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**FINAL REPORT:**  
**MID TERM MONITORING AND  
IMPACT EVALUATION  
OF THE SANJEEVINI TV SERIES**

Submitted to:

**UNICEF-NEPAL**

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Submitted by:

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We also wish to thank the full cooperation and support of the members of the Sanjeevini Technical Steering Committee who provided us their precious time to comment on relevant aspects of the programme for the purpose of this study: Dr. Shyam Prasad Bhattarai, Director, National Health Education, Information and Communication Centre; and Mr. Tapa Nath Shukla, General Manager, Nepal Television. We also acknowledge the inputs to this study provided by the following UNICEF staff and members of the production team: Ms. Bandana Rana, UNICEF Consultant for the Sanjeevini programme, Shyam Giri, UNICEF Librarian, Ms. Sushma Gautam, NTV Sanjeevini Producer/Director, Mr. Laya Sangraula, NTV "Devi" Director, and Mohan Niraula, NTV "Devi" scriptwriter.

The members of the Study Team deserve full credits for the work well done, and on time, given the pressure of completing the work within the stipulated time frame: Suraj Manandhar, Study Coordinator whose dedication and commitment to the project is indeed praiseworthy; our very hardworking Research Assistants - Puspa Basnet, Surendra Tandukar, Suman Sharma, Punam Pant; also our Computer programmer/analyst Bikas Ghimire ; programme director Subas Dhakal, and office assistant Navaraj Dahal. We also acknowledge the full support of DECORE's senior Communication Consultant, Ms. Josefina O. Dhungana for the conceptualization, and overall supervision and implementation of the project.

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## EXECUTIVE SUMMARY

Recognizing the merits of the enter-educate approach such as soap operas on television in effectively disseminating educational or prosocial messages, UNICEF, in partnership with the Ministry of Health's National Health Education, Information and Communication Centre, the Institute of Medicine of the Tribhuvan University, and the Nepal Television, launched in April 1996 a prosocial television series "Sanjeevini" over Nepal Television. The 48-part series, telecast every Saturday at 7:30 - 8:00 PM, comprise two parts, each for 15 minutes: a straight educational programme on various health topics, and a soap opera series, "Devi".

After broadcast of 18 episodes, UNICEF contracted DECORE, an independent media research agency, to conduct a mid term evaluation of the programme in order to gauge audience reactions, to determine the efficacy of the series for information and education purpose, and to recommend for future mid course corrections and improvements. DECORE utilized the following research tools: 1) Rapid Viewership Appraisal (RVA) which determined the proportionate reach of the Sanjeevini programme in relation to the total TV owning and viewing households in selected urban and semi urban areas of Kathmandu Valley, Chitwan and Pokhara districts; 2) Random sample survey among 200 actual Sanjeevini viewers; 3) nine Focus Group Discussions; 4) Direct on-the-spot monitoring of 18 viewing households; and 5) Key Informant Survey among key people involved in the production and telecast of Sanjeevini.

### Salient Findings and Recommendations

The enter-educate drama series revolving around a central character (Devi) proved to be effective in promoting directed social change (female education, health and sanitation etc. The story dramatization provides a long haul continuity to encourage further viewing of each episode as the story unfolds.

On the production processes and dynamics, pre-testing every episode provided effective audience "feelers" which facilitated making changes in particular episodes for a clearer understanding of the intended messages. These also provided the needed direction and learning points for the ensuing productions. Better coordination was also felt crucial in undertaking an inter-agency undertaking such as this project.

Regular Sanjeevini watchers were found to be more from the semi-urban areas, from TV owning households, with one or two channels, from regular NTV watchers, mostly from middle-age group (20-39 years), and mostly female. The level of education was not a critical factor affecting viewership. Viewers were found from a cross section of illiterate/ barely literate, primary level, and those educated beyond secondary level.

Recall of topics seen in Sanjeevini was high; also fairly high percentage of knowledge applied from watching Sanjeevini. The same pattern was seen with those they considered to be most useful, and those applied most often: diarrhoea, vaccination and fever. Survey results however, showed no significant relationship by location, age and education, with those who cited these three topics as most useful, and most applied. The topics covered in both were considered directly related to their everyday lives.

Watching both Sanjeevini then Devi resulted to some complementing impacts to some viewers, i.e. reinforcing the health messages gained from Sanjeevini, with those real-life situations as simulated in the Devi story (such as on cleanliness and health, balanced diet, vaccination to prevent tetanus, etc.) Many however, failed to connect the Sanjeevini health messages to the flow of story in Devi. Programme producers and directors of both the Sanjeevini and Devi programmes also acknowledged this difficulty of making complementing impacts of both programmes.

The study's major recommendations that can be considered are as follows: using a known personality to recap the learning points through an epilogue at the end of both parts in each episode - to improve name recognition of "Sanjeevini" for both parts of the series, and to increase viewership for both; more aggressive promotional and marketing plan for the Sanjeevini/Devi programme including word-of-mouth promotion; involving the commercial/business establishments [that are non-controversial to the policies of the UNICEF, and its partners] to sponsor particular episodes, and promote the prosocial message of the programme as well; improving audience involvement in the programme beyond using them in pretesting, such as arranging a particular episode in a particular setting where the community shares their problems related to health, and organizing a TV audience forum during its actual telecast; using endorsements from non-controversial popular TV/film personalities, etc.

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FINAL REPORT OF THE MID TERM MONITORING AND IMPACT EVALUATION  
OF THE SANJEEVINI TV SERIES

CHAPTER I  
INTRODUCTION

Background

The impact of television has greatly expanded owing to the increase in television sets in most Asian countries, as in the rest of the developing countries in the world. While television still remains primarily as an entertainment medium in most countries, its use as an educational and informative medium is equally acknowledged to bear a dramatic impact to its targeted viewing audiences.

There have been encouraging signs recently indicating that entertainment television can be used to promote development in Asia. During the 1980s, a number of developing countries broadcast entertainment television programmes such as soap operas to disseminate prosocial messages. Prosocial television refers to televised performances that depict cognitive, affective and behavioral activities considered to be socially desirable or preferable by most members of the television audience (Rushton, 1982). By design, prosocial media promote development, viewed as a widely participatory process of directed social change in a society, intended to bring about both social and material development (Rogers, 1976).

A number of studies indicate entertainment television programmes can effectively promote social messages. Research conducted by Televisa, Mexico's private national television network, indicated that exposure to Mexico's *telenovelas* persuaded Mexican television viewers to enroll in adult literacy classes, improve their education, and adopt family planning methods (Rogers et al, 1989; Sabido, 1981). *Cock Crow at Dawn*, a Nigerian soap opera, effectively promoted the adoption of modern agricultural practices (Ume-Nwagbo, 1986); and *In a Lighter Mood*, another Nigerian entertainment television programme, successfully promoted family planning (Winnard, Rimon and Convisser, 1987). Indonesia has also used television to promote literacy and family planning by broadcasting pro-development films on television. India's *Hum Log* during the late 1980s, the first dramatic television serial in Asia meant as a prosocial serial, proved to be a successful trail blazer in India for other privately sponsored dramatic serials (Brown, 1990).

UNICEF Nepal embarked in 1995 on a prosocial television series aimed at imparting health and other messages combining the educational, and enter-educate approach. Initially known as the *Swastha Jeewan* Project, and later re-named as *Sanjeevini*, it was to be a combined effort of the UNICEF-Nepal, the Ministry of

Health through its National Health Education, Information and Communication Centre, the Institute of Medicine of the Tribhuvan University, and the Nepal Television. UNICEF Nepal was to provide the funding support and technical assistance, the Ministry of Health the technical expertise on health matters, including some logistics support (such as a vehicle for the project), and the Nepal Television the airtime and the technical crew and production facilities for this project funded by UNICEF. A Technical Steering Committee comprising representatives from UNICEF-Nepal, the Ministry of Health (from NHIECC, and the Teaching Hospital, Tribhuvan University), and the Nepal Television has been providing the necessary policy directions and overall oversight to the project.

It was agreed by all concerned parties that the Sanjeevini programme will comprise a 15-minutes straight educational programme on various health topics followed by a 15-minute enter-educate TV drama series, titled "Devi". The drama fiction was meant to capture the targeted audiences through an entertaining drama series, as well as to provide an effective medium to inject and promote prosocial messages, mostly health, female adult literacy, and overall sustainable community development through participatory process. The one-year project (for total of 48 weekly episodes) is currently being shown in Nepal Television during Saturday prior to the News, at 7:30 to 8:00 PM. Sanjeevini's "Devi" part, is equally an attempt to blend NTV's stated objectives of providing entertainment to its audience, while promoting pro development social values at the same time.

After the telecast of 24 episodes, UNICEF-Nepal believes that a mid-term evaluation is needed to provide feedback on whether the programme is achieving the desired development goals, and to obtain audience-based guidance for future production of the remaining episodes.

#### **Objectives of the Study**

As indicated in the Scope of Work for this study provided by UNICEF-Nepal, the following are the objectives of this study:

1. To gauge audience reactions to the episodes
2. To determine the efficacy of the series for information and education purpose of the 18+ episodes already shown
3. To recommend for future mid course corrections and improvements

## Methodology

1. Rapid Viewership Appraisal (RVA): This is a derivative of the Rapid Rural Appraisal (RRA) method, modified to meet the objective of evaluating a television programme such as the Sanjeevini. The basic concept of RVA is to find out the proportionate reach of the TV programme in relation to its intended viewers. Given the lack of data on TV viewership pattern in Nepal, much less that of the concerned TV programme, selecting the sample size becomes a very critical process in order that the ensuing research methods will be valid and which would yield valid results.

Given the time constraint, the proposed RVA process was cut short: instead of estimating the potential reach of the programme in the country as a whole, even through representative districts, and extrapolating results later, coverage areas were selected following the urban and semi-urban categories as follows:

	Urban	Semi-urban
Chitwan	Narayanggarh	Naurange, Mangalpur, Rampur, Gaurigunj, Geetanagar, Sharatpur
Tanahu/Kaski	Pokhara	Bagar, Shishuwa, Nadipur, New Bus Park
Kathmandu valley	Patan/KTM Bhaktapur	Gaurighat, Sitapaila, Surya Binayak Nalinchowk, Gongabu, Kusunti, Kirtipur, Talchikel, Tikhidegal, Koteshwor

These areas were selected based on the relative estimated reach of the Nepal Television (NTV) in these areas, the convenience of reaching a cluster of TV viewing population, including those considered to be semi-urban/"rural", and the relative proximity to facilitate faster data collection.

The RVA allowed the scanning of approximately 1000 households in each district/location as above, to determine the TV owning households, TV viewers without television, the TV viewing households, and those who have watched the Sanjeevini. Logically, identifying first the TV owning and TV viewing households is required in order to be able to identify the Sanjeevini viewing households (HH) and household members. This scanning facilitated the identification of the proportionate reach of the Sanjeevini from which the sample size for the random survey, the participants to the Focus Group Discussions, and the viewing families to be monitored, were drawn. An RVA form was developed and administered in the selected sites in all three districts (See Annex I).



This approach was strongly proposed, following the experience in conducting the Impact Evaluation of the Hatemalo Radio Programme in 1990 (also for UNICEF). In this study, 17,913 adult respondents representing households, and 34,155 children from 55 schools and from households were scanned through Rapid Listenership Appraisal (RLA) to identify the actual Hatemalo listeners. Scanning was based on the population and the number of households in each pocket, following the minimum and maximum quota system for fair distribution of the final sample in all the pockets. From the identified Hatemalo listeners, in depth questionnaires for each set of listeners (children and adults) were implemented. Among the 34,155 children scanned through RLA, only 14.68% were Balkaryakram listeners, and out of these, only 4.88% were Hatemalo listeners (which is 0.83% from the total scanned). This was the only way to be able to identify the actual listeners among the targeted population, and then only was the sample survey administered to determine programmatic impact. Earlier in 1983, an impact evaluation study of the same programme (commissioned after a year of broadcast) assessed the usefulness/impact of the programme by administering taped recordings of the programme to school children and getting their reactions. While this study gave indications on children's understanding of episodes they listened to, it failed to connect the medium (actual radio broadcasts) vis-a-vis its thematic content. Thus, the study was not able to reflect the genuine efficacy of the radio as a medium for informative and educational messages for a specific target group. Determining the overall reach over impact was therefore missing in this 1983 study, which the 1991 DECORE study was able to address in its application of the RLA approach.

**2. Sample Survey:** Results of the RVA provided the sampling population from which a sample size of 200 (actual Sanjeevini viewers) was drawn. The proportion of urban and semi-urban sample viewing households was determined based on the RVA results, giving higher proportion for the semi urban viewers. A structured questionnaire, with mostly close-ended questions, was designed and pre-tested in Kathmandu prior to field works. (See Annex I)

Simple statistical tools like mean/average, percentage were used to analyze the data. Crossbreak analysis were used to determine multi-variate relationship using SPSS programme. Data are presented in graphical and tabular form for easy understanding of results obtained.

**3. Focus Group Discussions (FGD):** Nine Focus Groups were organized, three for each study pocket, of which one was urban and two were in semi urban. FGDs allowed participants to freely discuss issues, ideas and experiences among themselves. A Moderator introduced the topic, kept the discussion going and tried to prevent domination of the discussion by a few

participants. Another member of the study team took notes of the whole discussion.

**4. Direct On-the-Spot Observation of Viewing Households:** Using a detailed observation form, on-the-spot comments from viewing members of the households were gathered using this approach. Six Sanjeevini viewing households from each study pocket were observed, of which two were urban and four were semi urban. Thus, a total of 18 households were monitored.

A study team member sat with a household at least ten minutes before the programme to observe the degree of interest of people watching for the next ("Sanjeevini") programme, or any other discussion about previous series, and at least five minutes after the programme, also to observe the degree of their interest for the next episode after one week. All comments/reactions were noted, as well as patterns of behavior of each viewer during the entire duration of the programme, or the non verbal cues that reflect the level of interest and enthusiasm for the programme.

**5. Key Informant Interviews:** Key people in the production and telecast of Sanjeevini were also interviewed (members of the Technical Steering Committee, producers, scriptwriters, UNICEF and HMG/MOH officers, etc.). Interview guide were developed that listed topics or open-ended questions. This part was included to elicit information, opinion and experiences related to the project as a whole: objectives, issues in production and telecasts, relationships between major key players, and the whole process of planning and implementation, etc.

Table 1: Distribution of Sampling Size, by Location and by Research Tools Used

CHITWAN	Focus Group D.	Survey	HH Monitoring
- Urban	1	25	2
- Semi-urban	2	<u>40</u> Total 65	4
POKHARA			
- Urban	1	25	2
- Semi-urban	2	<u>40</u> Total 65	4
Kathmandu Valley			
- Urban	1	30	2
-Semi-urban	2	<u>40</u> Total 70	4
TOTAL	9	200	18

Following the Work Plan for the study, three days were allotted prior to field works to train the Research Assistants on the administration of the research instruments. One full day was devoted to reviewing the merits of each research instrument proposed, and other basic topics related to research. The questionnaire for the sample survey was also pre tested among few NTV viewers who have watched Sanjeevini.

The Team also watched the taped programmes of both Sanjeevini and Devi to fully familiarize themselves with both the programmes. A mock Focus Group Discussion was also arranged among a mixed group of participants in Anam Nagar, Kathmandu, to familiarize the Research Assistants with the guide questions and to review with them how to handle specific situations, or comments/questions/reactions from the community or the participants.

Data for this study were collected during September 3-18, 1996.

## CHAPTER II

### DISCUSSION OF RESULTS AND FINDINGS

#### A. Overall Reach of Nepal Television

Nepal Television has five transmitting stations, and three sub-transmission centres. One regional production and transmission centre is soon to be operational. NTV estimates that their signals reach approximately 18 percent of Nepal's geographical area. Transmission is concentrated mainly in the densely populated terai (plain) areas of the Western, Central and Eastern Development regions. Rough estimates indicate that television signals reach 41 percent of the country's population.

There are about an estimated 250,000 television receivers in the country, with a ratio of 13 per thousand population. [This is however difficult to verify since there are no records to show the number of TV sets as there are no required ownership registration records, in addition to the free flow of goods, services and people across the Indian border.]

During the last five years however, it can be estimated that increased ownership of television receivers can be attributed to the four or five multinational companies (Goldstar, Daewoo, Sanyo, National) whose assembly plants in Nepal also produce low cost black-and-white TV sets; in addition to those cheaply and easily available Indian and Chinese brands. The increased ownership of TV sets can also be attributed to the influx of [cheap] Indian and other foreign brand dish antennas easily available in the market that facilitate receiving foreign broadcasts from Star TV, India and Pakistan. The emergence of comparatively easily affordable [by Kathmandu middle class standards] cable TV company (Space Time Network), and the Shangrila Channel's decoder system also encourage sales of TV sets, thus drastically increasing the number of TV ownership at least in the Kathmandu Valley.

Infrastructures and Resources: Production facilities are limited to Kathmandu, where there are currently three studio buildings, a recent addition being one for the children's programming. Apart from being poorly equipped, NTV also suffers from a shortage of professional staff. Secondary data further show that only 23.5 percent of NTV's total 316 personnel are in programme production, 12.3 percent technical and the rest in administration and others.

The four and a half hours daily schedule of local transmission is as follows:

- One hour daily news
- 45 minutes for documentaries, tele-serials and other canned foreign programmes
- 15 minutes for fillers (including advertisements)

- Two and half hours per day (or 17.5 hours per week) of indigenous programme production.

#### **B. Overall Reach of Sanjeevini Programme**

The extent of reach of the programme is the first crucial variable influencing the degree of potential impacts of the Sanjeevini prosocial messages on television.

Using the Rapid Viewership Assessment (RVA) approach, of the total 2962 households/families surveyed, with a total population of 15207, results show a fairly good proportion of television owning households at 63.7 percent, of which 72.1 percent were urban and 57.1 percent were semi urban households. Also of the total households surveyed, 22.5 percent were television viewing families who do not own TV sets. This leaves only 13.8 percent of the households scanned were not NTV viewers.

From the total households scanned, about one third were identified as Sanjeevini viewing households (902 - 30.5%), of which 19.6 percent from urban and 37.3 percent, semi urban. From each household, the number of Sanjeevini viewers were also obtained. Over the total population in the three areas covered, 21 percent were found to be Sanjeevini viewers. By households, this translates to 31 percent of the total households surveyed were Sanjeevini viewing families.

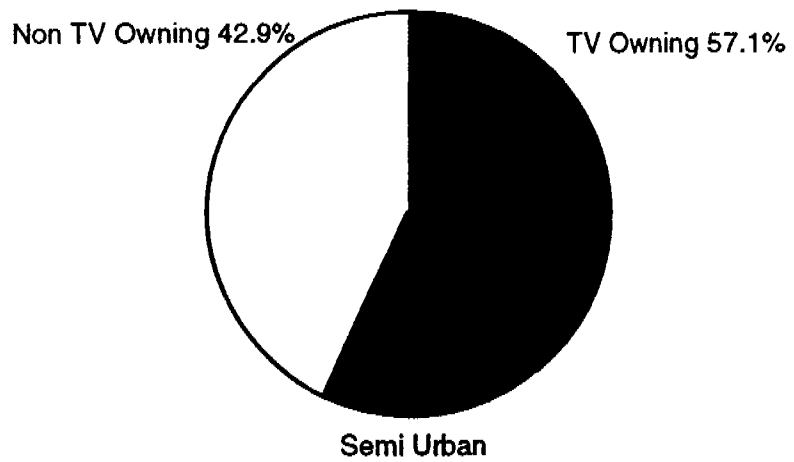
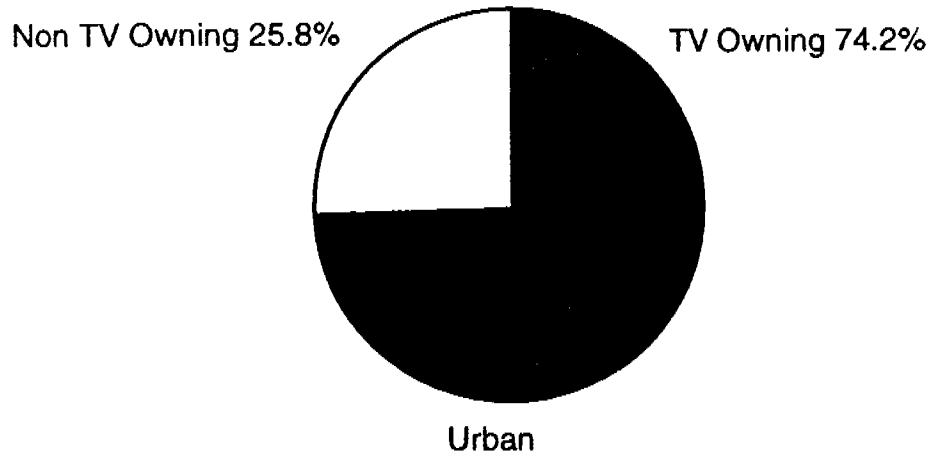
However, over the total number of TV owning and NTV viewing non-TV owning families, a fairly higher proportion of Sanjeevini viewing households (at 40.1) was obtained. Multiplied by the average family size of 5.13, the total Sanjeevini viewers out of the TV viewing households (both TV owning and non-TV owning) was computed at 24.4 percent. (See Annex Tables 4 )

Between urban and semi urban, there was again less Sanjeevini viewers and viewing households in urban areas, than in semi urban.

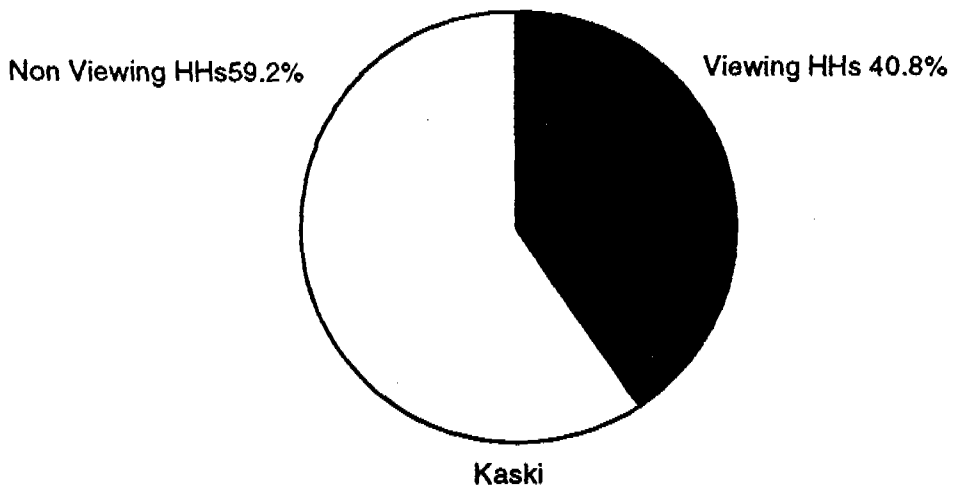
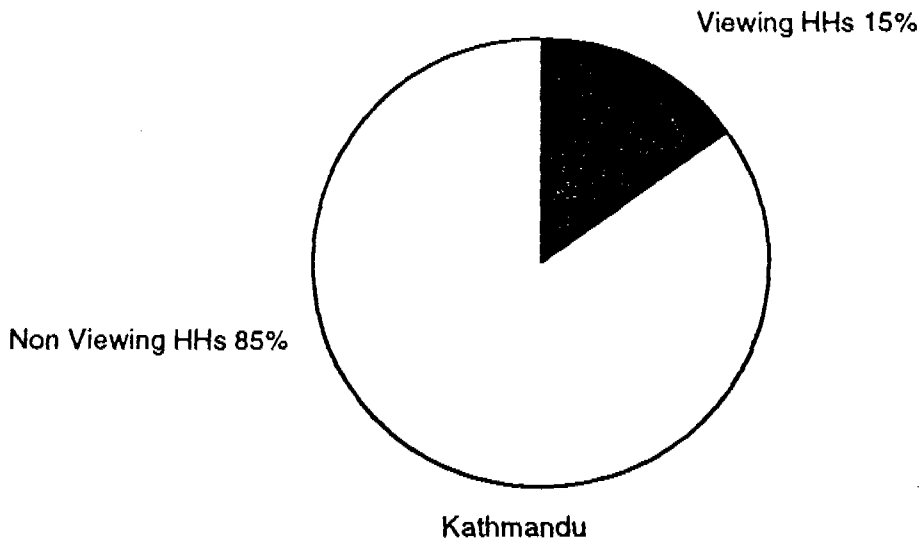
Among the total households surveyed in each district covered, Kaski has the highest percent (40.8 %) of Sanjeevini viewing households, followed by Chitwan (35.9%), and lowest in Kathmandu (15%) (see Annex Tables 1-3). At the same time, among the total population surveyed in each of the three districts covered, Kaski has the highest percent (28.7%) of Sanjeevini viewers, followed by Chitwan (23.6%) and Kathmandu (9.7%) respectively. These low trends for Kathmandu, as compared to Chitwan and Pokhara, can be explained in part by the influx of more and more cable TV, satellite dish antennas and decoder systems that facilitate increased programme choices to a variety of foreign satellite-beamed TV programmes.

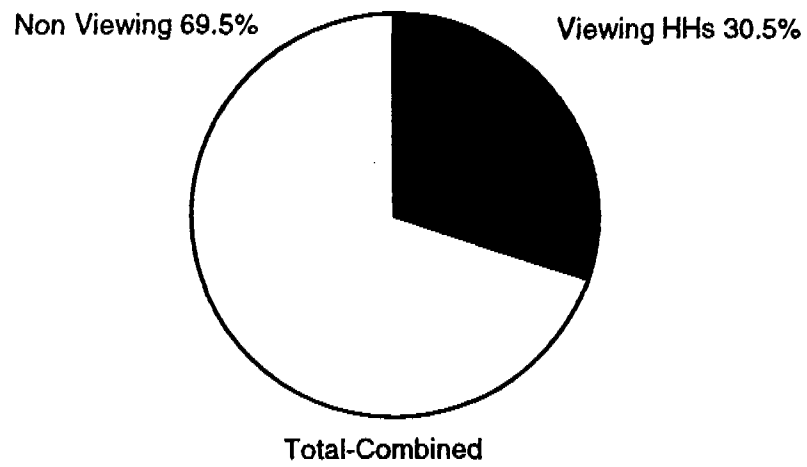
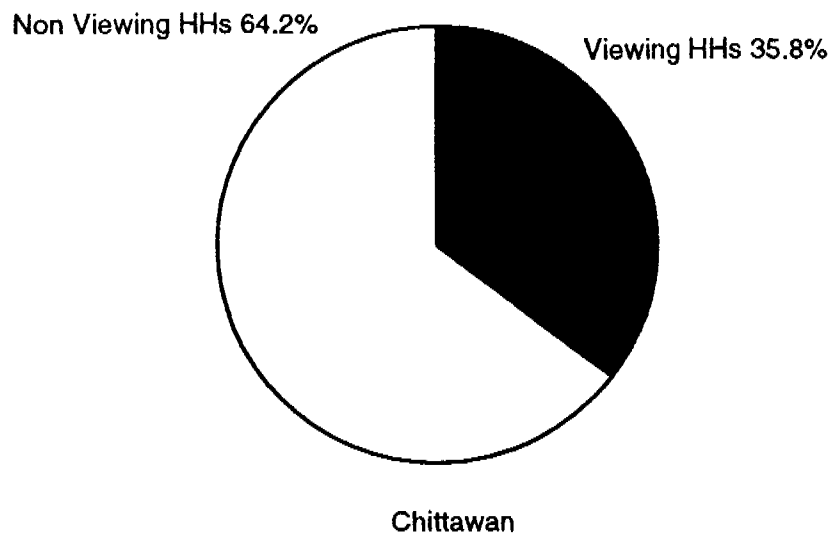
Across all three districts, the Sanjeevini viewing households and

## TV Owning Households in Three Districts Combined



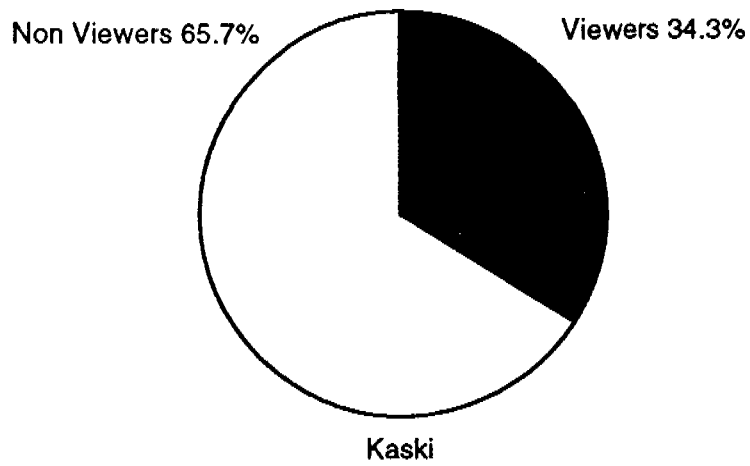
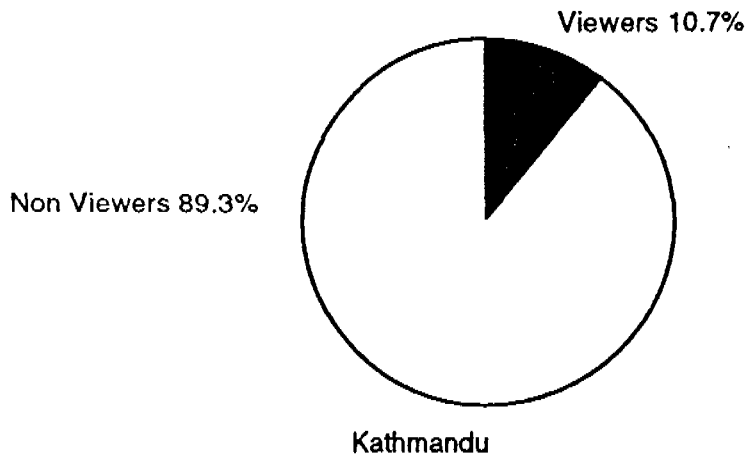
**Total Sanjeevini Viewing Households Out of Total Households  
Surveyed**

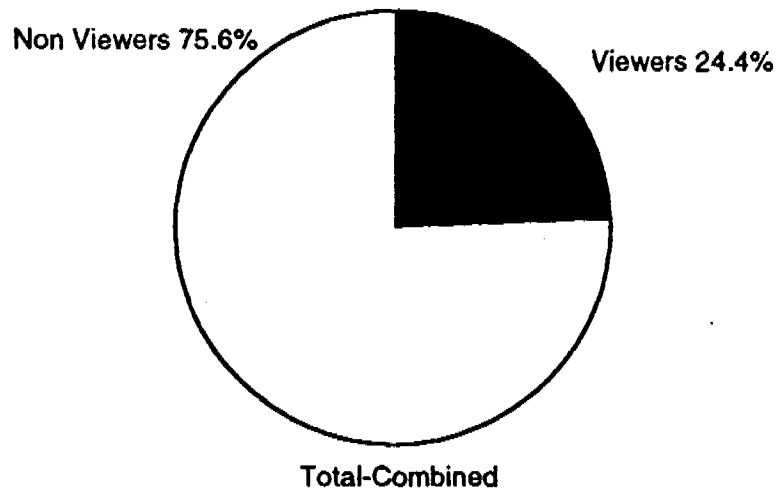
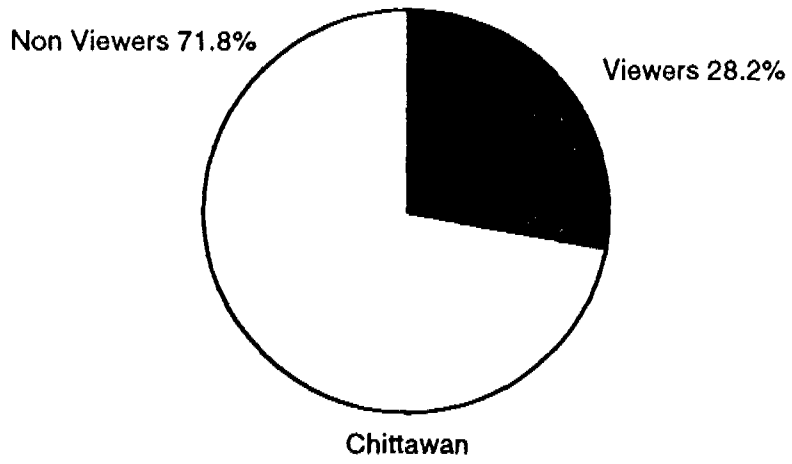






# Total Sanjeevini Viewers Out of (TV Owning+Non Owning) Viewers





the Sanjeevini viewers, over the total population/households surveyed, as well as over the total TV owning and NTV viewing non TV owning households, those from the semi urban areas showed to be consistently higher than those in the urban areas.

>> Sanjeevini is therefore reaching more semi urban viewers which is the targeted audience, considering that they need these information more than their urban counterparts who are likely to be more exposed to opportunities of learning these health messages.

### C. Viewership Patterns

The results of the sample survey of 209 respondents from three districts are presented and discussed in this section.

A receiver's awareness of message content has been considered an important variable of social influence (Hovland, Lumsdaine and Sheffield, 1949; Hovland, Janis and Kelly, 1953; Janis et al, 1959). However, an essential problem in social influence is ensuring that an audience adequately receives the persuasive message (McGuire, 1968).

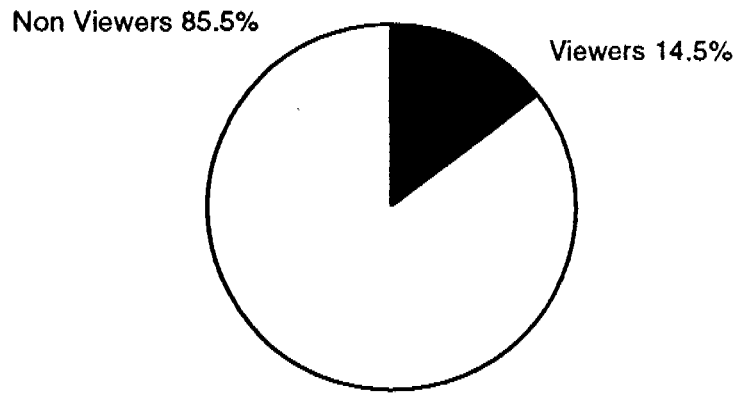
Therefore the first critical variables to be able to assess levels of impact or social influence of the programme are the extent of TV ownership, viewing frequency for both NTV and Sanjeevini, the number of TV channels available and the level of competition among them in terms of channel and programme choices. (see Figure 1)

TV Ownership: Except for few (7.2%) who do not own TV set, and were watching TV from neighbors, the large majority of the respondents (92.8%) own TV sets. (see Annex Table 10)

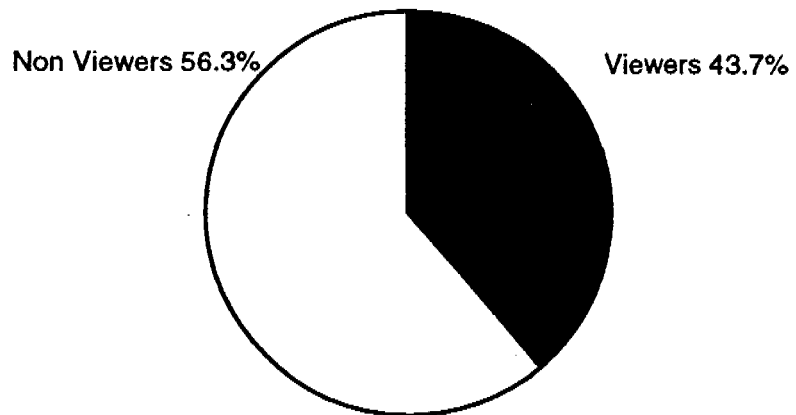
Viewing Frequency: Accordingly, with TV owning facilitating more frequent viewing, 90 percent of the respondents were everyday watchers of Nepal Television, and only few watch twice a week and once a week. (see Annex Table 11) Most of the respondents also watch NTV during evening on weekdays, and both evening and day time (afternoon) during Saturdays.

TV Channels: Almost half (47.4%) of the respondents have only one TV channel available (NTV), while 31 percent have two (NTV and Doordarshan), and the rest have multi channels ranging from three to 16 (see Annex Table 13). Given that there were proportionately more semi urban respondents than the urban respondents, having single channel or at the most two can be expected from the less economically sophisticated semi urban residents.

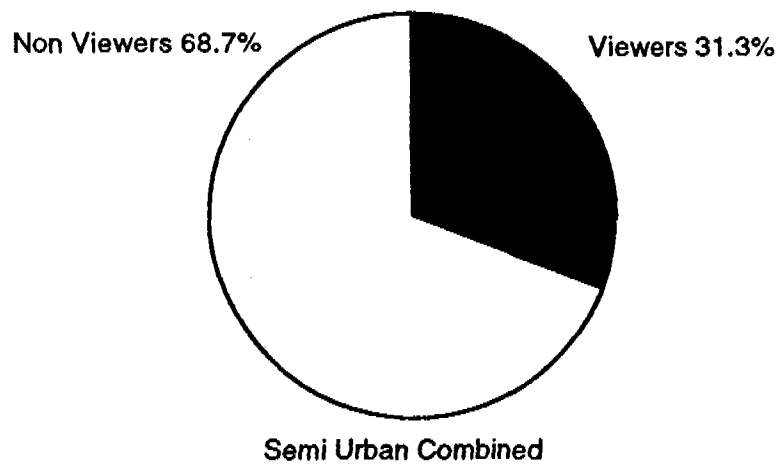
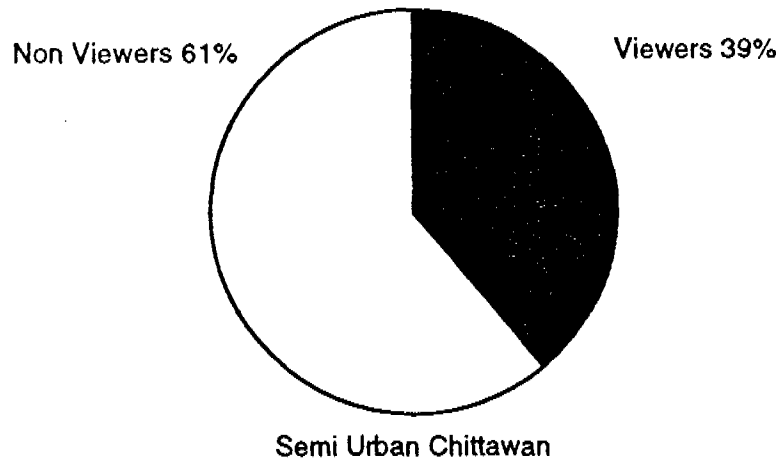
**Total Sanjeevini Viewers Among Semi Urban  
TV Owning+Non Owning Viewers**



Semi Urban Kathmandu



Semi Urban Kaski



Frequency of Watching Sanjeevini: About two thirds of the respondents (61.7%) have been watching Sanjeevini since the first episode, and the rest watch only later, or sometime after its start. Similarly, two-thirds (68.4%) were regular Sanjeevini watchers; only one third watch less frequently. (see Annex Table 15)

Characteristics of Regular Sanjeevini Watchers: The regular Sanjeevini watchers were mostly from the semi urban areas (60.1%), majority were TV owners (96.5%) and regular/daily NTV watchers (95%), mostly from middle age group 20- 39 years (74.1%), and mostly female (64.3%). Most of the regular viewers were also having single channel only (46.2%), and two-channels (32.2%). In terms of family type, there were more or less regular viewers from both nuclear families (52.4%), and extended families (47.5%). Similarly, regular viewers were scattered across education levels, with little more than half (58.8%) SLC and above levels. Only about 10 percent of the regular viewers were illiterate, and 16.8 percent have reached primary level. (see Tables 2-5 below, and Annex Tables 15- 18).

Table 2: Percentage of Respondents Watching Sanjeevini by Number of TV Channels and Frequency of Watching

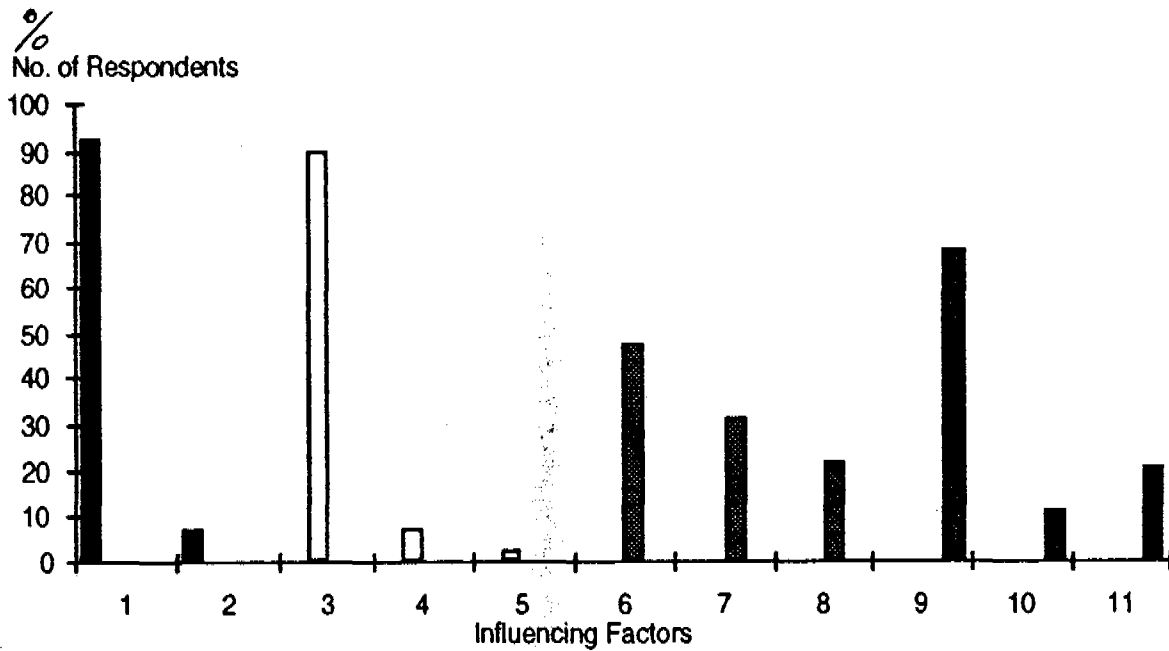
No. of channels	Everybroadcast/ weekly	1-2 times a month	Occasionally
1	66 (46.2)	9 (39.1)	24 (55.8)
2	46 (32.2)	12 (52.2)	7 (16.3)
3	4 (2.8)	0 (0)	0 (0)
4	5 (3.5)	1 (4.3)	3 (7.0)
5	10 (7.0)	0 (0)	1 (2.3)
6 and above	12 (8.4)	1 (4.3)	8 (18.6)
Total	143 (100.0)	23 (100.0)	43 (100.0)

Table 3: Percentage of Respondents Watching Sanjeevini by Gender and Frequency of Watching

Gender	Every broadcast/ weekly	1-2 times a month	occasionally
	%	%	%
Male	51 (35.6)*	7 (30.4)	20 (46.5)
Female	92 (64.3)*	16 (69.6)	23 (53.5)
Total	143 (100.0)	23 (100.0)	43 (100.0)

Table 4: Percentage of Respondents Watching Sanjeevini by Age

## Factors Influencing Extent of Exposure to Sanjeevini/Devi Programme



Note:

1 = TV owing

2 = Non TV owing

3 = Watching NTV everyday

4 = Watching NTV twice a week

5 = Watching NTV thrice a week

6 = 1 channel (NTV)

7 = 2 Channels

8 = Multi Channels (3-16)

9 = Watching Sanjeevini weekly

10 = Watching Sanjeevini 1-2 times/month

11 = Watching Sanjeevini occasionally

Group and Frequency of Watching

Age group	Everybroadcast/ weekly	1-2 times a month	Occasionally
15-19	9 (6.3)	0 (0)	4 (9.3)
20-39	106 (74.1)	18 (78.3)	36 (83.7)
40-44	13 (9.1)	0 (0)	2 (4.7)
45-49	3 (2.1)	4 (17.4)	0 (0)
50-54	7 (4.9)	1 (4.3)	0 (0)
55-59	4 (2.8)	0 (0)	0 (0)
60-64	1 (0.7)	0 (0)	1 (2.3)
Total	143 (100.0)	23 (100.0)	43 (100.0)

Table 5: Percentage of Respondents Watching Sanjeevini by Education and Frequency of Watching

Education	Everybroadcast	1-2 times a month	Occasionally
Illiterate	14 (9.8)	2 (8.7)	4 (9.3)
Primary(1-5 class)	23 (16.8)	4 (17.4)	3 (7.0)
Lower Secondary	9 (6.3)	0	4 (9.3)
Secondary(9-10)	13 (9.1)	4 (17.4)	3 (7.0)
S.L.C.	30 (21.0)	2 (8.7)	3 (7.0)
I.A.	30 (21.0)	5 (21.7)	8 (18.6)
B.A.	20 (14.0)	5 (21.7)	16 (37.2)
M.A.	4 (2.8)	1 (4.3)	2 (4.6)

>> From the above variables, it can be deduced that with majority of the viewers being TV owners, watching Nepal TV regularly or daily, either with only single channel or two, and regular watchers of Sanjeevini - the ground is fertile for hypothesizing that frequent exposure can lead to higher positive impact to these viewers.

The following sections present the levels of impact from watching Sanjeevini/Devi - from the perceived most useful topics, perceived audiences by which Sanjeevini/Devi would be most useful, perceive complementing impacts of watching Sanjeevini then Devi, perceived overall theme of Devi, and the things learned from Devi programme.

Perceived Most Useful Topics: Respondents cited a range of topics covered in Sanjeevini that they considered useful in their families. These include such as diarrhoea/ORT, polio, tuberculosis, childbirth, fever, ENT, encephalitis, meningitis, whooping cough, first aid, family planning, sanitation,



orthopaedics/bone fractures, child care, appendicitis, malnutrition and vaccination. Of these topics, the three mostly mentioned were diarrhoea (22.5%), vaccination (16.7%), and fever (8.9%).

Further cross-table analysis to see the characteristics of those who mentioned that the above three topics (diarrhoea/ORT, vaccination and fever) were the most useful, shows the following:

- no significant difference by gender, with both males and female respondents citing these three topics as most useful (see Table 6 below); neither by location of urban and semi urban (Table 7)
- by age, many of those between 20-29 cited most topics as useful; but specific on diarrhoea, fever and vaccinations, there was not much significant difference. (Table 8)

Table 6: Percentage of Respondents by Perceived Most Useful Topics and Gender

Topics	Male	%	Female	%
All useful	16	20.5	14	10.7
Diarrhoea/ORT	17	21.8	30	22.9
Polio	4	5.1	7	5.3
Tuberculosis	3	3.8	1	0.8
Tetanus	1	1.3	0	0
Delivery/ Gynecology	4	5.1	9	6.9
Fever	4	5.1	13	9.9
ENT	3	3.8	7	5.3
Meningitis	0	0	2	1.5
Whooping Cough	2	2.6	1	0.8
First aid	5	6.4	7	5.3
Vaccination	11	14.1	24	18.3
Family Planning	0	0	2	1.5
Sanitation	1	1.3	0	0
Orthopaedics	1	1.3	0	0
Child care	5	6.4	10	7.6
Appendicitis	0	0	1	0.8
Malnutrition	1	1.3	3	2.3
Total	78	100	131	100

Table 7: Percentage of Respondents by Perceived Most Useful Topics and Location

Topics	Location			
	Urban	%	Semi urban	%
All useful	14	17.5	16	12.5
Diarrhoea/ORT	18	22.5	29	22.4
Polio	6	7.5	5	3.9
Tuberculosis	1	1.3	3	2.3
Tetanus	1	1.3	0	0
Delivery/ gynecology	6	7.5	7	5.4
Fever	3	3.8	14	10.8
ENT	3	3.8	7	5.4
Meningitis	2	2.5	0	0
Whooping cough	2	2.5	1	0.8
First aid	0	0	12	9.3
Vaccination	15	18.7	20	15.5
Family Planning	1	1.3	1	0.8
Sanitation	0	0	1	0.8
Orthopaedics	1	1.3	0	0
Child care	5	6.2	10	7.8
Appendicitis	0	0	1	0.8
Malnutrition	2	2.5	2	1.6
Total	80	38.3	129	61.7

Table 8: Frequency Distribution of Respondents by Perceived most useful Topic and Age

Topic	Age						
	15-19	20-39	40-44	44-49	50-54	55-59	60+
All useful	1	24	2	1	2	0	0
Diarrhoea/ORT	5	35 (16.7)	3	0	2	2	0
Polio	2	7	1	0	0	0	1
Tuberculosis	0	4	0	0	0	0	0
Tetanus	0	0	1	0	0	0	0
Delivery/ Gynecology	0	13	0	0	0	0	0
Fever	1	11 (5.3)	3	1	1	0	0
ENT	4	7	0	1	0	0	0
Meningitis	1	1	0	0	0	0	0
Whooping cough	0	2	0	0	0	1	0
First aid	1	6	2	1	2	0	0
Vaccination	0	28 (13.4)	3	2	1	0	1
Family planning	0	2	0	0	0	0	0
sanitation	0	1	0	0	0	0	0
Orthopaedics	0	1	0	0	0	0	0
Child care	0	13	0	1	0	1	0
Appendicitis	0	1	0	0	0	0	0
Malnutrition	0	4	0	0	0	0	0
Total	13	160 (76.5)	15	7	8	4	2

Whether Respondents were Able to Apply Knowledge Gained: About two-thirds of the respondents said that they were able to apply some of the knowledge gained from watching Sanjeevini. (Annex Table 23).

The same pattern was seen with those they were able to apply most often with diarrhoea/ORT (25%), vaccination (21%) and fever (11.8%). (Annex Table 24)

Further breakdown of the 25 percent that specifically cited diarrhoea/ORT revealed the following characteristics:

- cuts across most education levels; only three illiterates and 5 primary level respondents cited diarrhoea/ORT; the 28 others (77.7%) were lower secondary and above. (Annex Table 25)
- by location however, little more than half were from semi urban areas. (Annex Table 26)

The same trends were seen in those that cited fever and vaccinations. The above data shows therefore that education is not a critical factor in determining whether respondents would apply specific knowledge gained from watching Sanjeevini.

Perceived Complementing Impact of Watching Devi: Majority (85.6%) of the respondents felt that they learned additional, or reinforcing health and other messages watching Devi after Sanjeevini. Only few (14.4%) said otherwise. Of the messages that they found were reinforcing from both programmes were health education (45.3%), cleanliness (38%) and others (first aid, childbirth, vaccination).

Table 9: Whether Respondents Learned from Complementing Programmes of Sanjeevini and Devi

	Yes	No
Did they learn?	179 (85.6)	30 (14.4)
Learnt subject	No.	%
Health education	81	45.3
Cleanliness	68	38.0
First aid	16	8.9
Delivery facts	8	4.5
Vaccination	5	2.8
NA	1	0.5

Perceived Sanjeevini's Intended Audience: About one third (38.3%) of the respondents felt that Sanjeevini will be most useful for the backward, low caste ethnic groups, while 21.6 percent felt it is the illiterate persons, especially the illiterate women, and 19.6 percent said the people in the remote, rural, hill and deprived communities. As these identified groups have more or less similar characteristics, consistent reasons were cited why these groups of people: they are the economically poor, mostly illiterate, and ignorant of these health messages. (see annex Table 31).

Perceived Overall Theme of Devi: About two thirds (62.7%) of the respondents felt that the overall theme of Devi is women's education/literacy for all. The remaining one third cited equal opportunity to both sons and daughter/no discrimination, what are the forces for change in society, and struggle for equality/upliftment of the backward and powerless.

Those who felt that the overall theme of Devi is women's education/literacy were the following: (annex Tables 32-33)

- two-thirds were female (65.6%)
- about a third (33.6%) were actually the better educated (SLC pass and above); only few were illiterate (11.5%), and primary level educated (11.5%)

Therefore, while more female saw the overall theme of Devi as the promotion of the importance of female education, on the other hand, not many illiterates or barely schooled interpreted Devi's overall theme as the importance of women's education.

Learned from Devi: Except for few (8.6%), the large majority (91.4%) of the respondents said they learned something from Devi. Among those cited to be learnt from Devi were as follows: that female education is of primary necessity for the development of the community (57.6%), that health education is necessary (22.5%). The remaining few mentioned no discrimination/equality between son and daughter, knowledge should be shared to others, the instruments necessary for childbirth, and child care. (Annex Table 34)

Cross break analysis to reflect the characteristics of the 57.6 percent who said that they learned most about the importance of female education for community development revealed the following:

- two-thirds were female (61.8%)
- almost half were aged 20-39 years (42.4%)
- little more than half were from semi-urban areas (59.7%)

The following discussions analyze the respondents' perception of Devi from the technical/production points of view, and suggestions for improvement.

Perception About Devi's Story and Production: On the things that they liked most about the Devi serial, 82.3 percent said they liked the Devi story itself; 70 percent liked the artists (specifically mentioned were the acting of Purna, Devi and Pandit); 45.5 percent liked the characters, and 45 percent said they liked the dramatization style (Annex Table 41).

Suggestions for Improvement:

Half of the respondents (56.9%) were of the opinion that the duration for each programme is very short, and that this should be increased. Others had no specific comments, while few others gave insignificant comments.

#### D. Results of the Focus Group Discussions

As mentioned in the Methodology, nine focus group discussions were organized, three in each site.

The FGDs were able to elicit the qualitative assessment of the thematic content of the episodes of Sanjeevini, and its impact on the viewers in terms of the knowledge gained, whether this knowledge reflected on changes in attitudes and health practices at the individual and household levels, or generated interests for further information-seeking behavior.

The FGDs also allowed acquiring comments on quality of productions and broadcasting aspects, which can contribute later to the technical improvement of the future productions.

Participants of each focus group, whether they were from the urban or semi urban areas, share more or less the same characteristics - whether all female and mothers; same caste or mixed caste or mixed gender but parents with young children; educated beyond SLC level, etc. Only few of the FGD participants have no TV set of their own; the majority were watching Sanjeevini from their own TV set.

While some participants said they watched Sanjeevini with their own family members (ranging from 5 - 12), others said they have occasionally have some other people (neighbors, relatives) watching Sanjeevini with them.

Name Recognition of "Sanjeevini" versus "Devi": In most of the FGDs, many participants could not associate the whole 30 minute programme to "Sanjeevini", and tended to differentiate between the Sanjeevini, meaning the documentary, informative part, and the other half, which is the Devi teleseries. Questions and discussions regarding "Devi" also tend to be more lively and interactive, as everyone seemed to show more interest and enthusiasm, and a larger degree of "involvement" in the programme, more than when matters about the documentary part [hereon referred to as the "Sanjeevini"] were discussed.

For which Groups the Sanjeevini would be most useful: Across all nine FGDs conducted, whether those from the urban and semi urban areas, most participants felt that the Sanjeevini is most useful for the following groups:

- for illiterate people because "they can see on TV many things about health, without having to read them (watching events/scenes on TV is like seeing an actual (real live) scene;
- for low caste ethnic groups and those in low socio-economic status because they generally lack the knowledge on these

matters;

- for everybody since health is a concern of everyone, and diseases/illness come and go to every individual/families; everyone should know first aid to be alerted to any health emergency problem in own self or family;
- for the illiterate and socio-economically poor rural communities, because they are the ones who do not know most of these topics/messages, and they are the ones often suffering from illness/diseases because of ignorance on prevention and cure;
- for those traditional and conservative people who still cling/believe on superstitions or fallacies regarding some health prevention and cure; they need to understand the modern health practices of simple prevention and cure of common illnesses;
- for rural poor women, because they have no other access to information as they are given in Sanjeevini; Also rural women must know first aid treatment because they have limited access to health posts/hospitals, and must know which medicines to keep for common ailments in their families because they go to towns less frequently; rural illiterate women have less chance of learning these things. Not for urban people because most of them are literate and already know a lot about health matters. But not all rural women have access or own TV sets, although they should be the ones more to get these messages; maybe radio should be explored to present the same messages in Sanjeevini;
- for adults since they administer/oversee health care in family;

The Topics Participants Recalled to have Watched from Sanjeevini: family care, family planning, mother and child health care, delivery/childbirth, sanitation, vaccination, tuberculosis, meningitis, diarrhoea/ORT/dehydration, polio, chicken pox, nose bleeding, asthma, bone diseases/bone fractures, breast feeding, first aid treatment, whooping cough, diphtheria, measles, fever, tetanus, malnutrition, night blindness, leprosy, balanced diet.

Most Liked Topics: The following are the topic(s) that FGD participants said they liked the most and why:

- Care of children because most of them have families and young children, therefore what they learned from Sanjeevini are very applicable and useful.
- Delivery, vaccination, chicken pox because they can understand more about these.
- Nose bleeding, because now she knows what to do when it happens; asthma;

- Delivery because she has given birth and learned more about it seeing it on TV.
- Vaccination because telecast explained the time schedule of taking vaccinations for children
- Diarrhoea because diarrhoea is very commonly happening to everyone in their families, especially the children, and they learned about simple ways that can be done at home to cure diarrhoea and prevent dehydration.
- Sanitation because it is the fundamental prevention for most of the ailments, and that this is one thing that we most take for granted; because they learned the effects of unsanitary situations/ environment.
- Breastfeeding because being mothers now they understand better why breast milk is very important for their babies; that nothing substitutes [or better than] breast milk for their babies.
- First aid, because this is most practical to learn for any emergency treatment at home, for anyone in the family; because this is frequently required [meaning small and big accidents can happen, or emergency medical problems can occur]
- Polio because one nephew was suffering from polio.
- Tuberculosis and cancer, because one neighbor died of cancer, and [participant] has a relative with tuberculosis - watching the programme helped him understand how TB is spread, and how to prevent getting them.

Most Useful Topic: For the most useful topic among those they have watched, this almost overlap with those above that they said they liked most. Most of the groups' participants felt that all the topics were very useful in their daily lives. They said they learned many ideas, for example about pregnancy and about child birth/delivery; the basic treatment to common illness like diarrhoea that they can do at home [to give jeevan jal (oral rehydration therapy), and/or to prepare nun-chini-pani when somebody is getting diarrhoea in order to avoid dehydration; also learned about medicines and how to administer them, and first aid treatment.

>> It can be seen therefore from the array of topics that participants said they liked the most, that these topics are directly related to their everyday lives; that they are commonly occurring or are deemed of most immediate concern for them being mothers, or just plain members of a family whose health is among the major concerns, as with the other major events, decisions or undertakings in life.

Specific Occasions where Knowledge Learned were Applied:

- Most common application of what was watched in Sanjeevini was during bouts of diarrhoea, they used jeevan jal many times, which always worked; another participant said she



- learned how to make nun chini pani, and when her son was having diarrhoea, she applied what she learned, and "he got cured"; mothers are also very conscious now of using jeevan jal or nun-chini-pani when anyone has diarrhoea.
- Others said they have tried to apply what they learned about first aid treatment on certain emergency situations;
  - Many had vaccinated their children, following the right schedule for each type; one mother defied her mother-in-law's contradicting attitude/opinion about vaccination, and she had all children immunized; others were made more conscious about vaccinations of their children, which they also tell to their relatives and friends/neighbors who also have babies, including the necessity of timeliness of vaccinations.
  - Another mother also learned to lower the fever of her son by putting moist cloth on forehead (paani-patti), which she also used to advise to other adult members of her family, and to her friends and relatives when they have fever. Another mother said she applied moist cold cloth to lower the fever of her son; while the boy refused at first, but was convinced when mother told that she watched this from Sanjeevini.
  - One mother told that her child who watched the Sanjeevini episode about night blindness started taking green vegetables
  - After learning about meningitis, the mothers said now they are alert of their symptoms on their children and check them from time to time when similar symptoms occur.
  - Learnt the precautions to prevent getting tuberculosis

~~\_\_\_\_\_~~  
behavioral change that to a certain extent the Sanjeevini  
~~\_\_\_\_\_~~  
\_\_\_\_\_ of its viewing  
and \_\_\_\_\_. While these are only anecdotal, qualitative assessment of the kinds of specific occasions by which the viewers were able to apply the knowledge gained, on the other hand, these provide some understanding on how the programme is achieving its impact.

On the other hand, it should be noted that one limitation of FGD as a research tool is that statements and opinions can at most be narrated as anecdotal, and other underlying variables contributing to such attitudinal, or behavioral changes could not be fully explored and empirically tested for cross analysis and for validity. For example, while mothers may said that they are using jeevan jal in the family, or are vaccinating their children, it should not be ruled out that other sources of information and influences may have prompted them to do such actions that are, incidentally also parallel to the desired attitudinal and behavioral changes of the programme.

Clarity of Topics and Overall Satisfaction with Programme:

Across all FGDs in both rural and urban areas, most participants agreed that the topics were presented in a clear, simple manner that enabled them to understand them quite easily. There was no specific topic that they said was difficult to understand. There was also overall satisfaction on the Sanjeevini programme. On the other hand, some participants also raised concern that they wished to learn more about a specific topic, but the programme duration was too short as to cover so much.

Some specific comments were also elicited to improve the Sanjeevini programme (see section on Additional Comments and Suggestions).

Complementing Impacts of Watching Sanjeevini then Devi:

Some FGD participants appreciated watching Devi after the documentary part. Some said they gained additional knowledge on health education with the discussion about sanitation and balanced diet in Devi; that they learned the importance of female education; that Devi reinforced their commitment in their village to eradicate illiteracy, and to be conscious of community development needs in their village, including on health matters as discussed in Sanjeevini (including specific advice such as keeping at least basic medicines in the house for common ailments; to be vaccinated to prevent getting tetanus).

On the other hand, other participants also said they could not connect some of those they watched from Sanjeevini to the flow of story in Devi; or that they could not easily connect how Sanjeevini and Devi complement each other, as far as what they learned.

Perceived Overall Theme of Devi: The following were the overall theme as cited by the participants:

- Overall development is possible only through education of women; social change through female education.
- Health and education should be available to all.
- Equality between son and daughter/discrimination in society should be ended.
- Child marriage and polygamy should be avoided in the society.
- Class struggle: Oppression/exploitation from others should not be tolerated.

Learned from Devi: The following are some of the comments on what they learned from watching Devi:

- What role a teacher can play for the development of a community;
- Overall development directly linked to education/literacy of women; that women should struggle for education.
- about sanitation and its importance

- the bad practices, attitudes and behaviours existing in our rural society that should be removed/eliminated if we wish to develop;
- The benefits in the community of sharing to others the knowledge gained - "enlighten oneself, by enlightening others too".

Based from the above discussions on what they felt were the overall theme of Devi, as well as what they have learned from Devi, it can be inferred that a large section of the viewers was able to understand what the programme was targeting for, and the key prosocial messages woven into the Devi story.

What is Liked Most in Devi: The extent by which the viewers of Devi was involved in the programme, has been partially reflected on their comments about the things that they liked most about Devi programme as follows:

- the title "Sanjeevini" which some participants said is very fitting to the programme (*sanjeevini* being the name of a herb usually taken as a kind of elixir for long life).
- realistic setting and locale of the story
- dramatization/story presentation; nice plot of story
- the teacher's and Devi's characters because they helped change the village
- comedy acting of Shivahari Poudel as "Purna"
- characterization of the villain, the Mukhiya because he was really hateful as the bad guy in the story;
- the mukhiya's daughter which showed the contrast in positive and negative values
- Devi as a role model providing good example to other women and initiating social change in the village
- fight scenes were good.

Other Comments/Suggestions for Devi: Across most FGDs, many felt that the Devi story reflects the realities in many rural settings in Nepal, given that illiteracy particularly for women, the itinerant conflicts between the powerful and the powerless still exist in many remote rural areas in the country.

In all FGDs, many participants expressed the suggestion that a longer telecast/duration for both Sanjeevini and Devi is needed (suggestions of time extension from 10 minutes to 30 minutes). For Sanjeevini, longer time means more detailed discussion of each particular topic; for Devi, they will be entertained longer, at the same time can allow them more time to contemplate about the story [they said because it is too short, they get "hanged up" most of the time].

In addition, other specific but interesting comments and suggestions were also solicited from the FGDs, as follows:

- too much story conflict is put into the villain (Mukhiya), that his character tend to be too prominent/overriding, other people may imitate such powerfulness.
- shooting for the serial should have been in different places to add variety and more vivid presentations; use of same scenes (location) in most episodes is boring.
- the artist playing Devi's mother is too made up, tend to be unrealistic for village life.
- could have also casted popular film artists like Shiva Shrestha, Karisma KC, comedian Haribansha Acharya; Madan Krishna can play the role better than Ram Pandit; character role of Khem Sharma is very good, so he should be seen more often in the story.
- a child character/artists should be included; story should also be made understandable for children audiences because children are also watching these programmes
- these type of programmes should be continuously funded because they are very useful/relevant.
- also picturize Sanjeevini in drama form, or other styles that are more entertaining.
- shift time slot after the 8 PM news so that everyone can watch.

(See Annex III for Summary of Focus Group Discussions)

#### **E. Results of the On-the-Spot Monitoring of Viewing Households**

A total of 18 households were monitored in all three districts covered, at a ratio of 2:4 between urban and semi urban. Most of the urban households monitored have multiple channels available, while those in most of the semi urban areas have either only NTV or NTV and DDI only, and between these two, NTV was a preferred channel.

Between urban and rural households, in most households monitored, those in the urban areas tend to have conflict on the choice of channels, with preference of other members to Zee TV, EL or Doordarshan. However, the main female person (usually the mother) influences all the rest in her choice of watching NTV for these two programmes.

In most of the households monitored while actually viewing the Sanjeevini and Devi, most seemed to be anxiously waiting for the next episodes of both programmes. While women tend to be the more anxious viewers than do men, some of the men also showed appreciation to the health topics that were shown. Some of the family members also tend to discuss with one another about the topic being shown (such as on tuberculosis, and talking about the symptoms, and relating the discussion to a patient that they know of, etc.)

Regular viewers also tend to discuss about the scenes as they

unfold in the Devi series, and most were anxious about what will happen in the coming episode. However, in almost all of the households monitored, at the end of both Sanjeevini and Devi, particularly the latter, they all felt that the programme was too short, and that they need to wait for another week to wait for such a short programme. Obviously though, given that they seem to anticipate the next episode, even if the programme was short, reflect the high level of interest that these programmes were able to generate. Most of them suggested that the programmes could have been longer than the present duration.

(See Annex IV for Summary of Observations for Monitored Households)

#### **F. Perceptions of the Key People in the Production and Broadcast of Sanjeevini:**

As mentioned in the Methodology, members of the Technical Steering Committee and other key people in the production and telecast of Sanjeevini were also interviewed. Interview guides were developed that listed topics or open-ended questions. This part was included to elicit information, opinion and experiences related to the project as a whole: objectives, issues in production and telecasts, relationships between major key players, and the whole process of planning and implementation, etc.

#### **Mr. Tapa Nath Shukla, General Manager of NTV**

NTV had a meeting with a World Health Organization (WHO) representative from Finland about three years ago for running a health related programme. At first, it was agreed that the WHO would provide the equipment which would be stored at the Health Learning Centre, Tribhuvan University (TU). NTV on the other hand was to do all the production-related works and servicing of equipment. However, because the WHO have only a limited budget which was not enough to cover the whole production, the project was shelved. When Dr. Peter Chen joined UNICEF, this project came up in one of the meetings. With Dr. Chen's support and keen interest, he was able to spearhead the planning and eventual implementation of this project. Interested organizations like WHO, UNICEF, MOH, Institute of Medicine/Health Learning Project and NTV met again to discuss coordination mechanism.

Finally, Dr. Peter Chen, Mr. Tapa Nath Shukla of NTV, Dr. Ramesh Kant Adhikari from the Health Learning Project (HLP, TU), Dr. Shyam Prasad Bhattarai from MOH and Dr. Hemang Dixit reached an agreement and a contract was signed. The Memorandum of Understanding stated that the total fund including the charges for the equipment will be supplied by UNICEF, all the production related works including shooting and broadcasting will be done by NTV and logistic and technical support will be provided by

HMG/MOH. Mr. Shukla acknowledges Dr. Chen's solid contribution to this project by giving "life" to an otherwise indefinitely shelved project.

NTV appointed Mr. Bobby Chettri as its coordinator from its side. He was to liaise among all the concerned Ministry and organizations. He produced and directed four pilot episodes of the health programme which had both the documentary part and the film part mixed-up together. He hired local artists, who were not professionals, for the series. UNICEF realized that the programme was not effective and decided to produce a programme in another name with two separate parts - a documentary and a tele-serial part. Later, NTV appointed another in-house staff, Ms. Sushma Gautam to produce the documentary part and Mr. Laya Sangraula for the tele-series, "Devi". Mr. Mohan Niraula wrote the script for "Devi".

NTV has been doing the production works of shooting and script writing. The MOH Team, comprising Dr. Ramesh Kant Adhikari, Dr. Hemang Dixit and other experts, checks the scripts so that health message are conveyed properly. For example, in an episode covering the Nun-Chini-Pani (ORT) topic, viewers expressed confusion on the amount of salt, sugar and the size of glass for measuring water. Accordingly, the script was corrected and approved by MOH, and then only was it shot. The MOH Team also chooses the topics to be included in Sanjeevini.

To date, Mr. Shukla feels that there are no major problems in the planning and production of Sanjeevini and Devi. While he also mentioned the frequent miscoordination on the use of vehicles that was part of MOH's contribution, but he does not take it as a major problem.

The feedback he has got till now about the programme is very positive. On the programme's intended audience, he feels that this programme was not made for the Kathmandu people, but for the rural people who are ignorant and illiterate, and who do not know even about ORT. He believes Sanjeevini has been very successful in reaching those in the districts. He added that some programme episodes have been broadcast in Nepalgunj through its Regional Station there, but the broadcast was stopped for some time. Because of the high demand for the programme in that region, NTV tried its best to start broadcasting again. NTV also plans to make a re-run of all the episodes after all the produced episodes have been shown.

He does not take only villages as his target, as he said target viewers can be anywhere. In his opinion even the people from the rural areas where there is no electricity, have the chance to watch NTV through battery-operated TV sets, while those with no TV sets of their own watch from their neighbors' or other's TV sets. On the other hand, he added that if surveyed in Kathmandu,

Sanjeevini would be a flop, because Kathmanduites are habituated to colorful entertainment programmes from Zee TV, EL TV and other foreign channels. Nevertheless, he said NTV is also promoting the programme within the NTV programmes to increase its viewership.

On the choice of mass medium for the Sanjeevini, he said that TV was used "because it is more effective than any other media", adding that Sanjeevini is based on the principle, "learning by seeing". Since people learn faster and are more motivated by moving images, television was chosen as the medium, he said.

**Dr. Shyam Prasad Bhattarai, Director, NHEICC**

Dr. Bhattarai first explained the history and the overall thrust of the NHEICC. He said that the NHEICC was established basically to disseminate health messages to the general public. It has a tradition of making health education programmes in collaboration with different donor agencies like the WHO, UNICEF and UNFPA. Earlier he had thought of making a health-related programme together with WHO, UNICEF, HMG/MOH and IOM together. But for some reasons the project could not proceed for few months. Later he had a personal discussion with Dr. Peter Chen from UNICEF and decided to do the programme together. They realized that NTV was reaching the grass-root level and it could be a good and effective medium for the programme. He said that with the initiative of Dr. Chen, HMG/MOH, UNICEF and NTV had a meeting and a contract was signed.

When asked about his role, he said that his aim is to make this programme more effective. It was decided to broadcast the programme during the "free" time of the TV-owning viewers. The parties involved in the making of the programme plays their own roles separately. The main role of MOH is to provide NTV the health messages, topics and contents to be conveyed through the programme and logistic support to the production team from NTV. The health messages should be within the rules and regulations of HMG. MOH edits the technicalities of the scripts, as well as provides the final health messages to be covered in the episodes.

He feels that topics should be always seasonal so that they fulfill the immediate information needs of the targeted viewers, as well as sustain their interest for the programme. For example, in summer season programmes relating to diarrhoea/ORT should be broadcast more often as much as possible.

He is not completely satisfied with the way the programme is being produced and has the view that one should never become satisfied for it stops the progress. He feels he has learnt many things and he has been able to give many things to the public. He thinks there are definitely some places to improve in the programme in order to reach more targeted viewers and to increase

their interest.

They have also started another soap opera series, but in Radio Nepal, titled "Ghaanti Heri Haad Nilan" in collaboration with another donor agency. The theme of this 15-min programme is family planning. On the choice of the television medium for the Sanjeevini, he said they felt that it is better to go through different media than one particular medium. He does not agree to the common notion that NTV has a limited presence in Nepal, because not only the TV-owning households watch television but also the neighbors come to watch the programmes. He added that there are also a number of community TV sets in the rural areas which facilitate more rural viewers to watch NTV.

He personally watches Sanjeevini and he feels it has a tremendous effect to the general public. He cited his own mother, who at her age, is still learning something from the programme. He suggests that the programme should be public-oriented and researches should be done in the communities to assess their genuine information needs, and accordingly, the ways in which the programme can address these needs.

#### **Perceptions of Production Team of Sanjeevini**

Other key informants interviewed were the UNICEF consultant for Sanjeevini programme, and the producer/directors of both the documentary (Sanjeevini) and Devi teleseries from NTV.

According to the UNICEF consultant, she was specifically hired for the Project to provide the day-to-day management of the Project, and the overall coordination with all the key players in the Project. She made sure that NTV production crew understand the educational guidelines of both the UNICEF and the Ministry of Health, the prosocial/development goals of the programme vis-a-vis the kind of audiences that they want to reach.

At the conceptualization stage, the key players brainstormed on how to impart the relevant health and other developmental messages, ensuring that they capture the largest slice of the targeted audiences. While the enter-educate approach was felt to be a sure bet, but it was also equally acknowledged that an educational, informative programme that directly deal with health was crucial. Therefore, it was decided that a 15-minute purely educational, informative programme on health will be produced, followed by a fiction, drama series with subtle messages on health and community development injected in the story.

Initially, the NTV assigned a Director/Producer to produce three pilot episodes. However, after a critical review by the Technical Steering Committee, these productions were found to be not at par with the desired quality. While NTV have had to its credit a number of teleseries produced in the past, but it also



appeared that producing a prosocial teleseries, not purely entertaining, was a daunting, if not a greatly challenging task. NTV then assigned another producer/director for Devi, an NTV staff with long experience in film making and production of teleseries. UNICEF then decided that a full time coordinator to oversee the production is assigned to work closely with NTV.

Together the Team worked on the programme conceptualization and the storyline for Devi. UNICEF provided the overall guidance on the prosocial messages that need to be woven into the story, like maternal and child care, women's education, Vitamin A deficiency, cleanliness and sanitation, green vegetables, childbirth, etc. From a storyline and the major characters created by the Team, a scriptwriter translated this into TV drama scripts, that were each reviewed by the UNICEF Consultant before final shooting. Regular consultations with the NHEICC/MOH is also being carried out on the technical clarity of the health messages being presented in both programmes.

According to both producers/directors, as specified in the Memorandum of Agreement, there should be complementing presentations of the Sanjeevini health topics, to those prosocial, particularly health messages that were woven into the Devi episodes. However, both find this requirement particularly difficult, considering the documentary (Sanjeevini) producer/director follows her own topical list, making them as seasonal/timely as possible for greater relevance to the audiences. On the other hand, the Devi's prosocial and health messages may not necessarily be in the same episode as they were shown in the Sanjeevini part, as the story needs to unfold, and often, the message part may not tally.

In terms of the problems faced, and their resolutions, the following is a summary of the interviews with the UNICEF Consultant, and from NTV, the Producer/Director of Devi and the documentary part of Sanjeevini:

One persistent problem throughout the project, was the frequent logistic problem that to some extent affected the efficiency of production schedules, coordination etc. Where each partner agency has a specified role, as well as required lead time to be able to provide support (e.g. schedule of vehicle use), therefore, a stronger inter-agency coordination is crucial, where each is cognizant of their own and other's roles, as well as adheres to the requirements necessary for undertaking each one's responsibilities.

As mentioned earlier, while NTV has a rich experience in producing teleseries, but as a pilot project, it lacks the confidence in being able to weave prosocial messages in these fictional dramatic teleseries. The programme conceptualization, and production guidance provided by UNICEF proved beneficial to

achieving a smoother working relationship among all concerned, as well as better production standards, and results.

## CHAPTER III

### CONCLUSION AND RECOMMENDATIONS

Based from the discussion of results presented in the previous chapter, the following can be concluded:

1. The extent by which an audience adequately receives the persuasive message of the programme is the first crucial variable influencing the degree of potential impacts, or the social influence of the Sanjeevini television prosocial messages. With majority of the viewers being TV owners, watching Nepal TV regularly or daily, either with only single channel or two, and regular watchers of Sanjeevini - these variables facilitate more frequent exposure which can lead to higher positive impact to these viewers.
  - RVA results show a fairly good proportion of television owning households at 63.7 percent
  - From both the TV owning families and those without TV sets of their own, about one third were identified as Sanjeevini viewing households (902 - 30.5%), of which 19.6 percent from urban and 37.3 percent, semi urban. Over the total population in the three areas covered, 21 percent were found to be Sanjeevini viewers. By households, this means 31 percent of the total households surveyed were Sanjeevini viewing families, which is estimated at 24.4 percent viewers out of the total population surveyed.
2. Sanjeevini/Devi are reaching more semi urban viewers which is the targeted audience, considering that they need these information more than their urban counterparts who are likely to be more exposed to opportunities of learning these health messages.
3. There was high degree of recall of the topics they have watched from Sanjeevini; also fairly high percentage of knowledge applied from watching Sanjeevini. The same pattern was seen with those they considered to be most useful topics: those topics that respondents were able to apply most often were: diarrhoea (25%), vaccination (21%) and fever (11.8%). There was however, no significant relationship obtained those who cited these three topics as most useful, and most applied, in terms of location, age and education.
4. Watching both Sanjeevini then Devi resulted to some complementing impacts to some viewers, i.e. reinforcing the health messages gained from Sanjeevini, with those real-life situations as simulated in the Devi story (such as on cleanliness and health, balanced diet, vaccination to

prevent tetanus, etc.) Many others however failed to connect the Sanjeevini health messages to the flow of story in Devi. Programme producers and directors of both the Sanjeevini and Devi programmes also acknowledged this difficulty of making complementing impacts of both programmes.

5. The overriding perceived theme of Devi, and what was learnt the most, according to survey and FGD results, was the importance of female education. By gender, more female recognized this theme, and learnt this more. There was no significant relations with education.
6. Ironically, respondents do not consider themselves as the target audience of both Sanjeevini and Devi; instead, they consider the illiterate, rural socio-economically poor groups that need to receive these prosocial messages, more than those in the urban areas, and better socio-economic groups that have easier access to such information.
7. Strong Audience Involvement: Pre-testing every produced episodes provided effective audience-based "feelers" to make specific changes in a particular episode, where the changes were deemed crucial to a clearer understanding of the intended messages; and/or, to provide the needed direction and learning points for the ensuing productions. Conducted among a variety of targeted audiences (mothers, street vendors, rural/urban, young mothers, etc.), these pre-tests provided them the necessary feedback on the extent by which the viewers were able to "digest" the messages in the episodes.
8. The enter-educate drama series revolving around a central character (Devi) proved to be effective, rather than an area-wise, or one-off episodes, in promoting directed social change (female education, health and sanitation etc.). This proved to be effective as the story provided a long haul continuity to encourage further viewing of each episode as the story unfolds.

#### Recommendations:

1. Suggestions from both survey and FGD include increasing the duration of both programmes. However, while increasing the time for Devi may yield better results in terms of providing more continuity of story in the episodes, but deciding to increase the duration for Sanjeevini should be carefully studied. Given that the Devi programme tend to have a higher programme name recall (among RVA and survey respondents, and FGD participants) than do Sanjeevini, it can be inferred that Sanjeevini (which uses the Devi as a

"catch") may not necessarily getting its targeted audiences, without having Devi tagging along with.

2. Closer working coordination should be continued with all the critical key players in the Sanjeevini/Devi programmes. A full time highly committed staff/consultant should continue the coordination work, strongly providing oversight to the whole project.
3. Pre testing every episode should be continued, following the tradition of getting the audiences' feedback on specific prosocial messages.
4. The production team may wish to consider some specific suggestions elicited from viewers through this study: change in location settings of Devi once in a while to add variety to the existing ones; adding a child character who can also portray a positive role model; inviting known artists such as Shiva Shrestha, Haribansha Acharya, Madan Krishna, Karishma KC, etc. even for cameo roles that can also serve as a promotional gimmick for the series.
5. With name recognition fairly low for Sanjeevini [and "Sanjeevini" being closely associated with the documentary part, not the Devi including], some techniques for drawing the two programmes as one entity can be considered. One approach that can be tried is putting a host seen on screen for the Sanjeevini as a whole programme, and who will provide a bridge to the next programme, Devi. In addition to the role models, the prosocial content and the dramatic nature of Devi, a sort of epilogue can be made at the end of each Devi episode to recap the learning points from the episode, as well as entice the audience to watch the next episode. Hum Log's experience in India with Ashok Kumar, a famous Indian film actor at the close of each episode encouraged viewers to think about and adopt the prosocial beliefs and behavior promoted by the programme.<sup>1</sup> Refocusing viewers' attention on specific prosocial beliefs and behavior at the end of each broadcast was an effective communication strategy also adopted from the Mexican soap operas.
6. The NTV and UNICEF may consider developing a more aggressive promotional and marketing plan for the Sanjeevini/Devi programme. If the goal is to make Sanjeevini a by-word in as many households as possible, the following approaches can be considered: posters, arranging audience forums in

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<sup>1</sup> In a national survey of Hum Log viewers, 72 percent indicated that they liked Ashok Kumar's 30-50 seconds epilogues, and 56 percent indicated they learned from them.

different places through NGOs and other partner groups/organizations to promote word-of-mouth promotion. While implementing this study, the Study Team in a way contributed to the promotion of the Sanjeevini, particularly during the RVA process when TV owning, NTV and Sanjeevini viewers were sought from the targeted audiences. At present, the study team felt that Sanjeevini still lacks large mass-based support.

7. The involvement of the commercial/business sector to sponsor particular episodes can also be considered, so long as utilizing such enterprises does not antagonize the policies of the partner agencies. In addition to raking in revenues from sponsorship, these business firms can also promote their pro-development goals and be involved in aggressive promotion of prosocial messages via television. There is also a general perception among viewers that a programme is good when there is lot of commercials to it.
8. The Sanjeevini producer/director may also wish to consider adding more variety to its present style of presenting the health messages in the documentary programme. More audience involvement in the programme production can be further promoted by including testimonials from viewers themselves on having to change attitude or do something as a result of watching a Sanjeevini episode, by arranging a particular episode in a particular setting where the community shares their problems related to health, and organizing a TV audience forum during its actual telecast; by using endorsements from popular TV/film personalities, etc.

## BIBLIOGRAPHY

Brown, William, "Prosocial Effects of Entertainment Television in India", Asian Journal of Communication, Vol. 1 No.1, 1990.

Goonasekera, Anura and Duncan Holday (Eds.), Asian Communication Handbook, Asian Mass Communication Research and Information Centre, 1993.

Rogers, E. M., (1976) "Communication and Development: The Passing of the Dominant Paradigm", in E. M. Rogers (Ed.) Communication and Development: Critical Perspectives. Newbury Park, CA: Sage Publications.

Rogers, E. M., S. Aikat, S. Soonbum. P. Poppe and P. Sopory (1 April 1989) Proceedings from the Conference on Entertainment-education for Social Change, Los Angeles, California: Annenberg School of Communications, University of Southern California.

Sabido, M (1981) "Towards a Social Use of Soap Operas". Paper presented at the International Institute of communications, Strassbourg, France.

Ume-Nwagbo, E. N. E. (1986) "Cock Crow at Dawn", a Nigerian experiment with television drama in development communication, Gazette, 37(4), 155-67.

ANNEX - I

DECORE/MSR/S1

MIDTERM MONITORING AND IMPACT EVALUATION  
OF SANJEEVINI TV PROGRAM  
RAPID VIEWERS ASSESSMENT (RVA) CHECKLIST

District: \_\_\_\_\_ Location/Area: \_\_\_\_\_ Date: \_\_\_\_\_  
RA/Interviewer: \_\_\_\_\_

HH/Name:	HH Size	TV Owners	Viewers w/o TV	Sanjeevini Viewers = Number	INT/FGD/Mon
----------	------------	--------------	-------------------	--------------------------------	-------------

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MIDTERM MONITORING AND IMPACT EVALUATION  
OF SANJEEVINI TV PROGRAM  
SURVEY QUESTIONNAIRE [FOR IDENTIFIED SANJEEVINI VIEWERS]

Questionnaire # \_\_\_\_\_ RA/Interviewer: \_\_\_\_\_  
District: \_\_\_\_\_ Location/Area: \_\_\_\_\_ Date: \_\_\_\_\_  
Respondent's Name (Optional): \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_  
Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Divorced/Separated  
Job/Occupation (if any): \_\_\_\_\_ Highest Education: \_\_\_\_\_  
Ethnic Group: \_\_\_\_\_ No. of children below 15 yrs.: \_\_\_\_\_  
Family Size: \_\_\_\_\_ Nuclear Family \_\_\_ Extended Family  
=====

**I. TV Viewing Characteristics**

1. Have own TV? \_\_\_ Yes \_\_\_ No; If no, whose TV set were you watching  
TV with? \_\_\_ neighbors \_\_\_ relatives \_\_\_ community set \_\_\_ Others (specify)
2. How often do you watch Nepal Television:  
\_\_\_ everyday --2x a week -- once in 2 weeks or less  
--4x a week --once a week
3. NTV watching time and what days of the week:  
Saturday Sunday Monday-Friday  
Time (s): \_\_\_\_\_

**II. About Sanjeevini TV Program**

4. How many other people are usually watching Sanjeevini with you?  
\_\_\_ # of own family members \_\_\_ # of Others (specify who)  
\_\_\_ Male \_\_\_ Female
5. How often do you watch the Sanjeevini series ?  
\_\_\_ every broadcast/weekly 1-2 times a month \_\_\_ occasionally
6. Since how long have you been watching the Sanjeevini?  
\_\_\_ since first broadcast \_\_\_ (specify) since when
7. Can you give some of the topics that you have watched from  
"Sanjeevini" (as many as they can recall):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Which among these topics did you like and dislike the most [at  
least three in order of priority? Why?\*
- | <u>Most Liked Topics</u> | <u>Relevance/usefulness</u> | <u>Manner of Presentation</u> |
|--------------------------|-----------------------------|-------------------------------|
|--------------------------|-----------------------------|-------------------------------|

_____	_____	_____
_____	_____	_____
_____	_____	_____
<u>Most Disliked</u>		
_____	_____	_____
_____	_____	_____

\* Using the ff. ratings:  
1= Very good 2=Good 3=So-So 4=Bad 5= Very bad

9. Which among these topics have been most useful to you? And whether there was any occasion where you or your family were able to apply the knowledge gained (specify):  
\_\_\_\_\_  
\_\_\_\_\_

10. For which group of people do you think the Sanjeevini program is most useful, and why?  
\_\_\_\_\_

11. By watching the first part of the Sanjeevini and then the "Devi" series later, do you think you learn more, and enjoy the program as well? \_\_\_ Yes \_\_\_ No

12. From what you have watched, what do you think is the overall theme of "Devi" (or what is the overall message of the story so far?)  
\_\_\_\_\_  
\_\_\_\_\_

13. What did you like most of the "Devi" series? and why?  
\_\_\_ the story  
\_\_\_ the drama style  
\_\_\_ the artist (specify who?) \_\_\_\_\_  
\_\_\_ the characters (specify who?) \_\_\_\_\_  
\_\_\_ Others (specify) \_\_\_\_\_

14. Were you entertained by the "Devi" series? \_\_\_ Yes, \_\_\_ No  
If yes, how? \_\_\_\_\_

15. Are you learning anything from the "Devi" series? \_\_\_ Yes, \_\_\_ No  
If yes, what are the things that you are learning?  
\_\_\_\_\_  
\_\_\_\_\_

16. For the whole Sanjeevini program, including the "Devi" series, do you have specific comments and/or suggestions on the:  
Overall production : \_\_\_\_\_

Manner/style of presentation of each topic: \_\_\_\_\_

Clarity of the message/topic being presented: \_\_\_\_\_

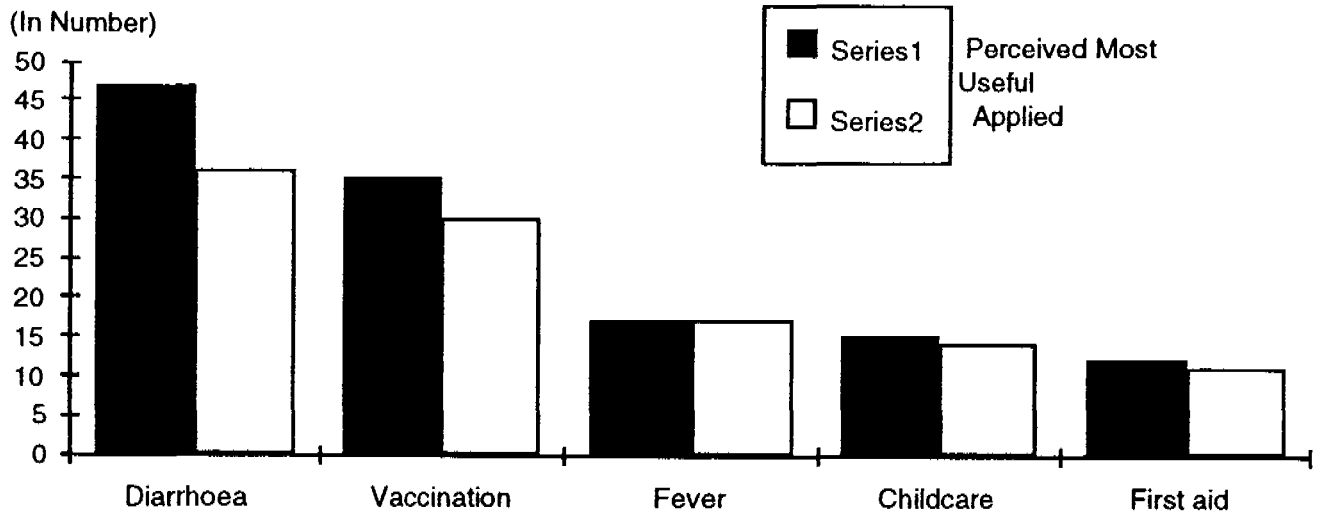
Range of topics so far presented: \_\_\_\_\_

Other topics to be covered in future episodes: \_\_\_\_\_

Relevance of the topics to your daily life: \_\_\_\_\_

Storyline and dramatization: \_\_\_\_\_  
Others (specify): \_\_\_\_\_

## Five Major Sanjeevini Topics Perceived Most Useful and Applied in Daily Lives



MIDTERM MONITORING AND IMPACT EVALUATION  
OF SANJEEVINI TV PROGRAM  
FOCUS GROUP DISCUSSIONS (FGD) GUIDE QUESTIONS

1. Who are usually the other people that are watching "Sanjeevini and Devi" with you in your TV set? Who are they (family members, others, male/female ratio, age groups, ethnic mix, etc.) Do they also like the program? Why or why not?
2. For which group of people do you think the Sanjeevini program is most useful, and why?
3. What are some of the topics that you have watched from Sanjeevini?
4. Which among these topics did you like the most, and why?
5. Are these topics relevant, or useful to you? How?
6. Has there been any specific occasion where you or your family were able to apply the knowledge gained (specify):
7. Were the topics/messages so far been clearly presented in a manner that you can understand easily? [Get comments]
8. Is there any particular topic that was difficult for you to understand (specify topic) and why was it difficult to understand?
9. Which among these topics did you dislike the most, and why?
10. By watching the first part of the Sanjeevini and then the "Devi" series later, do you think you learn more, and enjoy the program as well? Elaborate.
11. From what you have watched, what do you think is the overall theme of "Devi" (or what is the overall message of the story so far?)
12. Did you enjoy watching the Devi series? What did you like most of the Sanjeevini including the "Devi" series? and Why? (the style of presentation, the story, the drama style, the artist (specify who?), the characters (specify who?), Others (specify))
14. Are you learning anything from the "Devi" series? If yes, what are the things that you are learning? If not, why not?
15. Do you think the Devi story can happen in real life; or resemble most of our own life stories?
16. If there is one thing that you want improved in the whole Sanjeevini program including the "Devi" series, what is it, and why? (the manner/style of presentation, artists, or vis-a-vis the characters they play; the plot of the story, the conflicts

in the story, the comedy/fight scenes, the setting/location,  
others)



MIDTERM MONITORING AND IMPACT EVALUATION  
OF SANJEEVINI TV PROGRAM

HOUSEHOLD MONITORING FORM

General Instructions:

1. RA should sit with the household at least ten minutes before the program, to observe the degree of interest of people watching for the next ("Sanjeevini") program, or any other discussion about previous series, and at least five minutes after the program, also to observe the degree of their interest for the next episode after one week.
2. Record all comments/reactions. Note who said the comment:

=====  
 District: \_\_\_\_\_ Location/Area: \_\_\_\_\_ HH #: \_\_\_\_\_  
 Research Asst.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Ethnic/Caste Group of HH: \_\_\_\_\_ Number of people watching: \_\_\_\_\_  
 Own family members watching? \_\_\_\_\_ or Others also (specify)? \_\_\_\_\_

Observations:

A. Prior to program (check "eagerness" to watch the series, who decides/influences on what channel/program to watch, any conflict on choice of channel/program).

- 1.
- 2.
- 3.
- 4.
- 5.

B. During the program (note how seemingly interested they are with what they are watching, whether they seem bored, how do they react, verbally and non-verbally)

- 1.
- 2.
- 3.
- 4.
- 5.

C. After the program (any side comments, discussions about Sanjeevini, or Devi in particular, degree of excitement on the ending of episode, and anxiety to watch the next).

Table 1: Distribution of Sampling Size, by Location and by Research Tools to be Used

CHITWAN	Focus Group D.	Survey	HH Monitoring
- Urban	1	25	2
- Semi-urban	2	<u>40</u> Total 65	4
POKHARA			
- Urban	1	25	2
- Semi-urban	2	<u>40</u> Total 65	4
Kathmandu Valley			
- Urban	1	30	2
-Semi-urban	2	<u>40</u> Total 70	4
TOTAL	9	200	18

NOTE: For the survey part, while more number was given to the semi-urban areas, this can be flexible depending on the proportionate Sanjeevini actual viewers that can be obtained in these areas.



Interview Questions for Directors and Script Writers of Both Snjeevini and Devi:

1. How did you start getting involved in the production?  
(Background on how they got started working on the project)
2. What are your major role/contributions in conceptualizing the messages/topics for Sanjeevini/Devi?
3. Who are the major players in production planning that you worked with?  
Did you have any conflicts with anyone (whom) and why? How were they resolved?
4. How did you decide on the list of topics to be included in Sanjeevini?  
How did you decide on the particular health message that you wish to be injected in Devi's story and how did you weave the story? Do you think you were effective in weaving the message in the story, without too obvious "hard selling" the message?
5. How did you relate with HMG/MOH and UNICEF people in the planning and production?  
Was it difficult/easy for you to work under certain instructions/requirements by either HMG/MOH, and/or UNICEF? Did your creativity in production matters stifle (or "controlled", less creative, less choices) or flourish in this project?
6. What did you like best in your involvement in the Devi/Sanjeevini productions?
7. What are the major learning experiences that you think we can get from Sanjeevini/Devi?

Interview questions for HMG/MOH concerned officers directly involved in Sanjeevini/Devi productions:

1. How did HMG/MOH and UNICEF started off to jointly work on this project?
2. What are your initial hurdles in planning and during actual production? How were they resolved?
3. How do you relate now? What is your role now in the course of doing the production of the weekly episodes?
4. Did you have major inputs on the choice of topics for Sanjeevini including the schedule of broadcasts of each topic (for seasonality/timeliness, e.g. Diarrhoea during summer/monsoon)
5. Are you happy/satisfied with the way Sanjeevini and devi being produced, broadcast and reaching its targeted audiences?
6. Why was TV chosen as the medium, rather than other mass media (such as radio)? Do you think you are reaching your targeted audiences as widely and as effective as can be?
7. What do you think are the major lessons we can draw, or the learning experiences we can gain from this production?

संजीवनी टि.भि. कार्यक्रमको मध्यावधि अनुगमन तथा प्रभाव मुल्यांकन गर्ने परभावली (संजीवनी दर्शकको लागि )

प्रश्नावली \* -----आर.ए./अन्तर्वाता लिने व्यक्ति  
 जिल्ला: -----स्थान/क्षेत्र: -----मिति:-----  
 उत्तरदाताको नाम:-----पुरुष-----महिला उमेर -----पेशा यदि  
 कुनै भए : शैक्षिक योग्यता-----जाती:-----१५ वर्ष  
 मुनका बालबालिकाको संख्या :  
 परिवारको जन्मा सदस्य: -----छुट्टिएको परिवार-----संयुक्त परिवार

क. टि.भी. हेर्ने व्यवहार:

(१.) आजने टि.भि. छ ? -----छ-----छैन । यदि छैन भने कसको टि.भि.  
 बाट हेर्ने आजनु भएको छ ?-----छिमेकी -----नातेदार-----  
 सामुदायिक टि.भि. -----अन्य (बुलाउने)

(२.) नेपाल टेलिभिजन कतिबध्ने हेर्नु हुन्छ ?  
 -----हरेक दिन-----हप्ताको दुई पटक-----हप्ताको एक पटक

(३.) ने.टि.भि. हप्ताको कुन दिन र समयमा हेर्नु हुन्छ ?  
 शनिवार आइतवार सोमवार ----- शुक्रवार  
 समय: -----

ख. संजीवनी टि.भि. कार्यक्रमको विषयमा :

(४.) तपाईंसंग प्रायजसो कति जना व्यक्तिले संजीवनी कार्यक्रम हेर्नु हुन्छ ?-----  
 -----आफ्नो परिवारको सदस्य संख्या -----अन्य व्यक्तिको संख्या  
 -----पुरुष-----महिला

(५.) संजीवनी कार्यक्रम कतिबध्ने हेर्नु हुन्छ ?  
 -----हरेक पशारण/हरेक हप्ता, महिनाको १-२ पटक-----कहिले काही-----

(६.) कहिले देखि संजीवनी कार्यक्रम हेर्ने आउनु भएको छ ? -----पहिलो  
 पशारण देखि-----कहिले देखि (उल्लेख गर्नुहोस्)

(७.) तपाईंले हेर्नु भएका "संजीवनी" कार्यक्रमका केहि शिर्षकहरूको वा विषय  
 वस्तुको नाम दिन सक्नु हुन्छ ? (जति सम्भन सक्नु हुन्छ)

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(८.) यी शिर्षकहरूमा तपाईंलाई सबभन्दा मन पर्ने तथा मन नपर्ने कुन कुन हुन  
 (प्राथमिकता अनुसार कम्तिमा तीनवटा )? किन ?

सर्वभन्दा मन  
परेको मिश्रण

सान्द्रभिक्ता/उपयोगिता

प्रस्तुतिकरण

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सर्वभन्दा मनपरेको

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निम्न अनुसारको मूल्यांकन गरेर:

१- धेरै राम्रो २- राम्रो ३- ठिक ठिकै ४-नराम्रो ५- धेरै नराम्रो

(८) यी शीर्षकहरू मध्ये तपाईंलाई सर्वभन्दा उपयोगी भएको शीर्षक के हो ? कुनै त्यस्तो अवस्थामा तपाईं तथा तपाईंको परिवारले सिक्नु भएको ज्ञानको प्रयोग गर्नु भएको छ ? (उल्लेख गर्नुहोस्)

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(१०) तपाईंको विचारमा कुन समुहको जनताको लागि संजीवनी कार्यक्रम अति उपयोगी हुन्छ ? र किन ?

(११) संजीवनीको पहिलो भाग र पहिले "देवी" हेरेर तपाईंको विचारमा तपाईंले स्वास्थ्य सम्बन्धी यत्न ज्ञान प्राप्त गर्नु भएको छ ? -----छ -----  
-----हैन कसरी (खुलाउनुहोस्)

(१२) तपाईंले हेरेको आठ "देवी" सिरीयलको वास्तवीक सारांश के पाउनु भएको छ ? (त्यो कथाको वास्तवीक सन्देश के हो ?)

(१३) "देवी" सिरीयलमा तपाईं प्राय के मनपराउनु हुन्छ ? र किन ?

कथा चरित्र -----  
नाटक शैली -----  
कलाकार (ती को हुन ?) -----  
पात्रहरू (ती को हुन ?) -----  
अन्य (खुलाउने) -----

(१४) "देवी" सिरीयलबाट तपाईं मनोरञ्जन प्राप्त गर्नु भएको छ ? छ -----हैन -----  
-----यही छ भने कसरी -----

(१५) के तपाईंले "देवी" सिरीयलबाट केहि कुरा सिक्न सिकिरहनु भएको छ ? -----  
छ -----हैन ।

यदि छ भने त्यो तपाईंले सिक्न सिकिरहनु भएको कुरा के हो ?

(१६) तपाईंसंग "देवी" सहित सम्पूर्ण संजीवनी कार्यक्रमको बारेमा कुनै महत्वपूर्ण आलोचना वा सल्लाह छ कि ?

प्रत्येक शीर्षकको प्रस्तुतिकरणको शैली/ढाँचा -----  
प्रस्तुत भेसकको शीर्षकको सन्देशको बारेमा शुद्धता आइले सम्म प्रस्तुत भएको कार्यक्रम मध्ये भाष्यमा प्रस्तुत गरिने अन्य शीर्षकको बारेमा -----  
तपाईंको दैनिक जीवनमा ती शीर्षकहरूको उपयोगिता -----  
"देवी" को कथाचरित्र र नाटकीकरण ----- (अन्य खुलाउने) :-

**MIDTERM MONITORING AND IMPACT EVALUATION  
OF SANJEEVINI TV PROGRAM VIEWERS MONITORING FORM**

**साधारण निर्देशनहरू १-**

(१) कार्यक्रम शुरू हुनु भन्दा दश मिनेट अगाडि नै अनुसन्धान सहायक त्यस परिवारसंग बस्नु सक्नेको हुनु पर्छ । र त्यस परिवारका सदस्यहरूको संजीवनी कार्यक्रम प्रतिको भुक्कावको अवलोकन गरी रहनु पर्छ । चा अगाडि प्रस्तुत भइसकेको संजीवनी कार्यक्रमको बारेमा केहि छलफल भएको बारेमा पनि अवलोकन गर्नु पर्छ । संजीवनी कार्यक्रम सकिएको कम्तिमा पाँच मिनेट सम्म बस्नु पर्छ र त्यस परिवारका संजीवनी दशक सदस्यहरूको अर्को थुंठला प्रतिको भुक्कावको पनि अवलोकन गर्नु पर्छ ।

(२) संजीवनी कार्यक्रमको बारेमा भएको सम्पूर्ण आलोचना तथा प्रतिक्रियाहरूको रिपवर्ग गर्नु पर्छ । र आलोचना तथा प्रतिक्रिया गर्ने व्यक्ति को हुन खोज्नु पर्छ ।

जिल्ला	स्थान/क्षेत्र १-	परिवार संख्या १-
अनुसन्धान सहायक	निनि:	परिवारको जात/जाती
हेरि रहेको व्यक्तिको संख्या १-	आफ्नै परिवारको हेरि रहेको सदस्यको संख्या १-	
अन्य भए (कति जना गुलाउने) १-		

**अवलोकन :-**

(क) कार्यक्रम शुरू हुनु भन्दा अगाडि:- उनीहरूको संजीवनी कार्यक्रम प्रतिको उत्सुकता, कसले कुन च्यानल/कार्यक्रम हेर्ने निर्णय/प्रभाव पाउँछन्, कार्यक्रमको छुनीदमा उनीहरूको बिचमा भएको वादविवाद आदि तल उल्लेख गर्ने ।

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- ४.
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(ख) कार्यक्रम प्रसारण भइरहेको समयमा:- हेरि रहेको कार्यक्रम प्रति उनीहरूले कतिको चासु राखी राखेका छन्, उनीहरूले दिक्क मानी रहेका छुन कि, चा उनीहरूले कस्तो प्रतिक्रिया देखाइ रहेका छुन, बोलेर चा शारिरिक हाउनाउबाद ।

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- ५.

MOTERII MONITORING AND IMPACT EVALUATION  
OF SANJEEVINI TV PROGRAM  
FOCUS GROUP DISCUSSIONS (FGD) GUIDE QUESTIONS

- १) तपाईंको छिनि सेहना तपाईंसंग "संजीवनी र देवी" प्राय जसो हेर्ने व्यक्ति को को हुन ? ती व्यक्तिहरू को हुन (परिवारका सदस्य, अरु, पुरुष/महिलाको अनुपात, उमेर समूह, जाती मिश्रण आदि) ? के उनीहरूले पनि उक्त कार्यक्रम मन पराउँछन् ? किन नन पराउँछन् वा पराउँदैनन् ?
- २) तपाईंको विचारमा कुन समुहका व्यक्तिहरू संजीवनी कार्यक्रम सबभन्दा उपयोगी छ र किन ?
- ३) तपाईंले हेर्नु भएको "संजीवनी" का शिर्षकहरू के के हुन ? भन्नु हुन्छ कि ?
- ४) ती शिर्षकहरू मध्ये तपाईंलाई कुन शिर्षक सबभन्दा मन पर्यो ? र किन ?
- ५) के ती शिर्षकहरू तपाईंका लागि उपयोगी र सम्बन्धित हुन ? कसरी ?
- ६) के तपाईंले वा तपाईंको परिवारले यसबाट प्राप्त गर्नु भएको ज्ञान कुनै खास समय मा प्रयोग गर्नु सक्नु भएको छ ? वा व्यवहारमा प्रयोग गर्न सक्नु भएको छ ? स्पष्ट भन्नुहोस ?
- ७) के ती देखाइएका विषयवस्तु सजिलै सित बुझ्न सक्ने किसिमले प्रस्तुत गरिएका थिए ? (प्रतिक्रिया दिनुहोस ।)
- ८) के जसमा तपाईंलाई कुनै अतिरिक्त बुझ्न गाह्रो लागेको विषय प्रस्तुत गरिएको थियो (कुनै विशेष शिर्षक) र यो तपाईंलाई बुझ्न किन गाह्रो भयो ?
- ९) यो शिर्षक मध्ये सबभन्दा मन नपने शिर्षक कुन हो र किन ?
- १०) तपाईंले संजीवनीको पहिलो भाग त्यसपछि "देवी" हेर्नु भएर स्वास्थ्य सम्बन्धि कुनै अरु ज्ञान पाउनु भयो कि ? कसरी ?
- ११) अहिले सन्ध हेर्नु भएको कार्यक्रमबाट देवी कथाको सार के होला जस्तो लाग्छ भन्नुहोस ? (त्यस कथाले के सन्देश दिन्छ)
- १२) के तपाईंले देवी हेरेर मनोरञ्जन लिनु भएको छ ? देवी सहित संजीवनी सुन्नुले सबभन्दा मनपर्ने कुरा के हो ? र किन ? (पात्र, कथा, नाटक, कलाकार भए कुन चाहि नाम दिनुन, अरु कुनै भए भन्नुहोस)
- १३) के तपाईंले देवी सिरीयलबाट केही कुरा सिक्दै हुनुहुन्छ ? यदि छ भने, के कुरा सिक्नु भएको छ ? यदि छैन भने किन छैन ?
- १४) तपाईंको विचारमा देवीमा जस्तै के वास्तविक जीवनमा पनि हुन सक्छ ? वा हामी जीवनसित मेल खाउन सक्छ ?
- १५) यदि तपाईंको विचारमा देवीको साथसाथमा संजीवनी कार्यक्रममा कुनै कुरा सुधार गरिनु पर्ने भने के कुरा ? र किन ? (कलाकार, वा पात्रहरूको भूमिका, कथाको सार, कथाको हुन्छ, हास्य/हुन्छ सिनहरू, सेटिङ वा लोकेशन वा कुनै अन्य)

(ग) कार्यक्रम सचिव पद - संजीवनी वा देवीको चारेमा कृते प्रतिग्राह्य, कुसुफल/कुराकानी, वा श्रृंगारको अन्त्यमा उनीहरूको प्रसन्नता र अर्को श्रृंगार प्रतिको उत्सुकता ।

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ANNEX - II

Table 1  
RVA ANALYSIS  
KATHMANDU

Loc	No. of HHs surveyed (1)	Total pop. (2)	Avg. HH size (3)	TV owning HHs (4)	Viewers W/O TV HHs (5)	Sanjeevini Viewing HHs (6)	Total Sanjeevini viewers (7)
Urb	400	1954	4.89	323 (80.8)	52 (13.0)	54 (13.5)	190 (9.7)
S. Urb	600	2871	4.78	412 (68.7)	122 (20.3)	96 (16.0)	279 (9.7)
Total	1000	4825	4.83	735 (73.5)	174 (17.4)	150 (15.0)	469 (9.7)

Percentage of Total Sanjeevini viewers  
Sanjeevini Viewers =  $\frac{\text{Total Sanjeevini viewers}}{\text{Total Population}} \times 100 \%$

Percentage of Total Sanjeevini viewing HHs out of Total TV owning and non owning HHs

$$= \frac{\text{Total sanjeevini viewing HHs}}{(\text{TV owning} + \text{Non TV owning})\text{HHs}} \times 100 \%$$

For urban = 14.4 %  
For semi urban = 17.9 %  
For total combined = 16.5 %

Percentage of Total Sanjeevini viewers out of Total TV owning and non owning viewers

$$= \frac{\text{Total Sanjeevini viewers}}{\text{Total (TV owning + non owning) viewers} \times \text{Avg. HHs}} \times 100 \%$$

For urban = 10.4 %  
For semi urban = 14.5 %  
For total combined = 10.7 %

Areas Surveyed:

Urban : Ghattekulo, Baneshwor, Dhoka Tole, Maitidevi, Thapathali, Sanepa.  
Semi Urban : Gaurighat, Sitapaila, Surya Vinayak, Nalinchowk, Gongabu, Kusunti, Kirtipur, Talchikhel, Tikhidegal, Koteshwor



**Table 2**  
**RVA ANALYSIS**  
**CHITTAWAN**

Loc	No. of HHs surveyed	Total pop.	Avg. HH size	TV owner HHs	Viewers W/O TV HHs	Sanjeevini Viewing HHs	Total Sanjeevini viewers
urb	350	1996	5.7	264 (75.4)	52 (14.9)	58 (16.6)	210 (10.5)
S. urb	635	3425	5.39	278 (43.8)	231 (36.4)	295 (46.5)	1069 (31.2)
Total	985	5421	5.5	542 (55.0)	283 (28.7)	353 (35.8)	1279 (23.6)

Percentage of Total Sanjeevini viewers  
 Sanjeevini Viewers =  $\frac{\text{Total Sanjeevini viewers}}{\text{Total Population}} \times 100 \%$

Percentage of Total Sanjeevini viewing HHs out of Total TV owning and non owning HHs

$$= \frac{\text{Total sanjeevini viewing HHs}}{(\text{TV owning} + \text{Non TV owning})\text{HHs}} \times 100 \%$$

For urban = 18.4 %  
 For semi urban = 57.9 %  
 For total combined = 42.8 %

Percentage of Total Sanjeevini viewers out of Total TV owning and non owning viewers

$$= \frac{\text{Total Sanjeevini viewers}}{\text{Total (TV owning + non owning) viewers} \times \text{Avg. HHs}} \times 100 \%$$

For urban = 11.7 %  
 For semi urban = 39.0 %  
 For total combined = 28.2 %

Areas Surveyed:

Urban : Sahid Chowk, Bel Chowk, Chhetrapur, Pul Chowk  
 Semi Urban : Naurange, Mangalpur, Rampur, Gaurigunj, Geetanagar, Sharatpur.

Table 3  
RVA ANALYSIS  
KASKI

Loc	No. of HHs surveyed	Total pop.	Avg. HH size	TV owner HHs	Viewers W/O TV HHs	Sanjeevini Viewing HHs	Total Sanjeevini viewers
Urb	394	2111	5.35	262 (66.5)	59 (15.0)	112 (28.4)	365 (17.3)
S. Urb	583	2850	4.88	348 (59.7)	149 (25.6)	287 (49.2)	1059 (37.2)
Total	977	4961	5.08	610 (62.4)	208 (21.3)	399 (40.8)	1424 (28.7)

Percentage of Total Sanjeevini viewers  
Sanjeevini Viewers =  $\frac{\text{Total Sanjeevini viewers}}{\text{Total Population}} \times 100 \%$

Percentage of Total Sanjeevini viewing HHs out of Total TV owning and non owning HHs

$$= \frac{\text{Total sanjeevini viewing HHs}}{(\text{TV owning} + \text{Non TV owning})\text{HHs}} \times 100 \%$$

For urban = 34.9 %  
For semi urban = 57.8 %  
For total combined = 48.8 %

Percentage of Total Sanjeevini viewers out of Total TV owning and non owning viewers

$$= \frac{\text{Total Sanjeevini viewers}}{\text{Total (TV owning + non owning) viewers} \times \text{Avg. HHs}} \times 100 \%$$

For urban = 21.3 %  
For semi urban = 43.7 %  
For total combined = 34.3 %

Areas Surveyed:

Urban : Mahendrapul, Prithivi Chowk, Mustang Chowk, Dam side.

Semi Urban: Bagar, Shishuwa, Nadipur, New Bus Park.

Table 4  
 RVA ANALYSIS  
 KATHMANDU, CHITTAWAN AND KASKI (COMBINED)

Loc	No. of HHs surveyed	Total pop.	Avg. HH size	TV owner HHs	NTV Viewers W/O TV HHs	Sanjeevini Viewing HHs	Total Sanjeevini viewers
Urb	1144	6061	5.3	849 (74.2)	163 (14.2)	224 (19.6)	765 (12.6)
S. Urb	1818	9146	5.0	1038 (57.1)	502 (27.6)	678 (37.3)	2407 (26.3)
Total	2962	15207	5.1	1887 (63.7)	665 (22.5)	902 (30.5)	3172 (20.9)

Percentage of Total Sanjeevini viewers  
 Sanjeevini Viewers =  $\frac{\text{Total Sanjeevini viewers}}{\text{Total Population}} \times 100 \%$

Percentage of Total Sanjeevini viewing HHs out of Total TV owning and NTV viewing non TV owning HHs

$$= \frac{\text{Total sanjeevini viewing HHs}}{(\text{TV owning} + \text{Non TV owning})\text{HHs}} \times 100 \%$$

For urban = 22.1 %  
 For semi urban = 44.0 %  
 For total combined = 40.1 %

Percentage of Total Sanjeevini viewers out of Total TV owning and non owning viewers

$$= \frac{\text{Total Sanjeevini viewers}}{\text{Total (TV owning} + \text{non owning) viewers} \times \text{Avg. HHs}} \times 100 \%$$

For urban = 14.3 %  
 For semi urban = 31.3 %  
 For total combined = 24.4 %

**Table 5**  
**Frequency Distribution of Respondents by District and Location**

Location	Kathmandu	Chittawan	Kaski	Total
Urban	30	25	25	80
Semi-urban	40	49	40	129
Total	70	74	65	209

**Table 6**  
**Frequency Distribution of Respondents by Age and Sex**

Age	Male	%	Female	%	Total	%
15-19	5	6.4	8	6.1	13	6.2
20-24	17	21.8	32	24.4	48	23.4
25-39	39	50.0	72	54.9	111	53.1
40-64	17	21.8	19	14.5	36	17.2
Total	78	37.3	131	62.7	209	100.0

**Table 7**  
**Frequency Distribution of Respondents by Education Level Attained**

Level	Frequency	%
Illiterate	20	9.6
1	0	0
2	19	9.1
3	2	1.0
4	1	0.5
5	8	3.8
6	4	1.9
7	1	0.5
8	8	3.8
9	6	2.8
10	14	6.7
SLC	35	16.7
I.A.	43	20.6
B.A.	41	19.6
M.A.	7	3.3
Total	209	100

**Table 8**  
**Frequency Distribution of Respondents by Ethnic/Caste Groups**

Ethnic group	Frequency	%
Brahmin	102	48.8
Chhetri	34	16.3
Newar	35	16.7
Gurung/Rai/Lama/ Sherpa	26	12.4
Limbu	2	0.9
Magar	2	0.9
Low Castes	4	1.9
Darai	4	1.9
Total	209	100

Note: Low Castes = Sarki/Kami/Damai/Pode

**Table 9**  
**Frequency Distribution of Respondents by Type of Family**

Type	Frequency	%
Nuclear	107	51.2
Joint	102	48.8
Total	209	100

**Table 10**  
**Frequency Distribution of TV Owning and Non TV Owning Respondents**

Owner	Frequency	Whose	Frequency
Yes	194 (92.8)		
No	15 (7.2)	Neighbors	15
		Relatives	0
		Community set	0
		Others	0
Total	209		15

**Table 11**  
**Percentage of Respondents by Frequency of Watching NTV**

	No.	%
Every day	188	90.0
Twice a week	15	7.2
Once a week	6	2.8
Total	209	100

**Table 12**  
**NTV Watching Time and Days of the Week**

	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
Morning	0	0	0	0	0	0	0
Day	209	0	0	0	0	0	0
Evening	209	199	193	193	193	193	197

**Table 13**  
**Frequency Distribution of Respondents by Number of TV Channels**

No. of channels	Persons	%
1	99	47.4
2	65	31.1
3	4	1.9
4	9	4.3
5	11	5.2
6	4	1.9
7	7	3.3
8	1	0.5
9	1	0.5
10	2	0.9
11	0	0
12	3	1.4
13	0	0
14	2	0.9
15	0	0
16	1	0.5
Total	209	100

**Table 14**  
**Since How Long Watching Sanjeevini**

Episode No.	Frequency	%
1	129	61.7
2	8	3.8
After 1-2 episodes	72	34.4
Total	209	100

**Table 15**  
**Percentage of Respondents by Frequency of Watching Sanjeevini**

How often	Frequency	%
Every episode	143	68.4
1-2 times/month	23	11.0
Occasionally	43	20.6
Total	209	100

**Table 16**  
**Percentage of Respondents by Frequency of Watching Sanjeevini and Types of Family.**

Types of Family	Everybroadcast/ weekly	1-2 times a month	Occasionally
Nuclear	75 (52.4)	7 (30.4)	25 (58.1)
Extended	68 (47.5)	16 (69.6)	18 (41.8)
Total	143 (100.0)	23 (100.0)	43 (100.0)

**Table 17**  
**Percentage of Respondents by Frequency of Watching Sanjeevini and Location.**

Location	Everybroadcast/ weekly	1-2 times a month	Occasionally
Urban	57 (39.9)	6 (26.1)	17 (39.5)
Semi-Urban	86 (60.1)	17 (73.9)	26 (60.5)
Total	143 (100.0)	23 (100.0)	43 (100.0)

**Table 18**  
**Percentage of Respondents by Frequency of Watching Sanjeevini and TV Owning.**

Types of TV owner	Everybroadcast/ weekly	1-2 times a month	Occasionally
Own TV	138 (96.5)	22 (95.7)	35 (81.4)
Neighbour	5 (3.5)	1 (4.3)	8 (18.6)
Total	143 (100.0)	23 (100.0)	43 (100.0)

**Table 19**  
**Frequency Distribution of the Respondents by the Topic That is Perceived to be Most Useful**

Topic	Frequency	%
All Useful	30	14.3
Diarrhoea/ORT	47	22.5
Polio	11	5.3
T.B.	4	1.9
Tetanus	1	0.5
Gynecology/delivery	13	6.2
Fever	17	8.9
ENT	10	4.8
Meningitis	2	0.9
Whooping cough	3	1.4
First Aid	12	5.7
Family Planning	2	0.9
Sanitation	1	0.5
Orthopaedics	1	0.5
Child Care	15	7.2
Appendicitis	1	0.5
Malnutrition	4	1.9
Vaccination	35	16.7
Total	209	100.0



**Table 20**  
**Frequency of Respondents by Perceived most useful Topic and Age.**

Topic	Age						
	15-19	20-39	40-44	44-49	50-54	55-59	60+
All useful	1	24	2	1	2	0	0
Diarrhoea/ORT	5	35	3	0	2	2	0
Polio	2	7	1	0	0	0	1
Tuberculosis	0	4	0	0	0	0	0
Tetanus	0	0	1	0	0	0	0
Delivery/ Gynecology	0	13	0	0	0	0	0
Fever	1	11	3	1	1	0	0
ENT	4	7	0	1	0	0	0
Meningitis	1	1	0	0	0	0	0
Whooping cough	0	2	0	0	0	1	0
First aid	1	6	2	1	2	0	0
Vaccination	0	28	3	2	1	0	1
Family planning	0	2	0	0	0	0	0
sanitation	0	1	0	0	0	0	0
Orthopaedics	0	1	0	0	0	0	0
Child care	0	13	0	1	0	1	0
Appendicitis	0	1	0	0	0	0	0
Malnutrition	0	4	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>160</b>	<b>15</b>	<b>7</b>	<b>8</b>	<b>4</b>	<b>2</b>

Table 21  
 Frequency of Respondents by Perceived Most Useful Topic and  
 Level of Education

Topics	Illiterate	1-5	6-8	9-10	SLC	I.A	B.A.	M.A.
All useful	1	4	2	3	3	6	10	1
Diarrhoea/ORT	3	8	4	4	8	8	11	1
Polio	1	2	2	0	2	1	1	2
Tuberculosis	0	1	0	1	0	1	1	0
Tetanus	0	0	0	0	1	0	0	0
Delivery/ Gynecology	0	1	2	0	2	3	3	2
Fever	3	1	1	5	3	3	1	0
ENT	1	1	0	3	3	1	1	0
Meningitis	0	0	0	0	0	2	0	0
Whooping cough	0	2	0	0	0	0	1	0
First aid	2	0	1	0	3	3	3	0
Vaccination	9	5	0	2	3	10	5	1
Family planning	0	0	0	0	1	1	0	0
sanitation	0	0	0	0	0	0	1	0
Orthopaedics	0	0	0	1	0	0	0	0
Child care	0	4	1	0	5	3	2	0
Appendicitis	0	0	0	0	0	0	1	0
Malnutrition	0	1	0	1	1	1	0	0
Total	20	30	13	20	35	43	41	7

**Table 22**  
**Frequency Distribution of Respondents by Perceived Most Useful Topic and Types of Family.**

Topics	Nuclear	%	Extended	%
All useful	14	13.0	16	15.7
Diarrhoea/ORT	26	24.3	21	20.6
Polio	5	4.7	6	5.6
Tuberculosis	3	2.8	1	1.0
Tetanus	0	0.0	1	1.0
Delivery/ Gynecology	8	7.5	5	4.9
Fever	4	3.7	13	12.7
ENT	9	8.4	1	1.0
Meningitis	2	1.9	0	0.0
Whooping cough	2	1.9	1	1.0
First aid	3	2.8	9	8.9
Vaccination	17	15.9	18	17.6
Family planning	1	0.9	1	1.0
Sanitation	0	0.0	1	1.0
Orthopaedics	0	0.0	1	1.0
Child care	11	10.3	4	3.9
Appendicitis	0	0.0	1	1.0
Malnutrition	2	1.9	2	2.0
<b>Total</b>	<b>107</b>	<b>100.0</b>	<b>102</b>	<b>100.0</b>

**Table 23**  
**Whether or not the Respondents Were Able to Apply What They Learnt from Sanjeevini**

Case apply	Frequency	%
Yes	144	68.9
No	38	18.2
NA	27	12.9
<b>Total</b>	<b>209</b>	<b>100</b>

**Table 24**  
**Frequency Distribution of Respondents by Topics that they were**  
**Able to Apply**

Topic	Frequency	%
Diarrhoea/ORT	36	25.0
Polio	3	2.1
T.B.	3	2.1
Tetanus	1	0.7
Gynecology/delivery	9	6.3
Fever	17	11.8
ENT	8	5.5
Whooping cough	3	2.1
First Aid	11	7.6
Family Planning	2	1.4
Sanitation	1	0.7
Orthopaedics	1	0.7
Child Care	14	9.7
Appendicitis	1	0.7
Malnutrition	4	2.8
Vaccination	30	21.0
<b>Total</b>	<b>144</b>	<b>100.0</b>

**Table 25**  
**Frequency Distribution of Respondents Who Applied ORT by**  
**Education**

Education	Frequency	Percentage
Illiterate	3	8.3
Primary	5	13.9
Lower Secondary	3	8.3
Secondary	4	11.1
SLC	7	19.4
I.A.	5	13.9
B.A.	8	22.2
M.A.	1	2.8
<b>Total</b>	<b>36</b>	<b>100.0</b>

**Table 26**  
**Frequency Distribution of Respondents Who Applied ORT by Location.**

Location	Frequency	Percentage
Urban	15	41.7
Semi Urban	21	58.3
Total	36	100.0

**Table 27**  
**Frequency Distribution of Respondents Who Applied cure for Fever by Education.**

Education	Frequency	Percentage
Illiterate	3	17.6
Primary	1	5.8
Lower Secondary	1	5.8
Secondary	5	29.4
SLC	3	17.6
I.A.	3	17.6
B.A.	1	5.8
M.A.	0	0.0
Total	17	100.0

**Table 28**  
**Frequency Distribution of Respondents Who applied cure for Fever by Location.**

Location	Frequency	Percentage
Urban	3	17.6
Semi Urban	14	82.3
Total	17	100.0

**Table 29**  
**Frequency Distribution of Respondents Who Applied Vaccination**  
**by Education.**

Education	Frequency	Percentage
Illiterate	9	30.0
Primary	4	13.3
Lower Secondary	0	0.0
Secondary	2	6.7
SLC	2	6.7
I.A.	8	26.6
B.A.	4	13.3
M.A.	1	3.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

**Table 30**  
**Frequency Distribution of Respondents Who Applied Vaccination**  
**by Location.**

Location	Frequency	Percentage
Urban	14	46.7
Semi Urban	16	53.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

**Table 31**  
**For Which Group of People Sanjeevini Will be Most Useful**

Group	Frequency	%
1) Socio-economically poor/ low class/low caste/ ethnic group/persons	80	38.3
2) Illiterate persons/ illiterate women	45	21.6
3) Rural/Remote/Hill/Deprived/ People	41	19.6
4) Everybody	23	11.0
5) Women/Mothers	13	6.2
6) Children	7	3.3
<b>Total</b>	<b>209</b>	<b>100</b>

**Table 32**  
**Perceived Overall Theme of Devi by Location**

Theme	Urban	%	Semi urban	%
First aid/Health post	4	5.0	6	4.6
No discrimination/Equal Opportunity	11	13.8	17	13.2
Women's education/exploitation/need of education to all	57	71.2	74	57.4
Change the society	7	8.7	15	11.6
Powerful vs powerless/struggle for equality/shouldn't run behind others/upliftment of socio-economically poor communities	1	1.3	17	13.2
<b>Total</b>	<b>80</b>	<b>38.3</b>	<b>129</b>	<b>61.7</b>

**Table 33**  
**Perceived Overall Theme of Devi by Gender**

Theme	Male	%	Female	%	Total	%
First aid\ Health Post	5	6.4	5	3.8	10	4.8
No discrimination\ Equal opportunity	10	12.8	18	13.7	28	13.4
Women's education\ exploitation\ Literacy to all	45	57.7	86	65.6	131	62.7
Change the society	12	15.4	10	7.6	22	10.5
Powerful vs powerless\ Struggle for equality\ Shouldn't run behind others\upliftment of socio-economically poor communities	6	7.7	12	9.2	18	8.6
<b>Total</b>	<b>78</b>	<b>37.3</b>	<b>131</b>	<b>62.7</b>	<b>209</b>	<b>100</b>

Table 34

Whether Respondents Learned from Devi, and What Learned If Yes

	yes	%	No	%
Learned	191	91.4	18	8.6
Learnt Subject			Frequency	%
Female education is of primary necessity for development of community			110	57.6
Son and daughter equal\ eliminate disparity between sex			24	12.5
Health education necessary Knowledge should be shared to others			43	22.5
Use of tools during delivery			11	5.8
Child care			2	1.0
			1	0.5
Total			191	100

Table -35

Frequency of Whether Learned from Devi by Education

Education	Yes	%	No	%
Illiterate	16	(8.4)	4	(22.2)
primary	28	(14.7)	2	(11.1)
Lower Secondary	13	(6.8)	0	(0)
Secondary	20	(10.5)	0	(0)
S.L.C.	32	(16.8)	3	(16.7)
I.A.	41	(21.5)	2	(11.1)
B.A.	36	(18.8)	5	(27.8)
M.A.	5	(2.6)	2	(11.1)
Total	191	(91.4)	18	(8.6)



Table 36  
 Frequency Distribution of Respondents by What Learned from Devi and Level of Education.

Learned	Education								Total
	Illit	Pri	L.Sec.	Sec.	S.L.C.	I.A.	B.A.	M.A.	
Female education necessary	13 (11.8)	18 (16.4)	7 (6.4)	14 (12.7)	18 (16.4)	22 (20.0)	16 (14.5)	2 (1.8)	110 (57.6)
Son & Daughter equal	0 0	0 0	2 (8.3)	5 (20.8)	5 (20.8)	7 (29.2)	5 (20.8)	0	24 (12.6)
Health Education Necessary	3 (7.0)	8 (18.6)	0 0	1 (2.3)	7 (16.3)	10 (23.3)	12 (27.9)	2 (4.6)	43 (22.5)
Distribution of Knowledge	0 0	1 (9.1)	2 (18.2)	0 0	2 (18.2)	2 (18.2)	3 (27.3)	1 (9.1)	11 (5.8)
Use tools during delivery	0 0	1 (50.0)	1 (50.0)	0 0	0 0	0 0	0 0	0 0	2 (1.0)
Childcare	0 0	0 0	1 (100.0)	0 0	0 0	0 0	0 0	0 0	1 (0.5)
<b>Total</b>	16 (8.4)	28 (14.7)	13 (6.8)	20 (10.5)	32 (16.8)	41 (21.5)	36 (10.8)	5 (2.7)	191 (100.0)

**Table 37**  
**Frequency Distribution of Respondents by What Learned from Devi and Age Groups.**

Actual Learning	15-19	20-39	40-44	44-49	50-54	55-59	60+	
Female education necessary	7 (53.8)	81 (42.4)	7 (50.0)	6 (85.7)	6 (100)	2 (50)	1 (100)	1
Son & daughter equal	0	23 (12.0)	1 (7.1)	0	0	0	0	0
Health & education necessary	4 (30.8)	33 (17.3)	4 (28.6)	1 (14.3)	0	1 (25)	0	0
Knowledge should be shared to others	1 (7.7)	8 (5.5)	2 (14.3)	0	0	0	0	0
Use of tools during delivery	0 (0)	1 (0.7)	0	0	0	0	1 (25)	0
Child care	1 (7.7)	0	0	0	0	0	0	0
<b>Total</b>	<b>13</b>	<b>146</b>	<b>14</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>1</b>	<b>1</b>

**Table 38**  
**Frequency Distribution of Respondents Who Learnt Female Education is Necessary For Women by Education**

Education	Frequency	Percentage
Illiterate	13	17.3
Primary	13	17.3
Lower Secondary	6	8.0
Secondary	9	12.0
SLC	13	17.3
I.A.	13	17.3
B.A.	7	9.3
M.A.	1	1.3
<b>Total</b>	<b>75</b>	<b>100.0</b>

**Table 39**  
**Frequency Distribution of Respondents Who Learnt Female Education is Necessary For Women by Location.**

Location	Frequency	Percentage
Urban	29	38.7
Semi Urban	46	61.3
<b>Total</b>	<b>75</b>	<b>100.0</b>

**Table 40**  
**Frequency Distribution of Respondents Who Learnt Female Education is Necessary For Women by Age**

Age	Frequency	Percentage
15-19	6	8.0
20-24	16	21.0
25-39	40	53.3
40 & above	13	17.3
Total	75	100.0

**Table 41**  
**Frequency Distribution of Respondents Who Liked Devi Story, Drama Style, Artists and Characters.**

	Frequency	%
Story	172	82.3
Drama Style	93	44.5
Artists	142	70.0
Characters	95	45.5

**Table 42**  
**Frequency Distribution of Respondents by Types of Comments**

Comments	Frequency	%
Time is very short	119	56.9
Time slot should be changed	9	4.3
Devi & Sanjeevini should be shown seperately	2	0.9
Irrelevant to present condition	4	1.9
No comments	75	35.9
Total	209	100

**Table 43**  
**Frequency of Perceived Most Useful Topics by Gender**

Topics	Male	%	Female	%
All useful	16	20.5	14	10.7
Diarrhoea/ORT	17	21.8	30	22.9
Polio	4	5.1	7	5.3
Tuberculosis	3	3.8	1	0.8
Tetanus	1	1.3	0	0
Delivery/ Gynecology	4	5.1	9	6.9
Fever	4	5.1	13	9.9
ENT	3	3.8	7	5.3
Meningitis	0	0	2	1.5
Whooping Cough	2	2.6	1	0.8
First aid	5	6.4	7	5.3
Vaccination	11	14.1	24	18.3
Family Planning	0	0	2	1.5
Sanitation	1	1.3	0	0
Orthopaedics	1	1.3	0	0
Child care	5	6.4	10	7.6
Appendicitis	0	0	1	0.8
Malnutrition	1	1.3	3	2.3
<b>Total</b>	<b>78</b>	<b>100</b>	<b>131</b>	<b>100</b>

**Table 44**  
**Frequency Distribution of Respondents Who Liked Artists and Characters.**

Artists	Frequency	% (in 209)
Devi	131	62.6
Teacher	54	25.8
All artists	2	1.0
<b>Characters</b>		
Purna	84	40.2
Mukhiya	19	9.1
Deshi Kanchha	6	2.9
Devi's Father	4	1.9
Pandit	4	1.9
Mukhiya's daughter	1	0.5

ANNEX - III

SUMMARY OF FOCUS GROUP DISCUSSIONS

FGD# 1: Kathmandu - Urban (Koteshwor)

Total Number of Participants: 6

Mix gender and caste (Rai, Chettri); all parents

1. Others outside of own family usually come and watch both Sanjeevini and Devi with them, from 15 to 35 persons crowding in on TV viewing space, mostly children and both male and female adults.
2. Considered useful for illiterate people, because they can see on TV many things about health, without having to read them; also for low caste and those in low socio-economic status because they generally lack the knowledge on these matters; also for everybody since health is a concern of everyone, and diseases/illness come and go to every individual/families.
3. Topics watched from Sanjeevini include: family care, family planning, mother and child health care, delivery/childbirth, sanitation, vaccination, chicken pox, tuberculosis, meningitis, diarrhoea.
4. Most liked topic(s): Care of children because most of them have families and young children, therefore what they learned from Sanjeevini are very applicable and useful.
5. Sanjeevini topics were all useful in their lives, as anyone in the family go through at one point or another the illness/diseases, and learning about their prevention and cure is very relevant for themselves and their families.
6. Two participants said they were able to apply the knowledge they gained, specifically on diarrhoea; the others have not.
7. Topics/messages were clearly presented and they all can understand them quite easily.
8. No particular topic was difficult to understand.
9. Everyone of the participants were satisfied with all the topics so far shown).
10. A female participant said that what she watched in Devi reinforced some of those she has learned from Sanjeevini.
11. On the overall theme of Devi: overall development is possible only through education of women; health and

education should be available to all; there should be compulsory education to all girls and women.

12. Most liked in both: dramatization/story presentation in Devi; nice plot of story; comedy acting of Shivahari Poudel.
13. Learned from Devi: what role a teacher can play for the development of a community; that overall development possible only when women are educated; that women should struggle for education; all girls and women should be educated if they wish to be developed.
14. Participants all agreed that the Devi story can happen in real life: In fact, it is a typical story, where all characters can be seen in Nepalese society.
15. What to improve in Devi and Sanjeevini series: shooting for the serial should have been in different places to add variety and more vivid presentations; use of same scenes (location) in most episodes is boring; longer telecast/duration for both Sanjeevini and Devi; the artist playing Devi's mother is too made up, tend to be unrealistic for village life.

**FGD # 2<sup>+</sup> Kathmandu - Semi urban (Kirtipur)**

Total Number of Participants: 5

Mix gender and caste (Brahmin, Newar); all parents, with families/young children; all educated at least up to secondary level)

1. Participants have 3-5 family members watching both programmemes in their TV sets. Wives are particularly keen on watching.
2. Sanjeevini useful for the poor people of the village since they are illiterate; for adults since they administer/oversee health care in family; for everyone (like everyone should know first aid to be alerted to any health emergency problem in own self or family).
3. Sanjeevini topics recalled: polio, chicken pox, vaccines/vaccinations, childbirth/delivery, nose bleeding, asthma, sanitation, bone diseases, family planning, diarrhoea.
4. Most liked topic: delivery, vaccination, chicken pox because can understand more about these; nose bleeding, because now she knows what to do when it happens; asthma; sanitation because they learned the effects of unsanitary situations/ environment; delivery because she has given birth and learned more about it seeing it on TV.

5. All topics that they have watched in Sanjeevini are all relevant and useful in their lives, as they are all concerned with common diseases/illnesses, or realistic to situations in villages.
6. All participants said they can utilize the knowledge gained from watching Sanjeevini. None cited specific occasion yet that they have applied what they have learned from watching.
7. All said they can all understand the topics presented in the series.
8. No particular topics were hard to understand.
9. None of the topics was particularly disliked; they like all.
10. By watching Devi after Sanjeevini, one participant learned more about health posts; other participants said they could not connect some of those they watched from Sanjeevini to the flow of story in Devi.
11. Overall theme of Devi: there should be education for all, without discrimination; female education is very important; importance of cleanliness/sanitation and female education.
12. What is liked most: All enjoyed watching both Sanjeevini (for having to learn about health matters), and Devi (because it is entertaining); particularly like the acting of Shivahari Poudel and Devi herself; one female participant said she didn't like both - because Sanjeevini is just informative, while Devi is also informative in its dramatization.
13. Because we are all educated, we know or have heard of, from other means, most of the health topics; these should be viewed by illiterate people as they have to learn these health matters more; but it is also nice to watch these topics on TV because we can see them in different perspective/angle; dramatization in Devi's story is entertaining.
14. Devi's story mostly resemble our own or others' lives in villages; can surely happen, or existing in real life.
15. Duration of Devi's programme too short; has to lengthen to at least 30 minutes; could have also casted popular film artists like Shiva Shrestha, Karisma KC, comedian Haribansha Acharya; Madan Krishna can play the role better than Ram Pandit; character role of Khem Sharma is very good, so he should be seen more often in the story; one female participant suggested that [upon knowing it is

UNICEF-funded] that this type of programmes should be continuously funded because they are very useful/relevant.

**FGD # 3: Bhaktapur - Semi urban (Surya Binayak)**

Total Number of Participants: 5

Mix caste (Brahmin, Chettri); all men, married with children

1. Participants have either 4 or five family members; all adult members in family watches both Sanjeevini and Devi (from 15 years and above), including house helper. All enjoyed watching both.
2. Sanjeevini would be more useful for illiterate poor people, as they are the ones who do not know most of these topics/messages, and they are the ones often suffering from illness/diseases because of ignorance on prevention and cure; also more relevant for those traditional and conservative people who still cling/believe on superstitions or fallacies regarding some health prevention and cure; they need to understand the modern health practices of simple prevention and cure of common illnesses.
3. Sanjeevini topics recalled: diarrhoea, vaccinations, sanitation, polio, child birth/delivery, meningitis.
4. Most like topic: Vaccination because telecast explained the time schedule of taking vaccinations for children; three participants cited the discussion on diarrhoea because diarrhoea is very commonly happening to everyone in their families, especially the children, and they learned about simple ways that can be done at home to cure diarrhoea. Another elderly participant cited he liked best the topic on sanitation because it is the fundamental prevention for most of the ailments, and that this is one thing that we most take for granted.
5. All topics so far watched are relevant, useful as they all can be applied in their practical daily lives.
6. All, except one, said they were able to apply what they have learned from the programme in their own families.
7. All said that topics were presented clearly, and they all can understand them quite easily.
8. No particular topic was difficult to understand.
9. They like all the topics; none was particularly disliked.
10. One participant said he gained additional knowledge on



health education with the discussion about sanitation and balanced diet in Devi. Another mentioned that from Devi he learned that one should keep at least basic medicines in the house for common ailments.

11. Overall theme of Devi: equality between son and daughter; old people should also be made literate; child marriage and polygamy should be avoided in the society; discrimination in society should be ended.
12. Most like in both series: acting of Shivahari Poudel; acting of all artists was good; the villainous role of the Mukhiya was also well acted by the artist.
13. From Devi learned the following: about sanitation and its importance; the bad practices, attitudes and behaviors existing in our rural society that should be removed/eliminated if we wish to develop; that one should share the knowledge she/he has gained to others that also need to have this knowledge - "enlighten oneself, by enlightening others too".
14. All agreed that Devi's story can happen in real life; scenes and characters are or can be happening in most of the rural villages.
15. Suggestions for improvement: to make the story more vivid and realistic, a child character/artists should be included; story should also be made understandable for children audiences because children are also watching these programmemes; both Sanjeevini and Devi are very short programmemes; need to lengthen the programmeme; overall good acting/artists, good story, and wholesome and entertaining.

**FGD # 4: Kaski - Urban (Mustang Chowk)**

Total Number of Participants: 5

Mix caste (Brahmin, Gurung, Chettri); all women, married with children, from age 27-45, educated SLC and above

1. Only family members watch both Sanjeevini and Devi with them; mostly women than the men. Number of people watching range from 4-8 in each of their households.
2. Sanjeevini more useful for rural poor women, because they have no other access to information as they are given in Sanjeevini; also for illiterates since they cannot read health pamphlets/posters, etc., watching on TV is like seeing an actual (real live) scene. Also rural women must know first aid treatment because they have limited access to health posts/hospitals, and must know which medicines to keep for common ailments in their families because they go to towns less frequently.

3. Topics recalled: breast feeding, jeevan jal, vaccination/immunization, tuberculosis, first aid treatment, whooping cough, diphtheria, measles, tetanus, meningitis, fever.
4. Most liked topic: all, but breastfeeding was specifically cited because being mothers now they understand better why breast milk is very important for their babies; that nothing substitutes [or better than] breast milk for their babies.
5. Most topics are very useful in their daily lives, and also for the ninety-percent women who live in rural areas because many of these health problems occur due to lack of awareness on their prevention and cure. From Sanjeevini, they learned many ideas about pregnancy and those basic treatment to common illness like diarrhoea that they can do at home. also learned about medicines and how to administer them, and first aid treatment.
6. Most common application of what was watched in Sanjeevini was during bouts of diarrhoea, they used jeevan jal many times, which always worked.
7. They understood clearly all the presentations in Sanjeevini; language used very simple and anyone can easily understand them.
8. None was particularly difficult to understand.
9. Neither any topic was particularly disliked, as all of them were interesting and good to learn.
10. After watching Sanjeevini, watching Devi taught them other things like the importance of female education, and other things, in addition to being entertained.
11. Overall theme of Devi: education/literacy is very important to all women, especially the rural women, so that they will not be subject to oppression and exploitation by more powerful elements in the village; oppression from others should not be tolerated.
12. All participants enjoyed watching both Sanjeevini and Devi. They liked the style of presentation, story, dramatic style, plot, theme, the artists and the characters in the Devi story.
13. Suggestions for improvement: all suggested that the time for each Devi episode should be extended by at least 10 minutes more.

**FGD # 5: Kaski - Semi urban (Bagar , Pokhara)**

Total Number of Participants: 5;

Mix gender and caste (brahmin, Thakuri, Newar); married with children, age from 19 - 40

1. Only their own family members watch the Sanjeevini and Devi from their TV set, both male and female, also children once in a while; except for one whose tenants in their rented flat also watch with them occasionally.
2. Sanjeevini is most useful for all people, regardless of whether they are poor, rural or urban, because we all need to learn about health matters.
3. Topics recalled: dehydration, meningitis, measles, tetanus, tuberculosis, whooping cough, diphtheria, breastfeeding, vaccination
4. They liked all the topics.
5. All these topics are useful and relevant for different family members (babies, children and adults).
6. One participant said she liked most the discussion on dehydration [diarrhoea] because she learned how to make nun chini pani, and when her son was having diarrhoea, she applied what she learned, and he got cured. Others said they have tried to apply what they learned on certain occasions, like first aid treatment; also being more conscious about vaccinations of their children, which they also tell to their relatives and friends/neighbours who also have babies, including the necessity of timeliness of vaccinations.
7. They understood all the topics clearly, as they were presented in simple Nepali language.
8. None was particularly hard to understand.
9. Neither do they dislike any particular topic.
10. They could not easily connect how Sanjeevini and Devi complement each other, as far as what they learned. But Devi indirectly taught them the importance of education for women.
11. Overall theme of Devi: importance of education for women, so that no one can oppress them; should not tolerate, instead fight against exploitation and unjust practices of powerful people in the community.
12. The Devi story is typical in everyday Nepali life; therefore, the story is very realistic.

13. All preferred to have Devi episodes a bit longer than it is now; even at least 10-15 minutes more. No other suggestions were given.

FGD # 6: Kaski - Semi urban (Shishuwa VDC, Pokhara)

Total Number of Participants: 7

Mix gender and caste (Chettri, Brahmin, Magar, Gurung);  
married with children, age 30 -52

1. Only own family members are watching in their own TV set, and Sanjeevini and Devi in particular.
2. Sanjeevini is useful for rural people, as they need to learn more about these health matters.
3. Topics recalled: dehydration, polio, whooping cough, tetanus, diphtheria, tuberculosis, measles, fever, first aid, breast feeding, malnutrition, vaccination.
4. Most liked topic: first aid, because this is most practical to learn for any emergency treatment at home, for anyone in the family.
5. All topics are relevant and useful.
6. Sometimes, they said they tried to do some first aid treatment which they learned from Sanjeevini.
7. All topics were presented clearly, easy to understand.
8. None was difficult to understand.
9. No particular topic was disliked.
10. Watching both Sanjeevini and Devi was useful because it reinforced their commitment in their village to eradicate illiteracy, and to be conscious of community development needs in their village, including on health matters as discussed in Sanjeevini. But Devi does not discuss directly on health matters only; it is however, very entertaining. From Devi, they learned not to tolerate wrong social practices, such as the exploitations of powerful landlords like the Mukhiya.
11. Overall theme of Devi: to band together for creative works in the village, develop/encourage social change, including education to women.
12. Devi story can happen in real life; or resemble most of our own life, according to the participants.
13. They have suggested to extend the time whatever can be possible. No other comments.

**FGD # 7: Chitwan - Urban (Narayangarh)**

Total Number of Participants: 7

Mix caste (Brahmin, Chettri, Sherpa); all married women, except 2, all have children; age 24- 41; illiterate.

1. No other except family members watch Sanjeevini in their TV sets, mostly women; men occasionally. Everyone liked both the Sanjeevini and Devi programme.
2. Sanjeevini more useful to rural illiterate women, as they have less chance of learning these things. Not for urban people because most of them are literate and already know a lot about health matters. But not all rural women have access or own TV sets, although they should be the ones more to get these messages; maybe radio should be explored to present the same messages in Sanjeevini.
3. Topics recalled: malnutrition, child birth/delivery, polio, fever, diarrhoea, vaccination, tuberculosis, bone fractures (broken leg).
4. Most liked topic(s) were: malnutrition (because we easily tend to take for granted the importance of balanced diet; also did not understand before the nutrient value of foods); polio because one nephew was suffering from polio; and diarrhoea because this commonly occurs to all members of the family, and yet we are not familiar with simple ways we can do at home to prevent and cure it.
5. All topics are relevant and useful. They learned what to do when they are pregnant, and also learn more about child birth/delivery; to give jeevan jal (oral rehydration therapy), and/or to prepare nun-chini-pani when somebody is getting diarrhoea in order to avoid dehydration.
6. Specific occasions where knowledge learned was applied: had vaccinated their children, following the right schedule for each type; one mother defied her mother-in-law's contradicting attitude/opinion about vaccination, and she had all children immunized; another mother also learned to lower the fever of her son by putting moist cloth in forehead (paani-patti), which she also used to advise to other adult members of her family, and to her friends and relatives when they have fever.
7. They understood all the topics presented; language is simple and message is clearly presented.
8. None was particularly hard to understand.
9. Neither do they dislike any particular topic; they all find them useful.

10. By watching Devi after Sanjeevini, they learned more things like on health, sanitation, education etc., at the same time they enjoyed watching the dramatization in the story.
11. Overall theme of Devi: women should be literate; women should not lag behind in any field and should move forward to succeed; women should develop themselves and be self-reliant. They learned from Devi that one should not go behind others; should resist or fight against oppression.
12. Everyone liked the Devi series so much; they always look forward to the next Saturday show. Most liked are: the overall story and dramatization; the character of the teacher and Devi because they helped change the village; also the character of Purna; characterization of the villain, the Mukhiya because he was really hateful and shows the bad guy in the village; the setting and locale of the story is very realistic.
13. The Devi story can really happen in real life, most of the incidents shown are realistic in rural village setting; powerful people are still taking advantage of others
14. Suggestions for improvement: too short, therefore should be lengthen if possible. For Sanjeevini, longer time means more detailed discussion of each particular topic; for Devi, they will be entertained longer, at the same time can allow them more time to contemplate about the story [they said because it is too short, they get "hanged up" most of the time]. Sanjeevini would also be more entertaining and effective if it can also be picturized in drama form, or other styles that are more entertaining.

**FGD # 8: Semi Urban - Chitwan (Gaurigunj, Bharatpur)**

Total Number of Participants: 5

All married, Brahmin women, all have children; age 25-30; SLC passed.

1. No other members outside of their own family watch Sanjeevini and Devi with them. Usually equal number of men and women watching, only occasionally when children watch with them. Everyone enjoy watching both programmemes.
2. Sanjeevini is useful for everybody because health is a concern of everyone - no one is exempted from being sick, everyone wants to remain healthy; but most useful for

rural women since they are the ones caring for their children and family, and yet they are usually illiterate and unaware of these health messages.

3. Topics recalled: Encephalitis, malnutrition, breastfeeding, balanced diet, vaccination, family planning, tuberculosis, diarrhoea/dehydration, night blindness, leprosy, meningitis.
4. They liked all of the topics that they have watched to far.
5. All the topics are relevant and useful to them.
6. They had all their children vaccinated. One mother applied moist cold cloth to lower the fever of her son; while the boy refused at first, but was convinced when mother told that she watched this from Sanjeevini; a child who watched the Sanjeevini episode about night blindness started taking green vegetables; these mothers are also very conscious now of using jeevan jal or nun-chini-pani when anyone has diarrhoea; after learning about meningitis, now they are alert of their symptoms on their children and check them from time to time when similar symptoms occur.
7. They understood clearly all the presentations in Sanjeevini; language used was very simple and anyone can easily understand them.
8. No topic was particularly difficult to understand. However, they prefer a longer discussion of each topic so that they can learn more (at present, they are very short and discussions tend to be brief).
9. Neither any topic was particularly disliked; they found all these topics very useful; also presentations were clear and simple.
10. Watching Devi after Sanjeevini was good; they learned more about cleanliness and sanitation from the Devi story; another said, the topic of tetanus was also touched in the Devi story (one episode they said showed Devi explaining to the villagers about tetanus and the need of vaccination for it.)
11. Overall theme of Devi: community people must develop their own village themselves; everyone should strive to be self-reliant, lessen dependency from others; parents must educate their daughters, no discrimination between educational and other opportunities for sons and daughters; should eliminate bad characters such as the mukhiya who takes advantage of powerless people in the village.

12. Devi is both entertaining and educational. Most liked about the programmeme: characters of the teacher and Devi because they initiated the social change in the village; Devi was a role model providing good example to other women; greatly entertained by the character of Purna, the village idiot (dumb) because he was cute and funny; liked the story and dramatization style; also the setting [rural hill village] which is a very natural setting for village life in Nepal [actually preferred a 'hill' setting, than one in terai [plains]; fight scenes were good. One however mentioned that too much story conflict is put into the villain (bad character of the Mukhiya), that his character tend to be too prominent/overriding, other people may imitate such powerfulness; also liked the title "Sanjeevini" because it is very fitting to the programmeme (because sanjeevini is the name of a herb which if taken helps live long; it is like an elixir).
13. Other things they learned from Devi: some discussions also related to health (cleanliness, sanitation); everyone should get educated; should not blindly follow others; adult should not hesitate to learn to read and write (be literate) because the rewards are greater when one is literate.
14. Definitely the Devi story still happens in real life, especially among the remote, deprived and poor communities where exploitations of people like the mukhiya still persist, and where many people, especially women remain illiterate and backward. The incidents shown are still commonly happening in Chitwan.
15. Suggestions for improvement: longer duration [at least by ten minutes more for each] for both Sanjeevini and Devi (for Sanjeevini so that topics can be more discussed in detail; for Devi, so that they can be entertained longer, and learned more at the same time); also if these programmemes can be broadcast after 8 PM news so that everyone can watch (after 8 seem to be more convenient time when everyone is generally at home already).

**FGD # 9: Semi Urban - Chitwan (Mangalpur VDC)**

Total Number of Participants: 5

Mixed gender and caste (Brahmin, Darai, Muslim, Gurung), mixed gender, all have children; age 21-49; mixed education level (from barely literate, to IA pass).

1. Some watched Sanjeevini only among their own family members; others with neighbours; one participant has no TV set, watches with neighbours. All said they liked Sanjeevini and Devi programmemes.
2. Sanjeevini is felt to be most useful for illiterate persons; not much for the urban people because they



already know a lot about these health topics, but instead in rural areas. However, ironically people in the rural areas either do not have own TV sets, or no electricity lines, or cannot get clear transmission. But they are the ones who need to know this kind of messages.

3. Topics recalled: tuberculosis, cancer, orthopaedics (broken bones), immunization, encephalitis, childbirth/delivery, diarrhoea, first aid.
4. Topics particularly liked: one said tuberculosis and cancer, because one neighbour died of cancer, and has a relative with tuberculosis - watching the programme helped him understand how TB is spread, and how to prevent getting them; another said first aid, because this is frequently required [meaning small and big accidents can happen, or emergency medical problems can occur]; women said they preferred the topics on vaccination and pregnancy because it is relevant for them.
5. Most useful topic: diarrhoea, first aid and vaccinations; by watching the programme, all said topics shown in Sanjeevini are all useful.
6. Specific occasions when knowledge was applied: Learnt how to prepare nun-chini-pani and administered to family members suffering from diarrhoea; also learnt to use a moist cloth to lower fever; learnt the precautions to prevent getting tuberculosis;
7. All topics were presented very clearly, but each topic tend to be short, because the programme is short. But all topics were easily understandable.
8. No difficulty in understanding any particular topic.
9. No topic was disliked; all are good and relevant to everyone.
10. The extra [complementing] message they got from watching Devi after Sanjeevini is the need to maintain cleanliness, hygiene and sanitation; they also learnt from Devi that one should not be careless to minor injuries because it can lead to serious infections; one participant said there was not much discussion of health messages in Devi, and even if there is, he did not notice.
11. Overall theme of Devi: women should also be literate and there should be no discrimination between a son and daughter; also that a girl can also do something if given the opportunity; that education is the most important factor in the overall development of a nation; one

episode had Devi implying that child marriage should be stopped, and there should not be vast difference between the age of the bride with the groom [given they said, that the practice of marrying a young girl to an old man is still commonly practiced in some areas].

12. All of them said they enjoyed watching Devi episodes so much. Particularly liked is the role of Devi herself; another likes the role of the teacher; one said that she liked the role of the daughter of the mukhiya, who is so much in contrast to the villainous father, likes the conflict between the father and daughter; another said he likes the role of Purna.
13. All participants said they are also learning a lot from Devi, although not small messages only [like health and cleanliness, they said], and not in detail; also learns about social evils; and the need for education and what education can change in the life of a person and for the community at large.
14. Devi story can resemble real life situations; that similar characters such as the mukhiya and Deshi Kanchha still persists in some villages, as well as the conflict between the powerful and the powerless; another participant said that there was so much overlap of the mukhiya character, that although this was common before, but now slowly disappearing in rural Nepal; comedy and fight scenes were good, as well as the rustic rural setting.
15. Do not see the need for particular changes or improvements in both the Sanjeevini and Devi programmes.

ANNEX - IV  
SUMMARY OF ON-THE-SPOT MONITORING OF VIEWING HOUSEHOLDS

Household # 1: Kathmandu - Urban (New Baneshwor)  
Ethnic/Caste group of HH:            Number of People Watching: 5  
Own family members watching: 3            Others: 2  
Number of channels available on TV: 7

A. Prior to programme:

- husband preferred to watch Zee TV; wife insisted to watch Sanjeevini, strongly expressed not liking to miss watching Devi.
- two other [non family members, but friends] women favoured wife's choice, citing that it is worth watching Sanjeevini, than Zee TV or EL (which the other man, also non family member was suggesting to switch to). General enthusiasm and interest to watch Sanjeevini and Devi seen more among women.

B. During the programme:

- All women showed so much interest while watching. Men however, showed boredom; asked once to change channels, but the women were insistent not to cut in the middle.

C: After the programme:

- While the women talked about the programme (like it is good programme, can learn a lot, etc.), men said these are boring NTV programmes.

Household # 2: Kathmandu - Urban (Jayabageshwori)  
Ethnic/Caste group of HH: Newar Number of People Watching: 4  
Own family members watching: 3            Others: 1  
Number of channels available on TV: 8

A. Prior to programme:

- not really much interest to watch Sanjeevini/Devi; first switched to different channels, when none seemed to be interesting, then only stayed put to NTV.
- most of them preferred to watch Hindi film, but reception not good; only the mother cited once to let it be in NTV.

B. During the programme:

- During Sanjeevini, they seem to be bored and not really paying attention; were occasionally talking about family matters; but seem to show more interest when Devi was going on, everyone seems concentrated on watching.
- only once the son commented that the artist playing the role of teacher had "cut his hair" (obviously they have watched Devi at some point in time.)

- daughter left out of the room, but hurriedly came back also, and asked "what happened", but none replied her.
- mother was not very concentrated though; was peeling potatoes all throughout the programme.

C. After the programme:

- daughter said the artists [in Devi] were not good; not good performance; one did not recognize who is "Devi" among the female characters.
- overall, none seem to be caring about the next episode; none seem to be interested on Sanjeevini nor Devi, as everyone is keen more to see Zee TV, while others [mother and another woman] quietly moved out.

**Household # 3: Kathmandu - Semi Urban (Kusunti, Lalitpur)**

Ethnic/Caste group of HH: Brahmin Number of People Watching: 6

Own family members watching: 4 Others: 1

Number of channels available on TV: 1 (NTV)

A. Prior to programme:

- seem just waiting for the next programme to come; no verbal expression of interest or enthusiasm to watch either Sanjeevini, or Devi.
- female members said they watch Sanjeevini or Devi occasionally, but do not particularly remember them; neither do they keep track of the Devi story.

B. During the programme:

- all were keenly watching silently; topic was about tuberculosis; they were laughing about, and were mimicking the way the commentator spoke in Nepali in Newari style (wrong pronunciation).
- they seem not to be bored especially when Devi came; they said it was good, but too short.

C: After the programme:

- father commented that both programmes were too short; Sanjeevini should have good commentator [host]; also instead of discussing too long a topic, they should picturize it.
- mother and daughter were talking about the Devi episode, but none mentioned anything about what was shown on Sanjeevini.
- father said it might be better to telecast them in another time slot later.

Household # 4: Kathmandu - Semi Urban (Gaurighat, Kathmandu)  
Ethnic/Caste group of HH: Brahmin Number of People Watching: 5  
Own family members watching: 3 Others: 2  
Number of channels available on TV: NTV only

A. Prior to programme:

- mother expressed waiting anxiously to watch Sanjeevini and Devi; others did not care what to watch, just there at the TV room; no other discussion about what to watch

B. During the programme:

- All seem to enjoy the programme; very keen on watching. one man said the language [in Sanjeevini] could have been more simplified [???what was the topic here????]

C. After the programme:

- no reaction after finishing Devi; but they said to each other that Devi was too short, should have been at least 30 minutes; story was cut short before one even followed it well.

Household # 5: Kathmandu - Semi Urban (Sitapaila)

Ethnic/Caste group of HH: Tamang Number of People Watching: 6  
Own family members watching: 4 Others: 2  
Number of channels available on TV: NTV only

A. Prior to programme:

- waiting to watch the programme, but seem just because there was no other choice except NTV, and because there was nothing else to do; two female members mentioned that "Sanjeevini and Devi are coming"; no reaction from others; said they used to watch the programme before, but do not remember anything specific about Sanjeevini, something about Devi was mentioned by the mother.

B. During the programme:

- all were just watching silently; during Sanjeevini they were just "flatly" (or "blank") watching; but during Devi, being entertained was shown on how they smiled and they seem to be interested.
- one man said "this is just like in our village; maybe I should see this more often".

C: After the programme:

- after Devi ended, they were disappointed that it was over ("so that was it?"); they said they could not enjoy this kind of tele-serial if it is too short; "we hardly remember this episode, to connect it when the next one comes next week; should be little longer".

Household # 6: Kathmandu - Semi Urban (Bhaktapur)

Ethnic/Caste group of HH: Newar Number of People Watching: 6

Own family members watching: 6 Others: 0

Number of channels available on TV: 9

A. Prior to programme:

- two persons (a son and a daughter) were watching Star TV; other four family members came; father switched the channel to NTV, started watching Sanjeevini; he seemed to be interested to watch Sanjeevini; others were sort of just "forced" to watch.

B. During the programme:

- everyone seemed to be glued to the programme, except for one teenage boy who seem to be fidgeting and showing boredom.
- they had side talks about what they are watching [about the family planning methods that fail].
- when Devi started, everyone seem to be excited, and they talked about what was it during the last episode. Two ladies were guessing what will it be/will happen this time.
- they were supporting the role of the teacher and were angry with mukhiya and his cohorts. The mother of the family was very excited of what will happen next.

C. After the programme:

- the two ladies were talking that in the next episode, the mukhiya and his gang will do something bad to the teacher.
- they also said programme was too short, could have been longer.
- they switched to Zee TV and watch another programme.

Household # 7: Kaski - Urban (Mustang Chowk)

Ethnic/Caste group of HH: Brahmin Number of People Watching: 6

Own family members watching: 6 Others: 0\_\_

Number of channels available on TV: 6

A. Prior to programme:

- everyone seemed to be anxiously waiting for the programme; no conflict on choice of channel, despite having many channels to choose from.

B. During the programme:

- everyone was quiet; all glued to the TV; no verbal nor non-verbal reactions were seen, though none seem to be feeling bored.

C. After the programme:

- one woman talked about the importance of vaccination, that mothers should be conscious of this; another said the teacher's role in Devi was commendable in opposing the bad deeds of the mukhiya.

- then all were quiet because the news was coming next.

**Household # 8: Kaski - Urban (Dam Side)**

Ethnic/Caste group of HH: Gurung Number of People Watching: 8  
Own family members watching: 6 Others: 2\_\_  
Number of channels available on TV: 3

**A. Prior to programme:**

- the ladies said they liked Sanjeevini and Devi and they were waiting for the programme; nobody wanted to switch channels.

**B. During the programme:**

- all glued to TV, quietly watching; do not seem to be getting bored, or restless; one girl said "its too long before Devi comes" (while Sanjeevini was going on).

**C. After the programme:**

- no comments from anyone about the programme just seen; though one lady told [me] that Devi is very short; could have been more interesting if the story every episode is a bit longer.
- everyone just left the room and switched the TV (to eat).

**Household # 9: Kaski - Semi Urban (Bagar)**

Ethnic/Caste group of HH: Brahmin Number of People Watching: 8  
Own family members watching: 7 Others: 1  
Number of channels available on TV: 1

**A. Prior to programme:**

- no conflict on which channel to watch (only NTV channel available)
- eagerly waiting for the programme, said they are regular watchers of Sanjeevini and Devi; one girl said she wondered what's next to come in Devi.

**B. During the programme:**

- everyone was quietly watching; everyone seem more excited when Devi came [during Sanjeevini, seemed just flatly watching with "blank" eyes]

**C: After the programme:**

- mother said Devi is too short; the story could have been longer [none commented about Sanjeevini being short too]

**Household # 10: Kaski - Semi Urban (Nadipur)**

Ethnic/Caste group of HH: Brahmin Number of People Watching: 5

Own family members watching: 5 Others: 0

Number of channels available on TV: 2

A. Prior to programme:

- the women seem to be familiar with Sanjeevini and Devi (knows that Sanjeevini will talk another health topic this time); men were just there sitting, but no conflict on choice of channel

B. During the programme:

- just quietly watching; one woman said she wondered if her daughter (married, living in Tanahun) knows about vaccination.
- no other talks or side comments until Devi programme came.

C. After the programme:

- mother still saying that she hopes her daughter is also watching this programme; father said he already heard something like this on radio, but its nice to watch it on TV.
- one young man switched the channel to Doordarshan.

**Household # 11: Kaski - Semi Urban (Shishuwa)**

Ethnic/Caste group of HH: Chettri Number of People Watching: 12

Own family members watching: 12 Others: 0

Number of channels available on TV: 1

A. Prior to programme:

- told [me] they are regular viewers of Sanjeevini and Devi; no conflict on choice of channel (only has NTV); large family crowding in on TV, like a big event, young and old, male and female; everyone seems enthusiastic to watch TV (could not judge whether it is Sanjeevini they are anxious to watch, or just plain watching).

B. During the programme:

- nobody commented anything while Sanjeevini was running; all were just watching.
- however when Devi came, one lady called another who just went out that "Devi is here, hurry!"; looks like they are more anxious to watch Devi.
- no comment while Devi is running; one man was trying to tell something, but the elderly lady (mother?) hushed him up; also told children around to hush up.

C. After the programme:

- everyone expressed sort of disappointment that Devi [this episode] was over; assumed that they wish this could have been longer (most of the people left the room when news came, only one or two remained)

**Household # 12: Kaski - Semi Urban (New Buspark)**



Ethnic/Caste group of HH:Chettri Number of People Watching:5  
Own family members watching: 5 Others:0  
Number of channels available on TV: 2

A. Prior to programme:

- TV channel was on NTV; seemed to have no conflict on channel to watch; could not judge whether they are anxious to watch Sanjeevini/Devi; no comment from anyone.

B. During the programme:

- nobody commented anything; just watching quietly.
- occasionally the men were having side talks, but not about the programme.

C. After the programme:

- when Devi ended, the lady said this could have been longer, much shorter than other NTV teleseries before.
- TV watching continued, without switching the channel.

**Household # 13: Chitwan - Urban (Narayangarh)**

Ethnic/Caste group of HH: Newar Number of People Watching: 7  
Own family members watching: 5 Others: 2  
Number of channels available on TV: 3

A. Prior to programme:

- cricket was running in DDI channel; mother said its time for Sanjeevini; son wanted to continue watching cricket, but mother insisted, and switched the channel to NTV.
- father supported saying programme is useful.

B. During the programme:

- Everybody seem keenly interested on the programme; topic was on tuberculosis; a lady exclaimed "can TB be cured in nine months?"
- One man said he only watch this programme once in a while, he didn't know that it is presenting many health topics like this.
- When Devi was showing, mother exclaimed that "Deshi Kancha will take her [Suntali] to India".

C: After the programme:

- The man who commented earlier asked "do they always run the programme by 7:30?" he added that this programme is very useful, didn't know it before".
- Others commented on the comedy of Purna in Devi.
- Mother told to a couple to come again to watch with them next week.

**Household # 14: Chitwan - Urban (Narayangarh)**

Ethnic/Caste group of HH: Brahmin Number of People Watching: 9

Own family members watching: 5 Others: 4

Number of channels available on TV: 2

**A. Prior to programme:**

- everyone was watching NTV before Sanjeevini; no conflict on choice of channel.
- everyone seem anxious to watch Sanjeevini; but expressed more excitement on the next episode of Devi coming up.

**B. During the programme:**

- all are quiet and glued to the TV; Sanjeevini's topic was on tuberculosis; side talks from three main adult members of the family on the causes of TB (that carpet weavers are more prone to TB he heard; that hair loss results from TB; a TB patient they know of, and where he is now).
- nobody seemed bored watching Sanjeevini, except the two children were not really watching, just keep on teasing each other.
- one adult man said too bad there are not much television in the rural areas, many people should have watched this kind of programme; people in the cities need this information less than do the rural people.
- when Devi was showing, people seem excited on following the story, sometime laughing; one commented on the get up (dress and moustaches) of Purna.
- two other people came to watch; everybody seemed to be liking the programme.

**C. After the programme:**

- mother commented that actors/actresses did a good acting; story is good, natural/realistic; but the programme is very short, could have been longer.
- they switched the channel to DDI.

**Household # 15: Chitwan - Semi Urban (Bharatpur)**

Ethnic/Caste group of HH: Number of People Watching: 8

Own family members watching: 5 Others: 3

Number of channels available on TV: 2

**A. Prior to programme:**

- were anxious to see what will be the next topic to be discussed this time in Sanjeevini; also about what could be happening next in Devi.
- no conflict in watching NTV over DDI; seems that everyone was anticipating to watch Sanjeevini, not any other programme on the other channel.

**B. During the programme:**

- one woman said it is mostly the married women who are more interested to watch Sanjeevini; but everybody likes to watch Devi.
- an elderly woman (seems to be the mother) was talking with

the younger woman (seems like the daughter-in-law) how everyone must be conscious about the symptoms of tuberculosis.

- there were no comments from the men who are watching; they did not seem interested on the topic; but when Devi came, they seemed to be interested, smiling at times during the programme.

C: After the programme:

- one woman asked what could happen in the next episode, will Devi be taken to India?
- everybody left the room, someone switched off the TV.

Household # 16: Chitwan - Semi Urban (Bharatpur-9)

Ethnic/Caste group of HH: Chettri Number of People Watching: 4

Own family members watching: 3 Others: 1

Number of channels available on TV: 2

A. Prior to programme:

- there was no conflict on the choice of channel; everyone was anxiously waiting for Sanjeevini since 7:15 PM.
- they were guessing the topic to be discussed/shown this time.

B. During the programme:

- all seemed to show keen interest on the topic (tuberculosis); one lady commented, showing a bit of fright that simple cough and fever may lead to TB.
- someone said that there was someone who used to spit blood, and has been taking TB medication for six years now, lately she is little bit improved; two others expressed surprise/anxiety at knowing this, then again everyone was silent watching the programme.

C. After the programme:

- one lady commented on what will happen in next week's episode - will Deshi Kanocha elope with Suntali (???yes)
- what would the teacher must have tried to say to Devi?
- one elderly man commented that the problem with some people is they bad-mouth other good people despite their good works, like the teacher.
- someone commented on the short duration of the programme.
- most of them left the room after the programme

Household # 17: Chitwan - Semi Urban (Indrapur VDC)

Ethnic/Caste group of HH: Chettri Number of People Watching: 8

Own family members watching: 5 Others: 3

Number of channels available on TV: 2

A. Prior to programme:

- everyone was ready and eagerly awaiting Sanjeevini and Devi programmes
- no conflict on choice of channel; earlier they were watching NTV too.

B. During the programme:

- when they saw that the topic was on tuberculosis on Sanjeevini, they said "it is good, but last time was better."
- none seemed to be feeling bored, everyone was concentrating on watching both the programmes.

C: After the programme:

- one lady asked when will the next serial come; another said this is very short programme, should have been a little bit longer; somebody seconded saying "we still need to wait for one week, for such a short programme".
- somebody said it would be better if the series can be run every four days, if not every other day.

Household # 18: Chitwan - Semi Urban (Bharatpur)

Ethnic/Caste group of HH: Brahmin Number of People Watching: 6

Own family members watching: 3 Others: 3

Number of channels available on TV: 2

A. Prior to programme:

- everyone seemed anticipating to watch NTV, the Sanjeevini, saying what could be the topic this time.
- someone talked about the topic discussed last week (meningitis)

B. During the programme:

- everyone seem to show interest about the topic being discussed (tuberculosis); someone exclaimed "so that is how the disease transfers/spreads!"; someone said later that she did not fully understand what is the cause of TB.
- someone expressed apprehension on whether someone close to family have such symptoms.

C. After the programme:

- one lady said this is a good programme, another lady answered "but very short", could have been at least half an hour each.
- someone said that the topics discussed in Sanjeevini are those commonly occurring, whether in rural or urban areas.