# DIGITAL SATELLITE BROADCAST PROJECT

**BASELINE STUDY IN UTTAR PRADESH, BIHAR, RAJASTHAN (INDIA)**
**2001**

**Prepared By**
**Centre for Advocacy and Research**

# INTRODUCTION

On the face, it appears that the predominant criterion for selecting the sites /regions both in India and Nepal for the pilot phase of this satellite broadcast initiative is language. Hindi, by and large, has an overwhelming presence in Bihar, Uttar Pradesh and Rajasthan in India. Nepali similarly runs across the central –eastern districts in and around the Baghmati. This however may be only a slice of the reality. An important feature that characterizes all of these pockets across the two countries is their **human development and overall performance** status vis-à-vis their respective counterparts. The three states in India have for long been a concern in the development sphere. Whether it's a stagnant economy, an unyielding set of dominant ideologies, or an apathetic structural mechanism, the three have been, or at least widely seen as, difficult states with poor human development index. This wide perception is notwithstanding the fact that these have been the sites of many **noteworthy contemporary experiments** in areas like women's development, literacy, primary education, watershed, rural development, and such others. The collaboration of the voluntary groups with the State in most of these efforts not only brought many of the schemes and programmes to the marginalised but also achieved a certain level of their participation and ownership in some pockets. State supported programmes like the Mahila Samakhya, Lok Jumbish, etc. could even instate a level of rural leadership, especially among the women, and initiate village level focal points.

From a broadcast communication point of view, however, what is significant here is the **acute unevenness of participation of the less privileged** strata across in realising the intents of these interventions. Not that communication is not reaching them, or that they are entirely uneducated as regards their rights, entitlements as well as the many schemes and projects that are targeted at them. A belief that these development efforts, including all the communication, are genuinely meant for them continues to evade their consciousness. Putting it simply, they are not convinced both as individuals and as collectives that becoming parts of these social safety nets is going to change their lives, that through these channels they can leverage with the structures, that these initiatives resonate their aspirations of a better future. Therefore, it is not merely information dissemination but the deeper **attitudinal resistance and the resultant listening block** that any communication effort needs to address today.

What is important to ensure is **active reception**. No matter how critical or supportive is this active reception to the communication, the **receiver must engage with** it. Therefore, a clear **understanding of the dynamics of reception** needs to lay the foundation of any communication design. Communication needs assessments, regular audience studies, post-broadcast feedback exercises and a highly qualitative analysis of what is working what is failing the dissemination at the grassroots thus must be consistently pursued alongside design and dissemination, and especially so in the Pilot phase of the initiative. Working out the **logistics of this multi-dimensional communication** initiative is going to be as much or more crucial than designing content.

Exploring these highly subjective attitudinal and psychological variables in detail and building up a sound integration of the different components (content development,

outreach monitoring, etc.) of the Project is to be the **imperative of the Pilot phase**. It would do good therefore by pruning the size of the more apparent and objectively ascertainable variables like physical access of settlements, availability of services, organisational and /or voluntary processes, community's linkages with structures, etc. This Baseline Study's findings clearly also demonstrate that the **social and gender equations that the communication has to appreciate** and that it evokes as an impact would be equally important to explore.

For a starter, it may be worthwhile to concentrate in this phase on, say the group of scheduled districts in these states, or alternatively, clubbing these with a band of higher performance districts /areas so as also to facilitate **comparative assessments**. Certainly the districts and areas approached in this Baseline Study could be there in the Pilot phase in order that we benefit from the deep forays that this study has made during its course. Similarly, we could give ourselves the benefit of picking up sites that have a certain level of organisational activity. It may also be realistic to look for sites that have a certain presence of voluntary activities, or that are part of the large network and reach of wide scale programmes like the Mahila Samakhya (in U.P and Bihar) and the Lok Jumbish (in Rajasthan). On the other hand, the Pilot phase could be an ideal opportunity to experiment with processes such as **cross-media collaboration** at micro levels, trends registered by **communication needs** of the target groups, **content, programming and monitoring and evaluation variables** like formats, timings, thematic treatments, etc.

In essence, it looks advisable for the Pilot phase to work with as many known (or controllable) variables as possible. This is not to suggest a green house experiment, but to clearly understand the deeper individual and social variables and their centrality to communication. Significant also is the opportunity here to ascertain the effectiveness of a novel **symbiosis of user-centred distant communication and micro level outreach** at a regional scale and one that looks pregnant with diverse scopes.

In what follows is a report on the conduct and outcome of the Baseline study conducted in the states of Bihar, Rajasthan and U.P. Also included are the implications of the findings for a communication exercise. We have analysed the data and information from this qualitative study from the **perspective of the target groups**. The reporting also therefore is compartmentalised on the basis of these groups. In the rural expanse, there are two distinct target groups that the baseline study has come out with, namely, the **Highly Marginalised Communities** and the **Transitional Rural Communities**. Overall findings and the broadcast implications, thus have been accordingly worked hereafter.

## Target Group category 1
## EXTREMELY MARGINALISED COMMUNITIES (UTTAR PRADESH AND RAJASTHAN)

# IMPLICATIONS FOR THE BROADCASTER

These include scheduled castes, scheduled tribes and ethnically marginalised communities such as Jogiyon Ki Dhari and Sansiyon Ka Tala in Barmer, Rajasthan, and Allapur in Uttar Pradesh.

A. Include the **communities into a consistent broadcast network** in a focussed manner that allows them to articulate their internal anguish and resentment.

B. There must be a strong sense of **'reality' broadcast that is listener-centered yet constitutes of wide-ranging formats** –story-telling, authentic debating, small news capsules, first-person testimonies, candid interactions of the community with the structures, etc.

C. Programming must be **sensitive to all that is seen as symbolising the community** – both in the past and the present. This can take the form of cultural, social, religious practices that bind the community.

D. Broadcaster must be conscious of the community's **collective sense of resentment and distrust towards any external forces of change**, and this includes communication. Therefore, any language of change must have strong **trusted voices from the community** such as traditional and local leaders.

E. The broadcaster must facilitate some kind of **civil society dialogue** between the community and any other 'competing communities'. Through leadership, the broadcaster should address these and mediate the hostilities.

### HOW DO WE IDENTIFY AND DEPICT THE MOST MARGINALISED COMMUNITIES IN OUR COMMUNICATION?

Features that clearly differentiate the most marginalised from other communities are:
- Common historical past
- Strong sense of solidarity – Finds expression even in day-to-day activities
- A Traditional leadership
- Rituals, customs and traditions have rigid social enforcement

Vulnerability factors
- Extreme poverty – Problems like food, health, etc. are household and livelihood issues. Naturally therefore, livelihood concerns predominate. The lack of access and the strong sense of discrimination by other groups and classes further compound this.
- Children and women are increasingly absorbed in livelihood engagements, household occupations.
- A Strong sense of social exclusion
- Often the loss of self-esteem is owing to the loss of traditional livelihood skills, occupation.
- For women, this loss of self-esteem is reflected in declining cultural and religious practices.

- Strong sense of estrangement from government structures. Also seen as a great community constraint. A govt. job thus is as much a link as a livelihood.

## DEALING WITH SPECIFIC ISSUES IN OUR COMMUNICATION FOR THE MOST MARGINALISED

### Reproductive and General Healthcare

- Healthcare is minimal. However, awareness of facilities available outside the community (mostly inaccessible) as well as alternative methods in the community is very high. Great trust in the later.
- High incidence of occupational health hazards, often resulting in fatal diseases like TB. It may also be running for generations.
- As regards contraception, though the services available outside the community are hardly ever explored or availed by women, there is a visible curiosity. This very often is found to result from their discomfort vis-à-vis large family size. However, this is not apparent but veiled beneath an acceptance of large family norms by the community. In certain ethnically marginalised communities, contraception may even be a taboo and often enforced through rituals and norms that are unsafe.
- Especially for such communities, unemployed youth should be the key target audience, but communication must be inclusive of village elders and leaders.

### HIV awareness and vulnerability

- Recognition of certain elements related to HIV is there among a section of men and women. These include recognition of some routes of transmission, that it is a terminal disease and that it is a new disease, etc.
- Men owing to their role as the main decision maker, (Women's inability to negotiate family size, to access information on contraception, sterilisation, etc.) need to be the target of any communication on HIV, Health, as much as women.
- Given the nature of gender relation within household and the community, various mass media outlets must be used with the purpose of providing more sources of information, and for confirmation of information.

### Face of the community

- This face is borne out of the most trusted mechanism for conflict resolution in the community, the panchayat.
- This face is represented by a leader who is rooted in the experience of the community.
- Often an elderly male. Can also be supported by a female relative through who mediates between community women and the panchayat.
- The capacity of the leader to influence official mechanism depends markedly on their ability to mobilise sections of beneficiaries in his community, especially through focal points.
- They appear disillusioned with the machinery, but have a strong urge to establish a direct contact with it.

**What does the community want from radio?**

- Generically speaking, information to inform and empower the community (vis-à-vis the local machinery) is what is sought. The community radio to be successful must be seen as strengthening their right to information.
- Programming must be participatory, emanating from realistic circumstances, fuelling collective discourses, and pro-active, thereby making the role of the outreach group very crucial.
- Men want information about various government schemes as and when launched, education on new diseases and treatments, advice on how to treat simple diseases.
- Women are more specific in their information needs – health programming, integrating local knowledge, home remedies, preventive messages, information on nutrition, identifying early symptoms.
- Interactive formats presenting issues and concerns as these are, or have been, lived and experienced by people of their hue, will be effective.
- They, especially the womenfolk, need trusted communicators –both for information and personal advice.
- For the youth, hooked to popular culture, the use of the FM format of interspersing popular songs and symbols with youth-related information is likely to work best.

## KEY PROGRAMMING IMPERATIVES

- Setting up of **approachable focal points** to service the communities must be encouraged in the communication.
- News stories, anecdotes, news features, should be done around the **different experiences** that such focal points have had in addressing or delivering programmes.
- Foster a **direct dialogue** of the community with block and district level structures in the communication.
- This dialogue must be **interactive** rather than didactic.
- Must be designed for a **mixed audience**, as the evils of marginalisation affect not individuals but the entire household.
- Communication especially targeted at the youth must essentially use the entertainment format. Use popular culture symbols with development fillers like anecdotes, events, etc. Quick audience polls be conducted for feedback. [Whatever recall they have even of the development slots /public service campaigns, it's one used with the entertainment underpinning.]
- There must be built a **strong urban linkage** as there is so much of connection and osmosis. Not only the cities are melting pots of these communities, but there also is a strong presence of the 'urban' in the male fantasy.

**Using typically rural associations in communication**

The broadcast communication must weave through symbols, mannerisms, greetings, addresses, music, traditional trappings, attires, et al that are widely identified with, and that depict the distinctive flavour of, one or more of the target areas. What is the rationale for this? Apart from ensuring an easy and quick identification by the community, the more important prerogative with this use is to depict that these symbols are entirely compatible with any of the modern values and imperatives that the communication is aiming to convey. The communication must show a discreet empathy and understanding as regards the typically rural symbols, values, traditions, and customs. There are umpteen successful examples of this in popular communication (cinema, television, music videos and most importantly, advertising

commercials). Communication is effectively wooing rural consumers with modern day FMCGs, like soft drinks, cosmetics, confectioneries, etc. essentially because they are able to position and project these consumables in harmony with typical rural symbols, characters and values. We would need to constantly explore ways and means of ensconcing modern messages in highly identifiable and nostalgic settings and contexts.

**Endorsing distant communication at the micro level**

A central feature of this communication is its two-distinct component, namely the distant communication and micro level mobilisation (by the outreach groups) working in tandem. This, especially the complimentarity of the two can be worked to great advantages. There are very few instances where such a symbiosis has been explored. Also, where used, these are very localised in scope and reach, unlike the current satellite broadcast initiative. In fact, this wide expanse itself is an imperative for working a synergy between the two components. Another vital argument in its favour is that though these communities have a distinct set of concerns, they at the same time also share many with other sections. Especially while dealing with such universal concerns in our communication, it is likely that the perspective of the most marginalised gets compromised with. Therefore, given the insularity of these communities, all communication must be supported with brisk micro level endorsement exercises. Secondly, in most of these communities, especially so among the highly marginalised sections, **interpersonal communication** is not only the most practised but also credible. It is equally important to recognise here that this is the most used medium for all sorts of verification, endorsement and confirmation of information received through outside sources. Our efforts therefore, besides making the traditional and local leadership as the face of the problem, must also be on utilising these as active agents in all deliberative processes that succeeds the distant communication. While a pro active role for these credible voices can be encouraged and fuelled by the communication programming, the outreach agents must also be made to share the perspective on issues and options discussed and facilitate deliberation. These imperatives imply – particularly for the Pilot phase of the current initiative - that it is based at sites where some form of community mobilisation is there. At this initial stage, it may not be entirely worthwhile to experiment with this feature as a variable in how the project shapes. The Pilot phase should be designed keeping **communities with some mobilisation activities and processes as a given constant**.

# UNDERSTANDING THE TARGET AUDIENCE

## COMMUNITY PROFILE – EXTREMELY MARGINALISED COMMUNITIES

**A.** include scheduled castes, scheduled tribes and ethnically marginalised communities such as Jogiyon Ki Dhari and Sansiyon Ka Tala in Barmer, Rajasthan, and Allapur in Uttar Pradesh.

### MARGINALISATION – AN IDENTITY CRISIS

Marginalised communities feel discriminated against and excluded in all aspects -- economically, socially, culturally, politically. Often have a common historical past. There is a strong sense of community solidarity and a feeling that in the present their destiny is linked to staying together.

In today's context, community solidarity expresses itself in manners such as resolving of disputes within the community. Even more critically, when familial decisions such as where women should deliver -- in home or hospital -- have to be made. Marriages and other rituals are always performed only by those who have been empowered to do so and must adhere to the norms and standards set by the community.

*This land has been ours for 56 years, going back to the time of the British rule. All our forefathers have worked on this land.*
-- 76-year-old male resident, Jogiyon ki Dhari, Barmer district.

*We have been settled in Allapur for the last 150 years. We have been carrying on this work of traditional weaving since then.*
-- Village pradhan, 50, male, Allapur

Rituals vary in different communities. In certain communities like Jogiyon ki Dhari there is a tradition that if a wife deserts her husband for another man, the husband has a right to marry another girl from the same family. The Panchayat sits in a meeting on the issue and the wife is 'excommunicated' /ostracised. The decision of the Panchayat is binding on the family. In certain ethnically marginalised communities of Uttar Pradesh polygamy is a common practice.

Rituals around marriage and death are rigidly enforced even if it means a lifetime of penury and impoverishment. While in the face of it, these rituals and traditions may appear to be balanced, we are aware that women can get even further marginalised through this. Champa Sansi, a widow in Sansiyon Ka Tala, Bamer, was left penniless after organising a *mrityubhoj* (community meal for a departed soul) for her husband and dowry for her daughter. She now lives by begging.

### Material Vulnerability -- Perceptions and Concerns

The marginalisation is most acutely reflected in their everyday concerns. In certain communities, daily migration to the nearby town for work, taking recourse to begging as a means of livelihood and being constantly suspected of criminal activities are all part of everyday experiences. Women face additional burdens. With growing scarcity of water, they have to walk as much as 10 km a day in areas of Rajasthan to fetch water. Additionally, they have to confront problems related to health and food availability in the household.

In some communities like the weavers of Allapur, Uttar Pradesh, livelihood concerns predominate. They continue to be exploited by middlemen. Wages are less, and they are not able to access basic education and health services. Children are forced to work within the household as weavers and also as unskilled labourers in the nearby iron and timber industry. Women bear the double burden of household occupation and managing household chores single-handedly.

*"Intermediaries are exploiting us by buying our goods from us at very low rates and selling them at much higher prices to the mills or the government."*

*"We are forced to employ our children in industries like iron and timber and are not able to educate them as we would like to."*

*-- Village pradhan, Allapur*

*" There is an ANM who comes to visit us once a month. There is no other health facility for us in this area. Anyway, no doctor will be willing to come to our village for poor people like us."*
*-- Women, Allapur community, Uttar Pradesh*

So marginalised are these communities that to every question put to them about access to basic infrastructure such as schools, primary healthcare centres, hospitals, electricity, water, livelihood and public service communication, the answers are consistently negative. Across the board men feel strongly that they "are never told about anything". Therefore, although they have accessed hospitals, even had the individual experience of having been treated competently, met up with local authorities, and even tried to avail government schemes, there is a feeling that none of this is genuinely meant for them.

The present-day inequities further increase the sense of discrimination. This even includes their experience of development schemes and programmes which has engendered a strong feeling of competition among the communities and a sense of being deliberately discriminated against. This collective feeling of being excluded and not socially accepted is equally strong among the ethnically marginalised communities.

*"We are absolutely illiterate people, so we find it difficult to even understand the information that reaches us."*
*Woman, Jogiyon Ki Dhari, Barmer*

*"We want to work elsewhere but we don't get the work because they don't take us." Jogiyon Ki Dhari, Barmer*

*"Our biggest problem is the foster treatment meted out to us. In our village, we did get a junior high school but it was transferred to the neighbouring village because the minister belonged there."*

*"No one is ready to give us any job".*

*"Our neighbouring village has a population of 1,442. It has an ANM centre, while our village 4,000 people does not have a single ANM centre."*
*Village pradhan, Allapur*

**Loss of traditional livelihood**

One of the major causes for lack of self-esteem is the loss of traditional livelihood. Some marginalised communities such as Jogiyon ki Dhari in Rajasthan have lost their traditional occupation. They have taken up semi-skilled jobs as construction labourers.

Among the weavers of Allapur, though the traditional occupation continues, there is visible threat to the loss of skill, which the community foresees in the context of consistent decline in wages and demand of products. Such communities are in a phase of transition and a small percentage of the population has taken up jobs in nearby industries.

A common problem faced by all such communities is that despite the whole family being involved in occupation, be it the traditional livelihood or daily wage work, the total household income is not sufficient for the whole family.

In such cases where the skill is not bringing in much income, spending time on it is seen as wasted time. Among women particularly, there is a perception that "we do nothing in the day just sit idle".

*"I used to make* odi *(underground water storage tanks) and earned Rs. 100 for a bulk job."*
*Male respondent, Jogiyon ki Dhari*

*"I used to work in the fields. But today my children do boot polishing. There is no other work."*
Male respondent, ..

*" Since the last 150 years we have been doing this work. But it is not fairing well now. People outside are able to do other work. But we do not have any other skill. Our families are involved in this and still we are not able to earn enough."*
*Women respondents, Allapur, Uttar Pradesh*

*"Despite the fact that women continue to do the gadhai work, the men do the stone work and the children go to sell the things made by them in the village, one of the persisting problems is that we do not earn enough to support our families".*
*-- Community leader, Rajasthan*

*"In our case both the husband and the wife do the same thing and they also do not get much out of it."*

"We also make baskets but do not earn anything from it -- sometimes as little as eight rupees per day."
*Women,* Jogiyon ki Dhari

"We have no work and that is our greatest problem."

For women, loss of self-esteem because of loss of traditional livelihood is reflected in declining cultural and religious practices. One women mentions how the singing and dancing for marriages which began a month in advance in the good times has now been reduced to a two -day celebration.

The older men and traditional leaders not only experience this loss of self-esteem but also feel strongly that when it comes to work for food programmes or subsidies, they are being discriminated against by the upper castes or other religious communities.

*Earlier, we used to sing songs in houses where there were marriages and such celebrations started a month before the wedding. The men used to celebrate outside and the women inside the house. Women did a lot of cooking and singing and dancing. But now times have changed -- there is no singing and dancing at all before marriages.*

*-- Women, Allapur*

*"We are denied jobs, we are not even informed about or included in any of the work for food programmes."*
*-- An informed male representative, Rajasthan.*

*"Craftsmen in our community are ill-treated and have no concessions or subsidies from the government as against the craftsmen from another state who get a number of concession schemes from the government. We faced injustice when were promised that our children would be employed in the cloth mill. But when the mill opened in the area, children of other castes were employed."*
*-- Pradhan, Allapur.*

In Jogiyon Ki Dhari, a section of men feel they have been kept out of employment opportunities by Rajputs.

*"The Rajputs treat us like untouchables and do not let us put our names on the muster roll. We are unable to do anything because we are few in number compared to them."*

Not only do they resent the discrimination, they also feel a deep sense of estrangement from structures of governance. This is seen as a great constraint for the community. Hence a government job is not only viewed as a livelihood option but as a means of bridging this gap.

**Reproductive and General Healthcare**

Healthcare in these marginalised communities is minimal. People are aware of whatever few healthcare alternatives available to them, even those outside the village. Networking and sharing of information is done on these issues. However, heatlhcare outside the village is not easily accessible as public transport services are poor. The high cost of taking patients in a taxi ensures the community can use the service only during an emergency.

*"We try and treat most of our people at home. Only if the matter is very serious we take the person to the government hospital in Barabanki. We are merely labourers and are not able to pay so much.*
--- Muslim women, Allapur

Quote: snakebite

Largely, deliveries take place at home. Traditional dais are trusted more than modern medical care. For specific ailments, more trust is placed in local traditional healers. Some villagers expressed a belief in local healing narrating instances when people suffering from snakebites and illnesses, had been cured by them.

Incidence of TB is high. With construction workers involved in stone crushing in Rajasthan and weavers involved in full time home-based industry in Uttar Pradesh, this has become a major occupational health hazard. People say the disease has been running for generations through their families.

On an average, families have three to four children. In most of these communities women say that they are not able to plan their family with their husbands. While there are communities where women are not confident of going to the nearby hospital for contraception but are keen on more information on contraceptive methods and services, there are certain ethnically marginalised communities, which show no keenness on getting contraception information. These are those communities in which contraception is considered a

*It is in our fate to have children. If we must have children we will have them. If we decide to do family planning then no one will even drink the water from our house. We will be treated as outcastes. It is against our religion to use any such measures of contraception.*

*Women, Allapur*

taboo both within the households and within the community. In such communities though you do not see any curiosity to get information on these issues, yet there exists a high level of discomfort among the women vis-a-vis large family sizes. Thus despite the existence of discomfort and a certain amount of curiosity at a personal level, women show a disinterest in getting information on contraception and acceptance of large family norms at a collective community level.

*"We never discuss things like family planning with our husbands and often they will not understand that we would also like to control our family. We would like to take care of our health and the health of our children. But our Pradhan and men do not understand this. They are only concerned with the fact that they want children. In fact what I think is that in the case of people who are not able to have children, God is being kind to them."*

*-- Women, Allapur*

Thus we have to be aware that the kinds of decision-making/ norms setting mechanism existing within the communities can be very oppressive for the vulnerable groups especially women. The rituals or norms set up/ facilitated/ propagated by such mechanisms thus puts such groups much more unsafe/ insecure positions.

Thus as far as the programming is concerned, for these kinds of communities women, unemployed youth should become the key target audience but it is essential that given the nature of leadership, it must be inclusive of village elders and influential leaders.

**HIV awareness and vulnerability**

A section of men and women recognise certain elements related to HIV. This section could range from 25 % to 50%. They could also cite some possible routes of transmission, the fact that it is a terminal disease, that it is a 'new disease', etc. Evidently, knowledge from groups targeting migrant workers reaches out to men from the community at construction sites. For women, the source of information is men. Having established the community's level of awareness and recognition of HIV/AIDS, the researcher could not take the topic any further in discussions precisely because they tended to be discreet, and it made them uncomfortable. They were not willing to articulate needs in these areas. But in some areas as less as 10 % of women were aware of HIV/AIDS.

Considering that women have no power to negotiate family size and are unable to access contraception, information about sterilization, etc., it is clear that the power equation within the family is in the hands of men. Therefore men need to be part of any communication on reproductive health and HIV as much as women.

While information is reaching directly to men, given the nature of their relationship with women, the information they receive is highly filtered. Therefore it is absolutely essential that mass media be used to reach these communities, particularly women, so that they are not dependent on a single source of information.

Development organisations working in those areas regard communities on highway settlements along major trucking routes as highly vulnerable to HIV. Addiction and substance abuse is also high with not only men but even children and old women addicted to beedis. Alcoholism and tobacco addiction are major issues.

**Influence of local leaders**

Who represents the most trustworthy voice and face of the community? What is the most trusted mechanism of conflict resolution?

The panchayat and sarpanch are the most trusted mechanism and voice of the community. Not only is the community panchayat a tried and trusted mechanism but is also represented by a leader who is rooted in the experience of the community.

In most instances the trusted voice is an elderly male. In some cases, it is a male leader along with a female relative who mediates between the women and the panchayat and other structures as in the case of the sarpanch at Sansiyon ka Tala whose daughter is a trusted anganwadi worker.

*The Pradhan does all the decision-making. Everyone comes to the Pradhan with problems, sometimes the Pradhan goes himself to them and solves the dispute. He has been the Pradhan for the last 20 years. He is the most respected here and people listen to him. Sometimes he even settles disputes within a house."*
*-- Women, Allapur, Uttar Pradesh*

*"We get all information through Shivji, our village elder. We all believe what he says."*
*Male respondent, Jogiyon Ki Dhari*

*"People listen to the sarpanch and among the women, the anganwadi worker."*
*Teacher, Sansiyon ka Tala*

While these leaders are acknowledged by the official mechanism as the most popular voice of the community, their capacity to influence the official mechanism and to take advantage of the official schemes and programmes varies from community to community.

*"We get dalia everyday – 100 gms of dalia each is distributed to about 50-60 children."*
*Anganwadi worker, Sansiyon Ka Tala, Rajasthan*

*"The sarpanch does nothing. He just maintains contact with corrupt collectors and does nothing for the village."*
*Village elder, Jogiyon Ki Dhari, Rajasthan*

Leaders' capacity to influence depends on their ability to effectively mobilise the section of beneficiaries that are entitled to the various schemes. Hence a community which is able to provide a focal point such as an anganwadi incharge, or ensure a locally motivated teacher to manage and run the primary school is able to get some of the resources earmarked for these activities. Therefore, setting up of focal points servicing the community should be encouraged. If government schemes need to be propagated, it is very clear that along with disseminating information on it, we also need to encourage setting up of approachable focal points to access these schemes. News stories, anecdotes, news features, should be done around the different experiences that these community-based focal points have had in addressing or delivering programmes.

There is a need to foster a direct dialogue of the community with block and district level officials. In many communities, this has not happened. While the official mechanism is using the elected sarpanch to mediate between people and the system, there seems to be distrust of elected representatives in many villages, making the feeling of estrangement even higher. Neither are they trusted as leaders nor are they seen as effective go-betweens between the community and the system. Though people appear disillusioned with the official system, the urge to establish a direct contact with the system is strong. Particularly among marginallised communities, there is a deep-seated frustration on the inability to make the system approachable. Therefore, it is very important at the level of broadcasting that a dialogue of this kind is set up with the more removed structures such as district and block level officials. This dialogue must be an interaction with the community posing questions and seeking clarifications from the system, and not merely an official making announcements. Local focal

points can also help in facilitating this dialogue, which needs to be done not only vertically with the official governing system but also horizontally with other communities and systems alongside.

**What is the kind of relationship they are seeking with the media?**

Whether it is the community leader or women, what they are clearly looking for is information they can use to inform and if possible empower the community with. They are interested in information that builds the community's capacity to negotiate their entitlements and dues, and more vitally, enable it to fight local corruption and nepotism.

For instance, one vital piece of information that the sarpanch is constantly seeking is on relief operations that the government is planning to undertake. He states that "we should be informed about the employment opportunities, where the relief is required, what payments are to be received. We should also be told about new diseases and treatments," states a sarpanch. It is also considered essential that the lack of access to basic needs such as water, electricity, food and roads be discussed in the media and made known to the concerned people.

But for the women, what are most vital to discuss and be informed about are problems such as water, health and access to food. "We want the water problem discussed. We want information about new diseases and their treatments. We have severe food shortage and on some occasions even have to beg for food. We want all these important matters to be discussed," stated the women. However, it must be kept in mind that all communication must be information that has been experienced at some level or is being tried out in realistic circumstances. In this way, people's stakes, challenges, and obligations of the structure must be clearly spelt out. The community radio must serve as a medium which is able to strengthen the process towards right to information. Therefore, the role of outreach groups in accessing these meaningful voices, experiences, ensuring that content development is participatory, real, open-ended and pro-active is extremely important.

**Can radio be a means for development communication?**

Has a medium like the radio worked? It is clear from feedback that radio is the most accessed medium. It is seen as one of the prime sources of entertainment. In times of emergency, be it the Gujarat earthquake or the Kandla cyclone, it becomes the most important source of information. With high levels of migration to these areas, this news assumed personal importance. But even this news is always reinforced by word of mouth. However, when it related to development news, we find that the relationship is less precise. There is no doubt that much of the curiosity about information related to "new diseases and their treatment", about "government schemes and programmes" have greatly to do with what they have heard on AIR. However, there is a strong sense of dissatisfaction particularly among women that they do not understand all the information they hear on radio. Unlike news like the earthquake, which the men discuss with them, on issues like reproductive health and AIDS, women feel the absence of the trusted communicator whom they can turn to not just for information but also some personal direction.

People want information about various government schemes being launched in the village. They are also keen on being educated on new diseases and treatments, advice on how to treat simple diseases that would save them the heavy cost of taking patients to hospitals. Women did feel the need for information in specific areas. There was a strong mandate that radio could be a good source of information, especially for messages on health. Women expressed a need for health programming, integrating local knowledge, home remedies, preventive messages, information on nutrition, how to identify early symptoms. This, they said, would help them in preventing diseases and they would not have to rush people to the hospital.

Young people are largely accessing commercial radio stations and are hooked to film songs. They look for an opportunity to visit the cinema in the nearby town. It is important to satisfy this preference among young people in some respect. The FM format of interspersing popular songs with youth-centred messages may be an effective way to target this group. In comparison, the infotainment format being used by non-commercial channels to intersperse information with local music is not working in terms of personal recall or association and ownership. Neither is the information filtering nor is the music endearing them to the programme in any way.

**Programming Priorities**
**What should the programming perspective be?**

It is clear that the marginalisation of the community as a whole must be clearly identified and empathised with. Specific experiences of different sections such as women, migrant workers, unemployed youth, widows, elderly, girl-child must be projected as a clear expression of their circumstances. The target audience becomes both specific and en-masse. For household and livelihood concerns, while women are the central target group, the programme must be inclusive of migrant workers and unemployed youth.

In extreme cases of marginalisation, where groups such as women, migrant workers, are in no position to challenge the inequities, it is essential that they be communicated with on special slots. This must be scheduled in a manner to ensure their participation and involvement. They must be given the opportunity to not only get information but also be allowed to share their expectations, experiences and misgivings. The programme must allow them to seek clarifications on government policies and schemes, legal rights, concerns related to health. This implies that the content on such slots be planned on a roving basis ensuring that different communities are represented at different times. It must be unified through one or two moderators, who are familiar to the audience (or become familiar to them), and have the ability to talk to a cross-section of women and men across the region. Given the nature of homogeneity of the community and the strong influence of local leaders, maybe the discussion follows this preference of individuals, households. At the pilot phase it is important that some of these communities be incorporated into programme areas.

**Content Development**

Therefore, in terms of content development, how can the needs be fulfilled? The style of dissemination that state-owned radio networks like All India Radio use to propagate information needs to be effectively replaced. The assumption is that the audience is ignorant, and hence right information disseminated in a language that is simple in terms of instruction, a pre-designed process of debate and dialogue aimed at dispelling predictable doubts, will be effective. But with marginalised communities, we find that there is a far deeper attitudinal resistance.

To begin with, since there is a lack of trust in any entity that is outside the community, they constantly feel betrayed and that their self-respect is undermined. Referring to this, a social worker stated that though they use their skills at work to the best effect when they work as masons, they feel that the people in the cities cheat them and don’t give them adequate monetary credit for their work. There is also a strong sense of being misunderstood and misrepresented.

Based on this attitudinal vulnerability, any programming that extends over these States, should seek ways of including these different communities into a consistent broadcast in a focussed manner. They should be allowed to articulate their internal anguish. No development

message around health, HIV/ Gender/ Education will reach them in this present state of emotional turmoil and ingrained distrust. Also, any form of communication that is not mediated or endorsed by the most trusted local communicators does not become meaningful for the community. “They listen to only one man who they think is their leader,” states an NGO representative working with these communities.

The medium must strongly position the local communicators, reproduce the local context in as vivid and identifiable a manner as possible. The communicator must not be projected as a generic character but as a concrete living entity. There must be a strong element of “reality” broadcast. It is essential that a listener-centered style be developed. A combination of formats such as story-telling, authentic debating, first-person testimonies, candid interactions between the community and the officials should be used. What is important to communicate is that the broadcaster cares. Cares to listen than tell, to share than presume, cares about what matters to different sections of people, encourages a plurality of experiences and voices rather than creating a hasty consensus and a unity of views, perspectives and experiences.

# Target Group category 2

## TRANSITIONAL RURAL COMMUNITIES -- BIHAR, U.P. AND RAJASTHAN
(Durgaganj, Chandrihya, Sugoli, Kapalpura, Sanwara, Haddiganj, Mau, Jannar)

# IMPLICATIONS FOR THE BROADCASTER

## Programming imperatives

- Communication must be **user-centered** and not provider-centered – rooted into their experiences as individuals and collectives, open ended, and one that **provides alternatives** rather than choose one and discard the other.
- In communication on issues like HIV/AIDS, it is imperative that the programming **content deals with the many unstated discriminations** being faced by the more vulnerable groups (highway communities, those involved in sex work, migrating groups, etc.) and de-stigmatize them. It must consciously ensure that they are seen as part of the larger community, and not outside it.
- Similarly, while dealing with poverty and migration as issues crucial to the HIV/AIDS phenomenon, the messaging must take recourse to aides like **factual and real testimonies**, personal experiences of migration and resettlement, etc. that can make strong emotional and psychological impact.
- A **Cross-media campaign** around each of the issues taken up must accompany the satellite broadcast intervention. The project must build active linkages with the already popular media outlets, mediamen, reporters, stringers, and use these as bulletin boards, sounding boards and feedback channels.

### HOW DO WE IDENTIFY AND DEPICT THE TRANSITIONAL COMMUNITIES IN OUR COMMUNICATION?

Features that characterize the transitional communities across states and varying village economic status are:

- Generally situated at a relatively **vantage position**. This is often seen as giving them a fair amount of access to and exchange with the official (block and district level) structures as well as services such as hospitals, schools, cinema halls, offices, etc.
- Almost always **a heterogeneous population** as regards castes and classes, and often even religions. This heterogeneity mostly has a hierarchical form, thus giving rise to dominant and subjugate sections.
- **Agrarian values** and norms predominate
- Traditional religious and ritualistic adherence (Mrityubhoj, marriage, Upnayan, etc.) generally are seen as affecting living standards, and not livelihood.
- Adherence to and **observance of strict social norms** has a proportionate social status connotation. [Purity–pollution] The higher up in the hierarchy, the more varied the adherence. And this adherence being mostly applicable to women, make the status of women of the socially privileged sections highly paradoxical.
- Some amount of **collective processes** in the form of youth clubs /groups, balwadis, panchayats, mahila mandals, etc. are generally present in these communities. These outlets are used as community focal points.
- Although the predominant occupation is agriculture and related ventures, the economic values and norms are not entirely agrarian. This is owing to a **considerable exchange with and dependence on the urban /outside economy**. Therefore, not only the local and natural factors, but also those of the mainstream economy often have considerable impact on these communities.

- Different sections may have their own **specific economic and occupational concerns**. While the farming class struggles with the increasingly smaller landholdings, the artisan group may no more be finding its skills marketable.
- Have **distinct patterns of migration**, which is more a considered alternative rather than a pure crisis response.

## DEALING WITH SPECIFIC ISSUES IN OUR COMMUNICATION FOR THE TRANSITIONAL COMMUNITIES

*Education (Girl child /Women's), Health (Rep. and General), Rural Development*

- Literacy levels, education and availability of health and other services are very uneven both within and across these communities. However, generally speaking, girl child's education, for instance, does not face attitudinal barriers as much as operational ones like physical access, affordability, suitability to specific groups, etc.
- Distinct sections are affected with these operational barriers /lack of access to services.
- Availability of and access to Education, health, rural development, etc. services are widely used by the community as its **development indicators**.
- What any communication, particularly around reproductive and general health, nutrition, hygiene, and even education and enterprise development, faces among the womenfolk in these communities can be called a **Listening Block**. Women's responses across strata clearly reveal that they are fighting shy of treating any of these information as meant for them or applicable to their own selves.
- Very incidental negative associations and experiences are found to lead to a strong sense of rejection of these services. The problem gets aggravated when the communication treats these associations as giving rise to misinformed mindsets.

### HIV awareness and vulnerability

- Generally there is a fairly high level of awareness about HIV/AIDS. Sections like adolescents and adults both boys and girls show heightened awareness in that they recognize certain routes of transmission, etc.
- What also invariably accompanies this awareness are the streaks of stigma and discrimination associated with it. There is an abject lack of recognition of AIDS as one that could affect anyone, including oneself.
- In some instances like the highway communities and those suspected of sex work, public service messaging and other efforts around creating awareness around the disease has generated a relatively more objective recognition of it. However, here too the associated social cost coupled with a growing realisation that they are being targeted by the programmes /official mechanism as vulnerable groups makes them highly defensive and dissuades them from seeing it as their concern.

**Impact of awareness campaigns –** Around many issues such as Health, nutrition, HIV/AIDS, etc. the prevailing awareness, despite being quite high in many cases, clearly has not effected any perceptible behaviour change.

- Besides the electronic media (radio and TV) the micro level focal points such as the Mahila Mandals, Balwadis, women's Training centres, have played the key role in broad basing this awareness especially among womenfolk.
- Women in these communities have independent access to information through various outlets.

## Face of the community

- Often **an elected figure** like the Village Pradhan or a Sarpanch fits in this role quite well. However, on many counts, he is also under scrutiny by the community. This face, therefore, when used in conjunction with voices and experiences of different sections of the community, and especially so with the aim of impacting delivery mechanisms, can be immensely effective.
- A highly endeared **face of the womenfolk** in these communities is the Anganwadi-in-charge, the balwadi-in-charge, women in collectives such as the Mahila Mandals. They have both personal accesses to women as well as to official structures and mechanisms.
- Especially as regards impacting men, the **institution of panchayat** has the potential of being used to good effect as the face of the community. This is because it is acknowledged both as the most widely accepted village level structure and as the community's link with the official structures, and thus delivery mechanisms.
- The credibility that some CBOs and NGOs have earned in such communities owing mostly to the **village–level interventions** they have spearheaded makes them highly eligible as community mediators. Very often such interventions are seen by the community at large as having diversified women's role and increased their multiple stakes within households and the community.
- **Organised collectives of women**, such as those around livelihood, income-generation, alternative employment, etc. are another widely recognised entities in these communities. Their organisational strength can be used to foster an effective dialogue between these women and others in the community and outside around common issues and concerns.

# UNDERSTANDING THE TARGET AUDIENCE

## TRANSITIONAL RURAL COMMUNITIES -- BIHAR, U.P. AND RAJASTHAN

(Durgaganj, Chandrihya, Sugoli, Kapalpura, Sanwara, Haddiganj, Mau, Jannar)

### Key Characteristics

Across Bihar, U.P. and Rajasthan, these villages are located at a vantage distance from the block headquarters. Some of them have the additional advantage of being situated on a highway while others have to deal with being more interior, sometimes connected by a "kuccha road" for a distance. On the whole, there is a fair amount of connectedness to the block/ district as well as the cities. In some instances, this even implies access to fairly developed facilities such as hospitals, nursing homes, cinema halls, government and private schools etc.

*"There is not much interaction between people of lower and upper class and caste in this village. The pradhan belongs to the upper class and does not interact much with us."*
*--Women, Darzi Mohalla, Mau, UP*

*"Caste lines are strong in the village. Upper castes like the Bhumihars interact only among themselves. Muslims also do not mix much.."*
*-- Health worker, Kapalpura, Mau, UP*

Whether it is a village on the highway or in the interiors, what characterises them is the highly mixed composition in terms of caste and religion. These are not homogenous villages, yet we do see in many of them that a certain community or caste group has an edge over others. Conflicts related to land and property are high, often continuing across generations.

### Traditions

In Rajasthan, traditions like *Mrityubhoj* (feeding a meal to the entire village on behalf of a person who has died) is prevalent within all castes. According to people, though they would like to put an end to this custom, there is too much pressure from elders. Division of opinion exists between the older and younger generation. In some villages, people are in debt because of this tradition..

Women rejected the occurrence of child marriage, but some young men revealed they had been married when they were young. However, the girls were brought to their marital homes after had reached puberty.

*It is a matter of honour ('Gaon mein Izzat nahin rahegi)*

*The dead must rest in peace (Marney waley ko sukh milna chahiye)*

*There is nothing to it, yet the elders are not willing to let go (Ismey kuch nahin hain lekin badey issey chahtey hain)*

Responses on the tradition of *Mrityubhoj* from the old and young of community, Rajasthan

**Women's Experience and Perceptions**

Since social norms are more rigid in upper caste households, women find themselves discriminated in a different way. Paradoxically, they give the impression that they perceive the lack of entitlement as affirming their privileged status. However, any intervention that is based on their concerns and priorities reveals their great urge to re-invent their roles within the home and develop their potential in many areas including literacy. They also expressed a desire to strengthen their skills and explore livelihood opportunities etc.

*"We do not go out of the house much. Neither have we ever told our family that we want to go out because they have a problem with that."*
*-Women, Chandrahiya,*

*This is the first time I have got out of the house to work. When I started working, all the family members stood against me. But I insisted on working and earniing some money.*
*--Field Worker, Nirdesh, NGO, Kapalpura*

In some village, a women's centre and *balwadi* is run under the Social Welfare Board. Women are taught stitching and children are taught pre- school. Interested women can also pursue basic literacy. Women like to come to the centre and also use it as a place to network. Women running the *balwadi* centre have been there for the last twelve years. Consequently, they have been in constant touch with the women of the community, have encouraged them to come forward. Initially, there was a lot of resistance from men who felt it was inappropriate for women to step out of the home.

After almost a year of daily visits by women from the centre to homes, men realised women could learn something there. With a slight change in attitude, women started coming and as the first women learnt stitching skills, they went back to the village and conveyed their newly acquired skills to other members of the community. It was only after that that women started coming out of their houses to the centre.

*Women use the centre as an informal meeting place. The most convenient time for them is afternoons. When they go to fetch water or to the market, they step into the centre and sit with the women there. Discussion usually revolves around some event or some news that the balwadi coordinator has to share with them. The coordinator also brings along with her some new designs for stitching, pictures etc. from the nearby town. These then become issues for discussion. Most women look forward to coming to the centre even if they are not actively associated with it.*

Women do not like to visit the nearby school or PHC, common meeting places for men. Neither can they talk freely here, nor do they feel people here would be able to guide them on household problems. The balwadi coordinator, on the other hand, is identified as a friend and mother figure. Another attraction at the centre are books containing religious stories. Reading sessions are held during weekdays and specially during religious festivals. Women, in fact, coax the balwadi coordinator to read them stories from these books. The balwadi coordinator is also seen by women as an arbiter for household disputes, the most common being between mothers – in – law and daughters – in – law.

*Village Level Groups*

Caste-based groups like Jat Jagriti Mandal have been initiated by the youth in some place to raise social awareness among the Jat community on issues like consumption of afeem (opium), child marriage, *mrityubhoj* (community feeding on a death in the family). Opium

consumption is one of the biggest concerns in the village with almost all Jat men heavily addicted. The group was inspired by its success in preventing an underage girl from being married. Rallies and *dharnas* outside villagers' homes are resorted to to prevent child marriages. These *mandals* exist in most Jat dominated villages of the State.

In other areas, women's groups such as Mahila Mandal and Mahila Sahkari Samiti have engaged in activities like setting up schools for women and children, providing loans to women for starting ventures or helping in a crisis situation. All members are asked to make a deposit and depending on individual needs, they are sanctioned loans by the *samiti*.

**Economy**

The economy is predominantly agriculture based. In some areas cash crop cultivation such as sugarcane has played a major role in connecting and integrating the village economy to the outside world. The flip side has been that with the recent closure of the sugar mills in one of the districts under study, the farmer and the mill workers are confronting new uncertainties and problems.

Another scenario that prevails is the predominant presence of small and medium sized farming. Most of these small and petty landholders leave a large part of the farming to the women, with the men seeking seasonal and alternative employment through daily and periodic migration. Another section that has been severely affected in terms of livelihood are artisans whose traditional skills as weavers, stone masons, are not viable any more. This includes both women and men. With many of these villages being industrially underdeveloped, the compulsion and need to migrate is very strong.

However, these villages also have a significant section of large landowners who are not only economically powerful but have also entered the government service and ensured the necessary influence on these institutions. Some of the highway villages particularly in Rajasthan are also involved in the business of plying inter-state trucks.

**Development Concerns**

Poverty

Many of these villages have a high level of poverty. In some areas, as much as 80% of the people are very poor, eking a living out of very small landholdings, as agricultural labourers or as self-employed workers selling seasonal vegetables, plying rickshaws etc. The worst hit section is the women. Therefore the impact of rural poverty on the lives of vulnerable sections such as women compelling the men to migrate are seen as signs of great distress.

Male Migration

There is fairly consistent migration to the larger cities and even to Nepal. However, one needs to make a distinction between migration which is voluntary, seeking better jobs and educational facilities and others which are induced by unfavourable circumstances. Even in the former kind of migration where large section of educated unemployed youth are involved they face severe strains and pressures but at some level they are better prepared with the skills and resources to seek information and network.

*Distress migration from this area has been on the rise. There was a sugar mill here earlier which had to be closed. There is already a lot of unemployment here. Thus the migration is on rise now."*
*-- Doctor, Sugoli,Champaran, BIhar*

*People going out to work go to places like Kathmandu, Delhi, Mumbai. They come back once in 3-4 months on festivals or some other occasions.*
*-- Community men, Sugoli, Champaran, BIhar*

In the case of a large section it is more out of lack of choice and a sign of distress rather than a livelihood alternative. For instance, with the closure of the sugar mills this migration has gone up even more steeply.

The migration is of a semi-permanent nature with many of the men going to Kathmandu, Delhi, Mumbai, Ahmedabad and Calcutta. Therefore this is one of the concerns that must be addressed in broadcasts. The programmes must give expression to the challenges these sections of people are facing in the cities as well as communicate to them any information that is necessary to alert them about how to cope with the personal pressures and strains that this situation places them in.

### *Girl-child/ Women's education*

At the block and district level, literacy levels are still very uneven. Literacy programmes targeting women in the last decade have had mixed results. In some villages due to the past involvement of women in non-formal educational programmes, a significant attitudinal change have taken place and a sizeable section of the girl-child are being sent to primary school. In distinct rural areas, the community is demanding better and more sustainable schools.

*"Some of us got educated at the NFE centres started by the government few years ago. The educated women of the village teach either at government schools or the private school in the village. I also taught for few years. People do not feel that it is bad for girls to work. Now of course things are very different in that people want their girls to study."*

*--An ex-NFE woman, Sugoli*

*"Very few children get educated at the madarsa because we cannot afford fees and other expenditures. We have a private school here and madarsa here. The rich people are able to educate their children at the school but the poor cannot afford it and send their children to the madarsa."*
*-- Muslim Women, Durgaganj*

*"About 70% of the population of this village is illiterate. As the senior school is located at Motihari, only two to three girls go to Motihari for further studies."-*
*Adolescent Girls, Chandrahiya*

However, there are many villages where the girl child from different communities including the minority community have no consistent access to any kind of education. In certain villages the illiterate population is as high as 70 per cent. Often the combination of factors such as distance (with government schools being located 2 km. away), lack of affordable schools and economic pressure keeps the children out of school. Women from Muslim households find that they have to choose between private schools, which are not affordable, and the madrasa. While they appreciate the latter they do not see it as a fitting alternative to the school. As a result they find that very few children get educated.

In some villages it seems a great disincentive to encourage girls to go to school because after completing their secondary education they have to go to block headquarters to complete their schooling. Barely two or three girls are able to achieve this, assert the villagers.

However, despite their lack of satisfaction with the state of affairs it is clear that this is one concern that everyone has developed stakes in. Often the lack of a proper school is used as an indicator to reveal the pathetic state of affairs or the discrimination they face. Therefore it essential to identify with this issue at many levels – as a sign of improving children's access to education, rural development, women's empowerment and community involvement

As broadcasters, some of the meaningful work done in this area should be highlighted to encourage action. Since this is an intervention that directly impacts the process of women's empowerment, their self-esteem, and their participation in community decisions, it must be centered on the perceptions and experiences of this target group. Their stakes on this issue need to be made visible time and again, through different voices and experiences.

*Health Care Services*

In many of the villages, water-borne, communicable and occupational diseases such as gastro-enteritis, tuberculosis and skin allergies are common. There is a constant demand for health care. As an everyday and all-pervasive concern this issue seems to evoke many kinds of responses, most of which are a comment on the general state of affairs rather than any concrete assessment. It is clear that although experience varies from area to area what stands out is the fact that people take recourse to all kinds of medical advice and care.

*There is a hospital nearby. If we feel that our illness is serious then we go to the hospital, otherwise we go to private doctors.*
*--Women, Haddiganj*

*There is no Centre for deliveries and except those who can afford hospitals most of the poor people get the deliveries done at home with the help of dais.*
*--Women, Chandrahiya*

Decisions are taken depending on the individual and the merits of each situation. The women state that they access hospitals only in conditions of emergencies or when the situation is proving very complicated and difficult. Most of the time traditional healers and dais are used for realistic and accessible service. But men do talk about how they got timely and quality medical help when they decided to go to Ahmedabad and even compare the quality of service that is available in district towns like Barmer and a metro like Ahmedabad.

According to the doctor, word of mouth plays a strong role, as people returning from Ahmedabad give better first hand accounts of treatment facilities there. Further, as more people go there for work there is greater understanding of Ahmedabad than there is of Barmer town though it is nearer.

In many cases, for minor ailments they could alternate between the PHC and the local private practitioners depending on their availability. The villagers admit to the presence of PHC. But its actual functioning varies from village to village. In a rare instance or two, we do find cases of a well-staffed PHC. But the experience varies in another where the lack of trained health personnel and necessary infrastructure for deliveries makes it in many cases a clinically non-functional or very under-accessed centre.

When the medical officer of the Primary Healthcare Centre, Sanawara, Rajsthan, was asked to comment on the situation, he said that villagers are extremely aware when it comes to accessing the health care system, even take medicines as advised. The system, on the other hand, faces other constraints such as doctors not staying long enough to develop a relationship with the community, or doctors facing a language barrier. All of this makes people prefer to go to private practitioners. The medical staff of the health centre is laso expected to undertake health education. There are many cases of water borne diseases and efforts are made by the PHC to encourage villagers to purify water but even this effort is not easy to sustain.

*"The PHC has 8 doctors of different specialisation- Women, Sugoli*

*"Though we have a PHC here you will only be able to get medicines and not the doctor" states the women of Chandarhiya.*

More women than men come to the centre to access treatment. Incidence of occupational diseases such as tuberculosis is high. According to the doctor, this is because of low awareness of hygiene. Skin diseases are also common as people work with cattle and are engaged in agriculture. Monthly meetings of the medical staff are held with members of the gram panchayat and other organisations at the community level.

*Women's Reproductive Health Care*

As expected, women are largely anaemic. One of the major health programmes is the distribution of iron folic tablets. A number of cases of maternal mortality have been reported. Service providers report menstrual disorders among adolescents. Reproductive heath related illnesses are evident. A significant section of women interacted with were aware about family planning methods. Health service providers as well as mass media has played a critical role in informing the women and the men. But this does not imply that women are ready to access the services or accept the contraceptives.

*The ANM comes and tells us to undergo sterlization after two children. Not all us are willing to listen to her. Even adolescent girls know these things through watching television as well.*
*Women, Haddiganj*

*Though we see the television and we know that they tell us about having only two children in the family, yet we would like our family to have more than two children. If we have a girl, we want a boy and if we have a boy, we want a girl. We don't want to but we get stuck in that trap - -Women, Haddiganj*

Everyone strives for a boy in the family. In this way there are more than five to six children in the family.
-- Women, Haddiganj

*If we can feed and clothe our children, what is your problem?*

According to the ANM of the village there is a reluctance among people to adopt contraceptive measures. Often they respond by stating that number of children is an entirely personal matter. Consequently, each family has an average of three to four children. Yet, both men and women seek information on birth control from the ANM.

The ANM says men are the hindrance in successful family planning. She recalls instances where she was able to successfully convince women to adopt family planning methods, but their husbands refused them permission. Though the ANM has attempted to spread the use of contraceptive measures like condoms and pills, husbands repeatedly discourage the women.

Another problem is the side effects of these measures. Some women opt to use measures like copper -T, as they are wary of taking pills, which may have side effects. The ANM regularly receives complaints of these methods not suiting the women. But she is unable to get them to accept any other measure. The women of the village regularly access the ANM seeking advice on childcare, vaccinations and birth control.

It is clear from the above that there are many factors that inhibit this process. This ranges from the strong influence of traditional structures which centrally implies lack of women's empowerment, preference of a son, lack of confidence in the methods being propagated. In some villages barely 15 to 20 percent of women have taken recourse to any of these methods. Even those who have opted for any method prefer tubectomy. Spacing methods are not trusted. Therefore despite a rural health NGO in Bihar making available a range of contraceptive methods for the purpose of spacing women are not convinced about it. From a programming perspective this has deep implications.

*"We do not like to take any medicines or injections before or after birth because the pill causes a number of diseases like cancer. We read this in the newspaper and the doctor also told us that. we gain weight if we have medicines and pills"*
*-- Women, Sugoli*

If there are going to be programmes around reproductive health, all the inhibitions cited above must be addressed. Women must perceive all the methods that are being propagated as user-friendly and part of a larger context of women's rights. Therefore the right to safety has to take the precedence over efficacy. Even if this means that in a very definite sense it may contradict her experience of risky and unwanted pregnancies.

Women have to be convinced through personal and clinical testimonies that these methods are relatively safe with a predictable degree of risk and discomfort that they choose to live with. It is not so much about clinical safety but personal suitability. Besides providing clinical information a dialogue between women must be encouraged where the process of making a choice is fleshed out in all its individual nuances, experiences, personal reservations and fears.

*HIV Awareness*

**In some communities, a large population is associated in the trucking trade.** About 25 per cent of the Sanawra village have their own trucks and a large number drive trucks belonging to contractors from Barmer. These run on inter -state highways between Gujarat, Rajasthan and Maharastra. There is a fairly high level of awareness about HIV/AIDS among them. One such truck driver spoke about his trip to Maharastra where he had stopped on the highway for tea and was told by some men about precautions against a disease which affects truck drivers. Consequently, on his return to his village he asked the doctor at the PHC who informed him about AIDS.

**Awareness of HIV/ AIDS is larger among men as compared to women.** Sources of information are banners, posters, newspaper articles, men who are truck drivers and migrant labour who return to the village and narrate their experiences. In one area, there have been two cases of AIDS deaths, both were labourers who had returned from Gujarat. Women get information on AIDS from men, mostly husbands. They say the ANM has not been able to give them any information related to AIDS. Women who participated in the Mahila Mandal or read newspapers in the village had some awareness of HIV/AIDS.

**In other communities, a section of people are assumed to be involved in sex work.** They are largely women, with a small group of men. As a community, they are set apart, even

denied access to many of the activities the privileged part of the village are involved in. It was evident that many of them were aware about AIDS, a couple of older women not just referred to it as an "incurable" or "new" or "dangerous" disease, but even named it. They were also extremely conscious about their vulnerability to it, realised that they were being targeted by the official programme and were in a sense highly defensive in their body language and approach. The local police apparently maintained a vigil on them, periodically inflicting raids and pickets and treated them as a law and order problem.

**Some of the Key Challenges we are facing are:**

With no health group or organisation having developed any consistent link with a community like this, the concern assumes many vital human dimensions and facets. Can radio programming deal with such complex manifestations of the problem? When it comes to having a community radio receiving set it is important to ensure that such vulnerable sections get genuinely included in the effort.

In the pilot phase it is imperative that programming content deals with the unstated discrimination communities such as these are facing. However, unlike the official programme that is targeting the high-risk group to bring about "behaviour change" the radio programme should seek to "de-stigmatise" the community. This can be done either through an exclusive profile on some aspect of the community, even spending a day with a willing respondent, including them as one of the many voices that are seen as integral to the larger community. Their right to speak on a common platform should be ensured and they must be gradually encouraged to be less defensive. Some of this sharing could go on air without identifying the settlement or the people.

In states like Bihar where much of the vulnerability is to a great extent traced to a development such as high migration, which people are being forced to take recourse to, it is not clear how the issue should be communicated. Can we at the level of communication deal with the many fall-outs of migration without stigmatising or sensationalising it? As yet there is no concrete statistical evidence to prove this relationship. However, as a preventive message is it possible to make the information sharing as factual and real as possible dwelling on the emotional and psychological challenges that migrants encounter in the unfriendly cities?
On this aspect it may be more fruitful to talk to the migrant workers about their experience in the cities and transmit this sharing to the rural audience and even vice-versa.

*Impact of awareness campaigns*

Feedback on the **impact of the awareness campaigns** that have been launched across the country through mass media is very significant. In these areas, the highest recall that any public service messaging on HIV/AIDS has had is the campaign done by Shabana Azmi exhorting people not to be afraid of touching people living with HIV/AIDS. It is evident that this message has helped women in particular to dispel their fear of the very mention of the word ‘virus’ or ‘HIV’. But whether it has helped them to fight their fear of people living with it or seek more information on it, is not quite clear.

> *"Shabana Azmi does an ad and says AIDS does not spread through touch and that treatment should be given at the earliest and the doctor should be consulted."*
>
> *-- Adolescent girls, Chandrahiya*

Yet, according to a member of the Nehru Yuvak Kendra, Unnao, when they visit a doctor many of the women and men insist on "injection as a first line of treatment". So it is clear that all the awareness raising has not entirely helped the rural people to understand "about the way

in which the disease spreads". A campaign has been launched to popularise disposable syringes as 85% of the villagers were not aware of this".

> *"In the training programme we were told as to how the disease spreads and how it can be controlled and prevented. We were told that AIDS has no cure and how a man who works at Delhi can spread this infection to his wife.. The women understood all these things but they are not too open and frank about these issues. In their mind they have many queries".*
> *Field worker, female, Nirdesh, Adithi-Plan Project, Kapalpura*

Similarly, a section of the women admitted that they had been exposed to an intensive training programme on AIDS. Therefore what the training programme has managed to do is to arouse many questions and doubts in their mind but not necessarily answer them to their entire satisfaction. The refusal to openly talk or seek clarification may have many contradictory implications for the communicator.

On the effectiveness of the media campaign the service providers make a distinction between the educated and the illiterate. The greatest challenge for the service provider is to spread health education, motivate people to be more open about their health problems such as STD etc. Service providers say there is no doubt that people are more aware about STD and approach them with queries and advice. But all this questioning does not make them open. "Men in particular try to hide the problem," is the experience of service providers.

> *"The illiterate have to be convinced through an inter-personal communication". Although the campaigns have convinced them about AIDS being a "dangerous" disease they have not necessarily informed them about the whole issue*".
> -– Rural Medical Practioner, Sugoli, Bihar

If we have to quantify the extent of awareness about HIV/AIDS we find that over 80 women claim they know about AIDS. (Based on the total number of respondents who participated in the study.) In the case of mass media, radio accounted for two-thirds of the respondents and television for one-third. However it was the mahila mandal and the village level trainings that was the predominant source of information. In a few instances, they felt that it was a combination of both. What is interesting about these villages is that unlike the marginalised communities women have independent access to information through various outlets.

**Who does the Community trust? Who can access the community?**

In these villages which are totally mixed we find that different official bodies, representatives and people's organisations are being accessed and trusted to mediate on behalf of the community. Some of it is done from a perspective of necessity and others from a standpoint of convenience and even personal rapport and association. The representatives who belong to the community or to the village are in a sense easier to access and accordingly relate to. But even with these village-level representatives there are different perceptions about their effectiveness and empathy. Some of this confusion has to do with the way in which development programmes are implemented. However, we should not misunderstand the critical voices or opinions as reflecting a rejection of these entities. Much of it has to do with wanting to make them more workable and accountable. So from a broadcasting point of view it is necessary to use the local representatives as informants as well as project some who are trying to be earnest doers despite constraints. All other community-based organisations also need to be featured partly as experts and as people who have witnessed the village-level and community-level problems.

**Pradhan**

It is recognised by many that the Pradhan is an extremely vital person who has the administrative power to mediate between the community and the officials. He/she represents the official voice and face of the village. At one level the community is extremely anxious to trust them and leverage the government through them but at another level they are also doubtful about whether the pradhan is honest or as effective in the go-between role that they are claiming to play.

For instance it was stated by the women of Mau that the Pradhan once came to the village and told them that if they deposit Rs. 100 each under a scheme there would be a return of Rs. 300. “We gave the money, our names were written on a piece of paper, our signatures were taken, but till date, we have not received any kind of returns," they say. The pradhan claims that she in turn was a victim of a fraud. Having agreed to participate in the scheme mentioned above and persuaded women to contribute Rs. 100 in exchange for Rs 300 and a sewing machine she later found that the official who had collected the money had disappeared.

This is an area of concern that needs to be addressed at the level of communication. The voices and experiences of the villagers should be used to not only expose a dishonest pradhan but more vitally improve delivery mechanism of the development programmes so that it reaches the village in time and any delays are suitably accounted for. Despite all these setbacks and even some doubts about their effectiveness, it was claimed by a pradhan, that "when it comes to problems of a more serious nature they come to me and we have meetings to solve those issues".

**Anganwadi-in-charge**

However, at the more everyday level, the most accessible figures are the village-level functionaries such as anganwadi-in-charge or ANM. The anganwadi centre is one of the active focal points for the women.

What is the anganwadi worker's role? In some sense she is seen as an extension of the "do-gooder" homemaker that is not only servicing the family but the community but at another level is seen as providing a support structure that is not entirely possible within the household. To a section of the community, and women in particular, there is a sense of great closeness to the anganwadi worker. She is often fondly referred to as the daughter-in-law of the village or is seen as playing a similar role of rendering service to the community. Much of her influence stems from the personal rapport she has with the women in the community and in some instances even with the men.

The anganwadi centre therefore becomes a space which different sections of women use as another variation of a support centre. With the anganwadi worker periodically visiting their home, involving herself in a one-to-one discussion with the women, becoming their confidante, it becomes easier for her to play a pivotal role among a cross-section of women. But very often this rapport is strongly skewed in favour of certain sections of the community that she is supported by.

This tends to becomes an issue not because of her personal influence but because she is also vested with an official role. She is part of the fortnightly meetings that are held to administratively review the ICDS programme and is also seen as an important channel of communication to motivate the community to participate in health related interventions including family planning, immunisation against polio etc.

Commenting on her influence on issues like family planning the women said that "earlier the anganwadi workers used to come and discuss with us about family planning and alongside we also got these messages from radio and television". According to male respondent from Sanawara any woman who visits the anganwadi or is a member of the Mahila Mandal is likely to be informed about many issues.

**Jan Chetna Kendra, Barmer**

In an effort to spread literacy within the district “Jan Chetna Kendra” were started in each village. These centers are in operation at the village Panchayat offices since February, 2000. People were appointed as motivators in each of the villages to serve these villages. Each center is provided with a box which contains reading material and sports items. Apart from this the motivators or counselors are also given a list of the new literates or the people who are newly educated. The training imparted also includes professional training work related to the village. These includes family welfare schemes, development schemes etc.
At present there are 1,884 centres in Barmer district where about one lakh members are receiving literacy. In one of the villages we do have evidence of young girl actively spearheading a non-formal litereacy programme for adult women. The Jan Chetna Kendra also doubles as an information center for the village. Important information on government plans, voters list, land record, job application forms are displayed on the blackboard. Some of the important achievements of these centers have been to increase women’s involvement and increase literacy rates. The Jan Chetna Kendra however, still suffers from a lack of awareness of its existence and an inability to bring together scattered village clusters.

**Panchayats**

Among a section of men rural empowerment is perceived as best achieved through panchayats and local self-governments. In places like Bihar with the elections to the panchayats having been held more recently and a popularly elected sarpanch having been sworn into office, there is hope among men that they can leverage these institutions more meaningfully. Among this section of the people that we spoke to there is a sense of ownership and hope about the newly elected panchayats.

However in many instances, this new found cooperation does not always include women. In the youth committees that have been formed by the villagers with every household being entitled to join as a contributing member, women are not present. Wherever there is no enforcement of a minimum representation of women such as in the panchayats we find a glaring absence of women. Many constraints such as late night meetings held in public venues, need to travel to block headquarters are all made part of reasons for excluding women.

Therefore inclusion is not consistent. Even where it is guaranteed in numbers through a proportional representation such as panchayats, village education committees, the quality of involvement is uneven and often depends on the presence of other kinds of community-based interventions.

**Village Cooperative**

Similarly at a village called Haddiganj, in U.P. where the traditional occupation of men was collecting dead animals

a cooperative called *Pashu Swechan Udyogik Utpadhan Sahkari Samiti* has been founded. Initiated by the men over a decade ago in order to fight the stranglehold of the middle man, this co-operative is now looking for new ways of ensuring that these associations prove useful to the community.

With the skin trade having declined, these cooperatives are trying to retrain the villagers and build alternative livelihoods. In this effort women have become the focus of attention and NGOs like SEWA have been brought in to train women in skills like weaving and embroidery.

**NGOs**

**Bihar**

Such community-based interventions could be spearheaded by the government or by NGO. It is in this context that an NGO initiative such as the Adithi Plan in rural Bihar becomes significant. In some villages, community-centered NGOs have made serious effort to empower women through village level interventions such as child-care centers, non-formal educational centers and self-help groups. What is important to note about many of these initiatives such as the Adithi Plan is the kind of inclusive approach they are using to involve different sections of women and the girl-child, giving it both a functional and a larger scope for the household and the community.

The non-formal centres are providing spaces for girls, self-help groups for women and creches for the smaller children and their mothers. The women use these centres as a place to network, share information, learn new skills, settle familial disputes and in some places in Rajasthan even ensure that through the centre incharge or the anganwadi workers, the initial resistance and resentment of the men and the extended family gets addressed.

According to the NGO spokesperson, what started at a very "reluctant pace" with "women not being ready to even visit each others' house for the SHG meetings" is now transforming their lives. They feel that "there has been a lot of positive changes in the village".

Some of this includes more parents sending their girl child to non-formal centres, schools and women voluntarily associating themselves with the collectives and mother-in-laws encouraging them to be part of it. Therefore the
NGO strongly recommend that this kind of intervention not only helps to increase women's participation, but also get viewed by the men as directly contributing to the household and the community.

**U.P**

Near Lucknow, women's groups like SEWA have mobilised the women on livelihood issues. Women's collectives have been formed to rejuvenate their traditional skills such as chikan embroidery and eliminate their dependence on the commercial middlemen. What have these initiatives achieved? According to the women there has been tangible material gains from it. In business terms these include first and foremost a strong feeling that they have developed the necessary business acumen and cannot be any longer exploited by greedy middlemen. Other benefits listed are:
preservation and upgradation of traditional skills, dissemination of the skill to other groups, rise in sales which has also meant an increase in personal income, a sense of common affiliation and confidence in an empathetic support network.

But whether this income-generation activity has resulted in any sustainable process of women's empowerment within the household or within the community is not easy to co-relate or assess. To many observers it may appear that the material change has not in any definite sense impacted the women's status or their role in the family and the community. But as a group of skilled and self- employed artisans they have established themselves as a growing and viable alternative. Based on this common association and experience of working as a collective it is possible to use their organisational strength to foster a dialogue between the group of women on other issues and concerns related to rural women and their lives. No doubt in situations of community broadcasting such collectives could prove helpful provided they feel a part of it and somewhere their day-to-day pre-occupations integrated into the programming and they feel a part of what is being aired.

*Rajasthan*

**Rural Education Development Society (REDS)**

The organisation works with communities in the districts of Barmer (Baitu and Balotra blocks) and Jaisalmer. Areas of work include education and health. Its education projects involve running primary and secondary level schools. Under its health projects, the organisation has a set-up called Mahila Swathya Samooh in Baitu and Balotra blocks of Barmer. The women who are part of the organisation have regular monthly meetings. Each dhani (settlement) is represented by one woman, who mediates between the administration and the community, informing the administration about the health concerns of women and in turn educating the women with the latest health information they can disseminate in the Dhanies.

REDS is also associated with health camps and programmes. These include mobile vaccination camps in Barmer and an RCH camp in Jaisalmer. 20 villages have been covered under this programme. Women get free vaccinations and check ups. Special attention is given to the needs of pregnant women.

This organisation has been involved in many kinds initiatives on HIV/AIDS ranging from setting up a voluntary testing clinic at Jaisalmer, counselling AIDS patients, conducting a study about the awareness levels on AIDS among the teenagers to conducting camps for STD check-ups.

The central concern for them is the kind of stigma and discrimination that people living with HIV are facing and likely to face. They feel that unless this is addressed, none of the programmatic efforts towards addressing HIV/ AIDS is likely to succeed. Therefore they find that people who come for testing often do not come back fearing that they will be ostracised by the community. A similar fear existed among the community when it came to the STD camps. The NGO encountered opposition from the community. Despite all these hurdles what makes this organisation significant is the fact that it has a community outreach mechanism that is centered on women.

**Society to Uplift the Rural Economy (SURE)**

SURE is based at Barmer. Its main objective is creating employment opportunities through different schemes. It works at the community level in areas of handicraft, agriculture, animal husbandry, health and education. New techniques of design are taught and raw material is provided. The organisation has set up a “Crafts Development Centre” in the villages near the border of Barmer district in cooperation with the Development Commission for Crafts.

The organisation also works in the area of animal husbandry through an ICAR funded enterprise "Krishi Vigyan Kendra". The venture aims at informing farmers, people engaged in animal husbandry on new techniques to increase yield, cattle breeding methods, and planting disease resistant crops. The programme tries to suggest alternate methods of employment and earning during periods of famine, which is a major problem of the district.

SURE has established a Women Technology Center, sanctioned by the government of India, to increase knowledge levels of women in knitting, agriculture etc. The centre will work in cooperation with Krishi Vigyan Kendra.

Additionally, SURE is working with VHAI (Voluntary Health Association of India). In Chauthan Block, 18 villages have been identified where medicines and vaccinations are being provided to pregnant women and children. In addition, the organisation also has an information programme for village level leaders like the Pradhan and Sarpanch in this block to enable them access information in their area.

The main strength of the organisation is an extensive network with the community.

**Mahila Mandal**
Mahila Mandal in Barmer is the sole organisation in Barmer "headed by a woman". Its chairperson, Mumtaz Ben, was presented with the "Woman Excellency Award" by the National Commission for Women in 1997.

The organisation started working in Indira Colony of Barmer trying to address the problems of that colony. From that initiative it has now spread over most of the district of Barmer and works on varied issues like female infanticide, self- help group formation, cattle camps, women's reproductive health and drought relief.

According to Mumtaz Ben, project implementation is through the self-help groups which have been set up in over 32 villages of the district.

**Government Supported Community Organisations- Nehru Yuvak Kendra (NYK)**
These organisations are often used by the government to do mass awareness campaigns on different issues such as immunisation, school enrolment, eliminating child labour etc. Currently in U.P. in one of the districts under study they are involved in a preventive campaign on HIV/ AIDS. The objective of this awareness campaign is to address the myths and misconceptions that surround HIV/AIDS. As in the case of all other issues, large campaigns and cultural forms such as melas, puppet shows are being used to disseminate messages -- the idea being that more visibility you give tot he issue, lesser will be the stigma and fear about it.

By their own admission what is problematic about such an effort is that in the case of HIV/AIDS that there is "such a high degree of fear existing within the community" that addressing misconceptions in such a milieu becomes more an imposed rather than a sought-out imperative. Even assuming that some of this may be helping the community, they find that as an officially supported programme, many other aspects are also being observed. When they organise the large campaigns they get very little endorsement and support from the government officials. This affects the morale of the youth volunteers in the village, creating the impression that the official bodies are not as concerned and committed about the issue. This erodes the credibility of the information and what may seem on paper a large awareness drive may not be creating the right kind of response from the people. This is where we found that whether it was the literacy drive in the early '90s or the polio pulse campaign since the mid '90s, the credibility of the communication drive through different media has been strengthened by official commitment and focus.

# Part II of the Report

# MEDIA HABITS

### Level of Access and Impact of the Media

Across the three states access to media is uneven. As expected, **radio is the most available personal media**. Television and newspapers are less accessed but, wherever they are available, the relationship with the medium is different. **Television as a relatively newer medium is evoking far greater enthusiasm**, the viewer is able to list his and her favourite programmes, state why they enjoy it, etc. However, when it comes to radio it is a little more ambiguous, somewhat less enthusiastic, to an extent tending to sound "politically correct" and uncritical.

### Role of Radio

a) **Men**

However what needs to be borne in mind is the fact that media is playing a role as one of the **sources of information**. Men seem to have a distinct edge over women. They are able to access the three media, relate to the information in a more relevant manner and then play the more influential role of interpreting this information to other people in the village. This **gender divide** is most likely to persist even in the community broadcast /collective listening ambience, because, as we will see later here, the divide is more attitudinal and a result of cognitive blockade rather than actual.

Describing this process, the male respondents of a village in Rajasthan said: "*There are newspapers which some people of the village get individually and read. TV and radio is there in a couple of houses. We listen to that, we listen to everything on it when we can. Mostly we get all our information from the people who own the radio and TV. They come and tell us if there is anything that is of importance". As for newspapers, whatever is important as information "is read out to them*".

In describing their media habits, the more informed group of men at a village in Rajasthan state that they have worked out **different relationship with different media**. "*On TV we are interested in watching the religious programmes like Hanuman Ji, Om Namah Shivaya, Jai Mata Di. We listen to the radio after 7.30 in the evening. We listen to the Jodhpuri News… We listen to the Barmer radio station…Informative programmes about health and medicine and agriculture. Even though agriculture happens for only 3 months they tell us about the irrigation methods, how to use the ground water for agricultural purposes*".

More significantly, what works for them when it comes to health related programmes? They state that: "*We listen to a programme which an old man presents and tells us about new diseases and their symptoms and their treatment… They tell us of a disease of which there is no cure*".

So a section of them are conscious of their role as **purveyors of information** and news. They are categorical that they are passing on 'whatever information' they have to people. "*For example, if there is some relief work in progress around the area, we tell them to go there and work*". What makes them so informed is that they collect their information from many sources. They stated: "We listen to radio and read newspapers… We mostly listen to the news on radio. We can learn about the political happenings and be more aware of it".

b) **Women**

Women are a little more difficult to categorise. There is one section who strongly feel that they are lacking in comprehension and though they are very much interested in listening to radio they distinctly experience a feeling of inadequacy. This we think should be seen more as **an audience block**, which has to do with the way women prefer to receive information and is not due to poor comprehension.

So referring to this, a woman stated that "*though I don't have a radio at home but am very keen on listening to it so I go to some place or the other and listen to it. I don't understand the film songs too well but I can understand the bhajans very well. There are many programmes on the radio telling us about new agricultural methods and new diseases etc. We try our best to understand if there are such programmes on air but we can comprehend only half of what they say*". In such public interest programming she sees herself as **the center of the problem** rather than questioning the quality of broadcasting.

Even the notion that she is best accessed through entertainment, drama and music formats can get understood at very simplistic level. Even within these formats we find that a section of them find devotional music as the most familiar format. This again has to with many more elements than what is apparent. According to a radio professional, this popularity of devotional music has to do with the **use of local artistes** because the area is predominantly full of them. It includes artistes from castes like Nirasi, Dholi, Langa and Dhari.

Therefore, in the absence of this listening block, what do the women feel is working? A combination of programming elements and these include "good songs" which are once in a while followed by "interesting stories" and more importantly "tell a lot of things in the afternoon which we listen to". Again when asked to describe these "good things" they are listening to we find that what they decide to talk about are about issues that they feel comfortable with. In one instance it could be about girl child education and how it inspired them to "try and make it available" for their "child". In another instance it was about how a programme like "Nari Jagat" is interesting because they "teach them how to make new dishes, plays songs and recite poems".

However even in the commercial programming there are specific programmes in the afternoon targeting women. According to women listeners of Mau there is an afternoon programme on VividhBharati called Ghar Angan which they feel **features lot of information on women in an entertaining way**.

The young people have preference for FM not only because of its entertaining value but also because of the more **interactive element** of having phone-in programmes. Such interactions they like and state that we "*like to listen to other people speaking about themselves*". They tried to call up but shared that "*it is difficult to get the line*" from their village.

No doubt, A.I.R. has become central to their daily media habits. When we are asking them about radio, they clearly distinguish between channels like Vividh Bharati, FM and the information or non-commercial programmes. Based on their feedback, it is not easy to comprehend the kind of listener relationship they have with the information programmes. In fact on many occasions the women are even reluctant to get into a discussion that actually tests their recall about information or their assessment of it.

**Broadcaster's Feedback**

However A.I.R Kendras across the states of Bihar and U.P. feel that a number of programmes are being broadcast which focus on development, health and women's issues. Many of them specifically targeted at women such as Anganwadi, Grah Lakshmi, Ghar Angan are all relayed between 11.00 a.m. and 4 p.m. Issues like child development, girl child, maternal health, immunization are covered in these. The evening programmes between 5.30 and 7.00 p.m specifically target men.

Besides having a number of programmes that are development centered, aimed at disseminating information on schemes and programes, they claim that many broadcasting elements are being used to make it **listener-centered**.

These include:

- Question/ Answer format with an expert being interviewed
- Local presenters and compeers to steer the programme, etc.
- Presenting the experience of local leaders/ well known NGO representatives/ experts
- Encouraging feedback and letters from viewers about programmes as well as sharing their personal queries and comments on issues that they cannot talk about but would like information on it from experts so that the answer gets veiled in a lot of medical jargon.

But the broadcasters do admit that everything has not worked. Given the kind of resources they have it is not possible for them to ensure proper, regular and well-planned **listenership research studies**. Secondly, given the paucity of resources they are not able to **include the community voices and perceptions** to the extent necessary. Unless both are done and made integral to programme planning, nothing is going to work.

**Influence of Television**

Meanwhile, **television** is gradually making its inroads into the villages. In areas where there is no electricity it is battery driven, and on a more long-term basis, they see the issue of getting electricity as a major priority. But even where it is just beginning to come in, it has taken over both as a source of news as well as entertainment. In these places all older technology such as radio, tape-recorder are falling into disuse. Radio at least is still being used especially at a time when there is power cut, or when a local language radio news has to be heard, or to get an alternative point of view on matters of wide-scale concern such as the Gujrat earthquake, the cyclone, or to confirm information from other sources, etc.

As far as access to television is concerned there are many villages where despite having a few TVs many more people go over to these households to view it. But for women such opportunities are not always easy to access given the practice of purdah. So, definitely owning and viewing television is seen as a privilege that is enjoyed by a few.
"*Only those who can pay for it have T.V. connections but we don't have since we can't afford it*" - a woman from Mau.
Again a majority of them have access only to Doordarshan though a few households are opting for cable.

The favourite TV format among women are serials and songs. Interestingly, serials or TV dramas are even preferred to films. According to the women "because the serials show themes in detail and we are able to appreciate it".
This new found attraction to television partly coincided with the telecast of a series of women oriented serials, often telecast almost back to back across the prime time transmission and

successfully produced and marketed by a private company called Channel 9. These serials not only hooked the rural viewers but also brought back to DD many of committed cable channel viewers of urban households.

Some of the popular serials that they have cited are a mix of programming telecast on DD1 and DD2. "Kasam", "Kuch Paana Hai", "Shaurat", "Kabhi Souten, Kabhi Saheli" and "Jannat", to name a few.

The reasons cited by the women for their popularity are that many of the women-centered serials show women fighting for their rights. "Kasam is a woman's story". Others have expressed the view that they like to watch programmes which shows an understanding amongst the husband and wife. "I would like to see programmes where people do not fight all the time and they are able to resolve any dispute by themselves". "Some serials like Jannat are safe to view because they do not show anything indecent".

It is also clear that with women exercising a distinct choice of programmes men even in the rural households have begun to perceive that it is the children and women who are determining the programme choice. While children watch the cartoon programmes whenever it is telecast, the women of the house watch serials whenever they get the time. Therefore "when at night we come back home, we watch whatever is on TV at that time". However this does not imply that the men are entirely passive. They insist that their choice must prevail during the two hours that they get to view programmes

It is clear thus that the current satellite broadcast initiative will have to contend with these preferences -of media, of formats, of themes and issues, of timeslots, of company, etc. At least in the Pilot phase, therefore it may be more worthwhile to develop and experiment with **a collaborative and complimentary cross-media relationship** with these outlets, agents and programming.

# Part III of the Report

**RESPONSE FROM THE GOVERNMENT MEDICAL SERVICE PROVIDERS (ANM, Medical Officer, Chief Medical Officers)**

- We are approached most often for communicable diseases and have played a key role in treating them.

- Both UP and Bihar are marked by a high degree of anaemia among women.

- Treatment of communicable diseases has built trust among the community vis-a-vis medical service providers from the government.

- Their strength lies in they being able to disseminate information on various health issues including STDs and their ability to provide primary health care.

- They are extremely constrained when it comes to servicing remote areas with concerns around sexual health such as STDs, family planning. They are seeking partnerships from different sections particularly local government teachers and NGOs.

- They have strong networks with gram-pradhan, BDC member, zila parishad member, local leaders, swasthya janrakshak, local government, anganwadis and sub centres.

- These network's response changes with different programmes/ issues. The only two sections who are treated as reliable response givers are NGOs and teachers. They are seen as the most trusted voice of the community, having the capacity and will to disseminate information. Medical service providers see such partnerships strengthening their networking, information dissemination and community response to their programmes. Thus they consistently seek such partnerships.

- On being asked to name the best intervention done by them, the Pulse Polio campaign cuts across both states. The key reasons highlighted for the success was a uniform response from different segments such as administration, teachers, civil society, NGOs, and second, availability of services at health centers.

- While discussing HIV there is a general feeling among the service providers that mass media has done the initial information dissemination. They claim that between 40-60% people know about the disease, in particular, that it transmits through sexual contact. Service providers are seeing an increased response from the community in terms of access to preventive methods like condom.

- Service providers report high level of STD prevalence in both Lucknow and Bihar. At one level they highlight the efforts they are doing for information dissemination such as door-to-door surveys and monthly camps, yet support the fact that the programme has not been prioritised by the system. The inclusion of the programme within existing structures is further putting pressure on the system and they do not find themselves capable enough to handle that pressure.

- On the basis of their experience of information dissemination on AIDS, they locate women as the most marginalised and also the most responsive. Men are found to be uniformly lacking participation on this front.

*Anaemia is the largest problem.*
*-- CMO, Kakori*

*In remote areas people suffer from infectious diseases like diarrhoea, fever etc.*
*-- M.O, Sugoli, Patna.*

*Respiratory problems are common in this area. Anaemia is also very high. We have been able to control TB fully in this area as we run a continuous programme for TB.*
*-- CMO, Unnao*

*I am a government medical official and my reputation is not for preventive work but for my skill in treating people. So if medicines are available in the hospital, then I will be respected in the village as a doctor.- CMO, Unnao*

*In addition to information, we also need to be provided with the kits and medicines so that people can trust the services. At present we refer them to the medical college or people go to a private doctor. If we have an AIDS patient, we need drugs for him. Then only will people have confidence. The system must be complete. What is the point of just information, everyone has it. - CMO, Kakori*

*People are not ready to approach the hospital with the problem and we are not able to provide door-to-door service. So unless the government and NGO come together on AIDS, there cannot be any progress. We work along with NGOs and I feel we are able to work in a mutually beneficial manner.-CMO, Kakori*

*Support of teachers has been the highest. For example, the Pulse Polio Programme was a big success due to the cooperation of teachers.-M.O, Sugoli*

*The Pulse Polio Programme succeeded because the massive media campaign was followed by efficient services even in the remotest of areas. In other programmes like RCH, a lot of awareness has been created but when people approach the healthcare centres they do not get the services. They are disappointed and do not come again."—Senior ANM, Kakori Block*

*About 40 percent of the people in the villages do not know of AIDS or have not heard about it. The rest know that it spreads through contact because there has been such mass scale advertising. This has helped in removing misconceptions about the disease. Another positive consequence is that even villagers are using disposable syringes and condoms. People come to the hospitals and sub-centres and contact our staff for condoms.-CMO, Unnao*

*On an average we get 10-15 STD cases in a month.-CMO, Unnao*

*"At PHC we have routine programmes on malaria control, leprosy control etc. and so we do not have much time or staff for the HIV/AIDS programme"- M.O, Sugoli*

## Part III of the Report

# DISTRICT WISE BREAK UP OF FIELD STUDY

**RAJASTHAN**

| District | Village | Tools Used |
|---|---|---|
| Barmer | Jogiyon ki Dhari | • Interview with Dainik Bhaskar, Rajasthan Patrika, AIR-3<br>• Interview with Magistrate-1<br>• Interview with Director, Social Welfare development-1<br>• Interview with NGO -11<br>  • Rural Education-3<br>  • SURE – Society to Uplift the Rural Economy-2<br>  • Dhara Sansthan-2<br>  • Lok Kalyan Sansthan-1<br>  • Sarwajanik Sansthan-1<br>  • Ekikrit Grameen Vikas Sanstha-1<br>  • Kalyan Samiti-1<br>• Interview with male-1<br>• FGD-2- with males- (6+5=11)<br>• FGD-2- with female –( 7+7= 14) |
| | Sanawra | • FGD-1 MEN-6<br>• FGD-1 MEN – young boys average age 18 (9)<br>• FGD – 2 WOMEN (8+7=15)<br>• Interviews with women - 15.<br>• Interviews with men -5.<br>• Interview with M.O-1<br>• Interview with-ANM-1<br>• Interview with compounder-1 |

| | | |
|---|---|---|
| | | • Interview With Anganwadi Worker-1<br>• Interview With Women-Panhayat Samiti-1 |
| | Sansiyon ka Tala | • Interview with school teacher-1<br>• Interview with Anganwadi Worker-1<br>• Interview with Girl-1<br>• Interview with women – 4<br>• Interview with men – 6<br>• FGD-2 with women( 7+7=14) |
| | Mangta | • Interview with women – 9<br>• Interview with Sarpanch-1<br>• Interview with School teacher - 1<br>• Interview with men – 6 |
| | Karmavas Sanwara | • FGD-1 with Men– 5<br>• FGD- 2 with women–( 9+ 7=16)<br>• Interviews –7 Women (Middle Aged)<br>• Interviews – 1 Woman (Old)<br>• Interview – Men – 2<br>• Interview - police inspector, constable-2 |

- **Total Number of FGDs- 13**

**(With Men- 4 – total men spoken to 23; With Women – 8- total women spoken to 59 ; Adolescent Boys- 1 – total adolescent spoken to 9)**

- **Total Interviews- 87**

**(Men of the community-24 ; Women of the community-37; Medical Service Providers-3; AIR –1; Journalist-2; NGOs- 11; School Teachers-2; Magistrate- 1; Police Officials-2; Social Welfare Department Official-1; Anganwadi worker-2, Sarpanch- 2)**

**UTTAR PRADESH**

| | | |
|---|---|---|
| Lucknow | Garhi ka naura | • FGD-2 (21 women)<br>• Interview with journalists- Hindustan, Rashtriya Sahara, TOI and HT-4<br>• Interview with NGO- Awaz and Sahayog –2<br>• Interview with AIR-Field reporter-1<br>• Interview with CBO-1 |
| Bara Banki | Allapur and Haddiganj | • FGD-3( 12+7+6=25 women)<br>• Interview with the CBO-1<br>• Interview with Pradhan-2 |
| Lucknow -<br>Kakori block | Durgaganj | • FGD-2(7+5=12 women)<br>• Interview with<br>• Pradhan,<br>• Secretary-panchayat,<br>• Medical officer,<br>• ANM,<br>• Anganwadi worker |
| Mau | Mau | • FGD-2 ( Five women in one FGD + One mix FGD-2 female and 3 male= Seven females and three males)<br>• Interview with<br>• Anganwadi worker,<br>• teacher,<br>• Pradhan,<br>• ex pradhan and<br>• medical officer |
| Unnao | Jansaar | • FGD-1(6 women)<br>• Interview with CMO-1<br>• Interview with man-1<br>• Interview with CBO- Nav Yuvak Kendra-1 |

- **Total Number of FGDS=10 (Nine with female and One mixed)**
  **Total females-69 Total males-3**

- **Total Number of Interviews=25**
  **AIR=1 ; Journalist=4; Community males=1; School Teachers=1; Pradhan=6; Anganwadi= 2 ; CBOs/NGOs=5 ; Medical Officer/ANM=4**

**BIHAR**

| | | |
|---|---|---|
| Patna | | • Interview with JANINI workers and trainers-3<br>• Interview with journalists-HT, Aaj, Prabhat Khabar-3<br>• Interview with AIR Station Director-1<br>• Interview with NGO- Adithi-1 |
| Vaishali | - | • Interview with RMP-4<br>• Interview with Women RMP-1 |
| East Champaran<br>District Head quarters – Motihari | Sugoli | • FGD- 2( six women each)<br>• Interview with<br>• medical officer,<br>• ANM,<br>• teacher,<br>• RMP,<br>• Janini field worker<br>• Male |
| East Champaran | Chandrahiya | • FGD- 2( seven women each)<br>• Interview with male-1<br>• Interview with RMP-1 |
| East Champaran<br>Block - Kanti | Kapalpura | • Interview with the-ADITHI-PLAN project officer-1<br>• Interview with NGO Field worker in the village-4<br>• Interview with village women-1 |

- **Total FGDs= 4 ( Only with women)**
  **Total number women= 26**

- **Total number of Interviews=27**

**Journalist= 3; AIR=1;NGO/CBOs=10; Government Medical Service Providers=2 ; School Teacher 1; Rural Medical Practitioners=7; Female=1 MALE=2;**