% HSPS	3-5 years birth interval	Adv 3-5 years Disadv. of 3 or 5+	Married couples with 1 child Newly married, HSP, UnTD
Large Family Size	CMW 3+ 13.2% - 22.6% NSC SC CMW 3 50.7% - 67.7% 37% UD 24% CL	Practice Small Family Norm	Adv. of Small families Disad. of Large Families	Eligible couple With i) 0-2 child ii) 3+ child UnTD, CL

EDUCATION AREAS	OBSERVATIONS % - IVE	DESIRED CHANGE	COMMUNICATION	TARGET COMMUNITY
P.F. Methods	35% lack KN About methods smaller % use	Use F.P. Method for spacing and limitation Irrespective of sex of babies	-Various FP Method -Use of FP Methods -Adv. & Disadv. Method -Misconception -Inter Spouse communication	Eligible couple DF, PP UnTD
Benefits of Feeding; in Measles	47% 55 (MW) 35% 56 MM 6.5% HAF 17.4% HAF(M) 26% HW (F) 39% HW(M)	Feeding HSP Illness	Not SC NSC Effect for not feeding	Feed during Couple with Child 0-5 years Mahila Mandal
Not feeding in Diarrhoea	Incidence 27% CH. POP 46% Don't favour feeding High % ignorant about ORS	Feed During Illness Misconception about water and giving ORS	Benefits of feeding & effects of not feeding Role of water and ORS in Diarrhoea	HAs AND HWS (M) CMWo MM CL DF HSP

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MARKETING PLAN FOR CONTROL OF NEO-NATAL TETANUS

The Problem:

Approximately 1/3rd of the new born deaths within a period of 28 days of life are due to tetanus. The source of infection is usually the use of unsterilized material by the Untrained birth attendants i.e. Scissors to cut the cord and the thread used to tie the cord and various local applicants. The CNA survey reveals that 57% of mothers apply ghee on the cord and 4% still apply ash.

The chances of tetanus to the new born are increased if the mother remains unprotected against tetanus during the pre-natal period.

Objectives:

Overall To reduce mortality of Neo-nates due to tetanus by 50% within next 2 years of starting the campaign. The tactics of the campaign shall be directed to achieve the following:

- a. Increase in registration of pregnant mothers at sub-center and to ensure 2 doses of tetanus toxoid to atleast 80% of pregnant mothers.
- b. Improve home delivery conditions by promoting preparation for home delivery, availability of trained birth attendant particularly the services of HW(F)
- c. Discourage harmful practices prevalent in the community like covering the floor with cowdung, application of certain things on the cord.
- d. Encouraging institutional deliveries

Target Population:

- a. Currently married women of age below 45 years
- b. Married men
- c. Female organisations in the community like Mahila Mandals
- d. Mother-in-laws
- e. Trained and untrained birth attendants in the community
- f. Health Workers (F)  
Health Assistant (F)

Media Approach:

- a. Directed mainly towards encouraging contact of mothers with Bahenjis HW(F) of the area for registration.

- b. Clinical examination at subcentre and getting T.T. Immunization at the required time during pregnancy period.
- c. Get delivery conducted by trained persons only.

Media will be mainly Radio, Posters,

Message:

- a. As soon as you know of pregnancy visit the nearest sub centre
- b. During pregnancy it is necessary to get yourself examined by Behenji
- c. Getting injections during pregnancy is necessary for your health and for the health of your child
- d. Behenji is your friend at the time of pregnancy - do not forget to consult her.
- e. Get delivery done by the trained dai only.

Group Approach:

Group approach will mainly strengthen the message received by the community through the media

- I. Group meetings of pregnant mothers by HW(F), HA(F), MO

Message:

- Clinical examination of pregnant women and immunization protect them and the child
- T.T. Immunization gives protection against tetanus to your child
- Personal hygiene during pregnancy
- Unhygienic practices like application of things on cord, preparation of room for delivery, avoid cowdung plaster etc.
- Get delivery conducted by trained hand. Inform availability of trained dai in the village.
- Tetanus as a disease, signs/symptoms, causes etc.
- Tetanus is almost 100% fatal.
- Availability of protective services in the area

II. O.T. Camps

Organise O.T. Camps for:

- a. Mahila Mandals
- b. Mother-in-laws
- c. Opinion Leaders
- d. Trained Dais/Untrained Dais

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## Message

- a. Importance of clinic examination of mothers and immunization of mothers against tetanus.
- b. Magnitude of the problem in the community, its seriousness
- c. Causes/Signs/Symptoms of Tetanus
- d. Importance of trained dais in the community. Why all the untrained dais need to be trained.
- e. Consultation of HW(F) and HA(F) by mothers, its importance and benefits to mothers (Use posters, visuals, slides)

### Interpersonal approach:

- Mothers to be contacted in homes and clinics
- Indigeneous birth attendants to persuade mothers to visit SC or any other health institution.
- Mothers to be told of the proper time of visit and the clinics
- HW(F) and HA(F) visiting homes of pregnant mothers for:
  1. Preparations to be made for delivery
  2. Help mothers choose the right person to conduct the delivery
  3. Advice on personal hygiene
  4. Advice on care of the new born.

(Give visuals as reminders to mothers)

### Service Approach

This is going to be one of the most important approaches of the whole campaign as this approach shall serve as a supportive approach to communication done in the above approaches.

In this approach the service to pregnant mothers shall be important in order to provide quality service by taking following steps:

- a. Development of Health Service Providers by improving their knowledge and skills in the care of the mother and child
- b. Development of communication skills for group and interpersonal approaches.
- c. Ensuring supply equipment and other material to the subcenters
- d. Organise service camps for mothers

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- e. Ensure effective supervision of subcenters
  - f. Continued Education for trained dais/health guides
  - g. Persuade untrained dais to undergo necessary training
  - h. Improve aseptic deliveries by providing sterilized material required for deliveries to the birth attendants.

Evaluation and Feed Back Mechanism:

A systematic mechanism for evaluation and feedback needs to be developed. Proper monitoring of the campaign at suitable intervals will be ensured. The following parameters will be used:

- a. Status of prenatal registration at sub-centers
- b. Status of training of Indigenous Dais in the area
- c. Status of incidence of tetanus neonatorum
- d. Status of mothers shifting to trained birth attendants for delivery.

INDIVIDUAL CONTACTS:

RAPPORT

ENSURE:

PROMPT AND GOOD SERVICES

MOTIVATE: S/C VISITS

IMMUNISATION  
PRE-NATAL CARE

GIVE VISITING CARD (See Annexure I)

COMMUNICATION STRATEGY

EDUCATION AREAS	C.N.A. OBSERVATIONS	DESIRED CHANGE IN BEHAVIOUR	COMMUNICATION CONTENTS	TARGET COMMUNITY PRIORITY WISE	COMMUNITY STRATEGY
Knowledge about Tetanus	1/3rd of Total deaths of new born are due to neonatal tetanus	Acquire knowledge about disease	Tetanus is almost fatal, spreads under unhygienic conditions <ul style="list-style-type: none"> <li>. during delivery</li> <li>. care of cord</li> <li>. poor personal hygiene</li> </ul> and if not immunized against tetanus	CMWS MM Female Organisations i.e. Mahila Mandals etc. Mother in laws UD, TD, Behnji CL,; DF: PP	<u>SENSITISE COMMUNITY</u> Disease is Fatal But preventable through Immunisation Report to Behnji and get immunised during Pregnancy-Popularisation Sources Media: Radio, TV, cinema slides, film shows, posters etc.
Immunization of Mothers during Pregnancy	Lack knowledge: Immunisation can prevent tetanus; Large nos. do not get immunised during pregnancy	Accept immunization against tetanus during pregnancy	Immunization will prevent tetanus and save precious lives - <u>If pregnant: Get registered at sub-centres - Behnji.</u> Receive immunization against Tetanus  - * Doses are essential for complete protection	Newly married women and pregnant women: Dais - H.G., Mahila Mandals - MM	<u>OTC: Birth Attendants</u> - Mahila Mandals - Dais - H.GS. <u>Group Meetings:</u> CMWS: Newly married - pregnant women MM Discuss: Communication Contents I and II Media: Handbooks, Filmslides Remind during home visits give visiting cards (see annexure)

Behenji: = Health Worker (F) ; CL: = Community Leader; CMW: = Currently Married Women; DF: = Development Functionaries  
 PP: = Private Practitioner; MM: = Married Men; UTD = Untrained Dai; TD: = Trained Dai; OTC = Orientation Training Camp

ANNEXURE I

VISITING CARDS

1. ESSENTIAL PRE NATAL VISITS (S/C)

1ST \_\_\_\_\_  
2nd \_\_\_\_\_  
3rd \_\_\_\_\_

And on Complications

2. Immunization Visits for T.T.

	<u>1st Dose</u>	<u>2nd Dose</u>
PLACE	_____	_____
DATE/DAY	_____	_____
TIME	_____	_____

MIND YOU - TWO DOSES ARE ESSENTIAL TO PREVENT TETANUS

3. VISITING DAYS AT S/C DOCTORS \_\_\_\_\_  
H.A. (F) \_\_\_\_\_  
AVAILABILITY AT CLINIC DAY \_\_\_\_\_ TIME \_\_\_\_\_

4. GET DELIVERED BY TRAINED HEALTH PERSONS

5. INSTRUCTION FOR CARE OF NEW BORN

SUMMARY FORM PROJECT DISTT. IEC STRATEGY FOR THE NEXT TWO YEARS  
PUNJAB STATE

Key Health Problems	Audience Priority	Current Behaviour (from QVA data)	Desired Behaviour change	Message	Channel Combination	Management activities	Budgeting	Training Activities
1	2	3	4	5	6	7	8	9
Early age at pregnancy	<ul style="list-style-type: none"> <li>Newly married couples</li> <li>Girls between 15-20 years</li> <li>Mother-in-laws</li> <li>Mahila Mandals</li> <li>H.Gs. and Untrained Dais</li> </ul>	50% u/c & 40% N.S/C have 1st pregnancy before the age of 20 yrs	Delayed Marital Fertility till 20 yrs	<ul style="list-style-type: none"> <li>- Delay pregnancy till 20 years of age because it keeps the mother &amp; child healthy</li> <li>- If you delay pregnancy, you look younger for a longer time</li> <li>- Wait till body &amp; mind are mature</li> <li>- Educate your daughters</li> </ul>	<ul style="list-style-type: none"> <li>.Radio</li> <li>.TV</li> <li>.Posters</li> <li>.Groups &amp; and inter-personal channels</li> <li>Visuals for group communication</li> </ul>	<p><u>State Level</u></p> <ul style="list-style-type: none"> <li>. Plan and organise messages for Radio/TV</li> </ul> <p><u>District Level</u></p> <ul style="list-style-type: none"> <li>Plan and organise orientation to distt. supervisory staff.</li> <li>Plan &amp; organise seminars/orientations for HG/Dais</li> <li>Distribute educational material</li> <li>Liaison with</li> </ul>	<ul style="list-style-type: none"> <li>1. Mass media ) including print material Exhibitions) advertise )</li> <li>2. Groups Communication) including OT*) camps, visuals,) equipment</li> <li>3. Preparation ) and printing) of manuals ) and Guides )</li> <li>4. Research ) 5%</li> <li>5. Training ) 10%</li> <li>. Others ) 10%</li> </ul>	<ul style="list-style-type: none"> <li>Training of DEMOS/Dy. DEMO shall be at some national institute to be identified at a later stage.</li> <li>The training activities for other activities shall be organised at HFWICS and at FIC level</li> <li>Duration : One week</li> </ul>





SUMMARY FORM PROJECT DISTT. DEC STRATEGY FOR THE NEXT TWO YEARS - PUNJAB STATE CONTINUED

1	2	3	4	5	6	7	8	9
Mal-Nutrition	<ul style="list-style-type: none"> <li>-Mothers having children under 5 years of age</li> <li>-Pregnant women</li> <li>-Mother-in-laws</li> <li>-Mahila Mandals</li> <li>-Health service providers (HSP)</li> </ul>	<p>75% of mothers did not supplement the diet of children at 6 months.</p> <p>Large No. of are having negative attitude</p> <p>70% of children are not brought for well baby clinics</p>	<ul style="list-style-type: none"> <li>-Must breast-feed the child upto 9 months</li> <li>-Supplement the diet of the child from 4 months</li> <li>-Attend well baby clinics</li> <li>-Maintain personal hygiene</li> </ul>	<ul style="list-style-type: none"> <li>-Mother's milk is the secret of child's happiness &amp; healthy life</li> <li>-Continue to feed the child during illness</li> <li>-Get your child weighed in the well baby clinics regularly</li> <li>-Inculcate and observe hygienic habits.</li> </ul>	<ul style="list-style-type: none"> <li>Radio</li> <li>TV</li> <li>Posters</li> <li>Cinema slides</li> <li>Flash card</li> <li>Folders</li> <li>Personal contacts</li> <li>Home visiting by Behnji and other female workers</li> </ul>			
Diarrhoea Measles	<ul style="list-style-type: none"> <li>-CMW with children 0-5 years of age</li> <li>-HSP Mahila Mandals</li> <li>-Community leaders</li> <li>-Development functionaries</li> </ul>	<p>-1/3 child population suffer from diarrhoea and measles</p> <p>-About 50% do not favour feeding during diarrhoea and measles</p> <p>-High percentage ignorant about ORS</p>	<ul style="list-style-type: none"> <li>-Feed during illness</li> <li>-Use ORS during diarrhoea</li> <li>-Immunize your child against Measles</li> <li>-Observe Food hygiene</li> <li>-Ensure safe water supply</li> <li>-Improve environmental hygiene</li> <li>-Disposal of human excreta properly</li> </ul>	<ul style="list-style-type: none"> <li>-Diarrhoea or measles causes weakness and susceptibility to other diseases and may cause death among children 0-5 years of age</li> <li>-Prevent it</li> <li>-Observe environmental hygiene</li> <li>-Ensure safe water supply</li> <li>-Give boiled water in mild diarrhoea and ORS in moderate and severe diarrhoea</li> </ul>	<ul style="list-style-type: none"> <li>Radio</li> <li>TV</li> <li>Posters</li> <li>Cinema slides</li> <li>Flash card</li> <li>Folders</li> <li>Personal contacts</li> <li>Home visiting by Behnji and other field workers</li> </ul>			

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SUMMARY FORM PROJECT DISTT. IEC STRATEGY FOR THE NEXT TWO YEARS - PUNJAB STATE CONTINUED

1	2	3	4	5	6	7	8
				-Get your child immunised against measles			
Immunisable diseases	-CMW Pregnant & with children 0-5 years of age  -Health Guides, Tr. Dais, and Untrained Dais -Private Practitioner, Community leaders & -Development functionaries	-Serious lack of knowledge that immunization can prevent diseases  -Nearly 50% C.M.W & M.M. do not contact health persons for immunisation	-Accept immunisation to prevent the childhood infectious diseases	-Get your child immunised against diphtheria, tetanus whooping cough & T.B. according to the schedule  -Only complete immunisation prevents these diseases, Consult your Behnjl	Highlight on Radio/ TV Posters Folders Personal contacts by service providers and Anganwadi workers		
Malaria	-Total Community (All audiences priority wise)	-45% CMW and 20% MM 24% H.G., 20% Dais do not get their blood checked for Malaria -Refusal for antimalarial spray increasing day by day	-Get blood checked for Malaria of all fever cases -Accept insecticidal spray -Early report of sickness	-Malaria causes weakness Susceptibility to other diseases and may cause deaths -Get your blood tested whenever you have fever and have the presumptive treatment. -Accept insecticidal spray to prevent Malaria. -Protect yourself from mosquitoes by using repellants and mosquito nets -Eliminate mosquito breeding.	Radio TV Posters Exhibition Interpersonal contacts Home visiting by HSP		

CMW = Currently Married Women; MM, Married Men

HARYANA

MEMBERS OF THE GROUP

Mr. R.P. Dhawan	Deputy Director (Mass Media), Directorate of Health Services (DHS) Of Haryana, Sector 7, Madhya Marg, Chandigarh.
Mr. J.P. Yadav	Deputy Director (M&E) DHS of Haryana, Chandigarh.
Mr. P.K. Puri	Health Education Extension Officer, Health & Family Welfare Training Centre, Rohtak, Haryana.
Mr. K.N. Sharma	IEC Officer, USAID Assisted Area Project, DHS of Haryana, Chandigarh.
Dr. J. Kantner	Population Advisor, Office of Population, USAID, New Delhi.
Mr. K.N. Kondala Rao	Asst. Director (IEC) India Population Project II, Directorate of Health Services, Sultan Bazar, Hyderabad.
Mr. A.K. Devgan	Asst. Professor, Management Sciences, National Institute of Health & Family Welfare, Munirka, New Delhi.
Mr. N.R. Yadav	Deputy Assistant Commissioner, Ministry of Health & Family Welfare, Govt. of India.

IEC STRATEGY FOR AREA HEALTH PROJECT, HARYANA

In Haryana CNA was conducted in all the three districts of the State namely Bhiwani, Sirsa and Mohindergarh. The data of CNA were analyzed and brief reports were prepared bringing out the relevant important findings having bearing on I.E.C. Plan. These findings were reviewed in the workshop and their implications were understood and noted. I.E.C. strategy and workplan which are being presented in the following pages are based primarily on findings of CNA data.

The group critically analysed the C.N.A. data in respect of Haryana (Bhiwani, Sirsa an Mahendergarh) and identified the important implications and gaps.

TV and Radio being national electronic media are telecasting and broadcasting messages having a national base. They cannot cater to the specific needs of particular areas in a particular language and dialect.

Print media has not much effectiveness due to low literacy rate especially in target audience.

More emphasis will, therefore, have to be laid on

- (a) Oral communication
- (b) Visual communication

To reinforce oral communication audio-visual aids projected and non-projected will be used to reinforce messages.

A single health worker will not be in a position to tackle all the 5,000 population. Therefore change agents will have to be created through OTC's to relay and reinforce messages to cover the entire population.

- 1. Syllabus for workers training to include I.E.C.
- 2. Refresher Training Courses for Workers
- 3. Message coinage for ruralite are the urgent steps to be taken for effective I.E.C.

No.	PROBLEM	FINDINGS OF CNA	REASONS GIVEN DURING CNA
1.	<u>Age at marriage</u>	<ul style="list-style-type: none"> <li>1. 55% married women hold the opinion that marriage should be less than 18.</li> <li>2. SC/NSC prefer age of marriage less than 18. (good number 44.4%)</li> <li>3. Health Workers feel that female's age of marriage should be less than 18 years.</li> <li>4. 40% of Dev. functionaries &amp; Community leaders-should be less than 18 years.</li> </ul>	<ul style="list-style-type: none"> <li>1. Sure to find a good husband.</li> <li>2. Happiness of parents</li> <li>3. Proper adjustment with husband and in-laws.</li> </ul>
2.	<u>Age at 1st Conception</u>	<ul style="list-style-type: none"> <li>1. 77% of CMW(SC) and 40% Health worker/Dev. agencies/ community leaders favoured 1st Pregnancy before 20 yrs</li> </ul>	<ul style="list-style-type: none"> <li>1. To please husband.</li> <li>2. To complete family size</li> <li>3. To enhance the prestige of women in the family.</li> </ul>
3.	<u>Birth Interval</u>	<ul style="list-style-type: none"> <li>1. 50% women wanted less than 3 years spacing between children and the same favoured by Health Supervisors, Dev. agencies/ community leaders.</li> </ul> <p>71% women had their children within (3 yrs), 90% SC women had less than 3 yrs birth interval</p>	<ul style="list-style-type: none"> <li>1. Family size is completed soon</li> <li>2. Books/clothes of elder children could be used b younger children.</li> </ul>

4. Large Family Size A good percentage of women wanted a large family of more than 3 children. Dais/HGs also favoured large family.
1. More persons; more help.
  2. Large family; strong family.
  3. Chances of having enough sons
  4. Old-age help.
5. Knowledge of Contraception A lot of men and women were not aware about contraceptive methods. Community leaders and Dev. functionaries had more knowledge about contraception comparably. Awareness of Pills is very low. So is the case with awareness about IUD and Condem.
6. Social Climate about H & F.W
1. Contraception should be given to young couples
  2. Higher value for a male child.
- Social stigma.
7. KAP towards Health Contact of rural women with M.O. is very small.
8. Measels Immunization, Pre-natal care, diarrhoea, Polio etc. Many Health Workers as well as the Community leaders lacked adequate knowledge about the care to be given to women and children.
9. Pre-natal/Midwifery care and the care of the new born. 30-40 persons did not get service. 50 did not invite the worker for check up in Government Institution and no immunization got. Delivery problems were more common in Sch. Caste women and others
- About 30% of the people continue to plaster with cow dung the rooms in which deliver takes place which is undesirable.
10. Care of the new borns
1. New borns are not weighed due to non-availability of weighing machine
  2. In SC families, problem of new born: Baby did not cry, became blue, difficulty in breathing, infected umbilicus, convulsion and low weight problems more common than in NSC

## MARKETING PLAN

### ORAL PILL

#### Statement of Situation

The Communication Needs Assessment has revealed that in 3 project districts of Haryana, a big majority of eligible couples and opinion leaders still prefer lower age at marriage, lower age at first pregnancy and 2/3 of currently married women had children with a birth interval of less than 3 years.

Secondly, though the Oral Pill was made available to the community through PHC/SC's, still the awareness level is only 20% which requires adequate attention.

#### Objectives:

- i) To strengthen the concept of spacing and delayed first pregnancy.
- ii) To populatize and promote the use of Oral Pill to achieve 2% protection of eligible couples through Oral Pill by the end of 1986.

#### Target Audience

(PRIMARY)

- i) Eligible couples
- ii) Newly weds

#### Key Attitudes Responses

Target audience start enquiring about Oral Pill from opinion leaders, Behenji (HWF) and other health personnel.

Target group starts enquiring from their known users, if any.

#### Behaviourial Change

Target couples start visiting health institutions for service, advice and use Oral Pill regularly.

Beneficiary starts enquiring for remedial measures if some complication or side-effects occur during the course of use of oral pill.

#### Message

It should be content oriented, easy, simple and in local language consistent with socio-cultural background of the community.

Oral Pill is a Boon. Prolong your Honeymoon.

Oral Pill : A Simple, safe and reliable method of contraception.  
Avail free services from the nearest health center.

## Children by Choice and not by Chance

'ONE ORAL PILL A DAY KEEPS PREGNANCY AWAY'.

### Audience

#### Primary

- (1) Medical Practitioners of all systems, both in public and private sectors

#### (Subsidiary)

- (2) If resources permit them, other Health Services Providers, particularly HAs (Male and Female) and HWs (Male and Female)
- (3) Community leaders, particularly women teachers which are about 10,000, and can be used as resource.
- (4) Mother-in-laws after a small diagnostic study in target audience.

### Beliefs

Since the awareness level of the Pill is very low and use insignificant - there are no well-founded beliefs which give us an opportunity to start with a clean slate.

The evidence available from studies in U.P. and Gujarat supports that Medical Professionals are lacking a strong opinion in favour of the Pill.

Common beliefs shared by the group members in respect of the Pill are:

- i) That it sounds like a 'Drug' or a type of chemo therapy which is required during illness alone.
- ii) A prolonged use of the Pill may add up the salt contents in the system and then may leave some harmful effects later on.

### Problems to be solved

- i) Correct and adequate technical information to Medical Practitioners.
- ii) Create awareness about the Oral Pill in potential consumers.
- iii) Remove doubts and fear relating to its effects after prolonged use.
- iv) Generate interest in potential acceptors to contact medical and paramedical personnel for advice and services.
- v) Create optimum awareness regarding use and availability of the Pill.
- vi) To impart correct and adequate information regarding Oral Pill to HWs; and subsidiary audiences.

### The Opportunity

The Oral Pill is very easy to start and stop.

Easily available and free at Sub-centers.

Very reliable, and is an effective contraceptive for spacing.

### Supporting Evidence:

Doctors advise it for newly weds and couples with less than two children.

Cite examples of satisfied users.

HWs reassurance and genuine explanation regarding merits of Pill.

### Media Mix

- i) Detailed information about Oral Pill to the M.O./H.S.P. through Technical Articles in journals and one day seminar with aids and Technical references.
- ii) Radio: For general awareness and its availability from Health Centers.
- iii) Visual Communication:
  - Metallic Tablets / Placs
  - Pictorial Charts / Calenders
  - Posters and Pictorial Albums

### Oral Communication

- iv) O.T.C.'s for target consumers and for lady teachers.
- v) Home visit (Interpersonal Communication)

Supported with flash cards / albums and flip charts.

SUMMARY FORM PROJECT DISTRICT, IEC STRATEGY  
HARYANA STATE

Key Health Problems	Audience Priority	Current Behaviour (from CNA data)	Desired Behaviour	Message	Channel combination	Management activities	Budgeting	Training
1	2	3	4	5	6	7	8	9
-2 (n) Early Age at first pregnancy  Shorter birth intervals	1. Currently married women	1) Over 70% married before the age of 18 years; and	The parents should appreciate the value of marriage of the girls and the boys at the age of 18 yrs. & 21 yrs., respectively or at higher ages.	1) First birth after twenty; Chances of survival plenty.	i. Radio ii T.V iii Orientation	SMEMO/ IEC Officer/ DEMO and	1) & ii) script -writing Rs.5000/-	Inservice Training to D. DEMO at State Health Family Welfare Training Cent. Rohtak and th will in turn train the DEMO and BEEs.
	2. Currently married men	ii) Over 60% had the first pregnancy below the age of 20 years		ii) The second child when the first goes to school then.	Training Camp.	assistance of Commercial Agencies.	iii) 1500 OTC's @ one per village @ Rs.300 each	
	3. Mother-in-law	iii) 50% had spacing of less than 2 yrs. Prevalent attitude is likely to be followed in future also.	The boys and girls should marry after they attain the min. age of 18 yrs. & 21 yrs., respectively.	iii) The newly weds should postpone the first pregnancy and keep proper spacing between births.	iv Films (Super 8 mm). v) Folk media	ii) same iii) DEMO/DEMO/DPRO/HEE and GOI media Agencies.	iv) Rs.10,000 v) Rs.3,00,000	
	4. Young persons on the threshold of marriage	iv) Similar attitude	They should appreciate and promote the concept of higher age at marriage as against the current practice.	iv) Get married when you are able to shoulder the responsibilities.	vi) Use of Photo Albums by Health workers during home visits. vii) Exhibitions. viii) Formation of population education in clubs, schools and colleges	iv) DD(MM) IEC Officers/ DEMO/HEE. v) DEMO/HEE DPRO. vi) DD(MM), IEC Officer/ DEMO/HEE and Commercial Agencies. vii) Same as above.	vi) 3000 copies (one for each HW's, HG's and Dais Rs.50,000. vii) Exhibition sets one each for 21 PHC's @ 10,000 per set Rs.2,10,000 Misc. 1,00,000 Total <u>12,25,000</u>	
	5. Opinion Leaders			v) For Grandmothers "There are greater chances of survival of your first grand child, if your daughter-in-law gives birth after 20 yrs. of				

SUMMARY FORM. PROJECT DISTRICT, IEC STRATEGY - HARYANA STATE CONTINUED

1	2	3	4	5	6	7	8	9
Large family size	<p>i) Currently married couples</p> <p>ii) Informal opinion leader.</p> <p>(iii) Development functionaries.</p> <p>iv) Village Health Guides.</p> <p>Dais</p> <p>Private practitioners.</p>	<p>1) 60% couples already having 2 or more children.</p> <p>35% of couples already having 2 or more children - are in favour of having large family.</p> <p>Average family size desired is 3-4 children for strong preference for sons.</p> <p>ii &amp; iii 22% want more children and iv) 7% want more children.</p>	<p>i) To appreciate the merits of a small family.</p> <p>To adopt FP methods for limitation of family size.</p> <p>To appreciate the change in the social value for a daughter and place the boy &amp; girl at par.</p> <p>To recognize the merits.</p> <p>ii &amp; iii promote the concept of small family norm.</p> <p>iv) To appreciate the merits of small family norm.</p>	<p>i) Two - that will do.</p> <p>ii) Ladka ho ya yuh ladki, Bachhey kewal do.</p> <p>iii) Daughter is daughter all her life; son is son till he gets a wife.</p> <p>iv) Sterilization for birth control; Two children should be the goal. Two children should be enough.</p> <p>v) For the Health &amp; happiness of family, Stop at two.</p> <p>vi) Laproscopy for women when; two children then.</p> <p>vii) ORAL pill is a boon; Prolong your honeymoon.</p> <p>viii) Child by choice; not by chance.</p> <p>Oral Pill a day; keeps the pregnancy away.</p> <p>ix) Loop or Cu-T; child birth interval key.</p> <p>x) When is next child's birth? When 1st gets a school berth.</p>	<p>1. T.V.</p> <p>2. Radio</p> <p>3. Hoardings</p> <p>4. Posters</p> <p>5. Tin Plates</p> <p>6. O.T.C.'s</p> <p>7. Super 8 film</p> <p>8. Folk Media</p> <p>9. Demonstration &amp; Group Discussion</p> <p>10. Home visit</p> <p>11. Print media</p>	<p>DD(MM)/IEC OFFICER/DPMO/DEMO/IEE</p> <p>DPIN - media agencies of Ministry of Information &amp; Broadcasting &amp; Public Relations.</p>	<p>1&amp;2 Rs. 10,000</p> <p>3 Rs. 30,000</p> <p>4 Rs. 5,000</p> <p>5 Rs. 50,000</p> <p>6 Rs.</p> <p>7. Rs. 50,000</p> <p>8. Rs.1,00,000</p> <p>9.</p> <p>10.</p> <p>11. Rs. 10,000</p> <hr/> <p>Rs.2,55,000</p> <p>+ 10% Rs. 25,500</p> <hr/> <p>Rs.2,80,000</p>	



HIMACHAL PRADESH

MEMBERS OF THE GROUP

HIMACHAL PRADESH

- Dr. D.S. Chauhan                      Project Director, USAID Assisted Area Project,  
Directorate of Health Services (DHS), Govil  
Niwas, Simla.
- Mr. L.C. Sharma                      Asst. Director, USAID Assisted Area Project,  
DHS, Govil Niwas, Simla.
- Mr. B.R. Bhandula                    State Education and Information Officer, DHS,  
Kennedy House, Simla.
- Dr. D.C. Dubey                      Professor and Head of Social Science Dept.,  
National Institute of Health and Family Welfare,  
New Delhi.
- Mr. N.K.P. Muthu Koya              Chief Exhibition Officer, DAVP, Ministry of  
Information and Broadcasting, Govt. of India.
- Mr. V.K. Sharma                    Sales Promotion Executive, Markeing Divison,  
Ministry of Health & Family Welfare, Government  
of India.

IEC STRATEGY FOR AREA HEALTH PROJECT, HIMACHAL PRADESH

I. Findings of CNA Study

Age at Marriage and First Pregnancy

The findings of the CNA study are based on only one district namely Sirmur district. The tabulation in respect of other two districts viz. Hamirpur and Kangra is still under process.

82.5% marriages took place at less than 20 years of age of girls. There is no difference on this issue between the backward and non-backward classes. About 55% of the currently married women think that the girls should be married before the age of 20 years while 60% stated that the first conception occurred before the age of 20years.

Only 10% of the respondents thought that the first pregnancy should be at the age of 18 years or less.

Reasons

The reasons cited for getting married below the age of 20 years were

- a. to relieve social burden on parents.
- b. girls are likely to get a better husband.
- c. to have children before the woman is too old.

### Short Birth Interval

#### Findings

Sixty-seven percent of the currently married women wanted to have children at an interval of less than three years. In the case of scheduled caste and non-scheduled caste their figure was 70% and 60% respectively.

#### Reasons

The reason for having short birth interval between two children has been reported as to complete the family as soon as possible.

### Family Size

#### Findings

Twenty two percent of the total respondents wanted to have more than three children and there is no significant difference between schedule caste and non-schedule caste on this issue.

#### Reasons

The reasons for having a large family have been reported (a) more persons to help the family and (b) having enough boys.

### Knowledge and Practice of Contraceptives

Forty percent of the currently married women reported not to have heard of any method of contraception. 85% lack the knowledge of oral pills. Thirty nine percent of development functionaries reported ignorance about oral pills. 60% of the private practitioners did not know about the oral pill. Seventy eight percent of community leaders have not heard about oral pills.

#### Condoms

Sixty percent of the currently married women and 40% of married men have not heard of condoms. Similarly 32% of community leaders and 12% of development functionaries have no knowledge of Nirodh.

### Vasectomy and Tubectomy

	<u>Vasectomy</u>	<u>Tubectomy</u>
CMW	51%	52%
Married Men	45%	45%
Community Leaders	51%	50%
Development Functionaries	55%	56%

#### I.U.D.

Sixty six percent of currently married women were not aware of I.U.D. Similarly 62% of married men and 56% of community leaders and 21% of the development functionaries reported ignorance about I.U.D.

### Induced Abortion

Ninty nine percent of the women have reported no knowledge of induced abortion or menstrual regulation. Similarly 97% of the married men were ignorant about this method. The position of community leaders and development functionaries is almost the same.

### Rhythm Method

Ninety nine percent of the respondents were not aware of the Rhythm Method and same is the position for withdrawal method and abstinence.

### Withdrawal Method

Thirty five percent of the people prefer some of the other methods of contraception. A sizeable percentage of persons below 50 years feel shy of talking about contraceptives.

### Health Services Utilization

With regard to health services utilization, the facts are as below in respect of currently married women and married men:

	<u>CMW</u>	<u>Married Men</u>
Immunization	23%	66%
Illness Care	24%	82%
Well Baby check-up	16%	17%

### Measles

Fifteen percent of currently married women thought that it was not alright to feed children with measles, while 47% of the married men thought it is not right to feed the child with measles.

### Diarrhoea

Around 10% of currently married women and 35% of the married men responded saying that it is not proper to feed a child with diarrhoea. Similarly 36% community leaders and development functionaries felt that a child with diarrhoea should not be fed. The proportion for Health Assistants (Male and Female), Health Workers (Male and Female) is about 15%. As for Health Guides it is 32%.

### Immunization

Twenty to twenty eight percent of currently married women did not know that immunization can prevent diseases like diptheria, whooping cough, tetanus, polio, tuberculosis. However, this proportion among married men is larger being about 45%. As for development functionaries and community leaders, the proportion of the respondents ranges between 37% to 90%.

### Malaria

50% percent of the currently married women and ninety 95% of the married men thought that they will get their blood checked if they had fever.

### Exposure to Media Channels

The most important media channels is the radio. 55% of the currently married women and 85% of married men listen to it.

The next (7 to 22%) important channel is the television. The proportion of currently married women is 10% and for men 17%. As for magazines this proportion for currently married women and men ranges between 4 to 30%.

19% of the currently married women have seen movies in a theatre and the percentage of women who have seen cinemas in the villages ranges between 13 to 19%. As for men, the information for movies in a theatre is not available, but their proportion for seeing movies in the village comes to nearly 24%.

### Personal Contacts

The persons who have personal contacts with health functionaries, anganwadi workers and teachers is in a smaller proportion. This ranges between 12 to 30% for currently married women and 2 to 69% for currently married men. Community leaders and development functionaries had personal contacts ranging between 6 to 50%.

### F.P Channel Contacts

40% of the currently married women and 25% of married men has seen F.P. pamphlets. O.T. Camps were attended to in almost at the same proportion by the currently married women and men. The percentage of those who had seen song and drama also remained the same for currently married women. It is about 11% for married men. For community leaders and development functionaries this percentage is little higher.

### Rumours

The proportion of respondents among currently married women and married men who had heard rumours about immunization ranges between 3 to 9%, while this proportion for this category which had heard rumours for contraception is between 5 to 10%. The proportion for private practitioners and other health functionaries is fairly high.

### II Strategy

The analysis brings out that the knowledge about contraceptives is very much lacking among the general population, the opinion leaders and development workers. This seems, therefore, to be the primary need of the people before they can accept family planning.

In view of the very difficult terrain and topography radio and effective extension workers seem to be the communication agencies which can reach the people with family planning and health messages. We therefore suggest the following to be our strategy:-

1. In order to fill in the gaps in information and knowledge about contraception, messages be developed primarily in this area;
2. We suggest an extensive use of radio for disseminating these messages.
3. In order to further intensify further impact of these messages, we suggest the formation of radio listening groups in villages. For this we suggest intensive use of extension workers.
4. In order to make these workers more effective in group discussions, we suggest providing of audio visual aids kits to be used by the extension workers.
5. The findings do suggest a very big gap among the population about the immunization programme and facilities.
6. Inorder to meet the special needs of immunization it is suggested to form women radio listening groups also.
7. Diarrhoea is also one of the important health problems. The above strategy will also be used for messages and disseminating information to the people on diarrhoea.

III. Communication Strategy on Total Immunization

The group was to work out a Communication Strategy for total immunization. The CNA data indicate that there is fairly good knowledge of immunization among the population in rural areas. The dimension of our data reveal that there is far more ignorance among male population as compared to the female population.

Those percentages who do not know about immunization.

Table	Male	Female
Diphtheria	62%	16%
Whooping Cough	26%	30%
Tetanus	62%	16%
Polio	36%	24%
TB	50%	18%

Rumours From our data this is not a major problem of communication as only 5% of male and 6% of female reported rumours about immunization. As would be revealed by these figures there is a considerable drop out at 2nd and 3rd stages of immunization.

Practice  
or

Acceptance 1st dose 60%  
2nd dose 40%  
3rd dose 25%

Problems The above data suggests that there is fairly good knowledge of immunization among the people in the state of Himachal Pradesh.

The data indicate the problem actually lies in ensuring that there is minimum drop out in the 2nd and 3rd doses of immunization.

This suggests that our communication strategy will have to concentrate on motivating and educating those who have completed the 1st dose of immunization.

**First objective** So our objective is to ensure through proper communication strategy that all those who have undergone the 1st dose also complete the 2nd and 3rd doses of immunization.

**Second objective** It is found that one of the reasons for higher drop out for 2nd and 3rd doses is lack of appropriate attitude and training of health workers responsible for rendering this service to the population. Our 2nd objective therefore will be to improve the knowledge, attitude and skills of the health functionaries about the importance of 2nd and 3rd doses.

**Third objective** It is to educate the managers about the need and importance of timely supply of the related services and availability of the vaccines etc.

#### Target Audience

- a. Parents of all those children who have been given the 1st dose of vaccination.
- b. Health workers giving immunization services.
- c. Managers of health services.

#### Belief of Target Audience

Our data reveal the following two important beliefs:

- a. Fear of temperature due to immunization/
- b. Pain as experienced by the first inoculation.

#### IV. Problems to be Solved

So the major problem is to educate the population and remove their fear of fever and pain during inoculation and importance of 2nd and 3rd doses. Men should also be educated through proper communication on the positive side we note for our CNA data that a high percentage is inclined favourable toward immunization to safeguard their children against diseases like diphtheria, whooping cough, tetanus, polio, TB, measles, typhoid etc.

This gives us the positive belief which we can use in our communication campaign to minimize the drop out rate at 2nd and 3rd stages.

#### V. Expected Behavioural Change as a Result of Communication Campaign

- a. To promote cent percent coverage of the required number of doses of various immunization.

- b. To ensure that the workers give proper care and attention and understand the importance of all the doses of immunization.
- c. To ensure that the administrators understand the field problems and maintain a regular supply of proper vaccines, instruments, syringes, appliances etc.

VI. Message content for target group A

- a. The message will be:

Inoculation will protect your children against diphtheria, tetanus, whooping cough only when they take all the doses including 2nd and 3rd doses. If you do not take this for your children, there will be no protection by giving first dose only.

Emotional Element

- b. The fever after the first inoculation is only temporary for few hours and for this medicine will be given if you agree to take second and third doses of inoculation.
- c. Inoculation only involves minor prick but it saves the life of your children against immunizable diseases. A small prick is therefore of no consequences whatsoever.

Target Group B - Health Worker

Our communication strategy will involve the following:

1. Holding of technical workshops to improve understanding and skills of health workers.
2. The special pamphlets and booklets will be developed by competent medical experts and will be distributed among them. These printed materials will be suitably designed and produced.
3. The worker will be given proper training for sterilizations of syringes, storage of vaccines and maintenance of cold chain system and the transportation of vaccine. The worker will be given AV Aids for effective communication including interpersonal communication.

Target Group C - Managers of health services

1. To repeatedly bring out through reports, the problem about the reasons of failure of Immunization Programme.
2. To suggest their ways and means and required facilities to overcome these difficulties.
3. To invite them in the field personally to see as to how they can improve upon the performance in the programme.
4. To introduce proper reward to the hard working and punishment to the slack and lazy workers.

### Media Mix

1. To hold educational group meetings with the parents of those children who have undergone 1st dose of vaccination.
  2. To give AV Aids to workers for using these in group meetings.
  3. To give information about the dates and places of inoculation for 2nd and 3rd dose well in advance to the parents by various media.
  4. To provide a general coverage of the importance of 2nd and 3rd dose of immunization through Radio programmes of talks, spots, and opinion of experts.
- The resistance and refusal cases will be given educational follow up. Film slides and songs and drama wherever possible will be arranged.

### Workers

They will be given media mix through films, slides, video-and written pamphlets, booklets, leaflets etc. Field demonstration is a must which should be given to the workers to improve the performance, skills and attitudes.

### Managers of health services

Seminar and field visits would be arranged for the managers to bring out appreciation among the administrators about the problems caused by their failure in maintaining proper timely and adequate supply chain of instruments, appliances, and vaccines etc.

SUMMARY FORM  
PROJECT DISTRICT IEC STRATEGY FOR THE NEXT TWO YEARS

HIMACHAL PRADESH

Key Health Problems	Audience Priority	Current Behaviour	Desired Behaviour	Message
1. Early age Ist Pregnancy	Currently Married Women	1. More than half of currently Married Women had first Pregnancy before the age of twenty years	To bring about attitudinal change favouring Ist Pregnancy at 21 or later	1. The girl should marry only when she is 18 years of age
	Currently Married Men	2. About ten percent felt that the Ist Pregnancy should be around 18 years of age		2. Let daughter not attain motherhood before she is 21 years of age
	Village Health Guide and Untrained Dais	3. More than 15% thought that Ist pregnancy should be at the age of eighteen years or less. About 20% thought that Ist pregnancy should be around 18 years or less.		
2. Short birth interval	Currently Married Women	More than 60% had children at an interval of less than 3 years. More than 30% wanted children at an interval of less than 3 years between 2 children.	Interbirth interval should be between 3-5 years	1. When should be the next child? when the first goes to school.
	Currently Married Men	More than 20% had 3 children at an interval		2. Health of Mother depends upon spacing of children
			- do -	- do -

Key Health Problems	Audience Priority	Current Behaviour	Desired Behaviour	Message
3. Large Completed Family Size	Currently Married Women	About 50% wanted more children. More than 20% think that is good to have large family size	To adopt two child Family norm	1. If you have two that will do
	Community leaders	More than 30% favoured large family size		2. 1st not immediately, 2nd be delayed, 3rd (?) never
	Trained Dai	More than 30% favoured large family size		
	Village Health Guide	More than 25% favoured large family size		
4. Low Birth Weight	Currently Married Women	More than 70% felt that they should not eat more during pregnancy and more than 75% did not take tablets during pregnancy. More than 76% thought that it is not harmful to do heavy work in the last trimester. More than 90% did not weigh the child during the 1st week after delivery	To change their attitude to favour pregnant mothers should take nutritious food, iron tablets and not to do heavy work during last trimester	Balanced diet during pregnancy healthy mother healthy baby

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Key Health Problems	Audience Priority	Current Behaviour	Desired Behaviour	Message
5. Neonatal Tetanus	Pregnant Women and their husbands Untrained dai. Trained Dai Health Guide	More than 70% did not receive prenatal care. About 40% had have deliveries while more than 70% did not have special room for delivery. More than 20% plastered cowdung on the walls and floor before delivery. The % applying ghee,ash immediately after birth on the umbilical cord ranges between 3%-30%, 66% of the untrained Dais applied ghee. About 50% of Trained dais applied ghee. About 60% too of HG applied ghee.	To make them appreciate & understand the importance of availing ante-natal care facilities, delivery by trained hands and not applying ghee and ash on the umbilical cord.	Conduction of scientific institutional delivery keeps tetanus away and removes worry
6. Birth Injury asphyxia	Pregnant women trained Dai untrained Dai and husbands of currently married woman	More than 40% had home deliveries and majority of them were not attended by trained hands; more than 35% laid the baby on the back after the feed.	Deliveries should be conducted by trained health personnel & mother should lay her baby on the proper side positions after breast feeding. Promote more deliveries in institutions and attendance of domiciliary deliveries by trained hands	Lay the child on one side properly.

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Key Health Problems	Audience Priority	Current Behaviour	Desired Behaviour	Message
7. Neonatal Septicemia	Pregnant woman, Newly married woman, trained and untrained Dais	More than 78% did not visit clinics during pregnancy, 76% did not take injections during antenatal period. More than 30% applied ghee to umbilical cord.		Institutional delivery Domicillary treatment of anaemia do away with Septicemia.
8. Diarrhoea	Currently married women, Currently married men, Health Workers, Health guides, Community Leaders, Developmental functionaries	35% men felt that a child should not be fed during diarrhoea. 26% of the private practitioners were of the same opinion. 32% of health workers thought in the same way. 35% of untrained Dais and 30% of trained Dais and 32% of the health guides held the same view. The proportion for the community leaders and developmental functionaries is about 36%. More than 90% currently married women and more than 85% of married men had not heard about ORS. This proportion for community leaders and developmental functionaries is more than 65%. More than 90% did not know how to make ORS.	To feed the sick child and to give ORS. To learn how to make ORS.	Diarrhoea will leave no fault if we give oral rehydration salt

Key Health Problems	Audience Priority	Current Behaviour	Desired Behaviour	Message
9. Malnutrition	Currently Married women, Married men, Health workers, Village health guides, opinion leaders.	2% to 3% of the newly born children before the age of 5 years are highly malnourished.	Creation of awareness for vital role of balanced food for children particularly	During 5 years span work for Balanced Food Plan
10. Respiratory diseases	Currently married men, women and children	They are generally suffering from whooping cough, bronchitis, pneumonia and other respiratory diseases like cold etc.	Awareness of respiratory diseases. Deficiency of vitamin A and D. Protection of children from cold and cough.	Vitamin A&D is gold, it keeps the children away from cold.
11. Immunizable Diseases	Currently married women, currently married men, community leaders, development functionaries, untrained dais, Health worker	15% to 30% women did not think that immunization can prevent diseases like diphtheria, whooping cough, tetanus, polio, measles, and TB. 50% of married men also think that TB cannot be prevented. A very high %age of community leaders and development functionaries do not know that they can prevent these diseases by immunization. In some cases this is as high as 96%.	Immunization can save their child from these serious diseases like diphtheria, whooping polio, TB, typhoid, measles etc.	Timely immunization is very fine the phrase "a stitch in time save nine".
12. Malaria	Currently Married women, currently married men, health workers, health guides, community leaders	More than 50% do not consider blood test for malaria detection	Blood test is essential for early detection of malaria and its treatment	During fever blood slides, healthy child and healthy bride

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AGENDA  
IEC STRATEGY WORKSHOP  
DECEMBER 3-7, 1984

December 3, 1984

- 10:00 - 10:30 Inauguration - Mr. H.W.T. Syiem  
Director Area Project
- 10:30 - 11:15 Chair person - Prof. N.N. Pillai, Indian Institute of Mass  
Communications, New Delhi.  
Reports of Media Research
- Prof. D.C. Dubey, National Institute of Health & Family  
Welfare, New Delhi  
Dr. J.S. Yadav, Indian Institute of Mass Communications,  
New Delhi.
- 11:15 - 11:30 Coffee Break  
Chairperson for the following session - Dr. R.K. Seth
- 11:30 - 11:45 Brief description of CNA - Mr. N.R. Yadav, Deputy  
Assistant Commissioner, MOHFW
- 11.45 - 12:15 CNA Survey Philosophy - Dr. J. Palmore, Consultant
- 12:15 - 1:15 Use of marketing approaches  
Mr. S. Sengupta, Consultant
- 1:15 - 1:30 The Communication Process and Behaviour Change - Dr. R.  
Worrall, Communication Consultant
- 1:30 - 2:30 Lunch
- 2:30 - 3:00 Briefing on Group Work - Dr. J. Palmore
- 3:00 - 5:00 Group Work : five state groups. Look at the CNA data and  
identify important implications. Dr. Palmore in charge

December 4

- 9:30 - 11:00 Chairperson - Dr. J. Palmore  
Presentation of group work
- 11:00 - 11:15 Coffee break  
Chairperson - Dr. J. Palmore
- 11:15 - 1:00 Use of CNA data for message development - Mr. S. Sengupta  
Contents  
Media  
Audience  
Techniques for rapidly gathering information for marketing

- 1:00 - 2:00 Lunch
- 2:00 - 5:00 Group work - Each group will prepare a complete marketing plan for one important program in their district - Mr. Sengupta in charge.

December 5

- 9:30 - 10:30 Groupwork continues
- 10:30 - 11:30 Chairperson - Dr. W.B. Rogers Beasley, Presentation of group work
- 11:30 - 11:45 Coffee break
- 11:45 - 1:00 Presentation of group work continues
- 1:00 - 1:30 The Behen  
Dr. R.K. Seth, Chairperson  
Dr. S.T. Mathai, Resource person
- 1:30 - 2:30 Lunch
- 2:30 - 3:00 Developing IEC Strategies - Dr. Worrall  
Chairperson Dr. D.C. Dubey
- 3:00 - 5:00 Group work  
Develop IEC strategy Workplan for next 2 years

December 6

- 9:30 - 11:00 Group work continues
- 11:00 - 11:15 Coffee break
- 11:15 - 1:00 Group work continues
- 1:00 - 2:00 Lunch
- 2:00 - 3:00 Chairperson - Dr. Worrall  
Presentation of group work
- 3:00 - 5:00 Preparation of group presentations for Friday

December 7

- 10:00 - 11:40 Chairperson, Mr. Vikramajit, Advisor Marketing  
Presentation by each state of two years plan (30 minutes presentation for each state, 10 minutes discussion)
- 11:40 - 12:00 Coffee break
- 12:00 - 1:40 Presentations continues
- 1:40 - 2:40 Lunch

- 2:40 - 3:30      Presentation continues - Mr. Vikramajit
- 3:30 - 3:45      Comments on Reports - Mr. Sudhakar
- 3:45 - 4:00      Comments on Reports - Dr. Palmore,  
Dr. Worrall and Dr. W.B.R. Beasley
- 4:00 - 4:30      Coffee break
- 4:30 - 5:00      Closing Session, Evaluation of workshop.

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GOVERNMENT OF INDIA  
MINISTRY OF HEALTH AND FAMILY WELFARE  
NEW DELHI

IEC STRATEGY PLANNING WORKSHOP

FOR USAID-ASSISTED AREA PROJECT

3RD TO 7TH DECEMBER 1984

NEW DELHI

LIST OF PARTICIPANTS

Sl. No.	Name	Designation & Address	Telephone No.	
			Off	Res.
<u>MAHARASHTRA</u>				
1.	Dr. P.B. Khedekar	Planning Officer, USAID Project, Directorate of Health Services, 4th Floor Dental College, St. George's Hospital Bombay	261031	-
2.	Shri. R.N. Moghe	Sr. Sanitarian, HFWTC CIDCO, Aurangabad	8345	-
<u>GUJARAT</u>				
3.	Dr. R.D. Kachhia	Project Director (USAID), Directorate of Health Services, (DHS) Civil Hospital Campus, Ahmedabad	66543	-
4.	Shri S.M. Joshi	IEC Officer (USAID) DHS, Civil Hospital Campus, Ahmedabad	68115	867498
5.	Shri S. Mehta	Sr. Trg. Officer HFWTC, Civil Hospital Campus, Ahmedabad	66573	66743
6.	Shri. M.M. Shukla	Education & Information Officer, Distt. F.W. Bureau, Distt. Panchayat Bharuch	124	1154 (on request)
7.	Shri Jitendra N. Gandhi	Statistician, HFWTC, Civil Hospital Campus, Ahmedabad	66573	c/o

HARYANA

8.	Shri K.N. Sharma	OSD/IEC (Editor) (USAID), DHS, Haryana CSO No. 47, Sector 26 Chandigarh	40182	
9.	Shri P. K. Puri	HEEO, HWFTC, Rohtak	2612	
10.	Shri J.P. Yadav	Deputy Director (M&E) DHS, Haryana CSO No. 47, Sector 26 Chandigarh	40182	
11.	Shri R.P. Dhawan	Deputy Director, Mass Media DHS, Haryana Sector 7, Madhya Marg, Chandigarh	28515	

PUNJAB

12.	Dr. Prithipal Singh	Project Director (USAID), DHS, No. 38, Sector 26, Chandigarh	28611	
13.	Shri G.S. Mathur	IEC Officer (USAID) DHS, No. 38, Sector 26 Chandigarh	28611	
14.	Shri Jagjit Singh	Social Science Instructor, HFWTC, Kharar, Punjab	5393	
15.	Shri S.N. Kashyap	Distt. MEIO c/o Civil Surgeon Sangrur, Punjab	386	

HIMACAL PRADESH

16.	Dr. D.S. Chauhan	Project Director (USAID), DHS, Govil Niwas Simla	6633	3079
17.	Shri L.C. Sharma	Asst. Director (USAID) DHS, Govil Niwas Simla	6633	
18.	Shri B.R. Bhandula	State Education and Information Officer, DHS, Kennedy House, Simla	3217	2654
19.	Shri R.R. Rouhan	Distt. Mass Education & Information Officer, c/o CMO, Dharmsala, Distt. Kangra	314	

ANDHRA PRADESH

20. Mr. K.N. Kondala Rao Assistant Director (IEC) 40131 (Extn 244)  
India Poulation Project  
{II}, Directorate of H&MS,  
Sultan Bazar, Hyderabad

KERALA

21. Mr. K. Yesodharan Joint Director (IEC) 71445 64482  
Directorate H.S.,  
Trivandrum 695037

NATIONAL INSTITUTE OF HEALTH AND FAMILY WELFARE

22. Prof. D.C. Dube NIHFV, New Delhi 669640 6418918  
23. Prof. A.K. Devgan Asst. Professor, 669151  
(Management Sciences)  
NIHFV, New Delhi.

INDIAN INSTITUTE OF MASS COMMUNICATION

24. Dr. J.S. Yadav Prof. of Research, 661973 698874  
IIMC, South Extension-II  
New Delhi 110 049  
25. Prof. N.N. Pillai IIMC, NDSE II 662524 7110264  
New Delhi 110 049

USAID

26. Dr. Richard Brown Deputy Director, USAID  
27. Dr. W.B.R. Beasley Chief, Health & Nutrition  
Office, USAID, New Delhi  
28. Mr. S.M. Silberstein Deputy Chief, Health and  
Nutrition Office, USAID,  
New Delhi  
29. Dr. James Palmore Consultant  
(East-West Population Institute)  
Hawaii, USA  
30. Dr. Robert Worrell Consultant  
(Director, Population Reference  
Bureau), Washington, USA  
31. Dr. J. Kantner Population Advisor, USAID,  
New Delhi  
32. Mr. John Rogosch Health Administration Officer,  
USAID, New Delhi

33. Dr. S.T. Mathai Public Health Physician  
USAID, New Delhi
34. Mr. M.G. Singh Management Specialist,  
USAID, New Delhi
35. Mr. Subroto Sengupta Consultant
36. Ms. Diana Swain Deputy Chief, Project  
Development, USAID,  
New Delhi
37. Mr. P.G. Ramachandran Consultant, Office of  
Population, USAID,  
New Delhi

MINISTRY OF INFORMATION AND BROADCASTING

DAVP

38. Mr. N.K.P. Muthu Koya Chief Exhibition Officer 387794 675489

SONG AND DRAMA DIVISION

39. Shri R.K. Braroo Deputy Director 276705  
Song & Drama Division  
15/16 Darya Ganj  
Delhi

DOORDARSHAN

40. Shri N.S. Rawat Deputy Director 389171  
(Programmes)  
Doordarshan  
Mandi House  
New Delhi 110 001

DIRECTORATE OF FIELD PUBLICITY

41. Mr. Syed Aftab Ahmed Joint Director 604475 386925  
Field Publicity  
R.K. Puram  
New Delhi

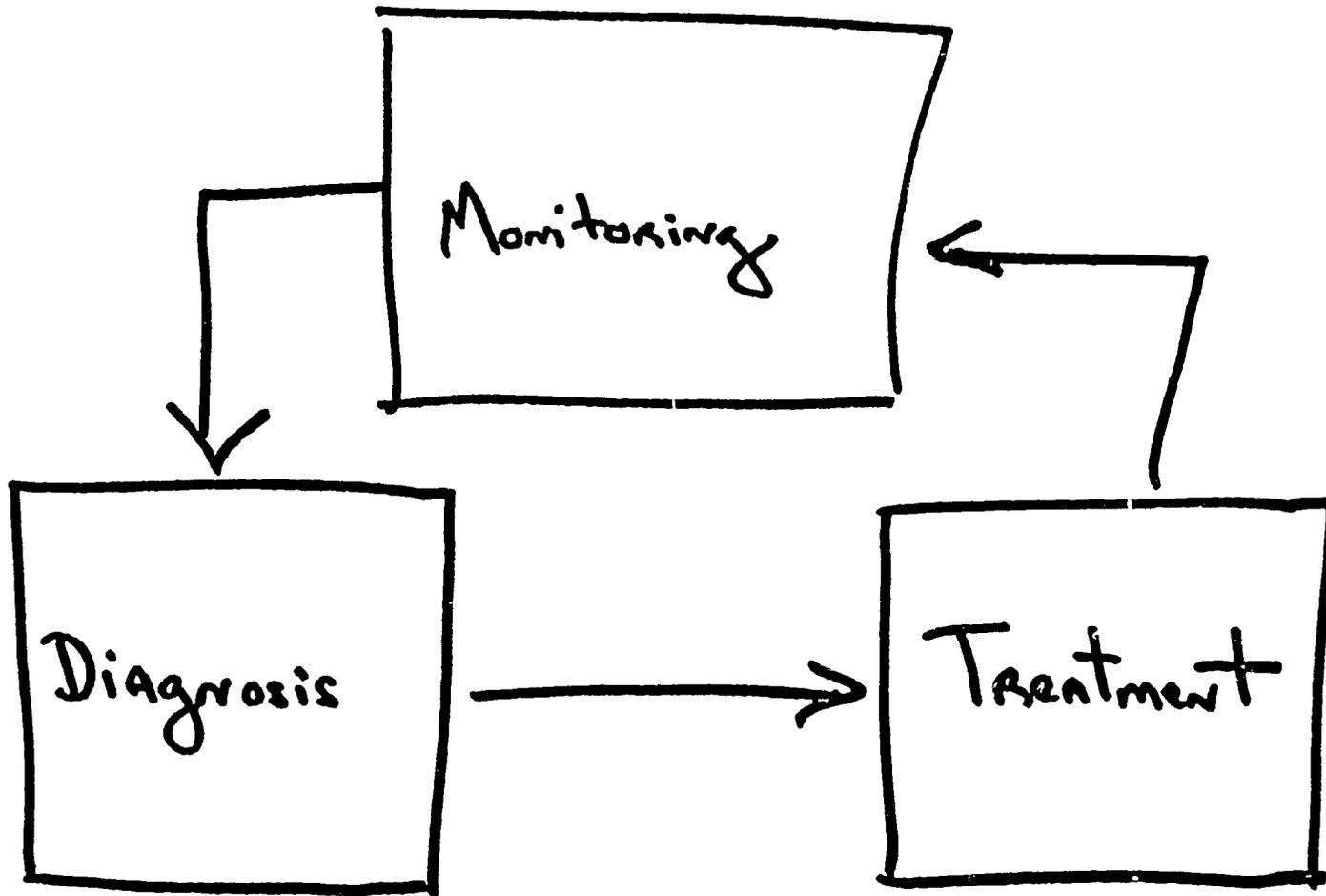
MINISTRY OF HEALTH AND FAMILY WELFARE

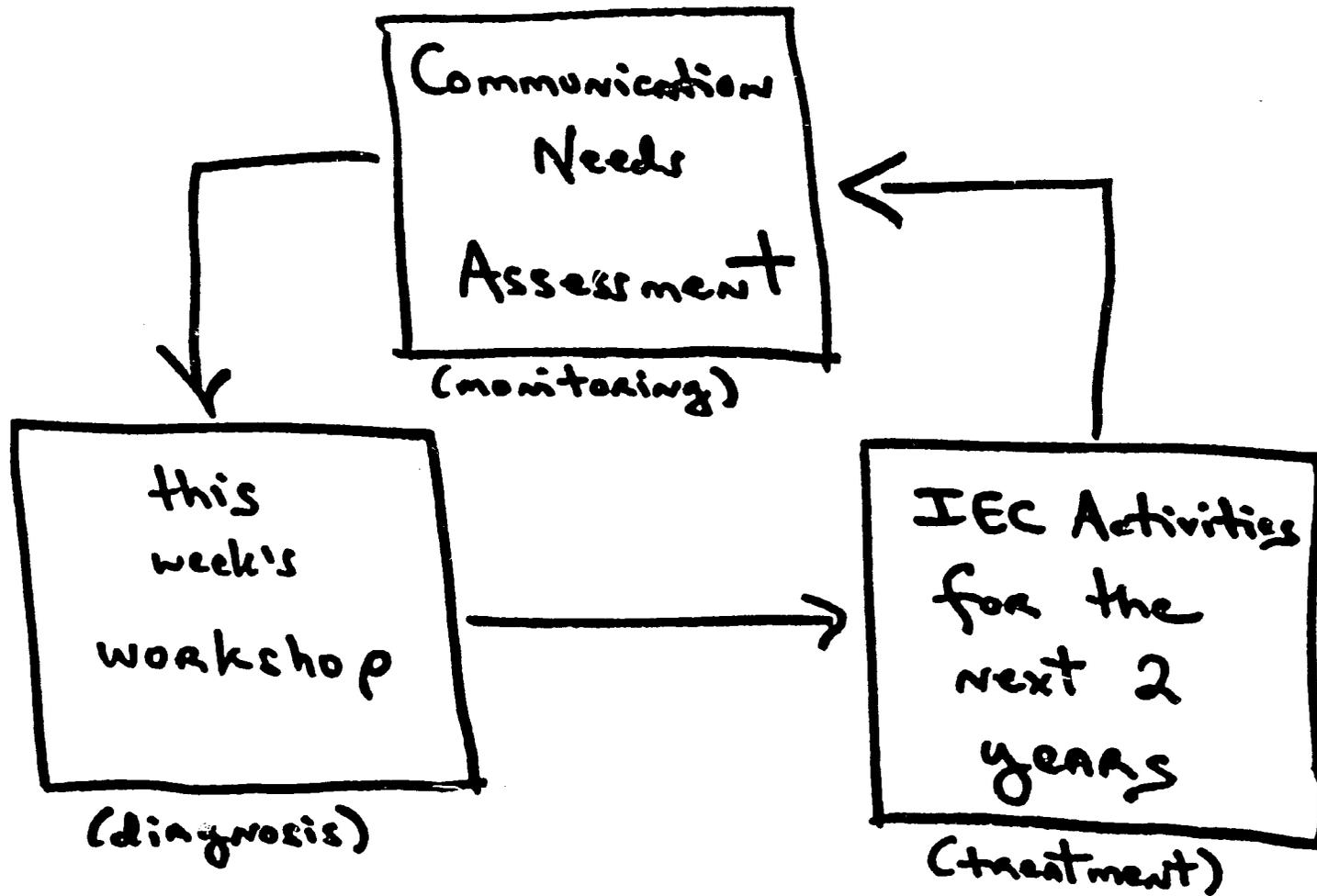
42. Mr. H.W.T. Syiem Director (AP) 381931 387364  
Dept. of Family Welfare
43. Dr. R.K. Seth Asst. Commissioner 388556 242242  
AP III  
Dept. of Family Welfare
44. Mr. V.K. Sharma Sales Promotion Executive 381621 616686  
Marketing Division  
Dept. of Family Welfare

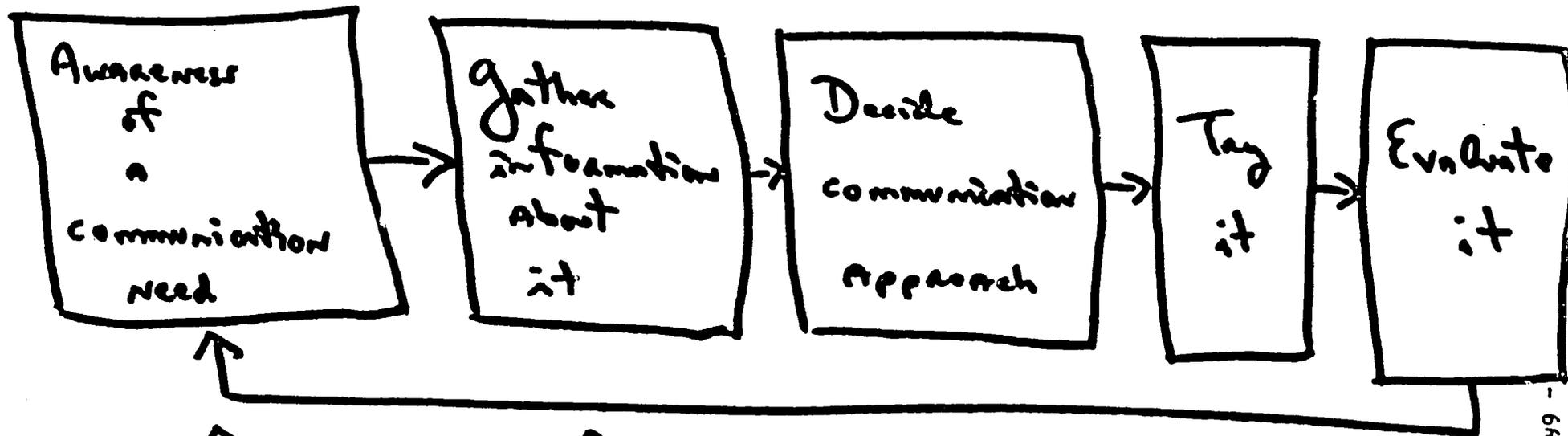
45.	Mr. P.N. Kapoor	Officer on Special Duty (E&T Division) Dept. of Family Welfare	388387	609266
46.	Mr. U.S. Mishra	Programme Officer Media Division Dept. of Family Welfare	383366	
47.	Mr. N.R. Yadav	Dy. Asst. Commissioner Dept. of Family Welfare	388420	
48.	Mr. C.L. Bhatia	Desk Officer Dept. of Family Welfare	389960	

A Quick  
Review of the  
Communication  
Needs Assessment

James A. Pagnone  
1984. 12. 3





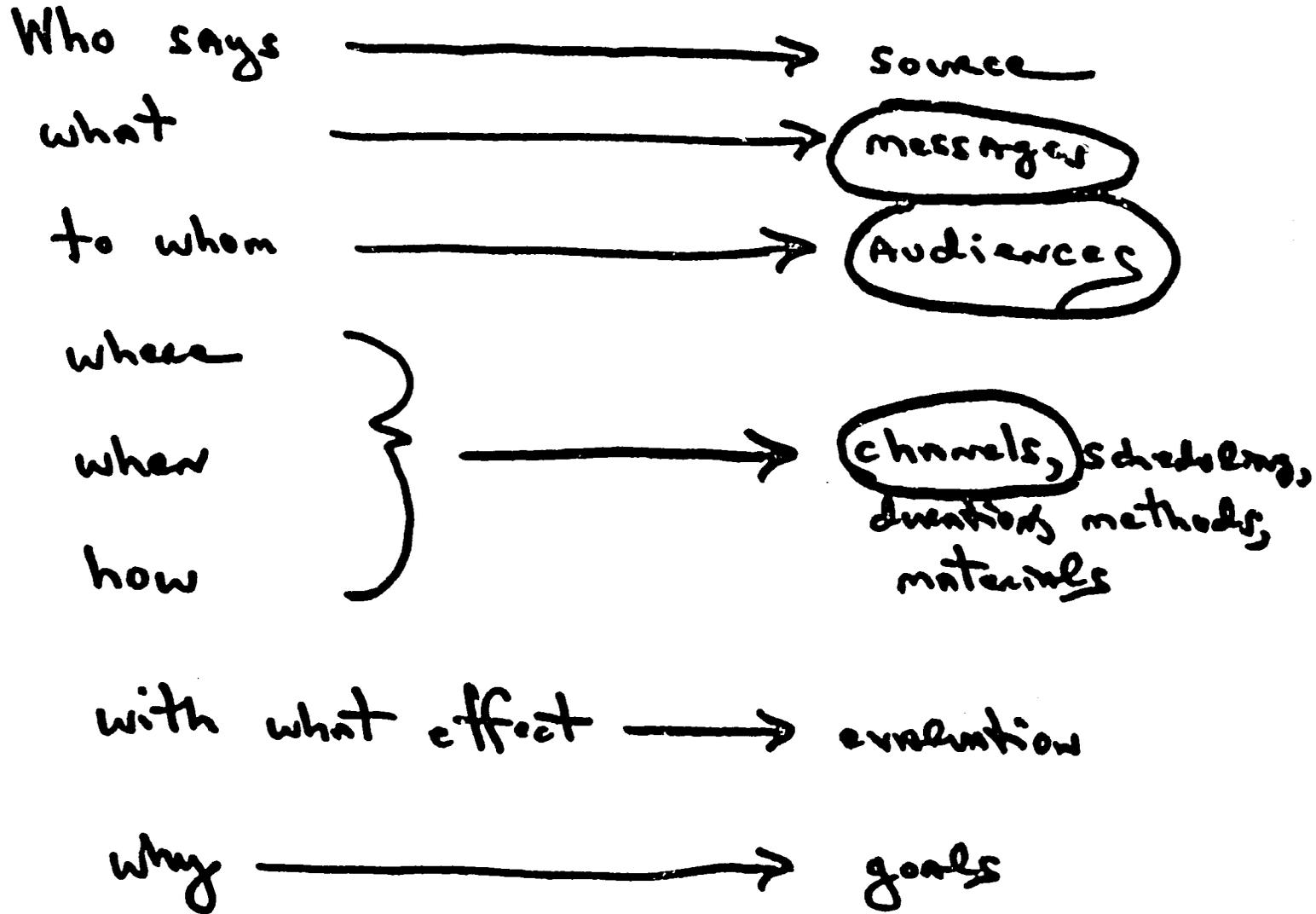


↑  
|  
|  
2 years ago

↑  
|  
|  
CNA

↑  
|  
|  
this week

CNA  
information circled



# 12 KEY PROBLEMS

1. early age at first pregnancy
2. short birth intervals
3. large family size
4. low birth weight
5. neonatal tetanus
6. birth injury, asphyxia
7. neonatal septicemia
8. diarrhoea
9. malnutrition
10. respiratory diseases
11. immunizable diseases
12. malaria

**K**nowledge

**A**ttitudes

**P**ractices

**C**hannels

**A**ccessibility

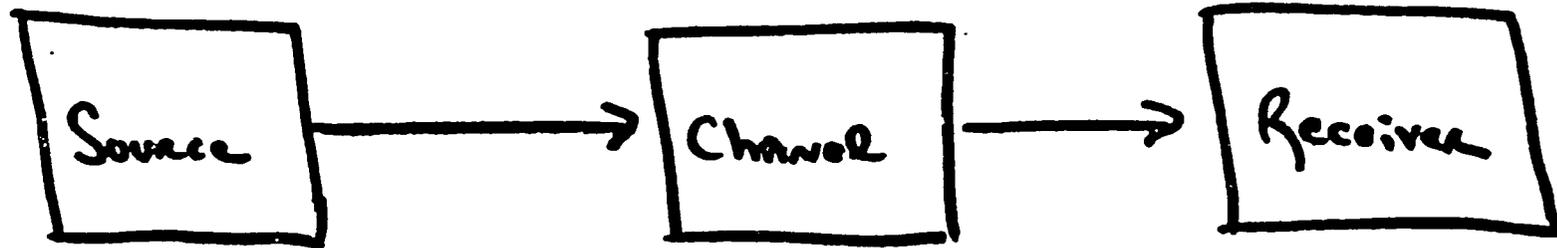
**R**umors

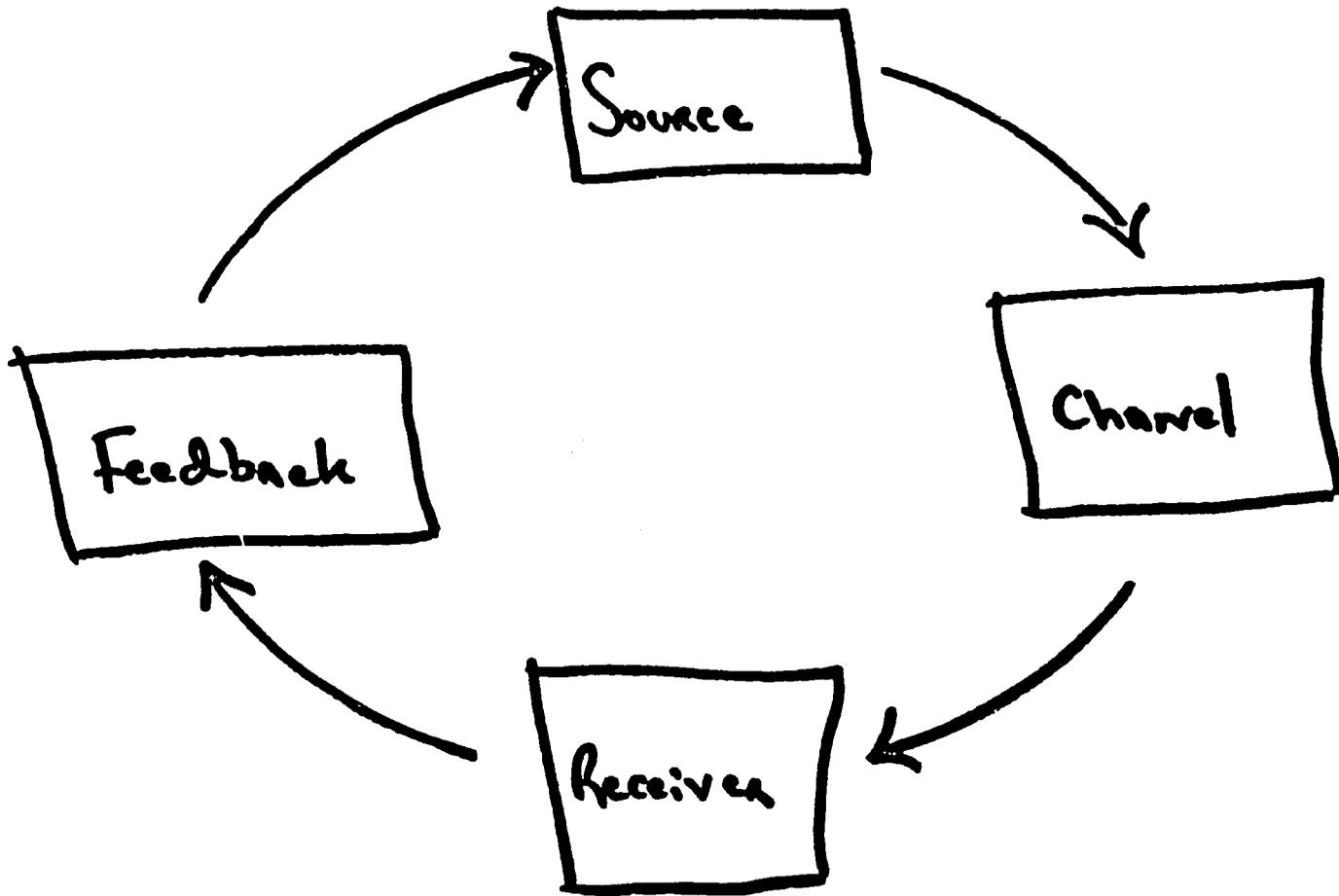
**S**ocio-economic background

**I**dentifying new problems

● Local information and planning

● health service providers Ask and listen,  
not just tell .... villagers tell  
instead of being told





CHAT

channels audiences topics

# CHannels

(1) interpersonal

e.g., health service providers,  
community leaders, development  
functionaries

(2) electronic, print, and other media

e.g., radio, television,  
magazines, newspapers,  
posters, leaflets

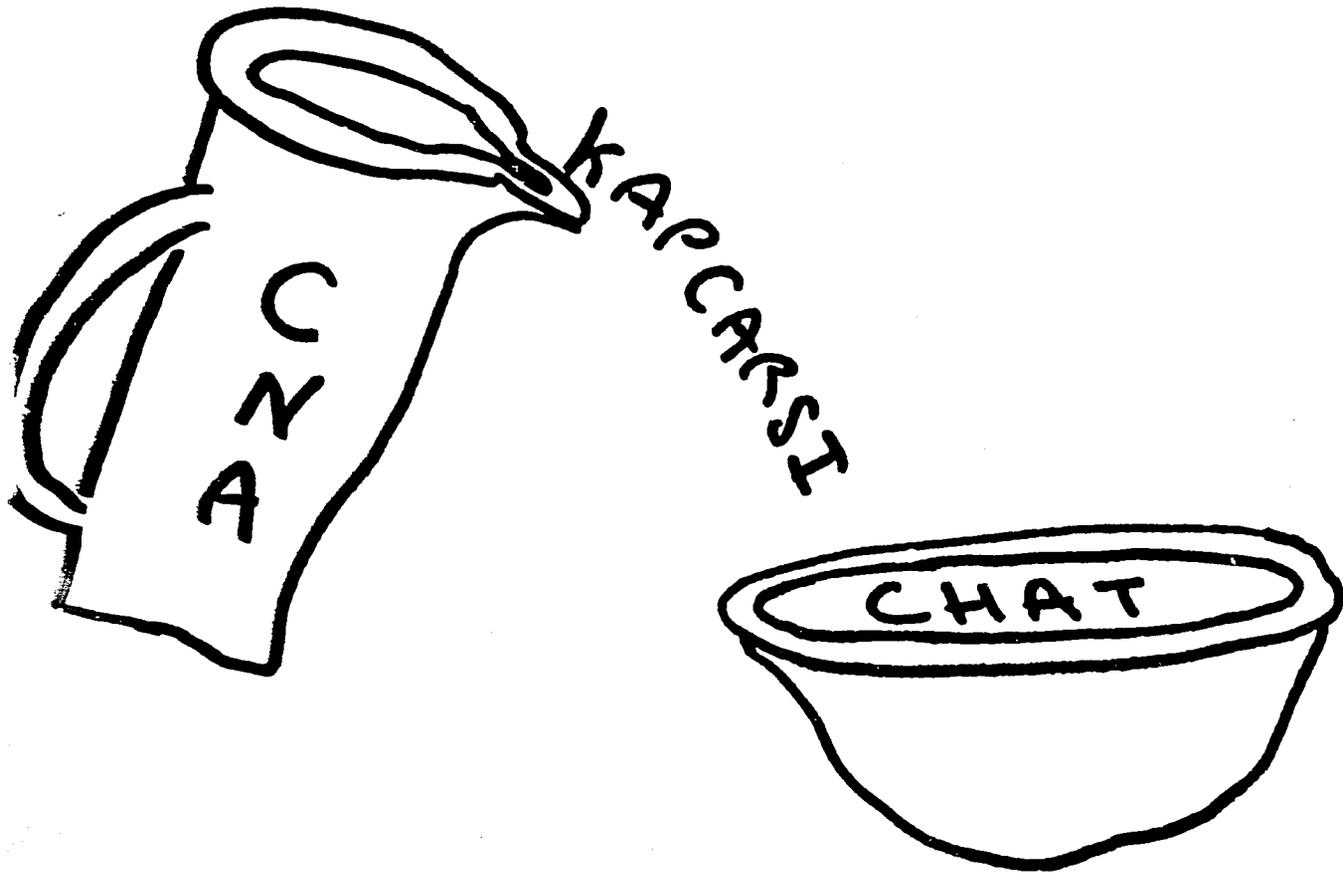
# Audiences

1. currently married women (4 groups)
2. married men (4 groups)
3. health service providers (8 types)
4. community leaders
5. development functionaries
6. bees
7. demos and deputy demos

- 76 -  
T  
= topics

the K, A, P, and R  
indicators from the  
CNA on the 12  
key problems (e.g.,

"Should a child with  
diarrhoea be given food?")



## BASIC PRINCIPLE

### APPEAL TO HEAD & HEART

### THE ESSENCE OF PERSUASION

THE "T-PLAN IS SET AS FIRMLY AS POSSIBLE  
IN TERMS OF THE CONSUMER"

- TARGET GROUP
- TARGET REACTIONS
- TARGET BELIEFS
- TARGET FEELINGS AND RESPONSES
- TARGET BEHAVIOUR

<u>BUY PHASE</u>	<u>PERSONAL<sup>o</sup> SELLING</u>	<u>MEDIA ADVERTISING</u>	<u>SALES # LITERATURE</u>	<u>DEMO/ EXHIB</u>	<u>SALES PROMOTION</u>
PROBLEM RECOGNITION		✓	✓	✓	
NEED DESCRIPTION	✓	✓	✓	✓	✓
PRODUCT SPECS	✓		✓		
BUYER SEARCH		✓	✓	✓	✓
VENDOR REPUTATION	✓	✓	✓	✓	
PROPOSALS	✓				
PREFERRED SUPPLIER	✓		✓		
KEEPING SOLD	✓	✓	✓		

<sup>o</sup> INDICATES SALES PRESENTATION

# INCLUDES DIRECT MAIL

## INFLEXIBLE RULE/LESSON OF MARKETING

"THE CUSTOMER IS KING"

I.E. A PRODUCT WILL SELL ONLY WHEN CONSUMER

PERCEIVES THAT IT HAS VALUE FOR HIM

THUS :

MARKETING IS THE BUSINESS OF PROVIDING SATISFACTION  
TO CONSUMER AT SOME PROFIT TO THE COMPANY

## I. THE MARKETING COMPULSION

UNLESS A MARKETING COMPANY SELLS ITS PRODUCTS/  
SERVICES IT GOES BANKRUPT. ("SICK").

HENCE OVERWHELMING COMPULSION TO UNDERSTAND  
PROCESS OF

COMMUNICATION AND PERSUASION

## 11. THE MARKETING APPROACH TO MANAGING CONSUMER SATISFACTION

1. WHO? - THE TARGET CONSUMER
2. WHAT'S HE LIKE? - INFORMATION (RESEARCH) ABOUT HIS PROFILE, BELIEFS, ATTITUDES, BEHAVIOUR - RE. PRODUCT-CATEGORY
3. WHAT'S HE MISSING ?
  - IS THERE SOME NEED WHICH WE CAN SATISFY?
  - LEADS TO PRODUCT CONCEPT, DESIGN AND MANUFACTURE
4. HOW PACKAGE? - WHAT SHAPE, FORM, SIZE MOST SUITABLE TO CONSUMER?

5. WHAT BENEFIT? - FROM ABOVE, DECIDE WHAT BENEFIT YOU WILL OFFER = MESSAGE
6. HOW DRAMATISE? - MOST CONVINCING/PERSUASIVE MANNER OF EXPRESSING BENEFIT
7. WHERE AVAILABLE - MOST CONVENIENT PLACE FOR CONSUMER TO BUY  
(“AT HIS DOORSTEP”)
8. WHAT CHANNELS? - THROUGH WHAT MEDIA?
  - I) MOST IMPACT
  - II) COST EFFICIENT
9. SET OBJECTIVES - SALES OBJECTIVES  
- ATTITUDE CHANGE OBJECTIVES
10. TRACKING AND FEEDBACK

### III. BRIEF CASE STUDY : FAREX WEANING FOOD

#### TARGET CONSUMER

- MOTHERS OF YOUNG INFANTS
- MIDDLE/UPPER MIDDLE/URBAN

#### BELIEFS AND BEHAVIOUR

- GENERALLY START WEANING AT  
6 MONTHS; "UNSAFE TO START  
EARLIER"

#### IS THERE A NEED?

- MEDICAL OPINION THAT INFANTS  
GROW BETTER WITH EARLY WEANING

#### PRODUCT

- IMPROVED SOLUBILITY

#### PACKAGING

- NEW PACKAGE DESIGN TO CONVEY  
MESSAGE CLEARLY

BENEFIT/MESSAGE

- AT 3 MONTHS, MILK NOT ENOUGH
- YOUR BABY NEEDS SOLID FOOD FOR HEALTHY, ALL-ROUND GROWTH

HOW CONVEY MESSAGE?

- MOTHER'S EMOTIONAL RESPONSE TO VISIBLE SIGNS OF HEALTHY GROWTH

PERSUASIVE SUPPORT/  
"EXPERT ADVICE"

- REFLECT DOCTOR'S ADVICE ON EARLY WEANING

WHAT CHANNELS?

- MEDIA MEASURE STUDIES :
  - \* MAGAZINES VS DAILIES
  - \* AUDIO-VISUAL

WHAT RESPONSES?

- THOUGHTS, FEELINGS, BEHAVIOUR

MONITORING

- TO OFFER IMPROVED CUSTOMER SATISFACTION/NEW PRODUCT

**IV. IS 'MARKETING APPROACH' RELEVANT TO SOCIAL CHANGE ?**

- PUBLIC SERVICE ADVERTISING, E.G, CANCER
  
- CASE SITUATIONS : A) "BAL-AHAR"  
B) "CARE-INDIA"

## V. SYNERGISM OF IMPERSONAL PLUS PERSONAL COMMUNICATION

- INDUSTRIAL PRODUCT MARKETING AND ADVERTISING
- SERVICES MARKETING AND ADVERTISING
  - E.G. - LIFE INSURANCE
  - CATTLE INSURANCE
- AGRO - INPUTS

I Objective

1. Strengthen Concept of Spacing
2. Promote IUD as Spacing Method

II Target Audience

1. C.M.W.
2. H.M.
3. 'Credible' Sources

III Beliefs

a. % Approve Spacing:

	<u>BL</u>	<u>BWN</u>	<u>Pr1</u>
M.M.	57	54	56
M.W.	60	40	55
C.L.	75	79	50

Q. How important 'Spacing' message?

Beliefs (Ctd.)

b. Approve Contraceptive while  
Breast feeding

	<u>BL</u>	<u>BWN</u>	<u>Pr1</u>
CMW	61	46	42
M.M.	66	NA	49
C.L.	50	68	3 (?)

Beliefs (Ctd)

## c. Reasons for &lt; 3 yrs

- Mainly
- . Complete family sooner
  - . Sure to have enough
  - . Can share clothes, books ...

Beliefs (Ctd)

d. Reasons for > 3 yrs

- . Children too close  
weakens mother
- . Weakens children
- . Can't take care  
of them

**IV The Problem**

- . Excessive Bleeding
- . Don't know
- . Discharge
- . Backache
- . Infection

**Rumours**

V The Opportunity:  
IUD: Perceived t's

- . Easily Removed
- . Very Reliable
- . Ideal for Spacing
- . One-time method

IUD: - 'S Problems (Ctd)

Avoid Method Seeing Doc

	<u>BL</u>	<u>BWN</u>	<u>Pr1</u>
CMW	45	52	45
M.M	46	71	42
C.L.	51	39	49
<hr/>			
DF	50	53	29
HW (F)	45	68	34
HG	49	64	88

VI Supporting Evidence  
'Expert' Opinion

- a) 'Bahenji': Knowledge,  
Reassurance
- b) Doctor's Advice
- c) Satisfied  
( 'Disinterested' )  
adopters

VII Attitude Response

'Let us (Man & Wife) talk  
it over'

'Let us ask 'Bahenji'

'Let us ask Ram & sita'

i.e. "Interest" & "Evaluation"

VIII Behaviour change

After Evaluation,  
visit PHC for IUD

### IX The Message

- Give your love & care to child  
just born before you have next
- Easy to postpone until the  
next: 'Loop'
- Simple, Safe, reliable
- Talk to 'Bahenji' & then decide

X Media

Resp.  
Hierarchy

O/D

Press

Radio

TV

B'ji

Awareness

Knowledge

Evaluation

Intention

Behaviour

Problem/Q

- Incentives for waiting  
2 yrs
- 'Have your first child  
later'

— Vs

- 'Now that you have a child  
wait 3 yrs for next'

a) Ask Q when HG visits  
Clients for next 7  
days

b) Focus groups!  
MW  
MM  
CL

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The Role of The Communication Process  
in Behavior Change

Communication is the process by which ideas are transmitted from a source to a receiver with the intention of changing his behaviour. All too often family planning programs have been preoccupied with use of mass media and the skills connected with producing family planning messages. As population IEC specialists, we are responsible for much more than that. We must first and foremost be able to develop strategy based upon sound social science principles which link interpersonal communication with communication that involves media. Developing that skill is the purpose of this workshop.

Having learned the results of the communication needs assessment and become familiar with the principles of social marketing we should now focus on the communication process and analyze its elements in preparation for the exercise of developing an IEC strategy for the next two years.

The first element in the process is the SOURCE

The source is the originator of the message;

The source can be an individual, a group of individuals or an institution. The source of the "do ya teen bachhe bas" message is the Government of India;

The source is important in our communication planning because of the credibility attached to messages by virtue of their source. Surveys show that, for example, potential acceptors have more confidence in messages on family planning that originate with doctors than with non-doctors.

**MESSAGE:**

- The message is the idea being communicated;
- Messages are constantly being sent and received through gestures, symbols, body movements etc., but in this workshop we are concerned with purposeful or planned communication. If messages are to be successful in carrying the meaning intended by the source there must be some familiarity between the source and the receiver. Famous actors and actresses who appear in movies and on television are often thought of as friends by their viewers because they have seen them so often. Apparently they have high credibility or why else would we be seeing actors elected to high office as in both India and the U.S.

An important principle in communication is that meanings are in people. The words used in delivering a message are less important than the sharing of meaning by the source and the receiver.

CHANNEL:

- A channel is the means by which the message travels from source to receiver.
- Channels may be interpersonal where the message passes directly from source to receiver or group communication where several receivers receive messages from one or several sources. They may involve media, such as newsprint pads, telephone or satellite transmission.

RECEIVER (Audience):

- The most important element in the process is the receiver who is ultimately an individual.

EFFECTS:

- We think of effects in the same breath as we do receivers because the measure of purposeful communication is a change in the receivers' behavior. Thus when we speak of effective communication we mean communication that results in changes in receivers' behavior that were intended by the source.

There are three main types of communication effects:

1. Changes in thinking (knowledge)
2. Changes in feeling (attitudes) an attitude often indicates the action an individual may take.
3. Changes in action (practice). These are changes in overall behaviour such as buying a particular brand of cigarette or using a contraceptive.

These three changes usually occur in sequence, that is a change in knowledge precedes a change in attitude which precedes a change in behavior, but not always. Attitude change often follows an action like trying a new flavor of ice cream.

Feedback:

Feedback is the response by the receiver to the sources message which the source can use to modify further messages. In general the more feedback, the more effective the communication.

The communication needs assessment is an excellent example of feedback because it reveals the actual effects on receivers as compared with the intended effects of the source.

This workshop is designed to help us analyze each element in the communication process and relate it to a communication strategy for the next two years of the area project. We will have to concentrate very carefully and work very hard if we are to give each element the attention it deserves. On the other hand we have a tremendous advantage because we are dealing with a set of messages that have already been defined and accepted. We have identified our receiver audience and we have research based feedback on the effects of the messages on the intended receivers.

We will take advantage of this information as the last exercise in the workshop to develop a communication strategy. A communication strategy is a plan or design for changing human behavior on a large scale basis through the transfer of new ideas. It is a particular combination of resources based on the communication process and used within an administrative framework to achieve goals. It is a broad statment of how planned activities will achieve desired behavior change.

There is a great deal of confusion about the meaning of strategy. Too often in family planning and family welfare communication programs strategy is confused with tactics. The dictionary definition of strategy is "the art of devising and employing plans or strategems toward a goal." Tactics on the other hand are seen as "small scale actions serving a larger purpose made or carried out with only a limited or immediate end in view."

The plan we will be developing as a result of this workshop focusses on behavior change within the receiver audiences we have identified. The tactics largely refer to our use of media whether they be flipcharts, OTCs or radio.

The prevailing pattern of evaluating an IEC program or the work of an individual within that program is to count up the number of activities he generates. How many OTCs, how many handouts, how many village visits? The real test of effectiveness is how many individuals have changed their behavior in terms of thinking, feeling, and action.

Robert P. Worrall

December 3, 1984

Developing an IEC Strategy  
for the Remaining Two Years of the Areas Project

The singular use of strategy in the title is intentional because our task in this workshop is to develop an overall strategy to bring about changes in behavior among the 18 different groups we have identified as priority receivers for our family welfare messages. Within this strategic framework we will consider a variety of tactics which we have defined as "actions serving a larger purpose carried out with a limited end in view."

In general, population IEC problems tend to shift from informing and educating staff to informing leaders, to informing and educating fieldworkers (and supporting their inter-personal communication efforts) to use of mass media to carry information to the ready acceptor group, and finally to the problems of persuading resistant groups to the benefits of health and family planning and of maintaining continued contraceptive use among current acceptors (1).

The experience in India did not necessarily follow this sequence. The first five-year plan recognized the negative effects of continued population growth on the GOI's efforts to raise living standards. Emphasis was given to research studies and providing supplies and services. Information and education were largely confined to health centers and hospitals.

The second five-year plan was characterized by institution building. Training centers and centrally financed field units were established. Research and training in demography, reproductive biology, and communication were expanded. By 1960 about 460,000 posters, 80,000 pamphlets and 70,000 folders had been distributed. Films and slides were being used and occasional radio broadcasts were being made. (2)

The third plan made population stabilization a central issue in national planning. The plan stated, "The intensification of the educational programme is crucial to the success of the entire movement --

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(1) From Planning Communication for Family Planning, A Professional Development Module by John Middleton and Yvonne Hsu Lin, East West Communication Institute.

(2) Family Planning in India, Director General of Health Services, Ministry of Health and Family Planning, Government of India.

information has to be made available to the largest possible scale and conditions created in which individuals can freely resort to family planning." (3)

During this period the now famous red triangle and the four faces symbol became almost universally known throughout India.

Even greater priority was given family planning during the fourth plan period and mass media assumed an important place. The total budget for mass media was about 15 crores, nearly one-fifth devoted to films which were selected as the main channel for transmitting the messages. Mass educational activities were given particular attention. The Plan document stated "Traditional and cultural media like song, drama, and folk entertainment will be effectively used. Extension education will be strengthened and population education will be introduced." (4)

The fifth plan which integrated family planning services with those of health, maternal and child health, and nutrition emphasized new technologies that would help deliver information to villagers including the use of television. Family planning extension workers were converted into multi-purpose workers with special responsibilities for surveying family planning motivation and services. (5) Disincentives such as withholding maternity benefits, education concessions, housing facilities for employees with more than three children, and others were used.

From this brief review of India's population IEC history, it is easy to see that it did not follow the pattern described earlier in developing a communication strategy. For example, mass media became the principle IEC approach as early as the third plan, and widescale use of multipurpose workers as front-line communicators was not stressed until the fourth plan.

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(3) The Third Five-Year Plan, Planning Commission, Government of India, quoted in Family Planning Communication, a Critique of the Indian Programme by Sumanta Banerjee.

(4) The Fourth Five-Year Plan, 1969-1974, Planning Commission, Government of India, page 395.

(5) Background to the News, a note prepared by the Research and Reference Division, Ministry of Information and Broadcasting for use by media units of the Ministry, 17 February 1976. Quoted in Family Planning Communication by Sumanta Banerjee.

The first step in developing an overall IEC strategy is to identify the priority audiences for our IEC messages. This will be affected by the stage which the family welfare program has reached. For example, early in the experience of the Kenyan program, the following priorities were selected: (6)

First Priority

- 1. Political leaders and other elites
- 2. Provincial elites
- 3. Health community
- 4. Communication executives

Second Priority

- 5. Clients of Health Services

Third Priority

- 6. General public
- 7. Local tribe and town leaders
- 8. Non-medical field personnel
- 9. Religious leaders
- 10. Special groups
  - For example: teachers
  - military
  - labor unions
  - womens groups
  - voluntary agencies

The first and most basic principle to use in identifying priority audience groups is to choose categories whose behavior most affects the problem or the goals of the program. This is a simple principle but not always easy to apply.

In the areas project we have identified eight audience categories representing staff and eight categories which are non-staff.

Staff

Non-staff

Block Extension Educators  
 District Education and Media Officers  
 Health Assistants, male  
 Health Assistants, female  
 Health Workers, male  
 Health Workers, female  
 Health Guides  
 Trained dais

Currently married women  
 Scheduled caste, tribal  
 Currently married men  
 Scheduled caste, tribal  
 Community leaders  
 Development functionaries  
 Private practitioners  
 Untrained dais

(6) Kenya: Developing a Family Planning Communication Plan for 1970-1971, John G. Kigandu, David Radel and William O. Sweeney.

As a general rule, we would expect to direct most of our IEC tactics to the non-staff audience, particularly to currently married men and women. But the results of the CNA show that those in the staff category are often as deficient in knowledge, attitudes and practice as those in the potential acceptor categories. For example, in Parbani nearly 70 percent of currently married women thought it was a mistake to feed children during diarrhea and dehydration. However, 100 percent of Health Assistants (female), over 80 percent of Health Assistants (male), 90 percent of Health Workers (female), and nearly 90 percent of Health Workers (male) thought the same. This suggests that training the staff to increase their knowledge of family welfare and improve their attitude about it assumes perhaps equal importance with trying to reach the potential acceptors.

An essential step in the process of developing an overall IEC strategy is to find out where each of these audience categories is in terms of their behavior in relation to the 12 key health problems. We have the communication needs assessment from which to make these judgments. Remember that the three kinds of behavior we need to identify are:

thinking (knowledge)  
feeling (attitude)  
action (practice)

For example, from the graph on early age at first pregnancy, we can see that 50 percent of currently married women in Parbani district believe that the first pregnancy should be at less than 20 years of age. Seventy percent of the private practitioners and ninety percent of the untrained dais believe that the first pregnancy should be at less than 20.

What difference does it make? Just this, that if we have dependable information on the level of a person's knowledge and the feelings he has about a practice in which we wish to change his behavior, we are in a better position to develop messages and educational experiences which will be effective. It is not likely, for example, that the message "Do Yah Teen BachhuBas" will be effective in changing the behavior of currently married women in Parbani.

### Message Design

The message is the intended action which the source wishes the receiver to take. Seldom will that action be immediately evident, but instead the message will result in some change in knowledge or attitude which may eventually result in some observable change in action. More than likely, however, many steps will be required before a new idea is adopted. The idea may be tried out on a friend or other

trusted source. Friends and relatives, for example, ranked very high on the list of sources for family planning messages in Bharuch, Bhiwani, and Parbani.

The diffusion of new ideas is thought to go through several distinct stages before finally being adopted. They are described as:

awareness  
interest  
evaluation  
trial  
adoption

Thus, the first step is simply becoming aware that a new practice is available. In India the Red Triangle is said to have made the majority of people aware that they can do something about both the number of children they have and the frequency with which they have them.

In the second stage, people become interested personally in the new practice. In the case of family planning in India, it means they become interested in contraception, sterilization, or abortion for their own benefit without references to its benefit to the country.

If sufficiently interested, they will seriously evaluate the new practice in their own mind. They may also consult others, perhaps a doctor, another family member, or a trusted friend. If that process is satisfactory, they may try the new practice, let us say, contraception. If they are happy with the new practice and continue with it, we can say they have adopted it.

As IEC planners, we have the responsibility to develop messages and educational approaches which will not only produce awareness of new ways of doing things, but will encourage and support those in our target audiences to move through the five diffusion steps to adoption.

The message is the link between the source and the receiver. The receiver will be more likely to act on the message if he knows and trusts the source and if he or she feels the action suggested is in his or her best interest. The message "Do Yah Teen Bachha Bas," when seen against the backdrop of the communication needs assessment is a poor message. Why? Because it places the source -- the Government of India -- at odds with the thinking and feeling of the majority of the currently married women and men. They have stated that they want large families, they want their daughters to marry at less than age 20, and they prefer a short birth interval. They are likely to ignore the message, have two or three and stop. Our task in this workshop is to develop messages which will (1) be clearly understood, (2) be seen as in the self-interest of the receiver, and (3) represent an action that the receiver is able to carry out.

Selecting Channels

The channel represents the part of the communication process which we select to convey our message to the target audience. IEC planners often make the mistake of choosing the channel first and then trying to develop a message to fit it. This short circuits the purpose of basing our IEC strategy on the current and desired status of behavior within our audience. It is likely to fail to produce the desired results. Each of us as IEC planners has probably had the experience of having our boss tell us to produce more movies or more posters because he happens to like movies or posters.

I urge you to look at the results of the communication needs assessment in preparation for developing an overall IEC strategy for the next two years. A very high percentage of both married women and married men in Bharuch and Parbani said they heard about family planning through posters. In fact, that was the most prominent method among currently married women in Bharuch, and second only to husbands in Parbani. Friends were very high among both men and women and Bharuch, Bhiwani and Parbani.

The five stages in the diffusion of new ideas or innovations are helpful in choosing channels. At the awareness stage, the mass media are important because they reach large numbers of people in a short time. As individuals begin to become interested in a new idea or innovation and evaluate it in terms of their own needs, more personal channels become important, like meetings or small group discussions. Finally, before new ideas or practices are finally adopted, they are often tested with trusted friends, relatives, or experts in whom the person has confidence.

Another consideration in channel selection is efficiency or cost benefit. Mass media may be a cost efficient means of reaching large numbers of people, however, two factors have to be considered in determining cost effectiveness. First, the time required to prepare a mass media presentation; second, the probable impact on the audience. Mass media, like radio and television, will probably effectively create awareness within a large audience, but to move the audience to trial and adoption, radio and television are not likely to be very effective.

On the other hand, personal visits may be effective in convincing individuals to take up a new practice, but they can be expensive in terms of staff time.

During the next day and a half we will spend our time in state groups for the purpose of developing an overall IEC strategy for the next two years of the areas project. The exercise Dr. Palmore directed and the social marketing plan we developed with Mr. Sen Gupta have been valuable inputs to the process.

Mr. Sen Gupta's development of a marketing plan for IUD paralleled the communication process almost exactly. You will remember

that he took us through the following steps:

1. Selecting the target audiences using CNA data, he described the current behavior of those audiences in terms of thinking, feeling and action. He helped us identify the kinds of behavior changes we want to bring about in marketing the IUD.
2. He suggested alternative messages.
3. He evaluated alternative channels.

Selection of priority audiences to be served in the family welfare program usually occurs in the following sequence:

1. from informing and educating staff to informing leaders
2. from informing leaders to informing and educating field workers (and supporting their inter-personal efforts)
3. from informing and educating field workers to use of mass media to carry information to the ready acceptor group
4. from use of mass media to the problems of persuading resistant groups and maintaining contraceptive use among current acceptors

This was not necessarily the pattern in India. Here the use of mass media was given priority attention before much of the field staff was in position. Specifically, mass media became a principal tactic in the third plan and peripheral workers were not in place until the fourth plan.

To help guide our state level planning, nine planning forms have been developed, each of which has an indicated length of time to complete. The group leader will keep each form as it is completed and we will distribute the next form when the time for the last form is gone.

Following are the steps in the planning process:

#### Step one - Goals

We will take 30 minutes to describe the major family welfare goals of the GOI and our own state. Next we will list the major IEC goals which will be required if the larger family welfare goals are to be realized.

#### Step two - Audience Analysis

We will rank the 18 categories covered in the CNA in terms of their importance at this stage of the project. Next we will describe the current behavior of each category using CNA data.

Step three - Message Design

We will analyze the effectiveness or lack of effectiveness of messages included in the CNA in terms of producing desired behavior. As time permits, we will design improved messages.

Step four - Channel Selection

Using CNA results which show the effectiveness of channels in carrying the intended effects to each audience, we will develop a list of priority channels for each audience. It may not be possible to complete the list for all audience categories. This is the reason for ranking them by importance in step two. You will be asked to describe briefly a behavior change goal for each category.

In considering channels remember the steps through which individuals normally go in accepting a new idea:

- awareness
- interest
- evaluation
- trial
- adoption

Steps five and six - Management Activities

Depending on the channels you select, the next step is to plan for the needed inputs for using that channel. For example, if its radio, someone has to produce a tape or arrange for an interview or prepare a script. During this step you will describe the needed inputs, who will provide them, and on what schedule.

Step seven - Budgeting

Since you must work within limits of manpower and money, you must put cost estimates on the inputs for use in each channel. It may not be possible to calculate actual figures in the time allotted, but you should estimate the proportion of each input to the total. You should make sure the total cost does not exceed the amount available for each channel.

Step eight - Training

Using CNA data you will be asked to develop a plan for training of BEEs and DEMOs to remedy the gaps in their current thinking, feeling and action.

The final step is to transfer the key information from our planning to the summary form which we will provide. This will be helpful in making your final presentation on Friday.

Robert P. Worrall  
December 4, 1984

List of Persons Contacted

1. Most of the persons contacted are named in the workshop participant list on pages 58-62 of Appendix A.
2. In addition to persons listed there, I contacted:
  - (a) Mr. V. R. Naik, Head, Department of Communication, National Institute of Health and Family Welfare
  - (b) Dr. Somnath Roy, Director, National Institute of Health and Family Welfare
  - (c) Dr. Prem Talwar, Head, Department of Demography, National Institute of Health and Family Welfare
  - (d) Mr. Raj Bhatia, President Software Development Corporation