

Impact Evaluation of "Chaar Gaanth" Communication Campaign on Birth Preparedness in Bihar





### **Research objectives**

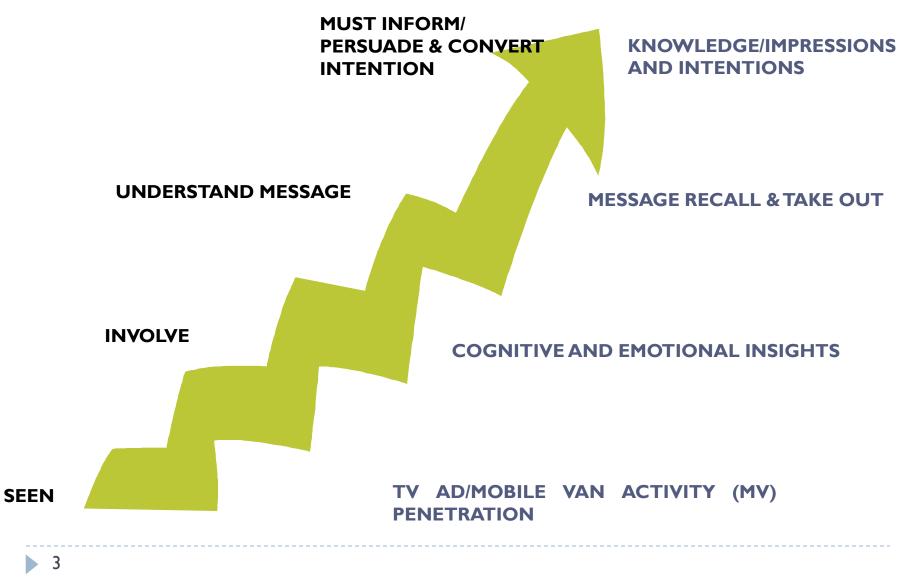
Key objective is to measure the impact of *chaar gaanth* communication campaign that comprises airing of TV Ad and on ground Mobile Van activity.

#### To provide insight into the specific information areas listed below:

- Recall & comprehension of messages delivered
- Knowledge level among men/women
- Beliefs/ attitudes
- Self-efficacy/family support
- Social norms
- Intent to perform targeted behaviour
- Existing practices



### **Evaluation Framework**





### Target population groups & sample spread

	Magadh			Bhojpur			Maithila			Row
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Total
Exposed to TV ad only	158	190	348	223	159	382	90	146	236	966
Exposed to Mobile Van Activity only	46	72	118	163	106	269	97	114	211	598
Exposed to both	67	66	133	79	59	138	22	46	68	339
Non-exposed	149	172	321	220	183	403	190	188	378	1102
Column Total	420	500	920	685	507	1192	399	494	893	3005

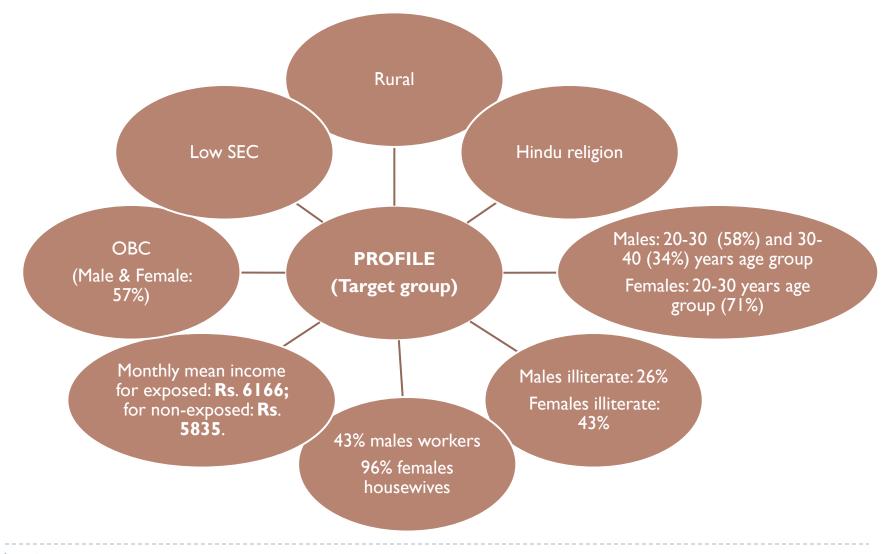


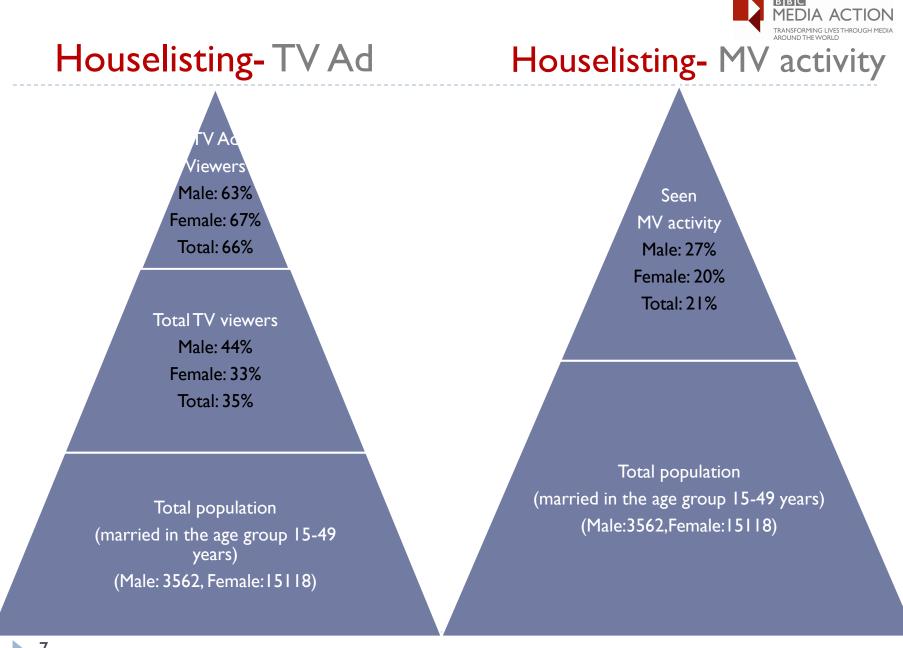
# RESPONDENTS' PROFILE





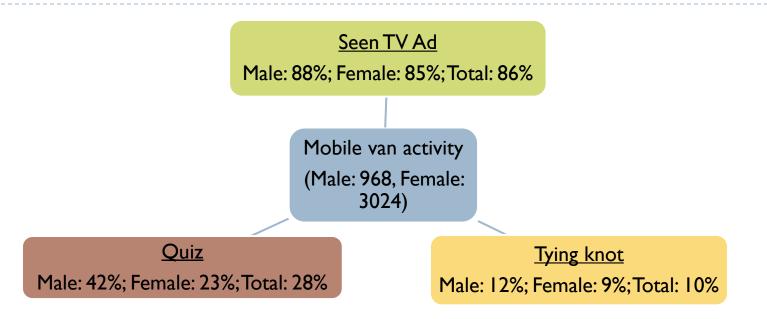
### Household profile: Key findings







### Houselisting- Mobile van activity



	Only TV Ad	TV Ad + Quiz	TV Ad + Quiz + Tying knot	TOTAL (N)
Male	42	33	8	968
Female	59	17	6	3024
Total	55	21	6	3992



## CAMPAIGN DIAGNOSTICS









# MOBILE VAN ACTIVITY





### Mobile Van Activity: Announcement/timing

•Most of the respondents have reported 'word of mouth' and 'neighbours' as the source of the information for the mobile van activity.

•Overall, 10% of all the respondents reported poster/banner as the source of prior information, while one-fourth of the male respondents reported to have heard prior announcements.

•The timing of the show was suitable (Male: 84%; Female: 91%).

•Most of the respondents have seen the activity within the last month (Male: 45%; Female: 41%).



•Most of the respondents have seen the mobile van activities during afternoons (Male: 60%; Female: 50%).

•Most of the respondents have stated that the activity lasted for 1 to 1.5 hours (Male: 80%; Female: 91%).

•Most of the respondents have attended the mobile van activity with their spouses (Male: 51%; Female: 48%).













### TV AD: Average no. of times TV AD was seen

		Exposed to TV ad only	Exposed to both
Average no of times TV AD was seen	Male	4	4
	Female	4	3

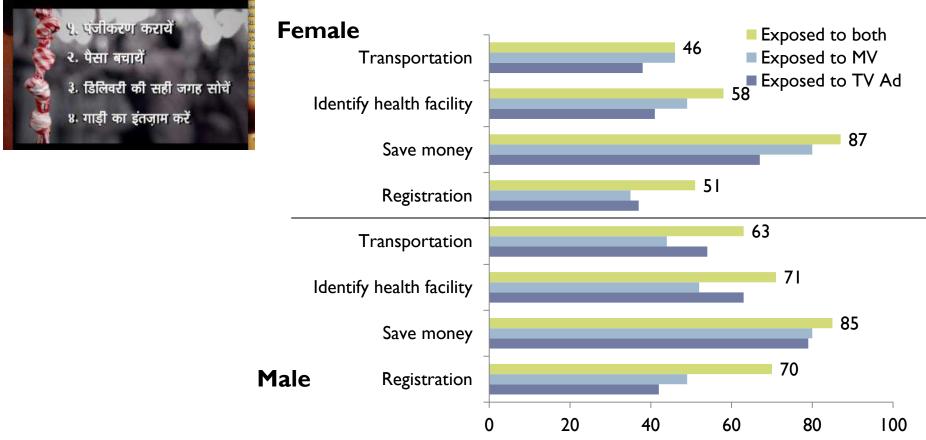
• Star Plus, Doordarshan and Mahua TV were the top 3 responses reported in the same order.



# Recall and comprehension of the campaign (TV Ad and Mobile Van activity)



### Campaign Diagnostics: Key messages



- Nearly three-fourth of the male respondents recalled saving money, identifying health facility and arranging transportation as the key messages
- Recall of saving money is the highest across gender.
- Among females, recall from MV activity is higher than the TV Ad.

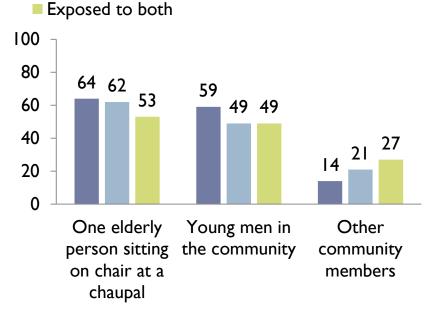


### Campaign Diagnostics: Key people in the TVAd

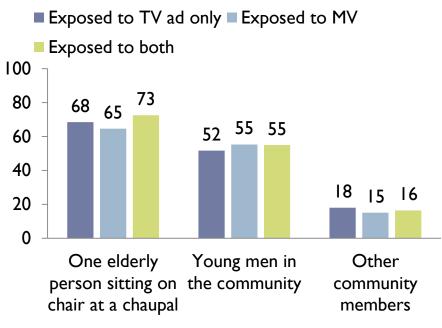
### delivering the messages

#### Male

Exposed to TV ad only Exposed to MV



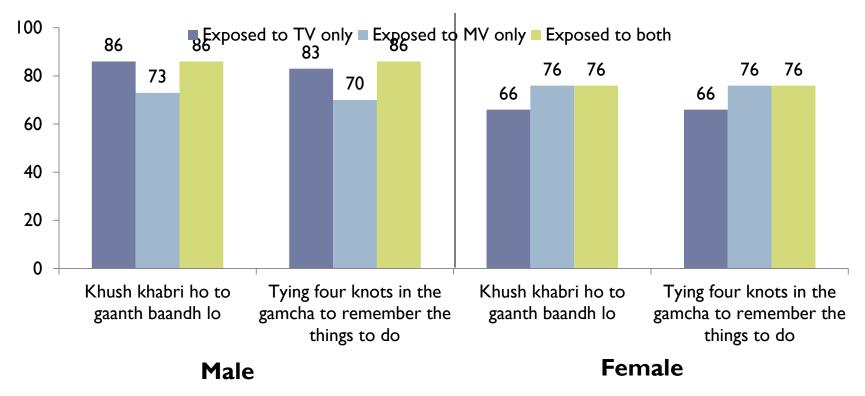
#### Female



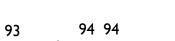
- Two-third of the respondents have identified the 'elderly person' delivering the key message.
- Around half of the respondents have stated that the young men were delivering the key message.



### Campaign Diagnostics: Tagline and meaning of the TVAd



- More than four-fifth of the male, and three-fourth of female respondents recalled and understood the tagline.
- Recall and comprehension of the tagline is higher among males than females.

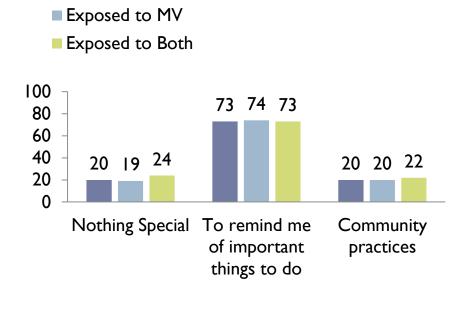




### Campaign Diagnostics: Understanding "Gamcha"

#### Understanding the use of Gamcha

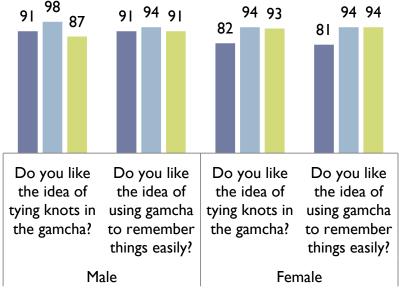
Exposed to TV ad only



#### Use of Gamcha and tying knots

Exposed to TV ad only Exposed to MV

Exposed to Both



• Across groups both male and female have reported that *gamcha* reminds them of important things to do.

• Across groups the respondents liked the idea of using gamcha and tying knots.

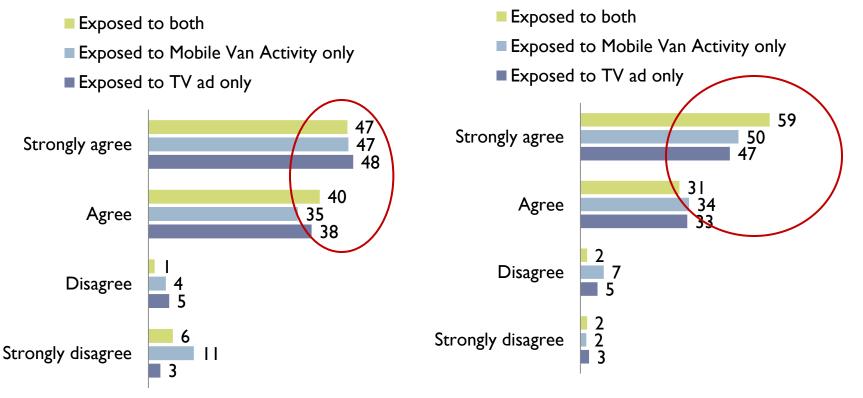


# **Opinion on the campaign**

# Campaign Diagnostics: Association with the character and the situation

Female

#### Male



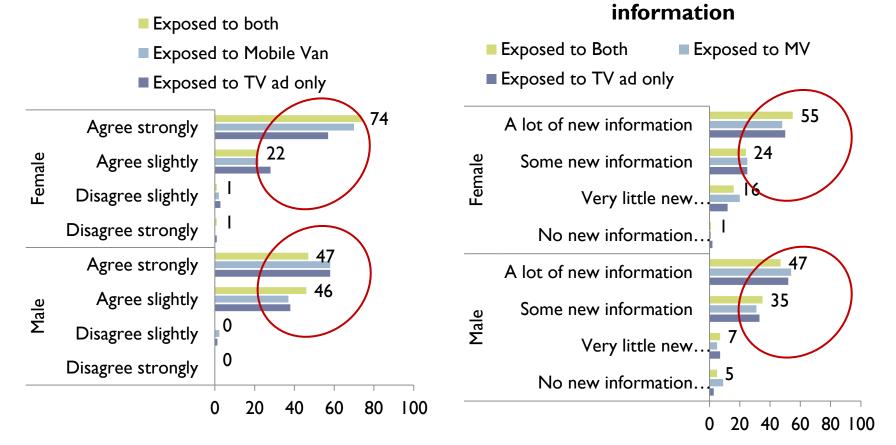
• More than four fifth of the respondents associate themselves with the character and the situations of the TV Ad.



AD as a source of new

### Campaign Diagnostics: Opinions about the AD

#### Agree/ Disagree with the AD



- More than 90% of the respondents (across gender) agree with the TV Ad.
- Around 80% respondents consider the TV Ad as a source of new information.

### Campaign diagnostics: New information provided by the campaign

#### Male

Exposed to both Exposed to Mobile van activity only Exposed to TV Ad only

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Free ambulance service to the hospital for delivery

Delivery at a government hospital

Avail Rs. 1400/1000 under Janani Suraksha Yojna for delivering at a hospital

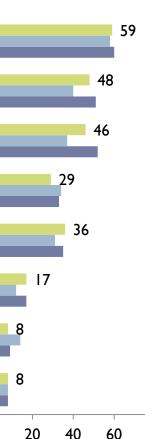
> Register pregnancy with ASHA/Anganwadi/ANM

Keep phone numbers of ASHA/Anganwadi, drivers, ambulance ready

Identify transportation to go to the health facility

Identify a health care facility

Save money for arrangement of delivery

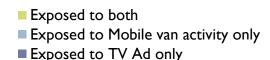


60

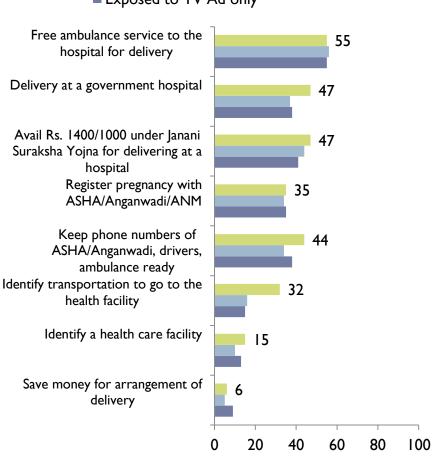
40

80

100



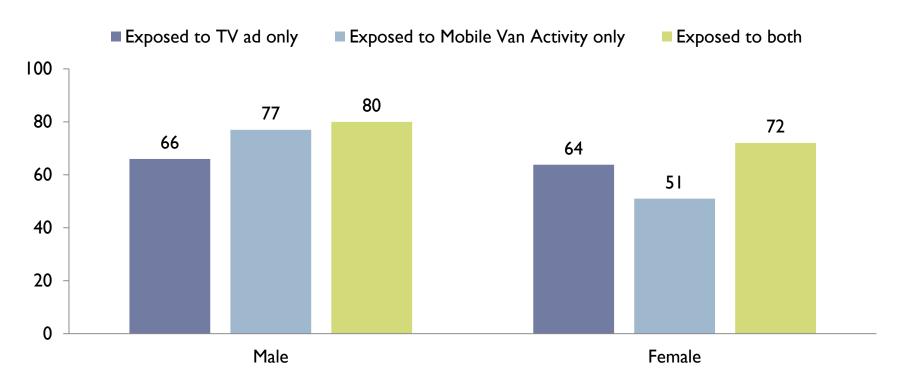
Female



Base:- Males: 538, Females: 525



### Campaign diagnostics: Discussed the TVAd



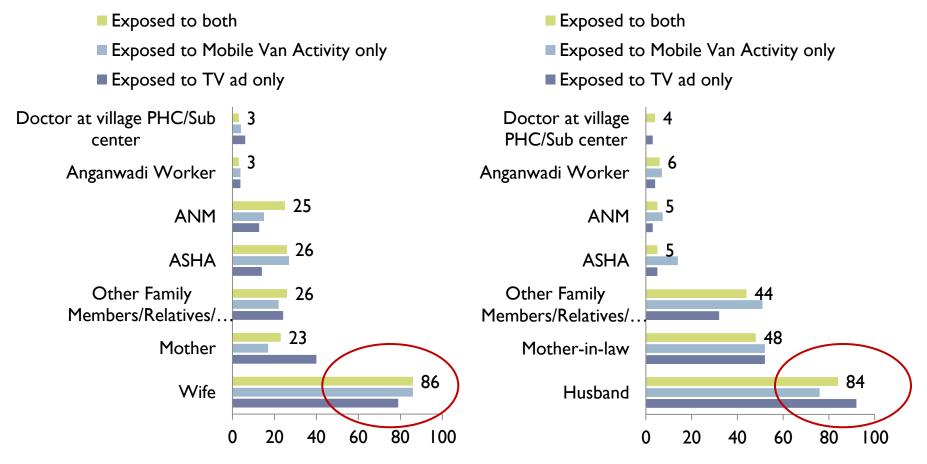
• Most of the respondents across groups have discussed the theme of the advertisement with others



**Female** 

### Campaign diagnostics: Whom did you discuss with?

#### Male

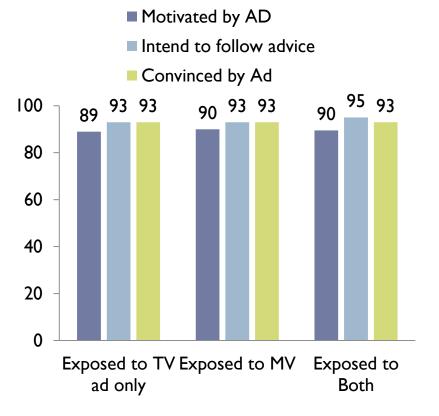


• Four out of five male/female discussed the ad with their spouses respectively.

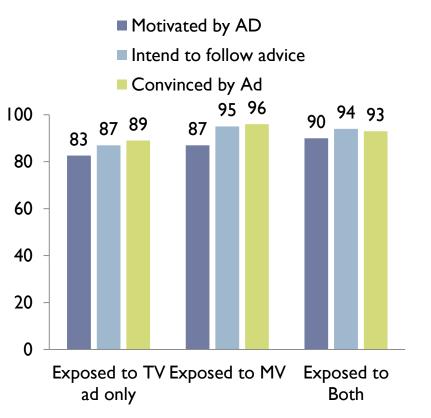
### Campaign diagnostics: Intent/Motivation /Convinced



#### Male



#### Female



A large majority of the respondents are motivated, convinced and intend to follow the Ad.



### **Overall** opinion

	1	Male N= 639		Female N=666		
	Exposed to TV Ad only	Exposed to both	Total	Exposed to TV Ad only	Exposed to both	Total
Easy to understand the language of the TV Ad	94	90	92	90	87	89
TV Ad relevant	92	90	91	85	83	84
Liked the overall TV Ad	90	87	89	91	89	90
		Male N= 474			Female N= 463	
	Exposed to MV Ad only		Total			Total
Easy to understand the language of the Video session	Exposed to	N= 474 Exposed	Total 96	Exposed to	N= 463 Exposed	Total 92
/	Exposed to MV Ad only	N= 474 Exposed to both		Exposed to MV Ad only	N= 463 Exposed to both	



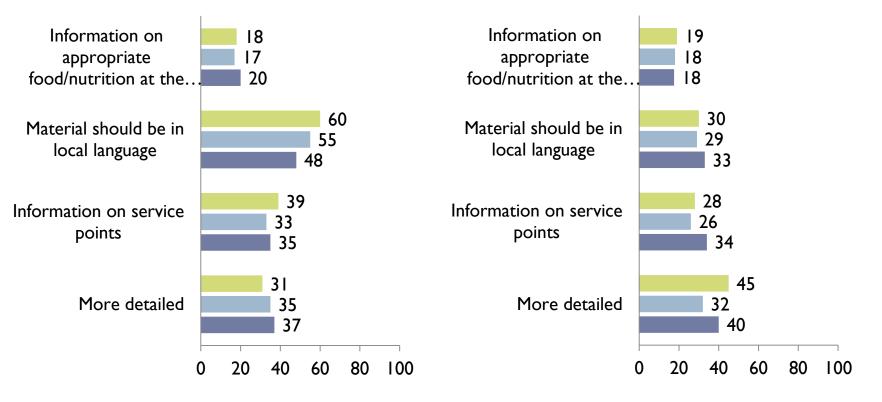
### Campaign diagnostics: Suggestions for improvement

#### Male

- Exposed to both
- Exposed to TV only
- Exposed to Mobile Van Activity only

#### Female

- Exposed to both
- Exposed to TV only
- Exposed to Mobile Van Activity only





# KNOWLEDGE ABOUT BIRTH PREPAREDNESS





### Knowledge: Key takeaway

•More than 90% respondents find birth preparedness useful (both exposed and non-exposed groups).

•Majority (Male: 78%; Female: 75%) of the respondents, across genders, believe planning should start as soon as the pregnancy is identified or by the 1<sup>st</sup> or 2<sup>nd</sup> trimester of pregnancy.

•Not much difference between exposed and non-exposed groups.

•Same holds true for time to start saving money for the delivery.

Across genders, items to prepare for delivery such as identifying health care facility, and arranging transportation are statistically significant and
reported by high percentage of respondents in exposed group as compared to the non-exposed group.



### Knowledge: Key takeaway

•Among males, saving money for birth preparedness (Exposed: 34%; Non-exposed: 31%) and keeping phone numbers (Exposed: 22%; Non-exposed: 21%) are statistically significant.

•The main source of information on birth preparedness:

- •Males exposed:ASHA (26%)
- •Males non-exposed:ANM (27%)
- •Female exposed: Husbands (21%)
- •Female non-exposed (20%)

•Percentage of respondents who believe that a pregnant woman should deliver at health facility is almost same across exposed and non-exposed groups (Male: 92%; Female: 93%).



### ATTITUDES & BELIEFS, SELF-EFFICACY, FAMILY SUPPORT AND SOCIAL NORMS





### Attitude: Key takeaway

•Husband should get involved in making delivery plan

Males:-Exposed: 57%; Non-exposed: 55%Females:- Exposed: 44%; Non-exposed: 35%

•One should register in advance of delivery with the ASHA/AWW/ANM

•Males:-Exposed: 83%; Non-exposed: 78%

•At the time of delivery, everything cannot get arranged instantly •Males:-Exposed: 57%; Non-exposed: 50%

•Females:- Exposed: 47%; Non-exposed: 41%

•lt is not good to deliver at home even if it is convenient

Males:-Exposed: 55%; Non-exposed: 47%Females:- Exposed: 44%; Non-exposed: 40%

•I think it does not attract bad luck to tell an ASHA about pregnancy

Males:-Exposed: 56%; Non-exposed: 48%
Females:- Exposed: 44%; Non-exposed: 38%



### Self efficacy: Key takeaway

•If I plan in advance, my wife/I can deliver in a health facility, even if it is far from my home •Females:- Exposed: 77%; Non-exposed: 72%

•I am capable of having a delivery plan ready in advance for my baby's birth •Females:- Exposed: 81%; Non-exposed: 76%

•I can get my husband to save money for the delivery of our baby •Females:- Exposed: 86%; Non-exposed: 83%

I can convince my husband to arrange for transportation, if required (for delivery)
 Females:- Exposed: 84%; Non-exposed: 83%



### Family support: Key takeaway

•My mother will support me in getting my wife registered with ASHA/AWW/ANM during pregnancy

•Males:-Exposed: 85%; Non-exposed: 78%

•My MIL will help in birth planning during my pregnancy •Females:- Exposed: 81%; Non-exposed: 79%



### Social norms: Key takeaway

• Most pregnant women in the community prepare in advance for the delivery

Males:-Exposed: 46%; Non-exposed: 35%Female:- Exposed: 46%; Non-exposed: 43%

•Insisting on a delivery at the health facility will not make the community think I am overcautious about the delivery

Males:-Exposed: 47%; Non-exposed: 36%Female:- Exposed: 48%; Non-exposed: 45%

•Arranging for skilled birth attendant for conducting delivery will not make the community think I am overcautious about the delivery

Males:-Exposed: 44%; Non-exposed: 36%Female:- Exposed: 51%; Non-exposed: 45%



### Social norms: Key takeaway

• Everyone in the community saves money specially for the delivery

Males:-Exposed: 48%; Non-exposed: 40%
Female:- Exposed: 51%; Non-exposed: 48%

• Normally people in the community register pregnancy (and not only when there is a health problem/complication)

Males:-Exposed: 50%; Non-exposed: 43%Female:- Exposed: 53%; Non-exposed: 45%

• Though transportation is readily available, there is a need to specially arrange for it in advance

•Males:-Exposed: 54%; Non-exposed: 47%



# PRACTICE





### Practice: Key takeaway

• Majority (Male: 74%; Female: 71%) of the respondents across genders, have planned for delivery as soon the pregnancy is identified or by the 1<sup>st</sup> or 2<sup>nd</sup> trimester of pregnancy.

•Not much difference between exposed and non-exposed groups.

•Same holds true for time to start saving money for the delivery.

•Among males, the spontaneous responses for the exposed are higher (statistically significant) than the non-exposed on key aspects of birth preparedness for institution delivery namely,

•Identifying health care facility (Exposed: 60%; Non-exposed: 49%)

•Arranging transportation (Exposed: 50%; Non-exposed: 33%).

•For females, the results are not statistically significant even though the spontaneous responses among exposed groups are higher than the non-exposed groups.



### Practice: Key takeaway

•Among males, the spontaneous responses for the exposed are higher (statistically significant) than the non-exposed on key aspects of birth preparedness for the home delivery namely,

- •Saving money (Exposed: 77%; Non-exposed: 44%)
- •Arranging soft clean cloth (Exposed: 42%; Non-exposed: 12%)

•For females, the results are not statistically significant.

•Higher percentages of females compared to males have reported having discussions regarding birth preparedness with their spouses and the discussion has been on:

•Saving money (Male: 45%; Female: 56%)

•Complication during pregnancy (Male: 45%; Female: 29%)



### Evaluation Framework...Net Takeout

