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ABSTRACT

The Ministry of Health and Family Welfare, GOI telecasts Health telespots on DD-I National Channel of Doordarshan with a purpose of disseminating health messages among the masses to improve their awareness, knowledge and health practices. The study of Health and Family Welfare Telespots (HFWTs) was conducted to find out the appropriateness of the content coverage and the treatment of the telespot messages and to also know the awareness knowledge being created by these telespot messages and also the knowledge usage of these telespots and the attitude of the viewers about HFWTs.

For the purpose of content analysis, the HFWTs messages telecast for one-full year i.e. from June 2006 to May 2007 on DD-I National Channel of Doordarshan constituted the sample of the study. Suitable categories and sub-categories of the HFWT messages were formulated by studying the already available categorizations and browsing through a large number of telespots telecasts on DD-I National Channel of Doordarshan. The Context Unit in the Study was the entire audio-visual telespot message. The Recording Unit was the audio-visual message of one second and the Enumerating Unit was the time period in seconds.

A schedule was developed to find the awareness, knowledge usage and attitude of the TV viewers about HFWTs. Two hundred respondents (100 respondents from each), above the age of 18 years were selected from two JJ Slum Clusters Indira Camp Pahari No.-1 & 2, Taimur Nagar from South Delhi District and Indira Gandhi Camp, Lodhi Road from New Delhi District randomly. An analysis of treatment of HFWTs was also done in the Study. The data was collected through personal interview technique in simple Hindi.

The analysis of treatment of messages indicated that the Straight Sell Presentation and the Non-Celebrity Promotion were the most preferred message treatment by the viewers. However Dramatization was the most preferred message treatment by the Doordarshan.

The Study clearly revealed that the HFWTs are serving a very useful role in the enhancing knowledge and better practises among the slum dwellers. However the time devoted to the telespots was HFWTs was only 0.54 per cent of the total telecast time during the year, indicating that Doordarshan has given very little importance to the telecast of HFWTs. Maximum telespots were telecast on Physical Health, and the least on Social Health. Mental Health was totally neglected by Doordarshan as there were no Telespots on it. Under the Physical Health maximum telecast time was devoted to Deficiency Diseases, followed by Communicable Disease, Reproductive and Child Health (RCH) and the least time was devoted to telespots on Non-Communicable Diseases (NCDs). Important Deficiency Diseases/problems like malnutrition (deficiency of calories and protein), Iron Deficiency anaemia (IDA) and osteoporosis (Vitamin D and calcium); serious Communicable diseases/illnesses like typhoid, cholera, kalaazar; problems like adolescent health, safe abortions, sexual behaviour under RCH; and important NCDs like the Cardio-vascular diseases, chronic respiratory/lung diseases, cancer, diabetes had been totally ignored and sidelined by Doordarshan in the telecast of the telespots.

During the year under study, maximum more than seventy eight per cent of the telespots were telecast during a time span of 12 hours from 7 a.m. to 7 p.m. (morning slot-7a.m. to 12 noon and women's slot-12 noon to 7 p.m.), and the least i.e. 3.7 per cent during the late night slot (after 11p.m.). It is strange that during the prime time slot (8 p.m to 11 p.m) when the viewership is supposed to be quite high than the other slots, only eighteen per cent of the telespots were telecast. Instead of increasing the frequency of the HWFT telecast Doordarshan decreases the frequency of telecast of HWFTs during the prime time.

The Study further revealed about 90 per cent respondents had viewed one telespot or the other. Significant gains had been made in the awareness knowledge existing and obtained of the respondents. Eight five per cent of the respondents had favourable attitude towards HFWTs. Practise or the knowledge usage of the respondents had been increased significantly. The gains in the knowledge usage before and after watching telespots were also statistically significant. Therefore it is important that the Ministry of Health and Family Welfare, GOI has to give due importance to the telecast of telespots, the timings at which they are telecast, the frequency of telecast, the content and the treatment that is given to the Health and Family Welfare Telespot messages.