

SCIENCE FOR WOMEN'S HEALTH –PHASE II

Baseline Study Report

For

ANNA CR

Anna University, Guindy, Chennai

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1.1 Project Context

The **Commonwealth Educational Media Centre for Asia** (CEMCA) catalysed and supported by **Rashtriya Vigyan Evam Prodyogiki Sanchar Parishad** (RVSP), Department of Science and Technology, Government of India, New Delhi, has now taken up the second phase of the 'Science for Women' Project. The project has been retitled by Dr. T. Ramasami, Secretary, Department of Science & Technology as 'Science for Women's Health' so that the focal issues are clear in the minds of the community women as well as the community radio programme managers. In second phase, CR stations will be asked to concentrate the programme participation form women living in the selected areas while CEMCA and DST will emphasise on periodic monitoring and evaluation of the programmes. The project duration is at present one year and as in the first phase, it is planned to operate through a selected number of Community Radio Stations (CRs) licensed to educational institutions. In this phase, while programmes will reach out to all communities living within the catchment areas of the transmitter, each institute will have to identify a specific area and concentrate participation by women living in the areas selected so that it is possible to measure the impact of the programmes more closely. Baseline study is to be conducted in the select areas and contact details of each respondent documented so that they can be involved in the programmes during the project period. The Baseline survey in the Phase II of the project is to be conducted entirely by community women with students accompanying them to document the survey as well as help in explaining the purpose of the survey wherever required. A new questionnaire has been developed for the baseline study incorporating the inputs received from reports in Phase I of the project.

CEMCA, the nodal organisation for overseeing the Science for Women – Phase I has been selected to coordinate with DST for implementing and monitoring the

project in the Phase II as well. CEMCA's role in the project continues to be extensive - It has been entrusted with the following responsibility:

- a) Help in identifying the select areas & communities for the baseline study.
- b) Profile the communities living in the select areas
- c) Oversee the baseline survey to be conducted by community women
- d) Act as facilitator for capacity building for the students and the community women and ensure that the programmes developed can be truly community participatory,
- e) Design the programmes in a manner that is interesting enough to motivate the women participating/listening and encourage them to build a healthier life for themselves and their family
- f) Develop monitoring and evaluation module for the project
- g) Ensure proper utilization of the funds generated by RVPSP.

As in Phase - I, in Phase II of the project also 1000 women from 1000 household in the selected areas are to be taken up for the Baseline Survey.

2. Implementation Methodology:

CEMCA has designed the implementation programme in three phases:

- a) The first phase consists of development of the new questionnaire, which would be used for the baseline study. The survey will be conducted under the supervision of a CEMCA appointed expert. The survey will be conducted by women from communities who had been participating Science for Women Programmes in the Phase I. Students from the educational institution will act as the support system for the community women engaged in the survey. Through this study a profile of the community in the selected areas will be mapped and assessment made of the needs and gap areas
- b) In the second phase, workshops are to be conducted, primarily for community women, to design and produce community participatory programmes with the central theme of 'Health' and related issues. Students from the educational institution will act as the technical support team for software development and take care of information flow, technical aspects of production and contact with experts.
- c) CEMCA will develop a monitoring and evaluation module, based on the experience of Phase II and provide periodic report of the progress of the project in each CR station. The final evaluation at the end the project period will be conducted by an independent organisation.

3. Science for Women Project – Phase II at Anna FM: Baseline Study

3.1 Pre-Survey Workshop

Anna CR where Phase I of the Science for Women Project had been completed, was selected for the first Baseline Survey of Science for Women-Phase II. The project was flagged off on 6th March, by Director CEMCA, Dr. R. Sreedher. Others present on the occasion at ANNA FM Studio were:

- Dr. P. Lakshmi, Director, EMMRC, Anna University and Station Manager, Anna CR
- Ms. Bandana Mukhopadhyay, Consultant, CEMCA
- Mr. R. Mahadevan, Former In-Charge, BBC Tamil Service
- Mr. Y. Naganathan, Audience Research Officer, AIR(retired)
- Mr. Satish Nagaraji, One-World Asia
- Community Women associated with Anna FM
- Student volunteers from EMMRC

3.2 Objectives of Baseline Survey

The Baseline Study was conducted to assess the following aspects of the slum dwellers with primary focus on women

- a) Identify of slum areas within the catchment range of ANNA CR
- b) Assess the economic and health/hygiene conditions in the select areas
- c) Select community women who can be trained to become regular broadcasters
- d) Document specific needs of the women vis-à-vis health issues
- e) Assess awareness & popularity of ANNA CR in the selected areas

3.3 Survey methodology

The survey was conducted over a period of 10days covering five different slum areas. A special questionnaire was developed for the Phase II survey, keeping in mind that Science for Women Project-Phase I has been in operation for nearly two years. Accordingly the questionnaire focussed on listenership and expectations of the women from ANNA CR. The survey was conducted by community women while student volunteers took photographs, documented the health and hygiene condition of the areas, and any salient other economic or health/nutrition condition.

3.3a Sample

As in Phase I of the survey, a total of 1000 women from 1000 households in the selected areas were interviewed. This time the interviews were conducted by community women while the documentation of the entire process (Through photographs, data entry and structural support) was done by students of EMMRC in ANNA University. The survey was conducted from 7th March -12th March, 2008. Community women carried radio receivers to ensure that Anna CR can be heard

by residents in the survey localities. Mr. Y. Nanaganthan cross-checked the data and Satish Nagaraji processed the data for analysis.

3.3b Instrument

CEMCA designed a detailed questionnaire comprising of four independent sections for the baseline study in Phase II.

Section A: Media Profile of the Community

Section B: Media Preferences of the respondent

Section C: Audience Need Assessment, and

Section D: Documentation of personal details of the respondent

The original questionnaire in English, devised by CEMCA Consultant Ms. Bandana Mukhopadhyay was translated by Mr. Y. Naganathan, former Audience Research Officer of AIR. Each community woman and student volunteer who attended the Baseline Study Workshop on 6th- 7th March was given one copy of the questionnaire to study and suggest additional inputs. Mr. Y. Naganathan noted all the suggestions made the necessary changes. Mr. Satish Nagaraji formatted the questionnaire to suit the requirements of data entry and analysis.

3.4 Data Collection

A two-day workshop was held from 6th-7th March, 2008, at EMMRC with community women and student volunteers to explain the special focus in the SFW-Phase II. It was also decided that the empowerment of the community women through participation in the Phase I programmes will be simultaneously tested by entrusting the entire survey on the community women. ANNA CR mobilised 20 community women who had been regularly participating in the SFW programmes to conduct the Baseline Study Survey. 20 Student volunteers joined the team for documentation of the survey work and data entry. The supervisory team consisting of Mr. Y. Naganathan, Ms. Bandana Mukhopadhyay and Mr. R. Mahadevan toured the selected slums during the baseline study. The selected slum areas (with approximate distance from Anna University campus and date of data collection) are as follows:

1. Venkitapuram – 1km (7th -8th March)
2. Velachery (Bharathi Nagar) – 3km (9th March)
3. Balajinagar – 6km (10th March)
4. Saidapet (Vannan Thurai) - 4Km (11th March)
5. Mylapur (Kaabali Thotam) - 5km (12th -13th March)

On an average 200 women were interviewed from each of the above areas. Community volunteers were advised to follow the guidelines given below:

- Only one woman from each household is to be interviewed
- As far as possible the interview is to be conducted at home and not in market place or roadside
- Avoid girls below 16 years or elderly women above 60 years
- Do not allow the entire household to talk

- Inform every respondent that she would be called for radio programme

3. Data Analysis

4.1 Target Area: Living Conditions

The five areas selected are all slums within the urban boundary of Chennai. The Balajinagar slum is in exceptionally poor state of development while Velachery is comparatively well designed, with better living conditions. Venkitapuram and Saidapet (Vannan Thurai) are congested slums having proper urban facilities and Mylapur (Kabali Thotam) is a low income group residential area. Over 90% reported that they use common tap or street pump for their daily water supply. A little over 57% said the neighbourhood had proper drainage system for sewage disposal and 69% reported the roads within the slums were properly constructed. According to 94% of the women respondents, mosquitoes, flies and other pollutants were causing health problems. Most of the women (83%) did not depend upon common roadside tap for drinking water. Toilet facility in the slums was poor – nearly 32% still used open fields for toilet. However 80.7% reported enclosed bathing facility.

C4: Charts 59, 60, 61, 62, 63

C5: Charts 64, 65, 66

4.2 Lifestyle Indicators & Literacy

38% of the respondents lived in multi-storied houses, 23.3% in pucca-houses but slum conditions, and 16.6% lived in independent house with proper roof. Some respondents (7.7%) lived in thatched roof houses with proper walls and an equal number in mud walled houses or hutments. 47% used Kerosene and nearly 45% had LPG connection for cooking. Literacy level among women in these areas range from 9.4% educated upto 12th class, 28% upto 10th class and a small percentage professionally educated. But 26.4% of the women respondents were found to be illiterate and another 13% managing with non-formal education.

C3: Chart: 58

C6; Chart 67

C7: Chart 68

4.3 Socio-economic Profile

The composition of the communities in the selected areas for survey show predominance of Hindu families (75.9%) There are 16% Christian families and about 8% Muslim families living in the localities. 18% of the respondents claimed they were head of the household but majority (over 79%) said the male member is accepted as the head of the house. The respondents belonged to the broad income group starting from less than Rs. 1500 per month (22%)

to 52.6% in the income range of Rs. 1500-Rs. 3000 and another 22% in the income range of Rs. 3000-Rs. 5000. Most of the respondents were homemakers (nearly 55%) or daily wage workers (30%). 35 of the respondents were students and about 10% self employed. The communities are not overtly superstitious. Only 23% admitted to untouchability during menstruation and 10% reported faith on magic-men for curing snake-bites

C1: Chart 50,

C2: Chart 57,

C9: Chart 70

C11: Chart 78

D5: Chart 79

4.4 Condition of Women

The women interviewed were mainly in age range of 21-30 years (34.6%), 31-40 years (32.45) and 41-50 years (20%). Over 83% of the respondents were married. Though literacy level show 28% are educated upto 10th class, over 80% of the women neither read newspaper nor any magazine. Traditional beliefs and practices like untouchability during pregnancy is practiced by 23% of the families and 50% of the women said they believed dietary restrictions should be imposed on pregnant women. However 79% said they prefer to follow health instructions rather than traditional practices for the new born.

D2: Chart 80

C8: Chart 69

C1: Charts 50, 51, 54,

4.5 Health, Hygiene & Disability Issues

Health, education and finance are the three main concerns among the women in the areas selected for survey. 93.5% of the respondents wanted information on health issues and 845 on how to cook nutritious food within a small budget. 52% also needed advice on proper use of water resources, and 60.5% help with drunkenness among men.

B1: Charts 27, 28, 29, 30, 31

4.6 Media Profile: Ownership & Listening Habits

Radio ownership among the households is low but 88% have TV set in the house and 86% have DTH/cable connection but only 38% said they watched TV programmes. 80% neither subscribe nor read any newspaper or any magazine. 72% said they listened to radio regularly and 74% also know how to operate a radio. But 32% complained that they not allowed to operate the radio receiver. There are no radio clubs in these areas. 47% listen to radio at home and 65.5% prefer listening to private FM Channel but 28% tune in to Anna FM. The preferred time of listening is the morning hours.

A1: Chart 04, 05, 06

A2: Charts 8, 9, 10, 12, 13, 14

A3 : Chart 16, 17

A4: Chart 18, 19

4.7 Media Participation & Usefulness

53% of the respondents showed interest in participation for radio programmes. **But 6% said they had already participated in radio; 5.2% have also made phone-calls in Anna CR phone-in programmes.** 59% wanted to speak on radio and nearly 20% wanted to participate in music programmes. 27% said they can become regular radio presenters but 52% wanted some training before taking part in radio programmes. 55% felt problems can be solved through radio programmes either by listening or through participation, but 20% did not think radio can solve their problems. 59.6% did not want to participate in a programme focused on social problems, but 60% said radio helped in prevention of epidemics.

A5: Charts 20, 21, 22, 23, 24, 25, 26

B3: Charts 43, 44, 45, 46,

4.8 Community Radio Awareness, Need & Interest

For Anna CR this survey was especially encouraging because 28.4% of the respondents said they listened to Anna CR. 93.5% want programs on health and 94.7% want medical advice on radio. 65.5% said they have been benefited through radio programmes on health and prevention of seasonal disease as well as vaccination. 84.3% want information on food habits, and 59% said they have changed their food habits after listening to advice on radio programmes. Nearly 63% regularly listen to traditional health and nutrition tips on radio but general informative programmes do not interest most listeners as the survey shows only 7.4% tune in to informative programmes. 91.3% however wanted educational programmes like school radio. 95% women wanted tips on child health and 605 on how to manage the household finances. Nearly 705 were ready to discuss personal health issues on radio. 55% felt that problems can find solution from radio discussions but only 34% were ready to participate in radio discussions. The respondents were also not very forthcoming to become community representatives for radio programmes (67% replied negative). Nearly 605 reported that radio has helped with information on preventive care for diseases but on the issues like drunkenness only 27% agreed that radio programmes can have positive impact. Similarly on the issue of adolescent problems like drug, teasing girls, rough behavior nearly 375 said radio is not of much help and 23% were not sure whether radio can help at all. Over 57% women looked up to radio for guidance on problems like poverty and unemployment

A2: Chart 15

B1: Charts 27, 28, 29,

B2: Chart 32, 33, 34, 35, 36, 37, 38, 39, 41, 42

B3: Charts 43, 44, 45, 46, 47, 48, 49

5. Findings & Gap Areas

For CEMCA and RVPSP, this survey threw up interesting contrasts in information

1. Anna CR Community Radio is well known in the entire area and also has good acceptance among the community women
2. The women are eager to participate in the programmes but are a little hesitant to actually step out and go the EMMRC where the radio station is situated
3. Anna CR has been able to mobilise interest but now many of the community women expect all problems and solutions from ANNA CR team which is perhaps difficult to fulfil.
4. The primary problem in the areas selected for survey is hygiene conditions in the neighbourhood which is difficulty to handle without support from the municipality workers.

6. Implications for Anna FM

Anna CR will have to develop a proactive team to fulfill some of the basic requirements of the community. The Community has much expectations from ANNA CR and it is important to keep up the good work that has been done in the last two years.

7. Recommendations

1. CEMCA recommends sanction of 365 episodes for the Second Phase pilot at Anna CR using slum women to plan, produce & present radio programmes based on the target community need.
2. The 1000 women covered in the survey have been told that Anna CR will invite them to radio programmes. A system will have to be developed to involve all these women in the radio programmes throughout the year
3. Programme Management Committee has to be set up to monitor equal participation from all the areas selected in the Phase II survey as well as the earlier group of community participants
4. Training Programme has to put in place for regular radio participation from the new batch of respondents

5. ANNA FM is at present not paying enough attention to variations in programme formats and presentation. More attention in format planning needs to be given to make the programmes interesting
6. There is need to project success stories from community to encourage improved hygiene conditions and health awareness.

SCIENCE FOR WOMEN'S HEALTH –PHASE II

CAPACITY BUILDING WORKSHOP

For

COMMUNITY WOMEN

at

ANNA CR

8th -17th March, 2008

The capacity building workshop for Science for Women's health –Phase II was designed with special emphasis on community women. The workshop was held from Saturday 8th March -17th March, Monday, over a period of 10days, when community women were given training to understand the field recording procedure, handle equipments and design programmes independently. The participants were used to radio programme and had been taking part in Science for Women–Phase I programmes as well as other programmes from Anna CR for almost two years and were familiar with the equipments in studio, including the phone-in and edit console. Participants to the workshop also included student

from the Department of Mass Media, Anna University. The resource persons for the workshop were as follows:

1. Mr. R. Mahadevan
2. Ms. Bandana Mukhopadhyay
3. Mr. Satish Nagaraji

The workshop was organized by the EMMRC, Anna University, under the guidance of Dr. P. Lakshmi, Director, EMMRC.

The Programme:

The workshop was divided into two phases. In the first five days concentration was on: a) formation of groups for programme production

- b) familiarization with equipments for outdoor recording
- c) understanding the different formats of radio programming
- d) identification of issues for pilot programmes

In the second phase M. R. Mahadevan explained techniques of production and guided each group to produce one programme as pilot for the workshop. In addition one quiz programme was conducted by students in which all the community women participated. On the last day, a listening session was organized following which a prize distribution ceremony was conducted for the winning group and token prizes distributed to all participants to encourage future participation.

Schedule of the Workshop

DATE	ACTIVITY	STUDIO WORK
<p>Day1 8.03.08 12.00-1.30pm</p>	<p>Introduction: Dr. P. Lakshmi, Director, EMMRC and Station Manager, Anna CR, welcomed the participants, spoke of the mission of the Science for Women Project and requested all the community women to take full advantage of the project.</p> <p>Ms. Bandana Mukhopadhyay, Consultant CEMCA spoke about the community radio movement, its role in empowerment of communities and how the SFW Project can improve the quality of life for the common people and at the same time help the students to understand the needs of the society.</p>	

<p>1.30-2.30pm</p>	<p>The purpose of the workshop and the SFW Project was explained to the participants by Mr. R. Mahadevan. He spoke on the different aspects of radio programming, starting from identification of issues, collection of information, selection of the right format and identification of participants for the programme.</p> <p>Statish Nagaraji explained the role community women should play in Anna CR and how they can make the radio station the voice of the community.</p> <p>Familiarisation Programme: All the participants were asked to introduce themselves – name, nature of daily activities and interest in radio. After introductions were over, the community women were invited to speak about their expectations regarding a regular health and nutrition programme on radio and in what ways they would like to contribute to the programmes. The students recorded each speaker. This was all part of the familiarization process and breaking down the barriers between students and community members.</p> <p>List of Participants: Appendix C</p> <p>LUNCH BREAK</p>	<p>Recording was done with cordless microphone in different parts of the hall to show how the place of recording can impact upon the quality.</p>
<p>2.30-4.00pm</p>	<p>Introduction to Technical Equipments: The participating community women were all familiar with the microphone. Therefore it was decided to start the technical equipment familiarisation with a detailed explanation of the microphone, its different parts, and the correct ways of using. The students played back the recordings done in the morning session to show how the same microphone produces different quality of recording in the same room just by shifting of the position of the speaker.</p>	<p>Community women were also explained the best possible ways of speaking to a microphone.</p>
<p>4.15 -4.30pm</p>	<p>TEA BREAK</p>	

<p>4.30- 5.30pm</p> <p>5.30-6.00pm</p>	<p>Discussion: In the post Tea session, community women and students discussed their views on the most important issues concerning health and nutrition in the slum areas of Chennai. The three main issues that emerged from the first day's interaction are as below:</p> <ul style="list-style-type: none"> a) Poor hygienic conditions due to water stagnation and irregular clearance of garbage b) Mosquito menace leading to skin disease, infantile malaria and child mortality c) Information on seasonal vegetables, their nutrient value and healthy dietary habits <p>Women's Day Celebration: The community women organised a special song and skit programme to mark Women's Day</p>	
<p>Day 2 9.03.08 12.00-2.00</p>	<p>Group Formation</p> <p>The 20 community women and the 10 student volunteers were divided into five group, each group consisting of 4community women and two students. Ms. Bandana Mukhopadhyay explained the purpose of the group formation and the different roles the community women and student volunteers are expected to play within the group. Community women she explained were to identify the specific issues on which the groups will develop programmes, conduct interviews from the field, while students will collect the background information and contact experts and provide technical inputs during production.</p> <p>Following the group formation were a discussion was conducted by Mr. R. Mahadevan to explain how radio formats change with issues and purpose of the broadcast. A series of quality programmes from Anna CR archive were played back to demonstrate how a programme can be interesting as well as informative.</p>	<p>Field recording in villages by community women.</p> <p>Playback of programmes and familiarisation of editing and recording equipments</p>

2.00-3.00	LUNCH BREAK	
3.00-5pm	<p>Each group was asked to discuss among the members and come up with a format and a subject for programme production. The groups came up with the following proposals:</p> <p>Group 1: Health & Hygiene Issues highlighted through field recordings: good and bad practices</p> <p>Group 2: Discussion among community members on Nutrition with excerpts of field recordings from experts and anchored by students</p> <p>Group 3: Skit written and participated by community members & students on poor vaccination awareness among mothers</p> <p>Group 4: Studio based discussion with one eminent doctor on gynaecological problems With questions collected from community through field recordings and phone-in</p> <p>Group 5: Docu-feature on cleanliness for good health</p>	
Day 3 9.03.08 12.00-2.00pm	<p>Art of Interviewing for Community Radio:</p> <p>On the third day each group was given a flash recorder by EMMRC to learn how to use the flash recorder in the field. Mr. R. Mahadevan, Ms. Bandana Mukhopadhyay, Mr. Y.K. Naganathan and Mr. Satish Nagaraji, accompanied the groups to help train on field.</p> <p>The community women were taught how to choose a location in the slum to avoid with and other disturbances and suitable for recording, how to hold the flash recorder and operate it to ask questions.</p>	<p>Field recording exercise in Vellachery and Saidapet using flash recorders</p>
2.00-3.00pm		
3.00-5.00pm	<p>LUNCH BREAK</p> <p>Programme Production</p> <p>With this session actual work for the pilot programmes started taking shape. The</p>	

	<p>interviews recorded were heard and selected for production of two programmes, each of 20mts duration. One programme focussed on child health & Hygiene while the other dealt with awareness on vaccination.</p> <p>Format for the two programmes was discussed and finalized and from each group 2 anchors, one student and one community woman were selected to research and write the narration for the programme. Discussion held for selecting the subject for a quiz programme in which all the participants would be involved.</p>	
<p>Day 4 10.03.08 12.00-130am</p> <p>1.30-2.30pm</p> <p>2.30- 4.00pm</p> <p>4.00- 5.00pm</p>	<p>Programme Production Students started research on subjects for the quiz, which would be conducted by the students and participated by community women in the five groups formed for programme production.</p> <p>Community women were shown how the recordings they had collected on day three are transferred to the computer and edited to make the content more focussed.</p> <p>LUNCH BREAK</p> <p>Understanding Script Requirements for CR Programmes Community women were played back a docu-feature to show the importance of script and how to write a radio feature script. As many of the participants were from low literacy group this exercise took time and many of them felt that they were not equipped to handle radio scripts as yet.</p> <p>Community members discussed how they can handle a docu-feature without having to write a script.</p>	<p>Studio Production of programme based on field recordings</p>
<p>Day 5 11.03.08 12.00-1.30pm</p>	<p>Recording of Quiz Programme A quiz programme was recorded in the studio in which all participants were involved. Quiz was conducted by B. Amudha and the five groups were formed for</p>	

<p>1.30-2.30pm</p> <p>2.30-3.30pm</p> <p>3.30-4.00 pm</p> <p>4.00- 6pm</p>	<p>programme production became the five contesting groups.</p> <p>LUNCH BREAK</p> <p>Discussion on food for pregnant women Students and community members expressed their understanding of the prevailing conditions of pregnant women vis-à-vis superstition, nutrition, medical care etc. A gynaecologist working in the neighbourhood was invited to participate in the discussion. The discussion was recorded to demonstrate how such discussion and conducted for radio programmes.</p> <p>TEA BREAK</p> <p>Community discussion on effective participation The session began with a discussion on wider community participation and how they can help. Most of the women were eager to participate but were hesitant to face the mike. They however agreed that direct participation in programmes and broadcasts in their own dialect can help to spread the message better. This session threw up the following suggestions:</p> <ul style="list-style-type: none"> i) Community volunteers should mobilize more participation by women ii) Issues concerning nutrition and health needs to be listed iii) Superstitions need to be explained and alternatives suggested in a way that will not offend the community or interfere with the social rituals 	<p>Recording of multi-voice programme inside studio using cordless microphone and multi-channel recording technique</p>
<p>Day 6 12.03.08 12.00-230pm</p>	<p>Techniques of Production The participants were explained the techniques of radio interview by asking one group to interview another while a third group recorded the interview. The exercise was repeated so that each of the five groups had one chance to interview and record. These mock-programmes were recorded and</p>	<p>Fixed microphone recording in studio</p>

	<p>played back to explain the skills necessary for radio and how to avoid some of the oft repeated pitfalls. This particular session was very much appreciated by all the community women who felt that they had gained a lot of confidence through the mock exercises.</p>	
2.30-3.30pm	LUNCH BREAK	
3.30-5.00pm	In the post lunch session one member from each group was asked to speak for two minutes on one selected topic. The session was a light hearted affair. Most of the members found it hard to speak for two minutes and broke into giggles.	Technical training for recording of talk by community members in studio using multi-directional mike
Day 7 13.03.08 12.00-230pm	From 14 th -17 th The workshop was conducted by Mr. R Mahadevan under whose guidance the community women produced the six pilots in the workshop. He discussed the formats once again and finalised for each group the format and the focus area of the programme the group will produce.	
2.30-3.30pm	LUNCH BREAK	
3.30-5.00pm	Community members were granted time to complete the Baseline Study data collection as well as identify community members whom they will record for their programme.	
Day 8 14.03.08 12.00-3.30pm	Field Recording Session The participants were divided in the five groups and each group sent to a different area selected from the baseline study with field recorders and portable hand held recorders. Each group was accompanied by students. (All recorders were issues only to students as per the regulations of EMMRC). The community participants were taught techniques of outdoor recording according to the requirements of production, The recording session extended for long hours, working lunch was arranged on field.	Field recording by community women

<p>Day 9 15.03.08 12.00-2.30pm</p> <p>2.30-3.30pm</p> <p>3.30-4.30pm</p> <p>4.30-6.30pm</p>	<p>Plan Meet Session Each group was asked draft a plan of action covering the following:</p> <ol style="list-style-type: none"> 1) Who will do what 2) What are the questions finalised <ol style="list-style-type: none"> a. Who will be the expert participant b. What is the time frame for each production <p>Each group was given time to discuss within the group and come up with the work plan.</p> <p>LUNCH BREAK</p> <p>Selection of Field Recordings All the groups were given time to complete all the field recordings (including recording experts) they needed and return to the studio.</p> <p>The recordings were played back group-wise to the full house and evaluation made by the groups. This was a rather long and animated session. Most of the recordings were technically very good quality but community women agreed that they need to fine-tune their questions more sharply.</p>	
<p>Day 10 17.03.08 8.00-10.30am</p> <p>10.30-11.00am</p> <p>11.00am -1.00pm</p>	<p>16th March Sunday was given off</p> <p>Edit Session To make up the off day on Sunday the session started early and one by one the groups edited the field recordings. While one group worked on the edit console, other groups were explained some of the basics principles of radio scripting, focused on the programme they would produce, and the difference between link-narration and script.</p> <p>TIFFIN BREAK</p>	<p>Learning playback from computer and field recorder</p> <p>Studio production training</p>

<p>1.00-2.00pm</p> <p>2.00-5.00pm</p>	<p>Discussion on programme The groups had internal discussions on how they would like to do the programme.</p> <p>LUNCH BREAK</p>	
<p>5.00-7.00pm</p>	<p>Production Session All the groups began writing their script/link narration. They were also taught how to select musical interludes, insert link recordings, mixing music and spoken words and trimming the final production material as per the time slot. By about 5pm all the five programmes were ready for broadcast.</p> <p>Valedictory Session The staff of EMMRC including Director & Station Manager, Dr. P. Lakshmi, students from Department of Media Studies, Mr. R. Mahadevan were present for this session. All six programmes including the quiz programme developed during the workshop were played back. The experts made their comments on the productions.</p> <p>Dr. P. Lakshmi presented one rice cooker to each member of the winning team in the quiz and as a token of encouragement each of the participants were given a small gift containing a pen, notebook and a Tiffin box. The following programmes in order of merit have been developed in the workshop:</p> <ol style="list-style-type: none"> 1. Food for Pregnant Women: Group 3 2. Quiz on Health & Nutrition: Group 2 3. Cooking Methods- Best Practices: Grp 4 4. A monthly Problem for women: Group 1 5. Cooking Oils: Docu-feature: Group 5 	

ANNEXURE A: DATA ANALYSIS

A. MEDIA PROFILE

AI. 1. Do you have a radio

2. Does your radio have FM band

3. Do you own a TV set

04.

Title	Sample	Percentage
1. Yes	880	88.0%
2. No	120	12.0%
Total	1000	100%

4. Do you have a cable/DTH connection

05. Cable/DTH/Antenna

Title	Sample	Percentage
1. Cable	866	86.6%
2. DTH	052	5.2%
3. No Cable/DTH	009	0.9%
Total	1000	100%

5. Do you get newspaper at home

13. Newspaper

1. Yes	195	19.5%
Title	Sample	Percentage
2. No	805	80.5%
Total	1000	100%

6. Do You subscribe to any magazine

14. Magazine

Title	Sample	Percentage
1. Yes	192	19.2%

2. No	808	80.8%
Total	1000	100%

A2 MEDIA HABITS

1. Can you operate a radio

08. Radio Operation

Title	Sample	Percentage
1. Yes	741	74.1%
2. No	259	25.9%
Total	1000	100%

2. Are you allowed to operate a radio

09. Permission to Operate Radio

Title	Sample	Percentage
1. Yes	680	68.0%
2. No	320	32.0%
Total	1000	100%

3. Do you listen to radio

10. Radio Listening

Title	Sample	Percentage
1. Yes	727	72.7%
2. No	273	27.3%
Total	1000	100%

4. Do you watch TV programmes

12. TV Watching

Title	Sample	Percentage
1. Yes	383	38.3%

2. No	617	61.7%
Total	1000	100%

5. Do you read any newspaper

13. Read Newspaper

1. Yes	195	19.5%
Title	Sample	Percentage
2. No	805	80.5%
Total	1000	100%

6. Do you read any magazine

1

4. Magazine

Title	Sample	Percentage
1. Yes	192	19.2%
2. No	808	80.8%
Total	1000	100%

7. Do you listen to Anna Radio

15. Listen to Anna Radio

Title	Sample	Percentage
1. Yes	284	28.4%
2. No	499	49.9%
Total	1000	100%

A3. FREQUENCY & PLACE

a. How frequently do you listen to radio

b. Is there a radio club in your locality

16. Radio Club

Title	Sample	Percentage
1. Yes	006	0.6%
2. No	994	99.4%
Total	1000	100%

c. Where do you listen to radio

17. Place of Listening

Title	Sample	Percentage
1. Home	468	46.8%
2. Workplace	167	16.7%
3. Family	050	5.0%
4. Friends	094	9.4%
5. Alone	024	2.4%
Total	1000	100%

A4. PREFERENCES

1. Which radio stations do you like to listen

18. Radio Channels

Title	Sample	Percentage
1. Aaha FM	039	3.9%
2. Big FM	037	3.7%
3. FM Gold	043	4.3%
4. FM Rainbow	136	13.6%
5. Hello FM	184	18.4%
6. Radio City	067	6.7%
7. Radio Mirchi	360	36.0%
8. Radio One	048	4.8%
9. Suryan FM	655	65.5%
10. Chennai A	043	4.3%
11. Chennai B	003	0.3%
12. Chennai CBS	008	0.8%
13. Vividh Baharathi	166	16.6%
14. Anna FM	128	12.8%
15. MoP FM	002	0.2%
16. Others	005	0.5%
Total	1000	100%

2. When do you listen to radio

19. When do you Listen?

Title	Sample	Percentage
1. 6-8am	075	7.5%
2. 8-10am	207	20.7%
3. 10-1pm	224	22.4%
4. 1-3pm	152	15.2%
5. 3-5pm	069	6.9%
6. 5-7pm	061	6.1%
7. 7-10pm	076	7.6%
8. after 10pm	127	12.7%
Total	1000	100%

A5: PARTICIPATION

1. Do you want to participate in radio programmes

20. Participate in Radio

Title	Sample	Percentage
1. Yes	529	52.9%
2. No	471	47.1%
Total	1000	100%

2. Have you ever participated in radio programmes

21. Ever Participated in Radio

Title	Sample	Percentage
1. Yes	061	6.1%
2. No	939	93.9%
Total	1000	100%

3. Did you ever try a phone-in programme on Anna Radio

22. Phone in at Anna FM

Title	Sample	Percentage
1. Yes	052	5.2%
2. No	948	94.8%
Total	1000	100%

4. Do you want to speak on radio

. Speak on Radio

Title	Sample	Percentage
1. Yes	593	59.3%

2. No	407	40.7%
Total	1000	100%

5. Do you want to sing on radio

24.

Sing on Radio

Title	Sample	Percentage
1. Yes	197	19.7%
2. No	803	80.3%
Total	1000	100%

6. Can you become a regular radio presenter

25. Radio Presenter

Title	Sample	Percentage
1. Yes	272	27.2%
2. No	728	72.8%
Total	1000	100%

7. Do you need training to participate in radio programmes

26.

Training to participate

Title	Sample	Percentage
1. Yes	524	52.4%
2. No	476	47.6%
Total	1000	100%

B. AUDIENCE NEED ASSESSMENT

B1: ISSUES FOR DISCUSSION ON RADIO

1. Health

27. Health

Title	Sample	Percentage
1. Yes	935	93.5%
2. No	065	6.5%
Total	1000	100%

2. Food Habits

2

8. Food Habits

Title	Sample	Percentage
1. Yes	843	84.3%
2. No	157	15.7%
Total	1000	100%

3. Medical Advice

29. Medical Advice

Title	Sample	Percentage
1. Yes	947	94.7%
2. No	053	5.3%
Total	1000	100%

4. Proper use of water resources

3

0. Water Resources

Title	Sample	Percentage
1. Yes	530	52.0%
2. No	470	47.0%
Total	1000	100%

5. Drunkenness among men

31. Drunkenness

Title	Sample	Percentage
1. Yes	605	60.5%
2. No	395	39.5%
Total	1000	100%

B2 : PROGRAMMES NEEDS

1. Child Health

32. Child Health

Title	Sample	Percentage
1. Yes	951	95.1%
2. No	049	4.9%
Total	1000	100%

2. Information on Vaccination & Preventive care of diseases

3

3. Vaccination

Title	Sample	Percentage
1. Yes	863	86.3%
2. No	137	13.7%
Total	1000	100%

3. Seasonal illnesses

34. Seasonal Illness

Title	Sample	Percentage
1. Yes	851	85.1%
2. No	149	14.9%
Total	1000	100%

4. Personal health problems

3

5. Personal Health

Title	Sample	Percentage
1. Yes	698	69.8%
2. No	302	30.2%
Total	1000	100%

5. Tips about management of finance

36. Finance Management

Title	Sample	Percentage
1. Yes	603	60.3%
2. No	397	39.7%
Total	1000	100%

6. Educational programme/School radio

37. Educational Radio

Title	Sample	Percentage
1. Yes	913	91.3%
2. No	087	8.7%
Total	1000	100%

7. Informative programme

38. Informative Prog

Title	Sample	Percentage
1. Yes	074	7.4%
2. No	926	92.6%
Total	1000	100%

8. Traditional health tips & nutrition

39. Traditional Tips

Title	Sample	Percentage
1. Yes	629	62.9%
2. No	371	37.1%
Total	1000	100%

9. Agricultural Information

40. Agriculture Info

Title	Sample	Percentage
1. Yes	298	29.8%
2. No	702	70.2%
Total	1000	100%

10. Have you been benefited from radio programmes on health

4

1. Benefited from Radio on Health

Title	Sample	Percentage
1. Yes	655	65.5%
2. No	345	34.5%
Total	1000	100%

11. Have you changed your food habit after listening to radio

42. Eating Habits

Title	Sample	Percentage
1. Yes	592	59.2%
2. No	408	40.8%
Total	1000	100%

B3: SOCIAL ISSUES ON RADIO

1. Can problems be solved by listening to radio

43. Social Problems

Title	Sample	Percentage
1. Yes	551	55.1%
2. No	202	20.2%
3. Not Sure	247	24.7%
Total	1000	100%

2. Do you want to participate in radio discussions to solve problems

4

4. Participate and solve

Title	Sample	Percentage
1. Yes	343	34.3%
2. No	596	59.6%
3. Not Sure	061	6.1%
Total	1000	100%

3. Would you like to be a community representative for radio programmes

45. Community Representative

Title	Sample	Percentage
1. Yes	238	23.8%
2. No	673	67.3%
3. Not Sure	089	8.9%
Total	1000	100%

4. Has radio helped with information on preventive care for epidemics

46. Prevention of Epidemics

Title	Sample	Percentage
1. Yes	597	59.7%
2. No	237	23.7%
3. Not Sure	166	16.6%
Total	1000	100%

5. Can participation in radio help to reduce drunkenness among men

47. Drunkenness

Title	Sample	Percentage
1. Yes	276	27.6%
2. No	428	42.8%
3. Not Sure	296	29.6%
Total	1000	100%

6. Has radio played a role in solving adolescent problems like drug/teasing girls/rudeness

48. Adolescent Problem

Title	Sample	Percentage
1. Yes	402	40.2%
2. No	366	36.6%
3. Not Sure	232	23.2%
Total	1000	100%

7. Can problems like poverty/ lack of employment find solution through radio

49. Poverty / Unemployment

Title	Sample	Percentage
1. Yes	570	57.0%
2. No	187	18.7%
3. Not Sure	243	24.3%
Total	1000	100%

PART C: SOCIO ECONOMIC & DEMOGRAPHIC PROFILE

C1: TRADITIONAL BELIEFS & PRACTICES

1. Do you believe pregnant women should not eat certain food

5

0. Pregnant Women

Title	Sample	Percentage
1. Yes	500	50.0%
2. No	500	50.0%
Total	1000	100%

2. Do you practice untouchability during menstruation

51. Untouchability during menstruation

Title	Sample	Percentage
1. Yes	234	23.4%
2. No	766	76.6%
Total	1000	100%

3. Do you prefer traditional cures instead of medicines for diseases like chicken pox etc.

52. Chicken Pox

Title	Sample	Percentage
1. Yes	349	34.9%
2. No	651	65.1%
Total	1000	100%

4. Do you go to magic- men for treating snake-bites, unusual health problems/epilepsy

5

3. Snake Bites/ unusual health problems

Title	Sample	Percentage
1. Yes	106	10.6%
2. No	894	89.4%
Total	1000	100%

5. Do you practice traditional rituals instead of health instructions for the new-born

54. New Born

Title	Sample	Percentage
1. Yes	210	21.0%
2. No	790	79.0%
Total	1000	100%

6. Do you follow traditional practices for gynecological problems in adolescence

55. Gynecological Problem

Title	Sample	Percentage
1. Yes	317	31.7%
2. No	683	68.3%
Total	1000	100%

C2: RELIGION

57. Religion

Title	Sample	Percentage
1. Hindu	759	75.9%
2. Muslim	076	7.6%
3. Christian	162	16.2%
4. Jainisim	000	-
5. Sikhism	001	0.1%
6. Buddism	001	0.1%
7. Others	000	-
Total	1000	100%

C3: DWELLING PLACE

58. Dwelling Place

Title	Sample	Percentage
1. Independent House	166	16.6%
2. Apartment-Multi	384	38.4%
3. Pucca House Slum	233	23.3%
4. Thached Roof	077	7.7%
5. Mud Walled	065	6.5%
6. Hutment	075	7.5%
Total	1000	100%

C4: NEIGHBOURHOOD

1. Street/Common Tap or pump for water supply

59. Street Pump

Title	Sample	Percentage
1. Yes	903	90.3%

2. No	097	9.7%
Total	1000	100%

2. Direct water connection at home

6

0. Water Connection

Title	Sample	Percentage
1. Yes	147	14.7%
2. No	853	85.3%
Total	1000	100%

3. Drainage system for sewage disposal

61. Drainage

Title	Sample	Percentage
1. Yes	576	57.6%
2. No	424	42.4%
Total	1000	100%

4. Properly constructed road

6

2. Roads

Title	Sample	Percentage
1. Yes	689	68.9%
2. No	311	31.1%
Total	1000	100%

5. Mosquito/flies/Other pollutants

6

3. Mosquitoes etc

Title	Sample	Percentage
1. Yes	940	94.0%
2. No	060	6.0%
Total	1000	100%

C5: FAMILY HYGIENE

1. Proper tap water facility for drinking water or depend upon common roadside tap

64. Drinking Water

Title	Sample	Percentage
1. Yes	169	16.9%
2. No	831	83.1%
Total	1000	100%

2. Use open fields for toilet or properly constructed toilet at home

6

5. Toilet

Title	Sample	Percentage
1. Yes	318	31.8%
2. No	682	68.2%
Total	1000	100%

3. Enclosed Bathing Facility or public place for bath

66. Bathing

Title	Sample	Percentage
1. Yes	807	80.7%
2. No	193	19.3%
Total	1000	100%

C6: COOKING ARRANGEMENTS

67. Cooking

Title	Sample	Percentage
1. Firewood	061	6.1%
2. Kerosene	472	47.2%
3. LPG	448	44.8%
4. Gobar Bio Fuel	003	0.3%
5. Others	016	1.6%
Total	1000	100%

C7: EDUCATION

68. Education

Title	Sample	Percentage
1. Illiterate	264	26.4%

2. Non formal Educa	134	13.4%
3. Upto 6th	192	19.2%
4. Upto 10th	281	28.1%
5. Upto 12th	094	9.4%
6. Graduation	033	3.3%
7. Professional	002	0.2%
Total	1000	100%

C8: MARITAL STATUS

69. Marital Status

Title	Sample	Percentage
1. Single	073	7.3%
2. Married	833	83.3%
3. Married lives Sep	011	1.1%
4. Divorced	005	0.5%
5. Widowed	078	7.8%
Total	1000	100%

C9: OCCUPATION

70. Occupation

Title	Sample	Percentage
1. Home Maker	547	54.7%
2. Student	031	3.1%
3. Daily Wager	291	29.1%
4. Skill Labor	011	1.1%
5. Self Employed	098	9.8%
6. Professional	003	0.3%
7. Others	019	1.9%
Total	1000	100%

C10: FAMILY COMPOSITION

C11: FAMILY INCOME

78. Income

Title	Sample	Percentage
1. <1500	220	22.0%
2. 1501 - 3000	526	52.6%
3. 3001 - 5000	222	22.2%
4. 5001 - 7500	025	2.5%
5. 7500 - 10000	007	0.7%
6. 10001 - 20000	000	-
7. > 20000	000	-
Total	1000	100%

PART D: PERSONAL INFORMATION

D2: AGE

80. Age

Title	Sample	Percentage
1. Above 60	013	1.3%
2. Between 51-60	062	6.2%
3. Between 41-50	200	20.0%
4. Between 31-40	324	32.4%
5. Between 21-30	346	34.6%
6. Between 16-20	054	5.4%
7. Below 16	001	0.1%
8. Can't Say	000	-

Total	1000	100%
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D5: HEAD OF HOUSEHOLD

79. Family Head

Title	Sample	Percentage
1. Women-Respondent	181	18.1%
2. Women-Non Respondent	027	2.7%
3. Male	792	79.2%
Total	1000	100%

Data Entry was started on 10th March and completed on 24th March by the students from Department of Media Studies (List: Annexure: B). Satish Nagaraji explained the procedure of the data entry to the students on 7th March.

ANNEXURE B

STUDENT VOLUNTEERS FOR TECHNICAL DATA ENTRY

1. R. Radhashri
2. B. Anitha
3. P. Amudha
4. P. Nithasha
5. P. Srimathi
6. N. Nadiya
7. T.S. Abarna
8. R. Dhivya
9. R. Ambikai
10. K.R.P. Vidya

ANNEXURE C

COMMUNITY WOMEN FOR CAPACITY BUILDING WORKSHOP

1. Y. Kavitha
2. K. Gracy
3. J. Sheeli
4. Rita

5. S. Selva Kumari
6. L. Selva Rani
7. A. Savitha
8. A. Dassamma
9. M. Ratna Bai
10. S. Malliga
11. K. Hemalatha
12. N. Premalatha
13. Vasanthi
14. V. Kala
15. M. Sivakami
16. B. Esther
17. S. Anusuya
18. J. Jamila
19. B. Jayanthi
20. M. Kalaivani
21. B. Nalini Devi
22. K. Sheela

ANNEXURE D

STUDENT VOLUNTEERS FOR CAPACITY BUILDING WORKSHOP

1. V. Punitha
2. S. Sugirtha
3. Arthi
4. Ambigai
5. P. Vidya
6. P. Divya
7. N. Archana
8. J. Archana
9. Kavirasi
10. Aswini