Report

Study on Mobile Film Program (MFP)

Final Report

Report Preparation:
Tawfique Ahmed

Submitted to:
Social Marketing Company (SMC)

Submitted by:
MRC-MODE Limited

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Social Marketing Company (SMC)
SMC Tower,
33 Banani Commercial Area,
Dhaka-1213

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A Research Report Prepared for

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Executive Summary

Background, Objectives and Methods

SMC has been using Mobile Film Program (MFP) for reaching out to the rural audience with enter-educating shows to deliver messages on various issues including FP & Somaject, STI/STD, HIV/AIDS, Diarrhoea/ORS, Trafficking in women, etc. There are 8 zonal teams who carry out shows every month as per a monthly plan.

A study was carried out to assess the MFP shows.

The key objectives were to observe the show process to ascertain if the shows were taking place, and in correct way. Also the study was carried out to find out the immediate outcome of the shows on the audience in terms of change in awareness in the issues on which film is shown.

A case-control approach was followed to carry out the assessment. A pre-show sample of respondents were interviewed to assess the before show level of awareness and a post show interview assessed the post show knowledge level. A comparison of the pre-post data would indicate relative effect of the show.

Prior to the show the MFP team's activities were observed to assess if proper announcement and show arrangement was taking place. During the show the audience and the Show-men were observed on their handling the show, progress of the show in an orderly fashion and audience size composition and involvement.

The control respondent interviews took place before the show using face to face interview technique. The Test group, i.e. show audience interview followed the same technique and covered the same issues with some additional questions on the show.

The locations and sample were randomly selected.

In all 45 shows were observed and 319 control respondents and 1550 test respondents were interviewed, The respondents were adult men and women.

Findings

45 out of the 64 shows selected from the monthly plan of the 8 MFP units for observation could be covered; the rest of the shows did not take place. Half or less

than half the sampled shows could be observed in Chittagong, Sylhet, and Barisal zones.

The show locations are often linked to the presence of Blue Star outlets. Only 29% show locations were media dark i.e. only a few households had a TV, and only 24% did not have any health care facilities like hospitals, clinics or health complexes, etc.

Majority of the spots announced twice and the duration of announcement was between 45 and 90 minutes starting from 3:30 in the afternoon and ending at 6:00 pm, covering up to 1.9 km from the show spot, on average. Though the population in the area covered by the show was pretty large (average 9696), show attendance was not high. Attendance of adult women was also low. The audience size peaked during the middle of the show (average 485). At the peak audience, attendance of adult women reached only at 84 on average. The attendance of women was much lower in Chittagong and Sylhet zones, the two areas commonly known for high religiosity.

In most locations the show started at sun down and continued between 90 minutes and 120 minutes. It is clear that the whole show was not screened in majority of the shows.

Most of the shows took place in a disciplined manner, with the audience well organized, and enjoyed the show. They got involved with the show very much by laughing and clapping early on and more emotionally involved as the show drew closer to the end.

The Show had positive effect on awareness of diarrhea – 54% audience indicated unsafe water caused diarrhea compared to 44% among the control sample. Other causes or preventive measures indicated by them did not show any improvement. When it comes to management of diarrhea, the exposed group focused mainly on home management by ORS, while the control group had similar high response on ORS, they indicated seeing a doctor much more (42%) than the exposed group (29%). Source of information on diarrhea is predominantly TV for all, but for the Test group nearly half also recalled MFP show. Orsaline is universally known. The show has been successful in increasing awareness of ORS Fruity as 56% of the exposed group recalled it compared to 39% in the control group; 69% of those aware of Fruity in the exposed group recalled MFP show as the source of awareness. However, the key perception is it is available in the pharmacy outlets – two thirds of the respondents said it is available in the pharmacies and half the respondents said it is available in the grocery outlets. Only 23% respondents in the Test group indicated that 250 ml water to be added to 1 pack of Fruity. Only 9% of the Control group respondents knew this. Majority indicated that 500 ml water needs to be added to 1 pack Fruity. Only 28%

bought Fruity at the show. Those who did not buy were not having a diarrhea problem at home or did not have any cash on them.

MFP shows play a reinforcing role in the already very high FP awareness. 57% exposed respondents recalled the show as a source of FP awareness. Pill, condom, and injectables as methods of contraception are near universally known. MFP provides good reinforcement in this awareness. Around 40% respondents recall that MFP is a source of information on these methods. The show is playing a very good role in increasing awareness of Somaject. 51% of the exposed group respondents knew about Somaject compared to 21% awareness in the Control group. Further, the show has created correct awareness of the effective period of Somaject among men which is 8.7 months on average in the control group. Further, the MFP show has increased the specific awareness of Blue Star as a source of Somaject from 11% in the Control group to 31% in the Test group.

Awareness of STI/STD has been reinforced by the MFP show, as 50% of the audience recalled having known about STI/STD from the show. Also awareness level of sex and blood route of transmission of STI/STD has gone up among the exposed group, particularly the women. Consequently, knowledge of STI/STD prevention in the area of abstaining and condom use is relatively higher among the exposed group.

Major transmission routes of HIV is well known to the control group. The MFP show has marginally improved most of them. Awareness of Mother to child route was improved substantially by the show.

The show had little effect on TB awareness level.

The awareness of trafficking in women was also reinforced by the MFP show.

Awareness of the show sponsor is very low – only 32% thought it was sponsored by SMC. However, 73% respondents were aware of SMC. On the whole, the film show had good appeal in terms of overall liking, convenience of the show time, and place - 89% felt that it was overall a good show, 98% found the time convenient, and 97% opined that the place of the show was convenient for all. 65% respondents reported that they had learnt something new from the show. Generally, most of the topics was easy to understand. When asked to recall SMC brnds 71% recalled Orsaline. Recall of other SMC contraceptive brands was rather low which was in the range of 3% to 23%.

On the whole the show seems to have positive effect.

Recommendations

Show Planning

Maximum benefit can be attained if the show spots are selected in a manner that ensures reaching out to those who are most media starved and at the same time exhibit poorer KAP in the areas of interest like FP, STD, HIV, TB, Diarrhea, etc. This can be further fine-tuned and expanded using the gender perspective, level of education, availability of services, Use of safe water & sanitary latrine, SMC product use, etc.

Ensuring Screening of Show

The MFP teams may be asked to get a certification from the local authority that the show had taken place at the venue on a certain date. These certifications can be sent to SMC as show completion report. Random check by management can be initiated to improve the situation.

Increasing Audience size

Announcement Spread: Extra effort to cover the by-lanes by-lanes connected to the main roads is likely to ensure higher attendance in general and particularly women.

Hiring Local Volunteers: Volunteers can be locally hired to help bringing in audience, particularly women.

Creative message: The announcement can be made more interesting and appealing, creative and interesting messages relevant to the TG can be used to draw attention.

Increasing female attendance: Female volunteers can be used to increase female audience. Further, separate women's area can be created in the show. Additionally, female only shows can also be considered.

Product Sale

Products may be be sold at a little discount to increase trial and use.

Reviewing Content

Drama order may be shuffled and Various shuffled version of the compiled DVD can be played at different locations. It is also possible to have regional dialect dubbing for the shows.

There is a felt need among the audience to know more about divergent health issues. They also want to acquire skills on various income generating activities related to farming, and small business. Such components may be added to the show.

Chapter 1 The Background and Context of the Study

1.1 Background on Mobile Film Program (MFP) of SMC

A key goal of a social marketing company is to reach out to the target audiences to bring about behavioral changes in the desired direction. Social marketing creates demand for products that are not normally demanded due to many socio-cultural and religious perceptions. It also uses social marketing technique in changing peoples behaviour so that they refrain from unhealthy/undesirable behaviour and practice the correct ones.

Effectively reaching out to the target audience is always a challenge particularly when they are poor rural mass with limited mass media exposure. On the other hand, there are many shortcomings of mass media communication which is a one way communication. In this context, other innovative communication options become critical for changing behaviour.

SMC took up the strategy of carrying the media to the people by initiating the Mobile Film Program (MFP). To bridge the communication gaps, MFP goes around villages with films and screens them for free. This program has been initiated in 1980. The objective of MFP is to inform people on health and family planning issues through enter-education films in order to enable the target audience to become well informed and be motivated to resort to desired and correct health and FP practices.

The films illustrate topics on family planning, maternal and child health, AIDS prevention, ORT and other social priority issues like anti-trafficking, importance of education etc, through enter-education films. The target group of MFP is the people in village, union, thana, upazila level and the secondary audience includes community leaders, influential people at domestic and community level, who can motivate the primary target group.

SMC operates 8 mobile video units attached to Dhaka, Mymensingh, Sylhet, Chittagong, Barisal, Khulna, Rangpur, and Bogra sales offices, organizing approximately 176 shows across the country in a month. SMC believe each show covers 1500 audience on average.

1.2 The MFP Show

At present the show is held with a maximum duration of 2 and a ½ hours. A special video has been prepared for this purpose. The video contains several drama on topics

of interest, some Bangla movie songs, SMC product advertisement, and some non-SMC product advertisement.

The following table (Table 1) gives description of the film show content:

Table 1: MFP show contents

Content	Approximate Duration
Child Education	10 min.
Family Planning	13 min.
Somaject	17 min.
Trafficking in Women	10 min.
ORS	15 min.
STI/STD and HIV/AIDS	42 min.
Tuberculosis	10 min.

The MFP teams are equipped with latest audiovisual equipments like DVD player, multimedia projector, audio system etc.

Each of the MFP teams, at the beginning of the month, plans where they will arrange show. The MFP team reaches a show location in the afternoon and makes announcements about film show which is later held at a specified place in the evening.

1.3 Objectives of the Study

The MFP has been active for a very long time and there was a felt need to have an assessment of the MFP teams' performance in terms of holding shows as per plan. Also, an assessment was needed to check the outcomes of such shows.

The study was conducted to assess the process and immediate outcome.

The broad objectives of the study stood was to assess:

- MFP teams performance in terms of
  - Punctuality
  - Audience composition
  - Show arrangement and management quality
  - Proper announcement and product sale
- The outcome of the show among the target audience in terms of:
  - Content recall
  - Change in awareness of various FP methods
  - Change in awareness on causes, transmission route, and ways of prevention of STI/STD, HIV and AIDS, TB, Diarrhea, Aneamia, IDD, etc.

- Change in awareness on issues like education, trafficking in women, etc.
- Awareness of Sponsor, new information learned, and other ads noticed

Chapter 2 Study Methods

2.1 Study Design

The study was carried out in a case control assessment design with a very small 'control' component.

Under this study design, the control sample came from a preliminary assessment of the target population's knowledge and awareness level immediately before they were exposed to the MFP show. This sample was only nationally representative and does not represent the individual unit areas separately. The test sample were those who attended the show and were interviewed on the next day of the show.

As part of process assessment observational data was collected prior to the show and during the actual film show.

2.2 Source of Information

For assessing the process, information was mainly gathered via observation from the locality, from the pre-show activities of the MFP team, and from the actual show by observing organizers' activities, audience composition and their reactions.

For the outcome assessment, the target audience, i.e. men and women in reproductive age were the key target group. The control component covered all such men and women living in the area covered by the show, while the Test component, i.e. assessment among the group exposed to the show, was carried out among the show attendees (men and women).

2.3 Data Collection Technique

Process assessment took place via extensive observation. The research team arrived at the show location as per the monthly schedule of the MFP teams, collected information about the show area via observation and dialogue with knowledgeable people, followed the MFP team on their announcement routes, and observed the show proper. They used a mostly structured observation record sheet to record their findings. To ascertain audience size they applied various technique like dividing the audience into several blocks by imaginary lines or lines imagined in the direction of

hands and fingers and counting heads in each small block. Also the audience was counted at entry point. By these techniques an approximation was achieved, which is fairly accurate.

Outcome assessment among the target audience essentially involved face to face interviewing using a mostly structured questionnaire. The Control component respondents were randomly selected from the show locality and were interviewed at home prior to the show. The Test component respondents were selected randomly when they were leaving the show. They were later interviewed face to face using a mostly structured questionnaire. This questionnaire had all the questions for the Control respondents. More over it covered some additional questions on the show itself.

2.4 Sample Size and Sampling Procedure

MFP Units

All the 8 MFP units were selected automatically with 100% representation of the units.

Show Locations

The study selected 8 shows randomly from the monthly plan of each team – making total number of shows to be 64. However, the study was carried pout right after the severe flood when the monsoon was not over yet. For this reason though our study team arrived at the show locations, they found many shows did not take place. Eventually 45 shows were covered by the study. The details of the shows are shown in table 2 on the right.

Table 2: Region-wise Shows Sampled

Region	No. of Shows Covered
Dhaka	8
Bogra	6
Mymensingh	7
Barisal	4
Khulna	6
Chittagong	5
Rangpur	6
Sylhet	3
Total	45

Control and Test Respondents

Around 40 respondents were covered in a region as control sample and another 200 as Test sample. The details of the sample achieved per region is depicted in table 3 below:

Table 3 : Sample Size by Region

(No.)

	All		Male		Female	
	Control (Pre)	Test (Post)	Control (Pre)	Test (Post)	Control (Pre)	Test (Post)
Total	319	1550	161	820	158	730
Dhaka	40	201	20	101	20	100
Bogra	41	201	20	101	21	100
Mymensingh	42	200	21	118	21	82
Barisal	41	200	20	100	21	100
Khulna	39	201	21	100	18	101
Chittagong	35	200	17	100	18	100
Rangpur	41	200	22	100	19	100
Sylhet	40	147	20	100	20	47

2.5 Field Data Collection

For any study, the quality of data collection from the field is key to attaining study objectives. Thus, the next important task of selecting field team personnel was completed with much stringency. Field Supervisors/Quality Controllers were selected keeping into consideration the fact that apart from appropriate educational background, they should have notable experiences in i) field management; ii) quality control exercise in data/information collection from the field; iii) well conversant in such field surveys. The field enumerators where mostly selected from the pool of personnel available to the agency who have experience in conducting studies on sensitive issues.

8 teams were raised centrally at Dhaka for covering the 8 MFP zones. Each team comprised 1 supervisor and 4 enumerators. The enumerators were equally represented by male and female interviewers.

A training manual was developed for the field personnel, which was used to conduct the required training sessions. The manual contained detailed information on the basic objectives of the study, a description of the methodology and study design, coverage areas and target groups of the baseline survey, implementation plan and quality control mechanism and clarifications about the questionnaire. Specific training and direction was given on i) One-on-one interviews using the structured questionnaire ii) using the observational checklist.

The client and the core team- were present during the quantitative field briefing and training sessions in Dhaka at the MRC Mode Field office head quarters.

The data collection took place between 21.08.07 and 14.09.2007.

At every stage of data collection, quality was ensured with spot checks, back checks and scrutiny.

2.6 Data Entry, Checking, Cleaning and Analysis

All the questionnaires and observation forms were scrutinized at Dhaka. For coding the open-ended questions a coding scheme was developed and trained coders coded the open ended responses. After appropriate coding data was entered into the data base. The entered data was checked for accuracy and logical consistency. The data thus cleaned was used for analysis. The total database, obtained from the data entry, compilation and analysis, were harnessed in different manners and purposes to make out different tables, profiles and analytical figures, and also some graphics.

After completion of data entry, data checking and cleaning, various statistical analyses were performed including univariate analysis. A few cross analysis were carried out. To find out differences and associations of different variables, statistical tests such as t-test and F-test were performed. All statistical analysis was done using SPSS version 13. The data tables are attached as annexure to this document.

Chapter 3 The Show Process

3.1 Show Area Characteristics

The population of the area covered by each show was approximately assessed. The enumerators consulted relevant population statistics, talked to key informants like UP members, school teachers, etc. to find out approximate population of the area covered by the announcement activities in a spot. The average male female, and total population per show area for each zone is presented in the table below.

Table 4: Average Approximate Population of the area covered by miking by zone

(No.)

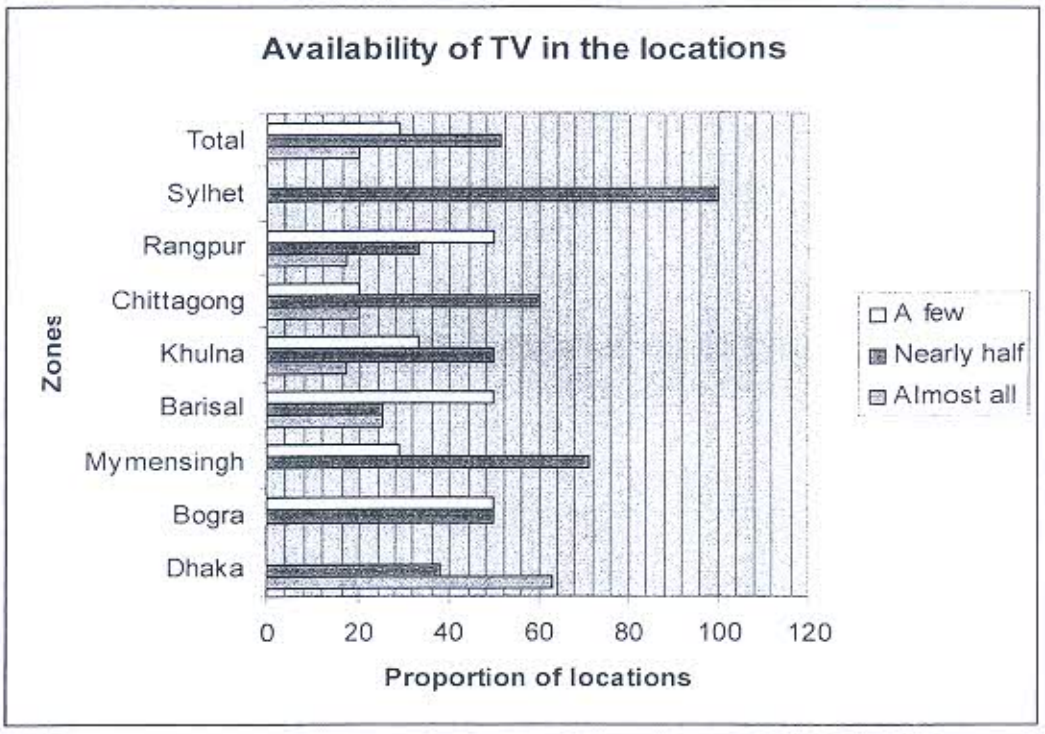
	Dhaka	Bogra	Mymensingh	Barisal	Khulna	Chittagong	Rangpur	Sylhet	Total
Total Zones	8	6	7	4	6	5	6	3	45
Male	5788	6250	2589	6625	3598	9600	2050	3467	4905
Female	5883	6350	2533	6625	3316	9380	1667	3133	4791
All	11670	12600	5121	13250	6915	18980	3717	6600	9696

It was found that the men to women ratio in all the centers were nearly equal or varied insignificantly. In Dhaka, Bogra, Barisal, and Chittagong zones the population covered was much higher than in the other four zones. On average each show covered a population of 9,696.

The main occupation (Ref: Annexure 1 Table 5) of most of the target audience households is agriculture (80%). In the Bogra, Mymensingh, Sylhet and Rangpur zones all had agriculture as their main occupation. Other zones had some people with other main occupation like business, fish trading, day laborers, service etc.

In the following chart we can see that of the 45 locations covered by the study, in 20% locations almost all households had TV, about half the households had TV in 51% locations and the rest 29% locations were very much media dark with only a few households owning TV.

Figure 1: Availability of TV in the Show Areas



At a zonal level, Dhaka zone spots were very much media rich as can be seen in the chart above that there were 63% locations where almost all households had a TV. On the other hand Rangpur, Barisal, and Bogra zones covered more of media dark areas, 50% spots in each of these zones had a few TV owning households.

There were various types of schools in the surrounding areas of the show locations, like GOB, NGO, and private schools. There were on average 3.6 schools in the show areas. In 9 out of 45 locations there were no schools. Such spots are located in Dhaka, Barisal and Sylhet zones. Rangpur, Bogra and Khulna spots had higher number of schools compared to the other zones (Ref: Annexure 1 Table 9).

76% spots had some form of health care facilities while 24% did not have any. The main facilities are Govt. hospital (22% locations), satellite clinics (18%), union health complex (13%), etc (Ref: Annexure 1 Table 10)

3.2 Announcement of the Show

For mobile film sessions in each center, mike announcements at various spots of the locality were made to inform the local people about the MFP show.

The mike announcements were done mostly in the afternoons. As it is evident from the next table for all the spots combined, the announcement started between 3.30 and 5.30 pm and ended between 4.00 and 7.00 pm.

Table 5: Start time and end time of miking in All locations (in %)

Centre : All		
Time	**Start**	**End**
3.30-4.00	29	0
4.00-4.30	24	7
4.30-5.00	20	9
5.00-5.30	16	24
5.30-6.00	11	40
6.00-6.30	0	18
6.30-7.00	0	2

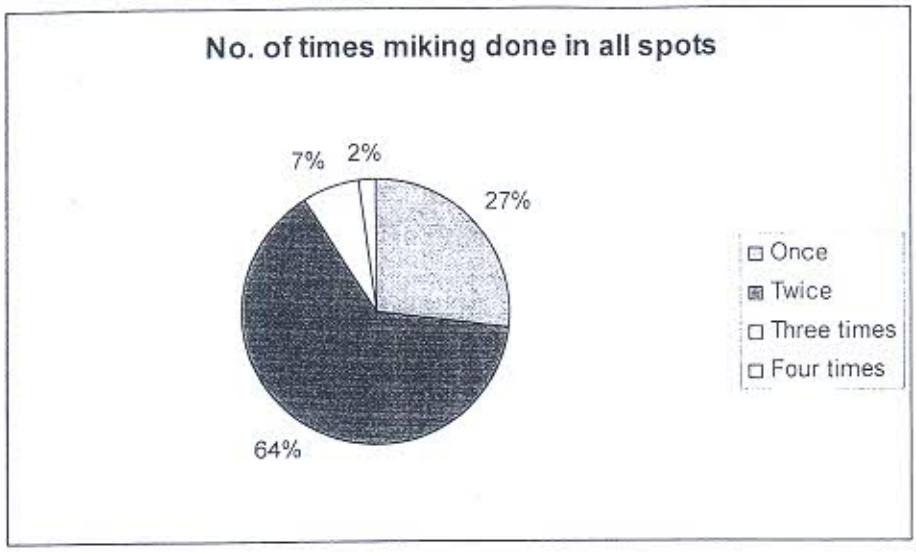
3 out of 45 spots carried out announcement for up to 45 minutes, 11 spots for 46min.-60min., 7 spots for 61min-75min, 17 spots for 76min-90 min, and another 7 spots carried out announcement for more than 90 minutes.

Table 6: Duration of miking in All locations (in %)

Duration	% Spots
16-30 min	2
31-45 min	4
46-60 min	24
61-75 min	16
76-90 min	38
90+ min	16

The following chart depicts proportion of locations where announcements were made once, twice, thrice or four times.

Figure 2: No. of times miking done



In a majority of nearly two thirds of the spots the announcement was made twice, while in a substantial proportion of spots (27%) the announcement was made once. Announcing thrice or more happened only in 9% spots.

Table 7: Number of times miking done

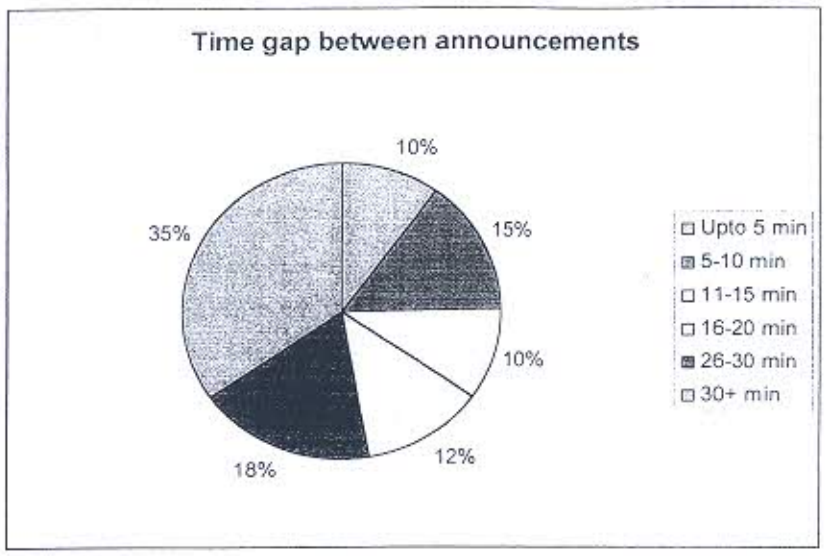
(%)

	Dhaka	Bogra	Mymen singh	Barisal	Khulna	Chitta gong	Rangpur	Sylhet	Total
Total	8	6	7	4	6	5	6	3	45
Once	0	50	14	75	33	0	50	0	27
Twice	88	50	86	0	67	100	50	33	64
Three times	13	0	0	0	0	0	0	67	7
Four times	0	0	0	25	0	0	0	0	2
Mean score	2.1	1.5	1.9	1.8	1.7	2	1.5	2.7	1.8

In Sylhet announcements were made thrice in majority of the spots (67%). Announcing only once in 50% or more spots happened in Bogra, Rangpur, and Barisal zone spots. Otherwise in majority spots announcement was made twice.

There was a short time gap between two consecutive announcements. The average gaps are shown in the following chart for all the spots combined.

Figure 3: Time gap between two successive announcements



The mean gap between announcements is 17 minutes.

Table 8: Time gap between two consecutive miking announcement

(%)

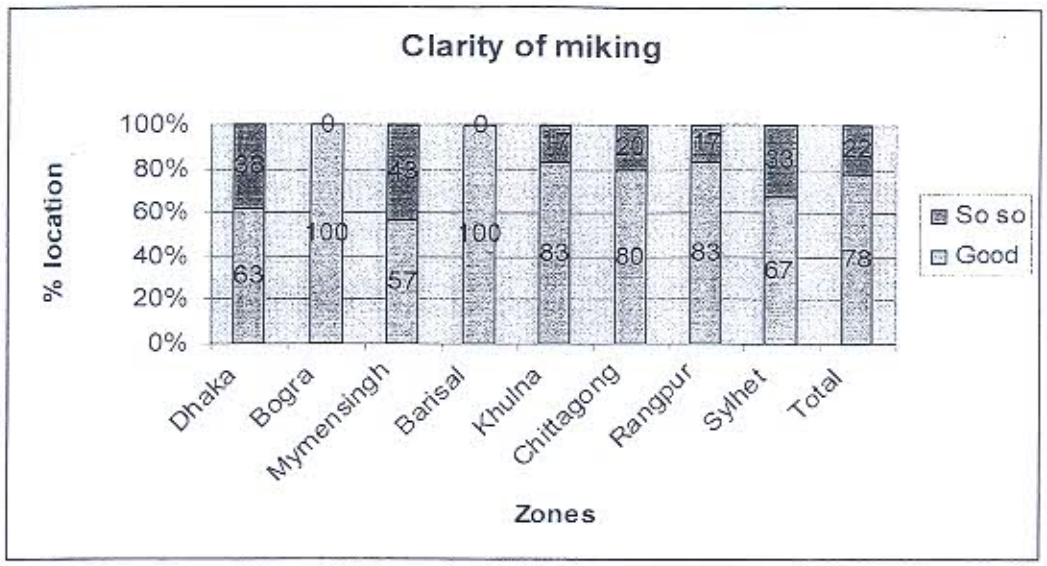
	Dhaka	Bogra	Mymen singh	Barisal	Khulna	Chitta gong	Rangpur	Sylhet
Total	8	6	7	4	6	5	6	3
Upto 5 min	0	0	0	25	17	0	17	33
5-10 min	0	0	14	0	17	60	17	0
11-15 min	13	0	0	0	33	0	0	33
16-20 min	13	17	0	0	33	0	0	33
26-30 min	50	0	43	0	0	0	0	0
30+ min	63	33	71	25	0	0	17	0
Mean Time (Min.)	24.4	22.5	27.1	10.3	14.2	6	10.3	12.3

Relatively higher average gap was noticed in Dhaka (24 min.) and Mymensingh (27 min.). On the other hand very short gap was noticed in Chittagong (6 min.).

On average, upto 1.9 Km distance has been covered for miking. In Sylhet, however, this coverage is much higher – 4.3 Km, while in Bogra, Chittagong, and Rangpur it is 1.3 Km, 1.2 Km, and 1.2 Km respectively.

The quality of announcement in terms of clarity and audibility as observed in various centers are presented in the chart below by zone:

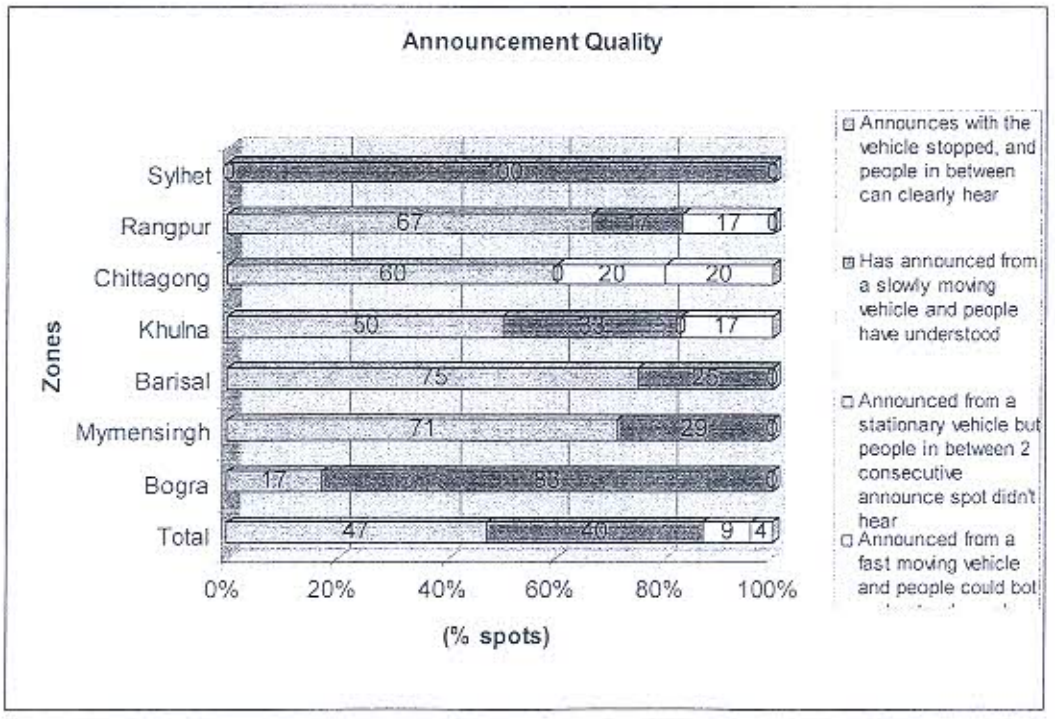
Figure 4: Clarity of announcement by miking



Little over three fourths of the locations saw clear announcement. While all Bogra and Barisal spots experienced clear announcement, quality was relatively poorer in the Mymensingh, Dhaka, and Sylhet zones.

The following chart depicts the quality of the announcement.

Figure 5: Quality of Announcement

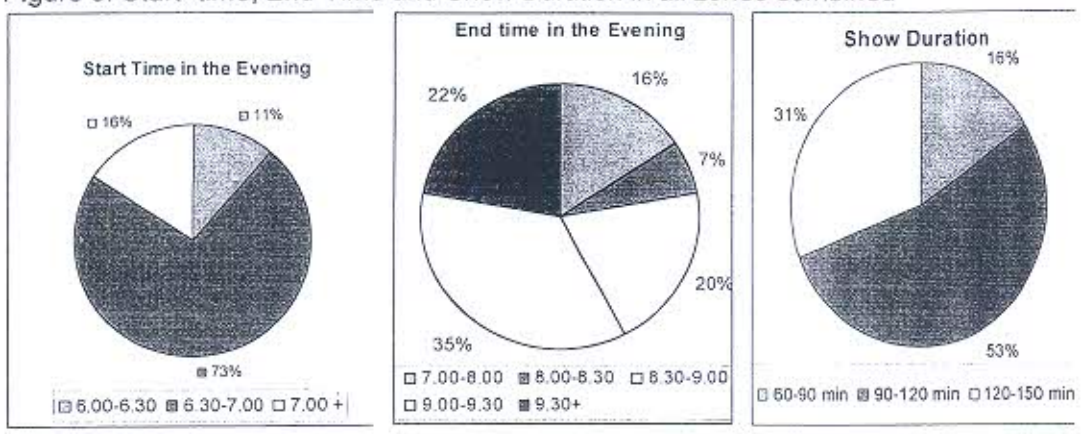


In most cases the announcements were made in a fashion so that people could understand. For this, in 47% spots it was seen that the vehicle was announced while announcing and the distant for the repeat was such that people in between the two locations could understand what was said. In another 40% spots the announcement was made from a slow moving vehicle. It appears from the chart above that announcement quality suffered to some extent in Chittagong, Rangpur and Khulna.

3.3 The Show Proper

In all the centers the show started around evening. The average starting time, ending time and duration of the shows at all the centers covered are shown in the following Chart

Figure 6: Start time, End Time and Show Duration in all zones combined



Most of the shows (73%) started between 6.30 pm and 7.00 pm in the evening. Khulna zone, however, is late to start than others as 80% of the shows started there after 7:30 in the evening.

Not all shows had the equal duration. 16% shows ended within 1 hour to 1 ½ hour of start. The majority of the shows (53%) continued for 1 ½ hours to 2 hours. Nearly one third (31%) of the shows continued for over 2 hours. In Rangpur and Sylhet in nearly half the places the shows were rather shorter.

Most of the shows (78%) ended by 9:30 pm and only nearly a quarter continued afterwards. Particularly in Khulna where shows started late too, 80% shows continued beyond 9:30.

In the next three tables the zonal variations in the start time, end time and durations of the show are depicted.

Table 9: Show Start Time by Zone

Time (PM)	Dhaka	Bogra	Mymensingh	Barisal	Khulna	CTG	Rangpur	Sylhet
6.00-6.30	25	0	0	0	0	0	0	75
6.30-7.00	75	100	100	100	17	80	80	25
7.00 +	0	0	0	0	83	20	20	0

Table 10: Show End Time by Zone

Time (PM)	Dhaka	Bogra	Mymensingh	Barisal	Khulna	CTG	Rangpur	Sylhet
7.00-8.00	0	17	14	25	0	20	20	50
8.00-8.30	13	0	14	0	0	0	0	25
8.30-9.00	25	50	43	0	0	0	20	0
9.00-9.30	63	33	29	50	17	60	20	0
9.30+	0	0	0	25	83	20	40	25

Table 11: Show Duration by Zone

Time (PM)	Dhaka	Bogra	Mymensingh	Barisal	Khulna	CTG	Rangpur	Sylhet
60-90 min	13	17	0	0	0	20	40	50
90-120 min	75	67	86	50	17	60	20	25
120-150 min	13	17	14	50	83	20	40	25

The composition of the audience at different times of the show is shown in the following table.

Table 12: Average audience composition and size at different times of the show

(Avg. No.)

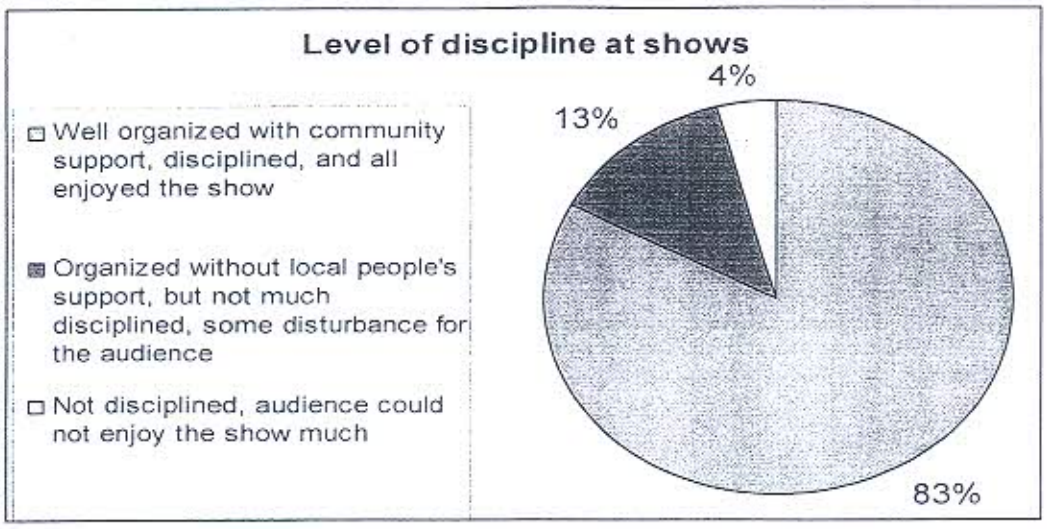
Time of Show →	Beginning	Middle	End
Base	45	45	45
Adult male	172.8	263.2	159.6
Adult female	57.1	84	47.7
Other non-adult boys & girls	103.3	137.5	87
Total	333.2	484.7	294.3

The show audience size ranged between 294 and 484 on average at different times of the show. In Barisal and Rangpur the attendance was much higher than the average; on average 705 audience in Barisal and 738 in Rangpur attended the shows at the beginning. On average 94 audience were seen watching the show from outside the venue. Attendance of women was relatively much lower than that of men, particularly in Chittagong and Sylhet. Generally, relatively much lower attendance is noticed in Dhaka, Chittagong and Mymensingh spots. (Ref: Annexure 1 Table 22-26i)

In 69% locations of the shows the projectionists' speech was presented smartly and clearly. However, Bogra is an exception where only 1 out of the 6 spots the projectionist made the speech clearly. (Ref: Annexure 1 Table 21)

In most cases (83%) the shows were well organized, the audience was disciplined and they enjoyed the show.

Figure 7: Level of Discipline at the Shows



In this respect 1 out of 6 spots in Khulna and 1 out of 5 spots in Chittagong discipline was lacking resulting in poor attention level and enjoyment (Ref: Annexure 1 Table 28). In 82% spots attention level of the audience was observed to be very high while in the rest of the spots attention was at a moderate level (Ref: Annexure 1 Table 29).

Table 13: Level of involvement with the show

(No.)

Slot	Clapped	LOL	Clap & LOL	Silence	Uneasy	Emotional
0-30 min	19	78	57	27	6	4
31-60 min	26	75	79	49	29	8
61-90 min	15	31	19	40	21	31
91-120 min	12	31	14	37	22	45
120+ min	11	34	10	21	9	21
Total	**83**	**249**	**179**	**174**	**87**	**109**
Average per show	**1.8**	**5.5**	**4.0**	**3.9**	**1.9**	**2.4**

The show appears to have attained high level of involvement of the audience. The audience laughed out loudly (LOL) on average 5.5 times per show. The incident of LOL is much higher within the first two 30 minutes slots. They also laughed and clapped an average of 4 times per show, again more frequently within the first 1 hour of the show. Between 30 minutes and 90 minutes of the show level of silence increased, along with the level of uneasiness. Emotional involvement appears to be high after 1 hour of the show.

3.4 ORS Selling

In nearly 47% shows ORS was sold. In the Dhaka, Barisal and Rangpur locations no sale was made during the observations. The announcement of the sale was made at the beginning of the show in 20% cases and in the middle of the show in 27% cases. The sale was made in the beginning in 4% cases, at show end in 18% cases and during the show in 24% cases. On average 24 packs were sold per show where ORS was at all sold. (Ref: Annexure 1 Table 30-33).

Chapter 4 The Outcome of the Show among the Audience

4.1 Profile of the Respondents and their Household Characteristics

General Profile

The research covered two types of respondents for face to face interviews in terms of their exposure to yesterday's film show – interviewed prior to the show (Control), and on the next day of the show (Test). As the focus of the study has been on the audience exposed to the film show, the 'pre' or Control respondents were much fewer than the 'post' or Test ones. The profile of both the respondents groups show similarity and hence justifies comparison between the responses of these two groups of respondents.

Table: 14 Profile of the respondents

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Age in years						
Upto 20	12	20	8	18	16	22
21-25	24	29	24	28	25	29
26-30	27	24	26	24	27	24
31-35	15	13	17	14	12	12
36-40	12	9	9	10	15	8
41+	10	6	16	7	4	4
Mean Age (in year)	29.8	27.8	30.9	28.2	28.6	27.3
Marital Status						
Married	82	75	73	65	91	86
Unmarried	17	24	27	35	7	12
Divorce	0	*	0	*	0	1
Separated	*	*	0	0	1	1
Widowed	1	1	0	0	1	1
Mean Number of Children of the married	2.4	2.1	2.4	1.9	2.4	2.2
Education						
Illiterate	28	28	27	25	28	31
Primary education (from 1 to 5)	31	31	31	27	30	35
From six to ten	27	28	24	31	30	25
SSC	7	7	9	8	6	5
HSC	3	5	5	6	2	3
Graduate	3	1	4	2	3	1
No response	1	*	1	*	1	*
Occupation						
Farmer	17	14	34	26	0	1
Housewife	42	37	1	1	84	77
Small business	17	16	27	25	6	4
Skilled work like tailoring/blacksmith	4	5	7	9	2	1
Rickshaw Puller	2	6	4	11	0	0
Garments job/Factory job	2	3	3	2	0	2
Household work	*	1	0	1	1	2
Tuition	1	*	1	*	0	*
Student	4	5	6	7	3	2

Shop work	*	2	1	4	0	*
Other labor/manual work	4	4	7	6	2	1
Other job	4	2	5	3	3	2
Unemployed	3	4	5	4	1	4
Owns Land	86	90	85	90	86	91
Ownership of Durables (Major ones)						
Color television	11	10	12	12	11	9
Black and white television	28	26	29	28	28	25
VCD player	6	6	8	6	4	5
Cable connection	3	1	2	1	3	1
Radio	19	22	17	30	22	13
Cycle	29	31	33	38	24	22
Fan	36	35	33	39	39	30
Mobile phone	29	30	30	37	28	22
Iron	10	5	7	5	13	4
Cabinet	45	36	47	37	42	34
Bed	74	71	71	63	77	81

Eighty five percent of the Control group sample was Muslims as against 89% of the Test group. The sample shows that the control group is slightly older than the exposed group. As the survey among the control group was possible to carry out among the general target audience, it represented their age properly. However, it is likely that a little younger group visited the film show than the average population. The control sample men and women are aged on average 30.9 years and 28.6 years respectively as against 28.2 years and 27.3 years of the experiment group. 73% of the respondents went to any school/ *madrassa*. While men were mostly involved in farming and small business, women were predominantly homemakers.

The sample comprised mostly of married men and women. While 35% men visiting the show were unmarried, only 12% female audience was unmarried. The average number of children of the show audience was 2.1 compared to the control group's 2.4.

86% of the control sample and 90% of the exposure group own some land. Little over one third of the sample owns TV, nearly three fourths own a cot, little over one third of them own a fan, and nearly one third of them own a bicycle. Nearly half the respondents have electricity connection to their households, while 16% - 21% sample owns a phone.

Source of Water

The respondents were asked about their source of drinking water. They were also asked to inform the source of water for dish and utensils washing. There responses are summarized in the following table:

Table 15: Source of water for drinking and dish washing

(%)

	Drinking		Washing dishes	
	Control	Test	Control	Test
Total	319	1550	319	1550
Tube well at home	67	69	62	67
Tube well out of home	18	20	10	11
Tap inside home	6	5	7	5
Tap outside the home	6	4	3	2
Pond	1	1	17	12
Well	*	1	*	1
Others	1	1	2	2
DK/CS	0	*	*	1

The predominant source of drinking water is tube well; nearly 85% of the households use tube well water for drinking purposes. For dish washing, however, slightly higher dependency is observed on natural sources: 15% to 20% of the respondents use sources like ponds, rivers, etc.

Latrine Facility

Table 16 below describes the latrine facility present in the respondents' households.

Table 16 :Latrine facility

(%)

	All	
	Control	Test
Total	319	1550
Sanitary latrine	48	57
Ordinary latrine	45	39
Open place	7	4

48% Control households and 57% test households have sanitary latrine facility. It appears that slightly more conscious than average people visited the show.

Media and Leisure Habit

The media habit data indicates that rural men are more exposed to mass media than women. The following table indicates use of media by the target group:

Table 17: Media Use

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Watches TV	79	84	86	91	72	76
Listens to the radio	32	34	36	47	27	18
Reads Newspaper	24	26	39	41	9	9

Seventy nine percent Control group respondents and 84% Test group respondents watch TV. In table 18 below it is depicted that among the TV watchers frequency of watching is more or less similar in both the Test and Control groups. 52% Test group respondents and 51% Control group respondents watch TV daily. Twenty three percent control group respondents watch TV once in 2-3 days while this is the case for 27% of the Test group respondents.

Table 18: Frequency of watching TV

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Base: Those who watch TV	251	1300	138	747	113	553
Daily	51	52	51	53	52	49
Once in two or three days	23	27	23	33	22	20
Twice a week	14	13	12	9	18	17
Once a week	7	6	7	3	6	9
Once in two week	2	2	3	2	2	4
Once in a month	2	*	4	1	0	0
Frequently	0	*	0	*	0	*

Radio listening habit, however, is very low among the target group – only about one third of the respondents from both the groups listen to the radio (Table 19). It is evident from table 19 below that of those who listen to the radio 42% in the control group and 53% in the test group listen daily.

Table 19 :Frequency of listening to the radio

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Base: Those who listen to the radio	101	520	58	389	43	131
Daily	42	53	36	51	49	60
Once in two to three days	33	28	28	29	40	25
Twice a week	13	9	17	10	7	8
Once a week	7	4	10	4	2	3
Once in a fortnight	1	2	2	2	0	2
Once in a month	3	2	3	3	2	0
Less frequently	2	2	3	1	0	2

Among the literates, 31% from the control group and 35% from the test group read newspaper. These figures are lower, when calculated in the base of all respondents – about a quarter of all respondents read newspaper (Table 17). While nearly 40% men read newspaper, only 9% women do the same.

The following table summarizes the pastime activities of the respondents.

Table 20 : Pastime activities

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Adda (Chit-Chat)	72	69	70	67	74	72
Watching television	26	29	22	30	31	27
Sleeping	27	28	27	24	27	32
Listening to music	8	6	5	6	10	5
Reading book	5	5	7	6	2	4
Sewing *kantha*	3	1	0	0	6	2
Playing sports	1	1	2	1	0	0
Hang out at different places	1	1	1	1	1	1
Read the newspaper	*	1	1	2	0	0
Others	2	3	2	3	1	2
DK/CS	0	*	0	*	0	1

The main pastime activities of the target group are *adda* (chatting), and then watching television. Sleeping is also a favourite pastime activity.

4.2 Diarrhea

In Bangladesh diarrhea is a major public health problem, particularly among children. One of the major areas of communication in the film show was diarrhea. The study checked awareness of the causes, prevention, management, and appropriate use of ORS among both the Test and Control groups to ascertain if the show had any incremental effect on the target audience.

Causes of Diarrhea

When asked what they knew about the causes of diarrhea, 98% of the respondents indicated one or more causes. In table 21 the causes of diarrhea mentioned spontaneously by the respondents have been summarized.

Eating stale food came out to be the most mentioned cause (76% in control and 77% in test group).

Drinking unsafe water was mentioned much more by the exposed group (54%) compared to the control group (44%). This appears to be the only major difference that the MFP has created.

The next most mentioned cause is 'living in an unhygienic place/environment'. 49% control group and 43% test group respondents indicated this. Other relatively highly mentioned causes are 'defecation in open spaces' (28% in control and 16% in test) and 'not using sanitary latrine' (22% in control and 17% in test).

Table 21 :Awareness of causes of diarrhea

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Taking stale food	76	77	75	78	76	77
By drinking unsafe water	44	54	48	61	39	46
Staying in a unhygienic place	49	43	42	42	56	45
Defecation in an open place	28	16	20	12	35	20
By not using sanitary latrine	22	17	12	15	32	19
Not washing hands before eating	5	4	2	3	7	5
Due to bad air	3	4	2	2	4	6
By another people	1	2	1	1	1	3
Flies seat on food	2	1	2	1	1	*
Others	9	5	6	4	13	7
DK/CS	2	2	2	3	1	2

Ways of prevention of diarrhea

Various ways of prevention of diarrhea were also mentioned by the respondents, which are depicted in the following table.

Table 22 :Awareness of ways of prevention of diarrhea

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Not eating stale food	56	56	57	59	54	53
Drinking boiled water	32	35	40	43	24	27
Washing hands with soap/ash after defecation	29	23	23	25	36	21
Washing hands using soap before eating	26	24	23	23	28	26
Cleaning dishes using safe water	24	18	22	15	26	21
Using sanitary latrine	23	15	17	12	28	18
Cleaning the house and surrounding	23	22	14	15	31	29
Keeping food covered	22	18	14	13	30	22
Drinking water from deep tube well	21	23	19	28	23	18
Not taking open food at market place	17	21	17	18	17	25
No open place defecation	14	9	11	8	17	10
Drinking green spout tube well water	7	8	6	8	8	8
Disposing garbage at a specific place	4	2	6	2	1	2
Not throwing stool in the pond/river	1	1	1	1	0	1
Others	5	3	4	2	6	4
DK/CS	1	2	2	3	1	2

In terms of prevention, a number of measures have been spontaneously mentioned by the respondents. The major ones are related to avoiding stale/rotten food and drinking safe water. The only area of higher mention by the test group, though marginally, is related to drinking safe water, which can perhaps be attributed to the show. In case of other preventive measures, no improvement in awareness is noticed.

Though food and water have high salience in the target group's mind, other important preventive measures related to hygiene practice like washing hands with soap at critical times, using sanitary latrine, keeping surrounding areas clean etc. are not highly salient.

Management of diarrhea and ORS

Diarrhea management is well known to the target group.

Table 23:Awareness of management of diarrhea

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Take ORS	97	96	98	96	96	96
See the doctor	42	29	47	33	38	25
Take medicine	11	8	10	10	11	7
See the kobiraj	1	1	0	1	2	1
Others	1	1	1	1	0	1

Almost all know that ORS is to be given to the diarrhea patient. Interestingly, mention of seeing a doctor is much less in the Test group (29%) compared to the Control group (42%). Perhaps the MFP communication helped on this as to not to see a doctor as long as diarrhea can be managed at home.

The sources of awareness of diarrhea, as spontaneously mentioned by the respondents, are shown in the following table:

Table 24 :Sources of information on ORS

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
MFP	**3**	**48**	**4**	**55**	**1**	**42**
Television	69	74	71	76	66	71
Doctor	34	31	30	34	39	28
Health worker	23	15	15	12	31	19
Relatives	19	13	12	5	26	21
Radio	18	20	22	31	13	7
Friends	14	10	19	9	9	10
Newspaper	4	5	6	8	3	2
Village meeting	2	1	1	*	3	1
Cinema hall	*	1	1	1	0	1
Poster	2	2	2	3	1	1
Billboard	*	1	0	1	1	*
Others	2	1	1	1	4	1
DK/CS	6	6	7	7	6	4

MFP appears to be extremely successful in being yet another source of information on ORS and reinforcing the messages and communication on it in an appealing manner. 48% of the show attendees spontaneously mentioned that they had known about ORS at the film show. Television otherwise remains the mostly accessed source. Doctors, health workers and word of mouth are also key sources of information on ORS.

When asked where ORS is available, many spontaneous responses came which are summarised in the table below:

Table 25 :Awareness of source of ORS

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Small convenient store	62	61	71	67	53	55
Pharmacy	57	59	61	66	54	51
Doctor's	51	44	51	45	51	42
Hospital	24	24	16	24	32	25
Health worker	6	2	5	1	8	3
MFP	1	6	1	4	1	9
NGO worker	1	1	1	1	1	1
Others	*	*	1	*	0	*
DK/CS	6	6	6	7	6	5

Awareness of sources of ORS is similar across the test and control groups. The top sources of ORS are small grocery shops, doctors', pharmacy, and hospital. It has been noticed that among women awareness of grocery shops as a source is lower than among men.

The packaged ORS market has become highly competitive and there are many packet ORS brands available in the market. They respondents were asked to indicate the brands they were aware of. Their awareness data was collected at two levels – spontaneous and aided. At the spontaneous level they mentioned any ORS brand that came into their mind. Subsequently, at the aided awareness stage, they were prompted with the brand names not mentioned by them earlier and they were asked to indicate if they had heard the name. They were also asked for the brands thus mentioned as to if they had ever used the brand. Their responses are indicated in the table that follows.

Table 26 : Brand Awareness and Use

(%)

	Brand Awareness						Brand Use	
	Spontaneous		Aided		Total		Ever Used	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Total	319	1550	319	1550	319	1550	319	1550
Orsaline	94	96	4	3	98	99	87	91
Tasty Saline	46	44	34	43	80	86	43	44
BRAC Saline	14	14	34	35	48	49	12	10
Orsaline Fruity	7	17	32	38	39	56	6	12
Orsaline-n	5	8	34	38	39	46	7	8
Universal Saline	3	2	20	16	22	18	1	1
Ibn Sina Saline	1	*	11	10	12	10	0	*
Neo Saline	1	1	4	6	5	6	1	*
Nutri Rice	*	1	5	4	6	5	*	*
Oral	1	1	0	*	1	1	1	*
Others	4	3	18	15	2	*	8	6

Orsaline is the brand which is most known and most ever tried. The similar level of awareness and ever use of the brand among both the control and test groups implies that it has been popular for long and the MFP has little room for increasing its already very high awareness. However, in case of Orsaline Fruity the MFP's role is well pronounced. While only 39% respondents in the control group are aware of the brand, its total awareness level is 56% among the test group.

Of all the competition brands Tasty saline appears to be very much well known among the target audience. Its awareness is at least 80% among the audience. 43% respondents have also tried this brand. A distant competition is BRAC Saline with about 48% awareness and 12% ever trial.

As has been mentioned that MFP has played a very useful role in creating awareness of Fruity, this can be confirmed from the responses of the respondents as to their source of information on Orsaline Fruity.

Table 27 :Source of information on ORS Fruity

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (Aware of Fruity)	124	861	67	497	57	364
MFP	**3**	**69**	**4**	**77**	**2**	**59**
Television	76	61	75	55	77	69
Doctor	32	19	31	25	33	11
Radio	9	8	9	11	9	3
Health worker	9	4	7	5	11	3
Relatives	9	4	3	1	16	7
Friends	6	4	9	6	2	2
Poster	2	1	4	1	0	0
Newspaper	1	3	0	4	2	1
Others	5	1	9	1	0	1

While Doctors and TV are the main sources of awareness of Orsaline Fruity for the general people (i.e. the control group), the most mentioned source of awareness of Orsaline Fruity among the exposed group is the MFP show (69%).

The awareness of source of Orsaline Fruity is more or less similar across the Test and Control groups as is evident from the table below.

Table 28 :Awareness of source of Orsaline Fruity

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (Those aware of Fruity)	124	861	67	497	57	364
Pharmacy	68	69	72	78	63	57
Small convenient store	51	49	55	52	46	46
Doctor's	44	37	39	38	49	35
Hospital	15	15	10	13	19	16
MFP	2	17	3	16	2	18
Health worker	2	1	1	1	2	1
NGO worker	0	*	0	1	0	0

One observation about the awareness of source of Fruity is that while the highest proportion of the respondents think Orsaline is available in grocery stores, this perception is relatively lower in case of Orsaline Fruity (49% - 51%). Most respondents rather indicated that it is available in the pharmacies (68%-69%).

The respondents were asked about the quantity of water that should be added to one pack of Orsaline Fruity. In the table below their responses in this regard are summarized.

Table 29 :Awareness of amount of water for 1 pack Orsaline Fruity

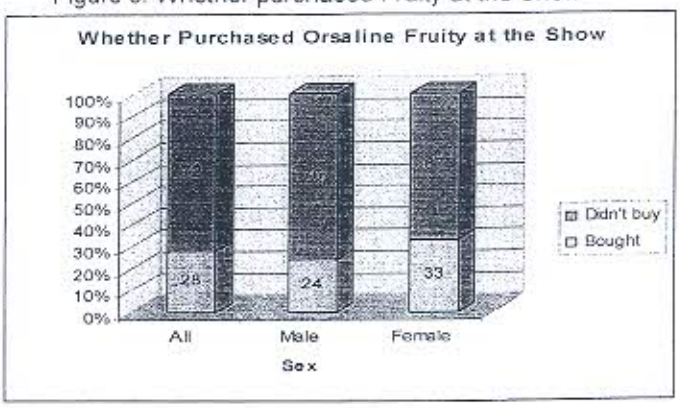
(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (Those aware of Fruity)	124	861	67	497	57	364
500 ml	83	68	84	70	82	67
250 ml	9	23	7	20	11	27
1 Litre	2	1	4	1	0	1
200 ml	0	1	0	1	0	1
DK/CS	6	6	4	7	7	5

Majority of the Control and Test group respondents knows that half a litre water needs to be added to 1 pack of Orsaline Fruity. However, this awareness is much higher in the control group (83%) than in the Test group (68%). In the Test group nearly a quarter of the respondents thinks that 1 pack of Orsaline Fruity needs to be added to 1 glass or 250 ml water.

Finally, when the respondents were asked if they had purchased Orsaline Fruity at the film show, twenty-eight percent of the respondents reported that they had purchased Orsaline Fruity at the show. 33% women and 24% men made the purchase.

Figure 8: Whether purchased Fruity at the Show



When the respondents (those who did not purchase) were asked why the did not buy Orsaline Fruity at the show, they came up with quite a few answers, which are summarized in the table below.

Table 30 : Reasons for not buying ORS Fruity at the show

(%)

	All	Male	Female
Total (Those who did not purchase)	297	195	102
Have no need	46	54	31
Was not sold	26	22	35
Did not have any money	13	14	12
Available in the market shop	2	3	1
Has at home	2	2	1
Sold by male that is why I did not buy	1	0	1
Because of not coming on time	*	0	1
No male person was with me	1	1	1
DK/CS	12	8	20

The main reason for not buying Orsaline Fruity at the show is no need or urgency because there were no diarrhea patient at home. Not carrying any cash is also a barrier to purchasing at the show.

4.3 Family Planning

In Bangladesh, family planning communications and intervention programs have reached people for decades. The current emphasis is to popularize more medium term, longer term and terminal methods to bring in downward trend in the platueing TFR.

SMC, in this context, markets condom, pills and injectables. The show highlighted FP and these products.

What is Family Planning

The respondents were asked what they understood by 'family planning'. As the concept of family planning is nothing new to the audience, no major difference was noticed in the perceptions of the control and test groups. Their opinions are presented in the table below.

Table 31: What is understood by FP

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Keep the family small	75	71	73	74	78	67
Take 2 children	28	26	32	29	23	23
Take pill	18	17	6	11	31	23
Take one child	8	6	11	7	6	5
Space child birth	5	10	5	10	5	11
Use condom	5	11	3	13	7	9
Others	1	1	1	1	1	2
DK/CS	2	2	2	2	1	3

The understanding of the respondents is very clear that the family size to be kept small, which was mentioned by nearly three fourths of them. Another quarter of them thought taking at the most two children is family planning. Few also mentioned taking pills and using condoms constituted family planning. Hence, it is clear that the target audience is well aware of the purpose of FP. The MFP perhaps brought about an improvement in the low level of perceptions of 'using condom' and 'spacing child birth' each of which doubled from a low 5% to 11% and 10% respectively.

As MFP is reinforcing FP messages in an enter-educating film, the study checked what were the sources of FP related information for the target audience and how MFP featured in there. The sources of FP related information, as spontaneously reported by the respondents are presented in the table 32.

Table 32 :Source of awareness about FP

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
MFP	5	57	8	63	3	51
Television	72	73	78	78	66	68
Health worker	42	26	35	23	49	30
Doctor	24	22	19	28	28	16
Relatives	20	12	12	5	28	20
Radio	16	17	20	27	12	6
Friends	14	10	20	11	8	8
Newspaper	4	4	6	7	3	1
Cinema hall	1	1	2	1	0	1
Village meeting	3	*	2	*	4	1
Poster	*	2	1	3	0	1
Billboard	1	1	1	1	0	*
Others	4	2	1	1	7	2

On the next day of the show, 57% respondents reported MFP was a source of FP related information for them. Other major sources of information for the target audience are TV (72%), health worker (42%), relatives (20%), radio (16%), and friends (14%).

Contraceptive Methods

99% Control group and 100% Test group respondents claimed to be aware of one or more contraceptive methods. They were first asked to mention the methods that came to their mind, which are reported as spontaneous awareness. Then they were read out the methods they did not mention and were asked if they knew about those methods; such responses have been reported as aided awareness. The total awareness was derived by adding the two types of awareness. The methods awareness related findings are presented in the table below.

Table 33: Awareness of various contraceptive methods

(%)

	Spontaneous		Aided		Total	
	Control	Test	Control	Test	Control	Test
Total	319	1550	319	1550	319	1550
Pill	94	93	5	6	99	100
Condom	60	66	36	31	95	97
Injection	48	53	44	40	91	93
IUD/Copper T	14	9	37	37	51	46
Ligation	12	7	39	42	51	49
Norplant	9	6	27	27	36	32
Vasectomy	3	2	24	23	27	25
Natural method	1	1	24	29	25	30
Abstaining	*	*	13	14	13	15
Kabiraji/Ayrbedi/hekimi	0	1	15	15	15	15
Ajol/withdrawal	0	*	8	13	8	14
None	2	2	6	9	1	*

Awareness of pill and condom methods is near universal. However, when it comes to spontaneous recall, while almost all recall pill, only 60% to 66% recalls condom. Though more than 90% people are aware of injectables, its spontaneous awareness is little over half the total awareness – 48% control group and 53% Test group respondents recalled it spontaneously. Here, the slightly higher recall by the Test group can be ascribed to the show. From the SMC products point of view, the awareness levels of various methods have been satisfactory, and the reinforcement by the MFP show is likely to bear positive results in terms if adoption of these methods.

As far as the national FP issues are concerned, spontaneous awareness of longer term and terminal methods is very low. Total awareness of those after aiding is also at a moderate level. To eventually attain a replacement level fertility rate, the national population program needs to devise strategies and intervention for popularizing those.

The respondents were also asked which methods they ever used or were using then. Their responses are summarized below.

Table 34 : Use of contraceptive methods

(%)

	Ever Used		Current Use	
	Control	Test	Control	Test
Total	319	1550	319	1550
Pill	71	66	50	47
Injection	18	19	9	10
Condom	29	29	6	6
Natural method	5	4	3	1
Ligation	2	2	1	1
IUD/Copper T	1	1	1	*
Norplant	2	*	*	*
Abstain	1	1	0	*
Ajol/Withdrawal	1	1	*	*
Kabiraji/Ayrbedi/hekimi	0	*	0	*
Vasectomy	0	0	0	0
None	21	27	31	33

Pills have highest usage, at least 66% ever used pills, and another 47% are currently using it. Another 10% women are also using injectables while nearly double that has ever used it. However, male method use is very low at present– only 6% are using condom, though 29% ever used it.

The study also checked the sources of information on contraceptive methods. The sources are reported in the following two tables:

Table 35: Sources of awareness of temporary contraceptive methods

(%)

	Pill		Condom		Injection	
	Control	Test	Control	Test	Control	Test
Total	319	1550	319	1550	319	1550
MFP	2	40	2	38	3	44
Television	41	53	45	52	25	27
Health worker	37	38	29	30	36	33
Doctor	33	31	21	21	29	24
Relatives	16	13	14	11	15	10
Friends	5	7	7	9	6	5
Radio	3	9	5	9	3	5
Newspaper	1	1	1	1	1	*
Cinema hall	1	0	*	*	*	0
Village meeting	1	0	1	*	*	0
Poster	0	1	*	1	1	*
Billboard	*	*	0	1	1	0
Kobiraj	0	0	0	*	0	0
DK/CS	3	1	3	1	3	1

Table 31:Source of Awareness of Longer Term and terminal methods

(%)

	Norplant		IUD		Ligation		Vasectomy	
	Control	Test	Control	Test	Control	Test	Control	Test
Total	319	1550	319	1550	319	1550	319	1550
MFP	0	2	*	1	*	2	0	1
Health worker	13	14	23	24	20	19	12	10
Relatives	10	5	13	8	12	9	4	6
Doctor	7	8	12	12	13	14	7	5
Television	7	7	8	7	10	8	3	5
Friends	4	3	5	4	7	9	3	4
Radio	1	*	*	1	2	1	*	*
Newspaper	*	*	1	*	1	*	1	*
Cinema hall	0	*	0	0	0	0	0	0
Village meeting	0	0	*	0	*	*	0	0
Poster	0	*	1	*	1	1	1	1
Billboard	*	0	0	*	1	*	1	*
DK/CS	1	*	1	1	2	1	2	*

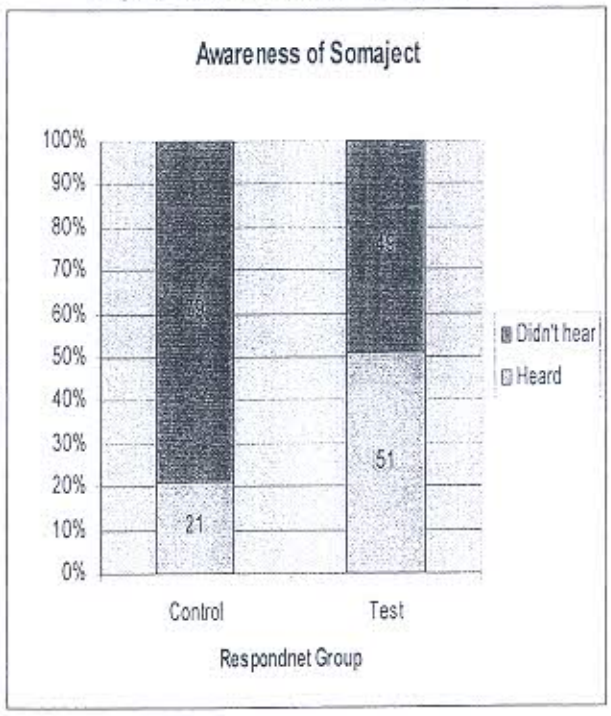
Television, health workers, doctors, and word of mouth appear to be the key sources of information on each type of contraceptive methods. However, for clinical methods particularly health workers and doctors are the leading sources of information. Among the MFP show participants, however, the highest mentioned source of information on injectables is the film.

Somaject and Blue Star

Ninety one percent respondents were found to be aware of injection method of contraception. They were asked if they heard of 'Somaject'. The chart on the right depicts the awareness of Somaject

Twenty one percent Control group respondents were aware of the name 'Somaject'. On the other hand, awareness of Somaject is 51% among the MFP show participants. Awareness of Somaject is much higher among women (27%) than among men (14%) in the Control group. In the Test group similar proportion of men and women are aware of Somaject.

Figure 9: Awareness of Somaject



On source of awareness of Somaject the respondents gave the following responses:

Table 37: Source of awareness of Somaject

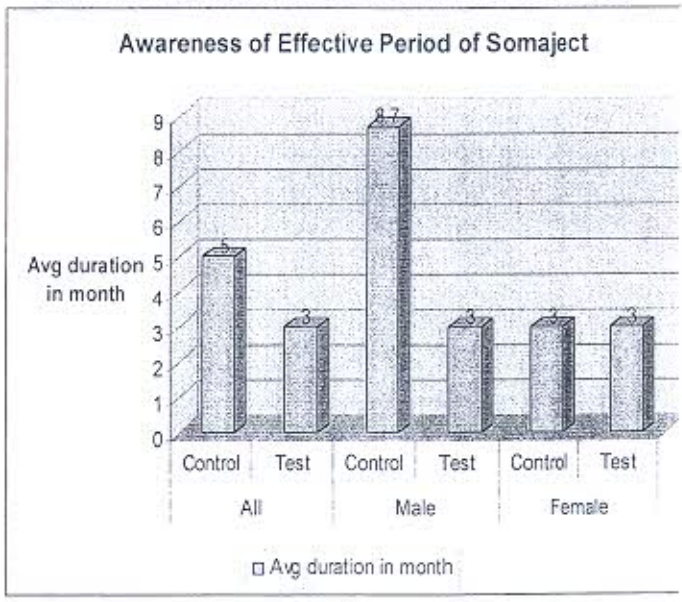
(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total Aware	66	794	23	435	43	359
MFP	**2**	**84**	**4**	**87**	**0**	**81**
Television	67	30	35	25	84	37
Doctor	47	23	43	31	49	13
Health worker	30	9	26	7	33	11
Relatives	12	3	4	1	16	6
Friends	6	3	9	4	5	1
Radio	3	4	4	5	2	1
Newspaper	5	1	9	3	2	0
Poster	3	2	4	3	2	1
Billboard	0	1	0	1	0	*
Others	6	2	9	3	5	1
DK/CS	0	2	0	1	0	3

In general TV (67%), doctors (47%), and health workers (30%) are the key sources of information where MFP show did not take place in the recent past. However, in the test group, 84% of those who are aware of Somaject recalled that they came to know about Somaject from the film show.

The awareness of effective period of Somaject is reported in the next chart. In the control sample men tend to have a higher than actual perception – they think Somaject injection works for 8.7 months on average. However, women in the control sample know that it works for 3 months. Both men and women in the test group know that Somaject has an effective period of three months.

Figure 10: Awareness of Effective Period of Somaject



The respondents were asked if they knew whether Somaject had any side effect. Their responses are summarized in the table below.

Table 38:Awareness of whether Somaject has any side effect

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	66	794	23	435	43	359
Yes	27	25	17	19	33	32
No	29	36	35	36	26	36
Dont know	44	39	48	45	42	31

While similar proportion of women (32%-33%) in both the Test and Control group think Somaject has side effects, only 17%-19% men know the same. A large proportion, however, are unaware of the side effect issue.

Table 39 :Awareness of side effects of Somaject

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (those know Somaject has side effect)	18	200	4	84	14	116
Less amount of menstruation	33	35	50	44	29	28
Spotting	28	36	50	33	21	38
No menstruation at all	39	23	25	8	43	33
Dizziness	11	11	25	17	7	7
Nausea	6	3	0	6	7	1
Excessive bleeding	6	5	0	8	7	2
Ache in abdomen/body	6	1	0	0	7	1
Causes ill health	0	1	0	2	0	0
Irregular menstruation	6	2	0	2	7	2
Body gets weaker	0	4	0	8	0	0
Spotting early on	0	1	0	2	0	0
White discharge	0	1	0	2	0	0
Others	0	4	0	7	0	2
DK/CS	0	3	0	4	0	2

The awareness on side effects of Somaject are mainly regarding menstruation. The main side effects mentioned are 'less amount of menstruation', 'spotting', and 'amenorrhea'. Other minor mentions in this regard are 'irregular menstruation', 'excessive bleeding' and 'spotting early on'.

In response to the question where Somaject is available, the following responses came from the respondents.

Table 38 :Awareness of source of Somaject

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (Aware of Somaject)	66	794	23	435	43	359
Blue Star outlet	11	31	17	41	7	18
Doctor's	52	46	57	40	49	54
Hospital	44	13	30	12	51	14
Pharmacy	29	23	35	26	26	20
Health worker	14	5	9	2	16	8
MFP	0	2	0	1	0	3
Small convenient store	0	2	0	1	0	3
NGO worker	2	1	4	*	0	1
Others	2	1	4	2	0	1
DK/CS	5	5	0	4	7	6

Blue Star outlet was mentioned mainly by the male respondents. 17% men in the Control Group and 41% in the Test group indicated it. In case of women, mention of Blue Star is much lower – 7% in Control Group and 18% in the Test group. However, doctor's in general came out strongly as 52% control group respondents and 46% test group respondents knew that it is available at the doctor's.

There is a marked difference in the control group and Test groups' view as far as availability of Somaject in the hospitals is concerned. While 44% control group respondents mentioned hospital as the source, only 13% test group members did so.

The other key sources mentioned are pharmacy and health workers.

Awareness of Blue Star was checked among all the respondents. The following table depicts the awareness level of the respondents.

Table 39 :Awareness of Blue Star

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Yes	11	29	15	37	6	19
No	89	71	85	63	94	81

11% control group respondents and 29% test group respondents knew about Blue Star. In both cases awareness is much higher among the men. 6% women in Control group and 19% women in the Test group knew about Blue Star.

Those who knew about Blue Star were asked to mention what they knew about Blue Star's function. Their responses are shown in the table below.

Table 40 :Awareness of activities of Blue Star centre

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (Those aware of Blue Star)	27	203	20	126	7	77
Injectable contraceptives available	37	49	35	50	43	47
Health care	11	10	15	8	0	14
FP service	11	8	15	10	0	5
Gives OCP	4	5	0	2	14	9
Create health awareness	11	3	15	2	0	5
Provide gynecological treatment	4	*	0	1	14	0
MR	0	2	0	0	0	5
STD treatment	0	1	0	2	0	1
Provides medicine for free	0	1	0	2	0	0
Suggestion on vaccination	0	1	0	2	0	0
Gives women FP card	0	1	0	2	0	0
Gives FP suggestions	0	*	0	1	0	0
DK/CS	30	24	25	24	43	25

49% Test group respondents and 37% Control group respondents mentioned that Blue Star provides injectable contraceptives. Other health care, and FP related services were also mentioned by few. Lack of awareness of Blue Star services is also prominent.

4.4 STI /STD

The MFP show had a fairly large part of the show devoted to STD and HIV/AIDS. When asked 86% of the sample respondents claimed to knows about STI /STD.

Table 41: Awareness of STI / STD

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Yes	86	86	89	89	82	83
No	14	14	11	11	18	17

On the sources of awareness of STI/STD various names were mentioned as can be seen from the following table.

Table 42 :Source of awareness of STI / STD

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total aware of STI/STD	274	1337	144	733	130	604
MFP	**4**	**50**	**5**	**53**	**2**	**46**
Television	75	74	75	80	75	67
Doctor	25	21	24	26	26	15
Friends	23	14	33	17	12	9
Health worker	20	13	15	11	25	15
Relatives	18	12	13	5	23	21
Radio	16	18	22	26	9	7
Newspaper	7	6	9	9	5	3
Poster	3	3	5	5	1	1
Village meeting	2	1	1	*	4	1
Cinema hall	0	1	0	1	0	*
Billboard	*	2	1	3	0	1
Others	7	2	6	2	9	2
DK/CS	1	1	1	1	0	1

50% respondents from the Test group claimed to have known about STD/STI from the MFP show.

Awareness from other sources, as expected, is similar across Control and Test groups. The main source in this case is claimed to be TV (74%). Other major sources are Doctors (25%), Friends (25%), health workers (20%), relatives (18%), and radio (16%).

Awareness of various STI / STD is presented in the table below.

Table 43 :Awareness of various STI / STD

(%)

	Male		Female		All	
	Control	Test	Control	Test	Control	Test
Total	161	820	158	730	319	1550
HIV/ AIDS	89	94	83	89	86	91
Gonorrhea	66	63	38	30	52	48
Syphilis	60	55	23	17	42	37
Hepatitis B	19	31	28	20	24	26
Genital harpies	3	3	3	*	3	2
Trycomoniyasis	1	1	2	*	1	1
Clamedia	1	2	1	*	1	1
Others	2	1	1	*	1	*
DK/CS	9	6	16	11	13	8

91% respondents in the Test sample and 86% respondents in the Control sample knew of HIV/AIDS. Other STDs are not as highly known. Nearly half knew about Gonorrhea, little over one third of Syphilis, and only about a quarter knew Hepatitis B as an STD. In this respect awareness level is much higher among men than among

women. For instance 66% men in the Control group and 63% in Test group knew about gonorrhea while only 23% women in the control group and 17% women in the Test group knew about it. Awareness of other STDs is negligible among both men and women.

While replying to their awareness of transmission route of STI/STD the respondents gave the following answers.

Table 44 :Awareness of route of STI/STD transmission

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total aware of any STI/STD	319	1550	161	820	158	730
By sex	62	73	71	80	53	65
By blood	39	46	43	45	35	48
Using the same needle	28	26	23	30	33	22
By birth (from mother to child)	6	9	5	9	8	9
It can passes one body to another	13	11	13	11	13	12
Physical contact	6	5	2	3	9	7
Sharing clothing with affected person	4	4	3	2	5	7
Using the utensils of a patient	3	2	2	*	4	5
Sharing bed with affected person	3	3	2	1	3	5
By air	1	*	1	*	1	*
By food	1	1	1	*	2	1
By water	0	*	0	*	0	*
Others	1	2	1	4	1	1
DK/CS	18	14	14	10	23	18

Sex is the highest mentioned route of STI/STD transmission. In this respect higher proportion of the test group respondents (73%) mentioned it compared to the control group respondents (62%). Same is the case about blood route, though it was not mentioned very highly. Particularly among the female respondents, the Test group response (48%) is much higher than that of the Control group response (35%). Other correct responses are not very high. On the other hand, at the spontaneous level incorrect responses are also very low.

In response to what they knew about prevention of STI/STD, the respondents gave various responses which are presented in the table 45.

There are two particular spontaneous responses that have been indicated more by the Test group respondents. These are 'abstaining from sex' (45% in Test group compared to 39% in Control group), and 'condom use' (40% in Test group compared to 30% in Control group). The MFP appears to be successful in bringing these two issues in higher prominence, particularly among women. Among men two other important preventive measures came out higher in the Test group. These are 'not having sex with more than one person' (29% in Test group compared to 21% in

Control group), and 'not having sex with sex workers' (32% in Test group compared to 24% in Control group).

Table 45 :Awareness of preventive measures of STI/STD

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total aware of STI/STD	319	1550	161	820	158	730
Abstaining from sex	39	45	46	43	32	47
Use condom	30	40	48	54	13	23
Not having sex with more than one person	29	31	21	29	37	34
Test blood before transfusion	25	23	25	19	24	28
Not having sex with sex workers	21	23	24	32	19	13
Not sharing needle/injection	15	15	12	11	19	19
Avoid infected people	6	9	6	6	6	12
Avoid infected partner	3	1	2	1	4	2
Through taking medicine	2	2	2	2	3	2
Wash genitals after having sex	2	1	1	1	3	1
Urinate after having sex	*	*	0	*	1	*
Taking medicine prophylactically	*	1	1	*	0	1
Others	1	2	1	2	1	1
DK/CS	18	14	14	10	22	18

There are a few misconceptions too, though mentioned by a negligible proportion of the respondents like washing genitals or urinating after having sex.

4.5 HIV and AIDS

92% Control group and 96% Test group respondents knew about HIV/AIDS. It has been seen earlier that 89% Control group and 94% Test groups respondents indicated it as an STI/STD.

The sources of HIV/AIDS awareness of the respondents are depicted in the following table:

Table 46: Source of awareness of HIV/AIDS

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total (Aware of HIV/AIDS)	293	1484	152	799	141	685
MFP	4	63	6	69	2	56
Television	77	75	82	80	73	71
Doctor	24	18	20	25	27	10
Health worker	21	11	16	9	26	13
Radio	16	17	22	26	10	6
Relatives	16	9	8	5	26	15
Friends	15	11	23	16	6	5
Newspaper	10	7	14	10	6	3
Cinema hall	1	1	2	1	1	1
Village meeting	2	*	0	*	4	1
Poster	2	3	2	5	2	1
Billboard	3	2	4	3	1	1
Others	6	1	3	2	9	1
DK/CS	*	2	1	2	0	3

63% aware respondents in the Test group spontaneously recalled MFP show as a source of HIV/AIDS awareness. Other major sources of awareness are TV (77%), doctor (24%), health worker (21%), radio (16%), and word of mouth (16% from relatives, 15% from friends).

A few routes of HIV/AIDS transmission (some correct and some incorrect) were read out to the respondents and they were told that we have heard about these from various other people. They were asked to indicate in case of each whether that could be a route of HIV/AIDS transmission. Their responses are summarized below:

Table 47: Awareness of HIV/AIDS transmission routes

(%)

	Transmits		Does not transmit		Don't Know	
	Control	Test	Control	Test	Control	Test
By sex	87	91	1	1	12	8
By blood	84	87	1	2	15	11
Using the same needle	71	77	6	7	23	17
By birth (from mother to child)	58	68	8	11	33	21
Through mother's milk	53	61	10	12	37	27
Physical contact	27	26	39	46	34	28
Through mosquito bite	28	32	24	27	49	41
Sharing clothing with affected person	14	15	50	54	35	31
Using the utensils of a patient	13	15	50	54	36	31
Sharing bed with affected person	13	18	49	51	38	30
By food	10	13	53	58	37	29
By water	12	14	50	57	38	30
By air	7	9	53	61	40	30

A slightly higher proportion of the Test group respondents is now aware of the routes of HIV transmission. Major improvement is seen in case of mother to child transmission.

However, misconceptions still remain. Around a quarter to one third of the respondents believe HIV can be transmitted through physical contact, mosquitoes etc. And there is yet another large group of respondents who do not know whether these routes transmit HIV or not.

In response to the question on ways of HIV/AIDS prevention various spontaneously mentioned responses came as below:

Table 48: Awareness of ways of prevention of HIV/AIDS

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Abstaining from sex	48	49	58	47	39	51
Use condom	36	41	55	53	17	27
Not having sex with more than one person	28	25	22	27	35	23
Test blood before transfusion	26	26	22	20	30	33
Not sharing needle/injection	24	18	14	11	34	25
Not having sex with those Having more than one sex partners	22	26	13	27	31	25
Not having sex with sex workers	16	22	19	29	13	14
Avoid infected people	6	8	5	5	6	12
Avoid infected partner	3	2	2	1	3	2
Through taking medicine	2	1	2	1	2	1
Wash genitals after having sex	2	1	2	1	1	1
Urinate after having sex	1	1	0	1	1	1
Taking medicine prophylactically	1	*	0	*	2	1
Others	3	2	4	2	3	1
DK/CS	10	6	7	4	13	9

Various responses came on this question. Major improvement is seen among women for 'abstaining from sex' (51% in Test group and 39% in Control group), and 'condom use' (27% in Test group and 17% in Control group). Men however, show improvement in two other areas 'avoid sex with those having multiple partners' (27% in Test group and 13% in Control group), and 'avoid having sex with sex workers' (29% in Test group and 19% in Control group).

4.6 Tuberculosis

TB has been a public health threat for ages around the globe and also in Bangladesh. Hence most are likely have knowledge about it passed down the generations. On awareness of its symptoms the responses are summarized in table 49.

As far as awareness of TB symptoms are concerned, the MFP has had little impact in improving that. The main symptom mentioned by most (74%) is persistent/prolonged coughing and about a quarter (25%) of the respondents also mentioned more specifically that 'persistent cough for over 3 weeks'. 41% respondents in both the respondent group indicated blood in sputum as a symptom of TB.

96% respondents from both the target group know that TB is a curable disease.

Table 49: Awareness of symptoms of TB

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	319	1550	161	820	158	730
Have persistent/prolonged coughing	74	71	68	72	79	69
Blood in sputum	41	41	36	39	46	43
Persistent cough for over 3 weeks	25	27	22	25	28	30
Lingering fever for many days	11	11	9	10	13	13
Body gets lean and weak	8	9	5	5	10	13
Others	5	2	4	1	5	2
Jamming of sputum inside the throat	4	2	5	2	3	1
Ache in bone joint	3	2	2	1	3	2
Jaundice	2	2	2	2	1	2
Itching in the body	2	1	4	*	0	1
DK/CS	3	3	4	4	3	3

From an intervention point of view, it is essential for people to know where the treatment services are available. A variety of sources were mentioned by the respondents as can be seen from the table below.

Table 50: Awareness of sources of TB treatment

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	307	1495	153	787	154	708
At Upazilla health complex	55	62	61	64	49	59
District health complex	53	49	51	52	55	44
Bakkhabadhi Hospital/Chest diseases hospital	13	11	8	11	17	11
NGO clinic	12	10	17	13	7	7
Friends	7	6	8	7	5	5
Upazilla clinic	5	3	3	2	6	5
District Clinic	4	7	6	7	2	7
Satellite clinic	2	1	1	2	3	1
Relatives	1	*	3	*	0	0
Others	2	2	2	2	2	1
DK/CS	4	2	2	1	5	3

Among the exposed group the awareness of UZ health complex has gone up compared to the control. It is well known that much fewer female TB patients seek treatment than men. From the gender perspective, the 10% rise in women's

awareness of UZ health complex (from 49% to 59%) is very encouraging. Awareness of other possible sources have remained more or less same, post exposure.

On sources of awareness of TB, only a small proportion, however recalled that they had seen about TB from the MFP show, which is depicted in the table below:

Table 46: Source of awareness of TB

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	307	1495	153	787	154	708
MFP	3	10	5	7	1	12
Television	69	77	74	82	64	71
Doctor	25	25	24	32	27	17
Health worker	25	18	23	15	27	21
Relatives	17	16	11	8	23	25
Radio	13	18	21	28	6	6
Newspaper	4	6	7	8	2	3
Cinema hall	*	*	1	1	0	*
Friends	10	12	14	15	6	8
Village meeting	2	1	2	1	3	*
Poster	2	3	4	5	1	1
Billboard	1	3	1	4	1	1
Others	8	3	6	3	11	4
DK/CS	1	1	1	1	1	*

12% women and 7% men from the Test group recalled having known about TB from the MFP show. This low level of exposure is likely due to the shorter span of show in many areas, where the TB related component of the show was dropped. Also it may be the case that despite being exposed, people could not recall it due to its lack of appeal.

4.7 Trafficking in Women

Trafficking in women is a grave violation of human right. In most cases trafficked women end up in sex work. In the context of HIV and AIDS they become highly vulnerable to the disease, and in turn become members of the high risk groups.

Awareness of trafficking in women is near universal as 92% respondents in the Control group, and 94% respondents in the Test group were found aware of the issue. (Ref: Annexure 2 Table 101)

It is seen in table 47 below that TV is the main source of their awareness. 78% respondents came to know about Tracking from TV. The MFP show has been very successful in informing people about the issue as 60% respondents from the Test group recalled that they came to know about tracking from the show.

Table 52: Source of awareness of trafficking in women

(%)

	All		Male		Female	
	Control	Test	Control	Test	Control	Test
Total	295	1458	152	769	143	689
MFP	**4**	**60**	**5**	**65**	**3**	**54**
Television	78	75	78	76	78	73
Relatives	29	14	14	5	44	23
Friends	24	14	26	16	22	11
Radio	13	13	18	20	8	5
Newspaper	12	7	17	10	6	3
Health worker	5	4	3	3	7	5
Doctor	5	4	8	5	3	3
Cinema hall	3	2	5	3	1	2
Poster	2	3	2	4	2	2
Village meeting	2	*	1	*	3	*
Billboard	*	1	1	1	0	*
Others	5	1	3	2	8	1
DK/CS	0	1	0	1	0	1

4.8 Show Attendance and Views on it

The respondents were asked as to whether they had watched the show in full or partially. Their responses indicate that (Ref: Annexure Table 104) 44% watched it from start to end while another 28% watched it almost fully. This tendency is higher among men – while 75% men watched the show fully/almost fully 67% women did so.

Figure 11: Watched this Show Before

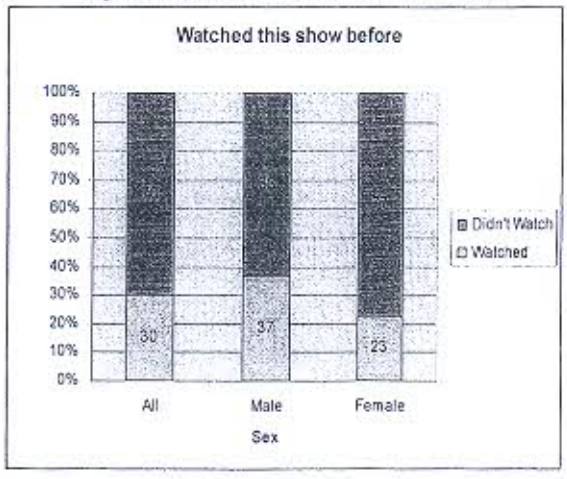
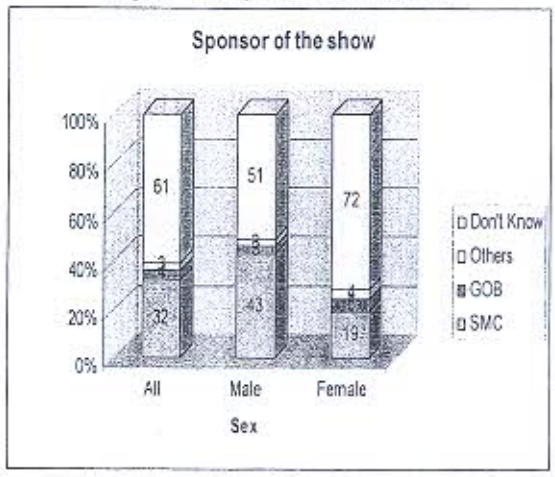


Figure 12: Sponsor of the Show



37% of the male and 23% of the female audience claimed to have seen the film before. They have seen the show on average 2.3 times (Ref: Annexure Table 105).

Majority of the audience did not know as to who had been the sponsor of the show. Only 42% men and 19% women mentioned SMC in this regard. Those who did not mention SMC were asked if they knew about SMC. After aiding, the total awareness of SMC is 73% (Ref: Annexure 2 Table 108). Obviously, they could not relate SMC to the show much.

35% respondents claimed to have seen other film shows in the last 2-3 years. Regarding sponsors of those show, majority (67%) were not aware. 14% of them recalled SMC, 6% Unilever, 2% Abul Khair Dheu Tin, and 2% recalled Family Planning. Other mentions were very low. (Ref: Annexure 2 Table: 110)

On the whole, the film show had good appeal in terms of overall liking, convenience of the show time, and place - 89% felt that it was overall a good show, 98% found the time convenient, and 97% opined that the place of the show was convenient for all. (Ref: Annexure 2 Table: 111, 112, and 114).

65% respondents reported that they had learnt something new from the show while the rest felt that they did not (Ref: Annexure 2 Table: 126). On which topic they learnt anything new has been reported in the following table:

Table 53: Issues on which new information learned

(%)

	All	Male	Female
Total(Those who learned anything new)	1013	561	452
Family planning	63	62	65
HIV/AIDS	46	52	37
Trafficking in women	32	32	33
Child education	19	18	20
Diarrhea	17	20	13
ORS	12	13	11
STD/STI	7	10	5
TB treatment	2	2	2
Injection (Somaject)	*	1	0
DK/CS	2	1	2

Family planning and HIV/AIDS are the two topics on which the respondents think that they have learnt new things most. It appears that the new learning is positively correlated with the duration of the topic in the film.

The respondents were also asked to indicate on each topic if it was easy, moderately easy or not easy to understand. Their responses are summarized in the table below.

Table 54: Ease of understanding each topic in the film

(Row %)

	Easy to Understand	Moderately Easy to Understand	Not Easy to Understand	DK/CS
Family Planning	90	1	1	8
Education	79	1	1	19
Trafficking in women	75	2	0	22
ORS	74	1	1	23
HIV/AIDS	72	3	2	22
Diarrhea	72	1	1	25
STD/STI	33	5	13	49
TB	15	0	2	83

It appears that most of the topics were found easy to understand by the majority of the audience. Only exception here is STD/STI and TB. In case of TB a large majority could not respond as either they were not shown this part or it did not attract their attention. In case of STI/STD the same comment applies. Moreover, as it was part of the HIV/AIDS component, they perhaps did not consider it as separate issue.

In response to who would benefit most with respect to marital status, 84% respondents opined that all irrespective of their marital status would benefit from the sow. Only 4% said unmarried men, 3% unmarried women, 6% married men, and 4% indicated married women (Ref: Annexure 2 Table: 108) would benefit most from the show.

When it comes to use of celebrity within the film, 96% audience felt that this would increase the importance of the show. (Ref: Annexure 2 Table 138).

80% respondents are content with the existing topics while the rest 20% suggested incorporation of other topics (Ref: Annexure 2 Table 139). A wide variety of topics were suggested by the respondents (Ref: Annexure 2 Table 140). The suggestions can be divided into few broad areas: gender and women's issues, diseases, hygiene and environment, nutrition, education, smoking, drug use, morality and respect to tradition, entertainment, and some logistics issues. The gender and women's issues involve early marriage, eve teasing, trafficking, rights of women, dowry, their health, women labourers, acid throwing, polygamy, etc. The disease related suggestions covers film on various disease like diarrhea, TB, leprosy, night fever, HIV, polio, etc. On hygiene related matters the suggestions cover general and environmental hygiene. On other issues suggestions were few.

The audience was asked to recall the SMC products/brands they knew of. Their spontaneously mentioned brands are shown in the table below:

Table 55 : Awareness of SMC products by habit of watching TV

(%)

	All by sex			All by TV Watching		Men		Women	
	All	M	F	WTV	DNWTV	WTV	DNWTV	WTV	DNWTV
	1550	820	730	1300	250	747	73	553	177
Orsaline	71	78	64	76	48	79	70	71	40
Orsaline Fruity	20	28	10	21	13	29	23	11	8
Femicon	23	32	13	24	15	32	27	14	10
Minicon	17	24	9	18	11	24	23	11	6
Panther	6	9	2	6	2	9	5	2	1
Nordette-28	12	18	5	13	7	18	12	5	5
Hero	10	14	5	10	7	15	12	5	5
Raja	3	4	1	3	1	4	1	1	1
Somaject	7	11	3	8	4	11	11	3	1
DK/CS	24	17	32	20	47	16	27	25	55

M=male, F=Female, WTV=watch TV, DNWTV=Do not watch TV

At overall level irrespective of whether they watch TV or not, Orsaline was recalled very highly (71%). Recall of other products are relatively lower – Femicon 23%, Orsaline Fruity 20%, Minicon 17%, Nordette-28 12%, Hero 10%, Somaject 7%, and Raja 3%. Racall of other manufacturers' brand as SMC product is very negligible. It is noteworthy that recall level by women is much lower than the recall level by men. The situation is more pronounced among women by TV watching status. However, it may be assumed that those who do not watch TV may have benefited from the Show as awareness level among them is at a moderate level.

97% respondents responded in affirmative when asked if any advertisement was shown in the film show. In the following table their spontaneous responses are shown:

Table 56: Recall of brands advertised & Ad seen for the first time

(%)

	Brand Advertised			Ad seen first		
	Male	Female	All	Male	Female	All
Total (Those who have seen any ad)	784	712	1496	784	712	1496
Femicon	76	78	77	22	32	27
Nordete 28	61	49	55	13	25	19
Minicon	49	54	52	12	19	15
Hero	42	39	41	26	21	24
Grameen Phone	36	19	28	9	7	8
Somajet	30	22	26	16	10	13
OR-Saline Friuty	24	10	17	8	4	6
Raja	12	4	8	2	2	2
Panther	12	4	8	2	1	1
Blue star	4	3	3	2	3	3
Grameen Phone-80 paisa	1	*	*	0	*	*
Grameen Phone-Sheba Pakkha	*	*	*	*	*	*
DK/CS	2	6	4			

A large number of ads were claimed to have been seen by the respondents in the film show. 77% respondents recalled having seen Femicon and nearly one third of them (27%) had seen the ad for the first time. Nordette-28 ad was reported to be seen by 55% of the respondents and again nearly one third of them (19%) had seen it for the first time. 52% respondents reported to have seen Minicon ad and about one third of them (15%) had seen it for the first time. Hero ad was recalled by 41% of the respondents and more than half of them (24%) had seen it for the first time. Grameen phone ads were recalled generically rather than by specific ads like 80 paisa or Sheba Pakkha. 28% recalled having seen Grameen Phone ad, and little less than one third (8%) of them had seen it for the first time. Recall of Raja (8%), Panther (8%), and Blue Star (3%) was very low.

Chapter 5 Conclusions and Recommendations

45 out of the 64 shows selected from the monthly plan of the 8 MFP units for observation could be covered; the rest of the shows did not take place. It appears that the show schedules were prepared without keeping in mind or checking the ground realities of post flood situation. Half or less than half the sampled shows could be observed in Chittagong, Sylhet, and Barisal zones.

The show locations are often linked to the presence of Blue Star outlets. Only 29% show locations were media dark i.e. only a few households had a TV, and only 24% did not have any health care facilities like hospitals, clinics or health complexes, etc.

Majority of the spots announced twice and the duration of announcement was between 45 and 90 minutes starting from 3:30 in the afternoon and ending at 6:00 pm, covering up to 1.9 km from the show spot, on average. Though the population in the area covered by the show was pretty large (average 9696), show attendance was not high. Attendance of adult women was also low. The audience size peaked during the middle of the show (average 485). At the peak audience, attendance of adult women reached only at 84 on average. The attendance of women was much lower in Chittagong and Sylhet zones, the two areas commonly known for high religiosity.

The whole show was not screened in majority of the shows – the organizers adjusted the duration from place to place.

Most of the shows took place in a disciplined manner, with the audience well organized, and enjoyed the show. They got involved with the show very much.

The Show had some positive effect on awareness of causes of diarrhea – the effect is particularly seen on 'use of unsafe water'. Other causes or preventive measures indicated by them did not show any improvement. When it comes to management of diarrhea, the exposed group focused mainly on home management by ORS, while the control group had similar high response on ORS, they indicated seeing a doctor much more than the exposed group. Orsaline is universally known. The show has been successful in increasing awareness of ORS Fruity. However, the key perception is it is available in the pharmacy outlets. The ORS fruity confuses the users in terms of its doses. Even after the show only a quarter of the audience mentioned that 250 ml water needs to be added to 1 pack of ORS Fruity; most others think half a litre needs to be added. Only little over a quarter of the respondents bought Fruity at the show. Many did not buy because they did not have any patient and yet others could not buy as they did not have cash on them.

MFP shows play a reinforcing role in the already very high FP awareness. 57% exposed respondents recalled the show as a source of FP awareness. Pill, condom, and injectables as methods of contraception are near universally known. MFP provides good reinforcement in this awareness. The show is playing a very good role in increasing awareness of Somaject – awareness of Somaject more than dopubled in the exposed group. Further, the show has created correct awareness of the effective period of Somaject among men which is wrong in most cases in the control group. Further, the MFP show has increased the specific awareness of Blue Star as a source of Somaject from 11% in the Control group to 31% in the Test group.

Awareness of STI/STD has been reinforced by the MFP show, as 50% of the audience recalled having known about STI/STD from the show. Also awareness level of sex and blood route of transmission of STI/STD has gone up among the exposed group, particularly the women. Consequently, knowledge of STI/STD prevention in the area of abstaining and condom use is relatively higher among the exposed group.

Major transmission routes of HIV is well known to the control group. The MFP show has marginally improved most of these. Awareness of Mother to child route was improved substantially by the show.

The show had little effect on TB awareness level.

The awareness of trafficking in women was also reinforced by the MFP show.

Awareness of the show sponsor is very low. However, 73% respondents were generally aware of SMC. On the whole, the film show had good appeal in terms of overall liking, convenience of the show time, and place. Majority of them think that they have learnt something new from the show. Generally, most of the topics was easy to understand. Orsaline as an SMC brand is most known among the audience (71%), recall of other SMC contraceptive brands was rather low which was in the range of 3% to 23%.

On the whole the show seems to have positive effect.

Recommendations

Show Planning

It has been seen that the MFP show works as a reinforcement to the existing level of awareness. This by itself is a very good initiative and can be continued given the budget. However, in the context of limited budget, maximum benefit can be attained if the show spots are selected in a manner that ensures reaching out to those who are most media starved and at the same time exhibit poorer KAP in the areas of interest like FP, STD, HIV, TB, Diarrhea, etc. This would require appropriate planning and scheduling using media data to classify locations and arranging in them in order of priority. A matrix like below can be used to classify locations in the 9 cells in order of their priority:

	Mass media reach		
KAP	High	Moderate	Poor
High	9	8	7
Moderate	6	4	3
Poor	5	2	1

The locations falling in cell 1 can be targeted first and the shows can be expanded in other spots in the next important cell. This planning can be done zone-wise too.

The above is an illustration with a simple situation. This can be further fine-tuned and expanded using the gender perspective, level of education, availability of services, Use of safe water & sanitary latrine, SMC product use, etc.

Ensuring Screening of Show

Adherence to the schedule appears not totally flawless. This takes two forms – the show not taking place at all, and the show takes place at an alternative place. As a management measure the teams may be asked to get a certification from the local authority that the show had taken place at the venue on a certain date. These certifications can be sent to SMC as show completion report. Random check by management can be initiated to improve the situation.

Increasing Audience size

It appears that the audience size in the shows were less than substantial. Various factors are likely to contribute to high attendance. Some of these are weather, appeal of the announcement, previous exposure, perception and expectation, and logistical

factors like location, distance, etc. The following is suggested based on our observation

Announcement spread: It has been observed that even though the announcement quality was good, effort was less to go to each lanes and by-lanes connected to the main roads. Extra effort to reach closer to the households is likely to ensure higher attendance in general and particularly women.

Hiring Local Volunteers: Volunteers can be locally hired to help bringing in audience, particularly women. Involvement of local people will also give higher acceptance to the show.

Creative message: The announcement can be made more interesting and appealing, creative and interesting messages relevant to the TG can be used to draw attention.

Increasing female attendance: Female volunteers can be used to increase female audience. Further, separate women's area can be created in the show. Additionally, female only shows can also be considered.

Product Sale

This is one activity many Show-men did not perform. While in half the shows there were announcements of product sale, in others nothing was told.

The MFP gives opportunity to generate trial of SMC products for the never users. Distribution of free samples apparently seems very useful, but in reality there are problems at many stages like whether at all will be distributed by the MFP people or not, if so will that be in reported quantity, and if distributed will a free product be really used by the TG or not are big questions.

In this context SMC products do not necessarily need to be given away for free. Nor do they require to be sold at market price. These may be sold at a little discount. Sales report should also be part of the show completion report.

Reviewing Content

The dramas selected for the show do not have equal length. Their order may be shuffled to ensure screening of each content at peak attention level of the audience at some place or other. Various shuffled version of the compiled DVD can be played at different locations. It is also possible to have regional dialect dubbing for the shows.

The uneven duration, and placement in the sequence has caused smaller items not to be recalled much, particularly TB.

There is a felt need among the audience to know more about divergent health issues. They also want to acquire skills on various income generating activities related to farming, and small business. Such components may be added to the show.