

**RAPID ASSESSMENT OF  
RADIO HEALTH FM PROGRAMME IN  
THIRUVANANTHAPURAM**



**Sponsored by:  
National Rural Health Mission (NRHM)  
Thiruvananthapuram**

**Conducted by  
The Research Institute  
Rajagiri College of Social Sciences  
Kalamassery  
Kochi, Kerala**

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## **INTRODUCTION**

Kerala is considered a fine example of rapid demographic transition without adequate economic backing. The state has made commendable achievements with regard to extending life expectancy and reducing levels of infant mortality. Life expectancy in Kerala is 68 years for males and 73 for females, far higher than the nationwide levels of 56 and 56.5 years for males and females, respectively. The state's 1991 rate of infant mortality was 17/1000 live births, less than 25% of the comparable overall level for India. Various recent surveys point to the faster decline in neonatal mortality compared to post-neonatal mortality. Kerala's fertility transition has always been attributed to the state's very high literacy rate, especially among women, and improved mortality status. These data would therefore indicate a healthy population in Kerala. However, the National Sample Survey (NSS) of 1973-74 and a study conducted by Panikar and Soman in 1984 found Kerala to have the highest level of morbidity among the Indian states. A recent study conducted by Kerala Sastra Sahitya Parishad involving 10,000 households in all of Kerala's panchayats found that levels of morbidity were even higher than those documented in the NSS study.

The National Rural Health Mission (NRHM) - an articulation of the commitment of the Government of India to rise public spending on health - is a National effort at ensuring effective health care through a range of interventions at individuals, household, community, and most critically at

the health system levels. It seeks to provide effective health care to the entire rural population in the country.

It aims at effective integration of health concerns with determinants of healthy life, sanitation and hygiene, nutrition and safe drinking water, decentralization of programme for district management, addressing the intra-State and inter-district disparities including unmet needs for public health infrastructure, promoting policies that strengthen public health management and services in the country, defining time-bound goals and report publicly on their progress, and improving access of rural people, especially poor women and children, to equitable, affordable accountable and effective primary health care.

A number of innovative initiatives have been undertaken by the NRHM in Kerala to promote equity, efficiency, quality and accountability in Public Health Systems, enhance People orientation and community based approaches, ensure Public Health Focus, recognize value of traditional knowledge base of communities, promote new innovations, method and process development and decentralize and involve local bodies.

The concept of a community radio for disseminating health education and public health messages to the rural population was the latest in this regard. Radio Health is envisaged as a vehicle for providing information on health-related activities in the State and for giving health education to the community, especially rural women. Apart from relaying programmes on health topics, Radio Health will also function as a link between the

community and the health workers. Local people would be encouraged to develop content and interact with health providers.

It is intended to develop this as an interactive and educational device for the rural folk to familiarize themselves with health-related activities in their locality, to air their doubts on health issues and also to gain awareness on public health campaigns. At a later stage, the programme envisages to develop local content with the help of health workers and start relaying programmes so that each block will have its own radio health clubs.

The Community Radio- FM radio programme on Health was officially inaugurated by Smt. P.K.Sreemathi Teacher, The Health Minister of Kerala on 15<sup>th</sup> September 2008. At the initial stage, the programme was envisaged to cover entire district of Thiruvananthapuram, north upto Chavara and south up to Kanyakumari. The radio is expected to improve the doctor-patient communication by providing an interactive platform through its programmes. The programmes were telecasted for a duration of 30 minutes and is aired from Thursday to Sunday from 3 p.m. The primary target audience of Radio Health is rural women and school children, who could influence and encourage behavioural changes on health issues within the family and community.

The programmes included health education talks by doctors, maternal and childcare issues, phone-in programmes, and those that discuss native knowledge on health ('Naattarivukal'). The district NRHM unit has prepared a panel of doctors who helps to develop programmes and to deliver health messages. Programmes for the next two or three months have been prepared. The response to the initiative from the field has been very enthusiastic and in

many block panchayats, Accredited Social Health Workers (ASHAs) are taking the lead to anchor programmes and to develop skits that focus on health education. The Ananthapuri channel of the All India Radio broadcasts the programmes.

More than six months have been passed since, the initiation of the Health Radio and it is the right time now to have a feedback on the receptiveness and comments of the people on the programmes in order to adopt appropriate modifications in the programme/project and also to extent its coverage to a wider population of the state.

It is in this context that the present study has been envisaged to analyze the Community Radio Health project in terms of its Strengths, Weaknesses, Opportunities and Threats (SWOT) and thereby make the programme more appealing, receptive and educative to a greater population of the state. The findings of the study will pave way for developing and designing appropriate strategies to make the programme more effective by way of participation and education.

### **1.1. Objectives**

1. To understand the overall reach of Radio Health programme in Thiruvananthapuram
2. To determine the health awareness need of the local population
3. To assess the activities of radio health clubs, its utility and scope to act as community awareness tool and its contribution to radio health programme

4. To analyze the existing system to see if it is worth upgrading.
5. To suggest appropriate measures for the effectiveness of the Community Radio Health Programmes

## **1.2. Methodology**

As per the objectives spelt out, the study has been mainly conceived at the micro level i.e., Household survey

### ***Profile of the Study Area- Thiruvananthapuram***

Thiruvananthapuram District is the southernmost district of the Indian state of Kerala. The headquarters is in the city of Thiruvananthapuram (Trivandrum) which is also the capital city of Kerala. The district has an area of 2192 km<sup>2</sup>, and a population of 3,234,356 (as per the 2001 census), the second largest in Kerala.

It is divided into four talukas: Thiruvananthapuram, Chirayinkil, Nedumangad, and Neyyattinkara. The urban bodies in the district are the Thiruvananthapuram Corporation, Attingal, Neyyattinkara, Varkala and Nedumangad municipalities. The district is also divided into 25 health blocks.

### ***Universe***

The entire population of the 25 health blocks of the district of Thiruvananthapuram of Kerala state formed the universe of the study.

### *Sampling Procedure*

The District of Thiruvananthapuram comprises 84 grama panchayats, 3 municipalities and 25 health blocks. Each health block comprises a fixed number of grama panchayats. For the purpose of the present study, the households were selected from the different panchayats of the health blocks of the district.

### *Selection of Health Blocks/ Panchayats*

From the 25 health blocks of the district, 10 health blocks were selected using simple random sampling method. Thereafter, from each of the selected health blocks one panchayat each were selected using purposive sampling method.

### *Selection of the Household Respondents*

From each of the selected panchayats of the health blocks, 100 respondents each were selected using simple random sampling method.

### *Selection of Health Club Members*

Health clubs numbering 10 have been formed by the NRHM in the district since the launching of the radio health programme. All these 10 clubs were covered by the study. From each of these clubs, 3 members each were selected randomly, totaling to 30 health club members

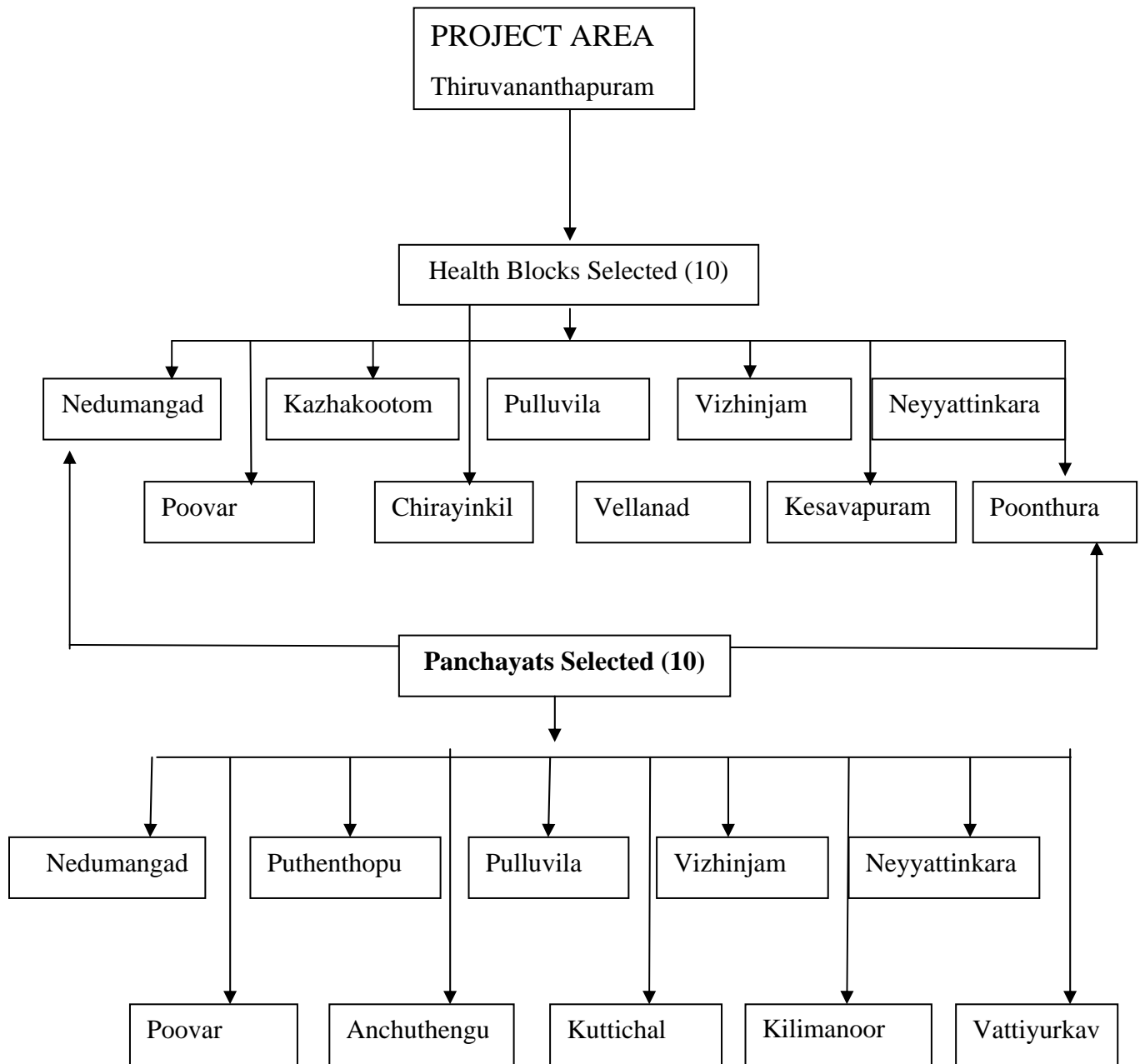
In addition, 15 key personnel viz. District Medical officer (1), AIR (FM) official (1), NRHM officials (3) and health workers (10) were interviewed to draw maximum information related to the subject of study.

Thus, the total sample size of the study constituted 1045 respondents.  
(1000 primary respondents +30 club members + 15 Key personnel).

### Selection of the Sample

Sl.No	Name of Health Block	Name of Grama panchayath	Sample size
1.	Nedumangad	Nedumangad	100
2.	Kazhakootom	Puthanthopu	100
3.	Pulluvila	Pullivila	100
4.	Vizhinjam	Vizhinjam	100
5.	Neyyattinkara	Neyyattinkara	100
6.	Poovar	Poovar	100
7.	Chirayinkil	Anchuthengu	100
8.	Vellanad	Kuttichal	100
9.	Kesavapuram	Kilimanoor	100
10.	Poonthura	Vattiyoorkavu	100
11.	Club Members		30
Total			1030
Key Informants			15
DMO			-1
AIR- FM OFFICIAL			-1
NRHM officials			-3
Health Workers			-10
Total Respondents			1045

*The Selection of the Health Blocks/ Panchayats from the project area is given below*



### **1.3. Methods & Tools of Data Collection**

#### *Methods*

Interviews and Informal discussions were the methods used for the data collection.

#### *Tools of Data Collection*

*Interview schedule:* the pre-tested interview schedule, which was prepared in consultation with experts, was administered among the households of the study area.

*Interview guide:* was used to elicit information from the key personnel

*Desk Review* of the available secondary data on the Radio health Programme

*Informal Discussions* with the officials of health /AIR /NRHM.

### **1.4 Sources of Data**

The sources of the primary data constituted the respondents and the key personnel. The secondary data sources on the other, consisted of the relevant records, registers and other documents pertaining to the subject of study.

### **1.5 Data Processing & Analysis**

Computer applications using Statistical Package for Social Sciences (SPSS) were made use of, for processing and analyzing the data.

### **1.6 Orientation to Investigators**

One-day orientation training was imparted to the field investigators numbering 12 at the Rajagiri College of Social Sciences. The forenoon session of the day was set apart for explaining the objectives and modus operandi of the study. The post lunch session was allotted for familiarizing with the tools of data collection. Mock interviews too were carried out to

have a feel of the tools. The orientation came to an end by 4 p.m. in the evening.

### **1.7 Actual Data Collection**

On the next day of the orientation, the investigators numbering 12 were set off to various selected panchayats to collect the required information from various households as well as from individuals. The assistance of the concerned ASHAs of the panchayats was also utilized during the time of data collection. 10-15 houses were covered per day by each investigator. 30-45 minutes were allotted for the collection of information from each household. The collected data were verified by the field co-ordinators.

### **1.8 Limitations of the Study**

An important limitation to be pointed out was that the data related to the Community Radio health FM programme were based on the perception of the respondents only, affecting its accuracy. Similarly, more focus was given to those who have heard about the programme rather than the general public in random, which affected the accurate scenario on the reach/extent of the community Radio health FM programme.

## **ANALYSIS AND INTERPRETATIONS**

Radio Health FM initiated by National Rural Health Mission (NRHM) aims at disseminating health education and public health messages to the rural population through a variety of programmes such as talks, sharing experiences, interviews and panel discussions. It also functions as a link between the community and the health workers.

This chapter presents a detailed analysis of the overall reach of the programme as well as the effectiveness of the same in bringing improvements in the health condition of people by educating and inculcating healthy living habits among the population especially the rural population.

Data in this regard were collected from 10 Panchayats of the Thiruvananthapuram district in the State of Kerala. (*The programme is implemented only in Thiruvananthapuram district.*). A total of 1000 population belonging to various economic strata, religion, educational background etc. were contacted and interviewed to elicit the required information on various aspects of the Radio Health FM,

The analysis of the data gathered from the populace under study has been divided into 7 sections viz.; Section one - profile of the respondents; section two - the health awareness need of the people; section three – overall/extent of reach of the Radio Health FM; section four – Radio Health FM- A review; section five – Radio Health clubs- An assessment; section six –

suggestions for improving the effectiveness of the programme and section seven - SWOT analysis (Strengths, Weaknesses, Opportunities and Threats)

### ***2.1 Profile of the respondents***

The set target of the FM Radio Health Programme is the rural population. Nevertheless, it does not keep aloof the urban population. Here, an attempt has been made to profile the respondents in order to identify which categories of people usually listen to the FM Radio Health programme. The variables used in this regard were: (i) age (ii) education and (iii) occupation

#### *Age*

Age was a parameter in selecting the respondents for the study as it is perceived that the study would become meaningful only if the survey included those who could articulate their opinions/views in a critical manner. The profile of the respondents according to age thus showed that those aged between 15 yrs to 93 yrs were covered through the study. Of these, a good number (41.3%) belonged to the middle-aged group of 35-50 yrs. Those in their adulthood (25-35 yrs) and elder years (above 50yrs) followed next with 22.9% and 21% respectively. The rest i.e., 14.8% hailed from 15-25yrs' category. The mean age of the respondents covered through the study was 40 yrs.

Panchayat-wise distribution too showed that respondents in the age group of 35-50yrs figured prominently in 7 panchayats of the total 10 panchayats under study. Anchuthengu panchayat topped in this regard with 72%. Representation from 25-35 yrs' category was found highest in Vattiyurkav panchayat with 36%. In the remaining panchayats, the representation varied

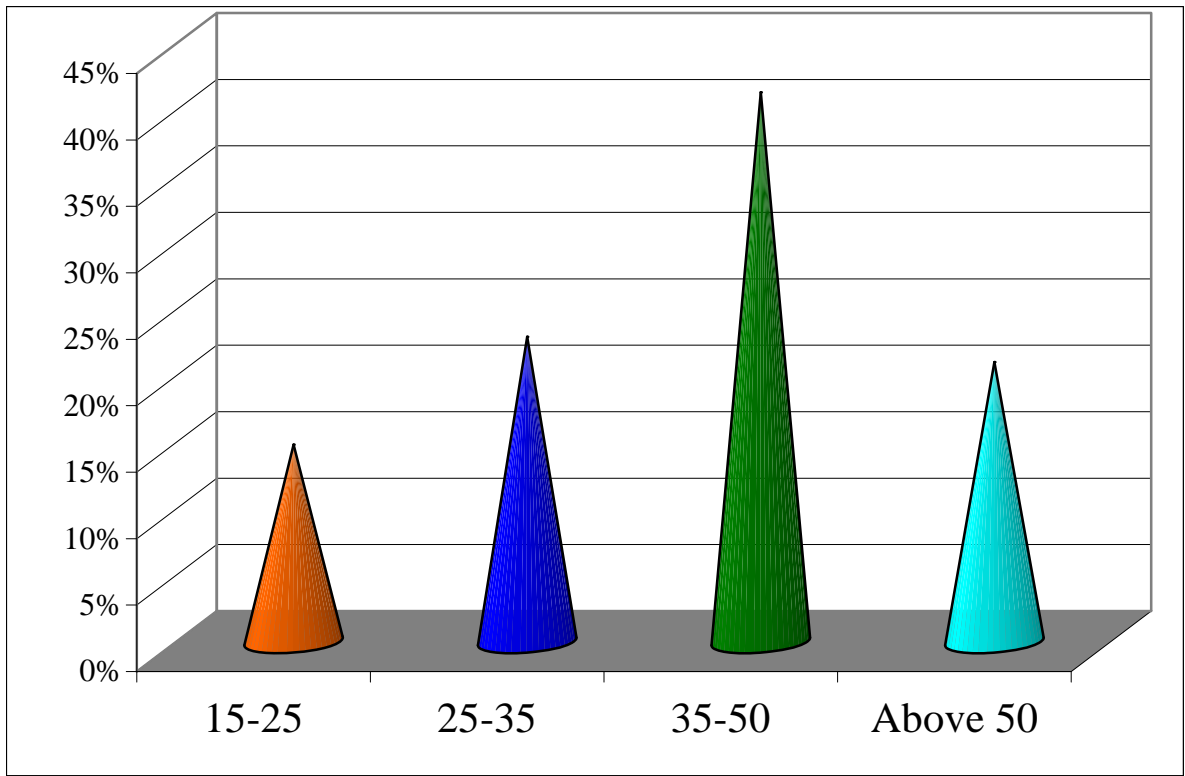
from 16% to 29%. Those belonging to 15-25 yrs were quite high in Neyyatinkara and Pulluvila panchayats with 38% and 32% respectively. In the remaining panchayats it varied from 2% to 18%. Elderly i.e., above 50 yrs hailed at a higher number from Nedumangad Panchayat with 34%. For the remaining, the representation ranged between 10% and 29%. On the whole, it is thus observed that people of different age groups were covered in all the panchayats under study. ( Refer to table 1 & Figure 1)

**Table No. 1**  
**Age of the respondents- Panchayath-wise**

Panchayaths	Age groups in years				Total
	15-25	25-35	35-50	Above 50	
Nedumangad	8	20	38	34	100
	8.0%	20.0%	38.0%	34.0%	100.0%
Puthenthope	13	25	52	10	100
	13.0%	25.0%	52.0%	10.0%	100.0%
Pulluvila	32	29	28	11	100
	32.0%	29.0%	28.0%	11.0%	100.0%
Vizhinjam	4	21	46	29	100
	4.0%	21.0%	46.0%	29.0%	100.0%
Neyyatinkara	38	19	23	20	100
	38.0%	19.0%	23.0%	20.0%	100.0%
Poovar	18	18	34	30	100
	18.0%	18.0%	34.0%	30.0%	100.0%
Anchuthengu	2	16	72	10	100
	2.0%	16.0%	72.0%	10.0%	100.0%
Kuttichal	11	22	48	19	100
	11.0%	22.0%	48.0%	19.0%	100.0%

Kilimanoor	10	23	41	26	100
	10.0%	23.0%	41.0%	26.0%	100.0%
Vattiyurkav	12	36	31	21	100
	12.0%	36.0%	31.0%	21.0%	100.0%
Total	148	229	413	210	1000
	14.8%	22.9%	41.3%	21.0%	100.0%

**Figure No. 1**  
**Age of the Respondents (*in Yrs*)**



*Education*

The educational level of the respondents showed that majority (56.2%) of them had only Secondary or less than Secondary level of education. Those with Higher secondary and Graduation followed next with 20.6% and 16.8% respectively. Highly qualified i.e., those with post graduation or professional

qualification were found to be comparatively less in the sample. (*Refer to table 2*)

It should be remembered that the sample was taken from 10 panchayat areas and the urban area was omitted. Accordingly, a good number of the respondents were women who were either housewives or who were engaged in low profile jobs. Their availability for interaction was a factor for their dominance in the sample. Very often women of this category are found to be educationally backward. It is because of this that a higher representation is noticed in the secondary or less than secondary level of education.

**Table No. 2**  
**Educational status**

Education	Frequency	Percentage
Primary	88	8.8%
Secondary	474	47.4%
Higher Secondary	206	20.6%
Graduate	168	16.8%
Post graduate	33	3.3%
Professional	19	1.9%
Technical	12	1.2%
Total	1000	100%

### *Occupation/Employment*

The employment status and the type of employment are two factors that often determine the category of listeners of the radio. People who are employed especially in government or private jobs/ firms fail to listen to the community radio health programme on weekdays as the programme is being broadcasted between 3.00 pm to 3.30 p.m i.e., their working hours. Whereas, in the case of the unemployed people, auto rickshaw drivers, coolies, daily wage earners etc. this is not a serious matter at all , as they could listen to the radio along with their work .Moreover, they themselves are the masters of their job which provide them ample opportunities to listen to these programmes.

Accordingly, an inquiry was carried out with respect to the employment status and type of employment of the respondents under study. The data in this regard depicted that 62% of them were employed and the remaining were unemployed. It should also be noted here that the unemployed included the students and the housewives as well. (*Refer to table 3*)

**Table No. 3**  
**Occupation/Employment Status**

Status	Frequency	Percentage
Employed	620	62%
Unemployed (students and housewives)	380	38%
Total	1000	100%

With regard to the type of employment, it was observed that out of the 620 employed, 47.9% were engaged in daily waged labours. Professionals followed next with 14.5%. Government employees, private employees and business people constituted 11.1%, 11.1% and 9.5% of the total employed people respectively. Among the others, 3.5% and 2.2% were involved in agriculture and other jobs such as nursing, sales, driving, etc. respectively.

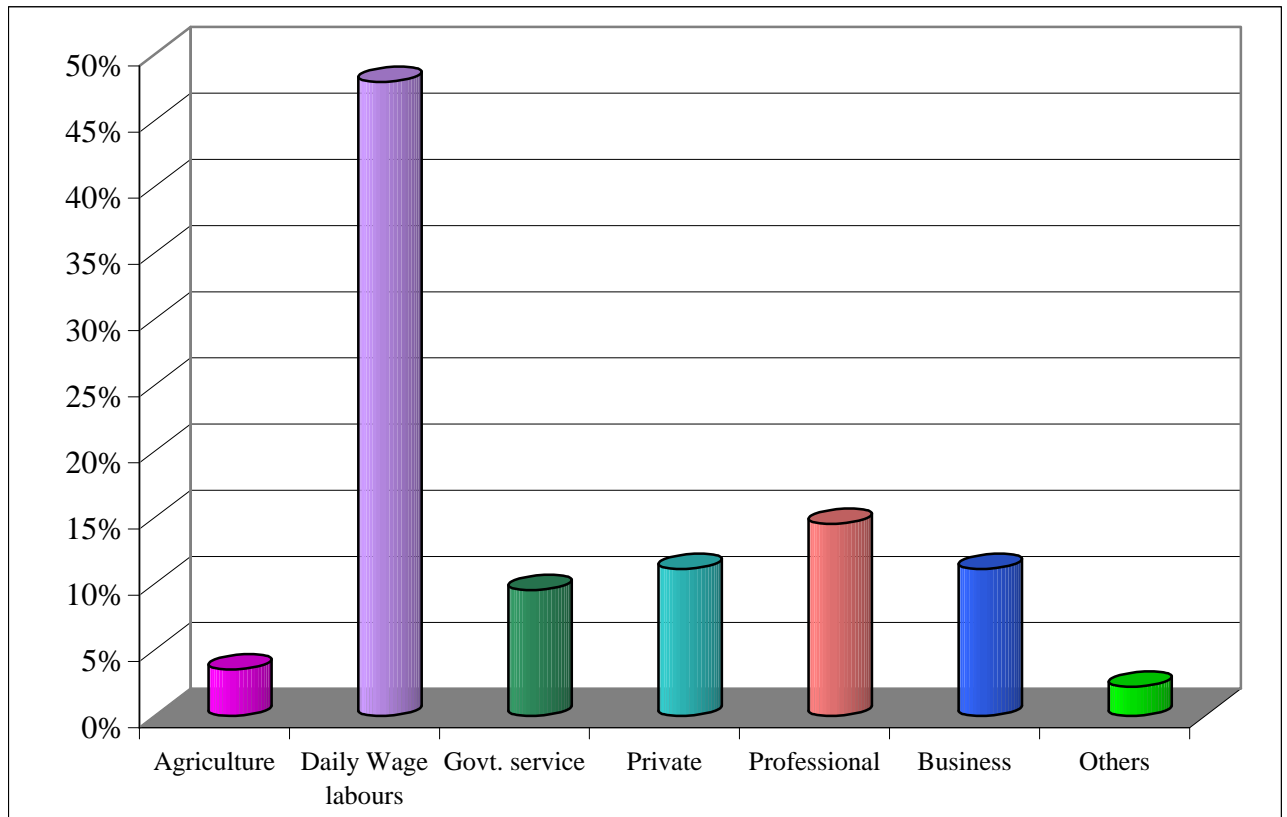
It is thus seen that the study had encompassed people who have engaged in diverse types of jobs. This has facilitated in providing a comprehensive picture on the reach and effectiveness of the FM Radio Health programme.

*(Refer to table 3.1 & figure 2)*

**Table No. 3.1**  
**Type of employment/Occupation**

Type	Frequency	Percentage
Agriculture	22	3.5%
Daily Wage labour	297	47.9%
Govt. service	59	9.5%
Private	69	11.1%
Professional	90	14.5%
Business	69	11.1%
Others	14	2.2%
Total	620	100%

**Figure No. 2**  
**Occupational Profile**



*An overview of the profile thus portray that majority of the respondents under study belonged to their middle age group and were with low education profile. The occupational profile was in concomitant with the education. Subsequently, most had a low occupational profile too. Nevertheless, it is observed that the sample comprised people from different economic strata, different ages, educational qualification and different occupation. This makes the study more comprehensive by giving a wider perception and view on the subject of study.*

## **2.2 Health Awareness need of the people**

Risky behavior today can have far-reaching consequences to the society that affect their immediate health as well as their future opportunities and those of their children. Adolescent pregnancy and childbirth, for example, are associated with a range of outcomes detrimental to a teen's health, including complications of pregnancy, illegal or unsafe abortions, and death

When compared to women in their mid-twenties, women under age of 15 are at 5 times greater risk of dying from complications related to pregnancy or childbirth; those women between 15 and 19 are at twice the risk. Young people are also the segment of the population most affected by the HIV/AIDS epidemic, and they remain highly vulnerable to its transmission and resulting impact.

Gaining access to health education hence, is vital if today's young people are to lead healthy productive lives and make informed choices. Yet, many youth today find themselves cut off from the information outlets and youth-friendly service providers they so desperately need. Strategic investments in such areas as reproductive health, HIV/AIDS prevention, and basic health education are critical in addressing growing health crisis in underserved communities across the state

Due to lack of health information, women spend scarce resources seeking health care from expensive and exploitative private practitioners. If women are empowered with appropriate information they will become better equipped to take care of their own, their families' and their communities' health

Health education hence is essential to enable the public to acquire the knowledge and skills to promote health. Those who have health knowledge and skills could promote better health status and contribute to the nation's economic competitiveness by working more effectively; missing fewer days from work due to injury and illness; using fewer medical services due to prevention or delayed onset of disease; and reducing use of health insurance benefits

Health knowledge and skills applied by individuals within the context of families and communities, ensure a better quality of life. Hence, an inquiry was carried out among the respondents regarding the requirement of health awareness/ sensitization in terms of the variables viz., awareness on health problems/issues, sources of health information and type of health problems on which they require information.

#### *Awareness on health problems/issues*

Kerala has made remarkable achievements in health in spite of its economic backwardness. Today the state has its own model (Kerala model of health) which has the salient features of low cost of health care, universal accessibility and availability even to the poor sections of the society. There are many socio-economic conditions unique to the state which have been postulated to make this health model possible. The high female literacy rate (87.72%) of the state is worth mentioning in the regard. The widely accepted health indication viz death rate, Infant Mortality Rate (IMR) and expectation of life at birth too are far advanced than the rest of the states in India and are even comparable with developed countries. Such that in Kerala, the expectation of life has increased, infant mortality rate is very low and there

is decline in death rate. Also, the health awareness among the citizens of the state maintains to be at a very high level.

Yet, it remains to be mentioned that kerala has now become a place which is frequently haunted by various health epidemics especially during the rainy or monsoon season. Hence, the public in general were asked if they were aware of the different type of health issues/problems either prevalent or experienced by them. The responses in this regard portrayed that a great majority (91.3%) of them were aware about it and had certain basic information regarding the same. Probably, the literacy of the people as well as the wide publicity given by the media both visual and print might have been the reasons for the high level of awareness.

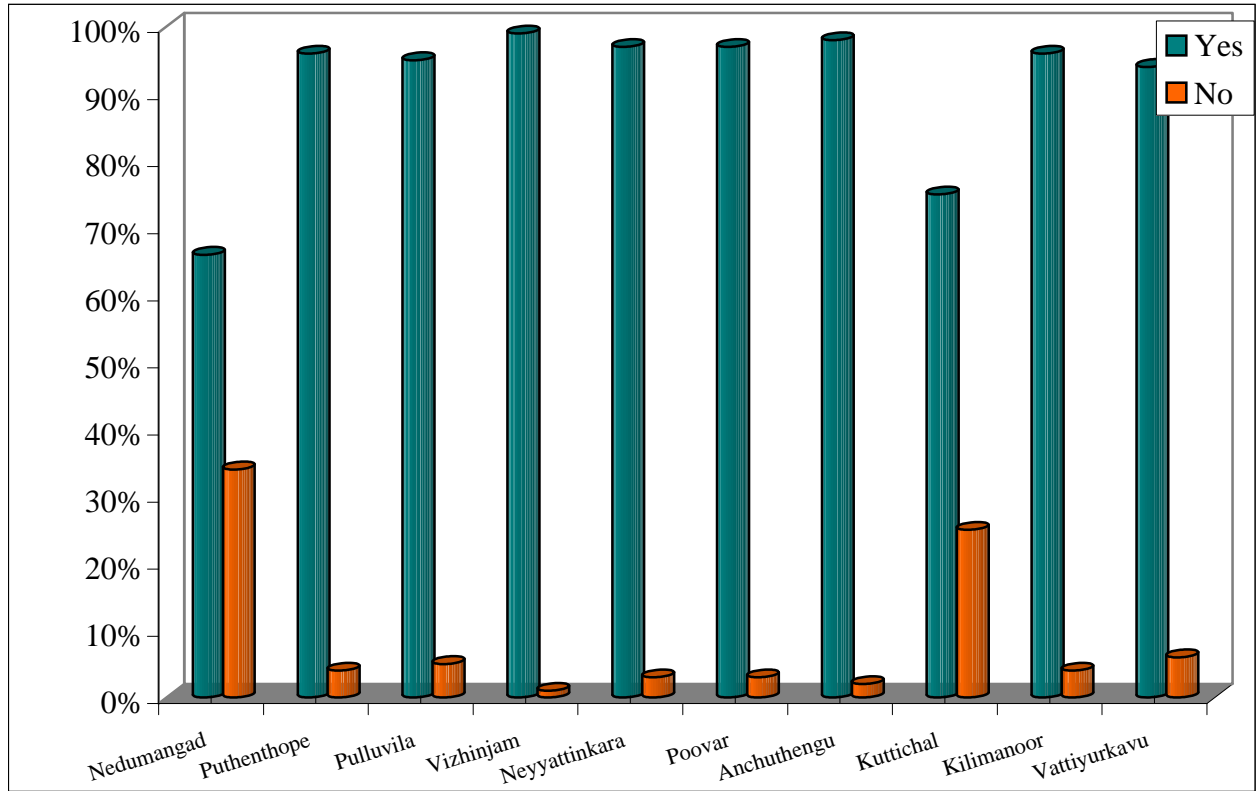
Panchayat-wise, it was seen that excluding the panchayats of Kuttichal and Nedumangad, in all the others more than 94% of the people under study were aware or had knowledge about various health issues/problems. In the case of Kuttichal and Nedumangad panchayats only 75% and 66% each reported about knowledge/awareness. Lack of facilities, opportunities, ruralism etc. might have been the contributory factors for the reporting of low knowledge/awareness in these panchayats. (*Refer to table 4 & figure 3*)

*On the whole, the findings go in line with the general notion that people in Kerala have comparatively a high level knowledge/awareness about various public health issues and problems.*

**Table No.4**  
**Awareness about Health Issues – Panchayath-wise**

Panchayath	Awareness about Health issues		Total
	Yes	No	
Nedumangad	66	34	100
	66.0%	34.0%	100.0%
Puthenthope	96	4	100
	96.0%	4.0%	100.0%
Pulluvila	95	5	100
	95.0%	5.0%	100.0%
Vizhinjam	99	1	100
	99.0%	1.0%	100.0%
Neyyatinkara	97	3	100
	97.0%	3.0%	100.0%
Poovar	97	3	100
	97.0%	3.0%	100.0%
Anchuthengu	98	2	100
	98.0%	2.0%	100.0%
Kuttichal	75	25	100
	75.0%	25.0%	100.0%
Kilimanoor	96	4	100
	96.0%	4.0%	100.0%
Vattiyurkav	94	6	100
	94.0%	6.0%	100.0%
Total	913	87	1000
	91.3%	8.7%	100.0%

**Figure No.3**  
**Awareness about Health Issues**



*Sources of information*

Kerala’s high knowledge/awareness level on health issues/problems is the net result of the efforts by a number of people and sources. The major sources in this regard included, seminars/classes, print and visual media, community radio helath programme, helath workers, hearsay etc. The data showed that ‘visual and print media’ were the most prominent sources of information on various health issues/problems. 69.8% and 67.1% of the respondents affirmed the same. ‘Hearsay’ followed next with 59.5%. The other sources of information as reported by them were: ‘seminars/classes’ (31.3%), ‘community radio health programme’ (25.2%), ‘health workers’ (16%) and ‘others’ (2.1%). (Refer to table 5& Figure4)

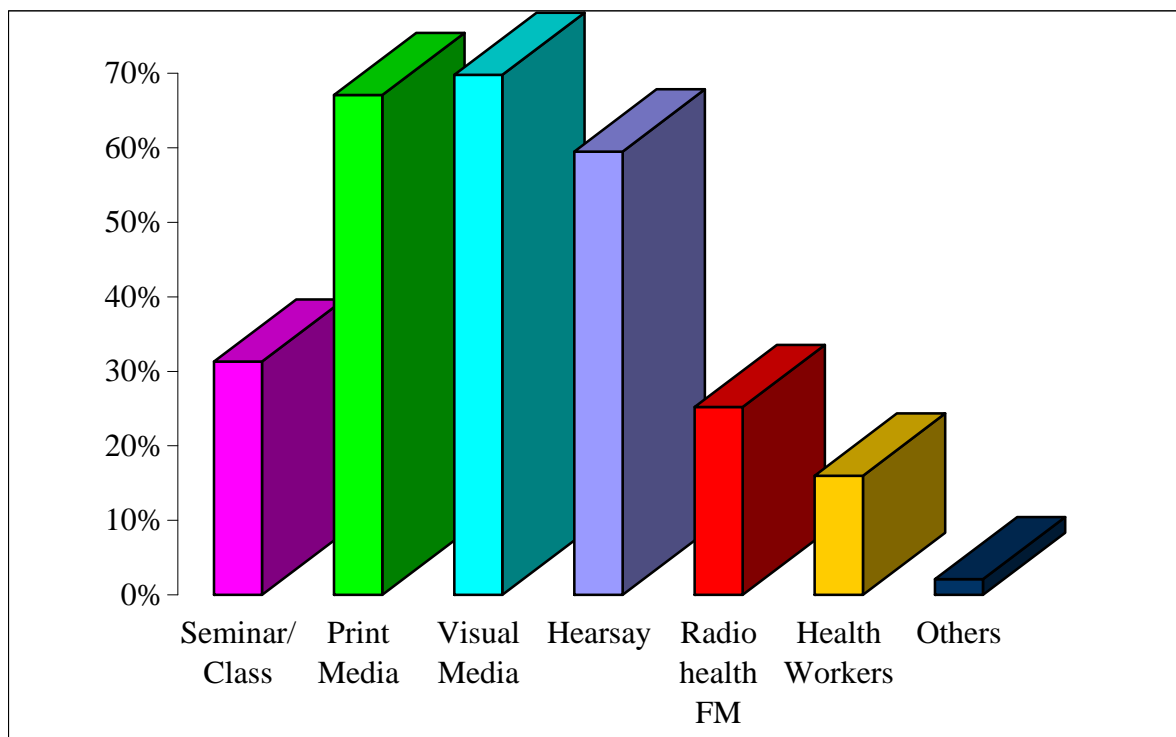
Television and news papers as seen from the responses did play a vital role in disseminating information related to health. Their frequent and constant telecasting and write ups enforce the public to read or listen or watch the programme to a certain extent. This has indeed been instrumental in the conscientisation of the general public on the health matters.

**Table No.5**  
**Sources of information on health issues**

*N= 913*

Sources	Frequency	Percentage
Seminar/ Class	285	31.3%
Print Media	612	67.1%
Visual Media	637	69.8%
Hearsay	543	59.5%
Community Radio health Programme	230	25.2%
Health Workers	146	16.0%
Others	19	2.1%

**Figure No.4**  
**Sources of information on health issues**



*Health Information Requirements/Needs*

Although, majority of the people under study reported knowledge/awareness about several health issues/problems, they expressed their ignorance about many other problems. A few, however, stated that they required in-depth information about a number of health issues/problems. The seasonal occurrence of newer types of diseases like chicken guinea, swine fever, rat fever etc. do prompt them to emphasize the need for information regarding the same.

Subsequently, the respondents were asked if they required information about any particular or specific health issue/problem. The responses portrayed that cent percent of them expressed their wish to acquire knowledge/information

regarding many health problems to which they themselves are victims. Majority i.e., 62.9%, 61.8% and 61.8% desired to know about the health problems of Diabetes, Swine Fever and Cholesterol. Probably, the occurrence of these diseases on a massive level and the fatal consequences of the same might have been the reason for the high number of responses in this regard. The other health problems about which they required information were: Diarrhoea (46.5%), Rat fever (52.9%), and Cancer (41.9%) ( *Refer to table 6* )

The informal interaction with the respondents too brought forth many other health problems about which they required information. Some of them in this regard were: water borne diseases, air borne diseases, healthy life styles etc. They also cited that the information should be imparted in a comprehensive manner using a variety of innovative methods. They also stated that the information should concentrate more on the preventive rather than on the curative measures.

**Table No. 6**  
**Information Requirements**

*N-1000*

Health issue	Frequency	Percentage
Diarrhoea	465	46.5%
Swine flue	614	61.8%
Rat fever	526	52.9%
Diabetics	625	62.9%

Cholesterol	614	61.8%
Cancer	416	41.9%
Other	373	37.5%

*In general, it was noted that cent percent of the people did require knowledge//information regarding various health issues/problems. They also suggested that it should be given through a variety of methods, capturing the attention of the people.*

### **2.3 Overall Extent/Reach of the Radio Health FM**

Radio is considered as one of the best medium of communication. Before the advent of television, radio was a luxury of the households. The commercial radio broadcasts of that time included not only news and music, but dramas, comedies, variety shows, and many other forms of entertainment. Radio was unique among the methods of dramatic presentation too. Though, its use has diminished with the arrival of Television, it has not lost its significance in toto. A number of households/ people still use them to get informed about up-to-date information on various subjects. A seek hence, was carried out among the respondents to analyse the extent of their habit of listening to radio as well as the reach of Radio health FM to these households/people. This section hence explicates the overall/ extent of reach of the Radio Health FM using the variables: whether listen to radio, frequency of listening, Knowledge about Radio Health FM, Sources of information and the details they have heard about Radio health FM programme.

### *Whether listen to radio*

There is a general perception that the entry of Television has pushed back the role of Radio in the lives of people. Though, it may be true a few years back, the advent of the FM has brought about a drastic change and today radio is listened by people in every nook and corner of the state. The figures with respect to the listeners of radio in the sample taken showed that a great majority i.e., 92.7% of them were listeners of radio at different frequencies. As stated earlier, the extensive use of the FM might have been a reason for the high number of listeners of radio.

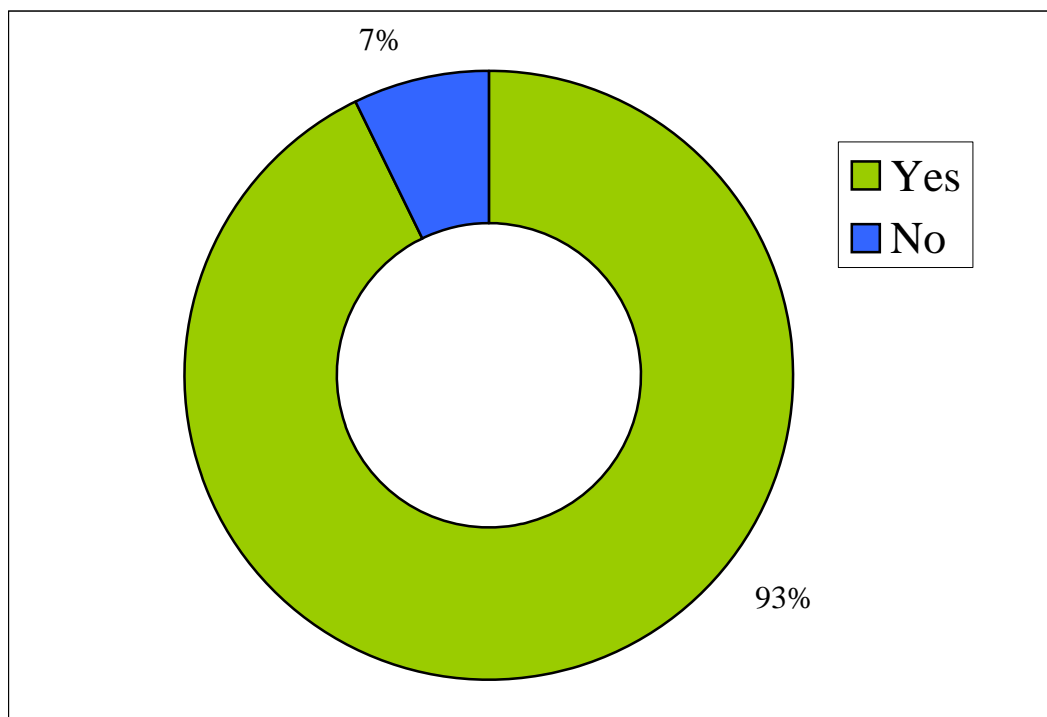
Panchayat-wise data too go in line with the overall trend, as more than 92% of them across the 7 out of 10 panchayats reported about their habit of listening to radio. Neyyatinkara panchayat topped in this regard with 98%. Puthenthope, Anchuthengu and Kilimanoor Panchayats closely followed it with 97%. Least in this regard was reported from Nedumangad panchayat with 85%. (*Refer to table 7 & Figure 5*)

**Table No.7**  
**Radio listeners –Panchayath-wise**

Pachayath	Radio listeners		Total
	Yes	No	
Nedumangad	85	15	100
	85.0%	15.0%	100.0%
Puthenthope	97	3	100
	97.0%	3.0%	100.0%
Pulluvila	89	11	100
	89.0%	11.0%	100.0%
Vizhinjam	93	7	100
	93.0%	7.0%	100.0%

Neyyatinkara	98	2	100
	98.0%	2.0%	100.0%
Poovar	91	9	100
	91.0%	9.0%	100.0%
Anchuthengu	97	3	100
	97.0%	3.0%	100.0%
Kuttichal	92	8	100
	92.0%	8.0%	100.0%
Kilimanoor	97	3	100
	97.0%	3.0%	100.0%
Vattiyurkav	88	12	100
	88.0%	12.0%	100.0%
Total	927	73	1000
	92.7%	7.3%	100.0%

**Figure No.5**  
**Radio listeners**



*It is thus seen that excluding a minority, all the rest were listeners of the radio. The deliberate inclusion of radio listeners and the extensive use of the FM might have been the contributory factors for the high representation in this regard.*

#### *Frequency of listening to Radio*

It is evident from the preceding data, that majority of the respondents had the habit of listening to radio. But the frequency of listening often varied from one person to the other. The inquiry in this regard showed that most (48%) had listened to radio 'daily'. The 'Rarely' category (2-3days a week) seconded it with 42.8%. The remaining listened to radio, 4-6 days a week.

Panchayat-wise data highlighted a marked difference with respect to the frequency of listening to radio across the panchyats. The number of 'daily' listeners varied from 20.5% in Kuttichal to 73% in Vizhinjam. The other prominent listeners in the 'daily' category hailed from Poovar with 63.7% and Vattiyukav with 63.5%. These three panchayats lay at the coastal belt and are dominated by fishermen. They listen to the radio daily to get information on climate changes. Probably, it is due to this fact that a higher number of people responded on the affirmative from these panchayats. The number of respondents listening to the radio for a duration of 4-6 days in a week varied from 4.3% in Poovar to 15.4% in Neyyatinkara. Again, those with a duration of in 2-3 days were found to be the highest in Kuttichal with 72% followed by Pulluvila with 61.7%. Least in this regard was reported from Vizhinjam with 13%. The data clearly spell out that the frequency of listening to radio varied from panchayath to panchayath depending on the requirements of the people. (*Refer to table 8*)

**Table No. 8**  
**Frequency of radio listening- Panchayath-wise**

Panchayath	Frequency of radio listening			Total
	Daily	2-3days	4 - 6days	
Nedumangad	39	41	5	85
	46%	48.2%	5.8%	100.0%
Puthenthope	58	30	9	97
	59.8%	31%	9.2%	100.0%
Pulluvila	27	55	7	89
	30.3%	61.7%	8%	100.0%
Vizhinjam	68	12	13	93
	73%	13%	14%	100.0%
Neyyatinkara	27	56	15	98
	27.5%	57.1%	15.4%	100.0%
Poovar	58	29	4	91
	63.7%	32%	4.3%	100.0%
Anchuthengu	37	51	9	97
	38%	52.5%	9.5%	100.0%
Kuttichal	19	66	7	92
	20.5%	72%	7.5%	100.0%
Kilimanoor	57	30	10	97
	58.7%	31%	10.3%	100.0%
Vattiyurkav	56	27	5	88
	63.5%	30.5%	6%	100.0%
Total	446	397	84	927
	48%	42.8%	9.2%	100.0%

*Time of listening to Radio*

Concerning the time of listening to radio, the figures depicted that most of them preferred to listen to the same either in the morning or in the evening

hours. 27.8% of them stated that they listened between 6am to 8am. Those listened between 5pm to 11p.m. constituted 33.9%. The rest i.e, 45.4% listened to radio between 8a.m. and 5 p.m. It was also reported that many of the respondents listened to the radio at several intervals i.e morning, afternoon and evenings. (*Refer to table 9 & Figure 6*)

Morning and evening hours were reported to be the most convenient time for most of the people as they kept the radio on and carried out their household chores. They stated that most of their day time was spent at their respective workplaces and hence, were unable to listen to radio. It was also observed that the public usually resorted to listening to radio in the morning in order to know details about train timings and the climate and the evening hours they spent for relaxation by listening to music/songs. Accordingly, it was inferred that the most convenient time to pass educative information regarding any subject would be either in the morning or in the evening. However, in the case of drivers or house wives any time might be suitable.

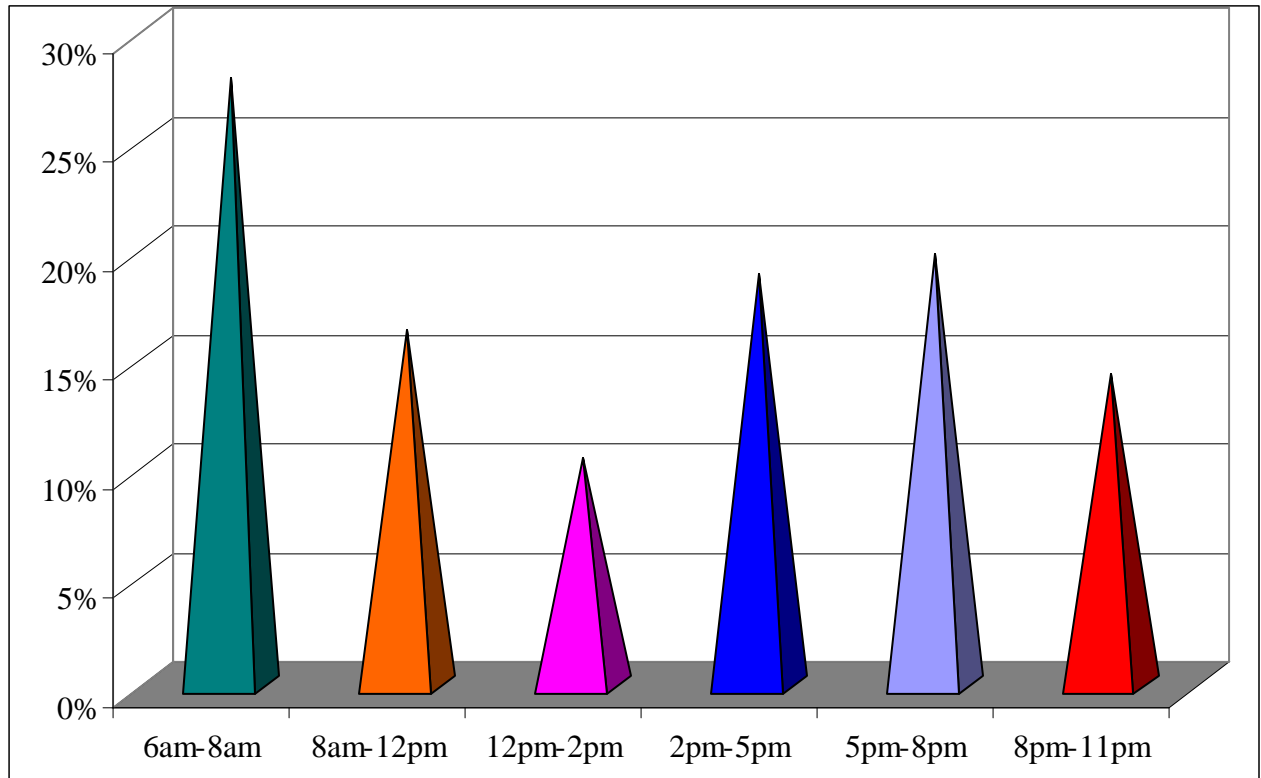
**Table No.9  
Time of listening to Radio**

*N-927*

Time	Frequency	Percentage
6am-8am	258	27.83%
8am-12pm	151	16.28%
12pm-2pm	97	10.46%
2pm-5pm	175	18.87%

5pm-8pm	219	19.74%
8pm-11pm	132	14.23%

**Figure No.6**  
**Time of listening to Radio**



***Knowledge about Radio Health FM***

Radio is a very important tool for the promotional and educational components of national programmes. In Kerala, radio reaches to a large audience, and those shows which are well-targeted, researched, pre-tested, and adequately placed in the broadcast schedule become attractive, competitive and cost-effective ways to communicate new and time-tested advice.

Radio Health FM in Kerala, was officially inaugurated on 15th September and it was broadcasted from 25th September 2008.. Radio Health is envisaged as a vehicle for providing information on health-related activities in the State and for giving health education to the community, especially rural women. Apart from relaying programmes on health topics, Radio Health functions as a link between the community and the health workers. Local people would be encouraged to develop content for the programme and to interact with the health providers.

Almost, ten months have been passed since its inception and information regarding how many people have heard about the same seemed to be lacking. In this regard, the study has made an attempt to unearth facts on the overall reach of the programme in terms of their knowledge/awareness on the same. The responses in this regard highlighted that 86.4% of them reported that they have heard about the Radio Health FM.

Panchayat-wise, excluding the five panchayats of Nedumangad, Pulluvila, Vizhinjam, Kuttichal and Vattiyurkav, in all the others, more than 93% of the respondents have heard about Radio Health FM from one source or the other. Highest in this regard was reported from Puthenthope with 98%. Concerning the panchayats that reported less than 90% hearers on Radio Health FM, Nedumangad had the least with 55%. (*Refer to table 10 & Figure 7*)

As per the figures from the table, it looks that the programme has reached the communities across the various parts of the districts extensively. However, it should be noticed here that these panchayats were the targeted

work areas of the NRHM co-ordinators. Accordingly, a deliberate attempt has been made to include in the sample / respondent category, maximum number of people who have heard about the Radio Health FM programme, as only they could speak about the effectiveness of the same. Probably, it is this factor that has resulted in the enhanced number of people who have heard about Radio Health FM. Hence, the response to the overall reach may be quite biased. Yet, it does not undermine its reach as at least the above-mentioned number of people across the ten panchayats has heard about the Radio Health FM.

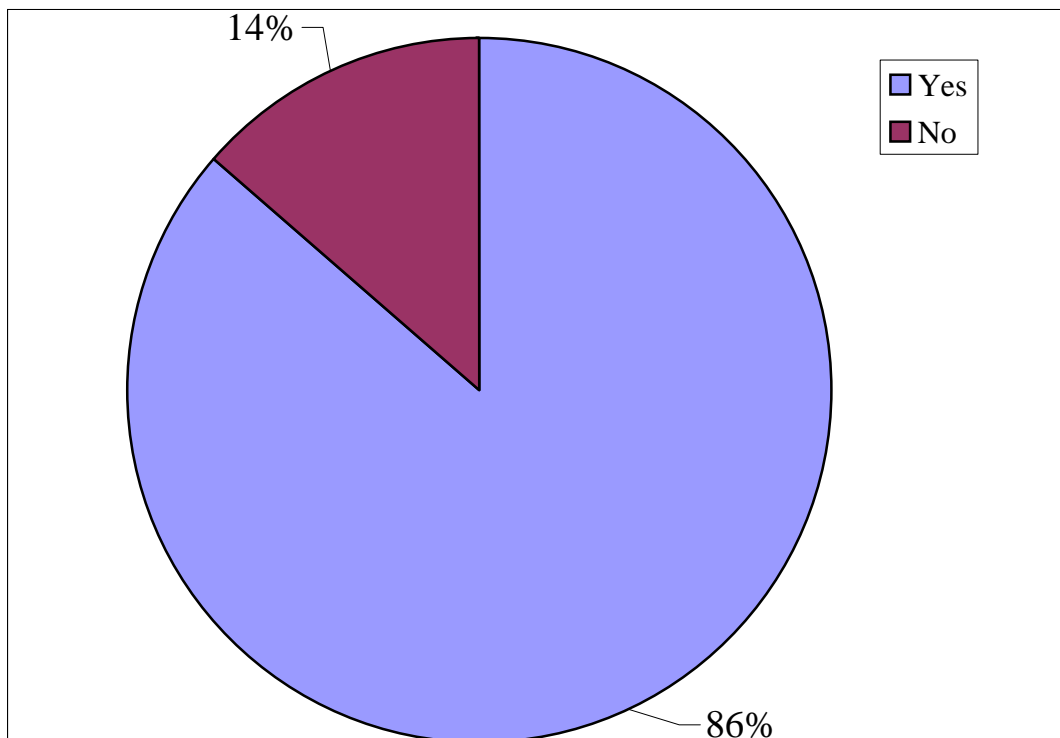
Informal discussions with the respondents proved that more publicity need to be given to the programme as there exists a good chunk of the community being ignorant about the programme. Diverse strategies hence needed to be designed and implemented to make the programme reach to every nook and corner of the district.

**Table No. 10**  
**Those who have heard about Radio health F M – Panchayath-wise**

Panchayath	Those who have heard about Radio Health FM		Total
	Yes	No	
Nedumangad	55	45	100
	55.0%	45.0%	100.0%
Puthenthope	98	2	100
	98.0%	2.0%	100.0%
Pulluvila	86	14	100
	86.0%	14.0%	100.0%
Vizhinjam	71	29	100
	71.0%	29.0%	100.0%

Neyyatinkara	94	6	100
	94.0%	6.0%	100.0%
Poovar	93	7	100
	93.0%	7.0%	100.0%
Anchuthengu	97	3	100
	97.0%	3.0%	100.0%
Kuttichal	92	8	100
	92.0%	8.0%	100.0%
Kilimanoor	97	3	100
	97.0%	3.0%	100.0%
Vattiyurkav	81	19	100
	81.0%	19.0%	100.0%
Total	864	136	1000
	86.4%	13.6%	100.0%

**Figure No. 7**  
**Those who have heard about Radio health F M**



### ***Sources of Information***

The source of knowledge/information regarding the radio health FM varied from person to person. Many of them have heard about it from multiple sources. 'Print' and 'visual' media were reported to be the prominent sources of information. 71.8% and 67.6% have respectively reported these sources. Probably, the leaflets, pamphlets and the advertisements given by the NRHM might be the reason for the extensive response of print and visual media as the sources of information. Among the other sources, 'health workers' followed by 'hospitals' outnumbered the others with 50.6% and 37.7% respectively. Here again, it should be noticed that the health workers particularly the ASHA workers work in close contact with the NRHM. As such, the programme has been given a wide publicity through them. Other sources of information regarding Radio Health FM as reported by the respondents were: 'Classes by health workers' (20.5%) and 'radio health club members' (10.9%) (*Refer to table 11 & Figure 8*)

The figures clearly showed that efforts through a number of ways and means had been instrumental in giving a wide publicity about the programme. However, it seems that massive campaign programs still needed to be conceived and implemented to make the programme reach to each and every person in the community.

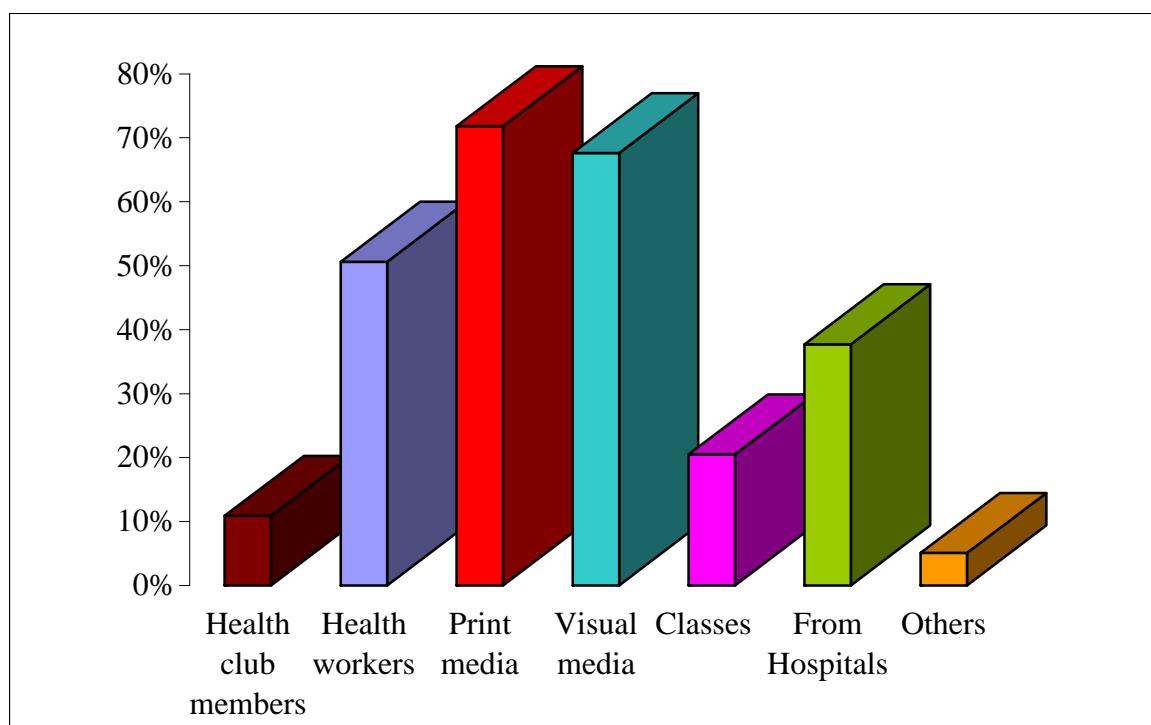
**Table No.11**  
**Sources of information about Radio health FM**

N=864

Source	Frequency	Percentage
Radio Health club members	94	10.9%
Health workers	437	50.6%

Print media	620	71.8%
Visual media	584	67.6%
Classes conducted by health workers	177	20.5%
Hospital	326	37.7%
Other	44	5.1%
Total	2382	275.7%

**Figure No. 8**  
**Sources of information about F.M Radio health**



### ***Contents of the hearsay about Radio Health FM***

In order to have a systematic analysis regarding the information they have heard about Radio health FM, the respondents were asked to recall what they have heard about the FM on three aspects viz., the content of the programme, presentation/communication mode and duration of the programme.

Regarding the content of the programme, cent percent of the respondents stated that it was related to health issues/ problems. However, a few did not recall about what health problem or the exact content of the programme. Some of the health issues that were broadcasted according to them were: Cancer, AIDS, Drugs, Diabetes, Smoking, Alcoholism, Blood Pressure, Chickenguinea, Chicken pox, Epidemics etc. They stated that what they heard about the programme was much encouraging as the persons from whom they received the information were positive on the educative value of the contents.

With respect to the presentation/communication mode of the programme, it was opined that a number of means were adopted to drive home the message related to health issues/problems. The major modes of presentation and communication as heard by them from others included: talks, discussions, dialogues, sharing of experiences and short skits.

Concerning the duration there was no dissent from any corner as all stated that the programme extended for a duration of half an hour only.

It is thus clear that a great majority of the sample respondents had a comparatively fair knowledge/information regarding the various aspects of the Radio Health FM introduced and implemented by the National Rural Health Mission. Nevertheless, the information in the case of many was rudimentary, which normally calls for extensive publicity of the programme across the different corners of the district.

*In short, it is explicit from the data that the information/knowledge regarding Radio Health FM is gradually penetrating into the community. It is seen from the responses of the sample respondents that a great majority has heard about it from one source or the other. Print and visual media have played an anchored role in making the programme reach to the various communities. However, still a long way has to be traversed to make the programme, a massive participatory one.*

#### **2.4 Radio Health FM Programme – A Review**

The First community-driven health education FM radio programme in Kerala, was inaugurated by Smt. P K Sreemathi the Health Minister on 15<sup>th</sup> September 2008. The National Rural Health Mission (Arogya Keralam) has tied up with the Ananthapuri channel of the All India Radio for broadcasting the programmes.

Radio Health is envisaged as a vehicle for providing information on health-related activities in the State and for giving health education to the community, especially to rural women. Apart from relaying programmes on health topics, Radio Health also functions as a link between the community

and the health workers. Local people are also encouraged to develop the content and to interact with the health providers.

The intention of the programme was to develop this as an interactive and educational device for the rural folk to familiarize themselves with health-related activities in their locality, to air their doubts on health issues and also to gain awareness on public health campaigns.

At the start, the programmes were of a duration of 30 minutes and was aired from Thursday to Sunday from 3 p.m. The programmes included health education talks by doctors, maternal and childcare issues, phone-in programmes, and those that discuss native knowledge on health ('Naattarivukal').

The Radio Health programme was expected to function as an informative and interactive educational media that would be used to organize, integrate and coordinate various health activities. At the initial phase, the radio covered entire Thiruvananthapuram, north up to Chavara and south up to Kanyakumari. It is expected to extend to other districts in phases.

The programme is nearing a year's completion and it is essential to have a review of the implementation of the programme to see if the broadcasted programmes were listened by the people and whether it had any impact/influence on them in ordering their lives according to a healthy life pattern. Accordingly, the present study has made an attempt to analyze the entire programme of Radio Health FM to assess the effectiveness of the programme. The variables considered in this regard

were: Listening to the programme, opinion on the programme, Frequency of listening to the radio health FM, Usefulness of the programme, Convenient time for broadcasting Radio Health FM and listening to other health programmes of the radio, extent of contribution to health education and knowledge about health clubs.

### *Listening to Radio Health Programme*

The first and foremost aspect to be considered in order to assess the radio health FM, was to know the number of people who listened to the radio health FM. The inquiry in this regard highlighted that 85.5% of the sample respondents had listened to the same at one time or the other. The remaining however, declined about listening to the programme. A high number of listeners in this regard might be due to the purposeful inclusion of those who have listened to the radio health FM programme in the sample.

Panchyat-wise analysis showed a remarkable variation in the responses across the panchayats. The number of listeners of the Radio Health FM varied from 56% in Nedumangad (minimum) to 98% in Puthenthope (maximum). The other Panchyats that recorded above 90% listeners to the radio health FM were Kilimanoor (97%), Anchuthengu (96%), Neyyatinkara (95%) and Poovar (93%). The figures also portrayed that the number of non-listeners to the radio health FM on the other, was high in Nedumangad with 44% followed by Vizhinjam and Vattiyurkavu, with 33% and 21% respectively. (*Refer to table 12 & Figure 9*)

Informal interactions revealed that most of those who have not listened to the programme, were ignorant about the broadcasting of the same. Those who knew about the programme stated that the time of broadcasting was inconvenient for them to listen, as they were in their work areas. This also pointed out to the need for wider publicity of the programme along with the timing, through various ways and means.

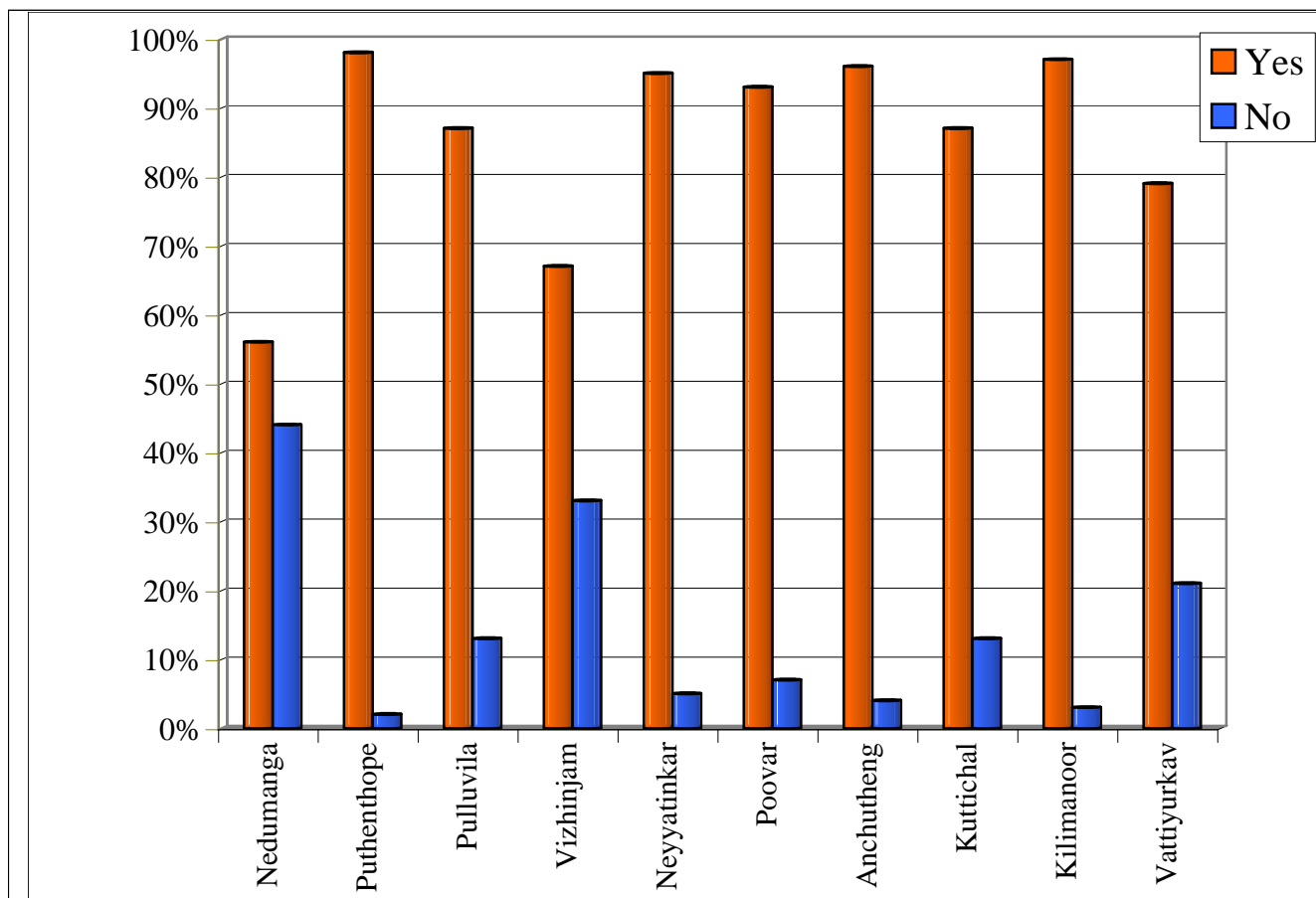
From the cross-sectional analysis between the listeners of the radio and the occupation of the people under study, it could be observed that the employed people particularly, in the organized sector, though have heard about the programme, have not listened to the Radio health FM, as the broadcasting time was during the working hours.

**Table No. 12**  
**Radio Health Programme listeners – Panchayath-wise**

Panchayath	Radio Health Programme listeners		Total
	Yes	No	
Nedumangad	56	44	100
	56.0%	44.0%	100.0%
Puthenthope	98	2	100
	98.0%	2.0%	100.0%
Pulluvila	87	13	100
	87.0%	13.0%	100.0%
Vizhinjam	67	33	100
	67.0%	33.0%	100.0%
Neyyatinkara	95	5	100
	95.0%	5.0%	100.0%
Poovar	93	7	100
	93.0%	7.0%	100.0%

Anchuthengu	96	4	100
	96.0%	4.0%	100.0%
Kuttichal	87	13	100
	87.0%	13.0%	100.0%
Kilimanoor	97	3	100
	97.0%	3.0%	100.0%
Vattiyurkav	79	21	100
	79.0%	21.0%	100.0%
Total	855	145	1000
	85.5%	14.5%	100.0%

**Figure No. 9**  
**Radio Health Programme listeners**



### *Opinion on the programme*

The success of any programme depends first and foremost on how the public take the programme to their heart. To an extent, it is their opinion that acts as the greatest publicity. Hence, in order to assess the overall impression of the people on the Radio Health FM, their opinion was sought on various aspects of the programme such as content, presentation, duration, resource person, clarity of message, voice clarity (audibility) and language. They were asked to rate their opinion at two levels i.e. overall impression and factor-wise impression, on a five-point scale i.e., very good, good, satisfactory, poor and very poor.

### *Overall impression*

The responses of the people on the Radio Health FM were much encouraging as out of the 855 people who have listened to the Radio Health FM, 93% (800 persons) had rated it as either 'good' or 'very good'. Only 1% i.e., 1 person had rated the programme as 'poor'. 6% on the other rated it as 'satisfactory'.

Panchayat-wise, the number of people who rated the programme as 'very good' varied extensively between 20.5% in Pulluvila and 65.5% in Vizhinjam. Poovar (60%) and Vattiyurkav (48.5%) were the other panchayats that had higher number of viewers rating the programme as 'very good' after Pulluvila. Among those who rated the programme as 'good', Kuttichal outnumbered the others with 73.5%. Pulluvila and Neyyatinkara closely followed the above with 72.5% and 70% respectively. Least in this regard was reported from Vizhinjam panchayat with 31.5%. (*Refer to table 13 & Figure 10*)

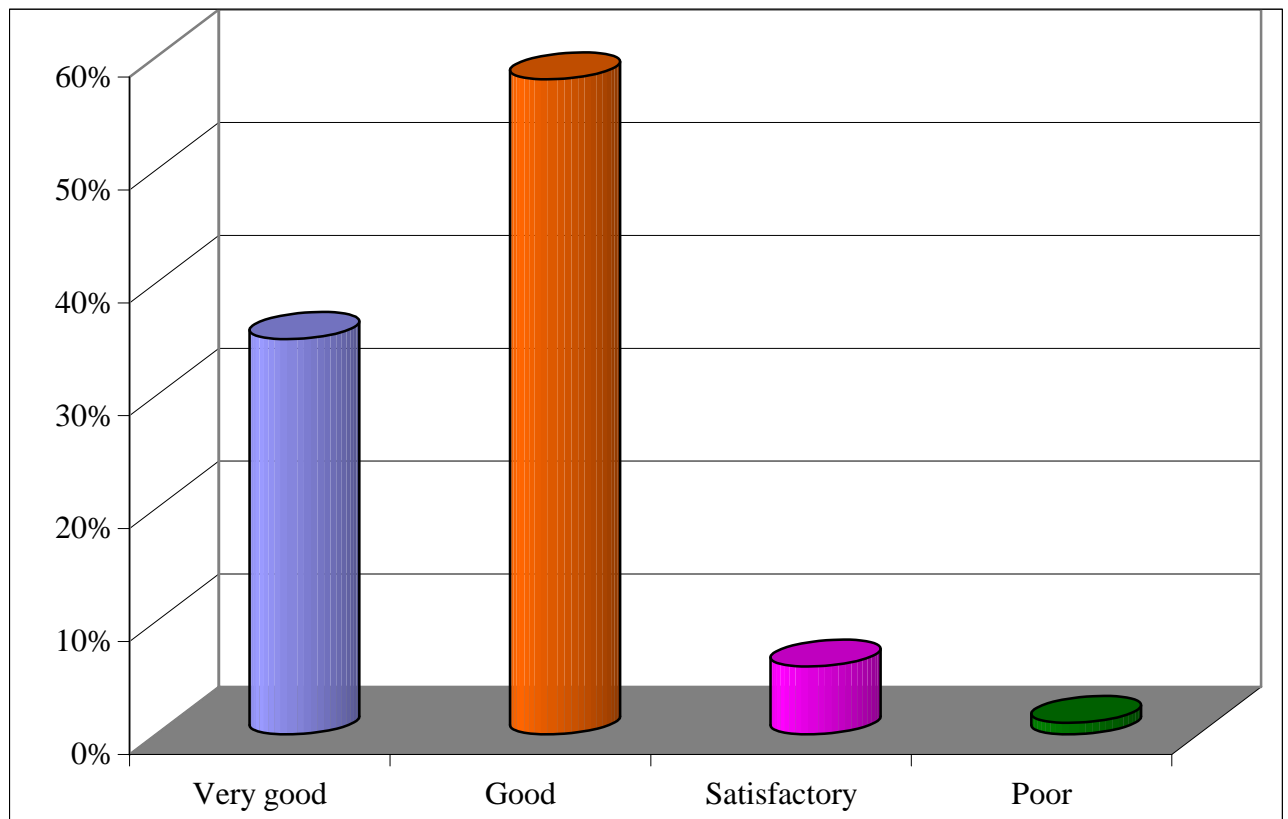
Probably, the variation in the number of programmes that they have listened to through the Radio Health FM and the individual perceptual variations in assessing the programmes, might have been the reasons for the variation in the overall impression about the programme. May be certain programmes which they have listened to, might not have been that much impressive, but certain others might have been vice versa too. Perhaps, they might have highlighted the non-impressive one rather than the impressive. This could have also had its impact on the opinion of the people about the programme.

**Table No. 13**  
**Overall Opinion about Radio health programme –Panchayath-wise**

Panchayath	Opinion about Radio health programme				Total
	Very good	Good	Satisfactory	Poor	
Nedumangad	18	37	1	0	55
	32%	67%	1%	0	100.0%
Puthenthope	34	61	3	0	98
	34%	62%	4%	0	100%
Pulluvila	18	63	6	0	87
	20.5%	72.5%	7%	0	100.0%
Vizhinjam	44	21	2	0	67
	65.5%	31.5%	3%	0	100%
Neyyatinkara	26	67	2	0	95
	27%	70%	3%	0	100%
Poovar	56	34	3	0	93
	60%	36%	4%	0	100%
Anchuthengu	30	49	17	0	96
	31%	51%	18%	0	100%

Kuttichal	9	64	13	1	87
	10%	73.5%	15%	1.5%	100%
Kilimanoor	30	62	5	0	97
	31%	63%	6%	0	100 %
Vattiyurkav	38	39	2	0	79
	48.5%	49%	2.5%	0	100%
Total	303	497	54	1	855
	35%	58%	6%	1%	100.0%

**Figure No. 10**  
**Overall Opinion about Radio Health Programme**



*Factor- wise Impression on the programme*

To have a detailed understanding of the Radio Health FM Programme, the opinion of the people was sought regarding the various factors of the programme viz. content, presentation, duration, resource person, clarity

of message, voice clarity (audibility) and language. Here too, they were asked to jot down their opinion on a five-point scale as mentioned above.

The figures although, go much in line with the overall impression, exhibit variations in the number of responses in each of the factors/aspects. More than 90% of the people were reported to be very positive with respect to the content and language of the programme, as they rated it as either 'very good' or 'good'. Duration of the programme recorded the least rating in this regard with only 64.3%. The number of people who rated the other aspects as either 'very good' or 'good' was as follows: presentation (81.5%), Resource person (84.5%), clarity of the message (84.6%) and voice clarity (88.6%). (*Refer to table 14 & Figure 11*)

It is explicit from the table that the opinion of the people had a slight bent towards the negative, regarding the duration of the programme. However, with regard to all the other aspects, excluding a very minor percentage, all were on the positive note with an expression of rating those as either 'satisfactory', 'good' or 'very good'.

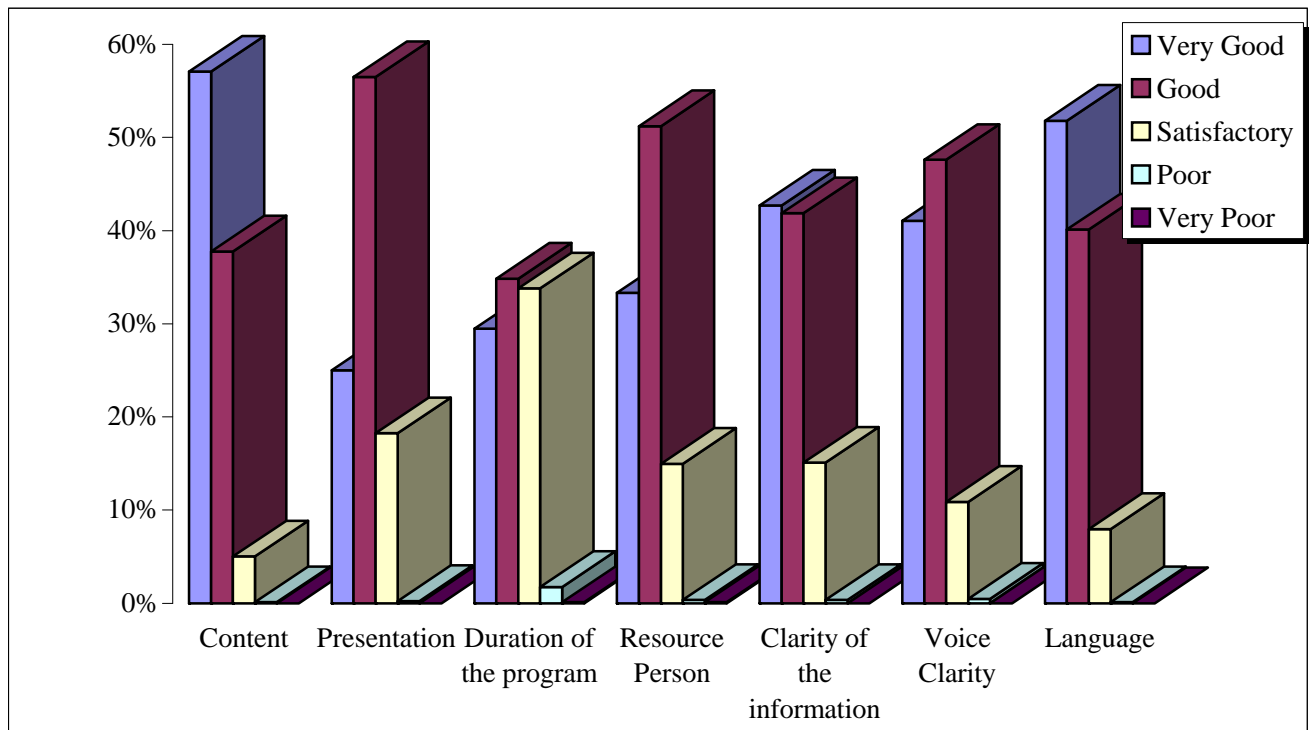
The opinion of the people thus expressed, is no doubt a real boost for the programme. Nevertheless, they also expressed their expectation regarding certain factors. Duration of the programme and timing of the programme were the two prominent factors for which they needed certain changes. Moreover, they also wished novelty and variety as well as more attractiveness of the different episodes.

*The opinion thus, clearly pointed out that the public has already accepted /embraced the programme with an open hand and now it is the turn of the Radio Health FM, to make maximum efforts to convey accurate and apt information to the public whereby, they could frame and nurture a healthy life style for themselves.*

**Table No. 14**  
**Opinion on Radio Health FM (General Public)**

<b>Aspects/Factors</b>	<b>Very Good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Total</b>
Content	488 (57.07%)	323 (37.77%)	43 (5.02%)	1 (0.11%)	0	855 (100%)
Presentation	214 (25.02%)	483 (56.49%)	156 (18.24%)	2 (0.23%)	0	855 (100%)
Duration of the program	252 (29.47%)	298 (34.85%)	289 (33.80%)	15 (1.75%)	1 (0.11%)	855 (100%)
Resource Person	285 (33.33%)	438 (51.22%)	128 (14.97%)	3 (0.35%)	1 (0.11%)	855 (100%)
Clarity of the information	365 (42.69%)	358 (41.87%)	129 (15.08%)	3 (0.35%)	0	855 (100%)
Voice Clarity	351 (41.05%)	407 (47.60%)	93 (10.87%)	4 (0.46%)	0	855 (100%)
Language	443 (51.81%)	343 (40.11%)	68 (7.95%)	1 (0.11%)	0	855 (100%)

**Figure No.11**  
**Opinion on Radio Health FM (General Public)**



*Frequency of listening to Radio Health FM*

The prior pages have highlighted that a good number of the respondents have listened to the programme and had a fairly positive opinion regarding the same. Their opinion could have been based on the listening of the programme once or twice or several times. Here, an attempt has been made to understand their opinion of the programme in relation to the number of times they have listened the same..

The data portrayed that most (53.4%) of them had listened to the programme ‘often’. Those who listened it frequently i.e., ‘always’ constituted 35.2% of the sample. The remaining (11.3%) were ‘rare’ and ‘very rare’ listeners of the Radio Health FM.

Panchayat-wise analysis depicted that the ‘always’ and ‘often’ listeners’ category outnumbered the ‘rare’ and ‘very rare’ listeners in all the panchayats by a great margin. ‘Rare’ listeners were found to be higher in the panchayats of Kilimanoor, Puthenthope, Neyyatinkara, and Anchuthengu with 18.5%, 14.2%,14.7% and 14.6% respectively. In all the other panchayats, it varied between 1.3% and 9.3%. Among the ‘very rare’ listeners’ category, Vattiyurkav panchayat followed by Puthenthope figured dominantly with 7.6% and 5.3% respectively.

The figures thus, well pictured that most of the respondents under study were frequent listeners and their frequent listening undoubtedly vindicated the usefulness and effectiveness of the programme. (*Refer to table 15*)

**Table No. 15**

**Frequency of listening to Radio Health FM- Panchayath-wise**

Panchayath	Frequency of listening radio health FM				Total
	Always	Often	Rarely	Very Rarely	
Nedumangad	14	40	1	1	55
	25%	71.4%	1.8%	1.8%	100.0%
Puthenthope	24	55	14	5	98
	24.4%	56.1%	14.2%	5.3%	100.0%
Pulluvila	21	56	8	2	87
	24.2%	64.3%	9.3%	2.2%	100.0%
Vizhinjam	46	19	2	0	67
	68.6%	28.3%	3%	.0%	100.0%
Neyyatinkara	26	54	14	1	95
	27.4%	56.8%	14.7%	1.0%	100.0%

Poovar	40	49	4	0	93
	43.0%	52.7%	4.3%	.0%	100.0%
Anchuthengu	28	54	14	0	96
	29.2%	56.2%	14.6%	.0%	100.0%
Kuttichal	33	50	2	2	87
	37.9%	57.5%	2.3%	2.3%	100.0%
Kilimanoor	40	37	18	2	97
	41.2%	38.1%	18.5%	2.0%	100.0%
Vattiyurkav	29	43	1	6	79
	36.7%	54.4%	1.3%	7.60%	100.0%
Total	301	457	78	19	855
	35.2%	53.4%	9.1%	2.2%	100.0%

#### *Usefulness of the programme*

Assessment of the usefulness of any programme is based on several factors. In the case of Radio Health FM, the assessment was solely based on the perception and opinion of the respondents/people. Further, here the usefulness was in relation to the information/knowledge-imparting medium. Accordingly, the responses illustrated that 94% of those who had listened to the Radio Health FM reported it to be useful in some or the other way. Some even, went to the extent of reporting that it assisted them in taking precautions against several diseases/health problems.

Panchayat-wise, excluding the panchayats of Kuttichal and Puthenthope, more than 90% of all the others had reported positively about the usefulness of the programme. Vattiyurkav and Kilimanoor panchayats recorded cent percent in this regard.

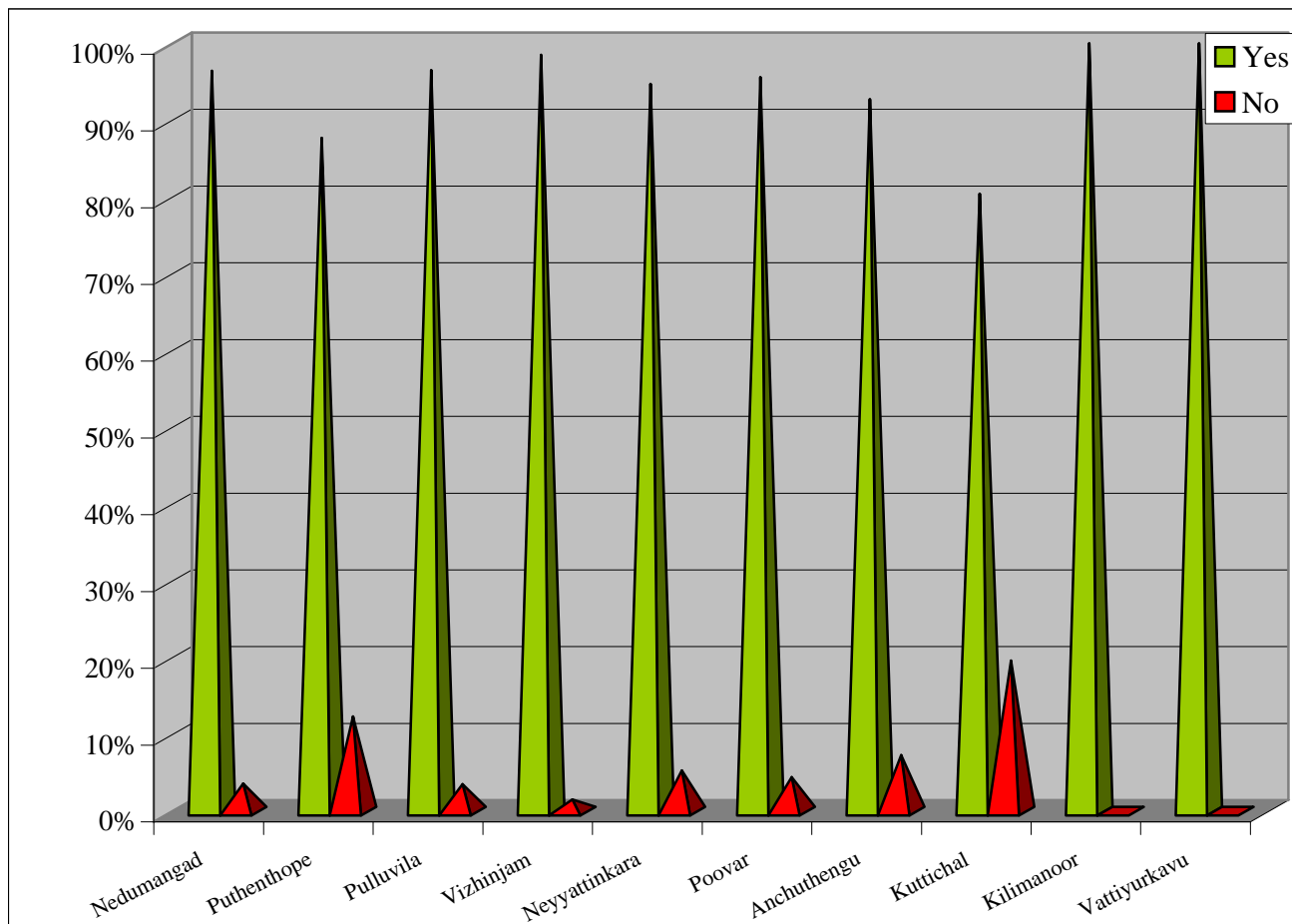
The responses on the usefulness too re-emphasize the need to push ahead with the programme with more vigour and energy introducing variety and content sumptuous. The rating on various aspects as well as its usefulness

pointed out the need for extending the same to other parts of the State too.  
(Refer to table 16 & Figure 12)

**Table No. 16**  
**Usefulness of Radio Health FM Programme – Panchayath-wise**

Panchayath	Usefulness		Total
	Yes	No	
Nedumangad	54	2	56
	96.4%	3.6%	100.0%
Puthenthope	86	12	98
	87.7%	12.3%	100.0%
Pulluvila	84	3	87
	96.5%	3.5%	100.0%
Vizhinjam	66	1	67
	98.5%	1.5%	100.0%
Neyyatinkara	90	5	95
	94.7%	5.3%	100.0%
Poovar	89	4	93
	95.6%	4.4%	100.0%
Anchuthengu	89	7	96
	92.7%	7.3%	100.0%
Kuttichal	70	17	87
	80.4%	19.6%	100.0%
Kilimanoor	97	0	97
	100%	.0%	100.0%
Vattiyurkav	79	0	79
	100%	.0%	100.0%
Total	804	51	855
	94%	6%	100.0%

**Figure No. 12**  
**Usefulness of Radio Health Programme**



When asked to spell out how the Radio Health FM programme was useful to them, majority reported that the programme did disseminate relevant information regarding various diseases and health problems enabling them to take precautions against several of them. A few others mentioned that information imparted, assisted them to give special care to their children and adolescents. For some others, the programme clarified certain of their misconceptions regarding various health issues/diseases. Yet, a few others highlighted that it has helped to develop a healthy life style to an extent, by following healthy food habits and promoting hygienic conditions at home and surroundings.

The programme thus, was more of informative in nature rather than action oriented. Action very often depended on the attitude and will of the people who listened to the Radio Health FM

#### *Convenient time for broad casting*

Time is a major factor in extending the reach of the programme to maximum number of people. The previous section has spelt out that most of the public generally listened to the radio either during the morning or evening hours. However, the Radio Health FM programme is being telecasted on 4 days i.e., from Thursday to Sunday from 3.p.m to 3.30 p.m. which is considered to be an odd time according to many. Hence, the most appropriate time to reach the programme at the maximum level would be to broadcast the programme during the evening hours. The opinion of the people regarding the appropriate time for broadcasting the Radio Heath FM too goes in line with the above inference, as 72% of the respondents preferred evening hours i.e., after 5.p.m. for broadcasting the programme. It was mentioned by them that very often people relax themselves from the day's hard work and would like to spent their leisure time either by listening to radio or by watching television. Probably, it might have been the reason for their suggestion for broadcasting the programme during the evening hours. Those who preferred the morning hours i.e., 6-9a.m constituted the second highest with 10.4%.  
*(Refer to table 17 & Figure 13)*

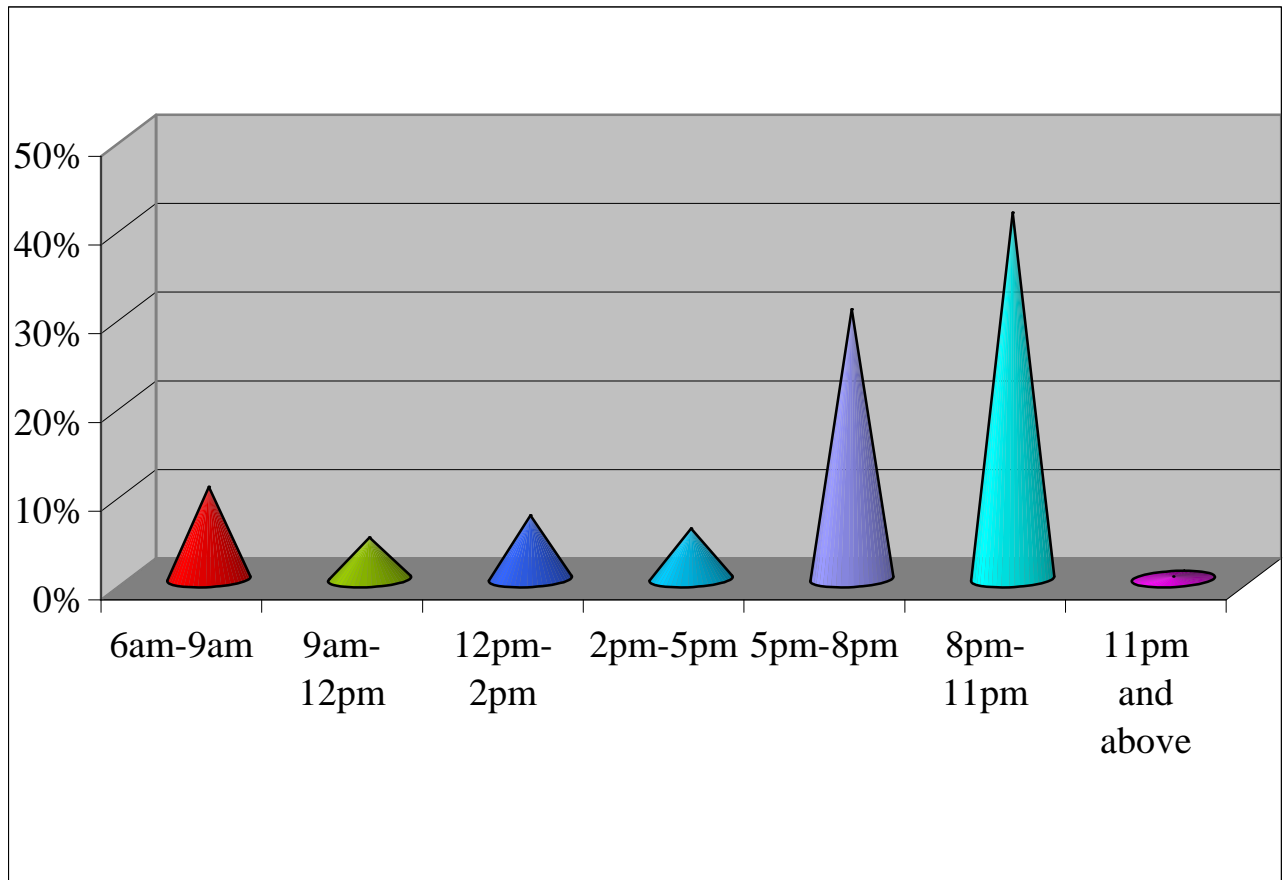
The opinion of the people in this regard is an indicator for taking appropriate measures for altering the time of broadcasting the Radio Health FM to sometime either during the evening or morning hours. Probably, a change in the time slot befitting the requirements of the people could bring about an

array of extensive listeners to the Radio Health FM programme. This could in turn, contribute to the attainment of the set objective of the programme i.e., giving health education to the community and acting as a vehicle for providing information on health-related activities in the State

**Table No. 17**  
**Opinion on convenient time**

Time	Frequency	Percentage
6am-9am	104	10.4%
9am-12pm	47	4.7%
12pm-2pm	72	7.2%
2pm-5pm	57	5.7%
5pm-8pm	304	30.4%
8pm-11pm	413	41.3%
11pm and above	3	0.3%
Total	1000	100%

**Figure No. 13**  
**Opinion on convenient time**



*Listening to other health programmes in Radio*

Health programme through radio is not a new item. However, Health programme through FM, is afresh. If people are listening to Radio Health FM extensively, it would be enriching to analyze the factors that attract people to Radio Health FM programme than the other health programmes through Radio. A query was hence, carried out to identify the number of people who listened to health programs through radio and also the difference they found between the two in relation to the content, presentation, resource person and the language of the programme.

The data depicted that only 44.4% of the respondents had listened to other health programmes through the radio. The absence of publicity or the non-attractiveness of the programmes or the popularization of visual media might have been the reasons for the less number of listeners of the health programmes through radio.

Panchayat-wise, the lowest number of listeners of other health programmes through radio was found in Nedumangad with 11%. On the other, the highest was reported from Puthenthope with 74%. Neyyatinkara seconded Puthenthope with 66%. In all the other panchayats, the number of listeners varied between 28% and 56%. (*Refer to table 18*)

**Table No.18**  
**Listeners of other Radio health programme – Panchayath-wise**

Panchayath	Listeners		Total
	Yes	No	
Nedumangad	11	89	100
	11.0%	89.0%	100.0%
Puthenthope	74	26	100
	74.0%	26.0%	100.0%
Pulluvila	34	66	100
	34.0%	66.0%	100.0%
Vizhinjam	28	72	100
	28.0%	72.0%	100.0%
Neyyatinkara	66	34	100
	66.0%	34.0%	100.0%
Poovar	56	44	100
	56.0%	44.0%	100.0%

Anchuthengu	39	61	100
	39.0%	61.0%	100.0%
Kuttichal	46	54	100
	46.0%	54.0%	100.0%
Kilimanoor	41	59	100
	41.0%	59.0%	100.0%
Vattiyurkav	49	51	100
	49.0%	51.0%	100.0%
Total	444	556	1000
	44.4%	55.6%	100.0%

Further, those who had listened to the other health programmes through the radio were asked to describe the difference they noticed between the two programmes. Their opinion was focused on ‘content’, ‘presentation’, ‘resource person’ and ‘language’. On all these aspects, the responses showed that almost cent percent preferred Radio Health FM to Other health programmes due to the richness in content, presentation, resource person and the language. It should also be stated here that though, many reported about the richness of the FM, several of them were not able to pinpoint and say how it differed as most of them did not have the exposure to make such expressions.

Regarding the content, they stated that compared to the other health programmes, the Radio Health FM programmes were much more relevant to the times than the other ones. Some other comments regarding the content of the Radio Health FM in relation to other health programmes through radio were: Radio Health FM was more relevant, precise, well selected contents, diversity of subjects, more of preventive etc. It was also observed that a few

viewed the other health programmes as much richer, than those of Radio Health FM. A few stated no difference between the two too. The variation in the perception level of the people might have played a role in bringing about disagreement in this regard.

With respect to the presentation of the programme too, the overall impression of the majority, was in favour of the Radio Health FM. Most suggested that Radio Health FM introduced more variety in their presentation than in other health programmes through radio. The programmes in Radio Health FM included: panel discussions, talks, skits, sharing of experiences etc. Correspondingly, the presentation did not have much variety in the other health programmes. Further, the Presentation in FM was reported to be more attractive and simple than that of the other programmes.

The resource persons in both the Radio Health FM programme and other health programmes were reported to be experts in the fields. However, it was stated that the mode of their interaction through the Radio Health FM was reported to be much simpler, comprehensible and friendly. The down to earth experience of the resource persons in the FM programme might be a major factor for the appreciation of the FM health programme than that of the other health programmes.

Language of the Radio Health FM programme too was reported to be appreciated greatly by the listeners. It was mentioned by the respondents that the language used by the resource persons in the Radio Health FM was simple and comprehensive even to the illiterate people. Probably, the

introduction of resource persons who had field level experience in giving talks might have been a reason for this. In these cases, the resource persons were able to communicate to the people in their language slant. Communicating the medical terms in simple and common language might be a key factor in the success of Radio health FM programme.

The opinions thus, well illustrate the superiority of the Radio health FM programmes when compared to the other health programmes in radio in terms of the above-mentioned factors. Naturally, it doubles the duty of the Programme organizers/developers, to take into consideration all the above stated factors before broadcasting or recording or selecting the programme, resource persons etc. Only when common man's views/perceptions are considered and acted upon, can any programme become a cherished one, bearing the expected fruit.

#### *Extent of contribution to health education*

As stated in the objective of the Radio Health FM, the prime focus of the programme is to educate the public on health issues/problems whereby they could promote a healthy life style. Accordingly, a probe was carried out among the respondents, to elicit their views on the extent of contribution of the programme in encouraging health education. The responses detailed that 57.8% agreed that the programme did contribute in promoting health education 'to an extent'. 40.2%, on the other, opined that it contributed 'to a great extent'. The remaining 2% were on the negative in this regard.

Panchayat-wise analysis of the data showed that those who reported the contribution ‘to a great extent’ varied from 17.3% in Puthnthope to 58.2% in Vizhinjam. Similarly, those who reported the contribution ‘to some extent’ varied from 41.7% in Vattiyurkav to 80.6% in Puthenthope.

The absence of any contribution to health education was reported highest from the Kuttichal Panchayat with 10.5%. The other panchayats that negated the contribution were Vattiyurkav (3.7%), Puthenthope(2.1%), Nedumangad (1.7%), and Poovar (1%). (*Refer to table 19 & Figure 14*)

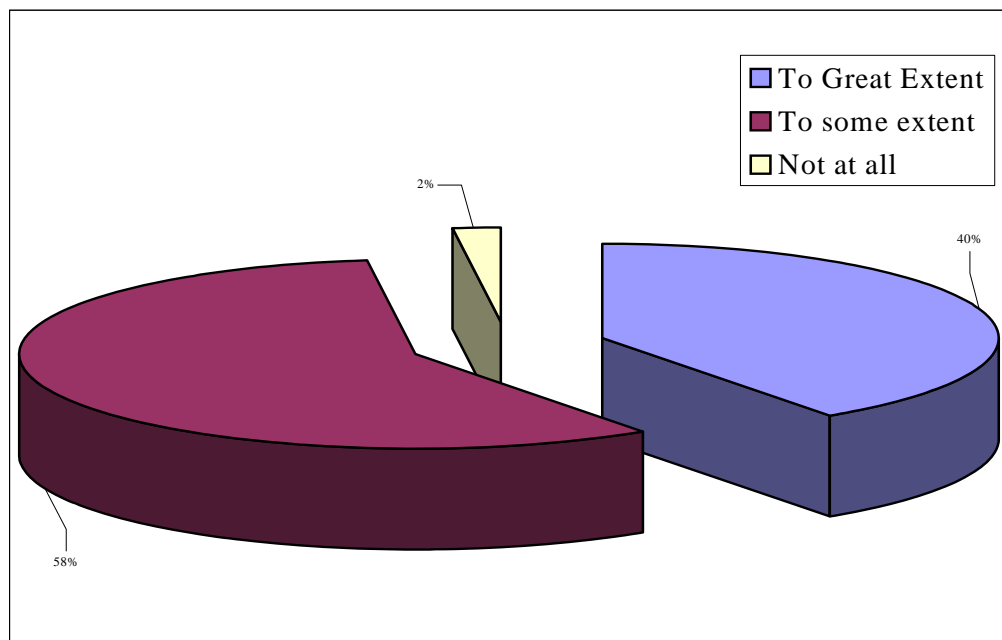
The findings thus, throw light to the positive influence of the programme. However, the high number of responses in the ‘to some extent’ and ‘not at all’ categories do point out to the long way the programme has to move on in the promotion of health education. The first step has been a success to an extent but it also doubles the responsibility of sustaining the success by making the programme more enriching and effective.

**Table No. 19**  
**Contribution of Radio Health FM for Promotion of Health Education**  
**Panchayath-wise**

Panchayath	Extent of Contribution			Total
	To Great Extent	To some extent	Not at all	
Nedumangad	20	35	1	56
	35.7%	62.6%	1.7%	100.0%
Puthenthope	17	79	2	98
	17.3%	80.6%	2.1%	100.0%
Pulluvila	26	61	0	87
	29.8%	70.2%	.0%	100.0%
Vizhinjam	39	28	0	67
	58.2%	41.8%	.0%	100.0%

Neyyatinkara	39	56	0	95
	41%	59%	.0%	100.0%
Poovar	53	39	1	93
	57%	42%	1 %	100.0%
Anchuthengu	33	63	0	96
	34.3%	65.7%	.0%	100.0%
Kuttichal	20	58	9	87
	22.9%	66.6%	10.5%	100.0%
Kilimanoor	54	43	0	97
	55.6%	44.4%	.0%	100.0%
Vattiyurkav	43	33	3	79
	54.6%	41.7%	3.7%	100.0%
Total	344	495	16	855
	40.2%	57.8%	2%	100.0%

**Figure No. 14**  
**Contribution of Radio Health FM for Promotion of Health Education**



### *Knowledge about Health clubs*

Health clubs are formed in communities, schools and colleges as a part of the Radio health FM to ensure the participation of the people in the promotion of Health Education. Though, the formation of the clubs were at the initial stage, a seek was carried out to understand the awareness/knowledge level of the public on health clubs. Overall analysis of the data in this regard showed that 60.9% of the respondents had awareness/knowledge about the health clubs.

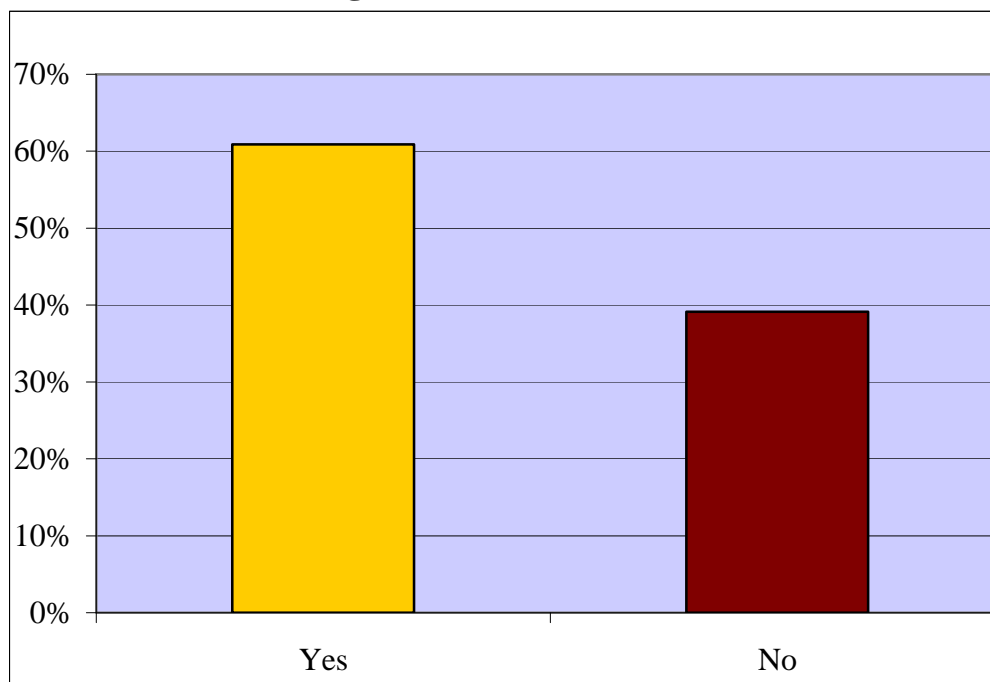
Paanchayath-wise, highest number of responses with respect to the awareness about health clubs was reported from Neyyattinkara Panchayat with 78%. Vattiyurkav closely followed it with 76%. A marked difference was seen with respect to the responses from the other panchayats as the number of people who reported positively varied between 9% and 72%. The absence of awareness/knowledge was reported at the maximum (91%) by the Nedumangad Panchayat followed by Poovar with 47%. These glaring variations across the panchayats were due to the presence of health clubs in certain panchayats and the absence of the same in certain others. (*Refer to table 20 & Figure 15*)

**Table No. 20**  
**Knowledge about Radio Health Clubs – Panchayath-wise**

Panchayath	Knowledge		Total
	Yes	No	
Nedumangad	9	91	100
	9.0%	91.0%	100.0%
Puthenthope	55	45	100
	55.0%	45.0%	100.0%
Pulluvila	63	37	100
	63.0%	37.0%	100.0%

Vizhinjam	72	28	100
	72.0%	28.0%	100.0%
Neyyatinkara	78	22	100
	78.0%	22.0%	100.0%
Poovar	53	47	100
	53.0%	47.0%	100.0%
Anchuthengu	63	37	100
	63.0%	37.0%	100.0%
Kuttichal	72	28	100
	72.0%	28.0%	100.0%
Kilimanoor	68	32	100
	68.0%	32.0%	100.0%
Vattiyurkav	76	24	100
	76.0%	24.0%	100.0%
Total	609	391	1000
	60.9%	39.1%	100.0%

**Figure No. 15**  
**Knowledge about Radio Health Clubs**



As mentioned earlier, the Radio Health FM was started only 10 months back and hence it would be unfair to expect everything in cent percent success. The formation of health clubs involves a long process and their active participation in the effort takes a longer duration too. It was observed during the data collection period that the information on health clubs has not reached the people in its length. Only stray informations have reached to them. *(More details on the health clubs are given in the next section of 2.5.)*

The club members are persons who have volunteered to promote health education through a variety of methods like organizing awareness classes, workshops, seminar, competitions like quiz, painting etc. The Club members thus, were a source of information regarding the Radio Health FM. Hence, the respondents were asked if any club member had approached them or if they had organized any programme for the promotion of health education in their communities or localities. The responses however, were mostly on the negative as 89.6% stated that no club members approached or organized any programme for the health education promotion.

Highest number of people who reported positively hailed from Neyyattinkara Panchayat with 28% followed by Poovar with 25%. The number in other panchayats varied from 3% to 16%.

Non-approach and non-organization of the programme were found to be at its maximum (100%) in the Kilimanoor Panchayat. The absence of the

formation of clubs as well as the absence of the programmes by the clubs might have been the reasons for the variation in the responses.

(Refer to table 21)

**Table No. 21**

**Organizing programmes by Health club Members- Panchayat-wise**

Panchayath	Organization		Total
	Yes	No	
Nedumangad	3	97	100
	3.0%	97.0%	100.0%
Puthenthope	7	93	100
	7.0%	93.0%	100.0%
Pulluvila	12	88	100
	12.0%	88.0%	100.0%
Vizhinjam	1	99	100
	1.0%	99.0%	100.0%
Neyyatinkara	28	72	100
	28.0%	72.0%	100.0%
Poovar	25	75	100
	25.0%	75.0%	100.0%
Anchuthengu	4	96	100
	4.0%	96.0%	100.0%
Kuttichal	8	92	100
	8.0%	92.0%	100.0%
Kilimanoor	0	100	100
	0	100.0%	100.0%
Vattiyurkav	16	84	100
	16.0%	84.0%	100.0%
Total	104	896	1000
	10.4%	89.6%	100.0%

*In gist, the review of the Radio Health FM programme of the NRHM seemed to be welcomed by the people in general. A good number of the people across the different panchayats of the district of Thiruvananthapuram has listened to the programme and had a fairly positive comment on the different aspects viz. content, presentation, duration, resource person, clarity of the message, audibility and language of the programme. Most of them rated them as either satisfactory or good or very good. A good number of the respondents who have heard other health programmes in radio were of the suggestion that Radio Health FM had an outstanding quality in terms of its content, presentation and language. Moreover, majority of those who have listened to the Radio Health FM programme had stated that it benefited them in one way or the other. The usefulness was mostly in the form of information regarding health issues/various diseases whereby precautions and preventive measures could be taken by them against many of the above. Further, they stated that the programme contributed at varying levels in the promotion of health education to the public.*

*The responses of the people thus reiterate the positive influence of the Radio health FM in the community and among the people of the different panchayats in the Thiruvananthapuram district. However, there were also certain lacunae or limitations that needed to be addressed in order to make the programme effective to its fullest measure. Broadcasting time was a major problem. Similarly, non-attractiveness or monotonous nature of certain programmes were the other problems that were highlighted by them. It was also noted that lack of publicity on the programme has kept the people away from the same.*

*Thus, the opinion though projects a positive response on the whole, it also invites or calls for immediate and well-designed steps to rectify the shortcomings and move ahead with the programme in full conviction and energy adopting more diversity in the different aspects of the programme with the help of constant research on each aspect.*

## **2.5 Radio Health Clubs- A Review**

National Rural Health Mission aims at reducing regional imbalances in health outcomes by relating health to determinants of good health viz. sanitation, nutrition and safe drinking water, pooling resources, integration of organizational structures, optimization of health manpower, including Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH), decentralization and district management of health program, community participation and ownership of assets, induction of management and finance personnel into the district health system, and operationalizing effective referral hospital care at CHC level as per the Indian Public Health Standards.

Community FM Radio health Programme was initiated with an intent to make the health sector more public oriented through the active participation of the people at the local level. The genesis of Radio Health Clubs goes back to this vision. The Community Radio Health Clubs are formed with the motto- Radio Health Clubs- Unity of people for Health protection. It is fashioned to create and disseminate locally relevant programmes related to health issues through the active participation of the people. Accordingly, a number of Radio Health Clubs were constituted in various parts of Thiruvananthapuram District. Radio Health Club members function as voluntary health Activists and health Communicators. The members are

trained in Radio Programme Production by experts from both medical and media fields. The members are asked to identify local health issues and find out solution with the help of Radio Health. They are to organize various health related Meetings, Seminars, Awareness classes, Quiz competitions, Sports competitions, Exhibitions etc. for the promotion of health education.

Figures show that NRHM has already constituted 10 such clubs mainly concentrating on Schools and various communities. They are:

1. Govt Women's College, Trivandrum
2. Govt Higher Secondary School, Chalai
3. Govt Girls High School , Cotton Hills, TVM
4. Govt Higher Secondary School, Kamaleswaran
5. Samipyam, Karuna Sai, Vellanadu
6. Sureksha, IDU Sreksha , Vizhinjam
7. Kalpana Chawla Memorial Radio Club, Pangode, Bharathanoor
8. University College, Trivandrum
9. Radio Club, Chenkalchoola
10. Radio Club, Govt UPS, Vizhinjam

Each of these clubs was formed after a series of preliminary interaction and discussions with the students/public in the schools/communities. Thereafter, each of these clubs was inaugurated at an august occasion organized at the school /community. Subsequently, a number of activities have been carried out by these clubs for the promotion of health among the people especially school children and rural communities. Though, the clubs are at their infancy stage, an attempt has been made in this section to analyze their activities and

to elicit their views/perceptions on the community Radio Health FM along with their suggestions to improve the functioning of health clubs and the overall broadcasting of the community Radio. Accordingly, interactions and interviews were carried out by the research team with 3 club members each of the above-mentioned clubs in order to gather information pertaining to every aspect of the programme.

This section therefore, highlights the overall functioning of the Radio Health Clubs established by NRHM as a part of the Community Radio Health Programme. The aspects considered in this regard included: profile of the members under study, activities carried out, opinion on Radio Health FM, difference between health programmes in Radio and Community Radio Health programmes, and usefulness of the programme

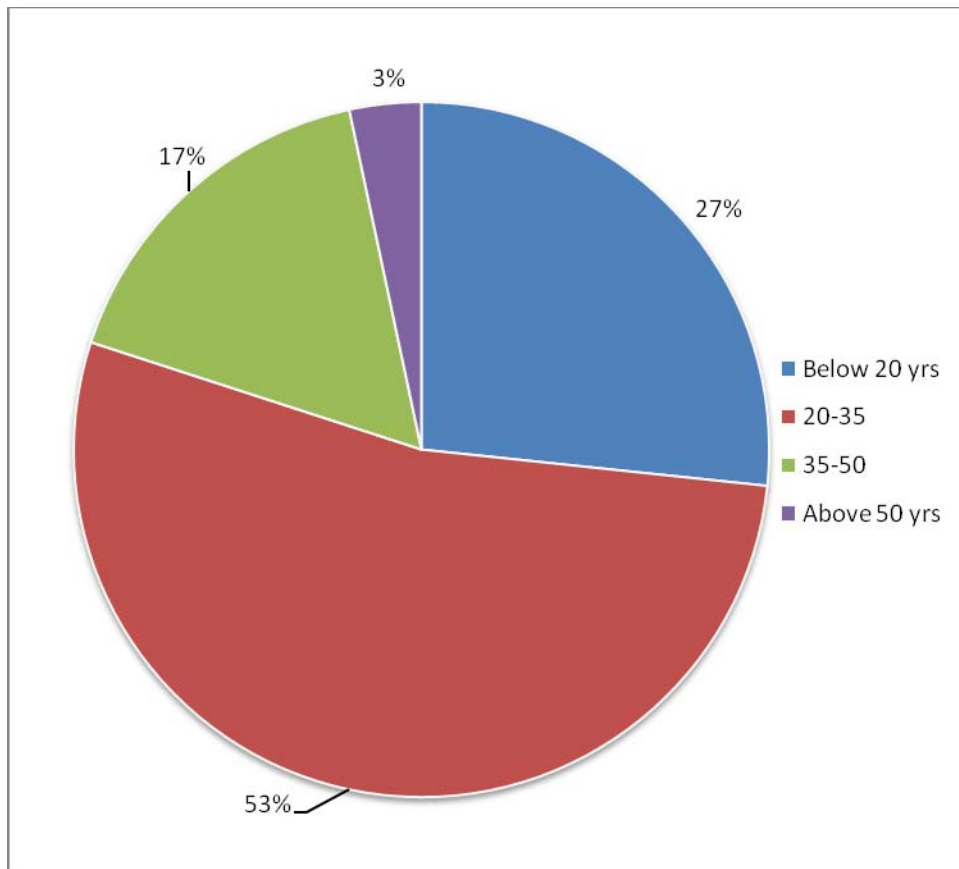
#### *Profile of the club members*

Homogeneity of the group members is an essential factor for the smooth functioning of the group. The informal relationship that exists in a homogenous group would also be instrumental in designing and implementing better health programmes as envisioned by the NRHM. It is in this context that the profile of the club members was gathered to understand the age, education and occupation level of the members.

It is seen from the data, that the age of the club members varied from 16 yrs to 70 yrs with a prominence of those in their prime years of youth i.e., 20-35 yrs with 16 (53%) belonging to the same. Those in their adolescence years of 15-19 yrs formed the second largest with 8 (27%) Among the others, 5 (17%) belonged to '35-50 yrs' category and one 'above 50 yrs' category.

As mentioned earlier, 10 clubs were covered and each club had members who belonged to similar age group. Marked variation in the age of the club members is, only because of the inclusion of clubs from schools and communities. Those in the school, belonged to younger years while those in the community constituted people of different ages. Homogeneity in terms of age, community affiliation and the objective before them did make them function at ease and with effectiveness. (Refer to Figure 16)

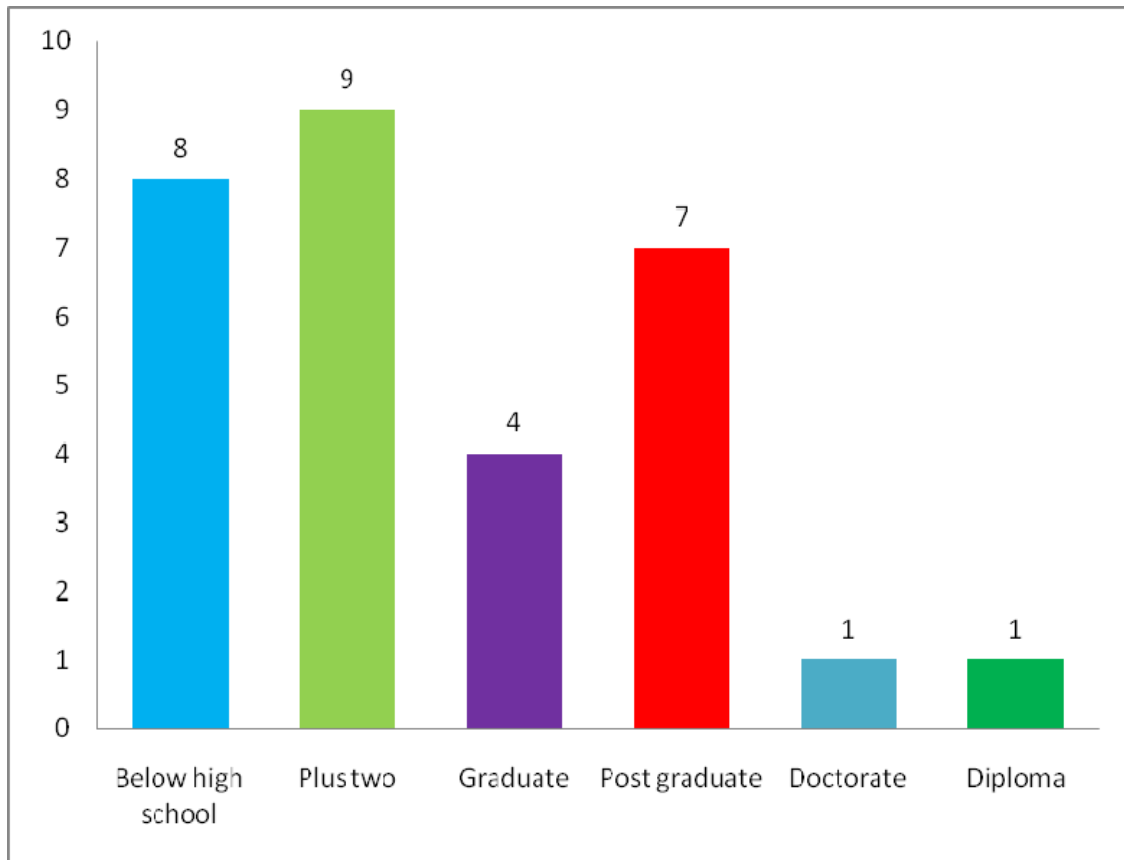
**Figure No 16**  
**Age of the club members**



At the educational front too, a noticeable difference could be viewed as the clubs constituted members who had primary level education to higher level of education i.e., Ph.D. Out of the 30 members, 9 members were at the plus

two level followed by 8 with below high school level of education. Seven and 4 members were at the post graduation and graduation level. One each were with doctorate (Ph.D) and diploma qualification. Here too, the difference is noticed due to the inclusion of clubs from different strata of the society i.e., school and community. (Refer to Figure 17)

**Figure No. 17**  
**Education of the club members**



The occupational status of the club members also varied in the same manner as that of age and education. Out of the 10 clubs that were covered, 6 were clubs in the schools and hence, most (16) of the members were students. Among the employed, 5 were coolies or daily wage earners, and 2 each were drivers, peer educators, lecturers/teachers . Among the others, one each, was employed as psychologist, counselor and private employee.

The profile of the members thus, depicted that the clubs consisted of members with different age, education and occupational background. It was a living symbol of unity in diversity. The figures also pointed out that most of the club formations were focused in schools/colleges. Probably, the availability of the members, interest of the students to partake in the different programmes, eagerness to produce programmes etc. might have been the reasons for the extra concentration of clubs in schools.

#### *Activities Carried out*

Though the clubs were at its infancy stage, efforts were taken by a number of the clubs in charting out and implementing a variety of activities for the promotion of the health education. The activities and allied aspects carried out by the health clubs were analyzed in terms of the type and topic of activities, frequency of the conduct, average number of participants and the last activity carried out along with the date of the conduct.

#### *Type and topic of activities*

Radio health clubs are envisioned to disseminate information on health issues to the public. Accordingly, each club had organized a variety of programmes in order to achieve the set objectives of the club.

The major activities carried out by them included: awareness classes, skits, adolescent education, medical camps, documentaries, video shows, exhibitions and paramedical camps.

Among the afore-mentioned, the most frequent and common type of activity designed and implemented by most of the clubs was sensitization or

awareness programme by way of talk on various diseases such as AIDS, cancer, polio, smoking, nutrition, adolescence, water borne diseases, health and hygiene, epidemics etc.

Feature/documentary produced by them was based on the topic of alcoholism. On the other, the radio skits were on AIDS, Life diseases and Nutrition for school children.

Video shows exhibited by the clubs were on the topics on AIDS, Epidemics and health and hygiene. Similarly, the exhibition conducted was on AIDS. It was observed from the responses of the club members that the programmes organized by them addressed the needs and requirements of the very sections of the public viz, children, adolescents, adults, senior citizens etc. Thus the programmes implemented had a holistic perspective.

The secondary data sources on the activities carried out by the clubs too show that a number of activities have been carried out by the NRHM through the community Radio Health Clubs for the communication of the health related issues to the public. The major activities carried out in this regard from September 2008 to June 2009 included: club formation meeting, inauguration of clubs, Programmes on Alcoholism, HIV/AIDS, Rabies Prevention, Drug addiction and its prevention, a lecture cum demonstration on the hazards of improper mobile use, Diabetic prevention, Polio Eradication by WHO expert, Pulse Polio Campaign, class on Nutritive value of daily food items, Nutritive food, participation in various activities of Diet Clinic, the importance of Vitamins and associated disorders., prevention of Communicable diseases, Inter School Health Quiz Competition,

Inauguration of 'Dengue free Campus', radio programmes on Road safety, Endoscopy and Dengue fever, Dengue prevention campaign, and Sing for Health' – a dengue prevention programme

*Frequency of the conduct of programmes*

It seemed from the reports of the club members that there was no stipulated or prescribed frequency for the conduct of the programme. It was mostly depended on the time and convenience. Yet, most of the clubs had made serious efforts to organize at least one programme every month on different topics depending on the time. Monthly conducted programme was mostly awareness class or talk on specified diseases. Certain programmes were conducted bi-monthly or once in six months which included features, skits, exhibitions and video shows.

It should be noticed here that there was no prescribed frequency of interval between the programmes. The opinions mentioned above were based only on their perception and a random answer. As the clubs did not operate in its fullest measure as envisioned in the Radio Health FM programme, there was also no document to verify and ascertain the frequency level of the conduct of the programme. Nevertheless, a few programmes were being conducted annually by all the clubs formed in different locations.

The data also throw light on the need for making the clubs more professional with certain guidelines on the topic, frequency and participation of the programme organized by the health clubs. Moreover, documentation of every activity of the clubs should also be ensured. This would make the

clubs more accountable and transparent and an enriching experience for the members.

#### *Number of participants*

The number of participants on each activity carried out by the clubs varied as it was targeted for different numbers. Here too, as there was no document to verify the number of people participated in the programme, the response was based on their mentioning. As per their responses, it was seen that the number of participants varied from 10 members to several hundreds. It is believed that the video shows, radio skits, features etc. were reported to be listened by hundreds of people across the different areas.

No programme-wise accurate number of the participants was maintained by the clubs. Their main concern was to organize or implement the programme. Moreover, with respect to certain programmes like radio skits, documentaries etc. it was difficult to articulate the number of participants. However, the responses highlighted that each programme was either witnessed or listened by a number of people. In the case of less number of participants the reasons might have been the low publicity or low quality of the programme. The findings do call for the need for maintaining a proper documentation of each of the programme.

#### *Last activity carried out and the date*

The last activity carried out by the health clubs varied from one health club to another as each one designed and implemented programmes according to their choice. Common criteria followed for the conduct of the programme was the commemoration of certain diseases on a particular day like AIDS

day on December 1<sup>st</sup>, anti-drug day, anti-tobacco day etc. Accordingly, the last programme of many of the clubs was related to the special day of commemoration that had occurred recently. Hence, it was seen that most of the clubs (7 and 9) had organized Anti-drug and Anti-tobacco day celebration on 26<sup>th</sup> June 2009 and 27<sup>th</sup> February 2009 respectively. The other activities carried out by certain other clubs included paramedical camp by 3 clubs on 26<sup>th</sup> June 2009, awareness camps by 4 clubs on 28<sup>th</sup> January 2009, survey by 3 clubs on 28<sup>th</sup> December 2008, Skits by 3 clubs on 18<sup>th</sup> June 2009 and a documentary termed – *Amma Ariyan* by 1 club on 28<sup>th</sup> January 2009.

It is thus seen from the above figures that after February, no activity or programme was organized/ conducted by any of the clubs which to an extent make the club at a dormant stage. Undoubtedly, the clubs have immense scope and role to play in the promotion of health education in an effective and efficient manner, if they are properly guided and a professional touch is being given. A rejuvenating effort is required in the case of the health clubs to make its functioning more in the advantage of promotion of health education among the public especially among students and communities.

### ***Opinion on Radio Health FM***

The study had also probed into the opinion of the club members on the Radio Health FM and they were asked to rate their opinion on the same in relation to the aspects: content, presentation, time, duration, resource persons, clarity of the message, audibility and language.

The overall responses showed that the programme had an outstanding foot in relation to all the aspects, except that of time and duration. Out of the 30

club members from 10 health clubs under study, 24 had reported the content of the programme as either 'very good' or 'good'. The remaining rated it as 'satisfactory'. Similarly, more than 21 respondents each had rated the presentation, resource persons, clarity of message, audibility and language of the programme as either 'good' or 'very good'. However, with respect to the time and duration of the programme, a dissent in the opinion could be noticed as only 16 and 17 reported it as either 'good' or 'very good'. In the case of both these aspects, 6 and 3 respondents each had rated them as 'poor'. With respect to the reason for the response as 'poor', they reported that the timing was inconvenient as they would be in the workplace during the broadcasting time. Similarly, the duration too was considered to be short according to them. The opinion required attention, as it was observed from the informal discussions that most of the people listened to radio either in the morning or evening. Hence, if the programme aspires to reach to maximum number of people, the appropriate time for broadcasting the programme would be sometime in the morning or evening (*Refer table 22 & Figure 18*).

The figures thus portrayed that on the whole, like the public opinion, the club members too had a positive response regarding the Radio Health FM. As these people are greatly involved in the process of creating programmes and disseminating information to the public on health issues, it is natural that their opinion would be on the positive. However, it can also be perceived in another way, that is they have become the members of health club only when they are convinced or interested in the activities that are being carried out in the name of Community Radio Health FM. Unless and until one is convinced of the programme after witnessing, he/ she would normally avoid

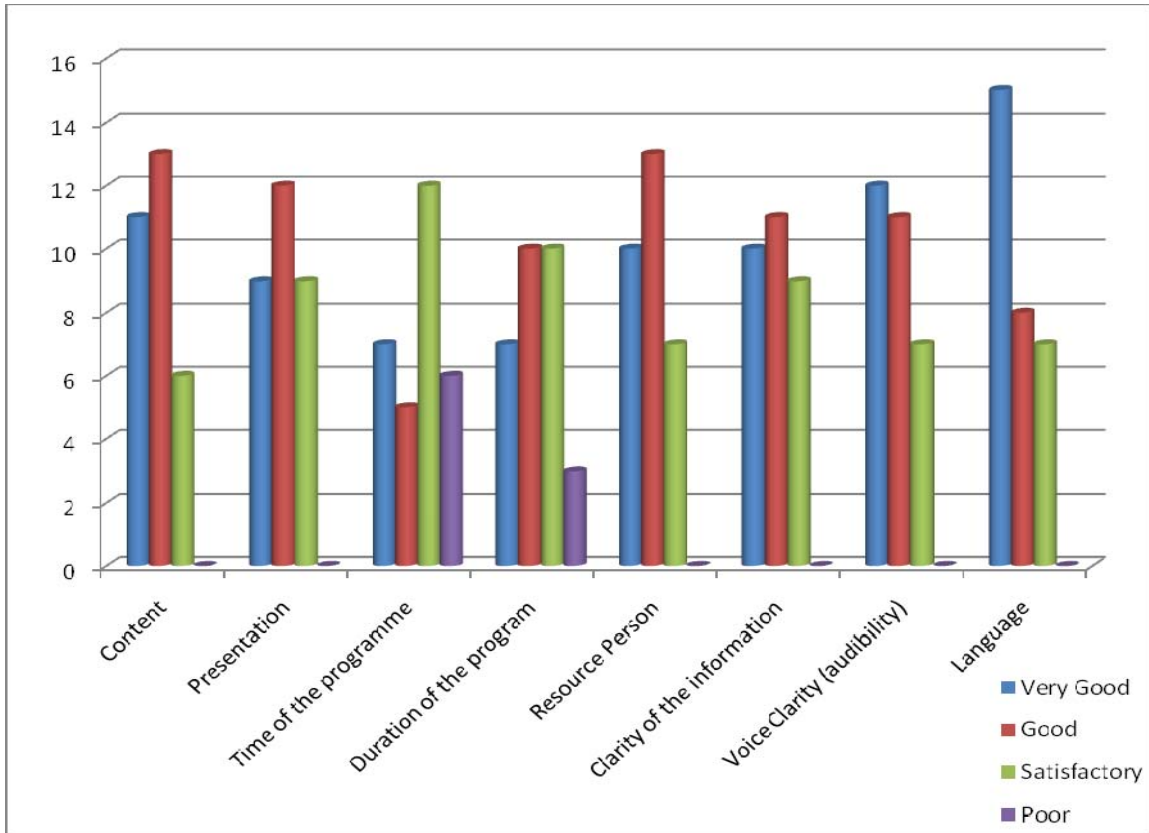
becoming an active member. Hence, their opinion to an extent receives added weightage as they have understood the programme in its depth.

Nevertheless, they also suggested two important aspects i.e., time and duration, which needed an alteration to make the programme more extensive. Moreover, the positive opinion does not underestimate the scope for betterment. In fact, the programme need to take great leaps in ensuring the participation of the community people in the preparation of the programmes as well as in developing a healthy life style for their day to day lives. It was also observed that the Radio Health FM requires to be marketed extensively facilitating a greater utilization of the same by the communities in the district.

**Table No. 22**  
**Opinion on Radio Health FM (Club members)**

<b>Aspects/Factors</b>	<b>Very Good</b>	<b>Good</b>	<b>Satisfactory</b>	<b>Poor</b>	<b>Very Poor</b>	<b>Total</b>
Content	11	13	6	0	0	30
Presentation	9	12	9	0	0	30
Time of the programme	7	5	12	6	0	30
Duration of the program	7	10	10	3	0	30
Resource Person	10	13	7	0	0	30
Clarity of the information	10	11	9	0	0	30
Voice Clarity (audibility)	12	11	7	0	0	30
Language	15	8	7	0	0	30

**Figure No. 18**  
**Opinion on Radio Health FM (Club members)**



*Appropriate time for the broadcast of the Radio Health FM*

As seen in the preceding pages, a number of club members had rated their opinion on time of broadcasting the programme as ‘poor’ or ‘satisfactory’ due to one reason or the other. In this context, all the respondents were asked to suggest an appropriate time that would be apt for broadcasting, whereby maximum population could be covered. The responses showed that most of the club members too opted for either morning or evening hours for the broadcast. Out of the 30 club members under study, 14 suggested 6 a.m to 10 a.m as the best time for the broadcasting of the Radio Health FM programme. On the other hand, 10 members opined 6p.m.to 11 p.m. as the

most convenient time for listening. Only 6 members had reported the time between the two.

It is explicit from the figures that the present time of broadcasting i.e. 3p.m to 3.30 p,m is not considered the congenial time for the broadcasting of the Radio Health FM. The suggestion by the club members go in line with suggestion put forth by the general public who also opted for either morning or evening hours for the broadcasting. Hence, the programme to bear its fruits to the maximum, need to pay attention to the suggestion put forth by the stakeholders in altering the time of broadcasting the Radio Health FM programme.

#### *Listening to other radio health programmes*

A seek was also carried out if the members had listened to other programmes in radio and if so what differentiated Radio health FM from other health programmes in radio. The data in this regard portrayed that only 24 members had listened to other health programmes through radio. The remaining 6 however, had not listened to the same. May be the advent of the television and other media might have been the reason for this response.

Regarding the differentiating factor of Radio health FM from other radio health programmes, the opinion highlighted by the members were centred around 4 factors i.e., 1) clarity of the message 2) presentation mode of the programme 3) specificity and 4) comprehensive language. It was explicated by the respondents that the programmes broadcasted by the FM as content sumptuous even with minute details. All the essential and required

information pertaining to the topic of presentation was included in each session of the programme.

In the presentation style too Radio Health FM had a unique position compared to the other health programmes in the radio. The variety introduced in the presentation in the form of talks, skits, exhibition, video show, sharing of experiences etc. differentiated the FM from other radio health programmes. Similarly, the programmes through FM were very specific and relevant to the times and not the repetition of the same. Each episode was a different one in message and presentation. Moreover, the language used for communicating the message was very simple in FM compared to the other radio health programmes. The inclusion of the resource person who had vast experience at the grass root level working has been instrumental in detailing every term of the disease or health problem in the language of the people. This has made the programme a unique and outstanding one.

#### *Extent of contribution to health education*

Promotion of health education through community participation is the set aim of the Radio Health FM. Hence, the success or the extent of its success relies greatly on assessing how far it has contributed for the health education. The figures in this regard showed that according to 20 club members, the FM has contributed only 'to some extent'. The remaining however, stated that it has made a great contribution. A variation in the responses is seen because of the difference at the perception level. The extent of contribution was analyzed based on the perception of the club members only. No other method was adopted in this regard. Hence, it is not

known about the base on which they have made the opinion. Whatever be the elements/factors on which they made the remark, it is to be noticed here that the first impression of the programme is quite encouraging. The opinion also is an indication of the long road to be traversed for the promotion of health education. The contribution at this juncture is only rudimentary as majority has responded the contribution as only 'to some extent.' Diversified methods and extensive publicity campaigns on the FM are required to be adopted for reaching out to the maximum population and generating the positive impact.

Regarding the contribution that the Radio Health FM has made, the major response was about the extent of information, it was able to impart to the community on various diseases and health issues/problems. It was reported by the club members that the information disseminated on health and hygiene, nutrition, community healthy living etc. have prompted the people at least to think of planning about developing a healthy life style for themselves. Similarly, the talks, discussions and exhibitions on various health issues/problems/diseases like AIDS, different kinds of fevers, cancer, diabetes, Blood Pressure, smoking etc. have been instrumental in taking precautionary measures against each of the afore-mentioned issues and maintaining a disciplined life.

#### *Assistance required for working as an efficient club member*

It was seen from the preceding pages that the clubs formed in different schools/colleges/ communities had organized a number of programmes though without much order or documentation of the same. Absence of a professional touch was observed in the functioning of the clubs. It was also

noticed that in many places, the clubs existed only in name sake with limited number of activities. In this context, a probe was carried out to understand the type of assistance required by the clubs to make them an efficient vehicle of health education. Accordingly, a number of demands/ requirements were highlighted by the members to make the clubs active and efficient. Some of the assistance required by them were:

- Register the clubs
- Provide financial assistance for the development of the programmes
- Impart training to the club members highlighting the aim and objectives of the Radio health FM
- Ensure enough exposure to each member to the programme and to the community health needs.
- Train the members in gathering and transferring health information/issues of the community.
- Develop an yearly plan for the health clubs with specific activities to be carried out in each month/week
- Establish an award for the best club and club member.
- Appoint a Professional trainer for the club members
- Draft norms and guidelines for the functioning of the health clubs
- Conduct periodical review of the activities of the clubs

One can not close his/her eyes to the suggestions or requirements put forth by the club members for the effective and efficient running of the clubs. The clubs, as it was observed now, seemed to contribute very little for the promotion of health education among the different sections of the community. They should be formed far and wide and made to function in a professional manner with clearcut norms and guidelines and with a definite

activity plan. It was found that the clubs did lack specific norms and guidelines. The execution of the afore-mentioned suggestions would activate the clubs in different parts of the district. Their activation would accelerate the overall reach as well as the influence of the programme to the nearest and farthest communities, across the district.

*To sum up, the review of the health clubs formed as a part of the Radio Health FM depicted that though they were at the infancy stage of formation, they were able to contribute to the promotion of health education to an extent. A number of programmes/activities of different nature and type were organized by the various clubs in this regard. The activities implemented by them included: awareness classes, skits, features, exhibitions, video shows etc. The programmes were witnessed/listened/ participated by comparatively a good number of people.*

*The club members were also quite satisfied with the overall status of the Radio Health FM programme and its appeal among the people, as majority rated the different aspects as either 'good' or 'very good'. Nevertheless, with respect to the time and duration of the program, a number of them disagreed and rated it as 'poor' with the comment that the time was inconvenient for the employers/students. They also opined that the programme did contribute to a great measure for the promotion of health education in the communities.*

*The status of the health clubs as of now, is at a quite dormant stage with the absence of any norms and guidelines for their promotion and functioning. It was observed that the clubs along with their activities needed to be co-*

*ordinated in a professional manner facilitating maximum output from the Radio Heath FM programme. The initial step has been great and was well appreciated but nurturing and sustenance of the step initiated is very important or else, the good stamp that has been generated through the programme would be futile. Hence, it is essential to take appropriate steps to revamp and rejuvenate the activities of the health clubs whereby they can become the true forerunners of the health education at the grassroot level.*

## **2.6 Suggestions for Better Effectiveness of the Programme**

The preceding sections clearly point to the overall extent / reach of the programme and the current status/ scenario of the Radio Health FM implemented in the Thiruvananthapuram district of Kerala. Though, the response on the FM has been positive, there is absolutely no second opinion on the need for enhancing the reach and efficiency and effectiveness of the Radio Health programme in the promotion of health education among the different sections of the community. This section therefore, highlighted the views/ suggestions of the stakeholders viz, general public, club members and the key personnel for improving the Radio Health FM programme facilitating maximum output from the same. Their suggestions were given prime importance, as they are the right/apt persons to voice the same with their experiences with the programme at the backdrop.

### ***General Public***

- Give publicity about the FM between the other programmes in Television and Radio
- Include novelty and more variety in the presentation of the programme

- Design and execute diverse programmes such as quiz, painting, debates, essay competition, skits, street plays etc.
- Enhance the activities of the Radio health clubs
- Form Radio Health Clubs in every community, schools and colleges.
- Organize discussion or talk by well known persons in the world after giving due publicity about the programme.
- Provide a slot in the programme to put up clarifications related to the specific subject/topic through the phone
- Change the broadcasting time of the programme.
- Broadcast the Radio health programmes on two slots of half an hour each – morning and evening
- Extend the duration of the programme and add more fillers in the programme.
- Broadcast more programmes on health care, different diseases, precautionary measures, health & hygiene, nutrition and epidemic diseases.

### ***Radio Health Club Members***

- Extend the programme to other districts of the state of Kerala
- Register the radio health clubs
- Form more and more health clubs in schools and communities.
- Design and develop norms and guidelines for the function of the health clubs.
- Impart necessary training to the health club members in organizing programmes for health promotion.
- Appoint trainers and supervisors to guide and direct the health club and its activities.

- Encourage and support the clubs to organize more camps, skits, and other campaigns for the promotion of health education.
- Review the functioning and conduct of the activities of the clubs periodically
- Ensure the organization of at least one health education programme per month by the club members
- Reschedule the Radio Health FM programmes in two slots (Morning and Evening)
- Include programmes on health insurance, government schemes for medical aid for different sections etc. in the Radio Health FM
- Commence radio parks wherever possible.
- Provide constant publicity on the programme through a variety of means and print, audio and visual media.
- Make the programme more attractive through a mixture of entertainment and education concepts.
- Include more sharing of experiences in the programme.
- Design more phone-in type programmes to ensure the participation of the people
- Alter the broadcasting time of the programme

### ***Key persons***

- Provide wide publicity about the programme through different media such as print, audio and visual.
- Allot more funds for the 'radio health FM programme'
- Enhance manpower strength involved in the programme.
- Include more skits, quiz programmes, sharing of experiences and jingles in the programme.

- Give targets to ASHA workers, clubs and other health worker in each month related to health communication programmes.
- Broadcast examples of behavior change cases that has occurred

## **2.7 S W O T Analysis**

Radio Health FM is a small step of a great vision of NRHM in the promotion of Health Education in Kerala. The reach as well as the efficiency and effectiveness of the programme greatly relies on identifying its Strengths, Weaknesses, Opportunities and Threats on a periodical basis and rectifying wherever required. Identification and concurrent rectification and modification naturally enhance the proficiency and efficiency of the programme making it significant media of health communication. Accordingly, the present study too had made a SWOT analysis of the Radio Health FM programme of NRHM, to highlight the strengths, weaknesses, opportunities and threats of the programme, with an intend to enhance reach as well as the different aspects of the programme viz., content, presentation, language, resource persons etc.

This section therefore, details the perception of the different stakeholders of the study viz, the general public, club members and the key personnel on the afore-mentioned aspects of the programme. This would enable the planners, policy makers and the authorities of the programme, to look at the strengths, weaknesses, and scan around and identify the opportunities ahead and keep aside the possible threats and thereby implement the programme with appropriate modifications/rectifications, so that maximum benefits could be availed by the different sections of the people on information related to various diseases and health issues/problems.

***Strengths: -***

- ❖ The Radio Health FM programme reached to a vast area with high frequency at a lesser cost
- ❖ The Programme included a variety of activities which captured the ears of the public
- ❖ Enabled imparting of health education to a vast community with less manpower.
- ❖ Helped the people to take precautions against various diseases during the epidemics.
- ❖ Participation of the specialized doctors and health workers added a flavour of professionalism to the Radio Health FM programme.
- ❖ Use of Simple language and clarity of the message
- ❖ Better audibility of the programme.
- ❖ Diverse and attractive mode of presentation of the programme.
- ❖ Formation of health clubs in imparting health education as a part of the Radio Health FM
- ❖ Participation of the students and community in the programme.
- ❖ Network with the communities

***Weaknesses:-***

- ❖ Inappropriate time of broadcasting the Radio Health FM programme.
- ❖ Lack of close or concurrent monitoring by an external agency
- ❖ Less participation by the community members
- ❖ Insufficiency of manpower for the various activities related to the Radio Health FM programme.
- ❖ Less duration of the programme.

- ❖ Non-inclusion of national figures in the programmes
- ❖ Inadequacy of funds for broadcasting the programme.
- ❖ Absence of due publicity on the programme
- ❖ Less attractive presentation of the programmes
- ❖ Less variety in the programmes.
- ❖ Inability to attract more people to the health clubs
- ❖ Low profile of the radio health clubs
- ❖ Lack of constant monitoring of the clubs and their activities
- ❖ Inadequate support system for the radio health clubs
- ❖ Lack of a trainer for the health club members.
- ❖ Absence of clear-cut norms and guidelines for the functioning of the radio health clubs.

***Opportunities:-***

- ❖ Expansion/extension of the programme to other districts of the state
- ❖ Inclusion of variety of programmes like skits, quiz, Radio Park, phoning programme etc.
- ❖ Registration of clubs and making it compulsory in all educational institutions
- ❖ Installation of public radios in cities /bus stops /railway stations at the auspices of the panchayat/other authorities.
- ❖ Publicizing of the programme through visual and print media
- ❖ Advertise about the programme through the Grama Sabhas too
- ❖ Designing an annual calendar of activities of Radio Health FM and give due publicity on them
- ❖ Developing a feedback system on each programme. This would also help in identifying the extent of reach too.

- ❖ Inclusion of more variety of cultural items by the community members in the programme.
- ❖ Make the health clubs more vibrant and active as they can make the programme reach to the grassroot level.

***Threats: -***

- ❖ Visual media explosion
- ❖ Unlimited intervention of entertainment stations/channels.
- ❖ Competition from other radio programmes
- ❖ Lethargic attitude of the general public

## **FINDINGS AND RECOMMENDATIONS**

The Radio Health FM programme of Arogyakeralam initiated by the National Rural Health Mission (NRHM), and inaugurated in Kerala by Smt. P.K.Sreemathi Teacher, the Health Minister, on 15<sup>th</sup> September 2008, aims at disseminating health education and public health messages to the rural population in the district of Thiruvananthapuram. It is envisaged as a vehicle for providing information on health-related activities in the State and for giving health education to the community, especially rural women. The programmes are telecasted for a duration of 30 minutes and are aired from Thursday to Sunday from 3 p.m. to 3.30 p.m. and covers the entire district of Thiruvananthapuram, north upto Chavara and south upto Kanyakumari. Apart from relaying programmes on health topics, Radio Health FM also functions as a link between the community and the health workers.

The present study titled '*A Rapid Assessment of Community Radio Health FM Programme in Thiruvananthapuram*' was undertaken under the auspices of the National Rural Health Mission (NRHM) primarily to gauge into the overall extent/reach of the programme along with its influence on the community for the promotion of health education. It has ventured in, to assess the overall reach of the programme, the perception of the people on its various aspects and the functioning of the health clubs in promoting health education, facilitating the immediate attention of the authorities, to set right the wrong steps and to draw maximum benefit from the broadcasting of the programme.

***The major objectives of the study were:***

6. To understand the overall reach of Radio Health programme in Thiruvananthapuram
7. To determine the health awareness need of the local population
8. To assess the activities of radio health clubs, its utility and scope to act as community awareness tool and its contribution to radio health programme
9. To analyze the existing system to see if it is worth upgrading.
10. To suggest appropriate measures for the effectiveness of the Community Radio Health Programmes

Keeping the objectives close in front, various aspects such as profile of the listeners, health awareness need of the people, overall extent/reach of the Radio Health FM, a review of the FM programme and functioning of the Radio Health Clubs were assessed. To this effect, 1000 general public from 10 Panchayats of the different health blocks of Thiruvananthapuram district were randomly selected and interviewed using pre-tested interview schedules. In addition, 30 health club members covering 10 health clubs and 15 key personnel (District Medical officer-1, AIR (FM) official-1, NRHM officials-3 and health workers-10) were contacted to elicit relevant information by administering the pre-tested interview guides.

This chapter presents the findings derived from the data gathered related to the subject of study and the subsequent recommendations.

### 3.1 FINDINGS

#### *Profile of the respondents*

##### *Age*

- Majority of the respondents belonged to 35-50 yrs age category.
- 25-35 yrs age category followed the above.
- Those 'below 25 yrs' category and 'above 50 yrs' category constituted less than 21%.
- Panchayat-wise, those in the age group of 35-50yrs figured prominently in 7 panchayats with Anchuthengu recording the highest with 72%.
- '25-35 yrs category' was found highest in Vattiyurkavu panchyat with 36%
- Elderly i.e., above 50 yrs hailed at a higher number from Nedumangad Panchayat with 34%.

##### *Education*

- Majority of the respondents were found to have a low educational profile
- 56.2% of them had only secondary or less than secondary level of education
- Those with Higher secondary and graduation followed next with 20.6% and 16.8% respectively.
- Highly qualified i.e., those with post graduation or professional qualification were found to be comparatively less in the sample.

##### *Occupation*

- Only 62% of the total respondents were employed.
- The unemployed (38%) mostly consisted of students and house wives.

- Among the employed, those working in the unorganized sector (daily wage basis) outnumbered the others.
- Those in Government / business sectors were found to be nominal.

*Profile thus portray that majority of the respondents under study belonged to their middle age group and were with low education profile. The occupational profile was in concomitant with the education. Subsequently, most had a low occupational profile too. Nevertheless, it is observed that the sample comprised people from different economic strata, different ages, educational qualification and different occupation*

### ***Health Awareness need of the people***

- Most (91.3%) of the respondents under study were aware of a number health issues/problems.
- Panchayat-wise, excluding the panchayats of Kuttichal and Nedumangad, in all the others more than 94% of the people had awareness or knowledge about various health issues/problems.
- Only 75% and 66% each reported about knowledge/awareness from Kuttichal and Nedumangad
- Major sources of information in this regard were: News papers (67.1%), Visual media (69.8%) and hearsay (59.5%).
- The other sources as cited by them included: Seminar/ Classes (31.3%), Community Radio Health programme (25.2%), and information from health workers (16%)

### *Health issues about which information is required*

- Most of the respondents required information about the health issues of diabetes (62.9%), swine flue (61.8%) and cholesterol (61.8%)
- Information about rat fever, diarrhoea and cancer was required by 52.9%, 46.8% and 41.9% respectively.
- The other health problems about which they required information included: cardiac arrest, kidney problems, jaundice, chicken guinea, heart problems, chicken pox, child related problems, Asthma, Eye problems, Dengu fever, Blood pressure, waterborne diseases, air borne diseases, Rheumatism etc.

*The findings go in line with the general notion that people in Kerala have comparatively a high level knowledge/awareness about various public health issues and problems. However, it was noted that cent percent of the people did require knowledge/ information regarding various health issues/problems*

### ***Overall Reach of the Radio Health FM Programme***

#### *Listening to Radio*

- An overwhelming majority (92.7%) of the people across the different panchayats under study had the habit of listening to Radio.
- Panchyat-wise, more than 92% of them across the 7 out of 10 panchayats reported about the listening of radio
- Neyyatinkara panchayat topped in this regard with 98%.
- Nedumangad panchayat reported least with 85%.

### *Frequency of listening*

- Among those who had the habit of listening to Radio, daily hearers were found to be higher (48%).
- Those who listened 2-3 days a week seconded with 42.3%
- Panchayat-wise, the number of daily listeners varied from 20.5% in Kuttichal to 73% in Vizhinjam.
- The number of listeners with 4-6 days duration varied from 4.3% in Poovar to 15.4% in Neyyatinkara.
- The number of listeners with (2-3 days) duration was found highest in Kuttichal with 72% followed by Pulluvila with 61.7%.

### *Time of listening to Radio*

- 27.8% of them stated that they had listened between 6am to 8am.
- Those who had listened to radio between 5pm to 11p.m. constituted 33.9%.
- The rest i.e, 45.4% listened to radio between 8a.m. and 5 p.m
- Morning and evening hours were reported to be the most convenient time for most of the people

### *Knowledge about Radio Health FM*

- 86.4% of the respondents under study have heard about FM-Radio Health programme.
- Probably the purposive inclusion of the members who have heard FM-Radio Health programme might have been the reason for the high number in this regard.
- Panchayat-wise, excluding the five Panchayats of Nedumangad, Pulluvila, Vizhinjam, Kuttichal and Vattiyurkavu, in all the others more than 93% of the respondents have heard about Radio Health FM

- Highest in this regard was reported from Puthenthope with 98%

*Sources of information about FM-Radio health programme*

- Regarding the sources of information, most have heard about the programme from the print media (71.8%) and visual media (67.1%).
- Those gained information from health workers followed the above with 50.6%.
- The other sources of information were: hospitals (37.7%), radio health members (22.5%) and seminars/classes (20.5%)

*Aspects about which they have heard about*

*Content*

- Most stated that the radio health programme mainly consisted of classes, talks or discussions on various diseases or health problems.
- Their responses highlighted that most of the programmes about which they have heard about were concentrated on various kind of diseases which are on the increasing trend now a days.
- With regard to the presentation of the programmes, they stated that the major mode about which they have heard included: classes, dialogues, discussions, skits and panel discussions.
- The overall opinion with regard to language, presentation style, content etc. were reported to be good by those from whom most have received information regarding the FM-Radio Health programme.
- Excluding a minority all the rest are listeners of the radio. The deliberate inclusion of radio listeners and the extensive use of the FM might have been the contributors for the high representation in this regard.

*It is explicit from the data that the information/knowledge regarding Radio Health FM is gradually penetrating into the community. It is seen from the responses of the sample respondents that a great majority has heard about it from one source or the other. Print and visual media have played an anchored role in making the programme reach to the various communities. However, still a long way has to be traversed to make the programme a massive participatory one.*

### **Radio Health FM Program- a Review**

#### *Listeners of Radio Health Programme*

- 85.5% of the people under study have listened to the radio health programme on certain days-not all days.
- Here again, the reason for the high percentage is the purposive inclusion of respondents who have listened the Radio Health programme.
- Panchyat-wise, the number of listeners of the Radio Health FM varied from 56% in Nedumangad (minimum) to 98% in Puthenthope (maximum).
- The other Panchyats that recorded above 90% listeners to the radio health FM were Kilimanoor (97%), Anchuthengu (96%), Neyyatinkara (95%) and Poovar (93%).
- The number of non-listeners was high in Nedumangad with 44% followed by Vizhinjam and Vattiyurkavu with 33% and 21% respectively

### *Overall Impression on the programme*

- Out of the 855 people who have listened to the radio 93% (800 persons) had rated it as either ‘good’ or ‘very good’.
- 6% rated it as ‘satisfactory’.
- 1% on the other rated the programme as ‘poor’
- Panchayat-wise, those rated the programme as ‘very good’ varied extensively between 20.5% in Pulluvila and 65.5% in Vizhinjam.

### *Aspect/ Factor-wise analysis of the programme*

- The aspects /factors considered for the analysis included: the content, presentation, duration, resource persons, clarity of the message, audibility and language.
- The responses in each of the above aspects were in tune with the overall impression. Almost cent percent of the respondents remarked either satisfactory or good or very good about each of the aspect/factor.
- More than 90% of the people were reported to be very positive with respect to the content and language of the programme as they rated it as either ‘very good’ or ‘good’
- Duration of the programme recorded the least rating in this regard with only 64.3% rating it as either ‘very good’ or ‘good’
- The number of people who rated the other aspects as either ‘very good’ or ‘good’ was as follows: presentation (81.5%), Resource person (84.5%), clarity of the message (84.6%) and voice clarity (88.6%)

The opinion thus, clearly pointed out that the public has already accepted /embraced the programme with an open hand and now it is the turn of the Radio Health FM to make maximum efforts to convey accurate and apt information to the public whereby they could frame a healthy life style for themselves.

#### *Frequency of listening*

- 53.4% reported that they listened to radio health programme ‘often’.
- 11.3% stated that they listened to it either ‘rarely’ or ‘very rarely’.
- ‘Always’ -Daily listeners (Thursday to Sunday) formed 35.2% of the total sample.
- Panchayat-wise, the ‘always (daily listeners)’ and ‘often’ listener category outnumbered the ‘rare’ and ‘very rare’ in all the panchayats by a great margin
- ‘Rare’ listeners were found to be higher in the panchayats of Kilimanoor, Puthenthope, Neyyatinkara, and Anchuthengu with 18.5%, 14.2%,14.7% and 14.6% respectively

#### *Usefulness of the Programme*

- 94% opined that the FM- Radio health programme was useful to them in one-way or the other.
- The remaining was unable to articulate about the usefulness, as they did not have an experience of its effectiveness.
- Panchayat-wise, excluding that of Kuttichal and Puthenthope, more than 90% of all the others had reported positively about the usefulness of the programme.
- Vattiyurkav and Kilimanoor panchayats recorded cent percent in this regard.

- Regarding the type of benefit/usefulness, the responses of most of the respondents were focused mainly on 3-4 aspects i.e, enhancement of the awareness level on health issues, promoting preventive measures- Precautions to be taken, promotion of healthy life styles and knowledge about specific diseases.

*Opinion on Appropriate Convenient Time of Broadcasting*

- 72% of the respondents preferred evening hours i.e., after 5.p.m. for broadcasting the programme
- 10.4% on the other desired to have morning hours i.e., 6am to 9 a.m.
- Afternoon hours (12- 5 pm) were reported by 12.9% of the respondents

*Listeners of other Health Programmes in Radio.*

- 55.6% stated that they did not hear any other health programmes on Radio.
- Only 44.4% mentioned on the affirmative.
- Panchayat-wise, the lowest number of listeners of other health programmes through radio was found in Nedumangad with 11%
- The highest was reported from Puthenthope with 74%.
- With regard to the difference between Radio Health FM programmes and other health programmes on Radio, most reported that the programmes through the FM- Community Radio is much more informative and effective than other programmes of other radio stations.

- Almost, cent percent preferred Radio Health FM to Other health programmes due to the richness in content, presentation, resource person and the language
- Content- wise - Community Radio health FM programmes was reported to be much more relevant to the times than the other ones. It was more relevant, precise with well selected contents, diversity of subject and more of preventive nature
- .Presentation mode and style too was reported to be at a high level as they stated that the programme by NRHM contain a variety of programmes such as panel discussions, talks, skits, sharing of experiences etc.
- Similarly, the resource persons too were found to be experts in the field and were reported to be good communicators at the grassroot level..
- Language used for communication too was reported to be much more simple and comprehensible than that of the other health programmes in the Radio.

### **Extent of contribution to health education**

- 57.8% opined that the programme contributed in promoting health education ‘to some extent’.
- 40.2%, reported of the contribution as ‘to a great extent’.
- 2% on the other were on the negative and stated that it did not contribute at all.
- Panchayat-wise, those who reported the contribution as ‘to a great extent’ varied from 17.3% in Puthnthope to 58.2% in Vizhinjam.
- Those who reported the contribution ‘to some extent’ varied from 41.7% in Vattiyurkavu to 80.6% in Puthenthope.

- The absence of any contribution to health education was reported to be highest from the Kuttichal Panchayat with 10.5%.

*Hearing about health club/organization of activities by them*

- 60.9% of the respondents have heard about Radio Health Clubs
- Panchayath-wise, highest number of responses with respect to the awareness about health clubs was reported from Neyyattinkara Panchayat with 78%. Vattiyurkavu closely followed it with 76%.
- The absence of awareness/knowledge was reported at the maximum (91%) by the Nedumangad Panchayat followed by Poovar with 47%.
- These glaring variations across the panchayats were due to the presence of health clubs in certain panchayats and the absence of the same in certain others
- 89% reported that they have not been approached by the radio health club members. They also did not organize any programmes according to them.
- Non approach and non-organization of the programme were found to be at its maximum (100%) in the Kilimanoor Panchayat.
- Highest number who reported positively hailed from Neyyattinkara Panchayat with 28% followed by Poovar with 25%.

*The review in gist proved that Radio Health FM programme of the NRHM is welcomed by the people in general. A good number of the people across the different panchayats of the district of Thiruvananthapuram have listened to the progarmme and had a fairly positive comment on the different aspects viz. content, presentation, duration, resource person, clarity of the message, audibility and language of the programme. Most*

*of them rated them as either satisfactory or good or very good. A good number of the respondents who have heard other health programmes in radio were of the suggestion that Radio Health FM had an outstanding quality in terms of its content, presentation and language. Moreover, majority of those who have listened to the Radio Health FM programme had stated that it benefited them in one way or the other. The usefulness was mostly in the form of information regarding health issues/various diseases whereby precautions and preventive measures could be taken by them against many of the diseases or health problems. Further, they stated that the programme contributed at varying levels in the promotion of health education among the public.*

However, there were also certain lacunae or limitations that needed to be addressed in order to make the programme effective to its fullest measure. Broadcasting time was a major problem. Similarly, non-attractiveness or monotonous nature of certain programmes were the other problems that were highlighted by them. It was also noted that lack of publicity on the programme has kept the people away from the same.

*Thus, the opinion though projects a positive response on the whole, it also invites or calls for immediate and well-designed steps to rectify the shortcomings and move ahead with the programme in full conviction and energy adopting more diversity in the different aspects of the programme with the help of constant research on each aspect.*

### ***Radio Health Clubs- An Assessment***

Health clubs are formed in different communities/schools as a part of the Community FM Radio health programme in order to form a healthy community and to conscientise the public about health issues. So far 10 such clubs are formed in different schools and communities in Thiruvananthapuram district. Accordingly, 30 club members i.e., 3 each from each of the clubs were contacted and relevant information related to the subject of study were collected.

- Each of the clubs had members between the age of 15-70 years.
- Out of the 30 members under study 16 were in their prime years of adulthood i.e., 20-35yrs.
- Eight members were in their adolescent years (15-19yrs).
- Educationally they varied from lower primary to doctorate level.
- Of the 30 members, 9 were at the plus two level followed by 8 with below high school level of education.
- Majority (16) of the members were students. The others were employed in one occupation or the other such as driving, counseling, teachers, doctors etc.

*The profile of the members thus depicted that the clubs consisted of members with different age, education and occupational background. It was a living symbol of unity in diversity. The figures also pointed out that most of the club formations were focused in schools/colleges.*

### ***Radio Listening***

- Cent percent of the club members were radio listeners and most were frequent listeners i.e., daily or 4-6 days a week.
- Most of them were listening to the radio between 8-11pm.

### *Activities carried out by the clubs*

- The major activities carried out in this regard from September 2008 to June 2009 included: club formation meeting, inauguration of clubs, Programmes on Alcoholism, HIV/AIDS, Rabies Prevention, Drug addiction and its prevention, a lecture demonstration on the hazards of improper mobile use, Diabetic prevention, Polio Eradication by WHO expert, Pulse Polio Campaign, class on Nutritive value of daily food items, Nutritive food, participation in various activities of Diet Clinic, the importance of Vitamins and associated disorders., prevention of Communicable diseases, Inter School Health Quiz Competition, Inauguration of 'Dengue free Campus', radio programmes on Road safety, Endoscopy and Dengue fever, Dengue prevention campaign and Sing for Health' – a dengue prevention programme.
- Awareness classes, skits, features, demonstration, exhibition, camps, quiz, hygienic activities, video show etc. were the modes of information dissemination on health issues.
- Most of the clubs had made serious effort to organize at least one programme every month on different topics depending on the time
- Monthly conducted programme was mostly awareness class or talk on specified diseases. Certain programmes were conducted bi-monthly or once in six months which included features, skits, exhibitions and video shows
- The number of participants on each activity carried out by the clubs varied as it was targeted for different numbers
- The number of participants varied from 10 members to several hundred numbers.

- It is believed that the video shows, radio skits, features etc. were reported to be listened by hundreds of people across the different areas.
- No programme-wise accurate number of the participants was maintained by the clubs
- It was seen that most of the clubs (7 and 9) had organized Anti-drug and Anti-tobacco day celebration on 26<sup>th</sup> June 2009 and 27<sup>th</sup> February 2009 respectively. The other activities carried out by certain other clubs included paramedical camp by 3 clubs on 26<sup>th</sup> June 2009, awareness camps by 4 clubs on 28<sup>th</sup> January 2009, survey by 3 clubs on 28<sup>th</sup> December 2008, Skits by 3 clubs on 18<sup>th</sup> June 2009 and a documentary termed – *Amma Ariyan* by 1 club on 28<sup>th</sup> January 2009

#### *Opinion on Radio Health FM*

Opinion on *Radio Health FM* was assessed in relation to its content, presentation, time, duration, resource persons, audibility and language.

- Out of the 30 club members from 10 health clubs under study 24 had reported the content of the programme as either ‘very good’ or ‘good’
- More than 21 respondents each had rated the presentation, resource persons, clarity of message, audibility and language of the programme as ‘either’ ‘good’ or ‘very good’.
- In the case of time and duration 6 and 3 respondents each had rated them as ‘poor’

#### *Appropriate time for the broadcast of the programme*

- Out of the 30 club members under study 14 suggested 6 a.m to 10 a.m as the best time for the broadcast of the Radio Health.
- On the other hand 10 opined 6p.m.to 11 p.m. as the most convenient time for listening.

- Only 6 members had preferred the time as in between the above two slots.

*Listeners of other health programmes on radio*

- 24 club members under study were listeners of the other health programmes in radios.
- 6 members however, had not listened to these programmes at all.
- According to them the differentiating factor of Radio health FM from other radio health programmes were centred around 4 factors i.e., 1) clarity of the message 2) presentation mode of the programme and 3) specificity and 4) comprehensive language.

*Extent of contribution to health education*

- For 20 club members, the FM has contributed only ‘to some extent’.
- The remaining, however stated that it has made a great contribution

*Assistance required for working as an efficient club member*

*Some of the assistance required by them included;*

- Register the clubs
- Provide financial assistance for the development of the programmes
- Impart training to the club members highlighting the aim and objectives of the Radio health FM
- Ensure enough exposure to each member to the programme and to the community health needs.
- Train the members in gathering and transferring health information/issues of the community.
- Develop an yearly plan for the health clubs with specific activities to be carried out in each month/week
- Establish an award for the best club and club member.

- Appoint a Professional trainer for the club members
- Draft norms and guidelines for the functioning of the health clubs
- Conduct periodical review of the activities of the clubs

*The review of the health clubs formed as a part of the Radio Health FM depicted that though they were at the infancy stage of formation, they were able to contribute to the promotion of health education to an extent. A number of programmes/activities of different nature and type were organized by the various clubs in this regard. The activities implemented by them included: awareness classes, skits, features, exhibitions, video shows etc. The programmes were witnessed/listened/ participated by comparatively a good number of people.*

*The club members were also quite satisfied with the overall programme of the Radio Health FM as majority rated the different aspects as either good or very good. Nevertheless, with respect to the time and duration of the programme a number of them disagreed as rated it as poor with the comment that the time was inconvenient for the employers/students.*

*Health clubs as of now are at a quite dormant stage with the absence of any norms and guidelines for the promotion and functioning of the health clubs. It was observed that the clubs along with their activities need to be coordinated in a professional manner facilitating maximum output from the Radio Health FM programme. The initial step has been great and was well appreciated but nurturing and sustenance of the step initiated are very important or else all the good stamp that has been generated through the programme would be futile. Hence, it is essential to take appropriate steps to revamp and rejuvenate the activities of the health clubs whereby they can become the true forerunners of the health education at the grassroot level*

## 3.2 RECOMMENDATIONS

With the prevailing status of the Radio Health FM at the backdrop, the following recommendations have been drawn, based on the interaction with various stakeholders through interviews and discussions. The recommendations, thus drawn are scripted below under the heads:

### *a. Administrative & Operational Aspects*

- ❖ Plan an annual calendar of programmes to be broadcasted in consultation with the expert panel.
- ❖ Allocate more funds for the production of programme
- ❖ Enhance the manpower in the community Radio Health FM.

### *b. Extent/Reach Related*

- ❖ Give wider publicity especially among the general public about the Radio Health FM through visual and print media.
- ❖ Build network with the panchayats and give wide publicity of the programme in the grama sabhas
- ❖ Probe the possibility of installing Public Radio System at least in one place preferably in bus stations/markets/parks etc.

### *c. Radio Health FM Programme related*

- ❖ Include novelty and variety in the presentation of the programme with a flavor of entertainment.
- ❖ Design and execute more variety of programmes such as quiz, painting, debates, essay competition, skits, street plays etc.
- ❖ Encourage and enhance the activities of the health clubs

- ❖ Include discussion or talk by famous personalities after giving due publicity about the programme.
- ❖ Provide a slot in the programme to put up clarifications related to the specific topic/subject through the phone
- ❖ Alter the broadcasting time to evening hours when people are free to listen.
- ❖ Broadcast the Radio health programmes on two slots of half an hour each – morning and evening
- ❖ Extend the duration of the programme and add more fillers in the programme.
- ❖ Broadcast more programmes on health care, different diseases, precautionary measures, health and hygiene, nutrition and epidemic diseases.
- ❖ Extend the programme to other districts of the state.
- ❖ Involve ASHA workers and other health workers in the designing and development of the programme.
- ❖ Conduct periodical review of the programmes
- ❖ Develop a feedback mechanism wherein people can give their opinion about the programme. SMS could be used in this regard.
- ❖ Include programmes on health insurance, government schemes for medical aid for different sections etc. in the Radio Health FM
- ❖ Commence radio parks wherever appropriate.
- ❖ Make the programme more attractive through a mixture of entertainment and education concepts.

***d. Radio Health Club related***

- ❖ Make genuine efforts to form as many health clubs as possible in communities as well as in schools.
- ❖ Design and develop norms and guidelines for the formation and operation of the Radio health clubs
- ❖ Formulate an annual plan of activities for the Radio health clubs also
- ❖ Register the radio health clubs
- ❖ Impart necessary training to the health club members in organizing programmes for health promotion.
- ❖ Encourage and support the clubs to organize more camps, skits, and other campaigns for the promotion of health education.
- ❖ Review the functioning and conduct of the activities of the clubs periodically
- ❖ Ensure the active involvement of the members in the design and development of the programmes

*In short, the Radio Health FM which has made a small step in the promotion of health education has great leaps to make and more miles to go. No doubt, the initial step, if sustained with more vigour and vivacity, will gradually and steadily march towards the path of great success*

***“A dream with courage is innovation and that is Radio Health FM***

***Let not that dream turn into a delusion***

***Instead let it shine evermore brightly***

***Enlightening the minds and lives of many across the globe”***

# **A P P E N D I C E S**

## **I. *Tools***

- **Interview Schedule for the General Public**
- **Interview Schedule for the Health Club Members**
- **Interview Guide for the Key Personnel**

## **II. *References***

## Rapid assessment of Radio Health Programme in Thiruvananthapuram

### Interview Schedule for Radio Health Club Members

*Enumerator  
interview:*

*Date of*

1	Name of the respondent :																														
2	Age :																														
3	Education :																														
4	Occupation :																														
5	Do you listen to Radio?  1. Yes 2. No																														
6	If yes, Frequency : 1. Daily 2. 2-3 days in a Week 3. 4-5 days in a week																														
6.1	Time: (1) 6 – 8a.m, (2) 8am – 12pm (3) 12 – 2pm (3) 2 – 5pm (4) 5 – 8pm (5) 8 – 11pm																														
7	Mention about the activities carried out by the health clubs along with the corresponding frequency at which they were carried out ?  <table border="1" style="width: 100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="width: 10%;">Sl.No</th> <th style="width: 30%;">Activities</th> <th style="width: 20%;">Agenda</th> <th style="width: 20%;">How often (Frequency) (give options like weekly, monthly.....)</th> <th style="width: 20%;">Avg No. of participants</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">4</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">5</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Sl.No	Activities	Agenda	How often (Frequency) (give options like weekly, monthly.....)	Avg No. of participants	1					2					3					4					5				
Sl.No	Activities	Agenda	How often (Frequency) (give options like weekly, monthly.....)	Avg No. of participants																											
1																															
2																															
3																															
4																															
5																															

	What was the last activity carried out and when?						
11	Rate your opinion on Radio Health FM on a 5 point scale: 1. Very good 2. Good 3. Satisfactory 4. Poor 5. Very poor 6. If poor state reason						
		Very good	Good	Satisfactory	Poor	Very poor	<b>If poor of very poor state reasons</b>
i	Content						
ii	Presentation						
iii	Duration of the Programme						
iv	The Speakers						
v.	Clarity of the message						
vi	Audibility						
vii	Language						
viii.	Any other (pls specify.....						
13	According to you which is the most convenient time for you to listen to radio health?						
14	Do you listen to other health programmes in Radio? 1. Yes 2. No						

14.1	If yes, what difference do you see between Radio Health FM & other health programmes?
15	What support do you require to effectively work as Radio Health Club member?
16	<p>According to you, to what extent does this programme contribute for the promotion of health education and How?</p> <p>1. To a great extent. How? .....</p> <p>2. To some extent. How?.....</p> <p>3. Not at all Why?.....</p>

17. According to you what are the Strengths, Weaknesses, Opportunities and Threats of the Community Radio Health Programme

Strengths

Weaknesses

Opportunities

Threats

18 What are your suggestions for improving the effectiveness of the Community Radio Health Programme?

**Rapid assessment of Radio Health Programme  
in Thiruvananthapuram  
Interview Schedule for the public**

	Name of the investigator: _____	Date of Interview: _____
<b>I</b>	<b>Profile of the respondent</b>	
1	Name of the respondent	
2	Age	
3	Education	
4	Occupation	
<b>II</b>	<b>Information on Health Awareness Need</b>	
1	Are you aware of various health issues? 1. Yes 2.No	
2	If yes, from where do you get the information? 1. Through seminar/class      2. Through print media 2. Through visual media      4. Hearsay 6. Community Radio Health    7. Health Workers 8. Others (please specify.....)	
3	What are the health issues for which you require more information (please prioritize)	
<b>III</b>	<b>Extent/Coverage of Radio Health</b>	
5	Do you listen to Radio? 1. Yes 2. No	
5.1	If yes, frequency per week : 1. Daily 2. 2-3 days in a week 3. 4-6 days in a week	

	Time: (1) 6 – 8am (2) 8am – 12pm, (3) 12 – 2pm (3) 2 – 5pm (4) 5 – 8pm (5) 8 – 11pm.					
6	Have you heard about Radio Health FM? 1. Yes 2. No					
6.1	If yes, from where. 1. Radio Health Club members 2. Health workers 3. Print Media 4. Visual Media 5. Classes organized by health workers 6. Hospital 7. Any other (specify.....)					
7	Do you listen to the programme of Radio Health Programme? 1.Yes 2.No					
7.1	If yes, rate your opinion on a 5 point scale: 1. Very Good 2.Good 3. Satisfactory 4 poor 5.very poor					
		Good	Satisfactory	poor	very poor	<b>If poor or very poor state the reasons</b>
i	Content					
ii	Presentation (Interesting)					
iii	Duration of the Programme					
iv	The Speakers					

v	Clarity of the message					
vi.	Audibility					
vii	Language					
ix.	Any other (specify....					
7.2	How often do you listen to Radio Health FM					
i	Always					
ii	Often					
iii	Time of the Programme					
iv	Rarely					
v	Very Rarely					
8	How often do you listen to the Community Radio Health Programme? 1. Daily 2.Frequently 3. Occasionally 4. Rarely 5. Very rarely					
9	Was it useful to you?                      1) Yes            2) No					
9.1	If yes how?					
10	According to you which is the most convenient time for telecasting the Radio Health programme? (specify the time)					
11	Do you listen to other health programmes in Radio? 2. Yes 2. No					

11.1	<p>If yes, what is the difference between the Community Radio Health Programme from other health programmes in terms of :</p> <p>Content :</p> <p>Presentation :</p> <p>Speakers :</p> <p>Language :</p> <p>Any other specify</p>
12	<p>According to you to what extent does this programme contribute for the promotion of health education?</p> <p>1. To a great extent How?.....</p> <p>2. To some extent How?.....</p> <p>3. Not at all Why?.....</p>
13	<p>Have you heard about radio health clubs?</p> <p>1. Yes 2. No</p>
14	<p>Did any member of the health radio club approach you or did they organize any programme for the community?</p> <p>1. Yes 2. No</p>

**Rapid assessment of Radio Health Programme in Thiruvananthapuram**  
**Interview Guide for Key personnel**  
(DMO, AIR (FM),NRHM officials, Health workers)

1	Name of the respondent	
2	Designation	
3	Years of service	
4	What are your roles in relation to Radio Health F.M programme?	
5	What do you think are the issues in health communication?	
6	According to you what are the Strengths, Weaknesses, Opportunities and Threats of the Radio Health F.M Programme?	
6.1	<b>Strengths</b>	
6.2	<b>Weaknesses</b>	

6.3	<b>Opportunities</b>	
6.4	<b>Threats</b>	
7	What are your suggestions for improving the effectiveness of the Radio Health F.M Programme?	

## **References**

1. <http://insidekerala.com/n/index.php?mod=article&cat=MainNews&article=20794> Saturday, 23.08.2008
2. Nerrekha, quarterly journal of Arogyakeralam, NRHM, Govt.of Kerala, May 2009
3. NRHM, *Radio Health – A new step towards health Education-* Quarterly journal of Arogyakeralam, NRHM, Govt.of Kerala, August 2008, Vol.1 No.3
4. Srinath Reddy. Dr., *What ails the National Rural Health Mission?*, Published in website, 2009.
5. The Hindu daily, *Radio jockeys for NRHM project*, Dec 25, 2008