

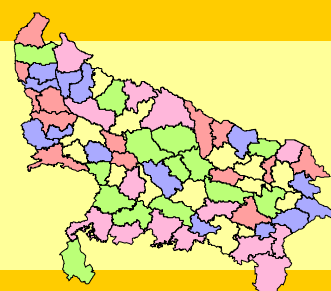
To evaluate the efficacy and reach of Sehat Sandesh Wahini in UP



Study sponsored by:
State Innovations in Family Planning
Services Project Agency (SIFPSA)

Study conducted by:

POPULATION RESEARCH CENTRE,
DEPARTMENT OF ECONOMICS,
UNIVERSITY OF LUCKNOW,
LUCKNOW-226007.
Feb 2015



Principal Investigator

Dr. Pradeep Mishra,
Additional Director

Co-investigator

Dr. Rajesh Kumar Chauhan
Joint Director

Acknowledgements

We are extremely grateful to Hon'ble Vice Chancellor of the University of Lucknow Prof S. B. Nimse for his continuous guidance and encouragement and for instructing the Centre to prepare and submit the proposal of the study to State Innovations in Family Planning Services Project Agency (SIFPSA), Lucknow.

We gratefully acknowledge the immense help received from Sri Amit Kumar Ghosh, IAS Executive Director, SIFPSA, UP and Mission Director, State NHM, Government of Uttar Pradesh for providing Centre with the opportunity to conduct the study and providing required support during the conduct of the study.

We are thankful to Mr Rigzin Samphel, IAS, Additional Executive Director, SIFPSA for discussing the methodological details of the study.

We are also grateful to Mr B. K. Jain, GM (R&E), Mrs Savita Chauhan, GM (IEC), Mr H. C. Joshi, GM (Finance), Mr S. P. Khare, Consultant (R&E), Mrs Suman Chandrabhan, PM (IEC), Mrs Seema L. George, Project Coordinator (R&E) and other officers of SIFPSA for their necessary support during the study.

We are also thankful to the Chief Medical Officers, District Project Managers, Block Project Managers, and other health officials of all the six surveyed districts for providing necessary support during the fieldwork.

We thank Prof. Arvind Awasthi, Head of the Department of Economics and Hon. Director, PRC for providing necessary support during the study.

Finally we are grateful to the respondents, ASHAs, AWWs and ANMs for providing us necessary information.

Dr. Pradeep Mishra
Dr Rajesh K Chauhan

Table of contents

ACKNOWLEDGEMENTS	2
TABLE OF CONTENTS	3
1. INTRODUCTION.....	7
OBJECTIVES	8
METHODOLOGY	8
SAMPLE SIZE	8
SURVEY TOOLS	9
SURVEY DURATION	9
SURVEY TEAMS.....	9
SURVEY SUPERVISION.....	9
DATA ENTRY	9
BACKGROUND OF THE RESPONDENTS	10
STANDARD OF LIVING INDEX (SLI).....	11
2. ASSESSMENT OF SEHAT SANDESH WAHINI PROGRAMME	13
FEATURES OF THE SHOW.....	13
REASONS FOR NOT WATCHING THE SHOW	14
OBJECTIVES AS PERCEIVED BY RESPONDENTS	15
MODE OF PUBLICITY.....	16
LIKING OF THE PROGRAMME	16
CONTENTS OF THE SHOW	18
THEMES AND STORIES LIKED	19
OTHER FEATURES OF THE PROGRAMME	19
KNOWLEDGE AND IMPACT OF SSW SHOW ON THE RESPONDENTS.....	21
3. MASS MEDIA EXPOSURE AND KNOWLEDGE ABOUT VARIOUS ASPECTS OF NHM....	23
MASS MEDIA EXPOSURE.....	23
KNOWLEDGE OF THE RESPONDENTS ABOUT NHM.....	24
KNOWLEDGE OF VARIOUS COMPONENTS OF NHM.....	25
ANAEMIA AMONG ADOLESCENT GIRLS:	25
DELIVERY PLACE:.....	25
JSY:	26
STAY AT FACILITY AFTER DELIVERY AND JSSK ENTITLEMENT:.....	26

ANAEMIA AMONG PREGNANT WOMEN:.....	27
KNOWLEDGE ABOUT ASHAS	27
CHILD FEEDING PRACTICES.....	28
IMMUNIZATION SCHEDULE	28
TB CURE.....	29
MALARIA.....	29
EMTS	30
KNOWLEDGE SCORES	31
MEAN SCORES BY LENGTH OF SHOW WATCHED.....	32
 <u>4. PROSPECTIVE OF ANMS, AWWs AND ASHAS ABOUT SSW.....</u>	 <u>33</u>
 ANMs	 33
AWWs.....	35
ASHAs.....	37
 <u>5. CONCLUSIONS AND RECOMMENDATIONS.....</u>	 <u>40</u>
 RECOMMENDATIONS	 43
 <u>DETAILED TABLES.....</u>	 <u>44</u>
 TABLE-1: BACKGROUND CHARACTERISTICS OF RESPONDENTS.....	 45
TABLE-2: DISTRIBUTION OF RESPONSES USED FOR SCORES/ SLI.....	46
TABLE-3: DISTRIBUTION OF RESPONDENTS BY DURATION OF SHOW ATTENDED	46
TABLE-4: DISTRIBUTION OF RESPONDENTS BY REASONS FOR NOT WATCHING THE SHOW.....	47
TABLE-5: PROPORTION OF RESPONDENTS BY OBJECTIVES CITED FOR THE SSW PROGRAMME.....	47
TABLE-6 PROPORTION OF RESPONDENTS BY OBJECTIVES CITED FOR THE SSW PROGRAMME BY BACKGROUND CHARACTERISTICS	48
TABLE-7: PROPORTION OF RESPONDENTS MENTIONING ABOUT THE MODE OF PUBLICITY FOR THE SSW PROGRAMME	49
TABLE-8: PROPORTION OF RESPONDENTS ABOUT THE SUGGESTED MODE OF PUBLICITY FOR THE SSW PROGRAMME	49
TABLE-9: DISTRIBUTION OF RESPONDENTS BY THEIR LIKING OF SSW PROGRAMME	49
TABLE-10: DISTRIBUTION OF RESPONDENTS BY THEIR SPOUSES WATCHING THE SSW PROGRAMME.....	50
TABLE-11: DISTRIBUTION OF RESPONDENTS BY THEIR SPOUSES' LIKING OF SSW PROGRAMME	50
TABLE-12: DISTRIBUTION OF RESPONDENTS BY PERCEPTION OF LIKING ABOUT OTHERS	50
TABLE-13: DISTRIBUTION OF RESPONDENTS BY FEATURES OF ABOUT SSW PROGRAMME	50
TABLE-14: DISTRIBUTION OF RESPONDENTS BY FEATURES OF ABOUT SSW PROGRAMME	51
TABLE-15: DISTRIBUTION OF RESPONDENTS BY ADVISED FREQUENCY OF SSW PROGRAMME.....	51
TABLE-16: PROPORTION OF RESPONDENTS BY CONTENTS RECALLED FOR THE SSW PROGRAMME AND BACKGROUND CHARACTERISTICS	52
TABLE-17 DISTRIBUTION OF RESPONDENTS BY THEMES LIKED IN THE SHOW	53

TABLE-18 DISTRIBUTION OF RESPONDENTS BY THEMES LIKED IN THE SHOW	54
TABLE-19 DISTRIBUTION OF RESPONDENTS BY STORIES LIKED IN THE SHOW	54
TABLE-20 DISTRIBUTION OF RESPONDENTS BY PERCEPTIONS ON ADEQUACY OF LENGTH OF THE SHOW ..	54
TABLE-21 DISTRIBUTION OF RESPONDENTS BY PERCEPTIONS ON ADEQUACY OF TIMING OF THE SHOW ...	54
TABLE-22 DISTRIBUTION OF RESPONDENTS BY SUGGESTED LENGTH OF THE SHOW	55
TABLE-23 DISTRIBUTION OF RESPONDENTS BY SUGGESTIONS TO IMPROVE THE SHOW	55
TABLE-24 DISTRIBUTION OF RESPONDENTS BY SUGGESTED LENGTH OF THE SHOW	55
TABLE-25 DISTRIBUTION OF RESPONDENTS BY CORRECT KNOWLEDGE/AWARENESS ON IMPORTANT ISSUES	56
TABLE-26 DISTRIBUTION OF RESPONDENTS BY LEVEL OF CORRECT KNOWLEDGE/AWARENESS ON IMPORTANT ISSUES	57
TABLE-27 DISTRIBUTION OF RESPONDENTS BY LEVEL OF CORRECT KNOWLEDGE/AWARENESS ON IMPORTANT ISSUES BY BACKGROUND CHARACTERISTICS	58
TABLE-28 DISTRIBUTION OF RESPONDENTS BY MASS MEDIA EXPOSURE AND MODES	59
TABLE-29 DISTRIBUTION OF RESPONDENTS BY LEVEL OF MASS MEDIA EXPOSURE	59
TABLE-30 DISTRIBUTION OF RESPONDENTS BY LEVEL OF IEC THROUGH MODES OF MASS MEDIA EXPOSURE	60
TABLE-31 DISTRIBUTION OF RESPONDENTS FOR KNOWLEDGE OF SERVICES/ CARE PROVIDED UNDER NRHM/NHM	61
TABLE-32 DISTRIBUTION OF RESPONDENTS AWARE OF WAYS TO PREVENT ANAEMIA AMONG ADOLESCENT GIRLS	61
TABLE-33 DISTRIBUTION OF RESPONDENTS AWARE OF DELIVERY PLACE	62
TABLE-34 DISTRIBUTION OF RESPONDENTS AWARE OF JANANI SURAKSHA YOJNA	62
TABLE-35 DISTRIBUTION OF RESPONDENTS AWARE OF JSSK ENTITLEMENTS	62
TABLE-36 DISTRIBUTION OF RESPONDENTS AWARE OF WAYS TO PREVENT ANAEMIA AMONG PREGNANT WOMEN	63
TABLE-37 DISTRIBUTION OF RESPONDENTS AWARE OF ASHAS IN THEIR VILLAGE	63
TABLE-38 DISTRIBUTION OF RESPONDENTS KNOWING THE SERVICES PROVIDED BY ASHAS	63
TABLE-39 DISTRIBUTION OF RESPONDENTS AWARE OF CORRECT WAYS OF CHILD FEEDING PRACTICES ..	64
TABLE-40 DISTRIBUTION OF RESPONDENTS AWARE OF VACCINES AND CORRECT NUMBER OF DOSES OF VACCINES GIVEN TO INFANTS	64
TABLE-41 DISTRIBUTION OF RESPONDENTS AWARE OF TB CURE AND HEALTH FACILITIES WHERE IT CAN BE TREATED	65
TABLE-42 DISTRIBUTION OF RESPONDENTS AWARE OF MALARIA AND WAYS TO PREVENT IT	65
TABLE-43 DISTRIBUTION OF RESPONDENTS BY ITEMS OF KNOWLEDGE SCORES	66
TABLE-44 MEAN SCORES BY GROUPS/ THEMES OF KNOWLEDGE BY LENGTH OF SHOW WATCHED	66
TABLE-45 MEAN ADJUSTED SCORES BY GROUPS OF KNOWLEDGE BY LENGTH OF SHOW WATCHED	67
TABLE-46 MEAN ADJUSTED SCORES OF KNOWLEDGE SCORES BY BROAD GROUPS	68

ANNEXTURES.....69

ANNEXURE A: SAMPLE SELECTION	69
TABLE: SAMPLE SIZES TO DETECT CHANGES OF 5 TO 20 PERCENT WITH VARIOUS BASE VALUES	69
ANNEXURE B: DIVISION WISE VILLAGES COVERED/SHOWS HELD 1ST PHASE	71

ANNEXURE C: DIVISION WISE VILLAGES TO BE COVERED FOR SECOND PHASE	71
ANNEXURE D: SURVEY TEAMS	72
ANNEXURE E: RESPONDENTS QUESTIONNAIRE	73
ANNEXURE F: QUESTION GUIDE ANMS	90
ANNEXURE G: QUESTION GUIDE AWWs	92
ANNEXURE H: QUESTION GUIDE ASHAS	94

1. Introduction

Sehat Sandesh Wahini (Mobile Video Van) Project is a demand generation model being implemented in the villages of Uttar Pradesh for Publicity of NRHM schemes focusing on RMNCH+A. The project aims for promotion of routine immunization through video van shows resulting in change in Health Seeking behaviour among rural community so that people come forward to avail health services and facilities meant for them. Sehat Sandesh Wahini project is being implemented by SIFPSA on behalf of NRHM-UP. This program has been launched by Mr Akhilesh Yadav, Hon'ble Chief Minister-Uttar Pradesh on 20th February, 2014.

A video film of one and half hours has been prepared for video shows in the villages. This film covers NRM issues like Janani surakhsha Yojana, JSSK, Ashirwad Bal Guarantee Yojana, routine Immunization, ARSH, EMTS-108, UP Ambulance services-102, tobacco control Program, AIDS Awareness and other schemes etc. Video van has been designed in such a way that glimpse of all the NHM scheme can be seen on the wall of the van.

The SSW programme is being implemented in two phases. In the first phase 526 blocks of 48 districts of 11 divisions namely Chitrakoot, Mirzapur, Moradabad, Kanpur, Basti, Gorakhpur, Faizabad, Devipatan, Allahabad, Lucknow and Aligarh divisions have been covered. A total of 10471 villages have been covered for SSW shows in the first phase. The second phase has been initiated from September 2014. In this phase 294 blocks of 27 districts of seven divisions namely Jhansi, Azamgarh, Varanasi, Bareilly, Agra, Meerut and Saharanpur are being covered. A total of 5880 villages are likely to be covered in the second phase till March, 2015. During the first phase the cost for the shows per village comes out to be ₹ 3341 while for the second phase it is ₹ 3440. Phase-wise details of shows held during first phase and planned for second phase are detailed in Annexures A and B.

Since its inception NRHM has brought many architectural corrections in dispensing the health services by the way of institutional strengthening and incentivising population for their good behaviour. Population Research Centre (PRC) of University of Lucknow has acted as a resource centre for research and supported Central and State government by their monitoring and evaluation studies. SIFPSA has provided an opportunity to the Centre to undertake quick assessment of Sehat Sandesh Wahini Programme.

Objectives

The major objective of this study is to understand the efficacy and reach of Video Van. The specific objectives are-

1. To verify whether the shows have been conducted as per prescribed guidelines
2. To examine whether sufficient publicity and popularisation has taken place prior to the shows
3. To evaluate whether the shows have been successful in attracting sufficient number of target population
4. To understand whether the shows have been able to achieve their core objective in making concerned population aware about NRHM issues, maternal health, family planning
5. To understand the audience perspective on information received through video van programme
6. To suggest measures to improve the video van programme

Methodology

In order to meet the objectives of the study, a rapid audience interview survey in the selected villages, where the video van has already conducted the shows, have been undertaken. Besides audiences, available ANMs, AWWs and ASHAs in the surveyed villages were also interviewed.

Sample size

This programme has covered 46 districts of 11 mandals in first phase (Annexure-B) and in the second phase remaining 27 districts of 7 mandals of Uttar Pradesh are being covered (Annexure-C). In a district, within each development block a minimum of 20 villages are covered by this programme.

For this study six districts were selected. Of these three were of first phase and remaining of second phase. These districts represent all the four regions of the state namely Western, Central, Eastern and Bundelkhand. The name of the districts are Amethi, Barabanki, Etah, Jhansi, Mathura and Varanasi. From each of these districts two blocks one nearest and the other farthest from the district head quarter were selected. From these selected blocks four villages from each block, where the shows have been conducted, were randomly selected (for methods see Annexure-A). From each village 20 persons were selected. In a village a notional house-listing was carried out to identify the households from where at least a person has participated in the video show. Out of these 20 persons interviews of 14 who have seen the show and six of those who have not seen the show were carried out. In cases where adequate number of persons who have seen the show were not available they were replaced by persons

who have not seen the show. In the selected villages available ANMs, AWWs and ASHAs were also interviewed.

Survey tools

For the villagers a structured questionnaire was canvassed while for ANMs, AWWs and ASHAs questions guides were used. In the structured questionnaire details relating to identification of household, household details, background of the respondent, about the conduct of show, details of the conducted show, knowledge about RCH issues, mass media exposure and awareness on national health mission were included. The questionnaire and question guides are appended at Annexure E, F, G and H.

Survey Duration

The survey in all the six districts were conducted during last week of October to third week of December.

Survey teams

Two survey teams for the study were formed. One team was lead by the Joint Director and the other by Senior Assistant Director of the Centre. In each team two investigators of the Centre were included (Annexure-D).

Survey Supervision

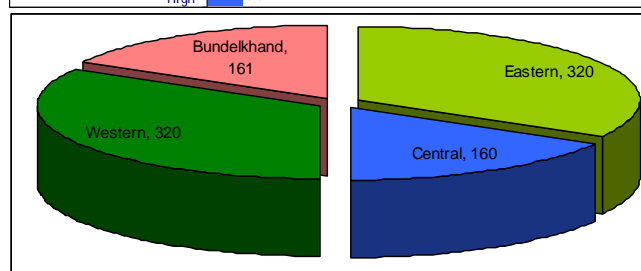
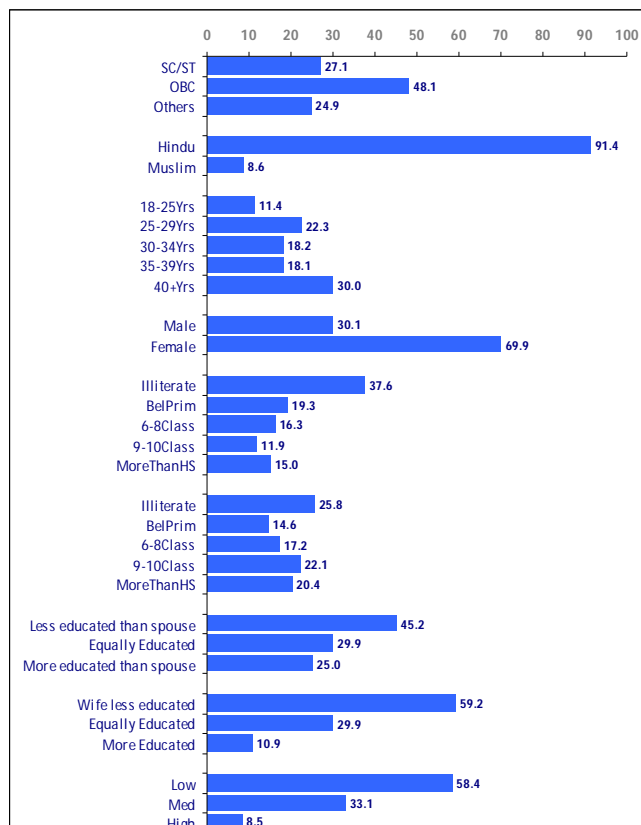
The survey in four districts was supervised by the Additional Director of the Centre.

Data entry

Data entry of the questionnaires was carried out by computer-cum-tabulator of the centre on CS-Pro based custom made data entry application developed in the Centre.

Background of the respondents

In order to understand the various aspects including awareness and knowledge 961 respondents were contacted in six selected districts. Table-1 presents the distribution of the



respondents for various background characteristics. As planned, in all the surveyed districts a sample of 160 respondents was achieved with one added respondent in Jhansi district.

Distribution of 961 respondents by various characteristics reveal that 27 percent of SC/T, 48 percent of OBC and 25 percent of others were surveyed. The sample is dominated by females (70%) and Hindus (91%). Among the respondents 38 percent were illiterate and 34 percent fell within ages 18 to 29 years. As per standard of living index (SLI: details are provided in the later part of this chapter) 58 percent of respondents came from 'Low' SLI group followed by 33 percent from 'Medium' and remaining 9 percent from 'High'.

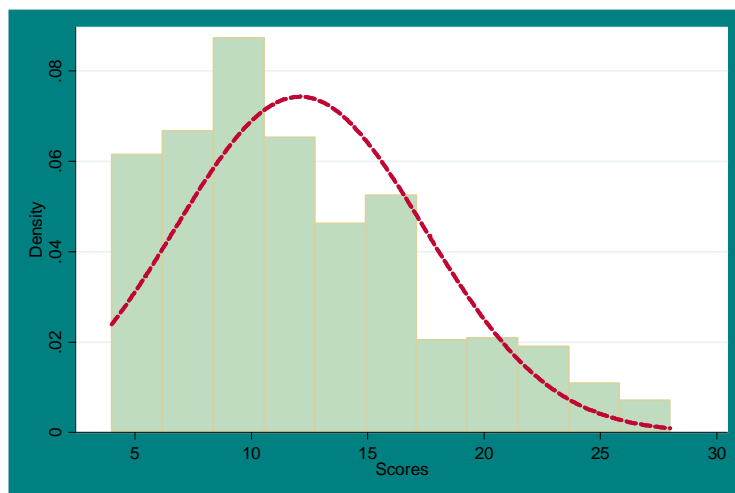
As per regions there were 320 respondents from Eastern region, 160 from Central region, 320 from Western region and 161 from Bundelkhand region. There was equal coverage of sample in

terms of two phases of operations of Sehat Sandesh Wahini programme in the state.

Standard of Living Index (SLI)

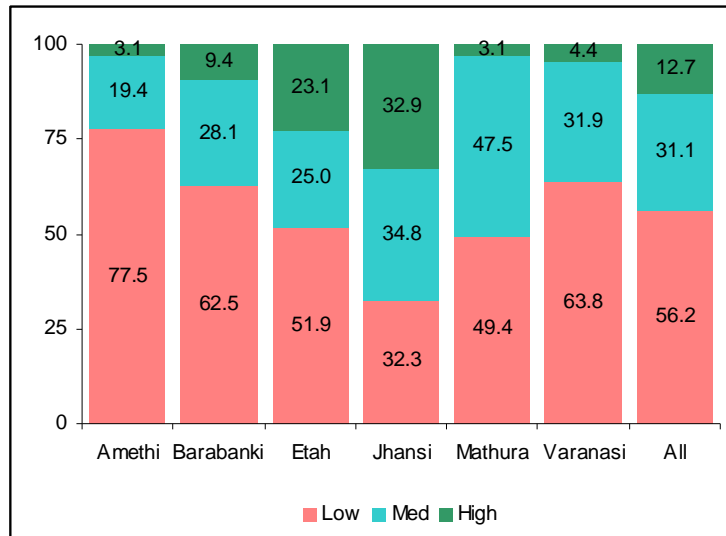
A limited edition of Standard of living index have been generated from the items with following details-

Variable	Options and values	Min Value	Max Value
Cooking energy	<i>Firewood and chips/ Dung cake-1, Kerosene-2 and LPG/ Gobar gas-4</i>	1	4
Lighting energy	<i>Electricity-4, Kerosene/Other oil/Gas-2 and Candle/Others-1</i>	1	4
Household has a regular salary earner	<i>Yes-2 and No-0</i>	0	2
Structure of dwelling unit	<i>Pucca-4, Semi Pucca-2 and Kutchcha-1</i>	1	4
Ration card	<i>No Card-0, Antyodaya-1, BPL-2, APL-4</i>	0	4
Sanitation	<i>NoDrain-0, Kutchcha-1, Pucca Open-2 and Pucca Concealed-4</i>	0	4
Toilet	<i>Flush-4, Pit-2 and NoToilet-0</i>	0	4
Kitchen	<i>Yes-2 and No-0</i>	0	2
All		3	28



In the household section some items on living condition, sources of cooking energy, lighting energy, type structure of dwelling unit availability of toilet and kitchen, sanitary condition in and around households, availability of ration cards and household having a salary earning member were inquired. The detailed distribution of responses so obtained are presented in Table 2. Based on the responses, values as described in the statement were assigned to each of the eight above mentioned items. Scores of living condition and economic status were generated by summing all the response values for each household. Theoretically the scores range between three and 28. The distribution of scores is provided by kernel density of 961 respondents.

The densities so obtained depict of positively skewed distribution of scores. In other words,



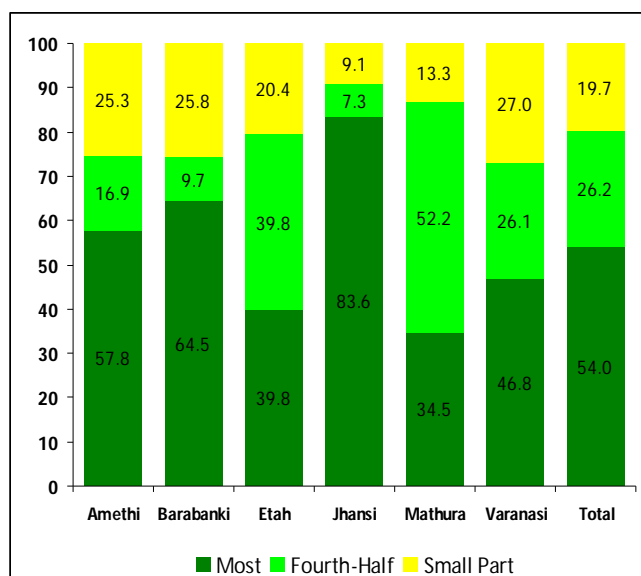
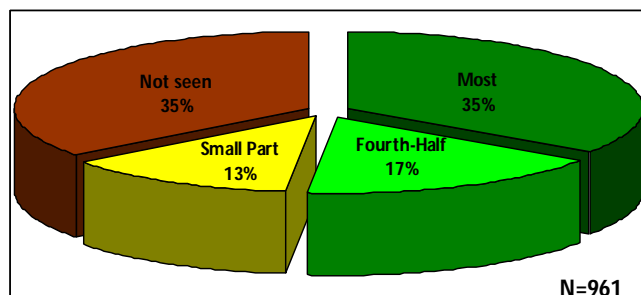
more of the households had low scores. In order to quantify an index named as standard of living index (SLI) was generated by equally dividing theoretical scores as- 3 to 11 Low, 12 to 19 Medium and 20 to 28 High. In all the districts, more than half of the respondents were from category 'Low' followed by 'Medium' with 31 percent and 13 percent with category 'High'. Among the districts Jhansi depicted of equitable

distribution of the respondents. In three of the districts namely Amethi, Barabanki and Varanasi respondents with low SLI were in high proportion i.e. between 60 to 78 percent and in remaining two districts nearly half of the respondents were identified with living in households with low SLI.

2. Assessment of Sehat Sandesh Wahini Programme

Features of the show

It was part of the survey design to interview 14 respondents who have seen the show and 6

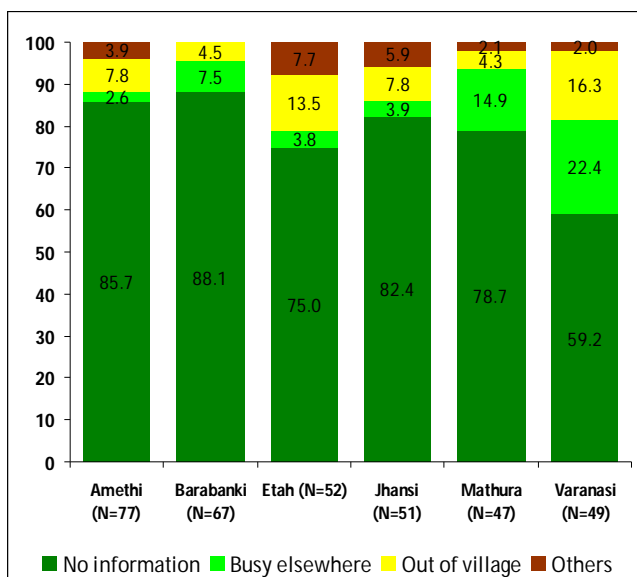
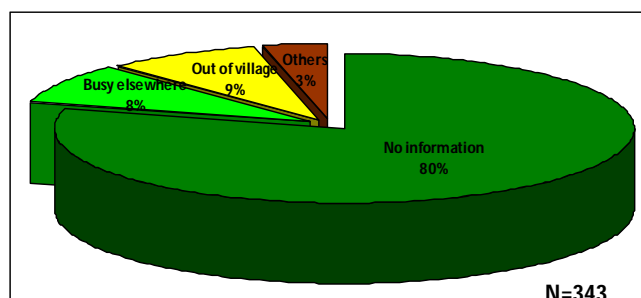


who have not. However, in two villages desired number of respondents who have seen the show could not be found. As such, instead of 30 percent we have nearly 35 percent respondents who have not seen the show. It was also inquired that if whole show was watched by the respondents and detailed responses are presented in Table-3 and summary is given in the adjoining pie chart. Among the respondents who have seen the show, nearly half did not see the full show. The proportion of respondents who have seen the complete show was highest in Jhansi (84%) followed by Barabanki (65%) and Amethi (58%) and least in Mathura (35%). This variable seems an important aspect to judge the value of show generated among the audience. It was also asked to the respondents why they could not watch the full show and in most of the

cases it was suggested that due to routine business it was difficult to spare this stretch of time and surprisingly most of them liked the parts of the show they have seen. (Table-3)

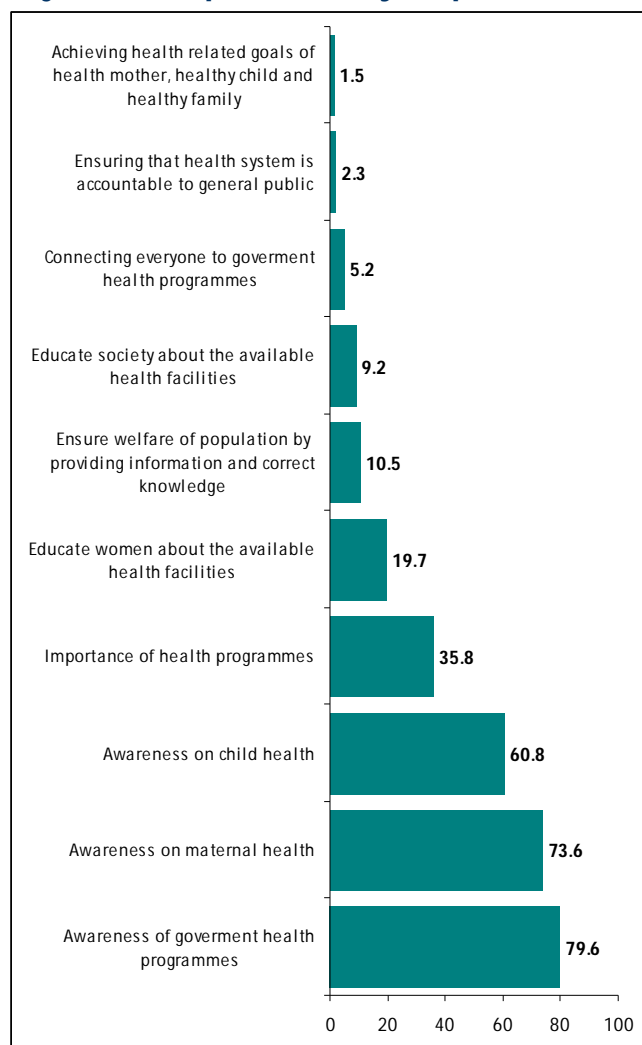
Reasons for not watching the show

Inquiry was also made as to 'why they could not see the show' to the respondents who could



not see the show. Majority of these respondents (80%) responded saying that 'they had no information' about the programme being organised in their village and most of them informed that they could know about the show once it was over. Nearly tenth of these respondents reported that they were out of village and a slightly lower proportion mentioned that they were busy elsewhere. Only three percent of respondents reported other reasons. Most of the respondents (>80%) in the districts of Barabanki, Amethi and Jhansi could not attend the show because of 'no information'. It is to note that between two phases the extent of 'no information' has gone down as 84 percent of respondents in first phase and 73 percent in second phase cited this reason. (Table-4).

Objectives as perceived by respondents

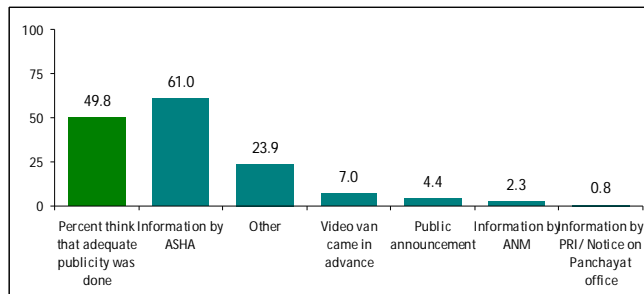


To understand the audience perspective about the SSW programme, a question in survey was asked in this regard. A large proportion of respondents (80%) cited “awareness of government health programmes” as an objective followed by nearly three-fourth saying “awareness on maternal health”. A good proportion (61%) said that SSW promotes “awareness on child health” and nearly one-third respondents mentioned that SSW is promoting about the “importance of health programmes”. One fifth of the respondents asserted that it was about “educating women about the available health facilities” and one-tenth of the respondents also mentioned that SSW is to “ensure welfare of population by providing information and correct knowledge” and similar proportion said it to be target for “educating society about the available health facilities”. A minor proportion of respondents also cited that the SSW programme if aimed at “connecting everyone to government

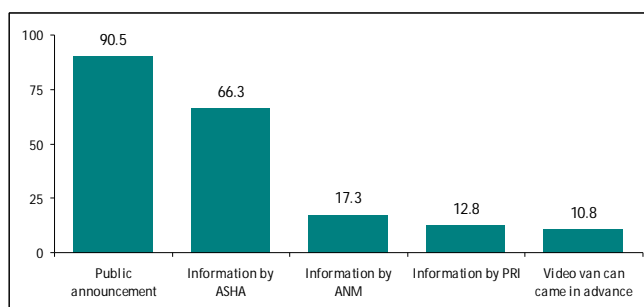
health programmes”, “ensuring that health system is accountable to general public” and “achieving health related goals of healthy mother, healthy child and healthy family”. Detailed proportion of respondents for each of the surveyed district is presented in Table-5 and 6.

Mode of publicity

It was inquired that what was the mode of publicity about the programme. Nearly half of the

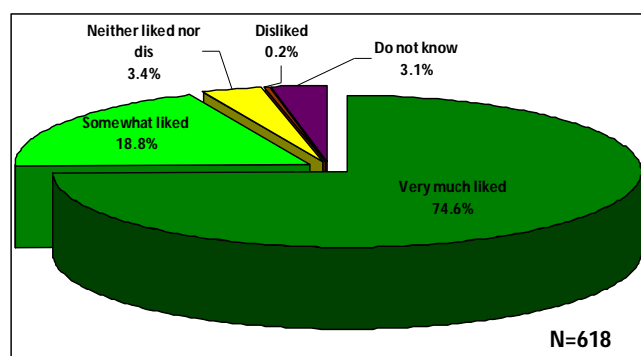


respondents felt that adequate publicity was not done. Among the respondents the modes of publicity were asked and most of them reported that “ASHAs informed” of the show and nearly one-fourth mentioned ‘other ways’ and most of these incorporated that they knew about the show from the fellow villagers and spotted the show while walking around the village (Table-7). It was inquired that what should be mode of publicity and almost all of them reported that there should be ‘public announcement’ followed by two-thirds mentioning that ASHAs should also inform

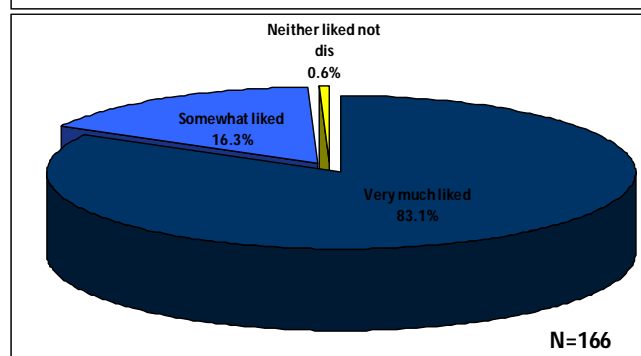


of the show. Some respondents also suggested that “information by ANMs”, “information by PRIs” and “advance arrival of video van” could also serve as adequate measure to publicise the programme (Table 8).

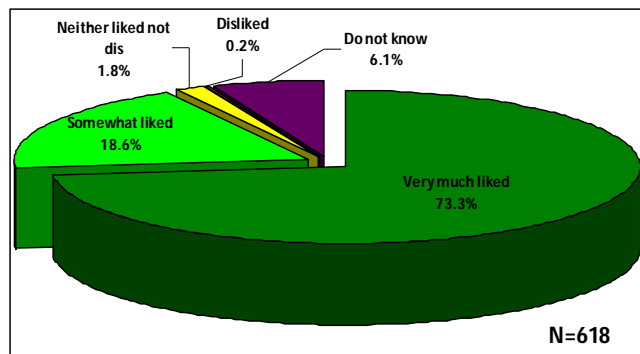
Liking of the programme



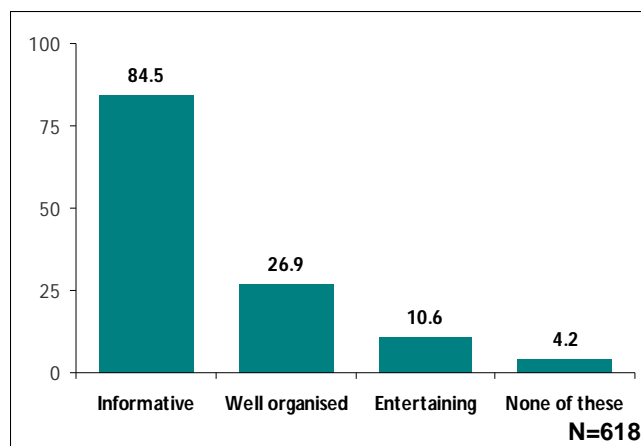
Respondents were asked about how did they like the show. Noteworthy that three-quarters liked it very much and 19 percent said that they ‘somewhat liked it’. There were 3.4 percent respondents who responded saying ‘neither liked nor disliked’ and only 0.2 percent (single respondent) mentioned ‘disliked’ the show and 3.1 percent respondents did not respond to the question (Table-9). It was also inquired from the respondents if spouses watched the show and 27 percent (N=166) responded saying ‘yes’. Among these perception of respondent was sought if their spouses liked the



programme. Almost all the spouses liked the programme (Table-10 & 11).



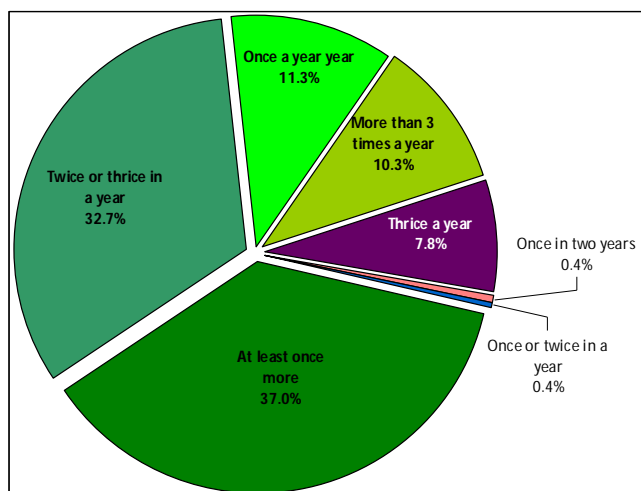
Similarly, it was inquired that how do you think about other villagers in general found the programme; According to respondents most of them liked it very much and only a few were to be noted as 'dislike' (Table-12).



It was further inquired from respondents depending on the contents of show that if the show was adequately informative, well organised and entertaining. A large proportion (85%) of the respondents informed that the programme was informative and a quarter said that it was well organised. While as a tenth of the respondents reported that it was entertaining enough. Only 4 percent of the respondents did not find any of the

above elements present in the programme (Table-13).

It was also inquired from the respondents if this programme should be organised again; three-



quarters of the respondents said yes. Among these 37 percent advised that for better retentivity the programme should be organised at least one more times followed by one-third advising to organise it 'twice or thrice' in a year. Among the rest it was mentioned that programme should be organised 'once a year', 'more than 3 times a year' and 'thrice a year'. This shows a very high demand for the programme particularly for those who have been exposed to this video show.

Many respondents regretfully asserted that they could not make best of this programme as either they could not watch it in full or could not watch it at all as there was no prior information about the programme (Tables 14 & 15).

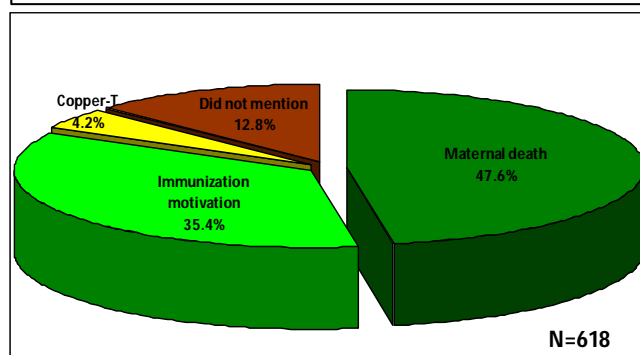
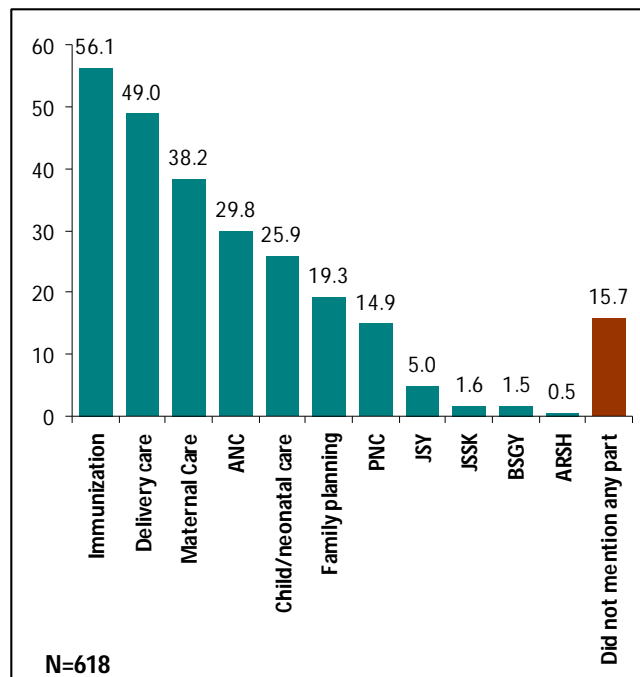
Contents of the show

It was inquired from the respondents to recall and tell the thematic areas they had observed while watching the show. First they were allowed to mention the themes spontaneously and later they were prompted by probing various themes displayed under the show.



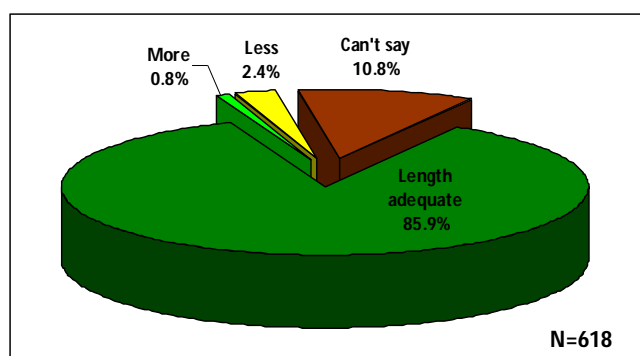
It may be noted that spontaneous recall was highest for immunization followed by maternal care, delivery care and child/ neonatal care while as after probing maximum of 36 percent respondents were able to recall family planning followed by PNC, JSY and ANC. If spontaneous and aided responses are taken together a large majority of respondents (94%) were able to recall that immunization was covered in the show followed by delivery care (82%), ANC (81%), child/ neonatal care (80%), family planning (76%) and maternal care (70%). It is to mention that it was highest for those who had watched the full show (Table 16 & 17).

Themes and stories liked



watched (Table-19).

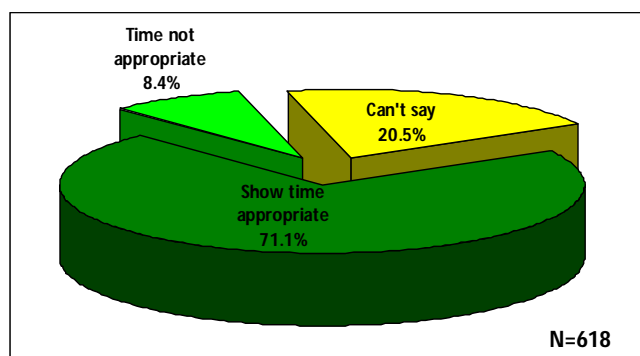
Other features of the programme



When asked about the parts of the show most liked; 56 percent mentioned that immunization, followed by delivery care (49%), maternal care (38%), ANC (30%), child and neonatal care (26%), family planning (19%) and PNC (15%). There are 16 percent respondents who could not mention any major part of the show they would have liked (Table-18). It was also inquired from the respondents who have seen the show about the stories they had liked in the show. Among the three stories the most liked was story on 'maternal death' which was liked by 48 percent of respondents followed by 35 percent liking

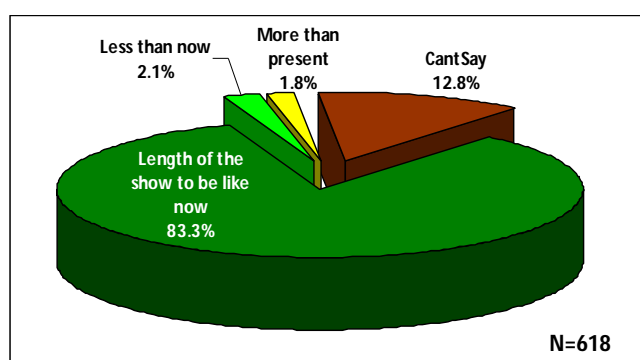
the story 'Kilkari' about the immunization motivation. Only 4 percent respondents made a mention of story about 'copper-T'. Noteworthy that 13 percent respondents were not able to mention any of the three stories. The proportion of respondents unable to recall the story was also found linked to the length of the show they had

Inquiries about other features of the programme were also made among them one being the length of the show and it is found that six out of seven respondents felt that length of this programme was just adequate. However, 11 percent respondents were unable to comment on this aspect (Table-20).



Responding to the timing of the show, 71 percent mentioned that it was appropriate time when this show was organised in their village and only 8 percent respondents mentioned that time had not been appropriate. Also 21 percent of the respondents were unable to mention about this. It was observed that in the same village various respondents tend to

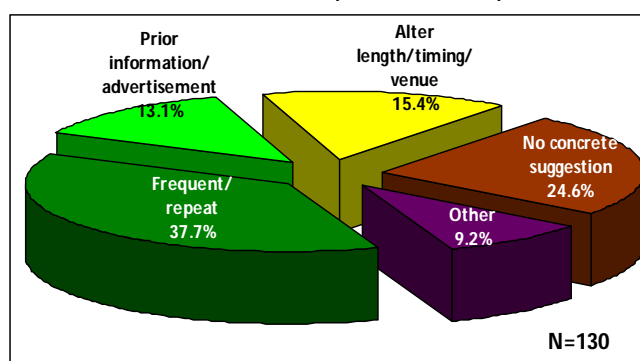
respond differently to the show timing depending on their life cycle stage and domestic and other related work (Table-21).



To better understand viewers' perspective about the length of the show suggestions were invited about what should be the length of these shows in general. About 83 percent of the respondents were fine with this length, only two percent each respondent said 'could be more' or 'could be less'. Nearly 13 percent respondents could not respond

to this question (Table-22).

While asked about their opinion on improvement of the show, only 21 percent responded that



they would like to suggest an improvement. Among those who would suggest an improvement 38 percent responded saying that either shows must be organised frequently or may be repeated as semi-literate or illiterate population finds it difficult to understand messages compressively at first instance.

A small proportion wanted that either of

the length, timing or venue of the show to be altered followed by 13 percent mentioning that adequate publicity or at least prior information of the show may be provided to the general public in the village. One tenth of the respondents came-up with other suggestion which include "adding a cinematic film prior or after show", "adding contents related to other useful

issues”, “providing incentive to viewers” etc. Nearly a quarter of the respondents could not make any concrete suggestion for improvement of the show (Tables-23 & 24).

Knowledge and Impact of SSW show on the respondents

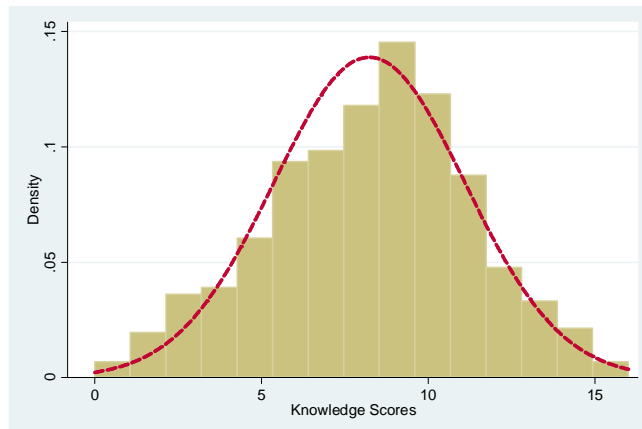
Information, education and communication (IEC) serves as a tool to augment one’s knowledge despite the socio-economic and educational backgrounds. The SSW programme as mentioned earlier is mandated towards IEC of the concerned population. This chapter portrays the responses from all the 961 respondents who have participated in the survey. The chapter deals with the knowledge levels of the respondents predominantly about the topics dealt in the video show given as-

1. Having correct knowledge/ aware of age at marriage of girls
2. Adolescent age group
3. Aware of health facilities provided under school health programme to school going girls
4. Correct age of marriage for girls
5. Correct age of marriage for boys
6. Minimum necessary ANC visits are
7. Minimum age of women at the time of first child
8. Number of iron tablets recommended to be consumed during a pregnancy
9. TT injections given to pregnant women
10. Number to be dialled to arrange vehicle for taking pregnant women to the hospital
11. Gap to be kept between the birth of two children
12. Number to be dialled to arrange vehicle for taking sick infant to the hospital and bring back to home
13. Knowledge of important vaccines given to the children
14. Age at which Measles vaccine is administered
15. Family planning methods for keeping gap between the birth of children
16. Family planning methods to avoid/stop pregnancy
17. Family planning method used in hospital just after delivery
18. Family planning methods easier between male and female sterilization
19. Amount given as incentive for male sterilization

It may be noted that most of the respondents were aware of correct age of marriage for girls (92.7%), followed by family planning methods for spacing (85.2%), correct age of marriage for boys (80.5%), gap to be kept between the birth of two children (77%), minimum age of women at the time of first child (71.6%), TT injections given to pregnant women (71.6%), minimum necessary ANC visits (69.3%), knowledge of important vaccines given to the children (54.6%), number of iron tablets recommended to be consumed during a pregnancy (54.2%) and age at

which Measles vaccine is administered (49.5%). These items were summated to generate unified scores of knowledge and their distribution is slightly negatively skewed showing that there are more respondents in the right hand side of the distribution or having higher scores of knowledge. These scores were divided among equal categories by scores and termed as 'low', 'medium' and 'high' (Table-25 & 26).

More than a quarter of the respondents had low scores and two-thirds display medium scores



and only seven percent of the respondents were found with high level of knowledge on these 19 items. There are wide variations as per background characteristics of the respondents (Table 28). In order to understand the impact of the SSW show on the knowledge, adjusted mean scores of the knowledge were computed by the 'length of the show watched' and controlling for all other

background variables given in the Table-28. The knowledge scores are presented in following statement-

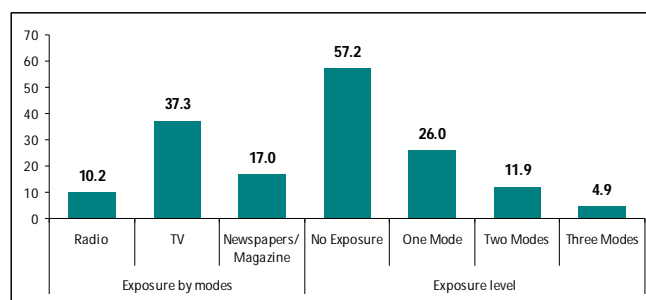
How much show watched	N	Adjusted mean scores	Standard Error	Lower limit	Upper limit	Test statistics
Most	334	9.98	0.14	9.71	10.26	F(3, 950) = 28.17 Prob > F < 0.0001
Fourth-Half	162	9.30	0.20	8.90	9.70	
Small Part	122	9.06	0.24	8.60	9.52	
Not Seen	343	8.16	0.14	7.88	8.43	

Noteworthy, that mean knowledge scores were highest for the respondents who had watched the full show and were found increasing with the length of the show watched after controlling for all the background variables. The difference in four mean scores was found to be statistically significant at one percent level of significance. Thus, it is clearly coming out from this analysis that watching the SSW show has positive impact on knowledge augmentation of the respondents despite their socio-economic and educational backgrounds (Table-27).

3. Mass media exposure and knowledge about various aspects of NHM

Mass Media Exposure

Attempt was made to understand the mass media exposure of the respondents as a common



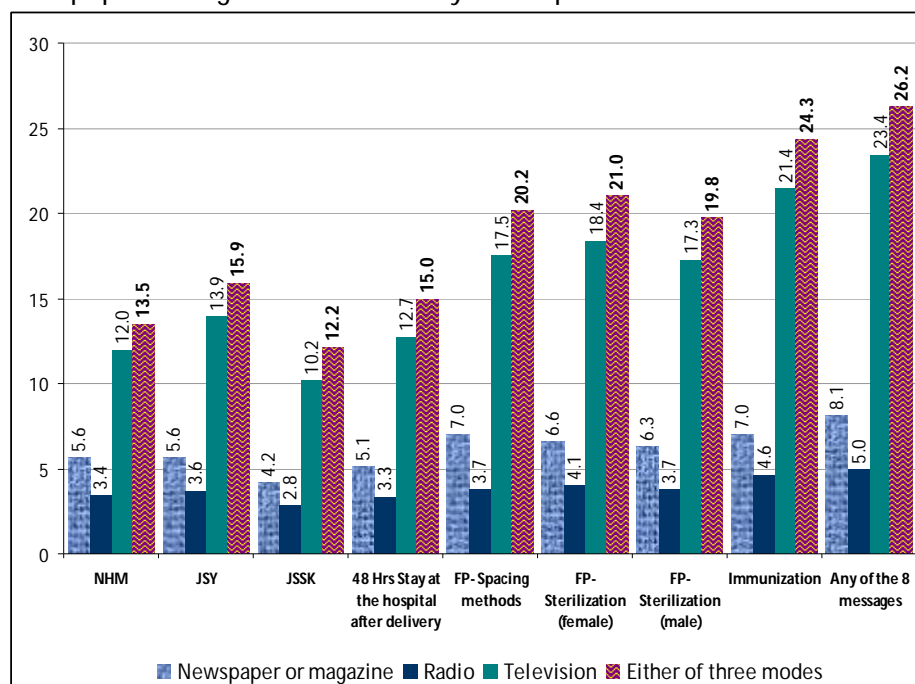
means to gain knowledge about the health and other public programmes. In the survey questions regarding reading newspaper/magazines, listening to radio and watching television were asked. Only one-tenth of the respondents reported to have listened radio during last week and 17 percent reported that they read

newspaper/ magazine in last one week. Relatively high proportion (37%) of respondents was found to be watching television more or less regularly. If all the modes of mass media are clubbed together it is found that 57 percent respondents were not exposed to any of the three popular mass media sources. In other words only 43 percent of the respondents were exposed to any of the three modes of mass media. Looking at the sources it is to note that 26 percent of the respondents were exposed to one mode, followed by 12 percent to at least two sources and only 5 percent to all the three modes (Tables-28 & 29).

It was inquired from the respondents that whether they had read, listened and/or watched the advertisements or announcements during last one month on the following eight items-

1. National Health Mission
2. Janani Suraksha Yojana
3. Janani Sishu Swasthya Karyakram
4. 48 Hrs Stay at the hospital after delivery
5. Family Planning- Spacing methods
6. Family Planning- Sterilization (female)
7. Family Planning - Sterilization (male)
8. Immunization

The responses reveal that only 4 to 7 percent respondents read about these messages in newspapers/ magazine and similarly 3 to 5 percent listened about these items on the radio and

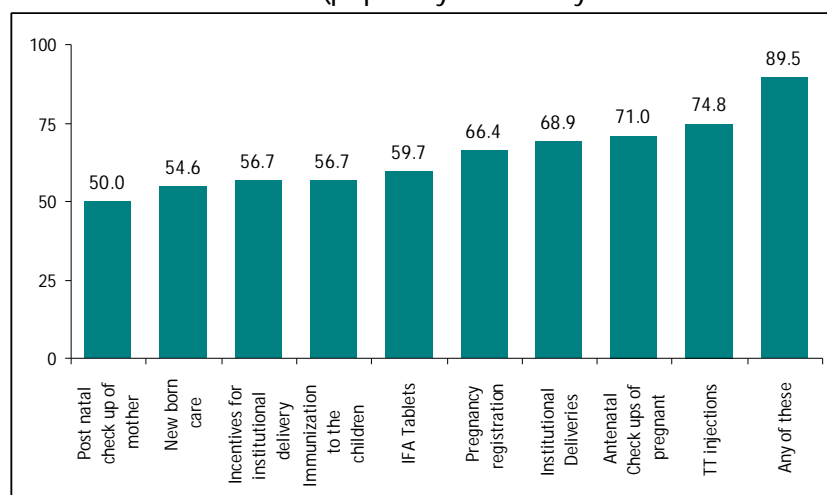


relatively higher proportion of respondents i.e. between 12 and 26 percent saw them on television. Among the items 'immunization' was most watched item followed by female sterilization, FP spacing methods, male sterilization, JSY and 48 hrs stay at the hospital post delivery. In total

eight percent respondents confirmed that they read about any of these items in newspaper or magazine, five percent heard on radio and 23 percent watched on television. In total nearly 26 percent respondents recollected reading/listening/ watching any of these eight items (Table-30).

Knowledge of the respondents about NHM

National health mission (popularly known by its former name National Rural Health Mission-



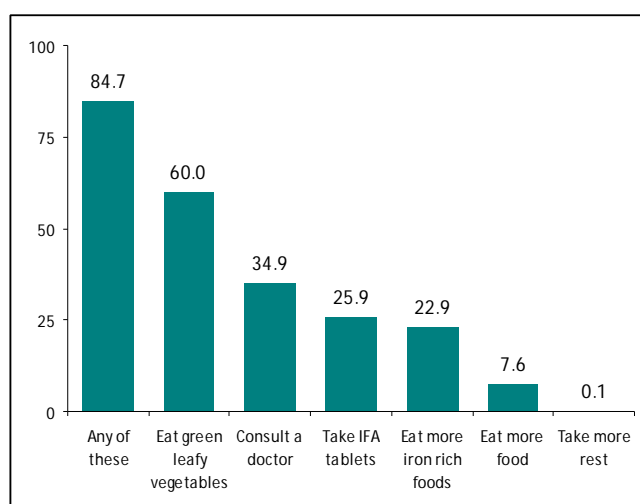
NRHM) brought about many architectural correction and increase in physical infrastructure and manpower in the state and districts of the state. The mission has spear headed many health interventions through innovative ways and people oriented service provisioning. The mission has brought many positive

changes in attitude of general public and many popular measures and schemes added value to

its reach and effectiveness. Question was asked if respondent has heard about NHM/NRHM. Only one quarter of the respondents answered saying 'yes'. Among those who have heard about NHM it was inquired about the services/ care provided under NHM. The responses were categorised among the correct knowledge/ awareness of items. The awareness of TT injections was highest (75%), followed by ANC checkups of pregnant women (71 percent), institutional deliveries (69%), pregnancy registration under JSY (66%), consumption of iron and folic acid tablets for anaemia management among pregnant women (60%), child immunization (57%), incentives for institutional deliveries (57%), newborn care practices (55%) and PNC check-ups of mothers (50%). (Table-31).

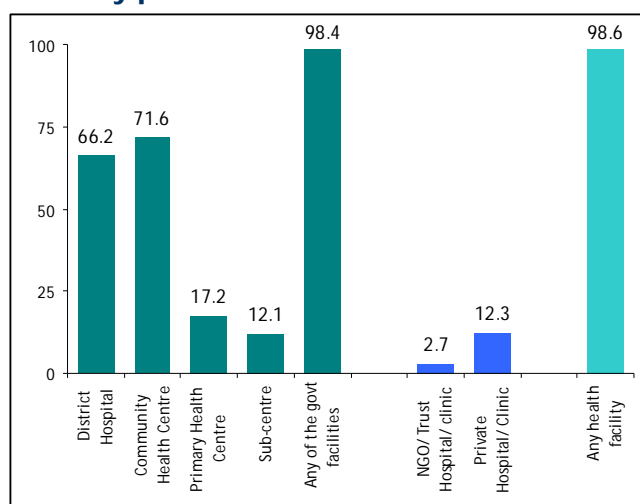
Knowledge of various components of NHM

Anaemia among adolescent girls:



Nearly 6 out of 7 respondents were aware of at least one of the ways of prevention of anaemia among adolescent girls. Majority of the respondents told that anaemia can be prevented by 'eating green and leafy vegetables', 'consulting a doctor' (35%), 'taking IFA tablet' (26%), 'eating more iron rich foods' (23%) and 'eating more food' (8%). A tiny proportion of 0.1 percent also mentioned that taking more rest also helps fighting anaemia among adolescent girls (Table-32).

Delivery place:

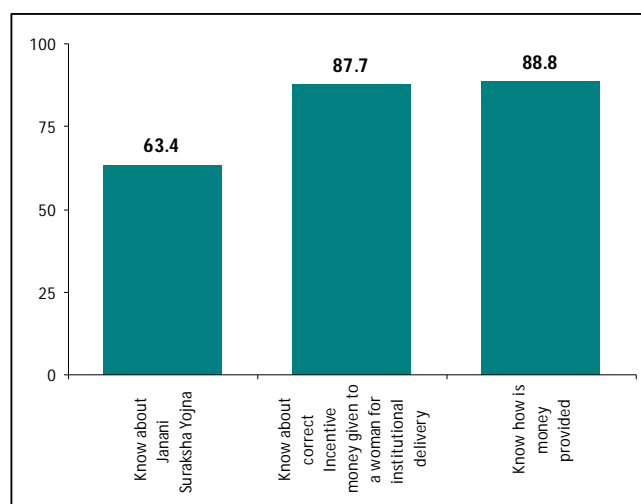


About the places of institutional delivery it was mentioned by two-thirds of the respondents that it can take place at the District Hospital and 72 percent mentioned that Community Health Centre were also used as delivery places. Relatively low proportion of respondents (17 percent) mentioned that at PHC and 12 percent said it at the Sub-Centre institutional delivery can take place. Thus 98 percent of the respondents were aware of a Government health facility where

institutional birth can take place. Nearly 12 percent of respondents were aware of private health facilities and 3 percent of the respondents were also aware of NGO/ trust hospitals for institutional deliveries. In total 99 percent of the respondents were aware of a public/private/trust facility for institutional delivery (Table-33).

JSY:

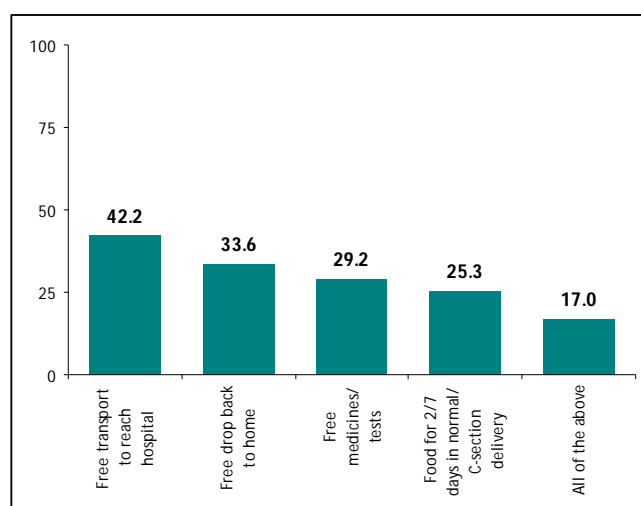
When asked about the JSY, about 63 percent of the respondents mentioned knowing it. But



when asked about the incentive being provided at the time of delivery if delivery takes place in government health facility, 88 percent of them responded in assertion and they were also aware of the amount being provided by crossed cheque or direct transfers to the account of beneficiaries. Some of the respondents also mentioned the slightly incorrect amounts but some of those mentioned the correct mode of transfer of this money and that's how one percent more

respondents are reported to have correct knowledge about the mode compared to the actual amount (Table-34).

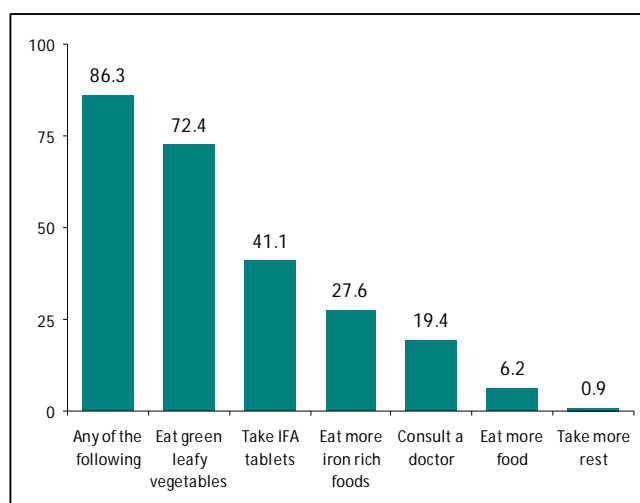
Stay at facility after delivery and JSSK entitlement:



Only 36 percent of the respondents were aware of 48 hours or longer stay at the hospital after the normal delivery. About the JSSK entitlements one out of six respondents was aware of all the four entitlements under JSSK. A large proportion (42%) were aware of facility of free transport to reach the hospital for the delivery followed by 34 percent aware of drop back facilities, 30 percent aware of free medicines and test and a quarter aware of free meals during the stay at the

hospital for the delivery (Table-35).

Anaemia among pregnant women:

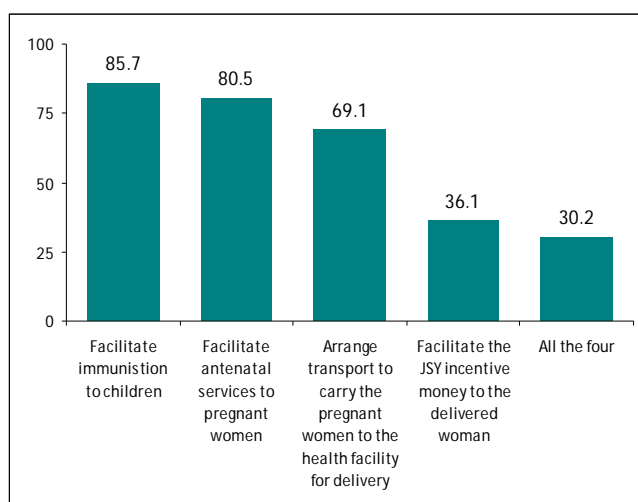


Nearly 86 percent respondents were aware of at least one of the ways of prevention of anaemia among pregnant women. Majority of the respondents responded saying that 'eating green and leafy vegetables' followed by 41 percent recommending to 'take IFA tablet', 28 percent saying 'eat more iron rich foods', 19 percent mentioned to 'consult a doctor' and 6 percent said 'eat more food'. A tiny proportion of 0.9 percent also mentioned that taking more rest also helps fighting

the anaemia among pregnant women (Table-36).

Knowledge about ASHAs

ASHA has been a great addition to the rural health front in our country as this is proclaimed by

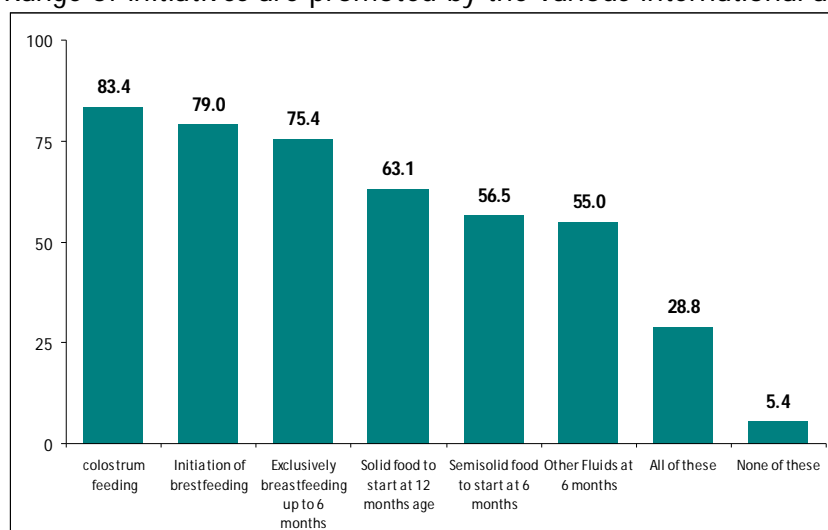


95 percent of the respondents saying that they were aware of the ASHA of their village. When asked about the functions of the ASHAs, 86 percent mentioned that she helps at the time of immunization followed by 81 percent saying she 'facilitate antenatal services to pregnant women', 70

percent reported that she 'arrange transport to carry the pregnant women to the health facility for delivery' and 36 percent told that she 'facilitate the JSY incentive money to the delivered woman'. In total 30 percent women were aware of all the four services provided by the ASHAs (Tables-37 & 38).

Child feeding practices

Range of initiatives are promoted by the various international and national agencies in regard

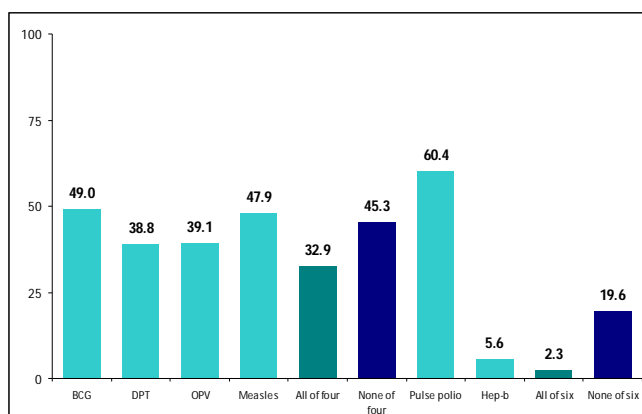


to the feeding practices of young children. Among the range of items inquiry was made about some key items and encouraging responses were observed. A total of 83 percent of respondents were aware of colostrums feeding followed by 79 percent aware of immediate initiation of breast feeding,

75 percent aware of exclusively breastfeeding up to 6 months of age, 63 percent aware of solid food to start at 12 months' age, 57 percent aware of semisolid food to start at 6 months and 55 percent aware of other fluids to start at 6 months. Nearly 29 percent were aware of all the above mentioned items. It is to mention that only 5 percent were not aware of any of the item (Table-39).

Immunization schedule

It is very important to understand the knowledge of immunization schedule as vaccination not

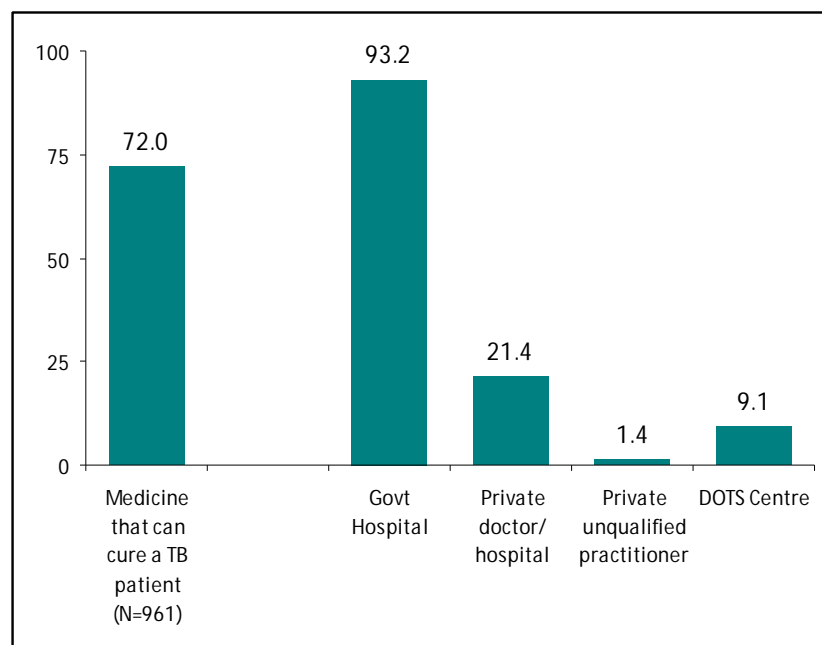


only helps in preventing some common diseases among children but also helps keeping high nutritional levels. Question about the knowledge of specific vaccines and their correct doses were asked. Nearly half of the respondents were aware of BCG and slightly less were aware of measles. Only 39 percent each of the respondents were aware of DPT and polio vaccines along with three doses. Thus one

third of the respondents were aware of all the four vaccines. A large proportion of 60 percent were aware of pulse polio vaccine. Relatively lower proportion were aware of recently added vaccine on hepatitis-B (Table-40).

TB Cure

In order to understand the awareness of TB cure a question was asked. Nearly 72 percent of the

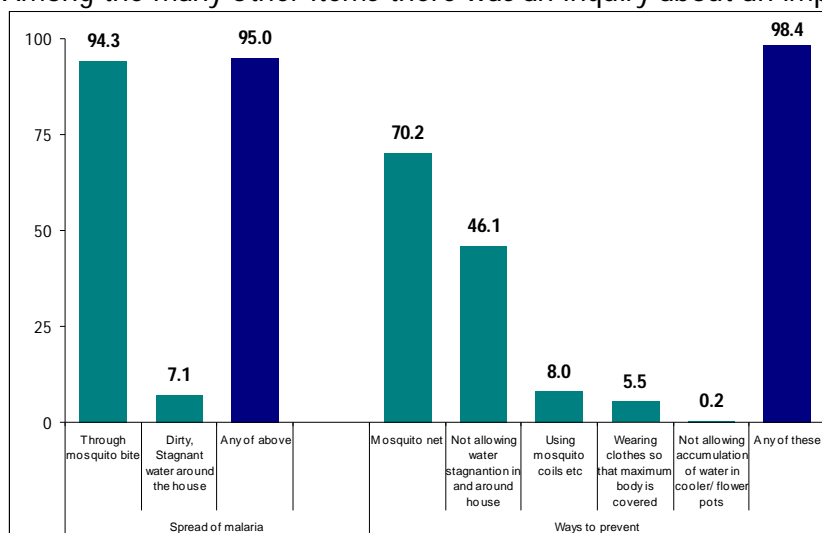


respondents were aware of the TB being cured by the regular treatment. When asked about the source of treatment a large proportion among them mentioned that government hospitals are the main source to treat the TB. One fifth of the respondents mentioned that at private doctor or clinic TB can also be treated. A small proportion of 9 percent respondents made a

mention of DOTS centre (Table-41).

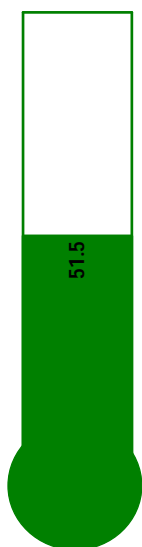
Malaria

Among the many other items there was an inquiry about an important public health threat i.e.



spread and prevention of Malaria. Almost all of the respondents were aware of the most common way of spread of Malaria i.e. mosquito bites surprisingly very few were aware of stagnation of water for mosquito breeding. Among the measures to prevent the Malaria 70 percent were aware of use of

mosquito nets followed by not allowing water stagnation in and around the house (Table-42).



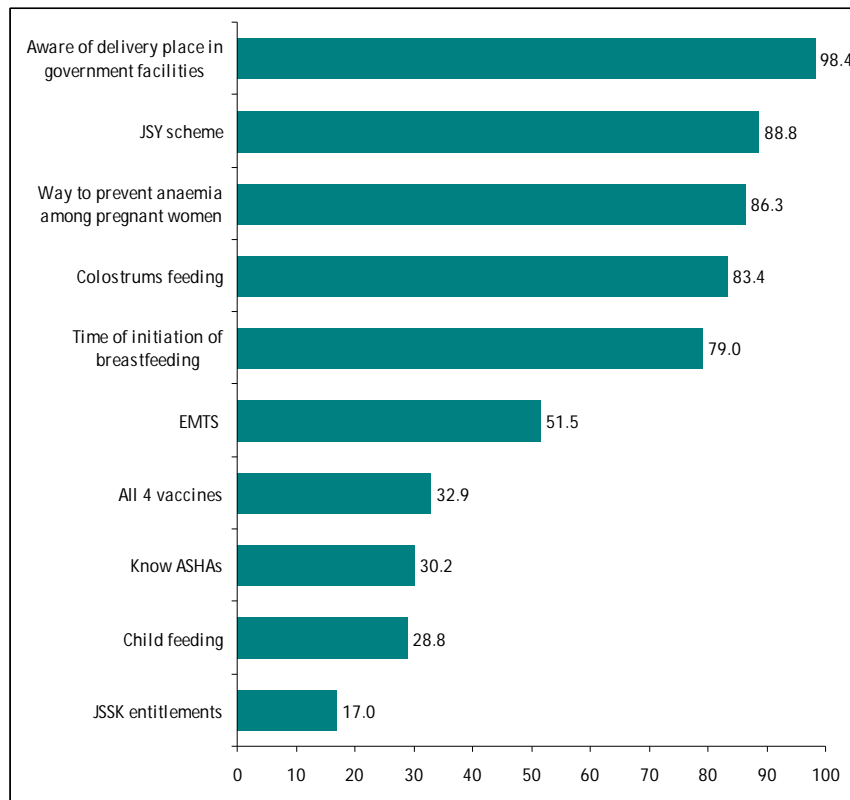
EMTS

Emergency medical transport system ambulance has been started like many innovative services under the ambit of NHM. This ambulance service is being operated under the private public partnership model. This service is very popular among the general public and considered to be very useful addition for restoring confidence in the public services under health. This service is mandated to operate as dial a service for medical/health emergency and free of cost to the users. In the beginning this service has been greatly used to bring expecting mothers to the health facilities. A question about the awareness on this service was asked in this survey and 51.5 percent of the respondents were found to be aware of this service and number 108 to be dialled to get this ambulance.

In this survey we made an attempt to test the knowledge/ awareness on some key items mainly related to the NHM. Noteworthy that knowledge of delivery places at the government facilities was found to be almost universal, followed by very high proportion of respondents being aware of JSY schemes along with the incentive amount provided with it, knowing at least a way to prevent anaemia among pregnant women, colostrums feeding and early initiation of the breast feeding.

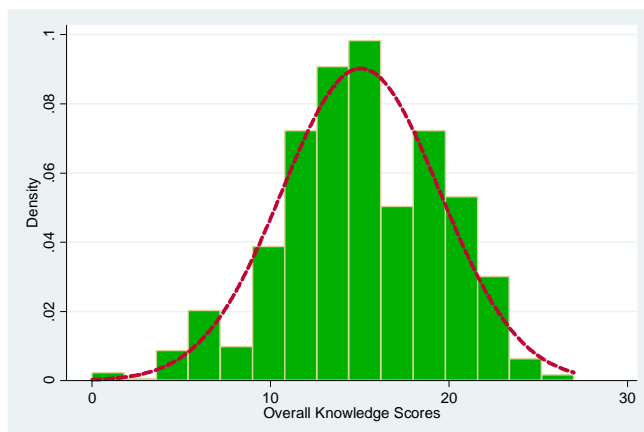
Fairly large proportion of respondents were aware of emergency medical transport service ambulance (108) being provided under NHM. One third of the respondents were aware of all four basic vaccines (BCG, DPT, Polio and Measles) with correct doses. About 95 percent respondents were aware of ASHAs being available as motivator in their village. Further it was inquired that among the activities of ASHA namely 'facilitate antenatal services to pregnant women', 'arrange transport to carry the pregnant women to the health facility for delivery', 'facilitate the JSY incentive money to the delivered woman' and 'facilitate immunisation to children' which are the ones they are aware about. It is to note that 30 percent of the respondents are aware of the all four activities of ASHAs.

It was also inquired that how is the knowledge of the respondents on exclusive breastfeeding up to six months, correct age of initiation of other fluids, semi solid food and solid food and it was found that 29 percent of respondents were aware of all the four feeding practices correctly. About JSSK as well, inquiry was made about its entitlements namely 'free transport to reach hospital', 'food for 2/7 days in normal/ C-section delivery', 'free drop back to home' and 'free medicines/ tests'. Nearly one out of six respondents was fully aware of these four core entitlements under the JSSK.



Knowledge scores

Knowledge scores have been created by using 27 items for which correct knowledge was scored one and zero otherwise. Below is the distribution of the knowledge scores obtained from the sample. The distribution of respondents on the knowledge scores was found to be more or less normal.



Further these scores were clubbed in to five categories for generating five knowledge sub-scores by the major themes- pregnancy care (5 items), delivery care (3 items), family planning (5 items), child care (6 items) and others (8 items). Table 44 provides the mean scores for each sub-theme of knowledge for all the respondents. Overall mean score was found to be 14.5 for the sample.

Mean scores by length of show watched

Adjusted mean scores by controlling all the background characteristics (as shown in Table-1) were computed for four categories of watching the show namely- watched all or most of the show, watched one-fourth to half of the show, watched a small part of the show and not seen the show. Table 45 presents the mean scores under five sub-themes of knowledge. It is noteworthy that knowledge scores were highest for the category of respondents 'who have watched the full show' after controlling for background characteristics. It was also tested if overall scores varied between the two phases of the show and it was found that, evidence does suggest against it. Checking these scores for regions, it suggests that southern region had highest knowledge scores and knowledge scores also varied significantly among the districts (Table 46).

4. Prospective of ANMs, AWWs and ASHAs about SSW

For assessment of Sehat Sandesh Wahini project in Uttar Pradesh in all the selected villages interviews of available ANMs, AWWs and ASHAs were conducted. In the surveyed 48 villages of 12 blocks in six districts at the time of survey a total of 25 ANMs 17 AWWs and 59 ASHAs could be contacted and interviewed. Their prospective about the SSW is detailed in this chapter.

ANMs

All the 25 ANMs surveyed were asked whether any mobile van has come to some village in SC area to show video on NHM. All the ANMs confirmed of mobile van coming to their SC area to show video on NHM. However, one ANM told that the show could not be held due to problem in projector. For ten minutes attempt was made to hold the show but visual display was not happening. As such the mobile van left without organising the show.

More than three fourth (76%) ANMs were informed about the video show one or more days in advance. Remaining knew about the show after mobile van reached the village. Among the ANMs informed in advance, six each got information about the show from show organisers and BPM respectively, while six were informed in a meeting by Medical Superintendent of the CHC and three by staff of CHC.

Only ten ANMs told that some arrangements were made before the show. These arrangements in different villages were cleaning of the place of show to arranging chairs and/or carpet and music system.

The ANMs were further asked about how the villagers were informed about the show. Eighteen ANMs told that ASHAs visited households and informed. In 10 villages AWWs also informed villagers about the show. Eighteen ANMs told that they also visited households to inform about the show. It was also reported by ANMs that in three villages vehicle went around the village and made announcement about the show.

According to two ANMs only in one village the show started at 2.30 pm and in other village at 3.00 pm. In all other villages show started either around 5.00 pm or 6.00 pm or 7.00 pm. Only at one village the show could be held only for 10 minutes. At all other places according to ANMs the duration of the show was between one and half hours to two hours.

According to three ANMs less than 50 persons were present during the show, while according to two ANMs between 50-100 persons were present during the show.

Likewise, eight ANMs told that number of persons at the show were between 100-150, while according to remaining between 150-300 persons were present at the time of show. Further, according to ANMs in most of the shows the audiences comprised mostly of women. Only in few villages more males and in few villages more children attended the show.

The ANMs were asked whether they have seen the video show on NHM. Almost all (23) reported to have seen the show. Among these four have seen the show partially. These ANMs were asked about the main contents of the show. Most of them remembered about Immunization, Family Planning Methods, Institutional deliveries and ANC.

About five ANMs also told about 102/108 ambulances, four about JSY/JSSK and three each about IFA, Immunization of pregnant women, Breast feeding and Adolescent health. Other contents of the show remembered by one or two ANMs were use of Tobacco and Smoking, School Health Programme, Child Care, Maternal Death, Pregnancy complications, Nutrition of pregnant women and safe delivery.

Almost all the ANMs who have seen the show told that the audio and visual quality of the show was good. Two ANMs told that the visual quality was not good.

All the ANMs who have seen the show have liked it. Verbatim responses for liking the show are as follows:

- What we tell women by visiting their households was conveyed to many in two hour show.
- Villagers will understand disadvantage of early marriage.
- What I used to tell women has been shown in the show. Now they believe me more. Those who were not coming for vaccination of children have started coming.
- Villagers have been encouraged to use Govt. Health facilities.
- Women have been educated to go for Institutional delivery and so MMR will come down.
- After seeing the Immunization schedule two women with two year old children came for vaccination.

Likewise, all the ANMs who have seen the video show found it useful. According to them villages get knowledge about the services being provided under NHM. Also some ANMs told that before the show pregnant women were called for ANC and TT immunization. After the show they themselves are coming to the centre to avail services.

All the ANMs were further asked about their opinion regarding how many times in a year such video shows may be organized in their villages. Nine ANMs told that the shows may be conducted twice a year, while according to six it may be organized thrice a year and according to another six ANMs it may be organized four or more times in a year. Two ANMs were also of the opinion that the show may be held once a year.

The ANMs were also asked about what should be done to bring more people to these shows. The verbatim responses of the ANMs are stated as follows;

- In the evening women are busy preparing food. So the shows may be held late in the evening around 7 pm.
- Publicity in the village by using mike system
- Each household may be informed by visiting them.
- Information about the show may be provided well in advance.
- Shows may be held on the days of immunization.
- Pradhan may be involved to inform villagers.
- Publicity may be done through ASHA.
- Shows may be held in an area around centre of the village.
- Announcement may be made from mosque.

In the last the ANMs were asked as to what other means can be used to spread knowledge about NHM. Some suggestions given in this regard by ANMs are as follows:

- Poster, Banner, Puppet shows
- Through TV and Radio
- Through public meetings
- Distribution of leaflets in weekly Bazar
- Through schools to Parents

AWWs

All the 17 AWWs surveyed were asked whether any mobile van has come to the village to show media on NHM. All the AWWs confirmed of mobile van coming to their village to show video on NHM.

Only 29 percent AWWs were informed about the video show one or more days in advance. Remaining knew about the show after mobile van reached the village. All the AWWs who were

informed in advance got the information about the show from ANMs. Those AWWs who came to know about the show same day were informed by ASHAs.

Only ten AWWs told that some arrangements were made before the show. These arrangements in different villages were arranging chairs, tables and/or carpet or some other material for making sitting arrangements and publicity through mike system.

All the AWWs after knowing that a show is organized informed villagers living near their Centres and women who came to the Centre.

According to three AWWs the show was held during day time around 11 AM. Remaining told that the shows were held in evening between 5 PM and 8 PM.

According to one AWW less than 50 persons were present during the show, while according to six AWWs between 50-100 persons were present during the show.

Likewise four AWWs told that number of persons at the show were between 100-150, while according to remaining 150+ persons were present at the time of show. Further, according to AWWs in most of the shows the audiences comprised mostly of women and children. Only in few villages more males attended the show.

The AWWs were asked whether they have seen the video show on NHM. Almost all (14) reported to have seen the show. Among these four have seen the show partially. These AWWs were asked about the main contents of the show. Most of them remembered about Immunization and Family Planning Methods and ANC.

Five AWWs also told about ANC and child care, four about JSY/JSSK and three about delivery care. Other contents of the show remembered by one or two AWWs were Maternal Death, Ambulance services, Institutional delivery, Cleanliness, Registration, Age at marriage, Pregnancy complications, JSSK and Adolescent girls.

Almost all the AWWs who have seen the show told that the audio and visual quality of the show was good. Only one AWW told that the visual quality was not good.

All the AWWs who have seen the show have liked it. Verbatim responses for liking the show are as follows:

- In my area people preferred home delivery. Now after the show they are ready for Institutional delivery.

- Elderly women have been educated. Now they tell their daughter-in-law to visit Government health facilities for RCH services.
- Villagers have been educated to plan for delivery in advance.

Likewise, all the AWWs who have seen the video show found it useful. According to them feelings of villagers change and misconceptions are removed. People get motivated for immunisation and institutional delivery.

All the AWWs were further asked about their opinion regarding how many times in a year such video shows may be organized in their villages. Nine AWWs told that the shows may be conducted three or more times in a year, while according to one it may be organized twice a year. Four AWWs were also of the opinion that the show may be held once a year.

The AWWs were also asked about what should be done to bring more people to these shows. The verbatim responses of the AWWs are stated as follows;

- Advance information to the villagers.
- In the village there are four ASHAs. The shows may be held at four places.
- Distribute some kind of sweets after the show.
- Local dialect may be used instead of pure Hindi.
- Shows may be held in an area around centre of the village.

ASHAs

All the 59 ASHAs surveyed were asked whether any mobile van has come to their village to show media on NHM. All ASHAs confirmed of mobile van coming to their village to show video on NHM.

More than half (58%) ASHAs were informed about the video show one or more days in advance. Remaining knew about the show either the same day or after the mobile van reached the village. Among the ASHAs informed in advance, majority (32) got information about the show from ANMs and remaining from BPM, LHV, HEO, Pradhan and show organisers.

About 56 percent ASHAs told that some arrangements were made before the show. These arrangements were cleaning of the place of show and putting chairs and/or carpet or loose plastic sheets for sitting arrangements.

ASHAs were further asked about how she informed the villagers about the show. All the ASHAs reported that they visited households in their area and informed the person available about the show.

According to 15 ASHAs the show was organised during day time between 11 AM and 5 PM. Remaining ASHAs told that shows were held in the evening between 5 PM and 8 PM.

According to nine ASHAs, less than 50 persons were present during the show, while according to 23 ASHAs between 50-100 persons were present during the show. Among the remaining ASHAs, 12 told that between 101-150 persons and 15 told that more than 150 persons attended the show.

Further, according to ASHAs in 25 villages the audiences for the show comprised mostly of women, while in 19 of children. Only in few villages (11) more males attended the show.

The ASHAs were asked whether they have seen the video show on NHM. Almost all (56) reported to have seen the show. Among these eight have seen the show partially. These ASHAs were asked about the main contents of the show. Most of them remembered about Immunization, Family Planning Methods, Institutional deliveries, ANC and ambulance services.

About 11 ASHAs also told about delivery care, nine about JSY, eight about PNC, six each about TT and Age at marriage and five each about breast feeding and health facilities. Other contents of the show remembered by one or two ASHAs were vitamin A, PNC, JSSK, 48 hour stay at health facility after delivery, Diarrhea and danger signs of pregnancy.

Almost all the ASHAs who have seen the show told that the audio and visual quality of the show was good. Three ASHAs told that the visual quality was not good while only one ASHA told that audio quality was not good.

All the ASHAs who have seen the show have liked it. Verbatim responses for liking the show are as follows:

- We got educated by the show. Now we will inform the women.
- Learnt many new things.
- Got to understand about how pregnant women should take care before delivery.
- What I used to tell women has been shown in the show.
- Villagers have come to know about the provisions under JSY/ JSSK and 102 services.
- After seeing the show the wife of Pradhan phoned and told to get her sister-in-law delivered in Government facility. Earlier, she was thinking about private facility.

- After the show I get more respect in the village. What I used to tell villagers has been shown.
- After the show villagers are not getting the women deliver at home.
- Villagers have been educated that institutional delivery provides money and safety.

Likewise, all the ASHAs who have seen the video show found it useful. Verbatim responses for usefulness are detailed below:

- Women do not understand easily. After the show they understood what I used to tell them.
- Male and female both are educated and many misconceptions are removed.
- After the show people are coming for vaccinating their children.
- Women have been educated to visit hospital.
- After the show villagers have started calling 102 and 108 for ambulance services.
- Those who were not bringing their children for immunisation have understood its importance.
- Misconceptions regarding Copper T, Oral Pills have been removed.

All the ASHAs were further asked about their opinion regarding how many times in a year such video shows may be organized in their villages. Thirty ASHAs told that the shows may be conducted twice a year, while according to eight it may be organized thrice a year and according to another 12 ASHAs it may be organized four or more times in a year. Three ASHAs were also of the opinion that the show may be held once a year.

The ASHAs were also asked about what should be done to bring more people to these shows. The verbatim responses of the ASHAs are stated as follows;

- If tea and some snacks are served after the show more people will come and watch full show.
- If show can be held during day time more people will come.
- Incentive may be given to ASHAs for informing villagers about the show.
- In big villages shows may be organised in two or more places.
- Information about the show may be provided well in advance.
- Shows may be held in an area around centre of the village.

5. Conclusions and Recommendations

At the instance of SIFPSA the centre carried out rapid assessment of Sehat Sandesh Wahini (SSW) programme in six districts of the state namely- Amethi, Barabanki, Etah, Jhansi, Mathura and Varanasi. Of these districts three belonged to first phase of the programme and remaining to the second phase of the programme. Efforts were made to cover all the regions of Uttar Pradesh.

In each district from two selected blocks eight villages were surveyed and in each village 20 respondents were interviewed. Of these 14 were those who have seen the show while remaining six were those who have not seen the show. As such, from all the six districts a sample of 961 respondents was interviewed. In each surveyed village available ANMs, AWWs and ASHAs were also interviewed.

The main findings of the study are as follows-

Among the 48 villages from 6 districts it is observed that

- The show was not properly conducted in one village each in Amethi and Barabanki. Among the rest, in one village the show was conducted jointly for two villages.
- Of the shows 75% were organized in the evenings, while 15% shows started between 2 to 4 pm and remaining 10 percent before noon.
- Thirty shows were organized in full, 9 shows for 1-2 hrs and remaining 7 shows were organized for a time less than one hour.

Among the respondents-

- Seven out of ten surveyed respondents were females
- Twenty-seven percent respondents belonged to SC/ST, 48 percent to OBC and remaining to other castes.
- Thirty-eight percent of the respondents were illiterate and 58 percent belonged to households having low standard of living.
- Among the respondents who have seen the show, nearly half did not see the full show.
- Majority of the respondents (80%) who have not seen the show said that 'they had no information' about the programme being organised in their village and most of them informed that they could know about the show once it was over.
- A large proportion of respondents (80%) cited "awareness of government health programmes" as an objective followed by nearly three-fourth saying "awareness on maternal health".
- Nearly half of the respondents felt that adequate publicity was not done. Among the respondents, most of them were informed about the show by ASHA.
- Nine out of 10 respondents of the view that for publishing of this programme public announcements should be made.
- Three-quarters of respondents liked the show 'very much' and 19 percent said that they 'somewhat liked it'.

- A large proportion (85%) of the respondents informed that the programme was informative and a quarter said that it was well organised. While as one tenth of the respondents reported that it was entertaining enough.
- Three-quarters of the respondents felt that programme must be repeated at least once.
- It may be noted that spontaneous recall was highest for immunization followed by maternal care, delivery care and child/ neonatal care while as after probing maximum of 36 percent respondents were able to recall family planning followed by PNC, JSY and ANC.
- Among the three stories shown in the show the most liked was story on 'maternal death' which was liked by 48 percent of respondents.
- Majority of respondents expressed satisfaction over the length and timing of the programme.
- Most of the respondents were aware of correct age of marriage for girls (92.7%), followed by family planning methods for keeping gap between the birth of children (85.2%), correct age of marriage for boys (80.5%), gap to be kept between the birth of two children (77%), minimum age of women at the time of first child (71.6%), TT injections given to pregnant women (71.6%), minimum necessary ANC visits are (69.3%), knowledge of important vaccines given to the children (54.6%), number of iron tablets recommended to be consumed during a pregnancy (54.2%) and age at which Measles vaccine is administered (49.5%).
- Mean knowledge scores were highest for the respondents who had watched the full show and were increasing with the length of the show watched after controlling for all the background variables.
- If all the modes of mass media are clubbed together there were 57 percent respondents who were not exposed to any of the three popular mass media sources (newspapers/ radio/ TV).
- In total 8 percent respondents confirmed that they read about any of the eight items (NHM, JSY, JSSK, 48 hrs stay at the hospital after delivery, FP- spacing methods, FP- sterilization for female, FP- sterilization for males and immunization) in newspaper or magazine, five percent heard them on radio and 23 percent watched on the television.
- In total nearly 26 percent respondents recollected reading/listening/ watching any of these eight items.
- Only a quarter of the respondents have heard of NHM/NRHM.
- Among those who were heard of NHM, about the cares/ services provided varied widely. Awareness of TT injections was highest (75%) followed by ANC checkups of pregnant women (71 percent), institutional deliveries (69%), pregnancy registration under JSY (66%), consumption of iron and folic acid tablets for anaemia management among pregnant women (60%), child immunization (57%), incentives for institutional deliveries (57%), newborn care practices (55%) and PNC check-ups of mothers (50%).
- Overall knowledge scores were generated by summing 27 of the key items relating to NHM services in the survey and these scores were also clubbed in to thematic scores. Adjusted mean scores by controlling all the background characteristics were computed for four categories of watching the show namely- watched all or most of the show, watched one-fourth to half of the show, watched a small part of the show and not seen the show. Mean scores for scores under five sub-themes of knowledge.

- It is noteworthy that knowledge scores were highest for the category of respondents 'who have watched the full show' after controlling for background characteristics. This suggests that SSW shows are effective in knowledge augmentation of the respondents.
- It was also tested if overall scores varied by phases of the show and it was found that there was no significant difference between the scores for two phases. This suggests, that shows in both phases have been organised with equal effectiveness.
- Southern region had highest knowledge scores and knowledge scores also varied significantly among the districts.
- All the ANMs who have seen the show have liked it. Some of the verbatim responses for liking the show are-
 - What I used to tell women has been shown in the show. Now they believe me more. Those who were not coming for vaccination of children have started coming.
 - Villagers have been encouraged to use Govt. Health facilities.
 - Women have been educated to go for Institutional delivery and so MMR will come down.
 - After seeing the Immunization schedule two women with two year old children came for vaccination.
- Some of the verbatim responses of the ANMs for bringing more people to the show are-
 - In the evening women are busy preparing food. So the shows may be held late in the evening around 7 pm.
 - Publicity in the village by using mike system
 - Information about the show may be provided well in advance.
 - Shows may be held on the days of immunization.
 - Shows may be held in an area around centre of the village.
 - Announcement about the show may be made from mosque.
- All the AWWs who have seen the show have liked it. Some of the verbatim responses for liking the show are-
 - In my area people preferred home delivery. Now after the show they are ready for Institutional delivery.
 - Elderly women have been educated. Now they tell their daughter-in-law to visit Government health facilities for RCH services.
 - Villagers have been educated to plan for delivery in advance.
- Some of the verbatim responses of the AWWs for bringing more people to the show are-
 - In the village there are four ASHAs. The shows may be held at four places.
 - Distribute some kind of sweets after the show.
 - Local dialect may be used instead of pure Hindi.
- All the ASHAs who have seen the show have liked it. Some of the verbatim responses for liking the show are-
 - What I used to tell women has been shown in the show.
 - Villagers have come to know about the provisions under JSY/ JSSK and 102 services.

- After seeing the show the wife of Pradhan phoned and told to get her sister-in-law delivered in Government facility. Earlier, she was thinking about private facility.
- After the show I get more respect in the village. What I used to tell villagers has been shown.
- After the show villagers are not getting the women deliver at home.
- Villagers have been educated that institutional delivery provides money and safety.
- Some of the verbatim responses of the ASHAs for bringing more people to the show are-
 - If tea and some snacks are served after the show more people will come and watch full show.
 - If show can be held during day time more people will come.
 - Incentive may be given to ASHAs for informing villagers about the show.
 - In big villages shows may be organised in two or more places.

Recommendations

The assessment of the efficacy of Sehat Sandesh Wahini Programme strongly suggest that among the various means of IEC this is the most effective one and may be scaled up to cover all the villages or village Panchayats of the state.

For more effective implementation of this programme following are suggested-

- Shows may be repeated as people are aware of the goodness of show and keen to watch it. For retention of information most the respondents, ANMs, ASHAs and AWWs recommended that SSW show to be repeated at least once more.
- If possible, copies of CDs/DVDs may be made available to ANMs, ASHAs, AWWs and Village Pradhans, which in turn, may be provided to interested households.
- Many illiterate and semi-literate respondents find it difficult to follow the fast speech of the show thus fail to understand the content. As such, the content may be revisited and rationalized keeping in the view the pace of background speech.
- As a precondition, prior information about the schedule of the show to be provided to ANMs and ASHAs (at least 2-3 days in advance).
- Timing of the show may be decided after discussions with the village Pradhan and ANM.

Detailed Tables

Table-1: Background characteristics of respondents

Characteristics	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
N	160	160	160	161	160	160	961
Social group							
SC/ST	35.0	25.6	15.0	32.9	21.9	31.9	27.1
OBC	41.3	53.8	65.0	43.5	35.0	50.0	48.1
Others	23.8	20.6	20.0	23.6	43.1	18.1	24.9
Religion							
Hindu	90.6	86.3	100.0	90.1	87.5	93.8	91.4
Muslim	9.4	13.8	0.0	9.9	12.5	6.3	8.6
Age group							
18-25Yrs	10.0	8.1	10.0	13.0	16.3	11.3	11.4
25-29Yrs	25.0	16.3	28.1	18.0	24.4	21.9	22.3
30-34Yrs	20.0	17.5	18.8	15.5	16.3	21.3	18.2
35-39Yrs	18.1	23.1	13.8	19.9	16.9	16.9	18.1
40+Yrs	26.9	35.0	29.4	33.5	26.3	28.8	30.0
Gender							
Male	23.8	35.0	27.5	35.4	31.9	26.9	30.1
Female	76.3	65.0	72.5	64.6	68.1	73.1	69.9
Education							
Illiterate	42.5	51.3	27.5	24.8	41.3	38.1	37.6
Below Primary	21.3	23.1	13.8	21.1	17.5	18.8	19.3
6-8Class	15.6	12.5	15.6	25.5	15.6	13.1	16.3
9-10Class	8.1	7.5	13.1	16.1	12.5	13.8	11.9
More than HS	12.5	5.6	30.0	12.4	13.1	16.3	15.0
Education (spouse)							
Illiterate	30.0	43.8	15.0	20.5	31.9	13.8	25.8
Below Primary	11.3	17.5	10.6	18.6	13.1	16.3	14.6
6-8Class	18.1	15.0	13.1	23.6	13.8	19.4	17.2
9-10Class	18.1	13.1	22.5	26.7	22.5	29.4	22.1
More than HS	22.5	10.6	38.8	10.6	18.8	21.3	20.4
Educational comparison							
Less educated than spouse	46.9	39.4	46.3	39.8	45.0	53.8	45.2
Equally Educated	37.5	35.0	28.1	24.8	30.0	23.8	29.9
More educated than spouse	15.6	25.6	25.6	35.4	25.0	22.5	25.0
Educational status of female respondents/ spouse of male respondents							
Wife less educated	51.3	53.1	61.9	63.4	63.1	62.5	59.2
Equally Educated	37.5	35.0	28.1	24.8	30.0	23.8	29.9
More Educated	11.3	11.9	10.0	11.8	6.9	13.8	10.9
SLI							
Low	77.5	63.1	55.0	34.2	53.1	67.5	58.4
Med	20.0	31.9	26.3	46.6	44.4	29.4	33.1
High	2.5	5.0	18.8	19.3	2.5	3.1	8.5

Table-2: Distribution of responses used for scores/ SLI

Characteristics	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Cooking energy							
Wood	90.0	80.0	67.5	72.0	90.6	88.8	81.5
Kerosene	0.0	0.0	0.0	3.1	0.0	0.0	0.5
LPG	10.0	20.0	32.5	24.8	9.4	11.3	18.0
Lighting energy							
Candle/ Others	7.5	3.1	7.5	0.0	14.4	5.0	6.2
Kerosene	86.9	65.0	70.0	26.1	64.4	43.8	59.3
Electricity	5.6	31.9	22.5	73.9	21.3	51.3	34.4
Household has a regular salary earner							
No	66.9	89.4	69.4	84.5	80.0	83.1	78.9
Yes	33.1	10.6	30.6	15.5	20.0	16.9	21.1
Structure of dwelling unit							
Kutchcha	29.4	23.1	14.4	14.3	8.8	34.4	20.7
Semi Pucca	50.0	35.6	45.0	24.8	54.4	33.1	40.5
Pucca	20.6	41.3	40.6	60.9	36.9	32.5	38.8
Type of ration card							
No card	23.8	22.5	41.9	16.8	25.0	31.9	27.0
Antyodaya	18.1	23.8	6.3	8.1	6.9	11.9	12.5
BPL	25.0	39.4	13.1	44.7	17.5	17.5	26.2
APL	33.1	14.4	38.8	30.4	50.6	38.8	34.3
Sanitation							
No drains	15.6	44.4	5.0	20.5	4.4	75.6	27.6
Kutchcha drain	65.6	25.6	45.6	9.9	53.8	7.5	34.7
Pucca open drain	13.1	9.4	39.4	28.0	40.0	11.3	23.5
Pucca concealed drain	5.6	20.6	10.0	41.6	1.9	5.6	14.3
Toilet							
No toilet	80.0	71.9	58.8	36.6	68.8	58.1	62.3
Pit toilet	15.6	23.8	15.6	47.2	13.1	38.8	25.7
Flush toilet	4.4	4.4	25.6	16.1	18.1	3.1	12.0
Kitchen							
No	88.1	85.6	61.3	56.5	81.9	70.6	74.0
Yes	11.9	14.4	38.8	43.5	18.1	29.4	26.0

Table-3: Distribution of respondents by duration of show attended

How much of the show seen	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Most	57.8	64.5	39.8	83.6	34.5	46.8	54.0
Fourth-Half	16.9	9.7	39.8	7.3	52.2	26.1	26.2
Small Part	25.3	25.8	20.4	9.1	13.3	27.0	19.7
Total	100	100	100	100	100	100	100
N	83	93	108	110	113	111	618

Table-4: Distribution of respondents by reasons for not watching the show

Reasons for not watching the show	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
No information	66	59	39	42	37	29	272
Not interested	0	0	1	1	1	1	4
Busy elsewhere	2	5	2	2	7	11	29
Out of village	6	3	7	4	2	8	30
Others	3	0	3	2	0	0	8
Total	77	67	52	51	47	49	343

Table-5: Proportion of respondents by objectives cited for the SSW programme

Objectives	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Awareness of government health programmes	74.7	90.3	88.9	89.1	84.1	51.4	79.6
Awareness on maternal health	48.2	87.1	53.7	95.5	70.8	82.0	73.6
Awareness on child health	50.6	75.3	43.5	91.8	37.2	66.7	60.8
Importance of health programmes	34.9	53.8	35.2	51.8	27.4	14.4	35.8
Educate women about the available health facilities	24.1	22.6	27.8	11.8	18.6	15.3	19.7
Educate society about the available health facilities	21.7	5.4	14.8	0.9	9.7	5.4	9.2
Ensure welfare of population by providing information and correct knowledge	15.7	8.6	12.0	2.7	8.0	17.1	10.5
Connecting everyone to government health programmes	13.3	6.5	7.4	0.9	4.4	0.9	5.2
Ensuring that health system is accountable to general public	6.0	0.0	3.7	0.0	3.5	0.9	2.3
Achieving health related goals of health mother, healthy child and healthy family	1.2	2.2	0.0	0.0	4.4	0.9	1.5
Other	8.4	2.2	6.5	0.9	5.3	3.6	4.4
N	83	93	108	110	113	111	618

Table-6 Proportion of respondents by objectives cited for the SSW programme by background characteristics

Themes	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Spontaneous							
Maternal Care	41.0	84.9	45.4	90.0	36.3	66.7	60.8
Child/neonatal care	43.4	49.5	43.5	65.5	45.1	58.6	51.3
Immunization	66.3	61.3	76.9	67.3	85.0	88.3	74.9
ANC	31.3	37.6	50.0	41.8	67.3	60.4	49.2
Delivery care	30.1	54.8	50.0	66.4	64.6	66.7	56.6
PNC	18.1	28.0	33.3	40.9	31.9	51.4	34.8
Family planning	19.3	33.3	20.4	61.8	23.9	55.0	36.4
JSY	15.7	5.4	7.4	12.7	15.0	5.4	10.2
JSSK	9.6	1.1	5.6	7.3	15.0	3.6	7.1
BSGY	10.8	2.2	6.5	6.4	9.7	0.9	6.0
ARSH	1.2	1.1	0.9	5.5	2.7	0.9	2.1
Other	3.6	4.3	0.9	0.0	0.9	0.9	1.6
Probing							
Maternal Care	25.3	5.4	22.2	8.2	8.8	6.3	12.3
Child/neonatal care	33.7	34.4	26.9	33.6	22.1	22.5	28.5
Immunization	26.5	28.0	17.6	30.9	9.7	9.0	19.7
ANC	36.1	38.7	29.6	52.7	19.5	23.4	33.0
Delivery care	30.1	25.8	25.0	28.2	29.2	21.6	26.5
PNC	31.3	39.8	33.3	51.8	31.0	27.9	35.9
Family planning	38.6	49.5	48.1	32.7	41.6	30.6	40.0
JSY	27.7	48.4	32.4	44.5	15.0	45.0	35.4
JSSK	15.7	44.1	28.7	35.5	10.6	36.9	28.6
BSGY	20.5	46.2	22.2	36.4	8.0	38.7	28.5
ARSH	9.6	55.9	0.0	36.4	0.9	36.9	23.0
Other	2.4	28.0	0.9	0.0	0.9	0.0	4.9
Spontaneous and probing taken together							
Maternal Care	66.3	90.3	67.6	98.2	45.1	72.1	73.0
Child/neonatal care	77.1	83.9	70.4	98.2	67.3	81.1	79.6
Immunization	91.6	89.2	94.4	97.3	93.8	95.5	93.9
ANC	66.3	76.3	77.8	94.5	86.7	82.0	81.4
Delivery care	60.2	80.6	74.1	94.5	93.8	83.8	82.2
PNC	49.4	67.7	66.7	92.7	61.9	76.6	70.1
Family planning	57.8	81.7	68.5	93.6	64.6	85.6	75.9
JSY	43.4	53.8	39.8	57.3	30.1	50.5	45.6
JSSK	25.3	45.2	34.3	42.7	25.7	40.5	35.8
BSGY	31.3	48.4	28.7	41.8	17.7	39.6	34.3
ARSH	10.8	57.0	0.9	41.8	3.5	37.8	25.1
Other	3.6	30.1	0.9	0.0	0.9	0.9	5.5
N	83	93	108	110	113	111	618

Table-7: Proportion of respondents mentioning about the mode of publicity for the SSW programme

Mode of publicity	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Percent think that adequate publicity was done	60.2	40.9	54.6	45.5	56.6	42.3	49.8
Public announcement	2.4	9.7	0.9	2.7	10.6	0.0	4.4
Information by ASHA	89.2	52.7	80.6	31.8	74.3	43.2	61.0
Information by ANM	2.4	0.0	0.0	0.0	8.0	2.7	2.3
Information by PRI	0.0	0.0	2.8	0.0	0.0	0.9	0.6
Notice on Panchayat office	0.0	0.0	0.0	0.0	0.9	0.0	0.2
Video van came in advance	0.0	7.5	5.6	11.8	8.0	7.2	7.0
Other	7.2	3.2	15.7	34.5	26.5	48.6	23.9
Any of the above	97.6	65.6	99.1	77.3	100.0	95.5	89.5
N	83	93	108	110	113	111	618

Table-8: Proportion of respondents about the suggested mode of publicity for the SSW programme

Suggested Mode of publicity	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Public announcement	75.9	81.7	90.7	99.1	96.5	93.7	90.5
Information by ASHA	65.1	60.2	84.3	54.5	84.1	48.6	66.3
Information by ANM	4.8	9.7	4.6	46.4	11.5	22.5	17.3
Information by PRI	1.2	4.3	6.5	40.9	0.0	19.8	12.8
Notice on Panchayat office	1.2	0.0	0.0	0.9	0.0	0.0	0.3
Video van came in advance	0.0	48.4	6.5	3.6	7.1	2.7	10.8
Other	2.4	1.1	0.9	2.7	5.3	2.7	2.6
N	83	93	108	110	113	111	618

Table-9: Distribution of respondents by their liking of SSW programme

Liking of the programme by respondents	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Very much liked	37	73	65	106	84	96	461
Somewhat liked	37	7	38	1	26	7	116
Neither liked not disliked	4	4	2	2	2	7	21
Disliked	0	1	0	0	0	0	2
Do not know	5	8	3	1	1	1	19
Total	83	93	108	110	113	111	618

Table-10: Distribution of respondents by their spouses watching the SSW programme

Spouse of respondent watch the programme	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Yes	7	36	23	50	28	22	166
No	76	57	85	60	85	89	452
Total	83	93	108	110	113	111	618

Table-11: Distribution of respondents by their spouses' liking of SSW programme

Liking of the programme by Spouse of respondents	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Very much liked	4	32	14	48	21	19	138
Somewhat liked	3	4	9	2	7	2	27
Neither liked not disliked	0	0	0	0	0	1	1
Total	7	36	23	50	28	22	166

Table-12: Distribution of respondents by perception of liking about others

Liking of the programme by others as perceived by respondents	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Very much liked	33	73	57	107	86	97	453
Somewhat liked	33	9	44	0	22	7	115
Neither liked not disliked	4	1	2	1	2	1	11
Disliked	0	1	0	0	0	0	1
Do not know	13	9	5	2	3	6	38
Total	83	93	108	110	113	111	618

Table-13: Distribution of respondents by features of about SSW programme

Features	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Informative	86.7	75.3	89.8	84.5	94.7	74.8	84.5
Well organised	18.1	62.0	15.7	23.6	8.0	37.8	26.9
Entertaining	4.8	40.7	9.3	1.8	4.4	6.3	10.6
None of these	7.2	8.8	7.4	0.0	3.5	0.0	4.2
N	83	93	108	110	113	111	618

Table-14: Distribution of respondents by features of about SSW programme

Should these programme Organised more frequently	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Yes	61.4	72	73.1	80.9	79.6	77.5	74.8
No	2.4	3.2	4.6	3.6	3.5	4.5	3.7
Cant say	36.1	24.7	22.2	15.5	16.8	18	21.5
N	83	93	108	110	113	111	618

Table-15: Distribution of respondents by advised frequency of SSW programme

How frequently	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
At least once more	11.8	58.2	22.8	47.2	17.8	58.1	37.0
Once in two years	2.0	1.5	0.0	0.0	0.0	0.0	0.4
Once a year	21.6	1.5	20.3	10.1	12.2	4.7	11.3
Once or twice in a ye	0.0	0.0	2.5	0.0	0.0	0.0	0.4
Twice a year	41.2	14.9	35.4	25.8	41.1	24.4	30.3
Twice or thrice in a	3.9	0.0	3.8	2.2	3.3	1.2	2.4
Thrice a year	9.8	0.0	7.6	5.6	17.8	4.7	7.8
3-4 times in a year	3.9	3.0	2.5	0.0	0.0	3.5	1.9
Four times in a year	2.0	1.5	2.5	3.4	0.0	0.0	1.5
3-6 times in a year	0.0	10.4	0.0	1.1	0.0	0.0	1.7
4-5 times in a year	0.0	0.0	0.0	0.0	2.2	2.3	0.9
Five times in a year	2.0	0.0	0.0	0.0	3.3	1.2	1.1
6 times in a year	0.0	3.0	0.0	3.4	1.1	0.0	1.3
Continuously / many times	2.0	6.0	2.5	1.1	1.1	0.0	1.9
N	51	67	79	89	90	86	462

Table-16: Proportion of respondents by contents recalled for the SSW programme and background characteristics

Characteristics	Maternal Care	Child/ neonatal care	Immunization	ANC	Delivery care	PNC	Family planning	JSY	JSSK	BSGY	ARSH	N
Social group												
SC/ST	63.7	74.5	91.1	79.0	78.3	62.4	75.8	38.9	32.5	31.8	29.3	157
OBC	75.6	80.1	94.9	82.7	82.4	73.7	76.3	47.8	36.2	35.6	24.7	312
Others	77.2	83.9	94.6	81.2	85.9	70.5	75.2	48.3	38.3	34.2	21.5	149
Religion												
Hindu	72.4	78.8	93.7	81.3	81.8	69.6	75.5	44.4	34.3	33.0	23.8	572
Muslim	80.4	89.1	95.7	82.6	87.0	76.1	80.4	60.9	54.3	50.0	41.3	46
Age group												
18-25Yrs	64.3	80.0	100.0	92.9	90.0	71.4	75.7	40.0	34.3	32.9	24.3	70
25-29Yrs	70.7	78.6	90.7	83.6	83.6	75.7	79.3	45.7	34.3	32.1	16.4	140
30-34Yrs	71.4	73.2	95.5	75.0	79.5	67.0	75.9	48.2	38.4	36.6	29.5	112
35-39Yrs	80.5	83.9	92.4	82.2	85.6	73.7	76.3	50.8	39.0	34.7	28.8	118
40+Yrs	74.2	81.5	93.8	78.7	77.5	64.6	73.0	42.7	33.7	34.8	27.0	178
Sex												
Male	75.7	79.9	92.9	78.1	83.4	67.5	79.3	37.3	27.2	26.6	20.7	169
Female	71.9	79.5	94.2	82.6	81.7	71.0	74.6	48.8	39.0	37.2	26.7	449
Educational background of respondent												
Illiterate	68.2	75.8	91.9	78.0	77.1	64.8	71.6	41.1	33.1	33.9	25.8	236
Below Primary	75.4	81.6	92.1	83.3	83.3	72.8	81.6	50.9	42.1	37.7	30.7	114
6-8Class	74.5	78.4	96.1	80.4	84.3	65.7	74.5	45.1	38.2	33.3	27.5	102
9-10Class	83.1	87.3	95.8	80.3	84.5	69.0	73.2	40.8	28.2	25.4	18.3	71
More than HS	72.6	82.1	96.8	89.5	89.5	85.3	83.2	54.7	37.9	38.9	18.9	95
SLI												
Low	68.5	76.4	94.6	79.3	79.9	67.4	76.1	41.6	31.5	31.3	20.9	368
Med	77.3	82.3	92.4	83.3	85.9	71.7	76.3	51.5	42.9	38.4	32.8	198
High	88.5	92.3	94.2	88.5	84.6	82.7	73.1	51.9	38.5	40.4	25.0	52
Length of show watched												
Most	86.8	91.0	98.8	89.2	91.3	80.2	88.3	59.6	44.9	41.9	34.1	334
Fourth-Half	59.9	71.6	96.3	86.4	87.7	69.8	69.1	32.7	28.4	27.8	13.0	162
Small Part	52.5	59.0	77.0	53.3	50.0	42.6	50.8	24.6	20.5	22.1	16.4	122
Total	73.0	79.6	93.9	81.4	82.2	70.1	75.9	45.6	35.8	34.3	25.1	618

Table-17 Distribution of respondents by themes liked in the show

Characteristics	Awareness of government health programmes	Awareness on maternal health	Awareness on child health	Importance of health programmes	Educate women about the available health facilities	Educate society about the available health facilities	Ensure welfare of population by providing information and correct knowledge	Connecting everyone to government health programmes	Ensuring that health system is accountable to general public	Achieving health related goals of health mother, healthy child and healthy family	N
Social group											
SC/ST	77.1	69.4	58.0	29.3	17.2	4.5	5.1	3.2	0.6	0.0	157
OBC	79.5	73.7	61.5	39.1	17.6	9.3	11.9	5.4	2.6	1.9	312
Others	82.6	77.9	62.4	35.6	26.8	14.1	13.4	6.7	3.4	2.0	149
Religion											
Hindu	80.2	74.3	61.0	36.0	19.2	9.4	10.8	5.2	2.4	1.4	572
Muslim	71.7	65.2	58.7	32.6	26.1	6.5	6.5	4.3	0.0	2.2	46
Age group											
18-25Yrs	80.0	75.7	58.6	22.9	12.9	5.7	8.6	4.3	1.4	1.4	70
25-29Yrs	85.0	75.0	59.3	41.4	17.1	9.3	14.3	5.0	3.6	1.4	140
30-34Yrs	75.9	69.6	55.4	33.9	25.0	8.9	12.5	7.1	2.7	0.0	112
35-39Yrs	78.8	76.3	62.7	38.1	23.7	10.2	10.2	5.9	0.8	3.4	118
40+Yrs	78.1	72.5	65.2	36.0	18.5	10.1	7.3	3.9	2.2	1.1	178
Sex											
Male	85.2	80.5	60.4	39.6	13.0	6.5	8.3	3.0	0.6	2.4	169
Female	77.5	71.0	61.0	34.3	22.3	10.2	11.4	6.0	2.9	1.1	449
Educational background of respondent											
Illiterate	75.4	67.4	59.7	31.8	17.8	4.7	5.1	3.4	0.8	1.7	236
Below Primary	81.6	77.2	65.8	37.7	21.9	12.3	11.4	5.3	2.6	0.9	114
6-8Class	79.4	75.5	60.8	36.3	16.7	6.9	12.7	4.9	2.9	2.0	102
9-10Class	76.1	74.6	62.0	39.4	21.1	18.3	15.5	7.0	1.4	0.0	71
More than HS	90.5	82.1	56.8	40.0	24.2	12.6	16.8	8.4	5.3	2.1	95
SLI											
Low	78.0	69.6	58.2	34.5	17.7	9.0	9.0	4.6	1.9	1.1	368
Med	81.3	79.3	62.1	34.8	21.2	8.6	10.6	6.1	2.0	2.5	198
High	84.6	80.8	75.0	48.1	28.8	13.5	21.2	5.8	5.8	0.0	52
Length of show watched											
Most	82.9	81.7	75.4	45.8	24.0	11.4	14.4	8.7	3.9	1.2	334
Fourth-Half	82.1	70.4	48.1	29.6	19.1	9.3	8.0	1.9	0.6	1.2	162
Small Part	67.2	55.7	37.7	16.4	9.0	3.3	3.3	0.0	0.0	2.5	122
Total	79.6	73.6	60.8	35.8	19.7	9.2	10.5	5.2	2.3	1.5	618

Table-18 Distribution of respondents by themes liked in the show

Part liked	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Immunization	42.2	57.0	56.5	50.0	57.5	70.3	56.1
Delivery care	25.3	43.0	60.2	48.2	68.1	42.3	49.0
Maternal Care	14.5	76.3	3.7	80.9	5.3	48.6	38.2
ANC	25.3	18.3	38.9	18.2	43.4	31.5	29.8
Child/neonatal care	14.5	24.7	10.2	47.3	4.4	51.4	25.9
Family planning	7.2	29.0	15.7	31.8	6.2	24.3	19.3
Did not mention any part	47.0	11.8	14.8	2.7	18.6	6.3	15.7
PNC	10.8	5.4	23.1	9.1	26.5	11.7	14.9
JSY	6.0	4.3	6.5	2.7	9.7	0.9	5.0
JSSK	1.2	0.0	1.9	1.8	4.4	0.0	1.6
BSGY	4.8	2.2	0.0	0.0	2.7	0.0	1.5
ARSH	1.2	1.1	0.0	0.9	0.0	0.0	0.5
N	83	93	108	110	113	111	618

Table-19 Distribution of respondents by stories liked in the show

Liked story	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Maternal death	33.7	74.2	27.8	74.5	21.2	55.0	47.6
Immunization motivation	31.3	11.8	57.4	10.9	60.2	36.0	35.4
Copper-T	0.0	1.1	0.0	14.5	0.0	8.1	4.2
Did not mention	34.9	12.9	14.8	0.0	18.6	0.9	12.8
Total	83	93	108	110	113	111	618

Table-20 Distribution of respondents by perceptions on adequacy of length of the show

Length of Programme	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Adequate	79.5	68.8	87.0	95.5	92.0	88.3	85.9
More	2.4	1.1	0.0	0.0	0.0	1.8	0.8
Less	0.0	4.3	2.8	0.9	5.3	0.9	2.4
Can't say	18.1	25.8	10.2	3.6	2.7	9.0	10.8
Total	83	93	108	110	113	111	618

Table-21 Distribution of respondents by perceptions on adequacy of timing of the show

Show time appropriate	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Yes	71.1	75.3	85.2	100	80.5	71.2	81.1
No	8.4	6.5	3.7	0.0	13.3	26.1	9.9
Can't say	20.5	18.3	11.1	0.0	6.2	2.7	9.1
Total	83	93	108	110	113	111	618

Table-22 Distribution of respondents by suggested length of the show

What should be the length of the show	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Less than now	1.2	3.2	3.7	0.9	0.0	3.6	2.1
Like it is now	72.3	66.7	87.0	96.4	92.9	79.3	83.3
More than present	0.0	2.2	1.9	0.9	3.5	1.8	1.8
Can't Say	26.5	28.0	7.4	1.8	3.5	15.3	12.8
Total	83	93	108	110	113	111	618

Table-23 Distribution of respondents by suggestions to improve the show

Have suggestions to Improve the show	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Yes	15.7	20.4	21.3	20.9	15.0	31.5	21.0
No	30.1	41.9	51.9	67.3	48.7	40.5	47.6
Can't say	54.2	37.6	26.9	11.8	36.3	27.9	31.4
Total	83	93	108	110	113	111	618

Table-24 Distribution of respondents by suggested length of the show

Suggestions to improve the show	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Frequent/ repeat	23.1	31.6	39.1	21.7	41.2	54.3	37.7
Prior information/ advertisement	0	26.3	8.7	17.4	5.9	14.3	13.1
Alter length/timing/venue	15.4	10.5	21.7	17.4	11.8	14.3	15.4
No concrete suggestion	53.8	26.3	8.7	39.1	23.5	14.3	24.6
Other	7.7	5.3	21.7	4.3	17.6	2.9	9.2
Total	13	19	23	23	17	35	130

Table-25 Distribution of respondents by correct knowledge/awareness on important issues

Having correct knowledge/ aware of	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Adolescent age group	30.6	10.6	41.9	43.5	38.1	38.1	33.8
Aware facilities provided under school health programme to school going girls	11.3	9.4	9.4	13.7	8.8	8.1	10.1
Correct age of marriage for girls	86.9	88.1	93.1	97.5	95.0	95.6	92.7
Correct age of marriage for boys	73.1	70.6	85.6	90.7	83.8	79.4	80.5
Minimum necessary ANC visits are	75.6	39.4	81.9	79.5	77.5	61.9	69.3
Minimum age of women at the time of first child	55.0	57.5	87.5	75.2	88.8	65.6	71.6
Number of iron tablets recommended to be consumed during a pregnancy	46.3	49.4	72.5	65.2	46.9	45.0	54.2
TT injections given to pregnant women	70.0	68.1	78.8	76.4	66.3	70.0	71.6
Number to be dialled to arrange vehicle for taking pregnant women to the hospital	26.3	28.1	27.5	29.2	31.9	21.3	27.4
Gap to be kept between the birth of two children	68.8	73.1	93.1	75.2	80.0	71.9	77.0
Number to be dialled to arrange vehicle for taking sick infant to the hospital and bring back to home	20.6	14.4	26.3	23.0	25.6	16.3	21.0
Knowledge of important vaccines given to the children	58.8	55.6	59.4	62.1	48.1	43.8	54.6
Age at which Measles vaccine is administered	52.5	47.5	53.1	62.7	47.5	33.8	49.5
Family planning methods for keeping gap between the birth of children	65.0	98.8	86.3	96.3	73.1	91.9	85.2
Family planning methods to avoid/stop pregnancy	7.0	7.5	6.2	6.2	4.8	4.4	6.0
Family planning method used in hospital just after delivery	8.8	10.6	5.0	9.3	1.9	7.5	7.2
Family planning methods easier between male and female sterilization	3.8	14.4	11.3	5.0	3.8	8.1	7.7
Amount given as incentive for male sterilization	2.5	10.0	2.5	7.5	6.3	4.4	5.5
N	160	160	160	161	160	160	961

Table-26 Distribution of respondents by level of correct knowledge/awareness on important issues

Knowledge level	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Low	37.5	39.4	13.1	19.3	21.3	33.1	27.3
Med	56.3	55.6	78.1	70.8	75	61.3	66.2
High	6.3	5	8.8	9.9	3.8	5.6	6.6
Total	160	160	160	161	160	160	961

Table-27 Distribution of respondents by level of correct knowledge/awareness on important issues by background characteristics

Characteristics	Low	Medium	High	Total
Social group				
SC/ST	22.8	68.0	9.3	100
OBC	18.1	71.7	10.2	100
Others	18.4	65.3	16.3	100
Religion				
Hindu	18.4	69.5	12.1	100
Muslim	30.5	64.6	4.9	100
Age group				
18-25Yrs	19.1	68.2	12.7	100
25-29Yrs	16.8	67.3	15.9	100
30-34Yrs	17.7	71.4	10.9	100
35-39Yrs	16.7	71.3	12.1	100
40+Yrs	24.3	68.1	7.6	100
Gender				
Male	26.3	66.4	7.3	100
Female	16.5	70.2	13.2	100
Education				
Illiterate	28.5	69.0	2.5	100
Below Primary	17.8	72.4	9.7	100
6-8Class	16.6	66.2	17.2	100
9-10Class	12.3	73.7	14.0	100
More than HS	7.6	64.6	27.8	100
Education (spouse)				
Illiterate	36.3	61.3	2.4	100
Below Primary	15.0	76.4	8.6	100
6-8Class	16.4	69.1	14.6	100
9-10Class	13.2	73.6	13.2	100
More than HS	10.7	68.9	20.4	100
Educational status of female respondents/ spouse of male respondents				
Wife less educated	16.7	72.8	10.5	100
Equally Educated	25.8	63.8	10.5	100
More Educated	17.1	63.8	19.1	100
SLI				
Low	24.4	68.7	6.9	100
Med	15.1	72.9	12.0	100
High	8.2	61.5	30.3	100
Part of the show watched				
Most	11.7	70.4	18.0	100
Fourth-Half	11.7	75.3	13.0	100
Small Part	20.5	69.7	9.8	100
Not Seen	30.3	64.7	5.0	100
N	187	664	110	961

Table-28 Distribution of respondents by mass media exposure and modes

Exposure by modes	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Radio	20.0	11.9	5.0	6.2	3.1	15.0	10.2
TV	39.4	13.8	33.8	59.0	38.8	38.8	37.3
Newspapers/ Magazine	21.3	6.9	25.6	19.9	10.6	17.5	17.0
N	160	160	160	161	160	160	961

Table-29 Distribution of respondents by level of mass media exposure

Exposure level	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
No Exposure	53.1	76.3	57.5	41.0	58.1	57.5	57.2
One Mode	21.3	17.5	23.1	37.3	33.1	23.8	26.0
Two Modes	17.5	3.8	16.9	17.4	6.9	8.8	11.9
Three Modes	8.1	2.5	2.5	4.3	1.9	10.0	4.9
Total	160	160	160	161	160	160	961

Table-30 Distribution of respondents by level of IEC through modes of mass media exposure

Topic	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
NHM							
Newspaper or magazine	5.0	5.0	3.8	13.7	3.1	3.1	5.6
Radio	3.1	8.8	0.6	3.7	1.3	3.1	3.4
Television	7.5	8.1	10.6	32.3	6.3	6.9	12.0
Either of three modes	10.0	13.8	11.3	32.3	6.3	7.5	13.5
JSY							
Newspaper or magazine	5.0	4.4	6.3	13.0	1.9	3.1	5.6
Radio	3.8	9.4	0.6	3.7	0.6	3.8	3.6
Television	12.5	8.8	13.8	32.9	6.9	8.8	13.9
Either of three modes	16.3	15.0	15.0	32.9	6.9	9.4	15.9
JSSK							
Newspaper or magazine	4.4	2.5	4.4	9.3	1.9	2.5	4.2
Radio	1.9	8.1	0.6	3.1	0.6	2.5	2.8
Television	7.5	7.5	10.6	23.6	4.4	7.5	10.2
Either of three modes	10.0	12.5	11.9	24.8	5.0	8.8	12.2
48 Hrs Stay at the hospital after delivery							
Newspaper or magazine	3.8	5.0	5.6	12.4	1.3	2.5	5.1
Radio	1.9	10.6	0.6	4.3	0.0	2.5	3.3
Television	8.1	8.8	10.0	34.8	4.4	10.0	12.7
Either of three modes	10.0	16.9	12.5	34.8	4.4	11.3	15.0
Family Planning- Spacing methods (copper-T, pills, Condom, injectible etc)							
Newspaper or magazine	5.0	5.0	8.8	16.1	1.3	5.6	7.0
Radio	2.5	10.6	0.6	5.0	0.0	3.8	3.7
Television	11.9	9.4	15.0	44.1	8.8	15.6	17.5
Either of three modes	14.4	17.5	18.8	44.1	8.8	17.5	20.2
Family Planning- Sterilization (female)							
Newspaper or magazine	5.0	4.4	8.1	16.1	1.3	4.4	6.6
Radio	3.8	10.6	0.6	5.0	0.0	4.4	4.1
Television	15.0	10.0	15.0	42.9	10.0	17.5	18.4
Either of three modes	18.1	18.1	17.5	42.9	10.0	19.4	21.0
Family Planning- Sterilization (male)							
Newspaper or magazine	3.8	5.0	8.1	16.1	1.3	3.8	6.3
Radio	2.5	10.6	0.6	5.0	0.0	3.8	3.7
Television	11.9	8.8	13.8	41.6	10.0	17.5	17.3
Either of three modes	13.8	17.5	16.3	41.6	10.0	19.4	19.8
Immunization							
Newspaper or magazine	5.6	5.0	8.8	16.1	1.9	4.4	7.0
Radio	5.0	11.3	0.6	5.0	0.6	5.0	4.6
Television	18.8	10.0	21.3	40.4	18.8	19.4	21.4
Either of three modes	22.5	18.1	24.4	40.4	19.4	21.3	24.3
Any of the 8 messages							
Newspaper or magazine	5.6	5.0	10.0	18.0	3.8	6.3	8.1
Radio	6.9	11.3	0.6	5.0	1.3	5.0	5.0
Television	21.9	11.3	22.5	44.7	20.0	20.0	23.4
Either of three modes	25.6	18.8	25.6	44.7	20.0	22.5	26.2

Table-31 Distribution of respondents for knowledge of services/ care provided under NRHM/NHM

Services/ care provided under NRHM/NHM	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Pregnancy registration	63.3	66.7	57.1	78.3	38.5	58.3	66.4
Antenatal Check ups of pregnant women	60.0	79.2	57.1	84.3	38.5	61.1	71.0
TT injections	56.7	91.7	46.4	89.2	38.5	69.4	74.8
IFA Tablets	36.7	58.3	32.1	84.3	15.4	61.1	59.7
Institutional Deliveries	36.7	83.3	39.3	86.7	30.8	72.2	68.9
Incentives for institutional delivery	43.3	52.1	32.1	75.9	15.4	63.9	56.7
Post natal check up of mother	23.3	50.0	28.6	72.3	7.7	52.8	50.0
New born care	40.0	54.2	21.4	77.1	15.4	55.6	54.6
Immunization to the children	30.0	66.7	35.7	68.7	15.4	69.4	56.7
Any of the above	90.0	93.8	89.3	94.0	61.5	83.3	89.5
Number heard about NHM	30	48	28	83	13	36	238
Number not heard about NHM	78	78	79	62	91	115	503
No response	52	34	53	16	56	9	220
Total	160	160	160	161	160	160	961

Table-32 Distribution of respondents aware of ways to prevent anaemia among adolescent girls

Aware of ways to prevent anaemia among adolescent girls	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Take IFA tablets	33.1	19.4	41.9	21.1	30.0	10.0	25.9
Eat green leafy vegetables	48.8	68.1	61.3	70.2	49.4	62.5	60.0
Eat more iron rich foods	16.3	16.3	21.9	26.7	26.3	30.0	22.9
Eat more food	10.0	13.8	5.6	11.8	2.5	1.9	7.6
Consult a doctor	25.6	39.4	21.9	56.5	28.8	36.9	34.9
Take more rest	0.0	0.0	0.0	0.6	0.0	0.0	0.1
Any of the above	67.5	91.9	86.9	97.5	78.1	86.3	84.7
N	160	160	160	161	160	160	961

Table-33 Distribution of respondents aware of delivery place

Delivery place	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
District Hospital	54.4	70.0	90.6	74.5	75.6	31.9	66.2
Community Health Centre	87.5	56.9	89.4	41.6	87.5	66.9	71.6
Primary Health Centre	6.3	26.9	5.0	11.8	21.9	31.3	17.2
Sub-centre	22.5	11.9	0.6	34.2	2.5	0.6	12.1
NGO/ Trust Hospital/ clinic	4.4	4.4	3.1	1.2	0.6	2.5	2.7
Private Hospital/ Clinic	31.3	16.9	2.5	3.7	9.4	10.0	12.3
Any of the above	97.5	98.1	99.4	99.4	99.4	98.1	98.6
Any of the govt facilities	96.9	98.1	99.4	98.8	99.4	98.1	98.4
N	160	160	160	161	160	160	961

Table-34 Distribution of respondents aware of Janani Suraksha Yojna

JSY	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Know about Janani Suraksha Yojna	67.5	61.3	68.1	67.7	61.3	54.4	63.4
Know about correct Incentive money given to a woman for institutional delivery	93.1	73.8	94.4	82.6	90.0	92.5	87.7
Know how is money provided	85.6	85.6	91.9	89.4	88.8	91.3	88.8
N	160	160	160	161	160	160	961

Table-35 Distribution of respondents aware of JSSK entitlements

JSSK entitlement	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Free transport to reach hospital	23.1	49.4	38.1	65.2	31.3	46.3	42.2
Food for 2/7 days in normal/ C-section delivery	10.0	41.9	8.1	60.9	7.5	23.1	25.3
Free drop back to home	25.0	33.1	33.1	44.7	29.4	36.3	33.6
Free medicines/ tests	16.9	30.6	23.8	59.0	11.9	33.1	29.2
All of the above	6.3	21.9	6.3	39.1	6.9	21.3	17.0
N	160	160	160	161	160	160	961

Table-36 Distribution of respondents aware of ways to prevent anaemia among pregnant women

Aware of ways to prevent anaemia among pregnant women	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Take IFA tablets	43.8	33.1	56.9	37.9	45.0	30.0	41.1
Eat green leafy vegetables	59.4	83.8	65.6	82.0	60.6	83.1	72.4
Eat more iron rich foods	15.0	34.4	13.8	49.1	16.9	36.3	27.6
Eat more food	5.6	10.6	8.1	7.5	3.8	1.9	6.2
Consult a doctor	10.6	21.3	21.3	20.5	26.9	15.6	19.4
Take more rest	1.9	1.9	0.0	0.0	1.3	0.6	0.9
Any of the above	70.0	95.0	86.3	91.9	80.6	93.8	86.3
N	160	160	160	161	160	160	961

Table-37 Distribution of respondents aware of ASHAs in their village

Aware of ASHA in the village	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Yes	98.8	86.3	98.8	88.8	99.4	98.1	95.0
No	1.3	13.8	1.3	11.2	0.6	1.9	5.0
Total	160	160	160	161	160	160	961

Table-38 Distribution of respondents knowing the services provided by ASHAs

Services ASHA provides in the village	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Facilitate antenatal services to pregnant women	92.5	79.4	95.0	73.9	91.9	50.6	80.5
Arrange transport to carry the pregnant women to the health facility for delivery	73.1	65.6	70.6	67.7	65.0	72.5	69.1
Facilitate the JSY incentive money to the delivered woman	59.4	31.3	48.8	23.6	45.0	8.8	36.1
Facilitate immunisation to children	92.5	78.8	80.0	83.2	90.6	89.4	85.7
All the four	52.5	23.8	43.1	17.4	38.1	6.3	30.2
N	160	160	160	161	160	160	961

Table-39 Distribution of respondents aware of correct ways of child feeding practices

Child feeding practices	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
When the child should be given first breast milk	78.8	71.3	86.3	82.0	80.0	75.6	79.0
Colostrums be fed to the child	76.3	75.0	90.6	87.6	88.1	82.5	83.4
child should be exclusively breastfed up to age of 6 months	85.6	58.1	85.6	75.8	79.4	68.1	75.4
Other Fluids at 6 months	60.0	47.5	53.1	69.6	53.1	46.9	55.0
Semisolid food to start at 6 months	55.0	47.5	48.8	67.1	54.4	66.3	56.5
Solid food to start at 12 months age	64.4	29.4	78.8	60.9	83.8	61.3	63.1
None of the above	6.9	8.1	1.9	5.0	1.3	9.4	5.4
All of the above	27.5	12.5	28.8	50.9	31.3	21.9	28.8
N	160	160	160	161	160	160	961

Table-40 Distribution of respondents aware of vaccines and correct number of doses of vaccines given to infants

Aware of vaccines with correct doses	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
BCG	45.0	57.5	42.5	64.6	35.0	49.4	49.0
DPT	53.1	33.1	40.6	41.0	33.8	31.3	38.8
OPV	54.4	36.3	40.6	41.6	31.9	30.0	39.1
Measles	44.4	53.8	43.8	62.1	38.8	44.4	47.9
None of above four	40.0	38.8	53.8	32.9	60.0	46.3	45.3
All of above four	34.4	31.3	38.8	37.9	30.0	25.0	32.9
Pulse polio	60.6	41.3	82.5	47.8	90.0	40.0	60.4
Hep-b	0.6	15.0	1.3	9.3	0.0	7.5	5.6
None of above six	27.5	30.0	10.0	17.4	9.4	23.1	19.6
All of above six	0.6	8.8	0.6	1.9	0.0	1.9	2.3
N	160	160	160	161	160	160	961

Table-41 Distribution of respondents aware of TB cure and health facilities where it can be treated

TB Cure	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Do we have any medicine that can cure a TB patient	71.9	66.3	79.4	77.0	86.3	51.3	72.0
Govt Hospital	95.7	94.3	90.6	94.4	92.8	91.5	93.2
Private doctor/ hospital	16.5	11.3	35.4	3.2	43.5	9.8	21.4
Private unqualified practitioner	3.5	0.0	0.8	0.8	1.4	2.4	1.4
DOTS Centre	13.0	4.7	15.0	3.2	11.6	4.9	9.1
N	115	106	127	124	138	82	692

Table-42 Distribution of respondents aware of malaria and ways to prevent it

About malaria	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Through mosquito bite	93.1	91.9	96.9	98.1	90.0	95.6	94.3
Dirty, Stagnant water around the house	6.9	10.6	5.6	6.8	3.8	8.8	7.1
Any of above	93.8	91.9	98.1	98.1	90.0	98.1	95.0
Prevent by not allowing water stagnation in and around house	36.9	43.1	50.6	67.7	47.5	30.6	46.1
Prevent by wearing clothes so that maximum body is covered	3.8	1.3	15.0	4.3	5.0	3.8	5.5
Prevent by using mosquito net	85.0	65.0	68.1	72.7	53.8	76.9	70.2
Prevent by non allowing accumulation of water in cooler/ flower pots	0.0	0.6	0.0	0.0	0.0	0.6	0.2
Prevent by using mosquito coils etc	9.4	5.6	2.5	9.3	12.5	8.8	8.0
Prevent by any of the above	99.4	91.3	100.0	100.0	100.0	100.0	98.4
N	160	160	160	161	160	160	961

Table-43 Distribution of respondents by items of knowledge scores

Knowledge item	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Adolescent age	30.6	10.6	41.9	43.5	38.1	38.1	33.8
School health programme	11.3	9.4	9.4	13.7	8.8	8.1	10.1
Age at marriage for girls	86.9	88.1	93.1	97.5	95.0	95.6	92.7
Age at marriage for boys	73.1	70.6	85.6	90.7	83.8	79.4	80.5
Number of ANC visits	75.6	39.4	81.9	79.5	77.5	61.9	69.3
Age at first birth	55.0	57.5	87.5	75.2	88.8	65.6	71.6
Iron tablets	46.3	49.4	72.5	65.2	46.9	45.0	54.2
TT injections	70.0	68.1	78.8	76.4	66.3	70.0	71.6
Vehicle for pregnant women	26.3	28.1	27.5	29.2	31.9	21.3	27.4
Spacing between children	68.8	73.1	93.1	75.2	80.0	71.9	77.0
Vehicle for neonats	20.6	14.4	26.3	23.0	25.6	16.3	21.0
Age at measles	52.5	47.5	53.1	62.7	47.5	33.8	49.5
Spacing method of FP	65.0	98.8	86.3	96.3	73.1	91.9	85.2
Limiting method of FP	74.4	96.9	95.0	98.1	84.4	96.9	90.9
PP IUCD	8.8	10.6	5.0	9.3	1.9	7.5	7.2
Easy between M/F sterilization	3.8	14.4	11.3	5.0	3.8	8.1	7.7
Amount for male sterilization	2.5	10.0	2.5	7.5	6.3	4.4	5.5
Delivery place (govt)	96.9	98.1	99.4	98.8	99.4	98.1	98.4
JSY	85.6	85.6	91.9	89.4	88.8	91.3	88.8
JSSK entitlements	6.3	21.9	6.3	39.1	6.9	21.3	17.0
Way to prevent anaemia among pregnant women	70.0	95.0	86.3	91.9	80.6	93.8	86.3
Know ASHAs	52.5	23.8	43.1	17.4	38.1	6.3	30.2
First breastfeeding	78.8	71.3	86.3	82.0	80.0	75.6	79.0
Colostrums feeding	76.3	75.0	90.6	87.6	88.1	82.5	83.4
Child feeding	27.5	12.5	28.8	50.9	31.3	21.9	28.8
All 4 vaccines	34.4	31.3	38.8	37.9	30.0	25.0	32.9
EMTS	67.5	25.6	72.5	60.2	48.8	34.4	51.5
N	160	160	160	161	160	160	961

Table-44 Mean scores by groups/ themes of knowledge by length of show watched

District	Amethi	Barabanki	Etah	Jhansi	Mathura	Varanasi	Total
Pregnancy care (5 items)	2.9	2.8	3.5	3.4	3.0	2.9	3.1
Delivery care (3 items)	1.9	2.1	2.0	2.3	2.0	2.1	2.0
Family Planning (5 items)	1.5	2.3	2.0	2.2	1.7	2.1	2.0
Child care (6 items)	2.9	2.5	3.2	3.4	3.0	2.6	2.9
Others (8 items)	4.5	3.6	5.3	4.7	4.8	4.0	4.5
Overall (27 items)	13.7	13.3	15.9	16.0	14.5	13.7	14.5

Table-45 Mean adjusted scores by groups of knowledge by length of show watched

How much show watched	N	Adjusted mean score	Standard Error	Lower limit	Upper limit	Test statistics
Pregnancy care (5 items)						
Most	334	3.40	0.06	3.28	3.52	F(3, 950) = 20.42 Prob > F < 0.0001
Fourth-Half	162	3.22	0.09	3.04	3.40	
Small Part	122	3.08	0.10	2.88	3.29	
Not Seen	343	2.72	0.06	2.60	2.84	
Delivery care (3 items)						
Most	334	2.16	0.03	2.11	2.22	F(3, 950) = 9.56 Prob > F < 0.0001
Fourth-Half	162	2.04	0.04	1.95	2.12	
Small Part	122	1.98	0.05	1.88	2.07	
Not Seen	343	1.95	0.03	1.89	2.01	
Family Planning (5 items)						
Most	334	2.11	0.04	2.03	2.19	F(3, 950) = 8.72 Prob > F < 0.0001
Fourth-Half	162	1.95	0.06	1.83	2.07	
Small Part	122	2.02	0.07	1.89	2.16	
Not Seen	343	1.81	0.04	1.73	1.89	
Child care (6 items)						
Most	334	3.30	0.08	3.15	3.46	F(3, 950) = 14.24 Prob > F < 0.0001
Fourth-Half	162	3.02	0.12	2.80	3.25	
Small Part	122	2.94	0.13	2.68	3.20	
Not Seen	343	2.56	0.08	2.41	2.72	
Others (8 items)						
Most	334	4.75	0.08	4.60	4.90	F(3, 950) = 10.49 Prob > F < 0.0001
Fourth-Half	162	4.64	0.11	4.42	4.86	
Small Part	122	4.38	0.13	4.13	4.63	
Not Seen	343	4.16	0.08	4.01	4.31	
All (27 items)						
Most	334	15.72	0.20	15.33	16.10	F(3, 950) = 28.20 Prob > F < 0.0001
Fourth-Half	162	14.88	0.28	14.33	15.43	
Small Part	122	14.40	0.32	13.77	15.04	
Not Seen	343	13.21	0.19	12.83	13.59	

Table-46 Mean adjusted scores of knowledge scores by broad groups

Groups	N	Adjusted mean score	Standard Error	Lower limit	Upper limit	Test statistics
Phase						
Phase1	480	14.37	0.17	14.03	14.70	F(1, 952) = 1.48 Prob > F = 0.2234
Phase2	481	14.66	0.17	14.33	15.00	
Region						
Eastern	320	13.65	0.21	13.23	14.06	F(3, 950) = 13.72 Prob > F < 0.0001
Central	160	14.15	0.29	13.57	14.72	
Western	320	14.86	0.21	14.45	15.27	
Bundelkhand	161	15.92	0.30	15.34	16.51	
Districts						
Amethi	160	13.83	0.29	13.25	14.40	F(5, 948) = 8.54 Prob > F < 0.0001
Barabanki	160	14.14	0.29	13.56	14.72	
Etah	160	15.04	0.30	14.46	15.62	
Jhansi	161	15.92	0.30	15.34	16.51	
Mathura	160	14.68	0.29	14.11	15.26	
Varanasi	160	13.47	0.29	12.89	14.04	

Annextures

Annexure A: Sample selection

Table: Sample sizes to detect changes of 5 to 20 percent with various base values

Base value (in %)	Percentage points change post intervention			
	5%	7%	10%	20%
10	368	195	101	29
15	497	261	132	36
20	608	316	159	42
25	701	363	181	47
30	776	400	198	51
35	833	427	211	53
40	872	446	219	54
45	892	455	223	54
50	895	455	222	53
55	880	446	216	51
60	847	428	206	48
65	796	401	192	43
Optimum	895	455	223	54
$\alpha = 0.05$			Power (1- β) = 0.85	

Optimum sample size= 895
 Additional 7% for non response= 63
 Total sample persons= 958
 Total sample persons (rounded)= 960

Number of villages to be covered= $960/20 = 48$ villages

In order to cover 48 villages we propose 6 districts and within these districts two blocks each, one nearest to DHQ and other farthest.

Thus in a district number of villages to be covered= $48/6 = 8$

In each block the sample villages are to be $8/2 = 4$

As such 960 persons from 48 villages, where shows have been conducted, of twelve blocks and six districts were surveyed.

Selection of District: Two districts each would be selected from each of the three regions covered by the Sehat Sandesh Wahini programme. All the districts in a region would be arranged as per Census 2011 codes and two would be selected randomly.

Selection of Blocks: Two blocks from each district would be selected based physical distance from the district head quarter, i.e. one nearest block and one farthest block.

Selection of Villages: From each block four villages will be selected based on list of villages supplied to us. Care will be taken to include villages which have been covered recently.

Annexure B: Division wise villages covered/shows held 1st Phase

Name of division	No of districts	Total no of blocks	Total no of villages covered/ shows held
Allahabad	4	58	1160
Faizabad	5	64	1280
Gorakhpur	4	60	1200
Basti	3	36	711
Devipatan	4	44	880
Lucknow	6	92	1840
Chitrakoot	4	24	480
Mirzapur	3	26	520
Moradabad	5	36	720
Kanpur	6	50	1000
Aligarh	4	34	680
Total	48	526	10471

Annexure C: Division wise villages to be covered for second phase

Name of division	No of districts	Total no of blocks	Total no of villages to be covered
Jhansi	3	23	460
Varanasi	4	54	1080
Azamgarh	3	48	960
Bareilly	4	55	1100
Agra	4	43	860
Meerut	6	46	860
Saharanpur	3	25	500
Total	27	294	5880

Annexure D: Survey Teams

Team 1

Team Leader: **Dr Rajesh Kumar Chauhan**, Joint Director
Investigators: **Mr Sukhdeo Prasad**, Field Investigator
Mr Manoj Kumar Chatterjee, Field Investigator

Team 2

Team Leader: **Dr PK Mamgain**, Sr. Assistant Director
Investigators: **Mrs Rekha Bora**, Field Investigator
Mr Akhil Kumar Singh, Field Investigator

Field monitoring: **Dr Pradeep Mishra**, Additional Director

Annexure E: Respondents questionnaire

--	--	--

Population Research Centre,
Department of Economics, University of Lucknow, Lucknow-226007

To evaluate the efficacy and reach of Sehat Sandesh Wahini in UP

IDENTIFICATION SECTION		
001	Name of District ftys dk uke : _____	<input type="text"/>
002	Name of Block Cykd dk uke : _____	<input type="text"/>
003	Name of Village xld dk uke : _____	<input type="text"/>
004	PSU Number ih, l ; wuej : _____	<input type="text"/> <input type="text"/>
005	Household Number gkml gkM uej : _____	<input type="text"/> <input type="text"/>
006	Interview Date (DD/MM/YY) $\text{l kkrdkj dh rkjh[k}$	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
007	Name of Interviewer: $\text{l kkrdkj drkZ dk uke}$: _____	<input type="text"/> <input type="text"/>
008	Result Code ifj.kke dkM : Completed ijk gvk 1 Partially completed $\text{vkr'd : lk l sijk gvk}$ 2 Refused $\text{l kkrdkj l seuk fd;k}$ 3	<input type="text"/>
009	Start Time: Hr. <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/> End Time: Hr. <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>	

To be filled up after Selection of Respondent $\text{mRrjnkrk dspuko ds ckn Hkjuk gS}$

010	CATEGORY OF THE RESPONDENT Adult Male attended the show 0; $\text{Ld iq "k% 'kks ns[kk 18 - 59 years-}$ 1 Adult Female attended the show 0; $\text{Ld efgyk% 'kks ns[kk 18 - 49 years-}$ 2 Adult Male did not attend the show 0; $\text{Ld iq "k% 'kks ughans[kk 18 - 59 years-}$ 3 Adult Female did not attend the show 0; $\text{Ld efgyk% 'kks ughans[kk 18 - 49 years-}$ 4	<input type="text"/>
011	LINE NUMBER OF THE SELECTED RESPONDENT $\text{pqsx; smRrjnkrk dk ykbu uej}$	<input type="text"/> <input type="text"/>

To Be Filled By Supervisor

012	SUPERVISOR Name l qjokbtj dk uke _____	<input type="text"/> <input type="text"/>
-----	---	---

HOUSEHOLD INFORMATION

KINDLY PROVIDE BACKGROUND INFORMATION ON HOUSEHOLD MEMBERS WHO ARE SHARING THE SAME KITCHEN AND STAYING IN THIS HOUSE. *(Include those who are temporarily away. Exclude guests and servants and those members who usually have not been staying in this house for a period of six months or more)*

di;k ifjokj dsmu l nL; k dh i"Blkfe dscjkse tkudkjh inku dja tks, d gh jI kbZ ?kj dk cuk gvk [kkuk [kkrs gla vj\$ bl edku ea jgrs gla vbl ea ,d s ykxla dks Hkh 'kkfey dja tks vLFkbZ: i l s ckj' ga i jUr qegekuh ukStjka vj\$,d s l nL; k dks 'kkfey ugha dja tks vkerf ij bl ?kj ea6 eghus; k ml lsvf/kd vof/k ds fy, dggj jgrs ga½

ELIGIBLE RESPONDENTS IN A HOUSE ARE ALL MARRIED 18-59 yrs MALE AND 18-49 yrs FEMALE MEMBERS. ?j ds; k; mRjnkr ,d s l Hh foolgr iq 'k rFk efgyk l nL; gStudh mez 18&59 vj\$ 18&49 o'k ga

021. Serial no	022. Name Ukfe	023. Age vk; q	024 Relationship to head of household l EclU/k	025. Sex fyk (Male-1, Female-2)	026. Couple serial no nEifRr dekd	027. Attended the show 'kks nq'kk (Yes-1, No-2)	028. Selected member p; fur l nL;
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Relation to head code: Self-1, Spouse of head-2, Son-3, Daughter-in-law-4, Daughter-5, Son-in-law-6, father/mother/father-in-law/mother-in-law-7, brother/sister/brother-in-law/sister-in-law/other, other relatives-8.

CONFIDENTIALITY AND CONSENT: xkluh;rk rFk l gefr %

Introduction – My name is _____. I am working for Population Research Centre, Dept of Economics, University of Lucknow. We are interviewing people here (name of village) to take an account of the IEC by video van. The output of the study will benefit the functionaries involved in the implementation of the Health Promotion Programme. I will ask you some personal questions that some people find difficult to answer. Your answers are completely confidential. Your name will not be used elsewhere, and will never be used in connection with any of the information you tell me. You do not have to answer any questions that you do not want to answer and you may end this interview at any time you want to. However, your honest answer to these questions will help us better understand what people think, say and do about certain kinds of behaviors. We would greatly appreciate your help in responding to this survey. However, if you feel uncomfortable at any point of time, you could discontinue the proceedings. The survey will take about half an hour to ask the questions. Would you be willing to participate?

ifjp; %ejk uke -----gA eš tul f; k 'kkk dlnj vFZkkL= foHkkx] y[kuÅ fo'ofok|ky; dsfy, dke dj jgk gA ge ; gla%kko dk uke% bl insk ds LokLF; ifjn"; ds ckjs ea ykxla ds l kfk l k{kkRdkj dj jgs gA bl v/; ; u ds fu"d'kka l s LokLF; ds iā kj dk; žtela dks ykxw djs okys ykx ykHkkAOr glaA eš vki l sdN cgr 0; fDrxr izu iNakk ftudk tokc nus ea dN ykxla dks d fBukbZ gksh gA vki ds mRrjka dks ijh rjg l s xki uh; j[kk tk; xka bl OkkZ ea fy[ks vki ds uke dk dgha vlg mi; lx ugha fd; k tk; xk vlg bl sml tkudkjh ds l kfk tkMus dsfy, dHkh Hkh bLrky ugha fd; k tk; xk tks vki eš crk; xka ; fn vki fdl h izu dk mRrj ugha nuk pkgrs gA rks ml dk mRrj nuk vki dsfy, t: jh ugha g vlg fdl h Hkh le; bPNk gksus ij vki bl l k{kkRdkj dks l ekir Hkh dj l drsgA i jUrqbz izuka dsfy, bēkunkjhi d fn; s x; s vki ds mRrjka l s gea bl ckr dks cgrj rjhd l s le>us ea enn feyxh fd ykx dN fo'ksk izkj ds 0; ogkja ds ckjs ea D; k l kprj dgrs vlg djrs gA bl l oZk.k ea Hkkx yus dsfy, ge vki ds vr; Ur vHkkjh glaA i jUrq; fn fdl h Hkh le; vki vl qp/kk egl d jark vki vixs l k{kkRdkj l ekir dj l drsgA bl l oZk.k ds izu iNuse ayxHkk vki/s ?ka/s dk le; yxxka D; k vki bl ea Hkkx yus ds bPNq gA

Respondent Agreed 1 → Continue

mRrjnkrk l ger gS

Respondent did not agree 2 → End Interview

mRrjnkrk l ger ugha gS

(Signature of interviewer certifying that informed consent has been given verbally by the respondent)

%g iek.kr djrs gq l k{kkRdkj dks gLrk l dh tkudkj; q; l gefr mRrjnkrk dks i<dj l qkbZ tk pqh gA½

A. Background of the Respondent

Q No.	Questions and Filters	Coding categories	Skip to
101	What is your age vki dh mez D; k g\$	In completed Years i j s fd; s x; s o" k d ea <input type="text"/> <input type="text"/>	
102	Sex of the respondent mRrjnkrk dk fyx	Male i q "k 1 Female efgyk 2	
103	What is the highest level of education you attained? vki usvf/kdre fdl Lrj rd i < kbZ dh g\$	Illiterate vf' k fkr 1 Literate with no formal education v k s p k f j d f' k k k d s f c u k f' k f k r 2 1 – 5 th d f k k 1 l s 5 rd 3 6 – 8 th d f k k 6 l s 8 rd 4 9 – 10 th d f k k 9 l s 10 rd 5 11 – 12 th d f k k 11 l s 12 rd 6 Technical education (diploma) r d u h c h f' k f k 7 Graduate and above L u k r d v k s m l l s v f / k d 8	
104	What is the highest level of education of your spouse? vki d s i f r @ i R u h u s v f / k d r e f d l L r j r d i < k b Z d h g \$	Illiterate vf' k f k r 1 Literate with no formal education v k s p k f j d f' k k k d s f c u k f' k f k r 2 1 – 5 th d f k k 1 l s 5 rd 3 6 – 8 th d f k k 6 l s 8 rd 4 9 – 10 th d f k k 9 l s 10 rd 5 11 – 12 th d f k k 11 l s 12 rd 6 Technical education (diploma) r d u h c h f' k f k 7 Graduate and above L u k r d v k s m l l s v f / k d 8	
105	What is your occupation? vki dk 0; ol k; D; k g\$ (In case of more than one occupation, ask for the occupation in which the respondents spends maximum time) ¼ d l s v f / k d 0; ol k; g l u s d h f l f k r e a m l 0; ol k; d s c k j s e a i n a f t l e a m R r j n k r k l c l s v f / k d l e; n r k g \$	House wife x g . l h 01 Unemployed/not working/retired, c j k s t x k j @ d k e u g h d j r s g @ f j V k; j g k s p d s g \$ 02 Student f o k f k h z 03 Non-agricultural labourer x j d f' k J f e d 04 Domestic servant ? k j s y u k k j 05 Agricultural labourer d f' k J f e d 06 Cultivator f d l k u 07 Petty business/small shop owner N k / k f c t u s @ N k / s n p k u n k j 08 Self employed professional L o j k s t x k j 0; ol k; h 09 Service (Pvt./ govt.) u k k d j h ¼ k b o v / @ l j d k j h z 10 Large business/medium-large shop owner c M k f c t u s @ e /; e v k s c M s n p k u n k j 11 Other (Specify) v l j; M i " V d j k _____ 99	
106	Do you belong to scheduled caste, scheduled tribe, other backward castes or none of these? D; k vki v u d f i p r t k f r v u d f i p r t u t k f r v l j; f i N M h	Scheduled Caste, v u d f i p r t k f r 1 Scheduled Tribe, v u d f i p r t u t k f r 2 Other Backward Castes, v l j; f i N M h t k f r 3	

Q No.	Questions and Filters	Coding categories	Skip to
	tlfr ; k mi jkDr es l s dkbz Hh ugh ds vlr xir vkrsgS	General Castes, l keld; tlfr	4
107	What is the religion of members of household? vki ds ifjokj ds l nL; k dk /keZD; k gS	Hindu Muslim Christian Buddhist Jain Sikhism Other religion	1 2 3 4 5 6 9
108	What is source of cooking energy in your house vki ds ?kj ea [kkuk i dkus grqeq; r%fdl l k/ku dk iz kx gS	Firewood and chips Dung cake coke, coal LPG/ gohar gas Kerosene Electricity Others	1 2 3 4 5 6 9
109	What is source of lighting energy in your house vki ds ?kj ea izdk'k grqeq; r%fdl l k/ku dk iz kx gS	Kerosene Other oil Gas Candle Electricity Others	1 2 3 4 5 9
110	Is any member of the household a regular salary earner? D; k vkids ifjokj dk dkbz l nL; fu;fer oru i ltr djrk gS	Yes gkW No ugh	1 2
111	Structure of dwelling unit vlok l i; l jpuK dk izdkj	Pucca i Ddk Semi-pucca v/ M Ddk Kutchcha dPpk	1 2 3
112	Does the household possess a ration card D; k ifjokj ds ikl jk'ku dkmZ gS	Antyodaya vLR; kn; BPL ch-i-l, y- Others vU; No card dkbz dkmZ ugha	1 2 3 4
113	Sanitation ukfyv l dk izdkj	Pucca concealed drains i Ddh <dh gPz ukyh Pucca Open drains i Ddh [kyh ukyh Kutchha dains dPph ukyh No drains dkbz ukyh ugha	1 2 3 4
114	Type of toilet used 'kPky; dk izdkj	Flush toilet Oy'k 'kPky; Pit toilet fiV 'kPky; No toilet 'kPky; ugha	1 2 3
115	Is separate room for cooking D; k j l kbZ dsfy, vyx dejk gS	Yes gkW No ugh	1 2

B. About the show

Q. No.	Questions and Filters	Coding categories		Skip to
201	Do you recall about the video show of Sehat Sandesh Vahini in your village? D; k vki dks I gr I nsk okfguh dk; bde ; kn vkrk gS\	Yes gkW	1	203
		No ugh	3	
		No response dkbz tokc ugh	8	
202	Why did you not see the show? vki us dk; bde D; ka ugha nsq\	No information	1	Go to 401
		Not interested	2	
		Busy elsewhere	3	
		Out of village	4	
		Others, specify	9	
203	In your opinion Sehat Sandesh Vahini's main objectives are? Multiple allowed vki ds fopkj I s I nsk okfguh dk; bde ds ef; mnas; D; k gS\ ,d I svf/d ykxw	Awareness of government health programmes I jdkjh LokLF; dk; bde dh tkudkj	1	
		Awareness on maternal health ekrRo LokLF; dh tkudkj	2	
		Awareness on child health cky LokLF; dh tkudkj	3	
		Importance of health programmes LokLF; dk; bde dk egRo	4	
		Educate women about the available health facilities efgyk vka dks miyCk LokLF; I qo/kvka ij f'kfkr djuk	5	
		Educate society about the available health facilities I ekt dks miyCk LokLF; I qo/kvka ij f'kfkr djuk	6	
		Ensure welfare of population by providing information and correct knowledge I gh I puk o I Vhd Kku miyCk djkj tudV; k.k I quf'pr djuk	7	
		Connecting everyone to government health programmes I Hkh dks vko'; drkud kj I jdkjh LokLF; I okvka dk ykkk yus grq ijr djuk	8	
		Ensuring that health system is accountable to general public LokLF; ra= dks tul kekl; dsfy, mRrjnkbz cukuk	9	
		Achieving health related goals of health mother, healthy child and healthy family LokLF; ekW f'k'kq, oa ifjokj ds y{; dks iklr djuk	10	
		Other, specify vl;	99	
204	Did you watch the full video show of Sehat Sandesh Vahini in your village? vki ds xkko eavk; kfr I gr I nsk okfguh dk; bde D; k vkis ijk nsq\	Yes gkW	1	206
		No ugh	3	
		Do not remember ; kn ugha	8	206
205	How much of the video show of Sehat Sandesh Vahini did you see?	Most of it yxltx ijk	1	
		More than half vk/s I sT; knk	2	

Q. No.	Questions and Filters	Coding categories	Skip to
	I gr l nsk okfguh dk; bde vki usfdruk nqfk \	About half yxhlx vk/kk 3	
		About one-third yxhlx ,d frgkbz 4	
		About one-fourth yxhlx pkfkbz 5	
		A small part FkkMk l k fgLI k 6	
		Can't remember ; kn ugha 8	
206	Do you know programme runs for how long? D; k vkids irk gsfed dk; bde fdrus le; pyrk gsf\	More than 2 hours nks ?a/s l s T; knk 1	
		Between 1-2 hours ,d l s nks ?a/s ds chp 2	
		About one hour yxhlx ,d ?a/k 3	
		Less than an hour ,d ?a/s l s de 4	
		Can't say dg ugha l drs 8	
207	When (on what date) this programme was organised in your village? ; g dk; bde vkids xkba eadk vk; kfr fd; k x; k frffk crk, a \	Told the correct date l gh frffk crkbz 1	
		Told the near about date vki ikl dh frffk crkbz 2	
		Told the correct month l gh eghuk crk; k 3	
		Could not recall ugha crk ik; @ik; ha 9	
208	Was programme adequately publicised D; k dk; bde dk l efpri ipkj fd; k x; k Fkk\	Yes gll 1	
		No ugh 2	
		Do not remember ; kn ugh 8	
209	How did you come to know about the show? vki dks 'kks ds okj se adgka l s irk pyk mYyqk dja		
210	Was following were done for publicity? Multiple allowed D; k ipkj gsrqfuEu fd; k x; k Fkk\ ,d l svf/d ykba	Public announcement epuknh vkfn 1	
		Information by ASHA vk'kk }kjk crk; k x; k 2	
		Information by ANM ,-, u-, e- }kjk crk; k x; k 3	
		Information by PRI ipk; r l nL; }kjk crk; k x; k 4	
		Notice on Panchayat office ipk; r Hkou ij l ipuk yxkbz xbz 5	
		Video van came in advance of m/vs okgu in d eagh xkba eavk x; k 6	
		Other, specify vl; 9	
211	In your opinion what is very important to publicise the show? Multiple allowed vkids fopkj eai pkj gsrqD; k vks fd; k tkuk pkfg, Fkk\ ,d l svf/d ykba	Public announcement epuknh vkfn 1	
		Information by ASHA vk'kk }kjk crk; k tkuk 2	
		Information by ANM ,-, u-, e- }kjk crk; k tkuk 3	
		Information by PRI ipk; r l nL; }kjk crk; k tkuk 4	
		Notice on Panchayat office ipk; r Hkou ij l ipuk yxkuk 5	
		Video van came in advance of m/vs okgu in d eagh xkba eavkuk 6	
		Other, specify vl; 9	
212	How did you like the programme?	Very much liked cgr i l n vk; k 1	
		Somewhat liked dN i l n vk; k 2	

Q. No.	Questions and Filters	Coding categories		Skip to
	vki dks dk; bde dš k yxk\	Neither liked not disliked u gh i l n u gh uki l n	3	
		Disliked uki l n	4	
		Very much disliked cgr uki l n	5	
		Did not watch it nškk ugha	8	
213	Did your spouse watch this programme? D; k vkids ifr@iRuh us; g dk; bde nškk Fkk\	Yes gkll	1	215
		No ugh	2	
214	How did your spouse like the programme? vkids ifr@iRuh dks; g dk; bde dš k yxk\	Very much liked cgr i l n vk; k	1	
		Somewhat liked dñ i l n vk; k	2	
		Neither liked not disliked u gh i l n u gh uki l n	3	
		Disliked uki l n	4	
		Very much disliked cgr uki l n	5	
215	Do you think others liked the programme? D; k vkids yxrk gšfd dk; bde vl; ykks dks dš k yxk\	Very much liked cgr i l n vk; k	1	
		Somewhat liked dñ i l n vk; k	2	
		Neither liked not disliked u gh i l n u gh uki l n	3	
		Disliked uki l n	4	
		Very much disliked cgr uki l n	5	
		Can't say dg ugha l drs	8	
216	In your opinion the programme was informative, nicely organised and entertaining? vki ds fopkj l s D; k dk; bde Kkua/kd] vPNs l sfd; k x; k rFkk euljat d Fkk\	Informative Kkua/kd	1	
		Well organised vPNs l sfd; k x; k	2	
		Entertaining euljat d	3	
		None of the above bues l s dkbz ugha	4	
217	Should these programme organised more frequently? D; k ,d s dk; bde dkj&2 vk; kštr fd, tkus pkfg, \			
218	If yes, how frequently			

C. Details of the show

Q. No.	Questions and Filters	Coding categories		Skip to
			Spontaneous	Probing
301	Please recall and tell me what was shown in the show di; k ; kn djds crk, afd 'kkseaD; k&2 fn[kk; k x; k Multiple allowed ,d lsvf/d tol lko Spontaneous probing	Maternal Care ekrRo l æ/kh nškkky	1	1
		Child/neonatal care f'k'k@uo'tkr l æ/kh nškkky	2	2
		Immunization Vhdkdj.k	3	3
		ANC id o iæz nškkky	4	4
		Delivery care id o ds le; nškkky	5	5
		PNC id o l'pkr nškkky	6	6
		Family planning ifjokj fu; kstu	7	7
		JSY tuuh l g'kk dk; bde	8	8
		JSSK tuuh f'k'kq l g'kk dk; bde	9	9
		BSGY cky LokLF; dk; bde	10	10
		ARSH fd'kq iztuu LokLF; dk; bde	11	11
		Other (specify)	99	99

Q. No.	Questions and Filters	Coding categories	Skip to
		VU; VLi"V dj	
302	Please tell about three most liked parts of the show? (Please ask and write the codes from 301) di; k crk, afd 'kks ea dks I s rhu Hkx vki dks I cl s vPNs yxs VLi; k iNdj izu 301 dsvuq lj dM vdr dj	First igyk Second nI jk Third rhl jk	
303	Please tell about most liked stories of the show? di; k crk, afd 'kks ea dks I h dgkuh vki dks I cl s vPNh yxh	Maternal death i d o ds nks ku eR; q Vu tfj; W Immunization motivation Vhd kdj .k cky LokLF; Vdyd kjh Copper-T dks j & Vh Vpka D; ka ysuk g Other VU;	1 2 3 4
304	How do you feel about the length of the programme? di; k crk, afd 'kks dh vof/k dsokj seavki D; k I kprsg	Adequate mi; Qr More vf/kd Less de Can't say dg ugha l drs	1 2 3 8
305	How do you feel about the timing of the programme? di; k crk, afd 'kks ds vk; kst u dk I e; mi; Qr Fk	Yes gW No ugh Can't say dg ugha l drs	1 2 8
306	In your opinion what should be the length of the show? vki ds fopkj I s 'kks fdruh vof/k dk gkuk plfg,	Like now tS k vHh gS Two hours nks ?h/s dk One hour , d ?h/s dk Half an hour vk/s ?h/s dk Three or more hours rhu ; k vf/kd ?h/s dk Can't say dg ugha l drs	1 2 3 4 5 8
307	After seeing the show did or any of you or any of your family member(s) utilize any services of NRHM/ NHM? (record verbatim) 'kks ds mi jkuR D; k vki us; k vki ds i fjkj ds fd I h I nL; us jk"Vh; xkeh.k LokLF; fe'ku@jk"Vh; LokLF; fe'ku dh dkbZ Hh I ok i ktr dh		
308	Would you like to suggest about the improvement of the show? 'kks ea I Qkj ds fy, vki I Q-to nsuk plgxs	Yes gW No ugh Can't say dg ugha l drs	1 2 8
309	What suggestions D; k I Q-to nsuk plgxs	1. 2. 3.	

D. Knowledge

Q. No.	Questions and Filters	Coding categories	Skip to
401	Do you know what are adolescent ages? fcl'kkskolFlk ea dks I k vk; pxZ vkrk gS	0-15 years 0%Z	1
		10-25 Years 0%Z	2
		10-19 Years 0%Z	3
		None of the above bues l s dkbZ ugha	4
		Do not know i rk ugha	8
402	What health facilities are provided under school health programme to school going girls? Multiple allowed Ldh tykusokyh yMfd; la dks Ldh gYFk dk; Bde ds vlr xZ D; k LokLF; I qo/k feyrh gS ,d lsv/d tolc l ho	Free health checkup Oh gYFk pdvi	1
		Iron tablets vk; ju dh xkyh	2
		Dewarming medicine iV ds dHMs ekjus dh nok	3
		TT injections fVvud ds Vhds	4
		Do not know i rk ugha	8
403	What is correct age of marriage for girls? yMfd; la dks fookg dh I gh vk; qD; k gkrh gS	After 18 years 18 0%Z ds ckn	1
		Just after the puberty l; wVhZ ds ckn	2
		At young age Nksh mez ea	3
		Do not know i rk ugha	8
404	What is correct age of marriage for boys? yMedh ds fookg dh I gh vk; qD; k gkrh gS	After 21 years 21 0%Z ds ckn	1
		Other age vU; vk; q	2
		Do not know i rk ugha	8
405	How many ANC visits are necessary? i d o i mZ nq kHky grqfdrustHke.k vko'; d ghrs gS \	four plj	1
		Three rhu	2
		Two nks	3
		One ,d	4
		Don't know ekye ugha	8
406	After marriage what should be minimum age of women at the time of first child? 'kkrh ds ckn igyscPps ds l e; efgyk dh de l s de fdruh mez gkuh plfg,	20 years 20 0%Z	1
		Other age vU; vk; q	2
		Don't know ekye ugha	8
407	How many iron tablets are recommended to be consumed during a pregnancy xHkb LFk ds nqku vkbu dh fdruh xky; la [lkuh plfg,	100 Tablets 100 xky; la	1
		200 Tablets 200 xky; la	2
		Some number vU; fxurh	3
		Do not know i rk ugha	8
408	How many TT injections are given to pregnant women xHkb LFk ds nqku VhVh ds fdrus Vhds yxokus plfg,	One ,d	1
		Two nks	2
		Some other number dkbZ vU; I d; k	3
		Do not know i rk ugha	8
409	Which number to be dialed to arrange vehicle for taking pregnant women to the hospital xHkbh efgyk dks vLi rky ys tkus ds fy, okgu dh 0; oLFk ds fy, dks I k Qks uEcj ?mpk; \	102	1
		Some other number dkbZ vU; uEcj	2
		Do not know i rk ugha	8
410	How much gap to be kept between the birth of two children -nks cPps ea de l s de fdrus vU; j j [lkuh plfg, \	Three years rhu l ky	1
		Other vU; s	2
		Do not know i rk ugha	8

Q. No.	Questions and Filters	Coding categories		Skip to
411	Which number to be dialed to arrange vehicle for taking sick infant to the hospital and bring back to home ;d l ky rd dk cPpk vxj chekj glsrks vLirky ys tkus ,oa oki l ?kj NkMus dsfy, xkMh cykus dsfy, dks l k Oku uEcj ?hek; xk	102	1	
		Some other number dkbz vl; uEcj	2	
		Do not know irk ugha	8	
412	Which vaccines are given to the children Multiple allowed cPpk dks dks&dks l sVhds yxrs g\$,d lsvl/d tol l h	BCG dhoI ho t h	1	
		DPT jMho i ho v h	2	
		Polio j i ksy; ks	3	
		Measles [kl jk	4	
		Hepatitis B] g\$ Vkbv l & ch	5	
		Japanese Encephalitis tki kuh cq klj	6	
		Other vl;	9	
413	At what age Measles vaccine is administered [kl js dk Vhdk cPps dks fd l vk; qij fn; k tkrk g\$	9 months 9 eghuk	1	
		1 year 1 o'kz	2	
		At birth/ some other age t l e ds l e; @vl; vk; q	3	
		Do not know irk ugha	8	
414	Which family planning methods are to be used to keep gap between the birth of children Multiple allowed cPpk dks t l e eav l rj j [kus dsfy, ifjokj fu; kstu dh dks&2 l h fof/k; ka g\$,d lsvl/d tol l h	Contraceptive pills xHkZ fu j k d x ksy; ka	1	
		Condom or Nirodh d h k e ; k fu j k k	2	
		IUD, Copper-T or loop d k W j & V h	3	
		Injectibles bat D'ku	4	
		Emergency Contraceptive pill vki kr xHkZ fu j k d x ksy; k	5	
		Other vl;	9	
415	Which family planning methods to be used to avoid/stop pregnancy Multiple allowed xHkZ k u l s cpus fy, ifjokj fu; kstu dh dks&2 l h fof/k; ka g\$,d lsvl/d tol l h	Female Sterilization efgyk ul cnh	1	
		Male Sterilization i q "k ul cnh	2	
		Other vl;	9	
416	Which family planning methods is used in hospital just after delivery i d o ds rj l r ckn vLirky e a ifjokj fu; kstu dh dks l h fof/k viuk; h tkrk g\$	Copper-T d k W j & V h	1	
		Some Other method dkbz vl; fof/k	2	
		Do not know irk ugha	8	
417	Which family planning methods is easier between male and female sterilization lkq "k v l g efgyk ul cnh e a dks l h fof/k v k l ku g\$	Male sterilization lkq "k ul cnh	1	
		Female sterilization efgyk ul cnh	2	
		Other vl;	9	
418	What amount is given as incentive for male sterilization vxj dkbz i q "k ul cnh d j k r k g\$ r k s f d r u s : i ; s f e y r s g\$	Rs 1100 : 1100	1	
		Other amount vl; /kujkf'k	2	
		Do not know irk ugha	8	

E. Media Exposure

Q. No.	Questions and Filters	Coding categories				Skip to				
501	During the last 1 month how often have you listened to the radio? CIRCLE ONE fi Nys ,d eghus dsnŋku vkiusfdruh ckj jŋM; ks l ɸk gŋ	Every day gj jŋt			1					
		At least once a week ,d l lrk g ea de l sde ,d ckj			2					
		Less than once a week ,d l lrk g ea ,d ckj l sde ckj			3					
		Did not listen to radio in last 4 weeks fi Nys 4 l lrk g l s jŋM; ks ugha l ɸk gŋ			4					
		No Response dkbz tokc ugha			8					
502	During the last 1 month how often have you watched television? fi Nys ,d eghus dsnŋku vkiusfdruh ckj Vhoh nŋkk CIRCLE ONE	Every day gj jŋt			1					
		At least once a week ,d l lrk g ea de l sde ,d ckj			2					
		Less than once a week ,d l lrk g ea ,d ckj l sde ckj			3					
		Did not watch TV in last 4 weeks fi Nys 4 l lrk g ea Vhoh ugha nŋkk gŋ			4					
		No Response dkbz tokc ugha			8					
503	During the last 1 month how often have you read newspaper or magazine? fi Nys ,d eghus ds nŋku vkius fdruh ckj l ekpkj i= ; k if=dk i<ŋ CIRCLE ONE	Every day gj jŋt			1					
		At least once a week ,d l lrk g ea de l sde ,d ckj			2					
		Less than once a week ,d l lrk g ea ,d ckj l sde ckj			3					
		Did not read newspaper or magazine in last 4 weeks fi Nys 4 l lrk g l s l ekpkj i= ; k if=dk ugha i<ŋ			4					
		Cannot Read i<+ ugha l drs gŋ			5					
		No Response dkbz tokc ugha			8					
504	Did you read/listen/see any advertisement/announcements on the following at least once in the last 1 month? D; k vkius fi Nys ,d eghus ea bu foŋ; ka i j de l sde ,d ckj dkbz foKki u i<k@l ɸk nŋkk gŋ	Newspaper or magazine v[kckj ; k if=dk			Radio jŋM; ks			Television Vyŋfotu		
		Y	N	NA	Y	N	NA	Y	N	NA
A	NHM jkVh; LokLF; fe'ku	1	2	3	1	2	3	1	2	3
B	JSY tuuh l jŋkk ; kstuk	1	2	3	1	2	3	1	2	3
C	JSSK tuuh f'k'kq l jŋkk dk; Zle	1	2	3	1	2	3	1	2	3
D	48 Hrs Stay at the hospital after delivery iŋ o ds dkn 48 ɸk/svLi rky ea; duk	1	2	3	1	2	3	1	2	3
E	Family Planning- Spacing methods (copper-T, pills, Condom, injectible etc) i f jokj fu; kst u dh vŋrj j [kus dh fof/k; ka vclw j Vh j xŋŋ; k fujkŋ bat ŋ'ku vŋfŋ	1	2	3	1	2	3	1	2	3
F	Family Planning- Sterilization (female) efgyk ul cnh	1	2	3	1	2	3	1	2	3
G	Family Planning- Sterilization (male) i q ŋ ul cnh	1	2	3	1	2	3	1	2	3
H	Immunization Vhdldj .k	1	2	3	1	2	3	1	2	3

F. National Rural Health Mission

Q. No.	Questions and Filters	Coding categories		Skip to
601	Have you ever heard of National Rural Health Mission (NRHM)/National Health Mission (NHM)? D; k vki us dHh Hh jk'Vh; xkeh.k LokLF; fe'ku@jk'Vh; LokLF; fe'ku dsckjses l qik gS	Yes gla	1	} 603
		No ugha	2	
		No Response dHbz tokc ugha	8	
602	What are the services/ care provided under NRHM/NHM? jk'Vh; xkeh.k LokLF; fe'ku@jk'Vh; LokLF; fe'ku ds vllrxh- D; k&D; k l ok,a; k l olo/kk,a ink u dh tkrh gS (Multiple responses possible) ¼ d l svf/kd mRrj l Hko½	Pregnancy registration xHkZ dk i at h d j.k	1	
		Antenatal Check ups of pregnant women xHkZrh efgykva dh id o i n z t k p a	2	
		TT injections fVvul ds bl t D'ku	3	
		IFA Tablets vk; ju Qkfyd , fl M xkyh	4	
		Institutional Deliveries l d Fkkr id o	5	
		Incentives for institutional delivery l d Fkkr id o ds fy, forrh; vumku	6	
		Post natal check up of mother id o i 'pkr n s Hkky	7	
		New born care uo tkr f'k'kq dh n s Hkky	8	
		Immunization to the children cPpks dk Vhd kd j.k	9	
		Other (specify) ----- vU; %Li"V d jkz	99	
		Don't Know ekye ugha	98	
603	What advice is given to adolescent girls to prevent anaemia? fd'kqj; l ea l ku dh deh dks nj dju ds fy, D; k&D; k l ko fn; s tk l drsgS (Multiple responses possible) ¼ d l svf/kd mRrj l Hko½	Take IFA tablets vk; ju Qkfyd , fl M dh xkyh [kkh pkfg,	1	
		Eat green leafy vegetables gjh iRrnkj l fct; ka [kkh pkfg,	2	
		Eat more iron rich foods vk; ju ; Dr Hkst u vf/kd ek=k es [kkh pkfg,	3	
		Eat more food vf/kd ek=k es Hkst u djs	4	
		Consult a doctor MkDVj l s l yk yuh pkfg,	5	
		Take more rest vf/kd vkjke djuk pkfg,	6	
		Other (specify) ----- vU; %Li"V d jkz	7	
		Don't Know ekye ugha	8	
604	What advice is given to adolescent girls to prevent reproductive tract infections? fd'kqj; l ea xkrk ea l De.k nj dju@jk d Fkke ds fy, ds fy, D; k&D; k l ko fn; s tk l drsgS (Multiple responses possible) ¼ d l svf/kd mRrj l Hko½	Cleanliness during menstrual hygiene ekf l d /ke@eglokfj ds n'gku l kQl Qkb	1	
		Other (specify) ----- vU; %Li"V d jkz	2	
		Don't Know ekye ugha	8	
605	In which health facilities institution delivery can take place? fd l LokLF; l qo/kk d bñz ij l d Fkkr id o dj; s tk l drsgS	District Hospital ftyk vLi ky	1	
		Community Health Centre l kep kf; d LokLF; d bñz	2	
		Primary Health Centre i Hkfed LokLF; d bñz	3	

Q. No.	Questions and Filters	Coding categories		Skip to
	(Multiple responses possible) ¼ d l svf/kd mRrj l kko½	Sub-centre midbhz	4	
		NGO/ Trust Hospital/ clinic x\$ l jdkjh l kFku@VLV vLirky@fDyfud	5	
		Private Hospital/ Clinic futh vLirky @ fDyfud	6	
		Other (specify) ----- vll; ¼i"V dj½	7	
		Don't Know ekye ugha	8	
606	Do you know about Janani Suraksha Yojna? D; k vki tuuh l gj{k ; kstuk ds ckjes tkurs g\$	Yes gla	1	
		No ugha	2	
		No Response dkbz tokc ugha	8	
607	How much incentive money is given to a woman for institutional delivery? How is money provided l kFkxr id o gkus ij , d efgyk dksfdrus : i ; k vumku ds : i ea iklr gkrk g\$ /kujkf'k d\$ s inku dh tkrh g\$ Code 9999 for Don't Know, ekye ugha dsfy ; s9999	Rupees <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cash- udn 1 Cheque pñl }kjk -2 <input type="text"/> A/c Payee [krs ea-3 Other vll; -9		
608	After normal delivery how long mother and child should stay at hospital	48 hrs or two nights and more 48 ?k/s ; k nks jkrla l svf/kd	1	
		Other time mentioned vll; l e;	2	
		Do not know irk ugha	8	
609	What are the entitlements under JSSK? Multiple	Free transport to reach hospital vLirky rd eQF igpus dh 0; oLFkk Food for 2/7 days in normal/ C-section delivery vLirky ea2@7 fnu Hkstu dh 0; oLFkk Free drop back to home vLirky l s?kj rd eQF igpus dh 0; oLFkk Free medicines/ tests eQF nokb; k@t tpa Do not know irk ugha	1 2 3 4 8	
610	What measures can be taken to prevent anaemia among pregnant women? xHkZrh efgykvlka [ku dh deh dks nj; djus dsfy, D; k&D; k cpko fd; s tk l drs g\$ (Multiple responses possible) ¼ d l svf/kd mRrj l kko½	Take IFA tablets vk; ju Qkfyd , fl M dh xlyh [kkuh pkfg, Eat green leafy vegetables gjh iRrnkj l fct; ka [kkuh pkfg, Eat more iron rich foods vk; ju ; Qr Hkstu vf/kd ek=k es [kkuk pkfg, Eat more food vf/kd ek=k es Hkstu djs Consult a doctor MkDVj l s l ykg yuh pkfg, Take more rest vf/kd vkjke djuk pkfg, Other (specify) _____ vll; ¼i"V dj½ Don't Know ekye ugha	1 2 3 4 5 6 7 8	
611	Are you aware of ASHA in the villages? D; k vki xk es dk; Z djus dkyh vk'kk ds ckjes tkurs g\$	Yes gla No ugha No Response dkbz tokc ugha	1 2 8	613

Q. No.	Questions and Filters	Coding categories			Skip to
	<p>fdl mez l scPps dks vU; rjy inkFk v/kz Bkl vkj Bkl vkgkj nuk itjEtk djuk pkfg, \</p> <p>Age in completed months ijsfd; sx; seghus ea</p> <p>Ins. : If no response write 99 in the boxes fun&k%; fn dkbZ mRrj ugh fn; k gSrks ckDI es 99 dkm djs</p>	<p>Semisolid Food v/kz Bkl <input type="text"/> <input type="text"/></p> <p>Solid Food Bkl vkgkj <input type="text"/> <input type="text"/></p>			
619	<p>What are the types of vaccines given to the child below one year?</p> <p>, d o'kz l s de mez dscPps dks dks&dks l s Vhds fn; s tkrs g\$</p> <p>#If numbers of doses are not known code 0.</p> <p>*; fn 9 l s T; knk [kjkds glark; dpy 9 ntZ dja</p>	<p>Vaccines</p> <p>BCG ch l h th</p> <p>DPT Mh ih Vh</p> <p>OPV vks ih oh</p> <p>Hep B fgj/kbfVI &ch</p> <p>Measles [kl jk</p> <p>Pulse Polio* iYl ikfy; ks</p>	<p>Mentioned 1</p> <p>Not mentioned -2</p>	<p>No. of doses #</p>	
620	<p>Do we have any medicine that can cure a TB patient?</p> <p>D; k vki rifnd jks dks Bhd djs dh nok dskjses tkurs g\$</p>	<p>Yes gla</p> <p>No ugha</p> <p>No Response dkbZ tokc ugha</p>	<p>1</p> <p>2</p> <p>8</p>		622
621	<p>From where a TB patient can get treatment?</p> <p>, d rifnd dk jksxh mipkj dgks l s ikr dj l drk g\$</p> <p>(Multiple responses possible)</p> <p>¼ d l s vf/kd mRrj l tkk½</p>	<p>Govt Hospital l jdkjh vLirky</p> <p>Private doctor/ hospital futh fpdRI d@futh vLirky</p> <p>Private unqualified practitioner futh vf'kfkr LokLF; inkrr l s</p> <p>DOTS Centre MkVI dWnz l s</p> <p>Other (Specify) _____</p> <p>vU; ¼Li"V dj½</p> <p>Don't Know ekye ugha</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>8</p>		
622	<p>How malaria spreads?</p> <p>eyfj; k jks d\$ s Qyrk g\$</p> <p>(Multiple responses possible)</p> <p>¼ d l s vf/kd mRrj l tkk½</p>	<p>Through mosquito bite ePNj ds dKvus l s</p> <p>Dirty, Stagnant water around the house ?kj ds vkl ikl xlns ikuh ds, d= gkus l s</p> <p>Other (Specify) vU; ¼Li"V dj½</p> <p>Don't Know ekye ugha</p>	<p>1</p> <p>2</p> <p>3</p> <p>8</p>		
623	<p>What are the preventive measures to stop spreading malaria?</p> <p>eyfj; k jks dh jkdFlke dsfy, D; k &D; k cpto fd; stk l drs g\$</p> <p>(Multiple responses possible)</p> <p>¼ d l s vf/kd mRrj l tkk½</p>	<p>Don't allow water stagnation in and around house- ?kj ds vkl ikl ikuh dks u : dusns</p> <p>Wear clothes so that maximum body is covered- , d k diMk igusft l s 'kjhj dk vf/kdkak Hkx <dk gks</p> <p>Use mosquito net-ePNj ikuh dk mi; ks djs</p> <p>Don't allow accumulation of water in cooler/ flower pots dhvj@Qynku es ikuh , d= u gkusns</p> <p>Other (Specify) _____</p>	<p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p>		

Q. No.	Questions and Filters	Coding categories		Skip to
		Don't Know	8	
624	What number to be dialed in case of accident or other emergency situation to get a vehicle for reaching the hospital?	108	1	
		Some other number	2	
		Do not know	8	

Observations/comments by investigator/ supervisor/ inspecting authority

Annexure F: Question Guide ANMs

POPULATION RESEARCH CENTRE
DEPARTMENT of ECONOMICS
UNIVERSITY OF LUCKNOW
LUCKNOW

Study on Assessment of Sehat Sandesh Wahini project in Uttar Pradesh

Name of District..... Name of block.....

Name of SC.....SC Population.....No. of villages.....

Number of households.....

Name of Respondent-----Age-----

For how long you have been at this SC?-----

Has any mobile van come to any village in SC area to show video on
NHM? Y/N

If yes how many days before?-----

Were you informed about the show before it happened? Y/N

If yes how many days before the show?-----

By whom?-----

Where was the show organised in the village?-----

Where any arrangements made before the show? Y/N

If yes what were the arrangements made?-----

How were the villagers informed about the show?-----

Did you also give information about the show to villagers? Y/N

If yes how and to how many?-----

What time the show started and for how long it continued?-----

What kind of sitting arrangements were made for the show?-----

Approximately how many villagers came for the show?-----

Among them what was the percentage of male, female and children?-----

Among these how many stayed till the end of the show?-----

Did you see the show? Y/N/Partially

If yes or partially what were the main contents of the show?-----

How was the visual quality of the show?-----

How was the audio quality of the show?-----

Where there some contents in the show which you did not like? Y/N

If yes what were those contents and why you did not like them?-----

Did you like the show? Y/N

If yes why?-----

If no why?-----

Do you think these kinds of show are useful? Y/N

If yes why?-----

If no why?-----

According to you in a year how many such shows should be organised in the village?-----

According to you what should be done to bring more people to these shows?-----

Do you have any suggestion(s) to improve the contents of the show? Y/N

If yes what are those suggestions?-----

What other means can be used to spread knowledge about NHM?-----

Name of investigator-----

Date of interview-----

Time of interview-----

Annexure G: Question Guide AWWs

POPULATION RESEARCH CENTRE
DEPARTMENT of ECONOMICS
UNIVERSITY OF LUCKNOW
LUCKNOW

Study on Assessment of Sehat Sandesh Wahini project in Uttar Pradesh

Name of District..... Name of block.....
Name of Village..... Village Population.....
Number of households.....

Name of Respondent-----Age-----
For how long you have been at this Aaganwadi Centre?-----
Has any mobile van come to your village to show video on NHM? Y/N
If yes how many days before?-----
Were you informed about the show before it happened? Y/N
If yes how many days before the show?-----
By whom?-----
Where was the show organised in the village?-----
Where any arrangements made before the show? Y/N
If yes what were the arrangements made?-----

How were the villagers informed about the show?-----

Did you also give information about the show to villagers? Y/N
If yes how and to how many?-----

What time the show started and for how long it continued?-----

What kind of sitting arrangements were made for the show?-----

Approximately how many villagers came for the show?-----
Among them what was the percentage of male, female and children?-----

Among these how many stayed till the end of the show?-----

Did you see the show? Y/N/Partially

If yes or partially what were the main contents of the show?-----

How was the visual quality of the show?-----

How was the audio quality of the show?-----

Where there some contents in the show which you did not like? Y/N

If yes what were those contents and why you did not like them?-----

Did you like the show? Y/N

If yes why?-----

If no why?-----

Do you think these kinds of show are useful? Y/N

If yes why?-----

If no why?-----

According to you in a year how many such shows should be organised in the village?-----

According to you what should be done to bring more people to these shows?-----

Do you have any suggestion(s) to improve the contents of the show? Y/N

If yes what are those suggestions?-----

What other means can be used to spread knowledge about NHM?-----

Name of investigator-----

Date of interview-----

Time of interview-----

Annexure H: Question Guide ASHAs

POPULATION RESEARCH CENTRE
DEPARTMENT of ECONOMICS
UNIVERSITY OF LUCKNOW
LUCKNOW

Study on Assessment of Sehat Sandesh Wahini project in Uttar Pradesh

Name of District..... Name of block.....

Name of Village.....Village Population.....

Number of households.....

Name of Respondent-----Age-----

For how long you have been ASHA?-----

Has any mobile van come to the village to show video on NHM? Y/N

If yes how many days before?-----

Were you informed about the show before it happened? Y/N

If yes how many days before the show?-----

By whom?-----

Where was the show organised in the village?-----

Where any arrangements made before the show? Y/N

If yes what were the arrangements made?-----

How were the villagers informed about the show?-----

Did you also give information about the show to villagers? Y/N

If yes how and to how many?-----

What time the show started and for how long it continued?-----

What kind of sitting arrangements were made for the show?-----

Approximately how many villagers came for the show?-----

Among them what was the percentage of male, female and children?-----

Among these how many stayed till the end of the show?-----

Did you see the show? Y/N/Partially

If yes or partially what were the main contents of the show?-----

How was the visual quality of the show?-----

How was the audio quality of the show?-----

Where there some contents in the show which you did not like? Y/N

If yes what were those contents and why you did not like them?-----

Did you like the show? Y/N

If yes why?-----

If no why?-----

Do you think these kinds of show are useful? Y/N

If yes why?-----

If no why?-----

According to you in a year how many such shows should be organised in the village?-----

According to you what should be done to bring more people to these shows?-----

Do you have any suggestion(s) to improve the contents of the show? Y/N

If yes what are those suggestions?-----

What other means can be used to spread knowledge about NHM?-----

Name of investigator-----

Date of interview-----

Time of interview-----