



## Nepal Family Health Program Technical Brief #16

### Radio Health Program



*Radio Listeners' Group in Dhanusha District.*

## BACKGROUND

Demographic and Health Survey data have documented substantial increases in a wide range of positive health behaviors in Nepal over the past two decades. Despite these improvements, considerable gaps remain, particularly regarding child and maternal health, including reproductive health.

The Nepal Family Health Program (NFHP) was a six-year project launched in late 2001, with a primary focus to improve the delivery and use of public-sector family planning and maternal and child health (MCH) services, particularly at the community level. The NFHP Radio Health Program sought to address such gaps by communicating information and modeling positive health behaviors to the general public and to Female Community Health Volunteers (FCHVs). FCHVs provide certain services (e.g. vitamin A distribution) and are an important source of health information in their communities. NFHP used a radio-based distance education program to increase FCHVs' knowledge of family health and to improve their interpersonal communication and counseling skills.

Due to difficult terrain, low literacy rates, and widespread radio use, radio is an important medium for reaching a wide audience in Nepal, including FCHVs, with health messages. NFHP provided technical assistance to the Ministry of Health and Population's National Health Education, Information and Communication Center in the design and implementation of the Radio Health Program (RHP).

## STRATEGIC APPROACH

The Radio Health Program was a multi-channel behavior-change intervention of mutually supporting mass media programs linked with interpersonal communication and other community-level activities. The program consisted of two separate but complementary radio programs: the distance education (DE) program for FCHVs and the drama serial (DS) for the general public.

The DE initiative sought to increase FCHVs' knowledge about various aspects of family health, increase their motivation and improve their interpersonal communication and counseling skills. The DS was designed to increase community support for the FCHV's work and improve household practices and care-seeking behaviors. Both programs used an entertainment–education approach, blending entertainment with social messages depicting real life stories from rural Nepali villages. The programs were broadcast nationally once a week in three phases over a three-year period (March 2004 – June, 2007).

### Key Achievements

- Designed and broadcast two research-based weekly radio programs, *distance education* for FCHVs and *drama serials* for the general public in collaboration with the National Health Education, Information and Communication Center.
- Designed and developed RHP supplementary learning materials which were disseminated to 9,000 FCHVs and 21,000 RLG participants.
- Established 839 radio listeners groups (RLG) reaching 21,321 women of reproductive age and adolescents, a majority from poor and marginalized segments of the community.
- Created a network of partners outside NFHP that has used the RHP and associated materials, thereby scaling up the program to reach even more audiences.
- Conducted 195 street theater performances on family health which were observed by more than 100,000 rural people.

Though the Radio Health program (RHP) was broadcast nationally, increased support was provided in NFHP core program districts (CPDs). In 12 districts, orientations and supplementary learning materials were provided for stakeholders and FCHVs.

The drama serial messages were reinforced at the community level through a network of radio listeners groups (RLGs) in ten districts. Groups met once a week to listen to the drama, followed by a facilitated discussion on topics covered during the episode. The RLGs typically consisted of 25-30 women from poor and marginalized communities, many with limited comprehension of Nepali. The facilitated discussions in local languages aided in message recall and in the development of an enabling environment for behavior change. Additional community-level interventions included community mobilization activities, street theater, fairs and other events.

As a part of the RHP, a semi-annual FCHV newsletter was produced and disseminated to all 49,000 FCHVs in Nepal. This newsletter provided FCHVs with a channel to make their voices heard among policy-makers and key decision-makers.

## KEY ACTIVITIES

- Developed a weekly radio distance education program "**Service is Dharma**" (*Sewa Nai Dharma Ho*) and spots for FCHVs and a drama serial "**Knowledge is Power**" (*Gyan Nai Shakti Ho*) and radio spots for general public to promote healthy behaviors and demand for services.
- Developed and distributed learning materials for FCHVs and listening groups. The materials for FCHVs included a reference manual, flip handbook, facilitators guide. The RLG materials were a pictorial comic workbook and note-book.
- Developed a training curriculum and materials for the RLG program and conducted 6-day RLG TOT trainings for NGO trainers, 5-day trainings to 839 facilitators and 3-day trainings to 84 supervisors.
- Launched the RHP in 12 core program districts through district-level RHP orientations to stakeholders and community-level orientations for FCHVs. Disseminated learning materials to 9000 FCHVs in the 12 districts.
- Reinforced health messages through facilitated radio listeners groups. 839 RLGs were established in 10 focused-effort districts reaching 21,000 women of reproductive age and adolescents, often from poor and marginalized communities. Learning materials were provided to each group member along with one radio for each group.



- Developed six semi-annual newsletters "**Hamro Kura**" (Our Talk) which published letters, stories, and comments sent in by FCHVs linked to what they had heard on the DE program and disseminated to all 49,000 FCHVs in Nepal.
- Developed a model of social inclusion, localizing the RHP drama serial into two languages to reach out to marginalized groups.
- Developed and implemented a training module to improve FCHV's interpersonal communication and counseling skills with innovative video and facilitated discussion.
- RHP messages were reinforced through street theater performances in the focus districts. 195 performances were given, observed by more than 100,000 people.



*Street theater performance.*

- Conducted regular technical support visits to promote RHP listenership and monitor RLG activities.
- Conducted a study on the listeners groups to assess the value of these groups to the RHP and the effect of participation in RLGs on FP/MCH knowledge, attitudes, and practice.

## RESULTS

Radio continues to be an effective way to reach the population of Nepal with health information and messages—although this is now more challenging as radio listenership is more fragmented than in the past. The 2006 Nepal DHS estimated that 20% of women between the ages of 15-49 and 26% of men between the ages of 15-59 years were exposed to the drama serial 'Gyan Nai Shakti Ho'.

The evaluation of the RHP incorporated data from a number of NFHP's surveys of CPDs, including: (a) the 2005 NFHP midline survey of women between the ages of 15 and 49 years (b) the annual NFHP surveys, and (c) the RLG study.

## Effects on FCHVs

Based on annual FCHV surveys, the proportion of FCHVs reporting that they listened to the distance education radio program at least once in the six weeks prior to the survey increased from 57% in 2004 to 83% in 2005 to 87% in 2006. This increase in exposure appears to correlate with the timing of radio distributions to FCHVs. In each survey, the proportion of FCHVs exposed to the DE program was higher among those living in districts where radios had been distributed than among FCHVs living in districts in which radios had not yet been distributed.

Data from the annual FCHV surveys also indicate that FCHV knowledge of health issues covered in the DE program was positively associated with greater program exposure, suggesting that the program successfully conveyed health information to FCHVs. In the 2004 survey, FCHVs exposed to the DE program were able to name a significantly greater number of danger signs during pregnancy and symptoms of kala-azar than were FCHVs unexposed to the DE program.

Many FCHVs have credited the radio program with motivating them and giving them the confidence to explain healthy behaviors to their community. In the 2005 FCHV survey, FCHVs exposed to the DE program reported working nearly one day more per week (3.7 days among exposed vs. 2.9 days among unexposed;  $p < 0.001$ ) and nearly twice as much time per day (1.9 hours among exposed vs. 1.1 hours among unexposed;  $p < 0.001$ ) as unexposed FCHVs. Seventy-four percent of FCHVs exposed to the DE program reported that they would like to spend more time working as a FCHV, compared to 65 percent of unexposed FCHVs ( $p < 0.001$ ).

## Effects of the Radio Listeners Groups

The study compared participants of the radio listeners groups with non-participants and observed that women exposed to the drama serial, either as part of a group or independently, were more likely to have discussed FP with their spouse in the past year even when controlling for background characteristics. In the same study, RLG participants were more likely than non-participants to report having adopted a contraceptive method over the period since beginning to participate in the RLG.

## Combined effect of the DE and DS programs

Since the drama serial and distance education programs were designed as complementary programs, they were expected to have an increased effect when combined. Based on clients' reports of FCHV counseling behaviors, FCHV counseling

improved when both the FCHV was exposed to the distance education program and the client was exposed to the drama serial. This suggests that FCHV counseling improves when both the provider knows and the client demands proper counseling behaviors, illustrating the value of using approaches that address both supply and demand.

Both the DE and DS programs have been well received by audiences. During the program broadcast period (March 2004-June 2007) 54,161 letters were received from 52 districts of the country (7,703 from FCHVs and 46,458 from the general public).

## LESSONS LEARNED

- **Mass media linked with interpersonal communication and other community-based media provides greater reinforcement of program messages.** Street theater is a popular media for health message dissemination in the rural area where there are no other forms of entertainment.
- **In a competitive media market, promotion is essential to achieve high listenership.** Qualitative research conducted during the RLG study observed that a lack of awareness of the program was the main reason that individuals did not listen to the drama serial.
- Higher levels of desired behaviors were documented among non-RLG members living in communities with a RLG, compared to women in non-RLG communities, suggests that awareness of the program key messages spontaneously diffused through peer networks.
- **Working with local NGOs to develop community-based listening activities may be particularly effective during conflict situations that limit the travel of program staff.**
- **Demand creation activities in communities should be linked with quality service delivery sites from the very beginning.**

## CONCLUSIONS

- Programs that simultaneously reach both health providers and the general public with information and skills on family health can have greater impact than interventions that reach only one of these audiences.
- RLGs are an effective forum for reaching rural audiences with health messages and bringing about behavior change. Analysis indicated that RLG members were more likely to adopt modern contraceptives than were non-RLG members.

- Localized radio programs that link with community-level activities targeting the poor and marginalized are an effective tool for social inclusion.

## CHALLENGES

- Political unrest caused delays in program implementation at the community level as there were numerous strikes and transport interruptions. However, social and community mobilization activity helped mitigate to some extent.
- RHP was aired through Radio Nepal's national service but a major barrier to listenership for both DE and DS was poor reception of Radio Nepal in core program districts. This problem was partially remedied through expanding the broadcast through local FM radio stations.
- Regular attendance of RLG participants during the harvesting season was seen as a problem as most of the marginalized participants are daily wage workers. Similarly, access to media was found generally low among the marginalized. Listenership and subsequent health knowledge and favorable behaviors increased where radios were provided to groups, but this may be difficult to scale up.
- The scope of the program was limited to terai districts and effects were not monitored in the mountains or the hills, where radio listenership is generally higher.
- Use of the Nepali language was a barrier for many listeners, as most of the terai population in the core program districts spoke either Maithali, Bhojpuri, or Awadhi as their first language. However, this barrier was addressed through localizing the drama serial in two languages.

## RECOMMENDATIONS

- Promoting the radio programs more intensively will reach a larger proportion of the population and promote regular listenership.
- National-level programming is effective in Nepali. However, many members of marginalized communities can be better served by designing a tailored, culturally appropriate program in their local languages linked to interpersonal communication and service improvement.

## REFERENCES

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