MEDIA CAMPAIGN STUDY
OF THE BRAC
ORAL THERAPY EXTENSION PROGRAMME (OTEP II)

UNICEF, DHAKA

1986.

MEDIA CAMPAIGN STUDY
OF THE BRAC
ORAL THERAPY EXTENSION PROGRAMME (OTEP II)

UNICEF, DHAKA
1986.

FOREWORD

Diarrhoea is a major cause of mortality, morbidity and malnutrition in Bangladesh and young children are its commonest prey. A programme was started by BRAC in 1980 to teach every mother in rural Bangladesh on how to prepare and use a simple method or oral rehydration salt (ORS) solution for diarrhoea. By the middle of 1986, BRAC workers taught this method to mothers in 7.5 million households, which is about two- thirds of all rural households in Bangladesh .

Research and Evaluation has been an integral part of this programme ever since its inception. Several intermediate and impact indicators of the programme such as safety and usage of the solution. Perception of the people about diarrhoea and its treatment and impact of the programme on mortality have been and are still being studied. The study by UNICEF to know the impact of our mass communication campaign on people's knowledge about the BRAC method in both BRAC and non BRAC areas is an important addition to our knowledge about the programme. I hope the results presented in this report are of value to our programme personnel and to others who have shown a deep interest in it.

Finally, I wish to thank UNICEF for commissioning the study and Mitra and Associates for having done a commendable job.

F.H. Abed
Executive Director
Bangladesh Rural Advancement Committee (BRAC)

PREFACE

Since 1980, the BRAC Oral Therapy Extension Programme (OTEP) has been delivering house to house instruction on how to prepare and use a simple oral rehydration mixture called labon gur solution or LGS. The OTEP programme later added a number of supportive activities including motivation activities for schools and community leaders. In 1981 the OTEP programme added a mass media campaign delivered through radio, television, billboards and newspapers. The cost of the mass media component of the programme was a significant portion of the total OTEP budget.

This mass media impact study was one of several preliminary steps in preparation for the final evaluation of the BRAC OTEP Phase II Programme. The study was designed by a working group consisting of representatives of the Swiss Development Cooperation, Diakonia (Swedish Free Church Aid), UNICEF, and BRAC. The Bangladesh research firm, Mitra and Associates, was selected to carry out the study. The results will certainly be of interest in considering use of media to instigate or reinforce social actions.

Anthony A Kennedy
UNICEF Representative
Bangladesh

C O N T E N T S

Chapter-1

INTRODUCTION

1.1. Background:

Combating diarrhoea is a major public health challenge today. This disease, including its interaction with malnutrition, is one of the most important health problems and a major cause of death among infants and young children throughout the developing world. In these areas children under 5 years may suffer two to five diarrhoea episodes annually and have diarrhoea, on average, 20 to 30 days of every year. It is estimated that as many as 10 percent of children die from the effects of diarrhoea before reaching their fifth year. Worldwide, diarrhoeal disease is estimated to kill at least 4 to 6 million people of all ages annually. (Population Reports,1985).

Fluid therapy (or rehydration) is the first and only effective treatment for dehydration caused by diarrhoea. It consists of administering, either intravenously or orally, a solution in water and salts comprised of the essential electrolytes, that is, ions of Sodium, Potassium, Chloride, and Bicarbonate, thereby, both water and electrolytes being lost in diarrhoeal stools are replaced. Fluid therapy does not prevent or cure the infections that cause diarrhoea, but it counteracts the dehydration that is the most common cause of death in diarrhoea. (Population Reports,1985).

In Bangladesh, a vast majority of the people do not have access to intravenous therapy due to lack of trained personnel, inadequate supplies of saline solution and the high cost involved. Similarly, it is impractical to supply packets of Oral Rehydration Salts to every household in Bangladesh as tens of millions would have to be produced and distributed annually in the rural areas where 90 percent of the people live and where diarrhoea is an acute problem. (BRAC,1984).

In view of the above circumstances, BRAC (Bangladesh Rural Advancement Committee) felt the need to teach people the preparation of Labon-gur Solution(LGS), an oral therapy prepared out of home ingredients that was developed after a year of research and field trial, and the administration of this therapy to treat diarrhoea patients.

BRAC is a non-government organization (NGO) which has been at the forefront of the socio-economic uplift of the disadvantaged rural people. BRAC was established in February, 1972 in response to the humanitarian needs following the war of liberation. With more than 2,200 full-time staff BRAC is now reaching a significant number of rural people with various development programs.

Table-8.3

LEVEL(1) OF EDUCATION OF PROFESSIONALS

Category	No School	VII-IX	SSC and HSC	Degree	All
M.B.B.S.	-	-	-	9.2	9.2
Other allopaths	-	-	4.6	-	4.6
Village doctors	-	8.0	35.6	4.6	48.2
Homeopaths	-	1.2	9.2	5.7	16.1
Pharmacists	-		11.5	1.2	12.7
Kabiraj	-	1.2	-	-	1.2
Others	2.3	1.2	4.6	-	8.1
Total	2.3	11.6	65.5	20.7	100.1(a)
N(2)	-	-	-	-	87

(1) All rates were computed as percentage of N.

(2) N in the table is the number of professionals.

(a) Total is more than 100 percent due to rounding error.

At least one-half of the practitioners had five or more years of practice but as an individual group, practitioners having 15 years of practice were the majority, the percentage being 27.6 percent. The median length of practice was 5 years (table-8.4). When asked, "Which person do you usually treat: men, women or children?", all respondents answered that they had treated all-men, women and children (table-8.5).

Professionals had reported all sorts of diseases common in Bangladesh for which they usually treated patients. Diseases like diarrhoea, cholera, dysentery, pneumonia, other fevers, skin diseases, etc., were mentioned by them. In all areas diarrhoea was mentioned by 100 percent professionals for which they treated patients (table-8.6).

Table-8.4

DISTRIBUTION OF LENGTH OF PRACTICE
OF PROFESSIONALS

Duration of practice	Percentage
1 Year	4.6
2 Years	3.4
3 Years	9.2
4 Years	19.5
5 Years	14.9
6 Years	3.4
7 Years	2.3
8 Years	4.6
9 Years	4.6
10 Years	2.3
11 Years	-
12 Years	1.2
13 Years	2.3
14 Years	-
15 Years	27.6
Total	99.9(a)
N(1)	87
Median	5

(1) N in the total number of professionals.

(a) Total is less than 100 percent due to rounding error.

Table-8.5

PERSONS USUALLY TREATED BY PROFESSIONALS

Persons	Percentage
Men	97.7
Women	100.0
Children	98.9
N(1)	87

(1) N in the total number of professionals.

Table-8.6

TYPES(1) OF DESEASES USUALLY TREATED BY PROFESSIONALS

Type of deseases	Percentage
Diarrhoea	100.0
Cholera	10.3
Dysentery	49.4
Typhoid	29.9
Pneumonia	12.6
Fever	49.4
Skin deseases	9.2
All kinds of deseases	12.6
FP/MR/IUD	3.4
Other	4.6
N(2)	87

(1) Rates were computed as percentage of N.

(2) N in the total number of professionals.

And as treatments of diarrhoea, 86.2 percent patients received allopathic, 13.5 percent homeopathic and 2.3 percent ayurvedic treatments. Overall, 85.1 percent diarrhoea patients were treated with labon-gur saline, the single device used mostly for treatment of diarrhoea in any area (table-8.7).

Table-8.7

REPORTED TYPES(1) OF TREATMENTS OF DIARRHOEA PROVIDED BY PROFESSIONALS

Type of treatment	Percentage
Treated with saline (Net)	86.2
Kharbar saline/labon-gur saline	85.1
Packet saline	27.6
I.V. saline	29.9
Prescribed medicine (Net)	49.4
Given avomine tablet to stop vomiting	4.6
Given antibotic/capsule tablet/vitamin, etc.	49.4
Others	2.3
Homeopathic treatment (Net)	11.5
Ayurvedic treatment (Net)	2.3
Not coded else-where (Net)	4.6
N(2)	87

(1) Rates were computed as percentage of N.

(2) N in the total number of professionals.

8.2. Awareness of khabar saline:

Awareness of khabar saline among professionals is universal. Total awareness comprises spontaneous awareness and prompted awareness. Professionals who had treated diarrhoea patients with LGS were considered to be spontaneously aware. Those who did not treat patients with khabar saline were prompted by asking question: "Do you know or have you ever heard of khabar saline that is used to treat diarrhoea ?" and "khabar saline is prepared with water, labon and gur. Do you know of, or have you ever heard of this ?". Affirmative answers to the questions were adjusted as prompted awareness of khabar saline (table-8.8).

Table-8.8

PROFESSIONAL AWARENESS OF KHABAR SALINE

Awareness	Percentage
Aware (Net)	100.0
Spontaneous	85.1
Prompted	14.9
Total	100.0
N(1)	87

(1) N in the table is the total number of professionals.

Though in all areas awareness was 100 percent, the percentage of overall spontaneous awareness was 85 percent while 15 percent were aware in the category of prompted awareness (table-8.9). Radio and field workers were most mentioned by professionals as their sources of awareness of khabar saline. The percentage was 45.7 percent for both the sources. Printed media came next with 31 percent, followed by training center, 26.4 percent. Sources of awareness also included television (18.4 percent), doctors (12.6 percent), hospitals (8.0 percent), etc. (table-8.9).

Table-8.9

SOURCE(1) OF AWARENESS OF KHABAR SALINE

Source of awareness	Percentage
Radio	43.7
Television	18.4
Field workers	43.7
Training center	26.4
Leaflet/magazine/books/newspaper	31.0
Doctor	12.6
Hospital	8.0
Friends/neighbours/relatives	3.4
Others	6.9
N(2)	87

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of professionals.

8.3. Attitudes:

The medical practitioners had favourable attitudes towards khabar saline. Level of attitudes of professional was assessed in terms of knowledge of preparation and use, and attitude towards khabar saline.

Knowledge of preparation of khabar saline is universal. About 83.4 percent know the correct preparation of khabar saline. But 75.9 percent of professionals had correctly defined the BRAC method of preparation of khabar saline (table-8.10).

The same was the reflection in case of usage of khabar saline. Almost all professionals (96.5 percent) had reported that khabar saline should immediately be given to patients when attacked with diarrhoea. Most frequent answer was "to give khabar saline frequently until diarrhoea is checked, given by about 92 percent of professionals. The responses to the open-ended question about administration of khabar saline included such answers as: (i) to give children as much as they can take and one-half seer at a time to adults; and (ii) when a patient feels thirsty; etc. (table-8.11).

Table-8.10

REPORTED(1) PREPARATION OF KHABAR SALINE

Reporting of preparation	Percentage
Khabar saline is prepared by mixing a three finger pinch of salt and one scoop of gur with half a seer of pure water (Net)	75.9
Khabar saline can be prepared by mixing four spoon of sugar and one spoon of salt with water cooled after boiling and if possible add lemonjuice and soda powder (Net)	8.0
Khabar saline can be prepared by boiling a mixture of a scoop of gur, a pinch of salt and a little amount of soda powder with one seer water (Net)	12.6
Khabar saline can be made with a three-quarter spoon of salt soda powder and sugar or some times glucose in a glass of water (Net)	1.1
Others (Net)	2.3
Don't know (Net)	2.3
N(2)	87

(1) Rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

Professionals were asked, "do you think khabar saline is good or bad". Ninety-three percent considered that khabar saline was good (table-8.12). Again, they were asked whether it was good for all-poor or rich, and almost all of the them (98.8 percent) thought that khabar saline was good for all-rich or poor (table-8.13).

Table-8.11

REPORTED(1) ADMINISTRATION OF KHABAR SALINE

Administration of khabar saline	Percentage
To give khabar saline as soon as diarrhoea develops (Net)	96.5
To give khabar saline frequently until diarrhoea is stopped	91.9
To give khabar saline to children as much as they can take and half a seer at a time to adults	11.6
To feed children by spoon and adults by glass	15.1
To give saline when patients felt thirst	2.3
To use khabar saline within 6 hours of preparation (Net)	7.0
Don't know (Net)	3.5
N(2)	86(a)

(1) Rates were computed as percentage of N.

(2) N is the total number of professionals.

(a) The number of NS (Not Stated) case is 1.

Table-8.12

PROFESSIONAL CONSIDERATION ABOUT
KHABAR SALINE

Consideration	Percentage
Good	93.0
Bad	2.3
Uncertain	4.7
Total	100.0
N(1)	86(a)

(1) N in the table is the total number of professionals.

(a) The number of NS (Not Stated) case is 1

Table-8.13

ATTITUDE OF PROFESSIONAL TOWARDS
KHABAR SALINE

Attitude towards	Percentage
Good for all	98.8
Not good for all	1.2
Total	100.0
N(1)	81

(1) N in the table is the number professionals who thought that khabar saline was good.

Those who considered khabar saline either good or bad were asked "why they think so". Answers given to this open-ended question for considering khabar saline to be good were categorised into four net codes as follows:

(i) khabar saline is good for diarrhoea treatment;

(ii) khabar saline is a primary preventive measure of diarrhoea;

(iii) khabar saline is economic; and

(iv) khabar saline replaces fluid lost during purging, etc.

More than one-half of them (50.6 percent) considered khabar saline was good for diarrhoea, while 46.9 percent respondents thought that it was a primary preventive measure of diarrhoea. And, another 39.5 percent said that it was economic (table-8.14).

Only 2.3 percent professionals thought that khabar saline was bad. One of them thought that "gur is a laxative so it cannot check rather increases number of purges". Another thought "gur and labon used in preparing saline might be dirty so these cannot be free from germs" (table-8.15).

Those who thought that khabar saline was good were asked, "if it is better to prescribe medicine for those who can afford it". A good majority of them, about 66 percent, had opined in favour of prescriptions. And those who did not consider it was better to prescribe medicine were only 27.1 percent (table-8.16). Most interesting situation was that of 7.1 percent of professionals who were not certain whether it was better to prescribe medicine.

Reasons that were mentioned by those who considered prescriptions better or not were categorised in five net codes. A higher percentage of professionals, about 42 percent, considered that it was better to prescribe medicine saying "for early recovery medicine can be given". And, another 40.5 percent mentioned, as reason, "according to the condition of patients medicine may be given, if necessary". Those who considered that it was not better to prescribe medicine, had opined that "khabar saline cured diarrhoea and no other medicines are required, but nutritious food should be given", the proportion being 8.0 percent. Another 12 percent of professionals thought that it was "not good to prescribe excessive medicine" (table-8.17).

BRAC has been running a community based program to popularise the use of LGS therapy, which is known as the Oral Therapy Extension Program(OTEP). Details about this program are availalble from BRAC's documents such as 'Report on Oral Therapy Extension Programs, phase-II'. (BRAC,1985).

BRAC has been conducting a number of supporting activities for successful implementation of the OTEP. One of the most important supporting activities is the campaign done through different media like radio, television, printed materials etc. The specific objectives of the campaign are:

i) to raise general awareness about and credibility of LGS;

ii) to support OTEP efforts to disseminate knowledge about how to prepare LGS and administer the therapy to treat diarrhoeal patients.

The campaign covers the whole country with specific emphasis on OTEP operational areas where interpersonal and group approaches are the basic activities.

1.2. Purpose and objectives:

The purpose of the Labon-gur Impact Study was to assess the impact of the campaign on the OTEP activities. The specific objectives are given below:

a) to determine the proportion of the target audience who are aware of the LGS messages;

b) to determine the sources of awareness;

c) to determine the proportion able to recall the message contents;

d) to determine the proportion who have correctly understood the message;

e) to determine the proportion able to prepare the LGS therapy by listening to the message;

f) to determine the proportion of listeners who have actually used the therapy;

g) to find out if there are differentials in the above parameters between the OTEP operational areas and non-operational areas;

Table-8.14

REASONS(1) FOR CONSIDERING KHABAR SALINE GOOD

Reasons for consideration	Percentage
Khabar saline is good for diarrhoea treatment (Net)	50.6
Khabar saline good for all-poor or rich	43.2
Ingredients of khabar saline are available in all houses	7.4
Khabar saline is good for infants	2.5
Khabar saline is economic (Net)	39.5
With minimum expense the disease is cured	25.9
Khabar saline can be prepared easily/in little time/at home	25.9
Khabar saline is a primary preventive measure of diarrhoea (Net)	46.9
Fluid lost during diarrhoea is regained with khabar saline (Net)	7.4
Others (Net)	1.2
N(2)	81

(1) Rates were computed as percentage of N.

(2) N in the table is the number of professionals who thought khabar saline good.

Table-8.15

REASONS(1) FOR THINKING KHABAR SALINE NOT GOOD

Reporting of reasons	Number
Gur is a laxative; it cannot check rather increases number of stools	1
Here salt may be impure and often found gur not clean so they are not free from germs	1
N(2)	2

(1) Rates were not computed because of small numbers.

(2) N is the number of professional who considered khabar saline not good.

Table-8.16

STATUS OF CONSIDERATIONS OF PROFESSIONALS WHETHER IT IS BETTER TO PRESCRIBE MEDICINE

Considerations	Percentate
Better to prescribe medicine	65.9
Not better to prescribe medicine	27.1
Uncertain	7.1
Total	100.1(a)
N(1)	85

(1) N in the table is the number of respondents who considered khabar saline was good for diarrhoea treatment.

Table-8.17

REASONS(1) FOR CONSIDERING WHETHER IT IS BETTER TO PRESCRIBE MEDICINE

Reasons	Percentage
For early recovery medicine with khabar saline can be given	41.7
According to the condition of patients other medicine can be given if necessary	40.5
Khabar saline cured diarrhoea no other medicine are required but nutritious food should be given	8.3
Not good to prescribe excessive medicine	11.9
Don't know	1.2
N(2)	84(a)

(1) Rates were computed as percentage of N.

(2) N in the table is the total number of professionals who thought khabar saline good for diarrhoea treatment.

(a) The number of NS (Not Stated) case is 1.

Finally, attempts were made to find out the intention of medical practitioners reporting the use of khabar saline in future treatments for diarrhoea patients. All of them who had advised diarrhoea patients to use khabar saline as well as who did not advise, alike, were asked if they would prescribe khabar saline for diarrhoea patients, and 82.3 percent of them said that they would use khabar saline for future treatment of diarrhoea patients (table-8.18).

Table-8.18

FUTURE INTENTION TO ADVISE KHABAR SALINE

Intention	Percentage
Intend to advise	87.4
Don't intend to advise	12.6
Total	100.0
N(1)	87

(1) N in the table is the total number of professionals.

8.4. Mass media messages:

Professionals were very much aware of mass media messages on khabar saline and they thought the messages were beneficial to the people. Almost all of them found the contents of these messages useful.

Table-8.19 shows that professionals' awareness of mass media messages was very high. The overall awareness was 88.5 percent.

Table-8.19

PROFESSIONAL AWARENESS OF MASS MEDIA MESSAGE ON KHABAR SALINE

Awareness	Percentage
Aware	88.5
Not aware	11.5
Total	100.0
N(1)	87

(1) N in the table is the total number of professionals.

Radio was mentioned as the first important source of awareness of mass media messages about khabar saline. Television was reported the second source with a percentage of 42.9 percent compared to 76.6 percent for radio. Printed media were also quoted as a source of awareness by a significant number of professionals (table-8.20).

Table-8.20

SOURCES OF AWARENESS OF MASS MEDIA MESSAGES ON KHABAR SALINE

Source of awareness	Percentage
Radio	76.6
Television	42.9
Leaflet	16.9
Paper/magazine	7.8
Poster	5.2
Other	1.3
N(1)	77

(1) N in the table is the number of eligible respondents who were aware of mass media messages about khabar saline.

Those who were aware of mass media messages on khabar saline, were asked "what did the media say about khabar saline". Most respondents (82.9 percent) recalled the contents of messages as saying "told about preparation of khabar saline"; 31.6 percent reported "told to use khabar saline when attacked with diarrhoea"; and 23.7 percent reported "to continue khabar saline till diarrhoea is checked". Other answers that were received, included "told about prevention of diarrhoea" and "khabar saline is effective (table-8.21).

Professionals who were aware of mass media messages had found the contents useful. Usefulness of these messages was claimed by almost 100 percent of the respondents. And reporting of usefulness of the message for any media was undoubtedly universal (table-8.22).

Table-8.21

RECALLED CONTENTS(1) ON MASS MEDIA MESSAGES ON KHABAR SALINE

Recalling of messages	Percentage
Told about preparation of khabar saline (Net)	82.9
Told to use khabar saline when attacked with diarrhoea (Net)	31.6
Told to continue khabar saline until diarrhoea is checked (Net)	23.7
Told to give normal food with khabar saline	21.1
Told to continue khabar saline until diarrhoea is stopped	3.9
Told about prevention of diarrhoea (Net)	5.3
Told to be careful against diarrhoea	3.9
Told to be neat and clean	2.6
Told that khabar saline was very good for diarrhoea (Net)	18.4
Khabar saline is useful to treat diarrhoea	15.8
The saline can be prepared at home with minimum cost	1.3
With the use of saline a patient regains the fluid lost during diarrhoea and thus checks weakness	3.9
Others	5.3
N(2)	76(a)

(1) Rates were computed as percentage of N.

(2) N in the table is the number of professionals who were aware of mass media messages on khabar saline.

(a) The number of NS (Not Stated) case is 1.

Table-8.22

USEFULNESS OF CONTENTS OF MASS MEDIA MESSAGES ON KHABAR SALINE

Usefulness	Percentage
Radio	
Found the contents useful	98.3
Did not find the contents useful	1.7
Total	100.0
N(1)	59
Television	
Found the contents useful	97.0
Did not find the contents useful	3.0
Total	100.0
N(1)	33
Leaflet	
Found contents useful	100.0
Total	100.0
N(1)	13
Newspaper magazine	
Found contents useful	100.0
Total	100.0
N(1)	6
Poster/bill board	
Found contents useful	100.0
Total	100.0
N(1)	4

(1) N in the table is the number of professionals who heard/read/seen respective mass media messages on khabar saline.

Finally, medical practitioners who were aware of any mass media messages were asked about his(her) likings about the messages. It is revealed from their answers that (97.7 percent) of the professionals thought the messages were good. And, 89.3 percent thought the messages were beneficial (table-8.23). Many professionals thought the campaign bringing in knowledge about diarrhoea and messages through pictures was very effective.

Table-8.23

REPORTED FEELINGS(1) ABOUT MESSAGES ON KHABAR SALINE

Feeling about messages on khabar saline	Percentage
Good way of disseminating knowledge about diarrhoea (Net)	24.0
Can learn about diarrhoea	20.0
Can be careful about diarrhoea	2.7
Can learn to prevent diarrhoea	6.7
Can learn to take primary measure against diarrhoea	4.0
Diffusion of knowledge on khabar saline is beneficial (Net)	89.3
Can learn that khabar saline is the first aid for diarrhoea	44.0
Preparation of khabar saline is easy	26.7
Need minimum cost to prepare khabar saline	25.3
Need minimum time to prepare khabar saline at home	29.3
Can learn about benefits of khabar saline	28.0
Can learn about use of khabar saline	28.0
Messages through pictures are very effective (Net)	21.3

Contd...

Table-3.23 (Contd.)

Feeling about messages on khabar saline	Percentage
Easily known by poster/newspaper/ magazine/bill board about khabar saline, so it is good (Net)	10.7
Khabar saline is harmful for diarrhoea, so it is not good (Net)	2.7
Others (Net)	2.7
N(2)	75(a)

(1) Rates were computed as percentage of N.

(2) N in this table is the total number of eligible respondents who were aware of messages.

(a) The number of NS (Not Stated) case is 2.

A negligible proportion (2.3 percent) of professionals who considered the messages not good thought that khabar saline was harmful for diarrhoea.

It may be concluded that the level of awareness of different mass media messages about khabar saline was very high among the professionals who were interviewed. Moreover, attitudes towards mass media messages on khabar saline among the target providers were very favourable.

Chapter-9

REPORTING OF SICKNESS IN THE FAMILY

This impact study collected useful information related to sickness in the family during the last one month, preceding the survey and other related imformation. This chapter discusses some of the main findings based on such information.

9.1. Reporting of sickness:

In both the male and female sample, the proportions reporting of sickness in the family were lower in the OTEP area than in other areas. For example, among females, 62.0 percent reported of sickness in the OTEP areas. In contrast, the proportions were 65.0 percent, 78.6 percent and 66.4 percent in the adjacent non-OTEP areas, remote non-OTEP areas and urban areas respectively. Among males, 54.5 percent reported of sickness in the OTEP areas, and the corresponding figures were 58.1 percent, 55.9 percent and 60.9 percent in the adjacent non-OTEP areas, remote non-OTEP areas and urban areas respectively (table-9.1). A comparison of the female sample with the male sample shows that the proportion reporting of sickness was the highest in the remote non-OTEP areas in the female sample, while the proportion reporting of sickness was the highest in urban areas in the male sample.

The proportions reporting of diarrhoea cases in the family are given in table-9.2. Interestingly, the proportion reporting of diarrhoea cases was higher in the OTEP areas than in the other areas, and this was true of both the female and the male sample. Among females in the OTEP areas 28.0 percent reported of diarrhoea. The proportions were 26.6 percent, 24.3 percent and 25.5 percent among females in the adjacent non-OTEP areas, remote non-OTEP areas and urban areas respectively. Among males, 37.4 percent from the OTEP areas reported of diarrhoea, and the corresponding figures were 29.1 percent, 9.8 percent and 19.5 percent respectively in the adjacent non-OTEP areas, remote non-OTEP areas and urban areas respectively.

Among females, a higher proportion in the OTEP, adjacent non-OTEP and remote non-OTEP areas reported of diarrhoea cases without any prompting by the enumerators, and in urban areas the proportion reporting of diarrhoea cases without prompting was exactly similar to the proportion reporting of diarrhoea cases with prompting. The picture was almost reverse among males. Among males in the OTEP and adjacent non-OTEP area, the proportion reporting of diarrhoea cases with prompting were almost three times higher than those reporting of diarrhoea cases without prompting. Among urban males, the proportion reporting of

h) to examine if there are differentials in the campaign impact by socio-economic and demographic characteristics among the target population; and,

i) to investigate attitudes of the medical professionals and community leaders towards the LGS message.

1.3. The current report:

This is the final report on the results of the impact study. The report has been organized into eleven chapters, including the introductory chapter. The remaining chapters are:

Chapter-2	Background Characteristics
Chapter-3	Awareness of Khabar Saline
Chapter-4	Mass Media Awareness of Khabar Saline
Chapter-5	Mass Media Awareness of Diarrhoea Prevention
Chapter-6	Use Patterns of, and Attitudes Towards Khabar Saline
Chapter-7	Performance of Field Workers
Chapter-8	Attitudes of Professionals Towards Khabar Saline (Labon-gur Saline)
Chapter-9	Reporting of Sickness in the Family
Chapter-10	Accessibility to Mass Media
Chapter-11	Summary and Conclusion

1.4. Sample design:

The sample for the study was drawn from a purposively selected population taken from each of the subgroups (strata) listed below:

a)	OTEP Areas:	Rural OTEP operational areas
b)	Adjacent non-OTEP Areas:	Rural non-operational areas adjacent to the operational areas
c)	Remote non-OTEP Areas:	Rural non-operational areas away from the operational areas
d)	Urban Areas:	Urban non-operational areas

Table-9.1

REPORTING OF SICKNESS IN THE FAMILY IN THE LAST ONE MONTH BY AREA

Reporting of sickness	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Female sample		
Reported sickness	62.0	65.0	78.6	66.4
Did not report any sickness	38.0	35.0	21.4	33.6
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
Reported sickness	54.5	58.1	55.9	60.9
Did not report any sickness	45.5	41.9	44.1	39.1
Total	100.0	100.0	100.0	100.0
N(1)	123	117	102	128

(1) N in the table is the total number of eligible respondents.

diarrhoea cases with prompting was also higher than those reporting of diarrhoea cases without prompting. Among males in the remote non-OTEP areas, a higher proportion reported of diarrhoea cases without prompting than those with prompting. The findings of the table clearly show that the proportion reporting of diarrhoea cases without prompting was higher among females than among males, suggesting that a higher proportion of females compared to males may be able to detect a diarrhoea case.

Respondents were asked to say what they meant by diarrhoea, and their responses are contained in table-9.3. Almost everyone in the female sample and all in the male sample reported that by diarrhoea they meant "frequent loose motion and vomiting".

Table-9.2

REPORTING OF DIARRHOEA CASES(1) IN THE FAMILY IN THE LAST MONTH BY AREA

Reporting of diarrhoea cases	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Reported diarrhoea cases (Net)	28.0	26.6	24.3	25.5
Without prompting	18.7	15.4	13.6	12.8
With prompting	9.3	11.2	10.7	12.8
Did not report any diarrhoea cases (Net)	72.0	73.4	75.7	74.5
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Reported diarrhoea cases (Net)	37.4	29.1	9.8	19.5
Without prompting	9.8	7.7	7.8	7.8
With prompting	27.6	21.4	2.0	11.7
Did not report any diarrhoea cases (Net)	62.6	70.9	90.2	80.5
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

The other frequently reported response was "symptoms of side-effects". Among females, 39.3 percent, 37.1 percent, 35.6 percent and 55.0 percent reported of the symptoms of side-effects in the OTEP areas, adjacent non-OTEP areas, remote non-OTEP areas and urban areas respectively, and among males the corresponding figures respectively were 57.7 percent, 58.1 percent, 37.3 percent and 53.1 percent. That is, excepting in urban areas, a higher proportion of males compared to females mentioned of "frequent loose motion and vomiting".

The most frequently mentioned symptom of side-effects were "weakness/dizziness/depression", mentioned among females by 29.3 percent, 21.7 percent, 21.0 percent and 44.3 percent, and among males by 33.3 percent, 28.2 percent, 26.4 percent and 39.8 percent respectively in the OTEP areas, adjacent non-OTEP areas, remote non-OTEP areas and urban areas. In other words, a higher proportion of males compared to females mentioned of the above system in the OTEP areas and the adjacent non-OTEP areas, while the reverse were true in the remote non-OTEP areas and urban areas.

The second most frequently mentioned symptom of side-effects was "burning sensation at extremities/feeling of freezing/leg slanted and swollen leg/convulsion", mentioned among females by 15.3 percent, 16.8 percent, 9.7 percent and 12.1 percent, and among males by 31.7 percent, 29.1 percent, 8.8 percent and 6.3 percent respectively in the OTEP areas, adjacent non-OTEP areas, remote non-OTEP areas and urban areas.

The third most frequently mentioned symptom of side-effects was "frequent thirst/loss of apetite/indigestion", mentioned among females by 8.0 percent, 4.2 percent, 6.8 percent and 12.1 percent, and among males by 9.8 percent, 6.8 percent, 4.9 percent and 5.5 percent respectively in the OTEP areas, adjacent non-OTEP areas, remote non-OTEP areas and urban areas.

The other mentioned symptoms of side-effects such as "fever/sweating", "stomach burning/bloated stomach", etc., were mentioned by very few respondents in both the female and the male sample.

9.2. Treatment:

Respondents were asked a few questions related to treatment of diarrhoeal patients.

Table-9.3

REPORTED MEANING(1) OF DIARRHOEA
BY AREA

Meaning of diarrhoea	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Frequent loose motion and vomiting (Net)	100.0	99.3	100.0	100.0
Symptoms of side-effect (Net)	39.3	37.1	35.6	55.0
Weakness/dizziness/ depression	29.3	21.7	21.0	44.3
Frequent thirst/ loss of apetite indigestion	8.0	4.2	6.8	12.1
Burning sensation at extremities/feeling of freezing/leg slanted and swollen leg/ convulsion	15.3	16.8	9.7	12.1
Urination stops	-	-	-	0.7
Saline water discharged from body	1.3	2.1	-	2.7
Foul smell in stool develops	-	-	1.9	6.0
Fever/sweating	2.7	4.2	4.9	6.0
Stomach burning/ bloated stomach	2.7	2.8	1.9	4.7
Other	-	-	-	0.7
Diarrhoea means cholera(Net)	0.7	1.4	-	-
Don't know/don't remember	-	0.7	-	-
N(2)	150	143	103	149

Contd...

Table-9.3 (Contd.)

Meaning of diarrhoea	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Male sample		
Frequent loose motion and vomiting (Net)	100.0	100.0	100.0	100.0
Symptoms of side-effect (Net)	57.7	58.1	37.3	53.1
Weakness/dizziness/ depression	33.3	28.2	26.4	39.8
Frequent thirst/loss of apetite/indigestion	9.8	6.8	4.9	5.5
Burning sensation at extremities/feeling of freezing leg/ slanted and swollen leg/convulsion	31.7	29.1	8.8	6.3
Urination stops	0.8	0.9	-	-
Saline water discharge from body	-	0.7	1.0	0.8
Foul smell in stool develops	0.8	1.7	1.0	0.8
Fever/sweating	-	1.7	5.9	9.4
Stomach burning/ bloated stomach	1.6	4.3	2.9	5.5
Other	3.3	0.9	-	-
Diarrhoea means cholera(Net)	4.1	3.4	-	2.3
Diarrhoea caused by spittle (Net)	0.8	-	-	-
Diarrhoea is dangerous/ contagious disease (Net)	0.8	0.9	-	0.8
N(2)	123	117	102	128

(1) Rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

Respondents responses related to status of treatments are presented in table-9.4. Most respondents in both the female and the male sample reported that they prepared treatment. The figure among females, was over 82 percent in the rural areas while it was about 94 percent in the urban areas. The proportion was 98.7 percent among males in the OTEP areas; reached 100 percent among males in the adjacent non-OTEP and remote non-OTEP areas, and was 92.4 percent among males in urban areas.

None of the males in the OTEP, adjacent non-OTEP and remote non-OTEP areas reported of consulting others, and only 2.5 percent of urban males reported so. The proportions among females reporting of consulting with others were low, especially in the remote non-OTEP areas and urban areas, although these were higher compared to those among males.

Those who reported having consulted others were asked to say whom they had consulted, and their responses are continued in table-9.5. Most female respondents reported having consulted their relations. The most frequently reported relations consulted were father/mother/mother-in-law/father-in-law uncle,sister/sister in-law/grandmother, and husbands. Few reported having consulted neighbours/villagers, and very few mentioned of field workers.

As already mentioned, none of the males in the OTEP, adjacent non-OTEP and remote non-OTEP areas reported having consulted others. Only two males from the urban areas reported having consulted others, and they mentioned of neighbours/ villagers.

Those who reported having consulted with others were further asked to specify what they had wanted to know from those whom they consulted. Table-9.6 shows that over one-half of the female respondents in the OTEP and adjacent non-OTEP areas asked about how to treat diarrhoea patients or sought advice on labon gur saline. Another around one-third of them asked their husbands to procure medicine from doctor.

In view of the small number of female respondents in the remote non-OTEP and urban areas, as also in the male sample, no attempt is made to analyze their responses. The survey collected information on the respondent's knowledge of types of treatments for diarrhoea. The results are presented in table-9.7.

Among females in the OTEP areas, 93.3 percent claimed to have knowledge of LGS. The corresponding figures were 88.8 percent, 26.2 percent and 65.0 percent respectively among females in the adjacent non-OTEP, remote non-OTEP and urban areas. Among females in the remote non-OTEP areas, 68.9 percent claimed to have knowledge of other types of treatments.

Table-9.4

STATUS OF TREATMENTS OF DIARRHOEAL PATIENTS BY AREA

Status	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Consults others	13.0	17.0	1.4	3.5
Prepares treatment	85.0	83.0	82.6	93.9
Does not do anything	-	-	-	0.9
Other	2.0	-	15.9	1.8
Total	100.0	100.0	99.9(a)	100.0(a)
N(1)	100	94	69	114
		Male sample		
Constults others	-	-	-	2.5
Prepares treatment	98.7	100.0	100.0	92.4
Other	1.3	-	-	5.1
Total	100.0	100.0	100.0	100.0
N(1)	79	64	44(b)	79

(1) N in the table is the number of eligible respondents excluding those who said none of their children had ever suffered from diarrhoea or had no living children.

(a) Total is more or less than 100 percent due to rounding error.

Among males in the OTEP areas, 76.4 percent claim to have knowledge of LGS, and the corresponding figures were 71.8 percent, 33.3 percent and 64.1 percent respectively among women in the adjacent non-OTEP, remote non-OTEP and urban areas. Among males in the remote non-OTEP areas, 66.7 percent claimed to have knowledge of other types of treatment.

Table-9.5

WHOM(1) CONSULTED WITH WHEN A CHILD IS ATTACKED WITH DIARRHOEA BY AREA

Persons	Rural areas			Urban Areas
	OTEP	Adajcent Non-OTEP	Remote Non-OTEP	
		Female sample		
Relative (Net)	10	13	1	3
Relatives (unspecified)	-	1	-	-
Sister/sister-in-law/ grandmother	-	7	-	1
Brother/brother-in-law	-	3	-	1
Father/mother/mother-in-law/father-in-law/ uncle	6	6	1	1
Husband	6	1	-	-
Son/daughter/daughter-in-law/nephew/niece	-	1	-	1
Field worker (Net)	1	1	-	-
Neighbours/villagers (Net)	2	4	-	1
N(2)	13	16	1	4
		Male sample		
Neighbours/villagers (Net)	-	-	-	2
N(2)	-	-	-	2

(1) Rates were not computed because of sample numbers.

(2) N in the table is the number of eligible respondents who consulted others when a child was attacked with diarrhoea.

Table-9.6

TYPE(1) OF CONSULTATION ABOUT WHAT TO DO WHEN A CHILD IS ATTACKED WITH DIARRHOEA BY AREA

Type of consultation	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Ask about how to treat diarrhoea patients/seek advice on labor-gur saline (Net)	8	9	-	3
Ask to procure medicine (Net)	1	1	1	1
Ask husband to procure medicine from doctor (Net)	4	6	-	-
Ask about food (Net)	-	1	-	-
		Male sample		
Ask about how to treat diarrhoea patients/seek advice on labon-gur saline (Net)	-	-	-	2
N(2)	-	-	-	2

(1) Rates were not computed because of small numbers.

(2) N in the table is the number of eligible respondents who consulted with others when a child was attacked with diarrhoea.

Table-9.7

KNOWLEDGE OF TYPES OF TREATMENT FOR DIARRHOEA BY AREA

Types of treatment	Rural areas			Urban Areas
	DTEP	Adjacent Non-DTEP	Remote Non-DTEP	
		Female sample		
LGS	93.3	88.8	26.2	65.0
ORS packet	0.7	3.5	4.9	7.4
Others	6.0	7.7	68.9	27.6
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
LGS	76.4	71.8	33.3	64.1
ORS packet	0.8	3.4	-	4.7
Others	22.8	24.8	66.7	31.3
Total	100.0	100.0	100.0	100.1(a)
N(1)	123	117	102	138

(1) N in the table is the total number of eligible respondents.

(a) Total is more than 100 percent due to rounding error.

The findings of the table clearly show that a much lower proportion of respondents in the remote non-DTEP areas had knowledge of LGS than respondents in all other areas, while the reverse was true in respect of knowledge of other types of treatment. In other words, the findings indicate the success of the program in the DTEP areas.

Thus, the sample had four strata. The reasons for drawing the sample in the four strata was to have the scope to analyse the data by rural and urban areas and by operational, adjacent non-operational areas and remote non-operational areas. OTEP areas comprised upazilas covered by the Oral Therapy Extention Program (OTEP). Adjacent Non-OTEP areas were formed with upazilas (rural) adjacent to the OTEP upazilas while the remote Non-OTEP areas included the remaining (rural) upazilas of the country. The urban stratum comprised all the greater district towns including Dhaka and Chittagong city.

The sample was drawn in three stages. At the first stage, 38 sample areas or Primary Sampling Units(PSUs) were selected taking 8 PSUs from the remote Non-OTEP stratum and 10 PSUs from each of the other strata. A PSU was equivalent to a 1981 census union except in the urban stratum. In the urban stratum a 1981 census ward was considered as a PSU. The selection of the PSUs was done in the following manner:

First, 10 upazilas for the OTEP stratum were selected with PPES(Probability Proportional to Estimated Size) technique from the list of upazilas cuvered by OTEP. Ten upazilas for the adjacent Non-OTEP areas were selected by purposively taking one neighbouring Non-OTEP upazila (rural) for each selected OTEP upazila.

The upazila sampling frame for the remote Non-OTEP stratum was constructed by listing all the rural upazilas excluding OTEP upazilas and the adjacent Non-OTEP upazilas. From the frame so constructed, the sample of 8 upazilas was then selected with PPES technique for the remote Non-OTEP stratum.

In the urban stratum, 10 PSUs were randomly selected by taking 4 PSUs in Dhaka city, 2 PSUs in the port city of Chittagong, and 4 PSUs from among the greater district towns outside of Dhaka and Chittagong.

At the second stage, one sample spot or a Secondary Sampling Unit(SSU) was selected from each of the 38 PSUs using the PPES technique. An SSU was equivalent to one or more than one village or Mohalla/Block or a part thereof, containing roughly 250-300 households.

In order to ensure selection of a total of about 1100 households in the sample, 30 households (15 for male interviews and 15 for female interviews) from each sample SSU were selected, following simple random sampling technique. Table-1.1 shows the distribution of sample areas by division and greater districts.

9.3. Reported diarrhoea cases:

Respondents were asked to report whether there were diarrhoea cases among children in their family during the last week, preceding the survey.

The proportion reporting of diarrhoea cases among children was quite small among the study population - 6.3 percent, 4.5 percent, 2.1 percent and 7.9 percent respectively among females in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas, and 2.6 percent, 4.5 percent, 3.4 percent and 3.3 percent respectively among males in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas (table-9.8). The proportion reporting of diarrhoea cases was three times higher in the OTEP areas than in the remote non-OTEP areas among females, although it was lower among males.

Those repondents who reported of diarrhoea cases among children were asked to report on the pattern of treatment provided to children, and their responses are contained in table-9.9.

Among females, treatment by doctor was mentioned by most respondents, particularly in the OTEP and urban areas. Six out of nine respondents in the OTEP area and nine out of eleven respondents in urban areas reported so. The next most frequently mentioned pattern of treatment was the labon-gur saline, although none in the remote non-OTEP area said so.

Similarly, among males, treatment by doctor was mentioned by most respondents. All male respondents in the OTEP area and two out of four in urban areas reported so. An equally mentioned pattern of treatment was the labon-gur saline.

Table-9.7

KNOWLEDGE OF TYPES OF TREATMENT FOR DIARRHOEA BY AREA

Types of treatment	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
LGS	93.3	88.8	26.2	65.0
ORS packet	0.7	3.5	4.9	7.4
Others	6.0	7.7	68.9	27.6
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
LGS	76.4	71.8	33.3	64.1
ORS packet	0.8	3.4	-	4.7
Others	22.8	24.8	66.7	31.3
Total	100.0	100.0	100.0	100.1(a)
N(1)	123	117	102	138

(1) N in the table is the total number of eligible respondents.

(a) Total is more than 100 percent due to rounding error.

The findings of the table clearly show that a much lower proportion of respondents in the remote non-OTEP areas had knowledge of LGS than respondents in all other areas, while the reverse was true in respect of knowledge of other types of treatment. In other words, the findings indicate the success of the program in the OTEP areas.

Table-9.8

REPORTED DIARRHOEA CASES AMONG CHILDREN IN THE LAST WEEK BY AREA

Reporting of diarrhoea cases	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Reported diarrhoea cases	6.3	4.5	2.1	7.9
Did not report any diarrhoea cases	93.7	95.5	97.9	92.1
Total	100.0	100.0	100.0	100.0
N(1)	142	134(a)	94	139
		Male sample		
Reported diarrhoea cases	2.6	4.5	3.4	3.3
Did not report any diarrhoea cases	97.4	95.5	96.6	96.7
Total	100.0	100.0	100.0	100.0
N(1)	116	110	89(a)	120

(1) N in the table is the number of eligible respondents excluding those who had no living children.

(a) The number of NS (Not Stated) case is 1 in adjacent Non-OTEP areas for females and 1 in remote Non-OTEP areas for males.

Table-9.9

PATTERNS(1) OF TREATMENT PROVIDED FOR DIARRHOEA AMONG CHILDREN BY AREA

Types of treatment	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Treated by labon-gur saline (Net)	2	3	-	2
Treated by khabar saline prepared from gur, labon and water	1	-	-	2
Given khabar saline	1	3	-	1
Treated by doctor (Net)	6	2	1	9
Doctor advice sought/ called doctor	4	-	1	2
Given injection/packet/ saline/pill from doctor after failure of khabar saline	2	2	-	7
Ayurvedic treatment (Net)	2	-	1	-
Given pill from ayur-vedic practitioner	1	-	-	-
Given herbal medicine	1	-	1	-
N(2)	9	7	2	11

Contd...

Table-9.9 (Contd.)

Types of treatment	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Male sample		
Treated by labon-gur saline (Net)	2	2	2	3
Treated by khabar saline prepared from gur, labon and water	1	-	2	2
Given khabar saline	1	2	-	1
Treated by doctor (Net)	3	3	1	2
Doctor advice sought/ called doctor	2	1	-	1
Given injection/packet saline/pill from doctor after failure of khabar saline	1	2	1	1
Ayurvedic treatment (Net)	1	-	-	-
N(2)	3	5	3	4

(1) Rates were not computed because of small numbers.

(2) N in the table is the number of eligible respondents who had reported child diarrhoea in the last week.

Chapter-10

ACCESSIBILITY TO MASS MEDIA

Data were collected in the survey to assess the accessibility of the different sources of mass media among the study population. The different mass media were radio, television, cinema and newspaper, since these are important sources of mass media, the findings are considered to be useful in setting goals and objectives of the compaign and in working out appropriate strategies to make the campaign a success.

10.1. Radio:

10.1.1. Availability of radio:

Availability of radio was assessed by asking respondents whether they had a radio at home, and if so, whether the radio was in working condition.

A higher proportion of the respondents living in urban than in the OTEP, adjacent non-OTEP and remote non-OTEP areas reported that they had radios. This was true of both the female respondents and the male respondents. Among urban females, 43.6 percent reported possessing radios, and among urban males the proportion was 50.0 percent (table-10.1).

Availability of radio was lowest among respondents living in the adjacent non-OTEP areas, and this was true of both the female and the male sample. Among females, the proportion was 19.6 percent, and the proportion was 26.5 percent among males.

There was very little difference between the OTEP areas and the remote non-OTEP areas in respect of radio availability. In the OTEP area, 26.7 percent of female respondents reported of radio availability, and the figure was 26.2 percent among female respondents in the remote non-OTEP areas. Among male respondents, 28.5 percent and 30.4 percent reported of radio availability in the OTEP and remote non-OTEP areas respectively.

However, all the reported radios were not in working condition. Therefore, when only working radios are considered, the proportion of respondents reporting of radio availability dropped. The decline was, more or less, uniform among all groups of respondents.

Table-10.1

REPORTING(1) OF POSSESSION OF RADIO
BY AREA

Reporting of radio possession	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Possess radio (Net)	26.7	19.6	26.2	43.6
Working	22.7	16.1	23.3	40.3
Not working	4.0	3.5	2.9	3.4
Don't possess (Net)	73.3	80.4	73.8	56.4
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Possess radio (Net)	28.5	26.5	30.4	50.0
Working	24.4	23.1	27.5	45.3
Not working	4.1	3.4	2.9	4.7
Don't possess (Net)	71.5	73.5	69.6	50.0
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

10.1.2. Access to radio:

A respondent was considered to have access to radio, if (s)he had a working radio at home or had opportunities of listening to radio at a neighbours' house or at a public place.

Table-10.2 shows that access to radio was higher among male respondents than among female respondents in all areas, except in urban areas. In the OTEP areas, 95.9 percent of males had access to radio,and the proportion was 73.3 percent among females. In the adjacent non-OTEP areas, 90.6 percent and 69.9 percent of males and females respectively had access to radio, and in the remote non-OTEP areas the corresponding figures were 81.4 percent and 77.4 percent. Among urban males, 89.1 percent had access to radio, while among urban females the proportion was 93.3 percent.

It is important to note that access to radio by way of listening at a neighbour's home or at a public place accounted for much of the females in the OTEP areas who had access to radio 50.7 percent of which was possible due to access to neighbour's radio or at a public place, and only 22.7 percent was due to having working radio at home.

10.1.3. Frequency of radio listening:

Table-10.3 shows the frequency of radio listening among respondents having access to radio. The table clearly shows that the proportion listening to radio daily was generally low among respondents. Among females in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas, 34.5 percent respectively reported listening to radio daily. The comparable figures among males were 13.6 percent, 25.5 percent, 22.9 percent and 25.4 percent respectively. That is, except in the OTEP areas, there were no discernible differences in the proportions listening to radio daily by sex.

The proportion having never or almost never listened to a radio was substantially higher among females than among males. Among females in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas, 30.0 percent, 40.0 percent, 53.8 percent and 38.8 percent respectively reported having never or almost never listened to radio. The comparable figures among males were 16.9 percent, 15.1 percent, 16.9 percent and 11.4 percent respectively.

Curiously enough, there were quite a few respondents who inspite of having access to radio did not listen to radio the proportion of such respondents was higher among females than among males. In the OTEP areas, 22.0 percent of the females respondents who had access to radio did not listen to radio. The corresponding figures were 28.0 percent, 41.7 percent and 36.2 percent respectively among females in the adjacent non-OTEP, remote non-OTEP and urban areas. The comparable figures for males were 16.3 percent, 13.7 percent, 13.7 percent and 10.2 percent respectively (table-10.4).

Table-10.2

REPORTING(1) OF ACCESS TO RADIO
BY AREA

Reporting of access to radio	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Have access (Net)	73.3	69.9	77.7	93.3
Working radio in house	22.7	16.1	23.3	40.3
Have access to neighbours radio or at public place	50.7	53.8	54.4	53.0
Don't have access (Net)	26.7	30.1	22.3	6.7
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Have access (Net)	95.9	90.6	81.4	89.1
Working radio in house	24.4	23.1	27.5	45.3
Have access to neighbours radio or at public place	71.5	67.5	53.9	43.8
Don't have access (Net)	4.1	9.4	18.6	10.9
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

Table-10.3

FREQUENCY OF RADIO LISTENING AMONG RESPONDENTS HAVING ACCESS TO RADIO BY AREA

Frequency	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Daily	34.5	24.0	21.3	25.9
Almost every day	10.0	12.0	2.5	4.3
Several times a week	10.9	5.0	10.0	21.6
About once a week	7.3	11.0	8.8	5.8
Less than once a week	7.3	8.0	3.8	3.6
Never or almost never	30.0	40.0	53.8	38.8
Total	100.0	100.0	100.2(a)	100.0
N(1)	110	100	80	139
		Male sample		
Daily	13.6	25.5	22.9	25.4
Almost every day	12.7	8.5	12.0	16.7
Several times a week	30.9	33.0	32.5	31.6
About once a week	8.5	14.2	4.8	6.1
Less than once a week	9.3	3.8	10.8	8.8
Never or almost never	16.9	15.1	16.9	11.4
Total	100.0	100.1(a)	99.9(a)	100.0
N(1)	118	106	83	114

(1) N in the table is the number of eligible respondents who had access to radio.

(a) Total is more or less than 100 percent due to rounding error.

Table-1.1

DISTRIBUTION OF SAMPLE AREAS BY DIVISION AND DISTRICT

Division	Greater District	Rural areas			Urban areas	Total
		OTEP	Adjacent Non-OTEP	Remote Non-OTEP		
CHITTAGONG	Chittagong	–	–	1	2	3
	Comilla	2	1	–	–	3
	Sylhet	–	–	1	–	1
	Noakhali	–	–	1	1	2
	Sub-total	2	1	3	3	9
DHAKA	Dhaka	2	1	–	4	7
	Mymensingh	1	3	–	–	4
	Tangail	1	1	–	–	2
	Jamalpur	–	–	–	1	1
	Faridpur	–	1	–	–	1
	Sub-total	4	6	–	5	15
KHULNA	Barisal	3	2	–	–	5
	Patuakhali	1	1	–	–	2
	Jessore	–	–	–	–	–
	Khulna	–	–	–	–	–
	Kustia	–	–	–	1	1
	Sub-total	4	3	–	1	8
RAJSHAHI	Dinajpur	–	–	1	–	1
	Pabna	–	–	1	–	1
	Rajshahi	–	–	2	–	2
	Rangpur	–	–	1	1	2
	Sub-total	–	–	5	1	6
Total		10	10	8	10	38

Table-10.4

STATUS OF RADIO LISTENING AMONG RESPONDENTS BY AREA, BASED ON TOTAL SAMPLE

Status of radio listening	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Female sample		
Have no access	26.7	30.1	22.3	6.7
Have access but don't listen	22.0	28.0	41.7	36.2
Have access and listen	51.3	42.0	35.9	57.0
Daily or almost daily	32.7	25.2	18.4	28.2
Several times a week or more	40.7	28.7	26.2	48.3
N(2)	150	143	103	149
		Male sample		
Have no access	4.1	9.4	18.6	10.9
Have access but don't listen	16.3	13.7	13.7	10.2
Have access and listen	79.7	76.9	67.6	78.9
Daily or almost daily	25.2	30.8	28.4	37.5
Several times a week or more	62.6	57.3	54.9	57.8
N(2)	123	117	102	128

(1) Derived by combining the data in tables 10.2 and 10.3.

(2) N in the table is the total number of eligible respondents.

Among respondents having access to radio and reported listening to radio, the proportion was higher among those who reported listening to radio several times a week or more than among those who reported listening to radio daily or almost daily. For example, among females in the OTEP areas, 40.7 percent reported having listened to radio several times a week or more, and the proportion was 32.7 percent among those who reported listening to radio daily or almost daily. Similarly, among males in the OTEP areas, 62.6 percent reported listening to radio several times a week or more, and 25.2 percent reported having listened to radio daily or almost daily.

10.1.4. Favorite types of radio programs:

Table-10.5 shows the percentage distribution of respondents by their favorite types of radio programs. Among females, the most favorite programs was music, followed by drama. News ranked third, and public information fourth. Among males, excepting those in the remote non-OTEP areas, news was the most favorite radio program, followed by music. Drama and public information came next.

Among females in the OTEP areas, 30.6 percent, 24.7 percent and 15.6 percent respectively reported music, drama and news as their most favorite, second most favorite and their third most favorite radio programs. The comparable figures for females in remote non-OTEP areas were 32.7 percent, 18.9 percent and 21.6 percent respectively. Among males in the OTEP areas, 32.7 percent, 30.6 percent and 12.2 percent respectively reported news, music and public information as their most favorite, second most favorite and third most favorite radio programs. The comparable figures for males were 17.4 percent, 60.9 percent and 2.9 percent respectively.

10.2. Television:

10.2.1. Availability of television:

The availability of television was assessed in the same way as was the availability of radio.

A very negligible proportion of respondents in rural areas (and, none among the females in the OTEP areas) reported that they had television at home. In contrast, 14.8 percent and 22.7 percent of female and male respondents in urban areas reported that they had television at home. Most respondents who reported having television at home reported that their television were in working condition (Table-10.6).

Table-10.5

FAVORITE TYPES OF RADIO PROGRAMS
BY AREA

Type of programs	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
News	15.6	23.3	21.6	14.1
Music	50.6	33.3	32.4	37.6
Drama	24.7	30.0	18.9	42.4
Sports	1.3	-	-	-
Public information	7.8	13.3	18.9	1.2
Other	-	-	8.1	4.7
Total	100.0	99.9(a)	99.9(a)	100.0
N(1)	77	60	37	85
		Male sample		
News	32.7	38.9	17.4	41.6
Music	30.6	22.2	60.9	26.7
Drama	12.2	12.2	13.0	11.9
Sports	2.0	3.3	4.3	5.9
Public information	16.3	16.7	2.9	12.9
Other	6.1	6.7	1.4	1.0
Total	99.9(a)	100.0	99.9(a)	100.0
N(1)	98	90	69	101

(1) N in the table is the number of eligible respondents who had listened to radio.

(2) Total is less than 100 percent due to rounding error.

Table-10.6

REPORTING(1) OF AVAILABILITY OF TELEVISION BY AREA

Reporting of television availability	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Television in house (Net)	-	0.7	1.9	14.8
Working television in house	-	0.7	1.9	13.4
Television in house but not working	-	-	-	1.3
No television in house (Net)	100.0	99.3	98.1	85.2
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Television in house (Net)	0.8	0.9	2.0	22.7
Working television in house	0.8	0.9	2.0	22.7
Television in house but not working	-	-	-	-
No television in house (Net)	99.2	99.1	98.0	77.3
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

10.2.2. Access to television:

Access to television was assessed in the same way as access to radio. Access to television was much higher in urban areas than in rural areas. Among females in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas, 24.7 percent, 25.2 percent, 39.8 percent and 69.8 percent respectively had access to television, and among males the corresponding percentages are 56.1 percent, 46.2 percent, 52.0 percent and 85.2 percent respectively (table-10.7).

Most respondents who reported having access to television said that they had access to neighbour's television or watched television at a public place. For example, among females in the OTEP areas, none had television at home, although 24.7 percent had access to neighbour's television or watched television at a public place. The comparable figures for males were 0.8 percent and 55.3 percent respectively. In the remote non-OTEP areas, 1.9 percent had working television at home, and 37.9 percent had access to neighbour's television or watched television at a public place, and the comparable figures for males were 2.0 percent and 50.0 percent respectively.

10.2.3. Freguency of watching television:

Table-10.8 shows the frequency of watching television among respondents having access to television. The table clearly shows that the proportion that never watched television was quite high, especially among females. Among females in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas, 64.7 percent, 66.7 percent, 90.0 percent and 48.1 percent respectively reported having never watched television. The comparable figures for males were 36.2 percent, 40.7 percent, 37.7 percent and 22.9 percent respectively.

Among those who reported having watched television, only few reported watching television daily, and most reported watching television only once or twice a month. Among females, 21.6 percent, 22.2 percent, 2.5 percent, and 21.2 percent respectively reported watching television only once or twice a month in the OTEP, adjacent non-OTEP, remote non-OTEP and urban areas. Among males, the corresponding figures were 34.8 percent, 29.6 percent, 28.3 percent and 31.2 percent respectively.

Curiously enough, there were quite a few respondents who inspite of having access to television did not watch television. Among females in the OTEP, adjacent non-OTEP remote non-OTEP and urban areas, 16.0 percent, 16.8 percent, 35.0 percent and 33.6 percent respectively reported that although they had access to television, they did not watch television. The comparable figures for males were 18.7 percent, 18.8 percent, 19.6 percent and 19.5 percent (table-10.9). That is, the proportion of respondents who had access to television but did not watch television was highest among the respondents in the remote non-OTEP areas, and the difference was particularly pronounced among female respondents.

Table-10.7

REPORTING(1) OF ACCESS TO TELEVISION BY AREA

Reporting of access to television	Rural sample			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Have access (Net)	24.7	25.2	39.8	69.8
Working television in house	-	0.7	1.9	13.4
Have access to neighbours television or at public place	24.7	24.5	37.9	56.4
Don't have access (Net)	75.3	74.8	50.2	30.2
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Have access (Net)	56.1	46.2	52.0	85.2
Working television in house	0.8	0.9	2.0	22.7
Have access to neighbours television or at public place	55.3	45.3	50.0	62.5
Don't have access (Net)	43.9	53.8	48.0	14.8
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

Table-10.8

FREQUENCY OF WATCHING TELEVISION
BY AREA

Frequency	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Daily	8.1	5.6	5.0	15.4
Several times a week	2.7	2.8	-	10.6
About once a week	2.7	-	2.5	3.8
Once or twice a month	21.6	22.2	2.5	21.2
Never	64.7	66.7	90.0	48.1
Other	-	2.8	-	1.0
Total	100.0	100.1(a)	100.0	100.1(a)
N(1)	37	36	40(b)	104
		Male sample		
Daily	4.3	1.9	1.9	16.5
Several times a week	10.1	16.7	24.5	12.8
About once a week	11.6	11.1	7.5	16.5
Once or twice a month	34.8	29.6	28.3	31.2
Never	36.2	40.7	37.7	22.9
Other	2.9	-	-	-
Total	99.9(a)	100.0	100.0	99.9(a)
N(1)	69	54	53	109

(1) N in the table is number of eligible respondents who had access to television.

(a) Total is more or less than 100 percent due to rounding error.

(b) There is 1 NS (Not Stated) case for females in remote Non-OTEP areas.

Table-10.9

STATUS OF TELEVISION WATCHING BASED ON THE TOTAL SAMPLE BY AREA

Status of TV watching	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Have no access	75.3	74.8	60.2	30.2
Have access but don't watch	16.0	16.8	35.0	33.6
Have access and watch	8.7	8.4	3.9	36.2
Watch daily	2.0	1.4	1.9	10.7
Watch several times a week or more	2.7	2.1	1.9	18.1
N(2)	150	143	103	149
		Male sample		
Have no access	43.9	53.8	48.0	14.8
Have access but don't watch	18.7	18.8	19.6	19.5
Have access and watch	37.4	27.4	32.4	65.6
Watch daily	2.[illegible]	0.9	1.0	14.1
Watch several times a week or more	8.1	8.5	13.7	25.0
N(2)	123	117	102	128

(1) Derived by combining the data in tables 10.7 and 10.8.

(2) N in the table is the total number of eligible respondents.

Among respondents having access to television and who reported having watched television, the proportion was highest among those who reported watching television several times or more a week than among those ;who reported watching telvision daily, and the difference was much more pronounced among males than among females. For example, among females in the DTEP areas, 2.7 percent reported having watched television several times or more a week, and 2.0 percent reported having watched television daily. Among males in the DTEP areas, 8.1 percent reported having watched television several times or more a week, while 8.1 percent reported having watched television daily.

10.2.4. Favorite types of television programs:

Table-10.10 shows the percentage distribution of respondents by their favorite type of television programs. Among females, the most favorite program was drama, mentioned by 61.5 percent, 63.6 percent, 75.0 percent and 81.1 percent respectively of those living in the DTEP, adjacent non-DTEP, remote non-DTEP and urban areas. Among females in the DTEP areas, 7.7 percent each mentioned news, music, sports, public information and other programs. In no other area, did females mention all types of programs.

As in the case of females, drama was the most favorite television program among males, mentioned by 28.6 percent, 53.1 percent, 42.4 percent and 47.6 percent respectively of those living in the DTEP, adjacent non-DTEP, remote non-DTEP and urban areas. Among males, the other favorite programs were news, music and public information.

10.3. Cinema:

Table-10.11 shows that a high proportion of the respondents never or almost never went to watch movie. Among females in the DTEP, adjacent non-DTEP, remote non-DTEP and urban areas, 95.3 percent, 92.3 percent, 94.2 percent and 64.4 percent respectively reported having never or almost never visited cinema halls. The comparable figures for males were 75.6 percent, 73.5 percent, 61.8 percent and 43.8 percent respectively.

Among females who reported having visited cinema halls, the highest frequency was recorded among those who said that they visited cinema halls only once or twice a year - the proportions were 2.7 percent, 4.9 percent, 2.9 percent and 12.1 percent respectively in the DTEP, adjacent non-DTEP, remote non-DTEP and urban areas.

Table-10.10

FAVORITE TYPES OF TELEVISION PROGRAMS
BY AREA

Type of programs	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Female sample		
News	7.7	-	25.0	5.7
Music	7.7	27.3	-	1.9
Drama	61.5	63.6	75.0	81.1
Sports	7.7	-	-	-
Public information	7.7	-	-	1.9
Other	7.7	9.1	-	9.4
Total	100.0	100.0	100.0	100.0
N(1)	13	11	4(b)	53
		Male sample		
News	26.2	15.6	9.1	17.9
Music	14.3	6.3	18.2	6.0
Drama	28.6	53.1	42.4	47.6
Sports	-	3.1	15.2	13.1
Public information	26.2	12.6	9.1	7.1
Other	4.8	9.4	6.1	8.3
Total	100.1(a)	100.0	100.1(a)	100.0
N(1)	42	32	33	84

(1) N in the table is number of eligible respondents who had watched television.

(a) Total is more than 100 percent due rounding error.

(b) There was 1 NS (Not Stated) case for females in remote Non-OTEP areas.

In the households selected for female interviews, all ever-married women having children under 5 years were attempted for interviews. The same procedure was followed for male interviews.

Field interviews were successfully completed in all the 38 sample areas (SSUs). Out of the total number of 1140 households selected, 1088 (542 for female interviews and 546 for male interviews) were successfully enumerated. The overall rates of non-response for household interviews were 4.9 percent for female interviews and 4.2 percent for male interviews. Table-1.2 shows the distribution of households selected and successfully interviewed by area (stratum).

Table-1.2

NUMBER OF HOUSEHOLDS SELECTED AND INTERVIEWED BY AREA

Households	Rural areas			Urban Areas	Total
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP		
		Female sample			
Selected	150	150	120	150	570
Successfully interviewed	146	142	115	139	542
Non-response rate (percentage)	2.7	5.3	4.2	7.3	4.9
		Male sample			
Selected	150	150	120	150	570
Successfully interviewed	144	142	116	144	546
Non-response rate (percentage)	4.0	5.3	3.3	4.0	4.2

Among the enumerated households, the number of completed individual interviews was 1061 (563 for females and 498 for males). The successfully female and male interviewed respondents were distributed over the four strata as follows: OTEP areas 150 females and 123 males, Adjacent non-OTEP areas 143 females and 117 males, Remote Non-OTEP areas 103 females and 102 males, and urban stratum 149 females and 128 males. The non-response rate for females was 3.2 percent and that for males 5.6 percent. The number of successfully interviewed respondents by area is shown in table-1.3.

Table-10.11

FREQUENCY OF CINEMA ATTENDANCE
BY AREA

Frequency	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Female sample		
Every week or more	-	-	-	0.7
2 or 3 times a month	0.7	-	1.0	6.0
About once a month	0.7	0.7	1.0	6.0
Several times a year	0.7	2.1	1.0	10.7
Once or twice a year	2.7	4.9	2.9	12.1
Never or almost never	95.3	92.3	94.2	64.4
Total	100.1(a)	100.0	100.1(a)	99.9(a)
N(1)	150	143	103	149
		Male sample		
Every week or more	1.6	2.6	7.8	7.0
2 or 3 time a month	1.6	2.6	6.9	8.6
About once a month	5.7	7.7	6.9	18.8
Several times a year	3.3	6.8	10.8	10.2
Once or twice a year	12.1	6.8	5.9	11.7
Never or almost never	75.6	73.5	61.8	43.8
Total	100.0	100.0	100.1(a)	100.1(a)
N(1)	123	117	102	128

(1) N in the table is the total number of eligible respondents.

(a) Total is more or less than 100 percent due to rounding error.

Among males in the OTEP areas, the highest frequency was recorded among those who said that they visited cinema halls only once or twice a year - 12.2 percent. Among males in the adjacent non-OTEP areas, the highest frequency was recorded among those who said that they visited cinema halls about once a month - 7.7 percent. Among males in the remote non-OTEP areas, the highest frequency was recorded among those who said that they visited cinema halls several times a year - 10.8 percent. Among urban males, the highest frequency was recorded among those who said that they visited cinema halls only once or twice a year.

10.4 Newspaper/magazine:

The practice of reading newspaper or magazine was extremely low among the respondents, particularly among females.

Among females in the OTEP, adjacent non-OTEP and remote non-OTEP areas, over 90 percent reported that they never or almost never read newspaper or magazine, and the proportion was just over 80 percent among urban females. Among males in the OTEP areas, 84.6 percent never or almost never read newspaper or magazine, and the proportion was over 75.0 percent among males in the adjacent non-OTEP and remote non-OTEP areas, while the proportion was 43.8 percent among urban males (table-10.12). Thus, it becomes evident that although the practice of reading newspaper or magazine was, in general, extremely low, the situation was even worse among females among repondents living in rural areas.

The proportion reading newspaper or magazine daily or almost every day was incredibly low, particularly among females. Only 2.0 percent of females living in the OTEP areas reported having read newspaper or magazine daily or almost daily, and the proportion was 4.7 percent among urban females. These proportions were 3.2 percent and 35.1 percent respectively among males in the OTEP areas and in urban areas.

Table-10.12

FREQUENCY OF READING NEWSPAPER OR MAGAZINE BY AREA

Frequency	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Daily	2.0	-	-	2.7
Almost every day	-	-	-	2.0
Several times a week	0.7	-	-	4.7
About once a week	0.7	-	1.9	5.4
Once or twice a month	4.0	4.9	1.9	4.0
Never or almost never	92.7	95.1	96.1	81.2
Total	100.1(a)	100.0	99.9(a)	100.0
N(1)	150	143	103	149
		Male sample		
Daily	0.8	1.7	3.9	28.1
Almost every day	2.4	0.9	2.0	7.0
Several times a week	3.3	5.1	3.9	10.9
About once a week	1.6	2.6	2.9	3.1
Once or twice a month	7.3	14.5	9.8	7.0
Never or almost never	84.6	75.2	77.5	43.8
Total	100.0	100.0	100.0	99.9(a)
N(1)	123	117	102	128

(1) N in the table is the total number of eligible respondents.

(a) Total is more or less than 100 percent due to rounding error.

Chapter-11

SUMMARY AND CONCLUSION

BRAC has been conducting a number of supporting activities for the successful implementation of the Oral Therapy Extension Program (OTEP). One of the most important supporting activities is the campaign done through different sources of mass media. The specific objectives of the campaign are to raise the general awareness about and credibility of LGS(Labon-Gur Saline), and to support OTEP efforts to disseminate knowledge about the preparation of LGS and its administration to treat diarrhoeal patients. The campaign covers the whole country with special emphasis on OTEP areas.

A study was undertaken to assess the impact of the campaign on the OTEP activities using a nationally representative sample. The study covered eight specific objectives (see pp.2-3), and the main findings have been presented in the report.

The median ages of female respondents in the sample ranged between 29.2 years and 31.4 years, and that of male respondents between 34.4 and 38.6 years. The median number of their living children was 3 in all areas, excepting among males in the OTEP areas who had 4 living children. About one-half of the respondents reported that they had school-going children. Among female respondents, over 62 percent never went to school. Among the male respondents the proportion never attending school was lowest (34.4 percent) in urban areas and highest (60.2 percent) in the OTEP areas. The majority of the husbands of the female respondents as well as the male respondents themselves were agriculturists. The level of female employment was very low. The vast majority of the respondents are Muslims. A sizable proportion of the respondents belonged to landless households, more so in urban areas.

Awareness of khabar saline was considerably high among the respondents, and was highest in the OTEP areas and lowest in the remote non-OTEP areas. Radio and field workers were the two major sources of awareness about khabar saline, radio being more important among males than among females, and the reverse was true in respect of field workers. Besides, field worker was relatively more important than radio in the OTEP and adjacent non-OTEP areas, and the reverse was true in the remote non-OTEP and urban areas.

Awareness of mass media messages on khabar saline was appreciably high, especially among urban males, and the proportion reporting of awareness was lowest among both males and females in the remote non-OTEP areas. Radio was the most important source of awareness of mass media message on khabar saline. Next important source of message awareness was television, although its importance was considerably low compared to radio. When asked to recall the contents of the messages, most respondents reported that the messages told them about preparation of khabar saline. The next most frequently recalled content was to use khabar saline when attacked with diarrhoea, and the third most frequently recalled content was to continue khabar saline until diarrhoea is checked. Most respondents said that diffusion of knowledge about khabar saline through the messages was beneficial. Over one-half of the male and female respondents aware of the messages in the OTEP and adjacent non-OTEP areas said that they discussed the messages with others, although a lower proportion of the respondents in urban areas and remote non-OTEP areas reported having discussed the message with others. Most respondents reported having discussed the messages with neighbours and villagers. Respondents aware of the messages universally recognized that the message contents were useful.

There was less awareness of mass media messages on diarrhoea prevention than on khabar saline, and this was true among both the male and female respondents in every sample area. Awareness of diarrhoea prevention was higher among respondents in urban areas than in rural areas, and was higher among males than among females. In rural areas, awareness was higher among the repondents in the OTEP and adjacent non-OTEP areas than in the remote non-OTEP areas, and the differential was more pronounced among males than among females. Radio was the single most important source of awareness of diarrhoea prevention messages. Although television ranked second in importance, the proportion depending on television was low. When asked to recall contents of messages on diarrhoea prevention, a considerable proportion recalled message contents on (i) cleanliness, (ii) drinking of safe water, and (iii) fresh foods.

Among the respondents, a high proportion reported that they were able to make khabar saline, and this was true among both males and females. Among females, the proportion reporting ability to prepare khabar saline was highest in the OTEP areas and lowest in the urban areas, and among males the proportion was highest in the OTEP areas and lowest in the remote non-OTEP areas. Among those respondents who reported that they were unable to prepare khabar saline, lack of knowledge about methods of preparation and absence of felt need to acquire the ability were the main causes accounting for their reported inability. Over one-half of the female respondents in the OTEP and urban areas and over two-fifths in the adjacent non-OTEP and remote non-OTEP areas reported

preparation of khabar saline. Among males the proportion reporting preparation of khabar saline was somewhat lower. There were, however, considerable variations in reporting the method of saline preparation among the respondents, both within and between areas. Hence, we cannot draw any uniform conclusion about the knowledge of saline preparation among the study population.

Two aspects of saline administration were widely known among the study population, and these aspects were to: (i) give the saline as soon as diarrhoea develops, and (ii) give the saline frequently until diarrhoea is stopped. On average, respondents of the OTEP areas knew more aspects of administration than respondents from the other areas, and, in general, females were more knowledgeable about the administration of the saline than were males.

Among the survey population, khabar saline was almost universally considered good for diarrhoea patients. The most frequently mentioned reason for considering khabar saline good was that it can be easily prepared at home with minimum expenses and within a short time. The other frequently mentioned reasons were that, khabar saline quickly checks diarrhoea and khabar saline is the first aid for diarrhoea patients.

Those respondents who had never used khabar saline in diarrhoea treatments were asked whether they would give khabar saline to their children if attacked with diarrhoea in future. Respondents everywhere in the sample almost universally expressed their intention to use khabar saline. The finding is encouraging, and has possibly resulted from the campaign.

A very high proportion of females in the OTEP areas said that field workers visited them and told them about khabar saline/diarrhoea. The proportion was lower among males in the OTEP areas, and lower among the respondents in the other areas. This indicates that BRAC field workers have been active in popularizing the campaign. The major topics of field worker's discussion with the respondents regarding khabar saline related to the preparation and administration of khabar saline, and the major topic of their discussion regarding diarrhoea related to measures of diarrhoea prevention.

Among the professionals interviewed, awareness of khabar saline was universal, although the percentage of overall spontaneous awareness was 85 percent. Radio and field workers were the major sources of awareness of khabar saline among the professionals. Printed media, training centre, television, doctors and hospitals were the other sources of awareness.

The medical practitioners had favourable attitudes towards khabar saline. Knowledge of preparation of khabar saline was universal among them, and the same was also true in respect of usage of khabar saline. An overwhelming proportion considered that khabar saline is good. Over one-half of them considered that it was good for diarrhoea, and less than one-half thought that it was a primary preventive measure of diarrhoea. About two-thirds of those who thought that khabar saline was good said that it is better to prescribe medicine for those who can afford it, and they advanced various reasons in favour of prescribing medicine. Over four-fifths of the professionals reported that they would, in future, use khabar saline to treat diarrhoea patients.

Professionals awareness of mass media messages was substantially high. They thought people have benefitted from the messages, and they themselves found the contents useful and thought the messages were good. Many professionals thought that messages through pictures were very effective.

Reporting of sickness in the family during the month preceding the survey was lower in the DTEP areas compared to all other areas, although the proportion reporting of diarrhoea cases was higher in the DTEP areas than in all other areas. Almost everyone in the female sample and all in the male sample reported that by diarrhoea they meant "frequent loose motion and vomiting".

Availability of radio was low among the study population, especially in rural areas, more so when working radios are considered. It was highest among urban respondents while it was lowest among respondents living in the adjacent non-DTEP areas, and there was very litte difference among respondents living in the DTEP and remote non-DTEP areas. Access to radio was higher among males than among females in all areas, excepting in urban areas. The proportion listening to radio daily was generally low, and the proportion having never or almost never listened to radio was substantially higher among females than among males. And, curiously enough, there were quite a few respondents who reported that inspite of having access to radio they did not listen to radio, and the proportion of such respondents was higher among females than among males. The most favorite radio program among females was music, followed by drama, and among males, excepting those in the remote non-DTEP areas, news was the most favorite radio program, followed by music.

A very negligible proportion of the rural respondents and a small proportion of the urban respondents reported that they had television at home. Access to television was higher among males than among females, and higher in urban areas than in rural areas. Most respondents had access to television at a neighbour's house or at a public place. Among those who reported having watched television, only a few reported having watched television daily.

And surprisingly enough, there were quite a few respondents, who reported that, inspite of having access to television they did not watch it. Both among males and females, the favorite program was drama, followed by news, music, etc.

Compared to the proportions reporting having never watched television, the proportion reporting having never watched movies and having never read newspapers was even higher. The very high proportion having never read newspapers is due to the very low literacy level prevailing among the study population, especially among females.

R E F E R E N C E

Bogue, D.J.
1970 A Model Interview for Fertility Research and Family Planning Evaluation, University of Chicago, Chicago.

Bogue, D.J. and V.S. Heiskanen
1963 How to Improve Written Communication for Birth Control, University of Chicago, Chicago.

BRAC
1985 Report on Oral Therapy Extension Program (OTEP), Phase-II, BRAC, Dhaka.

1984 Report on Oral Therapy Extension Program (OTEP), Phase-I, BRAC, Dhaka.

Population Reports
1985 Oral Rehydration Therapy (ORT) for Childhood Diarrhoea, Series-1, Number-2.

Appendix-A

IMPACT STUDY OF THE LGS CAMPAIGN-1985

Questionnaire

Mitra And Associates
2/17, Iqbal Road, Mohammadpur
Dhaka-7, Bangladesh.

Table-1.3

INDIVIDUAL RESPONDENTS SELECTED AND SUCCESSFULLY INTERVIEWED BY AREA

Households	Rural areas			Urban Areas	Total
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP		
		Female sample			
Selected	157	146	107	153	563
Successfully interviewed	150	143	103	149	545
Non-response rate (percentage)	4.5	2.1	3.7	2.6	3.2
		Male sample			
Selected	133	123	106	138	498
Successfully interviewed	123	117	102	128	470
Non-response rate (percentage)	6.1	4.9	3.9	7.2	5.6

One hundred professionals (e.g. doctors, quacks, etc.) were interviewed, taking at least two professionals from each area.

1.5. Questionnaires:

For the purpose of this study two questionnaires were used - one for individual users, and the other for professionals. (See Appendix-'A' and Appendix-'B').

The questionnaire for users was used to interview eligible women and eligible men in their respective samples. The questionnaire had two parts, the household part and the individual part. The household part was used to identify eligible respondents who should be interviewed, while the individual part was administered to an eligible respondent for obtaining the pertinent survey information. The user questionnaire included the following information.

1. identification of the respondent: name, address, sample identification number;

2. background characteristics: age, religion, education, occupation and employment status, number of living children, landownership, etc.;

IMPACT STUDY OF THE LGS CAMPAIGN-1985

SAMPLE IDENTIFICATION

NAME OF HOUSEHOLD HEAD_____

OCCUPATION OF HOUSEHOLD HEAD_____

SAMPLE H.H.NO. | | | | CONVERTED H.H.NO. | | | | |

District_____ Thana/Upazila _____

Union_____ Village/Mahallah _____

STRATUM | | | | PSU | | | | SSU | | | GROUP | |

INTERVIEW INFORMATION

Interview call	1	2	3	4
Date				
Result Code*				

Interviewer Code | | | No. of ER's_____

*RESULT CODE:

Completed	1	Dwelling vacant	5
No competent Respondent	2	Address not found	6
Deferred	3	Address not existing	7
Refused	4	Others (Specify)_____	8

Scrutinized | |

By | | | |

Date _____

Reinterviewed or spot checked | |

By | | | |

Date_____

Batch No._____

Male/Female Household Members

Please tell me the names of all the females/males (including children) who spent last night in this household.

Line No. of Male/Female Members	How old is she/he ? (completed years)	Has she ever been married Yes / No	If ever married has he/she any children under 5 years of age	Eligibility (Please Tick)

INDIVIDUAL QUESTIONNAIRE

Village or Block _____ Time Started _____

Line No. of Respondent | | | |

Converted H.H. Serial No. | | | | | |

INTERVIEW INFORMATION

Interview Call	1	2	3	4
Date				
Result Code*				
Interviewer's Code Number				

*INTERVIEWER: For each call, enter the appropriate result code as follows.

Completed	1
Incomplete	2
Respondent not available	3
Deferred	4
Refused	5
Others (Specify)	8 _____

Scrutinized	Reinterviewed or spot checked	Edited	Coded
By	By	By	By
Date	Date	Date	Date

On behalf of UNICEF/Dhaka, we are conducting a research on sickness in Bangladesh. For this purpose, I need some information from you. What ever you say shall be kept confidential and be used only for research purposes.

A. First of all, I want to know if any one in your family had any sickness in the last one month period.

1	Yes	2	No

(GO TO C)

B. What kind of sickness was it ?

1	Diarrhoea	2	Other than diarrhoea

(GO TO 1)

C. Did any one in the family have diarrhoea ?

1	Yes	2	No

1. I want to know what you yourself understand by the term, diarrhoea. Please describe this in your own words.

_____

_____

_____

2a. If any of your children suffers from diarrhoea, what do you do ? (PROBE)

_____

_____

_____

2b. Interviewer: Tick the appropriate box(es) from the above response.

[1]	Consults others	[2]	Prepares treatment (GO TO 4)
[3]	Does not do anything (GO TO 4)	[4]	Others _____ (Specify) (GO TO 4)

3a. Whom do you usually consult with ?

_____

_____

_____

3b. What do you consult with ? (PROBE)

_____

_____

_____

4. If any of your children is attacked with diarrhoea, how will he/she usually be treated ?

[1]	No treatment	[2]	LGS
[3]	ORS Pkt.	[4]	Others _____ (Specify)

5. Did any of your children suffer from diarrhoea in the last one week time ?

[1]	Yes	[2]	No (GO GO 7)

6. How was she/he treated ?

_____

_____

_____

Awareness of Khabar Saline

7. Interviewer: Check questions 4 and 6, and tick the appropriate box.

[1]	Aware of Khabar Saline	[2]	Other

(GO TO 10)

8. Do you know or have you ever heard of Khabar Saline that is used to treat diarrhoea ?

[1]	Yes	[2]	No

9. Khabar Saline is prepared with labon and gur. Do you know of, or have you ever heard of this ?

[1]	Yes	[2]	No

10. Where from/from whom have you known or heard of Khabar Saline/labon gur saline ?

(1) _____

(2) _____

(3) _____

(4) _____

Interviewer: If more than one source mentioned, ask the following question, otherwise GO TO 12

11. Where from/from whom did you first know/hear of Khabar Saline ?

_____

_____

_____

Awareness of mass-media messages

12. Have you ever seen/heard/read any message, story, or advertisement about Khabar Saline ?

[1]	Yes	[2]	No

13. Where did you hear or see it ? (PROBE) Did you hear or see it anywhere else ? Anywhere else ? (Check all media named but do not read the list).

[ ]	Radio	[ ]	TV
[ ]	Newspaper / Magazine	[ ]	Bill Board/Poster
[ ]	Leaflet	[ ]	Others _____ (Specify)

(For all media ticked, ask the appropriate questions through 14 to 18, starting with: you said you heard (saw, read) message/story/advertisement about Khabar Saline)___

Radio

14a. What did Radio say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

14b. Did you find the contents useful ?

_____

_____

14c. How did you like the advertisement ?

_____

_____

Anything else ? _____

_____

14b. Did you find the contents useful ?

1	Yes		2	No

14c. How did you like the advertisement ?

_____

_____

Anything else ? _____

_____

Newspaper/Magazine

15a. What did Newspaper/Magazine say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

15b. Did you find the contents useful ?

1	Yes		2	No

15c. How did you like the newspapar/magazine ?

_____

_____

Anything else ? _____

_____

Poster/Bill board

16a. What did Poster/Bill board say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

12. Where did you hear or see it ? (PROBE) Did you hear or see it anywhere else ? Anywhere else ? (Check all media named but do not read the list).

[ ]	Radio	[ ]	TV
[ ]	Newspaper/ Magazine	[ ]	Bill Board/Poster
[ ]	Leaflet	[ ]	Others _____ (Specify)

(For all media ticked, ask the appropriate questions through 14 to 18, starting with: you said you heard (saw, read) message/story/advertisement about Khabar Saline)___

Radio

13a. What did radio say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

13b. Did you find the contents useful ?

[1]	Yes	[2]	No

13c. How did you like the advertisement ?

_____

_____

Anything else ? _____

_____

Television

14a. What did Television show about Khabar Saline ?

_____

_____

Anything else ? _____

_____

Television

15a. What did Television show about Khabar Saline ?

_____

_____

Anything else ? _____

_____

15b. Did you find the contents useful ?

_____

_____

15c. How did you like the advertisement ?

_____

_____

Anything else ? _____

_____

Newspaper/Magazine

16a. What did Newspaper/Magazine say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

16b. Did you find the contents useful ?

_____

_____

16c. How did you like the Newspaper/Magazine ?

_____

_____

Anything else ? _____

_____

3. concept of diarrhoea and its treatment;

4. awareness of, and attitudes toward khabar saline;

5. interpersonal communication;

6. awareness and sources of mass media messages on khabar saline and diarrhoea prevention;

7. retention of message contents;

8. accessibility to mass media.

The questionnaire for professionals was used to interview medical practitioners and other allied professionals to ascertain their attitudes towards khabar saline.

The draft questionnaires were prepared by the professional staff of 'Mitra and Associates'. The drafts were reviewed by UNICEF/Dhaka. After review, the questionnaires were modified. The finalised modified questionnaires were pretested, and then, finalised. The English version of the questionnaire was translated into Bengali by Mitra and Associates and the translated version was printed for interviewing.

The user questionnaire contained 79 questions, of which 39 were open-ended; while that of professionals contained 37 questions, including 19 open-ended questions.

1.6. Field operations:

Field operations in the survey included pretesting of the questionnaires, household listing, field interviewing and quality control checking.

1.6.1. Pretest interviewing:

Pretest interviewing was aimed at providing idea on the length of the interview, feedback on the suitability of the questions, and the flow of sequence of the questions. Pretest interviewing was conducted in a purposively selected urban area of Dhaka city and the rural area of Savar which is about 25 kms. away from the capital city. Based on pretest results, the questionnaires were finalised incorporating the necessary modifications.

1.6.2. Household listing:

Households in all the 38 selected sample spots were listed. The listed households were marked on the area map along with important landmarks of the area. A team of two lister/mappers was

Poster/Bill Board

17a. What did Poster/Bill Board say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

17b. Did you find the contents useful ?

_____

_____

17c. How did you like the Poster/Bill Board ?

_____

_____

Anything else ? _____

_____

Leaflet

18a. What did Leaflet say about Khabar Saline ?

_____

_____

Anything else ? _____

_____

18b. Did you find the contents useful ?

_____

_____

18c. How did you like the Leaflet ?

_____

_____

Anything else ? _____

_____

19. Have you **ever seen/heard/read** any messages/stories/advertisements about how to prevent diarrhoea ?

[1]	Yes	[2]	No

(GO TO 25)

20. Where did you hear or see or read it or these ? (PROBE) Did you hear or see anywhere else ? Anywhere else ? (Tick all media mentioned)

[ ]	Radio	[ ]	TV
[ ]	Bill Board or Poster	[ ]	Leaflet
[ ]	Press	[ ]	Others _____ (Specify)

21. What did _____ (1st medium) say about prevention of diarrhoea ?

_____

_____

Anything else ? _____

_____

22. What did _____ (2nd medium) say about prevention of diarrhoea ?

_____

_____

Anything else ? _____

_____

23. How did you feel about the message in _____ (1st medium) ? (PROBE)

_____

_____

Anything else ? _____

_____

24. How did you feel about the message in _____ (2nd medium) ? (PROBE)

_____

_____

Anything else ? _____

_____

Field Workers' Visits

25. Did anybody ever visit you to say you something about Khabar Saline/Diarrhoea ?

1	Yes	2	No

(GO TO 27)

26. Who was the person ? (PROBE)

1	Field worker (ORW/TC)	2	Others _____ (Specify)

(GO TO 28)

27. Do you know or hear of any diarrhoea prevention worker working in your locality ?

1	Yes	2	No

(GO TO 31)

28. Is the person male or female ?

1	Male	2	Female

29. What did he/she say you about Khabar Saline ?

_____

_____

Anything else ? _____

_____

30. What did he/she say you about diarrhoea ?

_____

_____

Anything else ? _____

_____

Use Pattern

31. Interviewer: Check questions 7,8,9 and tick the appropriate box below:

1	Aware of Khabar Saline	2	Not aware of Khabar Saline

(GO TO 41a)

32. Now I want to ascertain if you yourself know how to prepare Khabar Saline ?

_____

_____

_____

33. Can you make the Saline yourself ?

1	Yes	2	No

(GO TO 35)

34. Why can't you make it ? (PROBE)

_____

_____

_____

(GO TO 36)

35. Have you ever prepared the Saline ?

1	Yes	2	No

(GO TO 37)

36. Please tell me how Khabar Saline should be administered ? (PROBE)

_____

_____

_____

37. Interviewer: Check questions 4 and 6, and tick the appropriate box:

! 1 !	Uesed the Saline	! 2 !	Not certain

(GO TO 39)

38. If any of your children is attacked with diarrhoea, would you treat him/her with Khabar Saline ?

! 1 !	Yes	! 2 !	No

39. Now I want to know what you really think of Khabar Saline. Do you think Khabar Saline is good for diarrhoeal treatment?

! 1 !	Yes	! 2 !	No

(GO TO 41)

40. Why do you believe it is good ? (PROBE)

_____

_____

_____

(GO TO 41a)

41 Why do you believe it is not good ? (PROBE)

_____

_____

_____

41a. Interviewer: Check question 12 and tick the appropriate box below.

1	Heard of messages on Khabar Saline
2	Did not hear messages on Khabar Saline (GO TO 42)

41b. You have mentioned that you heard about message on Khabar Saline. Did you discuss these messages with others ?

1	Yes	2	No (GO TO 42)

41c. Whom did you discuss with ? (PROBE)

_____

_____

_____

Accessibility to mass media

42. Is there a radio in this house ?

1	Yes	2	No (GO TO 44)

43. Is it in working order ?

1	Yes	2	No

GO TO 45)

44. Is there a radio at a neighbour's house or in a public place or some other place that you sometime listen to ?

1	Yes	2	No (GO TO 47c)

For office use only:

1	Working radio in house
2	Radio in house, but not working
3	Radio in neighbour's house or at a public place
4	No access

45. About how many days a week do you listen to the radio?

1	Daily	2	Almost every day
3	Several time a week	4	About once a week
5	Less than once a week	6	Never or almost never

(GO TO 47a)

46. There are many types of programs on the radio such as news, music, drama, sports and public information (weather, agricultural reports, etc.). What is your favourite type of radio program ?

1	News	2	Music
3	Drama	4	Sports
5	Public information (weather, agricultural reports, etc.)		

47a. Is there a Television set in this house ?

1	Yes	2	No

(GO TO 47c)

47b. Is it in working order ?

1	Yes	2	No

(GO TO 48)

47c. Is there a Television at a neighbour's house or in a public place that you sometimes see ?

1	Yes	2	No

(GO TO 49)

For office use only:

1	Working television set in house
2	Television set in house, but not working
3	Television set in neighbour's house or at a public place
4	No access

48. Do you ever see Television ? About how often ?

1	Daily	2	Several times a week
3	About once a week	4	Once or twice a month
5	Never or almost never		

(GO TO 49)

48a. There are many types of programs on the television such as news, music, drama, sports and public information (weather, agricultural reports, etc.). What is your favourite type of television program ?

! 1 !	News	! 2 !	Music
! 3 !	Drama	! 4 !	Sports
! 5 !	Public information (weather, agricultural reports, etc.)		

49. About how often do you go to the cinema ?

! 1 !	Every week or more	! 2 !	2 or 3 times a month
! 3 !	About once a month	! 4 !	Several times a year
! 5 !	Once or twice a year	! 6 !	Never or almost never

50. Do you ever read a newspaper or magazine ? About how often ?

! 1 !	Daily	! 2 !	Almost every day
! 3 !	Several times a week	! 4 !	About once a week
! 5 !	Once or twice a month	! 6 !	Never or almost never

Characteristics

51. How old are you ? (Completed years)

_____ Years

52. How old is your wife (husband) ? (Completed years)

_____ Years

53. How many children do you have ?

_____ Boys _____ Girls _____ Total

1. What is your age ? _____ (Completed years)

2. What level of education have you completed/what is your last academic degree ?

_____

3. For how many years have you been practising as ..... ?

_____ (Completed years)

4. Which person do you usually treat: men, women or children or all ?

! 1 !	Men	! 2 !	Women
! 3 !	Children		

5a. For what types of diseases do you usually treat people ?

_____

_____

_____

5b. Interviewer: Tick the appropriate box from the above response

! 1 !	Mentioned diarrhoea	! 2 !	Did not mention diarrhoea

(GO TO 8)

6a. How do you treat the diarrhoeal patients ?

_____

_____

_____

6b. Interviewer: Tick the appropriate box from the above responses

! 1 !	Treated with LGS	! 2 !	Did not treat with LGS

sent to each area. In all, 5 listing teams were engaged to complete the listing work for all the sample spots in one month. Two listing supervisors were appointed to randomly verify the work of listers. Listing teams also collected such information about the sample area as communication facilities, availability of accommodation, and local influential personalities in order to facilitate the subsequent visit of the interviewing team.

1.6.3. Field interviewing:

Field interviewing in a sample spot was carried out through an interviewing team. A total of 8 interviewing teams were engaged in the survey for one month. In each team, there were two male interviewers, two female interviewers, one male supervisor, one female supervisor and one field assistant. While the interviewers did the actual interviewing, the supervisors ensured the quality of the interviews. The supervisors also helped the interviewers to deal with difficult respondents and made random checks during interviewing sessions, and correctly guided the interviewers. In addition, the male supervisor was responsible for the distribution of work among the interviewers, arranging accommodation and hiring transport for the team, and so forth. The two supervisors also had the responsibility of spot editing the filled-in questionnaires.

Respondents whose questionnaires contained inconsistent responses were re-interviewed. Non-response cases were visited at least four times, so that they could be kept, as much as practical, at the minimal level.

Male respondents were interviewed by the male interviewers and females by the female interviewers.

1.6.4. Quality control checking:

Two quality control teams were deployed to verify the quality of the work done by the interviewing teams. Each quality control team comprised one male and one female quality control officer. The team checked the work of the interviewing team in actual working situation in some randomly selected areas. Moreover, they interviewed some randomly selected respondents already interviewed to ensure accuracy of interivewing, and checked some of the interviewed households to ensure accuracy of the sample being followed. The quality control team also ensured that non-responses in the sample were really due to valid reasons.

In addition to quality control teams, senior professional staff of Mitra and Associates visited the interviewing teams in the field to supervise their work and to ensure that the work was being done properly.

Awareness of Khabar Saline

7. Interviewer: Check questions 4 and 6, and tick the appropriate box.

1	Aware of Khabar Saline	2	Other

(GO TO 10)

8. Do you know or have you ever heard of Khabar Saline that is used to treat diarrhoea ?

1	Yes (GO TO 10)	2	No

9. Khabar Saline is prepared with water, labon and gur. Do you know of, or have you ever heard of this ?

1	Yes	2	No

(TERMINATE THE INTERVIEW)

10. Where from/from whom have you known or heard of Khabar Saline/labon gur saline ?

(1) _____

(2) _____

(3) _____

(4) _____

Awareness of mass-media messages

11. Have you ever seen/heard/read any message, story, or advertisement about Khabar Saline ?

1	Yes	2	No

16b. Did you find the contents useful ?

| 1 | Yes | 2 | No

16c. How did you like the poster/bill board ?

____

____

Anything else ? ____________________________

____

Leaflet

17a. What did Leaflet say about Khabar Saline ?

____

____

Anything else ? ____________________________

____

17b. Did you find the contents useful ?

| 1 | Yes | 2 | No

17c. How did you like the leaflet ?

____

____

Anything else ? ____________________________

____

Attitudes towards Khabar Saline

18. Please explain exactly how Khabar Saline is prepared ?

____

____

____

19. When and how Khaber Saline should be administered ? (PROBE)

---

20. Do you think it is good/bad ?

! 1 !	Good (GO TO 22a)	! 2 !	Bad

21. Why do you think it is not good ? (PROBE)

(GO TO 24)

22a. Do you think it is good for all poor or rich ?

! 1 !	All (GO TO 22c)	! 2 !	Not all

22b. For whom do you think it is good ? (PROBE)

22c. Why do you think so ? (PROBE)

23a. Is it better to prescribe medicine for those who can afford it ?

! 1 !	Yes	! 2 !	No

23b. Why do you say so ? (PROBE)

_____

_____

_____

24. Interviewer: Check question 6b and tick the appropriate box.

1	Prescribed Khabar Saline	2	Not certain

25. Would you prescribe Khabar Saline for your diarrhoeal patients ?

1	Yes	2	No

IMPACT STUDY OF THE LGS CAMPAIGN-1985

PROFESSIONAL QUESTIONNAIRE

CONVERTED NUMBER | | | | | TIME STARTED _____

NAME _____

CATEGORY OF PROFESSIONAL _____

District _____ Thana/Upazila _____

Union _____ Village/Mahallah _____

STRATUM | | | | | PSU | | | | | SSU | | | | GROUP | | | |

INTERVIEW INFORMATION

Interview Call	1	2	3	4
Date				
Result Code*				
Interviewer's Code				

*INTERVIEWER: For each call, enter the appropriate result code as follows.

Completed	1
Incomplete	2
Respondent not available	3
Deferred	4
Refused	5
Others (Specify)	8 _____

Scrutinized	Reinterviewed or spot checked	Edited	Coded
By _____	By _____	By _____	By _____
Date _____	Date _____	Date _____	Date _____

59. What is your religion ?

[1]	Islam	[2]	Hindu
[3]	Christian	[4]	Others _____ (Specify)

60. Does your family have any agricultural land ?

[1]	Yes	[2]	No

(GO TO 62)

61. How many months' rice for your family do you get from the land ? (PROBE)

_____

_____

_____

62. Thank you very much for your time and cooperation.

Time interview ended _____

54. Does any of your children attend primary/secondary school ?

1	Yes	2	No

55. Have you ever attended school ? Was it a primary, madrasa, secondary school or higher that you attended last ?

1	No school	2	Primary
3	Madrasa	4	Secondary or higher
5	Others _____ (Specify)		

56. Did your wife (husband) ever attend school ? Was it a primary, madrasa, secondary school or higher that you (he) attended last ?

1	No school	2	Primary
3	Madrasa	4	Secondary or higher
5	Others _____ (Specify)		

57. What is your (your husband's) principal occupation ?

_____ Occupation (Specify)

58. Does your wife (do you) do any work for which she receives (you receive money) ?

1	Not employed	2	Employed

(GO TO 59)

58a. Do you (does she) do this work on a regular basis ?

1	Regular basis	2	Irregular basis

Appendix-B

IMPACT STUDY OF THE LGS CAMPAIGN-1985

Questionnaire for Professionals

Mitra And Associates
2/17, Iqbal Road, Mohammadpur
Dhaka-7, Bangladesh

1.7. Implementation:

Implementation of the survey involved recruitment of personnel, training and fieldwork.

1.7.1. Recruitment of personnel:

The key personnel for the study were taken from among the regular professional staff of 'Mitra and Associates', while the remaining survey personnel were recruited, on temporary basis, in two phases. Lister/mappers were recruited in the first phase and the other survey personnel such as field interviewers in the second phase.

Listers were recruited by advertising on the notice boards of different organizations engaged in population survey/research. Applicants were interviewed by a committee headed by the Director (Research) of Mitra and Associates. Most of the recruited persons had past experience of listing work in the 1983 Contraceptive Prevalence Survey (CPS) and in the 1983 Family Planning Motivation Campaign Baseline Research Study.

Recruitment of the other survey personnel was also done through advertisement as was done for listers/mappers. The minimum academic qualification set for a candidate applying for any position was a bachelor's degree from a recognised university. However, the set level was relaxed to Higher Secondary level for the position of female interviewers considering the scarcity of highly qualified female candidates in the country. Applicants were interviewed by a committee headed by the Director(Research) of Mitra and Associates. Although applications were sought for different positions, all selected candidates were recruited initially as trainee interviewers. This was done for two reasons. First, it was considered essential that persons recruited in the survey knew about the interviewing technique. Second, it enabled us to evaluate every selected candidate in terms of his/her performance during the training period before finally being appointed to a specific post.

1.7.2. Training:

Training of survey personnel was conducted in phases. Training for listers was organised in the first phase and then followed in order of interviewers, supervisors and quality control officers, editors, coders and tabulators. Training was provided by the professional staff of Mitra and Associates.

1.7.3. Field work:

Household listing work was done by 5 listing teams -- each team comprised two listers/mappers. In addition to the two supervisors supervising the work of listing teams, professional staff of Mitra and Associates also made frequent field visits to ensure that the household listing work was done properly. Field interviewing was done by 8 teams.

1.8. Monitoring of interviewer's work:

A monitoring team of two members was formed headed by a project officer to monitor the performance of interviewers by following the transfer typing method. The monitoring results were looked into on a regular basis by the Project Manager and the Deputy Project Manager to ascertain that the field work was being properly carried out. The monitoring results were utilized in determining the movement of the quality control teams.

1.9. Data processing:

Data processing tasks comprised editing, categorisation of open-ended questions, coding and manual tabulation of the survey data. For this, 2 editors, 2 editing verifiers, 3 coders, 3 coding verifiers and 4 tabulators were recruited from among the field personnel depending on their field performances.

1.9.1. Editing:

Editing was done to verify that the schedules were filled-in, and that the correct sample was interviewed; that items of information recorded or responses obtained to inter-related question were consistent with one another; that all the questions in the questionnaire were asked, and so forth. Editing work was done by the editors and editing verifiers under the guidance of two senior professional staff. While one hundred percent of edited schedules were verified by the editing verifiers, 10 percent of the verified questionnaires were checked by the senior professional staff.

1.9.2. Categorisation of responses to open-ended questions:

As mentioned earlier, there were 39 open-ended questions in the users questionnaire, and 19 in the professional questionnaire. Answers to each open-ended question were recorded "verbatim" by interviewers, and were carefully edited at the headquarters in order to delete generalised and not meaningful answers. All open-ended questions were catergorised following the well defined seven step technique (See, Bogue, 1970 and Bogue and Heiskanen, 1963).

The net code refers to the major category of answers, while the subnet code to the sub-category for the major category. After the categorisation was completed, responses to the open-ended question in every schedule were categorised and coded.

Past experiences show that categorisation and coding of responses to the open-ended questions demand professional skill. Therefore, two mid-level professionals (one project officer and one research officer) were employed to carry out this important task. In addition, the Deputy Project Manager directly supervised the categorisation work.

1.9.3. Coding:

Again, as required by the plan developed earlier for submission of the report, pertinent information in the two questionnaires was coded onto "specially designed cards". Code cards contained 80 blank cells specified by column numbers and variable names, indicating in which cell or cells, a particular item of information/response of particular question would be coded. A code book was developed assigning to each variable specific variable numbers and code columns. There were as many as seven code cards required for each schedule to code the information collected.

Coding work was carried out by a team of 3 coders and 3 coding verifiers. A hundred percent coding work was verified by coding verifiers, while 10 percent of the verified code cards were checked again by two mid-level professionals (one project officer and one research officer), who were employed to supervise the coding work.

1.9.4. Tabulation:

Tabulation was done manually according to the plan developed earlier. The plan contained dummy tables to be included in the key tables submitted immediately after the field work was completed.

Four tabulators were engaged in the tabulation work with one quality control officer as the supervisor. The Deputy Project Manager was directly involved in this work in order to provide guidance in case of any difficulty.

Key results were prepared based on manual tabulations while tables for the final report were produced using computer.

1.10. Preparation of report:

The report was prepared by the Project Director along with the Consultant and the Deputy Project Director. The draft report was prepared and submitted to sponsors for reviews and comments. On receipt of the comments, the draft was modified.

1.11. Time schedule:

The survey was completed as per time schedule given below:

Activities	Time
Project initiated	Jul.15,1987
Preparatory work	Jul.15,1985 - Aug.14,1985
Listing work	Aug.15,1985 - Sep.30,1985
Field interviewing	Sep.01,1985 - Nov.25,1985
Submission of key results	Oct.20,1985
Submission of final reports	Jul.16,1986

Chapter-2

CHARACTERISTICS OF RESPONDENTS

The characteristics of the study population are described in terms of: (i) age, (ii) number of living children, (iii) number of schoolgoing children, (iv) education, (v) occupation, (vi) employment status, (vii) religion and (viii) landownership.

2.1. Age distribution:

Age distribution of the eligible respondents are shown in table-2.1, age distribution is presented in terms of age groups.

Age grouping for males and females were done with different limits, but with identical intervals of 5 years. The lower limits for males and females were set at less than 25 years and less than 20 years respectively. The median ages of female respondents ranged from 29.2 to 31.4 years, and that of male respondents from 34.4 to 38.6 years.

2.2. Number of living children:

The distribution of respondents according to number of living children is shown in table-2.2. The median number of living children was 3 in all areas except the OTEP males who had 4 children.

2.3. Schoolgoing children:

Respondents who had living children were asked the question "does any of your children attend primary/secondary school ?". About one-half of the respondents anywhere reported that they had schoolgoing children (table-2.3).

2.4. Level of education:

Education among respondents was in general low. Among females, over 62 percent of respondents anywhere in the sample said they had never attended school. The percentages of rural males were also high ranging from 34.4 to 60.2 percent. But it was considerably lower among urban males (34.0 percent). In contrast, the proportion attending school was extremely low among females excepting those from urban areas. In urban areas 18 percent of the female respondents had secondary or higher schooling. Among rural males the proportion having secondary or higher schooling was around 20 percent and the proportion was 44 percent among urban males (table-2.4).

Table-2.1

DISTRIBUTION OF ELIGIBLE RESPONDENTS
BY AGE GROUP AND AREA

Age group	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
< 20	10.7	11.2	8.7	11.4
20 - 24	8.7	14.0	14.6	18.8
25 - 29	22.7	25.2	24.3	23.5
30 - 34	20.7	10.5	13.6	15.4
35 - 39	11.3	11.2	15.5	11.4
40 +	26.0	28.0	23.5	19.5
Total	100.1(a)	100.1(a)	100.0	100.0
N(1)	150	143	103	149
Median	31.9	29.9	31.1	29.2
		Male sample		
< 25	11.5	12.8	14.7	7.0
25 - 29	9.0	12.8	17.6	13.3
30 - 34	17.2	15.4	20.6	14.1
35 - 39	17.2	16.2	11.8	25.8
40 - 44	12.3	10.3	4.9	14.8
45 +	32.8	32.5	30.4	25.0
Total	100.0	100.0	100.0	100.0
N(1)	122(b)	117	102	128
Median	38.6	37.8	34.4	38.0

(1) N in the table is the total number of eligible respondents.

(a) Total is more or less than 100 percent due to rounding errors.

(b) The number of NS(Not Stated) case is 1 for OTEP males.

Table-2.2

NUMBER OF LIVING CHILDREN
BY AREA

Living children	Rural areas			Urban Areas
	OTEP	Adjacent Non-OREP	Remote Non-OTEP	
		Female sample		
0	5.3	5.6	6.8	6.7
1	12.7	18.2	17.5	16.8
2	22.0	15.4	16.5	15.4
3	13.3	18.2	16.5	16.1
4	11.3	7.0	8.7	16.1
5	14.7	18.9	9.7	8.7
6	6.0	11.2	8.7	6.7
7	5.3	4.2	6.8	4.7
8	6.0	0.7	3.9	4.7
9	1.3	-	1.0	3.4
10	1.3	0.7	2.9	-
11	0.7	-	-	-
12 +	-	-	1.0	0.7
Total	99.9(a)	100.1(a)	100.0	100.1(a)
N(1)	150	143	103	149
Median	3	3	3	3

Contd...

Table-2.2 (Contd.)

Living children	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Male sample		
0	6.2	6.5	7.5	6.6
1	10.6	18.5	19.4	10.7
2	15.9	20.4	12.9	19.8
3	16.8	10.2	23.7	20.7
4	27.4	9.3	15.1	13.2
5	7.1	10.2	7.5	9.1
6	8.8	12.0	5.4	8.3
7	1.8	4.6	3.2	5.8
8	0.9	4.6	5.4	3.3
9	3.5	0.9	-	0.8
10	0.9	1.9	-	0.8
11	-	0.9	-	-
12 +	-	-	-	0.8
Total	99.9(a)	100.0	100.2(a)	99.9(a)
N(1)	113	108	93	121
Median	4	3	3	3

(1) N in the table is the total number of eligible respondents excluding bachelors.

(a) Total is more or less than 100 percent due to rounding errors.

Table-2.3

NUMBER OF SCHOOLGOING CHILDREN
BY AREA

Schoolgoing children	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Yes	51.4	43.7	50.0	51.8
No	48.6	56.3	50.0	48.2
Total	100.0	100.0	100.0	100.0
N(1)	142	135	96	139
		Male sample		
Yes	55.7	53.5	37.2	61.9
No	44.3	46.5	62.8	38.1
Total	100.0	100.0	100.0	100.0
N(1)	106	101	86	113

(1) N in the table is the number of eligible respondents having children.

2.5. Occupation:

Data on occupation of male respondents and husbands of female respondents were collected by asking the question "What is your (your husband's) principal occupation ?".

In rural areas, proportions agriculturists ranged from 33.6 percent to 51.4 percent among husbands of female respondents and from 36.3 to 63.4 percent among male respondents. The difference was most probably due to the differential reporting between male and female respondents. In urban areas the proportion was around 9 percent both among male respondents and husbands of female respondents. Next to agriculturists, non-farm labourers were the major occupational groups in rural areas, followed by trade. In contrast, in urban areas non-farm labourers, government service and trade were the most frequently mentioned male occupation (table-2.5).

Table-2.4

LEVEL OF EDUCATION OF RESPONDENTS
BY AREA

Level of education	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	P.mote Non-OTEP	
		Female areas		
No school	66.0	74.8	69.9	61.7
Primary	26.0	14.7	22.3	15.4
Madrasha	1.8	2.8	1.0	4.0
Secondary or higher	6.7	7.7	6.8	18.1
Other	-	-	-	0.7
Total	100.0	100.0	100.0	99.9(a)
N(1)	150	143	103	149
		Male-sample		
No school	60.2	53.8	53.9	34.4
Primary	18.7	24.8	26.5	21.1
Madrasha	0.8	-	2.9	-
Secondary or higher	20.3	21.4	16.7	43.8
Other	-	-	-	0.8
Total	100.0	100.0	100.0	100.1(a)
N(1)	123	117	102	128

(1) N in the table is the total number of eligible respondents.

(a) Total is more or less than 100 percent due to rounding errors.

Table-2.5

OCCUPATION OF MALE RESPONDENTS AND SPOUSES OF FEMALE RESPONDENTS BY AREA

Ocupation	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Agriculturist	51.4.	33.6	41.2	9.7
Agricultural daily labourer	2.4	-	-	1.4
Non-farm labour	14.6	34.4	21.6	27.8
Trade	10.6	17.6	18.6	19.4
Government service	1.6	4.6	7.2	13.2
Non-government service	6.5	7.6	6.2	16.7
Teacher	6.5	0.8	1.0	2.1
Department/unemployment	4.9	0.8	2.1	4.9
Professional	0.8	0.8	1.0	4.9
Other	0.8	-	1.0	-
Total	100.1(a)	100.0	99.9(a)	100.0(a)
N(1)	133	131	97	144

Contd...

Table-2.5 (Contd.)

Ocupation	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Male sample		
Agriculturist	63.4	47.4	36.3	8.6
Agricultural daily labourer	9.8	0.9	1.0	1.6
Non-farm labour	9.8	20.7	35.3	36.7
Trade	10.6	19.0	12.7	23.4
Government service	-	3.4	1.0	10.2
Non-government service	0.8	0.9	2.9	13.3
Teacher	2.4	2.6	4.9	0.8
Business	-	-	-	1.6
Department/unemployment	1.6	0.9	3.9	-
Professional	0.8	2.6	-	2.3
Other	0.8	1.7	2.0	1.6
Total	100.0	100.1(a)	100.0	100.1(a)
N(1)	123	116	102	128

(1) N in the table is the total number of eligible respondents excluding widow respondents.

(a) Total is more than 100 percent due to rounding errors.

2.6. Female employment:

Data on employment status were collected by asking the question; "Does your wife (do you) do any work for which she receives (you receive) money ?". The level of female employment was very low in the sample. In urban areas, 16.1 percent of the female respondents reported that they were employed, while the figure for wives of urban male respondents was only 5.0 percent. The large difference may be due to under reporting by the urban male respondents of their wives employment (table-2.6). Among rural female respondents the proportion employed ranged from 5.3

Table-2.6

EMPLOYMENT STATUS OF SPOUSES OF MALE RESPONDENT AND FEMALE RESPONDENTS BY AREA

Employment status	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Not employed	94.7	84.6	88.3	83.9
Employed	5.3	15.4	11.7	16.1
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
Not employed	85.8	89.6	93.4	95.0
Employed	14.2	10.4	6.6	5.0
Total	100.0	100.0	100.0	100.0
N(1)	113	106	91	120

(1) N in the table is total number of eligible respondents excluding widower's.

to 15.4 percent; among wives of the rural male respondents, those ranged from 6.6 to 14.2 percent. The biases in reporting of female employment was evident also in the rural areas (table-2.7).

2.7. Religion:

As it can be seen from the table, among rural respondents in the sample Muslim ranged from 84 to 96 percent and among urban respondents from 94 to 97 percent (table-2.8).

Table-2.7

DISTRIBUTION OF RESPONDENTS BY RELIGION AND AREA

Religion	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Muslim	85.3	83.9	92.2	97.3
Non-muslim	14.7	16.1	7.8	2.7
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
Muslim	84.6	85.5	88.2	93.8
Non-muslim	15.4	14.5	11.8	6.3
Total	100.0	100.0	100.0	100.1(a)
N(1)	123	117	102	128

(1) N in the table is the total number of eligible respondents.

(2) Tot is more than 100 percent due to rounding error.

2.8. Landownership:

Data on status of landownership were collected by asking the question; "Does your family have agricultural land ?". In rural areas the proportion coming from landless families were in the range of 30.7 percent to 49.5 percent among female respondents and from 24.4 percent to 39.4 percent among the male respondents. In urban areas the corresponding percentages were 61.7 percent and 58.6 percent respectively (table-2.9).

Table-2.8

STATUS OF LANDOWNERSHIP BY AREA

Landownership	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Own land	69.3	56.6	50.5	38.3
Don't own land	30.7	43.4	49.5	61.7
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
Own land	75.6	69.2	60.8	41.4
Don't own land	24.4	30.8	39.2	58.6
Total	100.0	100.0	100.0	100.0
N(1)	123	117	102	128

(1) N in the table is the total number of eligible respondents.

Chapter-3

AWARENESS OF KHABAR SALINE

A major focus of the impact study was to find out what proportion of the target population were aware of khabar saline and what were the sources of their awareness. The information was necessary not only to evaluate the effectiveness of the campaign but also to assess the relative importance of different media in creating the awareness.

3.1. Proportion aware:

Proportion aware of khabar saline were estimated by deriving two measures of awareness: (i) spontaneous awareness and (ii) prompted awareness. Spontaneous awareness was derived by coding respondents who spontaneously mentioned khabar saline in replies to either of the following questions.

> "If any of your children is attacked with diarrhoea, how will he/she usually be treated ?"
>
> "Did any of your children suffer from diarrhoea in the last one week time ? (If yes), how was she/he treated ?"

Prompted awareness was obtained in the following manner. Respondents not spontaneously mentioning khabar saline were prompted on, using the following question, and those who said in replies they had heard or known of khabar saline were coded under prompted awareness.

> "Do you know or have you ever heard of khabar saline that is used to treat diarrhoea ?" If 'no', ask this "Khabar saline is prepared with labon and gur. Do you know of, or have you ever heard of this ?"

Proportion coded under spontaneous awareness and those coded under prompted awareness were added together to obtain the overall proportion aware of khabar saline in the sample. The results are shown in table-3.1.

Table-3.1

AWARENESS(1) OF KHABAR SALINE
BY AREA

Awareness	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Aware (Net)	99.3	95.1	70.9	95.3
Spontaneous	93.3	90.9	26.2	66.4
Prompted	6.0	4.2	44.7	28.9
Not aware (Net)	0.7	4.9	29.1	4.7
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Aware (Net)	95.9	94.9	69.6	87.5
Spontaneous	76.4	73.5	34.5	65.6
Prompted	19.5	21.4	35.3	21.9
Not aware (Net)	4.1	5.1	30.4	12.5
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of respondents.

Awareness of khabar saline appeared to be appreciably high among the study population. Among respondents the overall proportion reported awareness of khabar saline was in the range of 71 to 99 percent among females, and in the range of 70 to 96 percent among males. In large part, these high percentages were due to spontaneous mentioning of khabar saline - not due to the prompted mentioning. The proportion spontaneously mentioning of khabar saline was in the range of 26 to 93 percent among females and 34 to 76 percent among males, while, in contrast, the ranges for the prompted mentioning were 4-45 percent, and 20-35 percent respectively. It thus became obvious from the impact study that awareness of khabar saline among the target population has reached not only to a high proportion but also to a stage where a large percentage use (or consider using) khabar saline in the treatment of diarrhoea.

There were considerable variations in the proportion reporting awareness of khabar saline between areas. On average, awareness was highest in the DTEP and adjacent non-DTEP areas, lowest in the remote non-DTEP areas, and intermediate in urban areas. There were, however, no pronounced variations between females and males except in urban areas. In urban areas, the proportion reporting awareness varied from 88 percent among males to 95 percent among females.

In the DTEP and adjacent non-DTEP areas awareness was almost universal both among females and males. In those areas, among females the proportion reporting awareness was 99 percent in the DTEP areas and 95 percent in the adjacent non-DTEP areas, and among males 96 percent in the DTEP areas and 95 percent in the adjacent non-DTEP areas. In contrast, in the remote non-DTEP areas these percentages were lower at 71 percent for females and 70 percent for males. Benefits of deploying field workers in universalising awareness of khabar saline are clearly evident in the differences. The universality of awareness in the adjacent non-DTEP areas as in the DTEP areas was possibly the result of contact between the people of the two areas.

3.2. Sources of awareness:

Information about sources of awareness was collected by asking all respondents who were aware of khabar saline the following question:

> "Where from/from whom have you known or heard of khabar saline/labon-gur saline ?"

Responses were obtained with probing so that a respondent could report all the sources that he/she had heard/known about khabar saline. Mentioned sources are listed in table-3.2, showing the proportion mentioning each source. The proportion was computed as percentage of respondents who were aware of khabar saline.

Table-3.2

SOURCES(1) OF AWARENESS OF KHABAR SALINE BY AREA

Source of information	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Female sample		
Radio	32.9	19.9	32.9	30.0
Television	8.7	9.6	5.5	25.4
Hospital	-	2.2	-	2.8
Leaflet/poster/newspaper/ magazine	5.4	5.9	1.4	7.7
Field worker	95.3	72.8	4.1	15.5
Medical practitioners	12.1	20.6	41.1	35.9
Relatives	7.9	10.3	28.8	21.8
Friends/neighbours	6.0	16.2	35.6	26.1
Other	0.7	-	-	2.8
N(2)	149	136	73	142
		Male sample		
Radio	46.6	44.1	67.6	58.9
Television	22.0	9.9	23.9	42.0
Hospital	16.9	-	1.4	6.3
Leaflet/poster/newspaper/ magazine	-	19.8	1.4	14.3
Field worker	49.2	42.3	2.8	8.8
Medical practitioners	14.4	18.9	31.0	34.8
Relatives	36.4	42.3	7.0	2.7
Friends/neighbours	19.5	18.9	9.9	14.3
Other	0.8	4.5	2.8	5.4
N(2)	118	111	71	112

(1) Rates for each source were computed as percentage of N.
(2) N in the table is the total number of respondents who were aware of khabar saline.

Radio and field worker appeared to be the two major sources of awareness about khabar saline. However, there were variations in their relative importance between male and female respondents and between different sample areas. Radio was a more important source among males than among females, and generally among the respondents in the remote non-OTEP and urban areas than in the OTEP and adjacent non-OTEP areas. Among male respondents radio was mentioned by 59-68 percent of those who were aware of khabar saline in the urban areas and remote non-OTEP areas respectively and by 44 to 47 percent in the OTEP and adjacent non-OTEP areas. Among females, the comparable ranges were lower at 30 to 33 percent in the urban areas and remote non-OTEP areas respectively and at 20 to 33 percent in the OTEP and adjacent non-OTEP areas.

In contrast, field worker was more important in the OTEP and adjacent non-OTEP areas than in the remote non-OTEP and urban areas, and among females than among males. While in the OTEP and adjacent non-OTEP areas the proportion mentioning field worker was 73-95 percent among females and 42-49 percent among males, in the remote non-OTEP and urban areas these percentages were lower at 4 to 16 percent among females and 3 to 8 percent among males. Higher reporting of field worker(1) in the OTEP areas was clearly the result of the work done by BRAC's field force there. But it is difficult to explain their higher reporting in the adjacent non-OTEP areas, since BRAC did not have, as in the remote non-OTEP and urban areas, any field force in the adjacent non-OTEP areas.

It is clear from the above analysis that reliance on radio was less where field workers were more active, while the reverse was true for the areas where the field workers were less active. It is also to be noted that field workers are a more effective source among females, while for the males it was the radio. The vast majority of the field workers are female workers. This is possibly a reason of their less usefulness for the males.

Television appeared to be an important source of awareness only among urban males (42 percent). Among rural females this source was mentioned by fewer than 10 percent. Also in the other subgroups the proportion mentioning TV did not exceed 26 percent.

---

(1) It was not possible to distinguish the OTEP field workers from other health and family planning workers, because of the inability of the respondents to report the category of the worker. But, since OTEP workers were not employed outside OTEP areas, the reported workers in the other areas were possibly the workers of the health and family planning ministry.

In the urban and remote non-OTEP areas medical practitioners were the most important source for females and the second most important source for males. Contributions of these sources were discernible also in the OTEP and adjacent non-OTEP areas. Relatives and friends/neighbours were among the important sources for females in the urban and remote non-OTEP areas and for males in the OTEP and adjacent non-OTEP areas. Hospital and leaflet/poster/newspaper/magazine were mentioned by very small proportions of the respondents everywhere. It is thus explicit that these were not useful means of spreading awareness among the target population.

3.3. First source of awareness:

Attempts were made in this study to find out the first source of awareness about khabar saline among the survey population. Table-3.3 shows the distribution of the respondents by their reported first sources of awareness. This distribution was derived by asking the following additional question to every respondent mentioning more than one source of awareness:

> "Where from/from whom did you first know/hear of khabar saline ?"

Field worker, radio, medical practitioners, and relatives appeared to be the major first sources of awareness about khabar saline among the survey population. But their importance varied considerably between males and females and between different sample areas. Field worker, as the first source, was more effective in the OTEP and adjacent non-OTEP areas than in the remote non-OTEP and urban areas, while the reverse was generally true for radio. Whereas field worker as the first source of awareness was mentioned by 50-64 percent of respondents in the OTEP and adjacent non-OTEP areas, the range was lower at 3 to 12 percent for the remote non-OTEP and urban areas. There were no remarkable variations between the male and female respondents of the remote non-OTEP and urban areas, where among both males (10 percent) and females (12 percent) small proportions mentioned field worker as their first source of awareness.

In contrast, the proportion among males depending on radio varied from 35-56 percent in the urban areas and remote non-OTEP areas to 21-24 percent in the OTEP and adjacent non-OTEP areas. Among females the proportion ranged from 12 to 23 percent, showing no describable variations between the sample areas.

Table-3.3

FIRST SOURCE(1) OF AWARENESS OF KHABAR SALINE BY AREA

First source	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Radio	16.1	11.8	21.9	23.2
Television	3.4	2.9	2.7	10.6
Hospital	-	1.5	-	2.1
Leaflet	-	1.5	1.4	2.8
Medical practitioners	8.7	13.2	24.6	21.8
Field worker	63.8	50.0	2.7	12.0
Relatives	4.7	11.0	23.3	14.1
Neighbours	3.4	8.1	23.3	12.0
Other	-	-	-	1.4
Total	100.1(a)	100.1(a)	100.0	100.1(a)
N(2)	149	136	73	142

Contd...

Table-3.3 (Contd.)

First source	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Male sample		
Radio	21.2	24.3	56.3	34.8
Television	1.7	2.7	12.7	24.1
Hospital	-	-	1.4	4.5
Leaflet	1.7	6.3	1.4	2.7
Medical practitioners	9.3	9.9	9.9	15.2
Field worker	32.2	23.4	-	9.8
Relatives	28.8	28.8	7.0	1.8
Neighbours	5.1	1.8	7.0	5.4
Other	-	2.7	2.8	1.8
Don't remember	-	-	1.4	-
Total	100.0	99.9(a)	99.9(a)	100.1(a)
N(2)	118	111	71	112

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of respondents who were aware of khabar saline.

(a) Total is more or less than 100 percent due to rounding errors.

Relatives and medical practitioners were among important first sources of awareness among females in all but the OTEP areas. The lower reliance of OTEP females was possibly the result of their greater accessibility to the OTEP field workers. Among males relatives remained an important first source in only the OTEP and adjacent Non-OTEP areas, while medical practitioners remained an important source only among those in the urban areas.

Chapter-4

AWARENESS OF MASS MEDIA MESSAGES ON KHABAR SALINE

Effectiveness of any mass campaign, done with one way communication channels, depends largely on the campaign's ability to: (i) reach its messages to as large proportions of the target population as possible; (ii) communicate messages in languages easy to comprehend and whose contents can be easily retained in memory; (iii) structure the messages in fashions that are liked by the target audience; and, (iv) arouse interest among the listeners to discuss the messages with others. Thus, one of the major objectives of the impact study was to examine how far the labon-gur campaign was successful in terms of those parameters by calculating the following statistics:

i) proportion of respondents aware of messages on khabar saline;

ii) usefulness of different media used (sources of awareness);

iii) respondents' ability to recall contents of the messages;

iv) respondents perception about usefulness of the messages;

v) respondents' reactions to the messages; and,

vi) extent of disscussions of the messages by the listeners with others.

4.1. Proportion aware of mass media messages:

Extent of awareness of mass media messages on khabar saline among the survey population was established by asking every respondent the following question:

> "Have you ever seen/heard/read any message, story or advertisement about khabar saline ?"

The results are documented in table-4.1, showing the percentage of respondents found aware of mass media messages.

Awareness of mass media messages on khabar saline was appreciably high among male respondents especially in urban areas. But it was considerably lower among the rural female respondents. Among the urban respondents the proportion who said they had seen/heard/read messages, stories or advertisements about khabar saline was in the range of 61-78 percent, and among male respondents it was in the range of 60-67 percent, while the range decreased to 43-48 percent among respondents who were rural and female.

Table-4.1

AWARENESS OF MASS MEDIA MESSAGES ON KHABAR SALINE BY AREA

Reasons	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Aware	48.0	43.4	38.8	61.1
Not aware	52.0	56.6	61.2	38.9
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
Aware	66.7	66.7	53.9	78.1
Not aware	33.3	33.3	46.1	21.9
Total	100.0	100.0	100.0	100.0
N(1)	123	117	102	128

(1) N in the table is the total number of respondents.

Higher awareness of mass media messages in urban areas than in rural areas was evident also in the case of male respondents as in the case of female respondents. Whereas in urban areas 78 percent of male respondents indicated their awareness of mass media messages, the percentage was lower in the range of 60-67 percent in rural areas. Within the rural areas, awareness of male respondents was higher in the OTEP and adjacent non-OTEP areas than in the remote non-OTEP areas. But there were no remarkable variations between those areas in the case of awareness among their female respondents.

Awareness of mass media messages is constrained by limitations of mass media. Thus, higher awareness among urban respondents and among male respondents can be explained in terms of their greater accessibility to those media. Higher rural awareness among males in the OTEP and adjacent Non-OTEP areas may be due to the distribution of leaflets, posters by BRAC field workers in the OTEP areas, and the spread effects of those leaflets and posters on the adjacent non-OTEP areas. This becomes obvious from discussions on sources of message awareness given in the following section.

4.2. Sources of awareness:

Information about sources of awareness of mass media messages on khabar saline was collected by asking respondents aware of khabar saline messages the following question:

> "Where did you hear or see it ? Did you hear or see it anywhere else ? Anywhere else ?"

Responses were obtained by using extensive probing so that a respondent mentioned all the sources he/she had received the messages from. Mentioned sources are shown in table-4.2, along-with the proportion mentioning each source. The proportion is given as percentage of respondents who reported their awareness about mass media messages on khabar saline.

Radio was the single most important source of khabar saline media messages. Excepting females in the adjacent Non-OTEP areas, around 80 percent of the respondents anywhere in the sample reported that they had received their messages through radio. Among females of the adjacent non-OTEP areas, 58 percent; mentioned radio as the single most important source of khabar saline message. This lower percentage resulted from sampling fluctuations.

Next important source of message awareness was television, although its usefulness was considerably less compared to radio. Even in the urban areas, where the use of television was highest, no one-half of the respondents mentioned television as a source of their awareness. Among rural females, whether living within or outside the OTEP areas, television was mentioned less than 25 percent mentioned of radio. In rural areas television was mentioned by a discernible proportion only among males of the OTEP and remote non-OTEP areas.

Bill boards/posters were among the important source of awareness among males of the OTEP and adjacent non-OTEP areas. This source was mentioned by 42 percent of the male respondents in the OTEP areas and by 35 percent of those in the adjacent Non-OTEP areas. Mention of this source in the other subgroups was, however, very rare.

Table-4.2

SOURCE(1) OF AWARENESS OF MASS MEDIA MASSAGE ON KHABAR SALINE BY AREA

Reasons	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Radio	80.6	58.1	87.5	78.0
Television	18.1	21.0	7.5	45.1
Newspaper/magazine	-	-	2.5	7.7
Bill board/poster	9.7	4.8	-	-
Leaflet	16.7	32.3	20.0	3.3
Other	-	-	-	1.1
N(2)	72	62	40	91
		Male sample		
Radio	87.8	84.6	89.1	72.0
Television	34.1	16.7	27.3	49.0
Newspaper/magazine	1.2	6.4	3.6	10.0
Bill board/poster	41.5	34.6	3.6	5.0
Leaflet	3.7	11.5	1.8	4.0
Other	1.2	3.8	-	-
N(2)	82	78	55	100

(1) Rates were computed as percentage of N.

(2) N in the table is the total number of respondents who were aware of mass media messages on khabar saline.

Leaflets as a source were mentioned by discernible proportions only among rural females -- by 17 percent in the OTEP areas, 32 percent in the adjacent Non-OTEP areas, and 20 percent in the remote OTEP areas. Mentioning of the source in any other subgroups was very infrequent.

Newspapers/magazines were mentioned by extremely small proportions of respondents in the sample. Nowhere was this source mentioned by more than 8 percent. It is therefore, obvious, that newspaper/magazine had extremely low contributions to the campaign. This is, in part, due the extremely limited number of people having access to newspaper/magazine, and may be, in part, also due to the limited use of this medium in the campaign.

4.3. Recall of message contents:

Data on content recalls were collected by asking every respondent aware of khabar saline messages the following open-ended question for every source the respondent mentioned he/she had received his/her message(s) from:

> "What did _____ say about khabar saline ? Any thing else ?"

The interviewer was specially trained about how to obtain responses to the question by probing in order to obtain the full range of information that a respondent possessed about messages.

Obtained responses were analysed by classifying them into a number of major categories (Net codes). Where necessary, responses constituting a net code were further classified into sub-categories (sub-net codes). Table-4.3 shows the proportion giving answers for a net/sub-net code, listing the sub-net codes of a net code under it. The proportion is given as percentage of respondents who were aware of mass media messages.

"Messages told about preparation of khabar saline" was the most frequently recalled content of khabar saline messages, mentioned by over 73 percent anywhere in the sample. In every area, the percentage was higher among male respondents (76-90 percent) than among female respondents (73-83 percent), and was higher in rural areas (79-90 percent) than in urban areas (73-76 percent). There were no pronounced variations between the OTEP and the Non-OTEP areas.

"Told to use khabar saline when attacked with diarrhoea" was the second most frequently recalled content, mentioned by over 52 percent anywhere in the sample. Variations in mentioning the contents between areas and between male and female respondents followed irregular patterns, precluding any definite conclusion. But, one thing was evident that the recalling was higher among respondents in the OTEP areas (76-79 percent) than among those of the urban areas (63-64 percent).

Table-4.3

RECALL(1) OF CONTENTS OF MASSAGES ON KHABAR SALINE BY AREA

Contents recalled	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Told about preparation of khabar saline (Net)	83.3	79.0	82.5	72.5
Told to use khabar saline when attacked with diarrhoea (Net)	76.4	62.9	60.0	63.7
Told to continue khabar saline until diarrhoea is checked (Net)	43.1	37.1	22.5	19.8
To give normal food with khabar saline	25.0	17.7	-	8.8
Not to stop breast feeding	15.3	12.9	-	4.4
To give khabar saline frequently until diarrhoea is stopped	13.9	11.3	22.5	9.9
Told to use fresh not stale saline (Net)	6.9	19.4	-	2.2
Told about prevention of diarrhoea (Net)	25.0	27.4	-	25.3
To be careful against diarrhoea	1.4	1.6	-	2.2
To clean breast before feeding child	1.4	1.6	-	4.4
To be neat and clean	12.5	1.6	-	15.4
Not to eat stale foods	6.9	-	-	7.7

Contd...

Table-4.3 (Contd.)

Contents recalled	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
Told that khabar saline was good (Net)	4.2	6.5	10.0	27.5
Khabar saline is useful to treat diarrhoea	1.4	4.9	7.5	19.8
The saline can be prepared cheaply at home	-	-	-	2.2
Khabar saline replaces fluid lost during diarrhoea and thus checks weakness	2.8	1.6	2.5	4.4
Others (Not coded else where) (Net)	-	1.6	2.5	-
Don't know/don't remember	-	1.6	10.0	-
N(2)	72	62	40	91
		Male sample		
Told about preparation of khabar saline (Net)	90.2	83.3	87.3	76.0
Told to use khabar saline when attacked with diarrhoea (Net)	79.3	84.6	52.7	63.0
Told to continue khabar saline until diarrhoea is checked (Net)	36.6	44.9	20.0	38.0
To give normal food with khabar saline	11.0	14.1	1.8	12.0
Not to stop breast feeding	2.4	1.3	-	1.0
To give khabar saline frequently until diarrhoea is stopped	26.8	30.8	18.2	27.0

Contd...

Table-4.3 (Contd.)

Contents recalled	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
Told to use fresh not stale saline (Net)	1.2	1.3	-	1.0
Told about prevention of diarrhoea (Net)	2.4	5.1	-	4.0
To be careful against diarrhoea	2.4	-	-	1.0
To clean breast before feeding child	-	1.3	-	-
To be neat and clean	-	3.8	-	1.0
Not to eat stale foods	-	1.3	-	2.0
Told that khabar saline was good (Net)	12.2	12.8	16.4	10.0
Khabar saline is useful to treat diarrhoea	6.1	9.0	10.9	4.0
The saline can be prepared cheaply at home	1.2	1.3	10.9	2.0
Khabar saline replaces fluid lost during diarrhoea and thus checks weakness	2.4	1.3	-	2.0
Don't know/don't remember	2.4	1.3	-	2.0
N(2)	82	78	55	100

(1) Rates were computed as percentage of N.

(2) N in the table is the total number of respondents who were aware of mass media messages on khabar saline.

"Told to use khabar saline until diarrhoea is checked" was recalled in the DTEP and adjacent non-DTEP areas by 37-45 percent among males and 37-43 percent among the females. The proportion was considerably lower in the remote non-DTEP areas, 23 percent for females and 20 percent for males. In urban areas, the proportion was a low 20 percent among females, although the percentage was a high 38 percent among males.

Most frequently reported answers given recalling the content "continue khabar saline until diarrhoea is checked" were "messages said to give khabar saline frequently until diarrhoea is checked". Next frequently given answer was "to continue giving normal foods to the diarrhoea patients along with khabar saline". A higher proportion of male respondents gave the former answer compared to female respondents. The latter answer was generally given by the respondents of the DTEP and adjacent non-DTEP areas. In recalling the content 'continue khabar saline until diarrhoea is checked', 'not to stop breast-feeding' was also mentioned but only by the females of the DTEP and adjacent Non-DTEP areas.

"Told about prevention of diarrhoea" was recalled by (22-27 percent) among females, although none of the females in the remote non-DTEP areas recalled the message. Its recalling was very low among males, ranging from 2 to 5 percent, and as in the case of females, none of the males in the remote non-DTEP areas recalled the message.

"Told that khabar saline was good" was recalled by 28 percent of female respondents in urban areas and by 17 percent of male respondents in the remote non-DTEP areas. In all other subgroups the percentage was lower than 13 percent. Other recalled contents did not appear important for discussions, as those were generally mentioned by only few.

The analysis have shown that recalling of messages contents was generally good among the respondents. Variations between DTEP and Non-DTEP areas did not follow any regular patterns to reach a definite conclusion about the possible effects of the face to face education on content recalling among the survey population.

4.4. Reaction to messages:

Reactions to mass media messages on khabar saline were evaluated by asking every respondent aware of messages the following open-ended question for every source the respondent mentioned he/she had received his/her messages from:

> "How did you like the advertisement ? Anything else ?"

Responses were obtained, as in the case of other open-ended questions, by extensive probing. Obtained responses were classifiable into the following major (net) categories:

a) Messages are a good way of disseminating knowledge about diarrhoea

b) Diffusion of knowledge about khabar saline is beneficial, so the messages are good

c) Messages with pictures are good because they are easy to understand.

Table-4.4 shows the proportion giving a specific category of responses. The proportion is given as percentage of the respondents who were aware of khabar saline. There was no respondent who expressed his/her dislike of the advertisement.

Analysis of reactions, given here, should be used with considerable caution. This is because a respondent must have had thought seriously about the messages before in order to give meaningful opinions. It should also be remembered that giving such opinions required an educational level that was possibly absent in most of the respondents. Despite these limitations it is expected, that the obtained responses may be of some use in improving the quality of the messages.

Diffusion of knowledge about khabar saline is beneficial was the most important reason the respondents gave for their liking the messages. This reason was mentioned by over 90 percent of respondents who were aware of messages, everywhere in the sample excepting the female respondents in the non-CTEP areas. Even among females of the non-CTEP areas, the figure was over 80 percent. Specific answers given indicating the reason, "diffusion of knowledge about khabar saline is beneficial were one can learn from these messages:

i) khabar saline is the first aid for diarrhoea

ii) preparation of khabar saline is easy

iii) preparation of khabar saline needs minimum cost

iv) preparation of khabar saline needs minimum time

v) the benefits of khabar saline

vi) use of khabar saline

Most frequently reported answers were those listed under (i) and (v), with no discernible variations between male and female respondents and between different sample areas.

Table-4.4

REPORTING OF FEELING(1) ABOUT MESSAGES ON KHABAR SALINE BY AREA

Reporting of feelings	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Good way of disseminating knowledge about diarrhoea (Net)	13.9	16.1	7.5	25.3
Can learn about diarrhoea	4.2	6.5	5.0	11.0
Can be careful about diarrhoea	5.6	-	-	9.9
Can learn to prevent diarrhoea	5.6	4.8	-	6.6
Can learn to take primary caution against diarrhoea	-	1.6	2.5	1.1
Diffusion of knowledge about khabar saline is beneficial (Net)	90.3	80.6	82.5	94.5
Can learn that khabar saline is the first aid for diarrhoea	34.7	24.2	32.5	29.7
Preparation of khabar saline is easy	26.4	19.4	20.0	15.4
Need minimum cost to prepare khabar saline	18.1	27.4	10.0	13.2
Need minimum time to prepare khabar saline at home	15.3	19.4	5.0	25.3
Can learn about benefits of khabar saline	44.4	40.3	52.5	54.9
Can learn about use of khabar saline	34.7	14.5	15.0	39.6
Others	-	1.6	-	-

Contd...

Table-4.4 (Contd.)

Reporting of feelings	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
Messages through pictures are easy to understand(Net)	18.1	22.6	-	13.2
Others (Not coded else where) (Net)	-	1.0	-	-
Don't know/don't remember	-	-	5.0	-
N(2)	72	62	40	91
Male sample				
Good way of disseminating knowledge about diarrhoea (Net)	15.9	20.5	9.1	17.0
Can learn about diarrhoea	8.7	16.7	7.3	12.0
Can be careful about diarrhoea	2.4	2.6	-	2.0
Can learn to prevent diarrhoea	1.2	1.3	1.8	1.0
Can learn to take primary caution against diarrhoea	2.4	-	5.5	3.0

Contd...

Table-4.4 (Contd.)

Reporting of feelings	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
Diffusion of knowledge about khabar saline is beneficial (Net)	96.3	91.0	94.5	90.0
Can learn that khabar saline is the first aid for diarrhoea	28.0	29.5	27.3	33.0
Preparation of khabar saline is easy	24.4	25.6	29.1	33.0
Need minimum costs to make khabar saline	40.2	37.2	18.2	20.0
Need minimum time to make khabar saline at home	34.1	15.4	18.2	8.0
Can learn about benefits of khabar saline	39.0	51.3	52.7	40.0
Can learn about use of khabar saline	24.4	21.8	18.2	47.0
Others	-	2.6	-	-
Messages through pictures are easy to understand(Net)	39.0	33.3	18.2	31.0
Other (Not coded else where) (Net)	2.4	1.3	1.8	3.0
N(2)	82	78	55	100

(1) Rates were computed as percentage of N.

(2) N in the table is the total number of respondents who were aware of khabar saline messages.

Good way of disseminating knowledge about diarrhoea: This reason was cited by a small proportion of respondents, ranging from 19 percent among males in the remote non-OTEP areas to 25 percent among females in urban areas. Most frequently given answer indicating the reason was that one can learn from these messages about diarrhoea.

Messages through pictures are easy to understand: It is obvious that this reasoning pertained to messages given through televisions and leaflets/posters. Since the proportion receiving messages from these sources was not very large, it is usual that the proportion citing this reasoning would be small. Thus, the proportion mentioning "messages through pictures are easy to understand" ranged from 18 to 39 percent among males and from 13 to 27 percent among females. None of the females in the remote non-OTEP areas recalled this message.

4.5. Discussion of messages with others:

Attempts were made in the impact study to find out if the respondents aware of messages discussed the messages with others.

Table-4.5

DISCUSSION OF KHABAR SALINE MASS MEDIA MESSAGES WITH OTHERS BY AREA

Reporting of discussion	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
	Female sample			
Discussed messages	54.2	50.8	18.4	26.4
Did not discuss messages	45.8	49.2	81.6	73.6
Total	100.0	100.0	100.0	100.0
N(1)	72	61(a)	38(a)	91
	Male sample			
Discussed messages	56.1	64.1	21.8	47.0
Did not discuss messages	43.9	35.9	78.2	53.0
Total	100.0	100.0	100.0	100.0
N(1)	82	78	55	100

(1) N in the table is number of respondents who had listened to khabar saline messages.

(a) The number of NS(Not Stated) cases is 1 in the adjacent Non-OTEP areas and 2 in the remote Non-OTEP areas for females.

The following question was used to collect the information.

> "You have mentioned that you heard about message on khabar saline. Did you discuss these messages with others ?"

The results in table-4.5 show that substantial proportions of respondents discussed the messages with others, indicating that the campaign generates, and benefits from, the two-step communication among the target audience. The proportion discussing messages was higher in the OTEP and adjacent non-OTEP areas than in the remote non-OTEP and urban areas. In the OTEP and adjacent non-OTEP areas the proportion ranged from 51 to 64 percent, while it ranged from 10 to 47 percent in the remote non-OTEP and urban areas. There were no pronounced variations between male respondents and the female respondents.

Table-4.6 shows the categories of persons the respondent discussed messages with. The categories were obtained by asking the question, "Whom did you discuss with ?". Since the question was open-ended, it allowed a respondent to mention as many persons he/she discussed with.

Neighbours/villagers appeared to be the most important category the respondents discussed their messages with. The proportion mentioning this category ranged from 52 to 86 percent among females, and from 47 to 74 percent among males. In the remote non-OTEP and urban areas, neighbours/villagers were more frequently mentioned by females than males while the reverse was true in the case of the OTEP and adjacent non-OTEP areas. Relatives were also mentioned by discernible proportions of the respondents. Friends/colleagues were generally mentioned by the male respondents. One must be cautious in drawing any conclusion from the findings, since the number of observations was small.

4.6. Usefulness of messages:

Usefulness of messages were ascertained by asking every respondent, aware of the messages, the following question for every source the respondents mentioned he/she had recieved his/her messages from:

> "How did you find the content useful ?"

The results are given in table-4.7, showing that the respondents universally recognized that the message contents were useful. This result may be an over statement of the reality. Since no probing was done, it is possible that respondents were reluctant to register opinion otherwise.

Table-4.6

PERSONS DISCUSSED ABOUT KHABAR SALINE

Persons	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Relatives (Net)	53.8	67.7	28.6	37.5
Relative(unspecified)	5.1	19.4	14.3	16.7
Sister/sister-in-law/ grand mother	28.2	38.7	14.3	4.2
Brother/brother-in-law	2.6	6.5	-	4.2
Father/mother/mother-in-law/father-in-law/ uncle	28.2	22.6	-	4.2
Son/daughter/dauther-in-law/son-in-law/ niece	12.8	6.5	-	8.3
Husband/wife	7.7	3.2	-	8.3
Grandson/grand daughter	2.6	-	-	4.2
Neighbours/villagers (Net)	61.5	51.6	85.7	70.8
Friends and colleague	2.6	-	-	8.3
N(1)	39	31(a)	7	24

Contd...

Table-4.6 (Contd.)

Persons	Rural areas			Urban Areas
	DTEP	Adjacent Non-DTEP	Remote Non-DTEP	
		Male sample		
Relatives (Net)	26.1	24.0	50.0	48.9
Relative (unspecified)	17.4	18.0	33.3	21.3
Sister/sister-in-law/ grandmother	-	2.0	-	-
Brother/brother-in-law	-	2.0	25.0	6.4
Father/mother/mother-in-law/father-in-law uncle	-	2.0	8.3	10.6
Son/daughter/daughter-in-law/son-in-law/ niece	-	2.0	-	4.3
Husband/wife	4.3	-	-	6.4
Doctors/patients	2.2	-	-	10.6
Neighbours/villagers (Net)	67.4	74.0	66.7	46.8
Friends and colleague (Net)	26.1	20.0	50.0	44.7
Others (Not coded elsewhere) (Net)	-	-	8.3	4.3
N(1)	46	50	12	47

(1) N in the table is the numbers of respondents who had discussed messages with others.

(a) The number of NS(Not Stated) case 1 for adjacent areas and 2 for remote areas.

Table-4.7

USEFULNESS OF CONTENTS OF MASS MEDIA MESSAGES ON KHABAR SALINE BY AREA

Medium/usefulness of contents	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
RADIO				
Found the contents useful	100.0	100.0	100.0	100.0
Did not find the contents useful	-	-	-	-
Total	100.0	100.0	100.0	100.0
N(1)	58	36	35	71
TELEVISION				
Found the contents useful	100.0	100.0	100.0	100.0
Did not find the contents useful	-	-	-	-
Total	100.0	100.0	100.0	100.0
N(1)	13	13	3	41
BILL BOARD/POSTER(2)				
Found the contents useful	7	3	-	-
Did not find the contents useful	-	-	-	-
N(1)	7	3	-	-
		Male sample		
RADIO				
Found the contents useful	98.6	100.0	100.0	100.0
Did not find the contents useful	1.4	-	-	-
Total	100.0	100.0	100.0	100.0N
N(1)	72	66	49	72

Table-4.7 (Contd.)

Medium/usefulness of contents	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
TELEVISION				
Found the contents useful	100.0	100.0	100.0	100.0
Did not find the contents useful	-	-	-	-
Total	100.0	100.0	100.0	100.0
N(1)	28	13	15	49
BILL BOARD/POSTER				
Found the contents useful	100.0	100.0	100.0	100.0
Did not find the contents useful	-	-	-	-
Total	100.0	100.0	100.0	100.0
N(1)	33	27	2	5
NEWS PAPTER(2)				
Found the contents useful	1	5	2	10
Did not find the contents useful	-	-	-	-
N(1)	1	5	2	10
LEAFLET(2)				
Found the contents useful	3	9	1	4
Did not find the contents useful	-	-	-	-
N(1)	3	9	1	4

(1) N in the table is the number of respondents who were aware of given by a specific source.

(2) Rates were not computed because of small numbers.

(a) Number of NS(Not Stated) cases is 2 for females in remote non-OTEP areas.

Chapter-5

AWARENESS OF MASS MEDIA MESSAGES ON DIARRHOEA PREVENTION

In the impact study effectiveness of messages on diarrhoea prevention were also examined in respect of: the proportion aware of these messages, sources of their awareness, and respondents ability to recall contents of the messages. These findings are presented and discussed in this chapter. Questions asked were similar to those asked to evaluate the effectiveness of the messages on khabar saline.

5.1. Proportion aware of messages:

There was less awareness of mass media messages on diarrhoea prevention than on khabar saline, and this was true among both the male and female respondents in every sample area. For example, in urban areas the proportion aware of khabar saline messages was 70 percent among males and 60 percent among females, while the proportion aware of messages on diarrhoea prevention was 56 percent and 46 percent respectively among males. In the OTEP areas, 67 percent of males and 48 percent of females reported awareness of messages on khabar saline, and the figures were 50 percent and 37 percent respectively for diarrhoea prevention messages. Similar variations were discernible in adjacent non-OTEP and remote non-OTEP areas.

In line with the proportion for khabar saline messages, the proportion aware of diarrhoea prevention messages had similar patterns of variations between the male and female respondents and between the different sample areas. Thus, awareness of diarrhoea prevention messages was found higher among respondents in urban areas than among the respondents in rural areas, and was higher among male respondents than among female respondents. Within the rural areas the awareness among males was higher in the OTEP and adjacent Non-OTEP areas than in the remote Non-OTEP areas. But there were no remarkable differences in the case of the female awareness between those areas.

Table-5.1

AWARENESS OF MASS MEDIA MESSAGES ON PREVENTION OF DIARRHOEA BY AREA

Awareness	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Aware	37.3	29.4	23.3	46.3
Not aware	62.7	70.6	76.7	53.7
Total	100.0	100.0	100.0	100.0
N(1)	150	143	103	149
		Male sample		
Aware	50.4	50.4	29.4	56.3
Not aware	49.6	49.6	70.6	43.8
Total	100.0	100.0	100.0	100.1(a)
N(1)	123	117	102	128

(1) N in the table is the number of eligible respondents.

(a) Total is more than 100 percent due to rounding error.

5.2. Sources of awareness:

Reported sources of awareness for diarrhoea prevention messages are shown in table-5.2. Similar for messages on khabar saline, radio was the single most important source of awareness for messages on diarrhoea prevention. Although television was the next most important source, the proportion depending on television was low. In addition, its use was much less among respondents in rural areas, particularly among females. Leaflets were mentioned by 36 percent of females in the adjacent Non-OTEP areas. In all other subgroups, it was mentioned by only a few respondents.

5.3. Recall of message contents:

Data on diarrhoea prevention messages contents were collected by asking questions similar to those asked in respect of khabar saline messages. Besides, the procedures of analysis were similar between the two data sets. In view of this, only the findings on content recalls on diarrhoea prevention have been discussed below, without describing the procedure of deviation.

Table-5.2

SOURCES(1) OF AWARENESS OF MASS MEDIA MESSAGES ON PREVENTION OF DIARRHOEA BY AREA

Sources	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Radio	80.4	59.5	87.5	75.4
Television	19.6	14.3	12.5	42.0
Bill board or poster	1.8	2.4	-	4.3
Leaflet	10.7	35.7	8.3	4.3
Newspaper/magazine	1.8	-	8.3	8.7
Other	-	-	4.2	2.9
N(2)	56	42	24	69
		Male sample		
Radio	80.6	86.4	86.7	66.7
Television	22.6	11.9	23.3	37.6
Bill board or poster	3.2	6.8	6.7	4.2
Leaflet	3.2	8.4	3.3	5.6
Newspaper/magazine	-	1.7	-	-
Others	11.3	8.5	-	-
N(2)	62	59	30	72

(1) Rates for each source were computed as percentage of N.

(2) N in the table is the number of eligible respondents who were aware of mass media messages on prevention of diarrhoea.

Table-5.3 shows that a sizable proportion among respondents could recall the message contents on (i) cleanliness, (ii) drinking of safe water and (iii) fresh foods. Contents on cleanliness were recalled by 68-87 percent of those who were aware of the messages among males and by 71-81 percent among females.

Table-5.3

RECALLING(1) OF CONTENTS OF MASS MEDIA MESSAGES ON PREVENTION OF DIARRHOEA BY AREA

Recalled contents	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Awareness of disposal of stools of diarrhoea patient (Net)	10.7	16.7	12.5	14.5
To keep stool covered underground	-	2.4	-	1.4
Not to pass stool near the house	1.8	4.8	-	1.4
To wash hand after coming from latrine	10.7	14.3	12.5	13.0
Cleanliness (Net)	80.4	71.4	75.0	81.2
To keep food always covered so that flies cannot sit on it	60.7	66.7	54.2	76.8
To keep home and its surroundings clean/to keep clean body and clothes	26.6	16.7	54.2	24.6
Drinking of water (Net)	51.8	46.7	79.2	76.8
To drink tube-well water	32.1	33.3	41.7	27.5
To drink pond water using alum	14.3	11.9	20.8	33.3
To boil and then drink water taken from rivers, canals etc.	26.6	19.0	45.8	52.2

Contd...

Table-5.3 (Contd.)

Recalled contents	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
Fresh food (Net)	87.5	69.0	66.7	69.6
Not to eat stale food	82.1	66.7	62.5	62.3
To take fresh food	12.5	4.8	20.8	13.0
Carefulness about breast-feeding	26.8	28.6	-	7.2
To keep children clean and healthy (Net)	31.1	50.0	41.7	52.2
To be careful about cleanliness of children	12.5	14.3	4.2	7.2
To take care of health and dresses of children	19.6	35.7	41.7	44.9
To continue normal food and saline during diarrhoea	1.8	-	-	-
N(2)	56	42	24	69
		Male sample		
Awareness of disposal of stools of diarrhoea patient (Net)	24.2	15.3	6.7	19.4
To keep stool covered underground	3.2	8.5	3.3	4.2
Not to pass stool near the house	14.5	1.7	3.3	2.8
To wash hand after coming from latrine	9.7	5.1	-	12.5
Cleanliness (Net)	87.1	74.6	83.3	68.1
To keep foods always covered so that flies cannot sit on it	69.4	59.3	76.7	56.9
To keep home and its surroundings clean/to keep clean body and clothes	37.1	25.4	30.0	31.9

Contd...

Table-5.3 (Contd.)

Recalled contents	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
Drinking of safe water (Net)	75.8	72.9	96.7	79.2
To drink tube-well water	45.2	42.4	40.0	29.2
To drink pond water using alum	24.2	22.0	43.3	22.2
To boil and then to drink water taken from rivers, cannel, etc.	40.3	32.2	53.3	56.9
Fresh food (Net)	48.4	61.0	60.0	69.4
Not to eat stale food	64.5	59.3	60.0	66.7
To take fresh foods	-	11.9	-	2.8
Carefulness about breast-feeding	3.4	-	-	-
To keep children clean and healthy (Net)	35.5	35.6	20.0	43.1
To be careful about cleanliness of children	1.6	1.7	-	1.4
To take care of health and dresses of children	33.9	35.6	23.3	43.1
To separate diarrhoea patients from others	1.6	-	-	1.4
To continue normal food and saline during diarrhoea	1.6	-	-	2.8
Not coded else where (Net)	-	-	3.3	2.8
Don't know (Net)	1.6	-	-	-
N(2)	62	59	30	72

(1) Rates were computed as percentage of N.

(2) N in the table is the number of eligible respondents who were aware of mass media messages on prevention of diarrhoea.

Specific cleanliness contents that the respondents recalled were (i) 'messages say to keep foods always covered so that flies cannot sit on, and (ii) '--- to keep home and its surroundings clean/to keep clean body and clothes'. The former content was recalled with much greater frequency than was the latter content. This difference remained valid among both the male and female respondents in all the sample areas.

Similar to cleanliness, contents on drinking of safe water were recalled by a large proportion, particularly among males and those in urban areas. Among females, the percentage recalling the drinking water content was relatively low. Females in the OTEP and adjacent non-OTEP areas were less likely to recall contents on drinking of pure water than were those of the remote non-OTEP and urban areas. While in the OTEP and adjacent non-OTEP areas the proportion of female respondents recalling the drinking of safe water content ranged from 47 to 52 percent, in the remote Non-OTEP and urban areas the range was higher 77-79 percent. Specific recalls related to the drinking of pure water contents were (i) 'messages say, drink pure water', (ii) '--- drink pond water using alum' and (iii) '--- boil and then drink water taken from rivers, canals, etc.'.

Contents on fresh foods were recalled by a large proportion among females every where in the sample. The proportion of female respondents mentioning of fresh foods ranged from 67 percent in the remote non-OTEP areas to 88 percent in the OTEP areas. But this content was recalled by a considerably lower proportion among males, ranging from 48 percent in the OTEP areas to 69 percent in urban areas. Most frequently recalled specific fresh foods content was 'messages say not to eat stale food'.

Contents about keeping children clean and healthy were recalled by 50 percent or more among females in the adjacent non-OTEP and urban areas, and by 42 percent in the remote non-OTEP excepting those of the OTEP areas. In the OTEP areas, the proportion mentioning 'messages say to keep children healthy and clean' was 31 percent. Mention of the content was generally lower among males than among females.

Chapter-6

USE PATTERNS OF AND ATTITUDES TOWARDS KHABAR SALINE

Use patterns of khabar saline among the survey population were examined by deriving the following statistics:

(i) proportion able to prepare khabar saline,

(ii) proportion having ever prepared khabar saline,

(iii) proportion having knowledge of khabar saline preparation, and,

(iv) proportion having knowledge of administration of khabar saline.

The analyses of these statistics are presented in this chaper, documenting the campaign's success towards educating people about khabar saline use. The results are expected to be useful in guiding the future campaign activities.

6.1. Ability to prepare:

Ability to make the saline was assessed by asking every respondent aware of the saline the question "Can you make the saline yourself ?". The results are given in table-6.1, showing the percentage distribution of the aware respondents.

Proportion claiming ability to prepare the saline was high among respondents. In the OTEP areas, the proportion was 97.3 percent and 88.1 percent among females and male respectively. In the adjacent Non-OTEP areas the proportion was 91.2 percent and 80.0 percent respectively. The comparable figures were 76.7 percent among females and 73.2 percent among males in the remote Non-OTEP areas, and 70.9 percent and 81.3 percent among females and males respectively in urban areas. These findings should, however, be used with some caution, since no attempt was made to ascertain the respondents claim by observing them prepare the saline.

Despite high proportions claiming ability to prepare the saline, variations between OTEP and Non-OTEP areas were evident. The differences indicate the usefulness of the OTEP field program in order to universalise the ability of saline preparation among the population.

Table-6.1

REPORTED ABILITY TO MAKE KHABAR SALINE

Reported ability	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Female sample		
Can make saline	97.3	91.2	76.7	70.9
Cannot make saline	2.7	8.8	23.3	29.1
Total	100.0	100.0	100.0	100.0
N(1)	149	136	73	141(b)
		Male sample		
Can make saline	88.1	80.0	73.2	81.3
Cannot make saline	11.9	20.0	26.8	18.8
Total	100.0	100.0	100.0	100.1(a)
N(1)	118	110(b)	102	112

(1) N in the table is the number of respondents who were aware of khabar saline.

(a) Total is more than 100 percent due to rounding error.

(b) The number of NS(Not Stated) cases was 1 for urban female and 1 for males in adjacent Non-OTEP areas.

Among females the proportion in urban areas was lower than in rural areas irrespective of whether it was OTEP or Non-OTEP areas. The relatively lower ability among urban than rural women might be, in part, due to the fact that urban women had greater access to ORS packets and hence, were less interested in learning the preparation of the homemade solution.

6.2. Causes of inability to prepare:

Those respondents who said that they were unable to prepare the saline were asked the question: "Why can't you make the saline" in order to ascertain the causes of their inability. The reported causes are listed in table-6.2. Although the numbers (n) in the table are small precluding reliable conclusions, it seemed that "lack of knowledge about methods of preparation" and "absence of felt need to acquire the ability" were the principal causes for the reported inability to prepare the saline. "Lack of knowledge" was indicated by the responses such as "do'nt know how to make khabar saline" and "absence of felt need" by responses such as "never felt the need/never tried to make the saline".

"Lack of knowledge" as a cause was indicated by 24 to 86 percent of the male respondents reporting inability to prepare the saline and by 25 to 65 percent among females. The comparable percentages for "absence of felt need" were 21 to 67 percent for males and 50 to 58 percent for females. Other listed causes in the table did not appear important, being generally mentioned by a small proportion.

The principal causes, however, varied in their importance between the male and female respondents and between the different areas. Among the females of the OTEP, adjacent Non-OTEP and urban areas, "absence of felt need" was a more important cause of inability than was "lack of knowledge", while, the reverse was true among females of the remote Non-OTEP areas. On the contrary, among males, with the exception of those in urban areas, "lack of knowledge" was more important than was "absence of felt need". Among urban males, it was "absence of felt need" that was clearly important.

6.3. Ever preparation of khabar saline:

Data on ever preparation of khabar saline have been used to find out the extent to which the rate of khabar saline preparation had reached among the target population. The data were collected by asking the question "have you ever prepared the saline ?" to those respondents who claimed that they could make the saline are shown in table-6.3 in terms of the percentage of the respondents who said they could make the saline themselves.

Table-6.2

CAUSES(1) OF REPORTED INABILITY TO PREPARE KHABAR SALINE

Reasons	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Never felt need/never tried to prepare saline	50.0	58.4	52.9	50.0
Don't know how to prepare saline	25.0	41.6	64.7	47.7
Other members of family can prepare saline	25.0	-	-.	2.4
Packet saline is available in market, so there is no need of preparing saline at home	-	16.7	-	4.8
Don't know/don't remember	25.0	-	-	-
N(2)	4	12	17	42
		Male sample		
Never felt need/never tried to prepare saline	21.4	31.8	36.8	66.6
Don't know how to prepare saline	85.7	81.8	63.2	23.8
Other members of family can prepare saline	7.1	-	-	4.8
Packet saline is avilable in market, so there is no need of preparing saline at home	-	-	5.3	9.5
Don't know/don't remember	7.1	-	-	-
N(2)	14	22	19	21

(1) Rates were computed as percentage of N.

(2) N in the table is the number of aware respondents who said they could not make khabar saline.

Table-6.3

REPORTING OF EVER PREPARATION OF KHABAR SALINE BY AREA

Reporting of ever preparation	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Ever prepared	56.6	49.2	41.1	54.5
Never prepared	43.4	50.8	58.9	45.5
Total	100.0	100.0	100.0	100.0
N(1)	145	124	56	99(a)
		Male sample		
Ever prepared	28.8	37.5	38.5	38.5
Never prepared	71.2	62.5	61.5	61.5
Total	100.0	100.0	100.0	100.0
N(1)	104	88	52	91

(1) N in the table is the number of respondents who were aware of, and could make khabar saline.

(2) There was 1 NS(Not Stated) case of for urban females.

Rates of saline preparation appeared to have reached a sizable extent among females in the population, with the proportion of female respondents reporting ever preparation of the saline ranging from 41 to 57 percent. The proportion for the male respondents was located in the lower range of 29 to 39 percent. In Bangladesh, nursing of patients, particularly children is usually the responsibility of females. Male assitance is sought only in cases where the females are unable to carry out the responsibility. It is, therefore, expected that the rate of saline preparation would be lower among males.

In the rural population the proportion of female respondents having ever prepared the saline was highest in the OTEP areas, intermediate in the adjacent Non-OTEP areas, and lowest in the remote Non-OTEP areas, while the reverse was true among males. Two things emerge from the above trends. First, the OTEP field program leads to higher skills of saline preparation not only among females of its operation areas, but also, to some extent, among those living in areas adjacent to the operational areas. Second, the rate of saline preparation among males decreases with increasing preparation skills among their females. The rate of saline preparation in urban areas was close to that in the OTEP areas. This was true in the case of both male respondents and female respondents.

While reading the above findings it should be remembered that the preparation of saline is associated with prevalence of diarrhoeal deseases. As a rule, other things remaining same, the rate of preparation shall be higher in areas where the prevalence rate is higher. But, OTEP areas may be an exception. People in the OTEP areas are taught the preparation of saline through demonstration and, it is possible that some of the female respondents there included this learning experience in their reporting.

6.4. Knowledge of preparation:

Effectiveness of khabar saline depends on its correct preparation. Thus, the dissemination of knowledge related to the preparation of the saline constitutes a very important step in the promotion of its use among the target population. Therefore, the proportion knowing the preparation among the survey population should be treated as a major yardstick of the campaign's success.

Knowledge of the preparation was ascertained by probing. In every case probing was initiated with the following statement, "now I want to ascertain if you yourself know how to prepare khabar saline" and the responses obtained were recorded verbatim. As shown in table-6.4, obtained responses are grouped into five categories including a category for those who said 'don't know/ don't remember'

The way the preparation of khabar saline is usually disseminated among the population is described below:

> Khabar saline (or labon-gur mixture) is to be prepared by mixing a three-finger pinch of salt (common salt) and a fistful of molasses (an indigenous type of raw sugar comparable nutritionally to molasses) in half a seer of water well stirred. Care should be taken to mix salt, molasses and water in right proportion (BRAC, 1984).

Table-6.4.

REPORTING(1) OF PREPARATION OF KHABAR SALINE BY AREA

Reporting of preparation	Rural areas			Urban Areas
	DTEP	Adjacent Non-DTEP	Remote Non-DTEP	
		Female sample		
Khabar saline is prepared by mixing a three-finger pinch of salt and a fist-ful of gur with half a seer of hoiled/pure water	62.8	36.3	50.0	49.0
By mixing a pinch of salt and a fistful of gur with half a seer of water	33.8	62.1	10.7	32.0
By mixing a pinch of salt and a fistful of gur with half of seer of boiled water cooling	1.4	0.8	3.6	11.0
By mixing a three-finger pinch of salt and a fist-ful of gur with a quarter seer boiled water	1.4	0.8	35.7	8.0
By mixing salt, gur, soda powder and water	0.7	-	-	-
N(2)	145	124	56	100

Contd...

Table-6.4 (Contd.)

Reporting of preparation	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Male sample		
Khabar saline is prepared by mixing a three-finger pinch of salt and a fist-ful of gur with half a seer of boiled/pure water	49.0	23.9	51.9	29.7
By mixing a pinch of salt and a fistful of gur with half a seer of water	44.2	68.2	26.9	58.2
By mixing a pinch of salt and a fistful of gur with half a seer of boiled water cooling	1.0	2.3	-	6.6
By mixing a three-finger pinch of salt and a fist-ful of gur with a quarter seer boiled water	4.8	3.4	21.2	3.3
By mixing salt, gur, soda powder and water	1.0	2.3	-	2.2
N(2)	104	88	52	91

(1) Rates were computed as percentage of N.

(2) N in the table is the number of respondents who were aware of khabar saline and could make the saline.

There were considerable variations in reporting the methods of saline preparation among respondents within areas and between areas. This precluded drawing any uniform conclusion about knowledge of saline preparation among the population as a whole. Among females, the proportion who could accurately describe the preparation by correctly mentioning every ingredient and every measure, varied from 36 percent to 63 percent, and among males from 24 to 52 percent.

Among respondents who were wrong in describing the methods of preparation, the vast majority were wrong only by incorrectly mentioning one pinch instead of three-finger pinch of salt. Among females the proportion of such respondents was in the range of 11 to 62 percent and among males in the range of 27 to 68 percent. In contrast, the proportion who were wrong by higher degree was in the range of 1.6 to 39.3 percent among females and 6 to 21 percent among males. Thus, only by improving knowledge of the salt proportion the knowledge of the correct formulation among population can be improved to the range of 76 to 98 percent for females, and to the range of 86 to 93 percent for males.

In general, females were more likely to know the correct preparation than were males. For example, among females in urban areas the proportion giving correct description was 49 percent, and it was lower at 30 percent for the males there. Similarly, among the other areas the variation between females and males ranged from 49 to 63 percent in the OTEP areas, from 24 to 36 percent in the adjacent Non-OTEP areas, and from 50 to 52 percent in the remote Non-OTEP areas.

Advantages of OTEP field work approach in disseminating knowledge of preparation become evident, when variations between different sample areas are considered. In the OTEP areas the proportion giving correct description of the preparation was 63 percent for females and 49 percent for males, while these percentages were respectively at 36 percent and 24 percent in the adjacent Non-OTEP areas and 49 percent and 30 percent in urban areas. Although the differences with remote Non-OTEP areas were not appreciable, the proportion with wrong knowledge of water measure there was much higher than in the OTEP areas. Whereas in the OTEP areas this proportion was only, 1.4 percent for females and 4.8 percent for males; in the remote Non-OTEP areas it was high 36 percent and 21 percent respectively.

6.5. Knowledge of administration:

Dissemination of knowledge of administration of khabar saline among the population is important for two reasons. First, childhood diarrhoea is so common and usually so short-lived that outside consultation is not often sought (population reports, 1985). Therefore, all families can benefit from information about how to administer the saline. Second, only the correct adminsitration can ensure effectiveness of khabar saline and uphold its usefulness in diarrhoea treatment.

The campaign's success in the dissemination of information of administration among the target population was evaluated by probing knowledge of administration among the respondents who said they had prepared the saline. Probing was initiated using the following sentence, "please tell me how khabar saline should be administered". Responses recorded verbatim are grouped into the following major categories.

a) to give the saline as soon as diarrhoea develops;

b) to give khabar saline frequently until diarrhoea is stopped;

c) to give children as much saline as they can have during each feed and to adults half a seer of the saline during each feed;

d) to feed children by spoon and adults by glass;

e) to give the saline when the patient feels thirsty;

f) khabar saline is not effective after 6 hours of preparation;

g) to be careful while preparing the saline.

Proportions mentioning each category of responses are shown in table table-6.5. These proportions are given as percentage of respondents having ever prepared the saline. Two aspects of khabar saline administration were found widely known among the survey population: (i) "to give the saline as soon as diarrhoea develops" and (ii) "to give the saline frequently until diarrhoea is stopped". This was obvious from the proportion mentioning them in the sample in reply to the question about how to administer the saline. Among females, "to give khabar saline as soon as diarrhoea develops" was mentioned by 78 to 91 percent of respondents who had ever prepared the saline and among males by 67 to 84 percent. Mentions of "to give the saline frequently until diarrhoea is stopped" were made by 37 to 70 percent among the females and by 51 to 79 percent among males.

Among the other mentions were the following: more important (a) "to give children as much saline as they can take during each feed and to adults half a seer of the saline during each feed", (b) "khabar saline is not effective after 6 hours of preparation", and (c) "to be careful while preparing the saline". But they too were mentioned by discernible proportions only among the females of the DTEP and adjacent Non-DTEP areas. Among females of the DTEP areas, (a) was mentioned by 46 percent (b) by 48 percent and (c) by 28 percent. The corresponding percentages among those of the Non-DTEP areas were 54 percent, 47 percent and 30 percent respectively. For all the other subgroups they were mentioned by fewer than 20 percent.

On average, respondents of the other areas knew of fewer aspects of administration than did the respondents of the DTEP areas, although the differences were not appreciable in the case of adjacent Non-DTEP areas. In general, females were more knowledgeable about administration of the saline than were males. This was true for all the areas.

Table-6.5

REPORTING(1) ON ADMINISTRATION OF KHABAR SALINE BY AREA

Reporting	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
To give the saline as soon as diarrhoea develops (Net)	90.6	83.1	77.5	78.1
To give khabar saline frequently until diarrhoea stops	50.6	36.6	67.5	69.8
To give saline to children as much as they can take and half a seer at a time to adults	45.9	53.5	10.0	8.3
To feed children by spoon and adults by glass	12.9	15.5	30.0	9.4
To give saline when patients felt thirsty	14.1	4.2	17.5	13.5
Others	-	1.4	2.5	1.0
Khabar saline is not effective after 6 hours of preparation (Net)	48.2	46.5	7.5	12.5
To be careful while preparing the saline (Net)	28.2	29.6	-	2.1
Not coded else where (Net)	-	-	2.5	1.0
Don't know (Net)	2.4	9.9	22.5	19.8
N(2)	85(a)	71(a)	40	96(a)

Contd...

Table-6.5 (Contd.)

Reporting	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Male sample		
To give the saline as soon as diarrhoea develops (Net)	75.0	67.3	69.2	83.9
To give khabar saline frequently until diarrhoea stops	61.4	50.9	61.5	78.6
To give the saline to children as much as they can take and to adults half a seer at a time	20.5	7.3	20.5	8.9
To give children by spoon and adults by glass	11.4	12.7	7.7	8.9
To give the saline when patients felt thirsty	4.5	7.3	-	1.8
Khabar saline is not effective after 6 hours of preparation (Net)	20.5	14.5	2.6	16.1
To be careful while preparing the saline (Net)	2.3	1.8	-	1.8
Not coded else where (Net)	-	-	-	3.6
Don't know (Net)	29.5	32.7	25.6	8.9
N(2)	44	55(a)	39	56

(1) All rates were computed as percentage of N.

(2) N in the table is the number of respondents who were aware of khabar saline and had prepared the saline.

(a) The number of NS (Not Stated) cases was 1 in each of OTEP, adjacent Non-OTEP and urban areas for females and 1 for males in the adjacent Non-OTEP areas.

6.6. Attitude towards khabar saline:

One of the important objectives of the campaign is to create favourable attitudes towards khabar saline among the target audience. Attitude towards khabar saline was assessed by questioning respondents aware of the saline about what they really thought of khabar saline and about their intention to use the saline in future.

As a measure of attitudes every respondent aware of khabar saline was asked "do you think khabar saline is good for diarrhoeal treatment ?". As evidenced by the responses (table-6.6), khabar saline is almost universally considered to be good for the diarrhoeal treatment among the survey population. Anywhere in the sample proportion of the aware respondents thinking the saline to be good ranged from 93 to 100 percent among females and by 96 to 98 percent among males. These findings undoubtedly show that khabar saline is considered to be a major means of combating diarrhoea.

6.7. Reasons for considering khabar saline good:

Respondents considering khabar saline to be good were asked why they thought it was good. Their reasons are shown in table-6.7. The most frequently mentioned reasons for considering khabar saline to be good was that it can be easily made at home with minimum expenses and within short time, mentioned by more than 50 percent of the respondents anywhere in the sample. The proportion was, however, lower at 39.4 percent among urban females.

Among the next most frequently given reasons were "Khabar saline quickly checks diarrhoea", "khabar saline is very useful for diarrhoea patients", and "khabar saline is the first aid for diarrhoea", "khabar saline quickly checks diarrhoea" was given by a higher proportion among females than among the males everywhere, except in the OTEP areas. Among females, mention of the reasons varied from 28 percent to 72 percent, and among males from 14 percent to 39 percent. There were no clear patterns of variations in mentioning the reasons among different sample areas.

"Khabar saline is very useful for diarrhoea patients" as a reason was given by 19.1 to 44.7 percent among females and by 24.6 to 36.7 percent among males. Its reporting was higher among the female than male respondents in the OTEP and adjacent Non-OTEP areas, while the reverse was true for the remote Non-OTEP and urban areas. The most frequent answer citing the reason was "khabar saline is useful for both child and adult patients.

"Khabar saline is first aid for diarrhoea", was given as a reason by 10.6 to 20.7 percent among females and 20.3 - 30.4 percent among males. Other mentioned reasons were given by a small number of respondents.

Table-6.6

ATTITUDES TOWARDS KHABAR SALINE
BY AREA

Attitudes towards khabar saline	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Good	97.3	100.0	93.2	93.6
Not good	2.0		4.1	1.4
Uncertain	0.7	-	2.7	5.0
Total	100.0	100.0	100.0	100.0
N(1)	149	136	73	141(a)
		Male sample		
Good	98.3	96.4	97.2	97.3
Not good	-	2.7	1.4	0.9
Uncertain	1.7	0.9	1.4	1.8
Total	100.0	100.0	100.0	100.0
N(1)	117(a)	110(a)	71	112

(1) N in the table is the number of eligible respondents who were aware of khabar saline.

(2) The number of NS(Not Stated) case is 1 for urban female and 1 for males 1 in OTEP areas and 1 in adjacent Non-OTEP areas.

6.8. Reasons for considering khabar saline not good:

Respondents who considered khabar saline to be not good for diarrhoea treatment were asked why they thought it was not good. Their reasons are listed in table-6.8. The number of respondents in the table was too small to permit any meaningful analysis and discussion.

Table-6.7

REASONS(1) FOR CONSIDERING KHABAR SALINE GOOD BY AREA

Reasons	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Quickly checks diarrhoea (Net)	28.3	32.6	72.1	43.9
First aid for diarrhoea (Net)	20.7	12.9	19.1	10.6
Very useful for diarrhoea patient(Net)	40.7	44.7	19.1	30.3
Khabar saline helps to check weakness to regain energy	6.2	9.1	-	9.1
Khabar saline replaces fluid lost	4.1	6.1	4.4	3.0
Khabar saline is useful for both child and adult patients	30.3	30.3	5.9	12.1
Stops diarrhoea	1.4	1.5	10.3	3.0
Khabar saline can be easily made in home with minimum expenses/and within short time (Net)	57.9	58.3	58.8	39.4
Everybody termed khabar saline good so I liked(Net)	3.4	2.3	2.9	5.3
N(2)	145	132	68	132(a)

Contd...

Table-6.7 (Contd.)

Reasons	OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
		Male sample		
Quickly checks diarrhoea (Net)	38.3	29.9	39.1	13.8
First aid for diarrhoea (Net)	30.4	28.0	20.3	29.4
Very useful for diarrhoea patients (Net)	28.7	36.4	24.6	36.7
Khabar saline helps to check weakness to regain energy	8.7	7.5	-	2.8
Khabar saline replaces fluid lost	1.7	7.5	-	1.8
Khabar saline is useful for both child and adult patients	19.1	21.5	23.2	30.3
Stops diarrhoea	4.3	2.8	2.9	3.7
Khabar saline can be easily made in home with minimum expenses/and within short time (Net)	50.0	54.2	63.8	55.0
Everybody termed khabar saline good so I liked(Net)	5.2	14.0	2.9	4.6
Don't know/don't remember (Net)	0.9	-	-	-
N(2)	115(a)	107	69	109

(1) Rates were computed as percentage of N.

(2) N in the table is the number of eligible respondents who thought khabar saline good.

(a) The number of NS (Not Stated) cases is 1 for urban females and 1 for males in OTEP areas.

Table-6.8

GIVEN REASONS(1) FOR CONSIDERING KHABAR
SALINE NOT GOOD BY AREA

Reasons	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
There is no advantage in using khabar saline	2	-	1	-
Uncertain	1	-	-	2
Other	-	-	1	-
N(2)	3	-	2(a)	2
		Male sample		
There is no advantage in using khabar saline	-	2	-	-
Uncertain	-	1	1	1
N(2)	-	3	1	1

(1) Rates were not computed because of small numbers.

(2) *N in the table is the number of respondents who were aware of* khabar saline but did not consider it good.

(a) The number of NS (Not Stated) cases is 1 for females in Non-OTEP remote areas.

6.9. Intention to use khabar saline:

Intention to use khabar saline among the survey population was investigated by asking every respondent, who had never used khabar saline in diarrhoea treatment, the following question:

> "If any of your children is attacked with diarrhoea, would you treat him/her with khabar saline ?"

As can be seen from table-6.9, the respondents every where almost universally expressed their intention to use khabar saline in the future. This is undoubtedly an encouraging finding, which is, possibly, the result of the campaign.

Table-6.9

INTENTION OF USING AMONG RESPONDENTS HAVING NEVER USED KHABAR SALINE FOR TREATMENT OF CHILDREN BY AREA

Intention to use	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Yes	88.9	66.7	87.0	92.9
No	11.1	33.3	8.7	4.8
Uncertain	-	-	4.3	2.4
Total	100.0	100.0	100.0	100.1(a)
N(1)	9	6	46	42(b)
		Male sample		
Yes	90.9	95.8	91.7	89.3
No	9.1	4.2	5.6	7.1
Uncertain	-	-	2.8	3.6
Total	100.0	100.0	100.1(a)	100.0
N(1)	22(b)	24(b)	36	28

(1) N in the table is the number of eligible respondents who had never used khabar saline.

(a) Total is more than 100 percent due rounding error.

(b) The number of NS (Not Stated) cases is 1 for urban females and 2 in OTEP areas and 1 in adjacent Non-OTEP areas for males.

Chapter-7

PERFORMANCE OF FIELD WORKERS

OTEP is a community based face to face teaching program in which one woman in every household is taught by Oral Rehydration Workers(ORWs). BRAC report on OTEP phase-11 claimed that during October 1983 - December 1984 the ORWs had visited 1,587,851 households to teach village women how to prepare LGS properly and how to treat diarrhoea with LGS.

The usefulness of Interpersonal Communication in raising rates of acceptance and usage of khabar saline to treat diarrhoea patients is the most urgently felt experience that BRAC realised from OTEP past performance. Thus they included in OTEP phase-11 an integrated health approach under the style of Concentrated Re-inforcement Program(CRP).

. Data were collected in the impact study to examine the performance of BRAC Oral Rehydration Workers(ORWs) by ascertaining the proportion of respondents visited by field workers and by ascertaining what the respondents could recall from what they were told by the field workers.

7.1. Proportion visited by field workers:

Every respondent interviewed in the impact study was asked if he/she was ever visited by any one to tell him/her something about khabar saline/diarrhoea. Results given in table-7.1 show that female respondents in the OTEP areas almost universally mentioned that they were visited by the field worker. This undoubtedly reveals that BRAC workers visited almost every household in their assigned areas. However, proportions reporting visits of field workers were considerably lower among OTEP males compared to OTEP females (42 percent compared to 95 percent). The difference is consistent with the OTEP's main emphasis being given to educating women rather than men.

The proportion reporting field worker's visit was remarkably high - 71 percent among females in the adjacent Non-OTEP areas, compared to only 3.9 percent among females of the remote Non-OTEP areas and 19.5 percent among those of the urban areas. Similar differences were evident in the proportion of male respondents, ranging from 35 percent in the adjacent Non-OTEP areas to only 2.0 percent in the remote Non-OTEP areas and 11 percent in urban areas.

Table-7.1

REPORTING OF VISITS(1) BY ANYONE TO SAY SOMETHING ABOUT KHABAR SALINE/ DIARRHOEA BY AREA

Reporting of visits	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Visited (Net)	94.7	70.6	3.9	19.5
Field workers	94.7	69.2	2.9	16.8
Others	-	1.4	1.0	2.7
Not visited (Net)	5.3	29.4	96.1	80.5
Total	100.0	100.0	100.0	100.0
N(2)	150	143	103	149
		Male sample		
Visited (Net)	42.3	35.0	2.0	10.9
Field workers	42.3	35.0	1.0	10.2
Others	-	-	1.0	0.8
Not visited (Net)	57.7	65.0	98.0	89.1
Total	100.0	100.0	100.0	100.0
N(2)	123	117	102	128

(1) All rates were computed as percentage of N.

(2) N in the table is the total number of eligible respondents.

7.2. Sex of the field worker:

Table-7.2 shows the distribution of the respondents by the sex of their reported field worker. Almost every female respondent with the exception of those in the remote non-OTEP areas, mentioned that the worker who visited her was a female. Even among the male respondents the vast majority said they were visited by the female field workers which ranged from 69 percent in the adjacent Non-OTEP areas to 86 percent in the OTEP areas.

Table-7.2

SEX OF THE WORKER BY AREA

Sex of worker	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Male	-	2.0	50.0	10.3
Female	100.0	98.0	50.0	89.7
Total	100.0	100.0	100.0	100.0
N(1)	142	101	4	29
		Male sample		
Male	14.1	30.9	100.0	30.0
Female	85.9	69.1	-	70.0
Total	100.0	100.0	100.0	100.0
N(1)	64	55	1	20

(1) N in the table is the number of eligible respondents who were visited by anyone or who knew or heard of diarrhoea prevention worker working in their locality.

Data were not collected about the category of the field worker. This was because, most of the respondents were unlikely to know the category of the worker. But, since there was no special field force deployed under the diarrhoeal program outside the OTEP areas, the reported workers in the Non-OTEP (remote and adjacent) areas were, possibly, the field workers of the health and family planning ministry.

7.3. Topics of worker's communication on khabar saline:

Investigations into what a field worker says about khabar saline when he/she visits a person were conducted by asking the following open-ended question to every respondent who reported he/she was visited by a field worker:

> "What did he/she (the worker) say about khabar saline ? Anything else ?"

Responses obtained through probing, when analysed by classifying them into major categories (Net codes) and sub-categories (sub-net codes), revealed that major topics of field workers' discussions with the people regarding khabar saline were about its preparation and administration (table-7.3). Topics of khabar saline preparation were almost universally mentioned by the female respondents reporting that the field worker told them about preparation of khabar saline. Also among male respondents the topic was mentioned by very high percentages ranging from 69 to 100 percent.

The topics of khabar saline administration were also reported by a large proportion, 69 to 100 percent among males and 59 to 100 percent among females. Female of the remote Non-OTEP and urban areas were more likely to mention administration than were those of the OTEP and adjacent Non-OTEP areas. Specific topic of administration, generally reported, was 'the field worker told to use khabar saline when attacked with diarrhoea'. Other specific topics of administration was usually reported by a very small proportion. Discussions other than those of preparation and administration were rarely reported by the respondents.

7.4. Topics of workers' communication on diarrhoea:

Data about topics of field workers' discussions with people about diarrhoea were collected in the similar way the data about topics on khabar saline were collected. Table-7.4 shows the topics of discussions that the respondents reported.

Most frequently reported topics of field workers' discussions on diarrhoea were - 'the field worker told about measures of diarrhoea prevention' mentioned by 46 to 100 percent among males and by 69 to 100 percent among females. Males varied in their reporting of the topic between the OTEP and adjacent Non-OTEP areas (46-56 percent), and the remote non-OTEP and urban areas (75 to 100 percent), and among females, these variations ranged between 73 and 76 percent between the OTEP and adjacent non-OTEP areas and between 69 and 100 percent between the remote non-OTEP and urban areas.

Table-7.3

TOPICS(1) WORKERS COMMUNICATED ABOUT KHABAR SALINE BY AREA

Topics	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Told about preparation of khabar saline (Net)	100.0	96.0	100.0	96.6
Administration of khabar saline (Net)	66.2	59.4	100.0	82.8
Told to use khabar saline when attacked with diarrhoea	57.0	35.6	75.0	58.6
Told to use fresh, not stale saline	10.6	14.9	-	6.9
Told to give saline as much as possible to children and half seer at a time to adults	11.3	16.8	-	10.3
Told to give normal food/nutritious food with the saline	11.3	14.9	-	13.8
Told to continue khabar saline until diarrhoea is checked	4.2	6.9	-	10.3
Told to keep the prepared saline covered	2.1	1.0	-	-

Contd...

Table-7.3 (Contd.)

Topics	Rural areas: OTEP	Rural areas: Adjacent Non-OTEP	Rural areas: Remote Non-OTEP	Urban Areas
Khabar saline is useful to treat diarrhoea patient(Net)	7.7	8.9	-	10.3
Khabar saline is good/ the first aid of diarrhoea	2.8	4.0	-	3.4
With the use of khabar saline a patient re-gained the fluid lost during diarrhoea	6.3	6.9	-	3.4
Need minimum cost to make khabar saline	0.7	1.0	-	3.4
N(2)	142	101	4	29
		Male sample		
Told about preparation of khabar saline (Net)	78.1	68.5	100.0	80.0
Administration of khabar saline (Net)	75.0	68.5	100.0	70.0
Told to use khabar saline when attacked with diarrhoea	59.4	53.7	100.0	45.0
Told to use fresh, not stale saline	3.1	5.6	-	-
Told to give saline as much as possible to children and half a seer at a time to adults	1.6	3.7	-	15.0
Told to give normal food/nutritious food with the saline	1.6	1.9	-	5.0
Told to continue khabar saline until diarrhoea is checked	18.8	9.3	-	5.0
Told to keep the prepared saline covered	-	1.9	-	-

Contd...

Table-7.3 (Contd.)

Topics	Rural sample: OTEP	Rural sample: Adjacent Non-OTEP	Rural sample: Remote Non-OTEP	Urban Areas
Khabar saline is useful to treat diarrhoea patient (Net)	3.1	3.7	-	10.0
Khabar saline is good/ the first aid of diarrhoea	-	1.9	-	5.0
With the use of khabar saline a patient re-gained the fluid lost during diarrhoea	1.6	-	-	-
Need minimum cost to make khabar saline	1.6	3.7	-	5.0
Other (Net)	1.6	-	-	5.0
Don't know/don't remember (Net)	12.5	24.1	-	10.0
N(2)	64	54(a)	1	20

(1) Rates were computed as percentage of N.

(2) N in the table is the number of eligible respondents who were visited by someone or who knew or heard of diarrhoea prevention worker working in their locality.

(a) The number of NS (Not Stated) case is 1 for males in adjacent Non-OTEP areas.

Topics about cleanliness were reported with greater frequency among female respondents than among male respondents. Among females the proportion reporting that the field worker discussed about 'cleanliness' was in the range of 46 to 100 percent, while the range was varied between 0 and 33 percent for males.

Table-7.4

TOPICS(1) WORKERS COMMUNICATED ABOUT DIARRHOEA BY AREA

Topics	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Female sample		
Told about symptoms of diarrhoea (Net)	62.0	72.3	100.0	58.6
Frequent loose motions and vomiting tendency are symptoms of diarrhoea	38.7	56.4	100.0	55.2
Diarrhoea patients suffer from weakness/ dizziness/depression	4.9	17.8	-	10.3
Saline water discharged from body/frequently felt thirsty/lost apetite	2.1	9.9	-	-
Burning sensation/ convulsion	2.1	1.0	-	3.4
Temparature elevation body sweats/pain in stomach	-	1.0	-	-
Memory relapsed/cannot see at night	3.5	1.0	-	-
Told about diarrhoea prevention (Net)	72.5	76.2	100.0	69.0
Told to use fresh not stale saline	0.7	1.0	-	-
Told to use fresh and nutritious food/not to use stale food	41.5	41.6	-	31.0
Told to keep food always covered so that flies cannot sit on it	27.5	25.7	50.0	17.2

Contd...

Table-7.4 (Contd.)

Topics	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
Told to drink safe and boiled water of rivers canals, ponds, etc.	16.2	13.9	-	3.4
Told to give soft food like green coconut glucose, beverage	0.7	1.0	-	-
Told to give normal food with khabar saline to continue breast-feeding a child	2.8	2.0	-	3.4
Other	28.9	31.7	50.0	17.2
Cleanliness (Net)	49.3	45.5	50.0	44.8
Told to keep diarrhoea patients/children neat and clean	9.2	15.8	-	13.8
Advised to clean breast before feeding a child	10.6	11.9	-	-
Told to keep home and its surrounding neat and clean/not to pass stool everywhere	36.6	17.8	50.0	41.4
To wash hand before taking food	7.7	9.9	25.0	-
Others	1.4	2.0	-	-
Don't know/don't remember	2.8	1.0	-	-
N(2)	142	101	4	29

Contd...

Table-7.4 (Contd.)

Topics	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
		Male sample		
Told about symptoms of diarrhoea (Net)	42.2	37.0	100.0	25.0
Frequent loose motion and vomiting tendency are symptoms of diarrhoea	39.1	37.0	100.0	20.0
Diarrhoea patients suffer from weakness/ dizziness/depression	1.6	3.7	-	-
Saline water discharged from body/frequently felt thirsty/lost apetite	1.6	1.9	-	5.0
Memory relapsed/cannot see at night	-	-	-	5.0
Others	3.1	1.9	-	-
Told about diarrhoea prevention (Net)	56.3	46.3	100.0	75.0
Told to use fresh not stale saline	1.6	-	-	-
Told to use fresh and nutritious food/not to use stale food	25.0	20.4	-	40.0
Told to keep food always covered so that flies cannot sit on it	14.1	20.4	-	10.0
Told to drink safe water and boiled water of rivers, canals, ponds, etc.	23.4	14.8	-	20.0
Told to give normal food/to continue breast feeding a child on khabar saline	1.6	-	-	-
Others	21.9	18.5	100.0	40.0

Contd...

Table-7.4 (Contd.)

Topics	Rural areas			Urban Areas
	OTEP	Adjacent Non-OTEP	Remote Non-OTEP	
Cleanliness (Net)	32.8	29.6	-	25.0
Told to keep diarrhoea patients/children neat and clean	-	1.9	-	-
Told to keep home and its surrounding neat not to defecate stool everywhere	32.8	24.1	-	15.0
Told to wash hand before taking food	-	7.4	-	10.0
Others	4.7	7.4	-	10.0
Others (Not coded elsewhere) (Net)	-	1.9	-	-
Don't know/don't remember (Net)	23.4	24.1	-	15.0
N(2)	64	54(a)	1	20

(1) Rates were computed as percentage of N.

(2) N in the table is the number of eligible respondents who were visited by someone or who knew or heard of diarrhoea prevention worker working in their locality.

(a) The number of NS (Not Stated) case is 1 for males in adjacent Non-OTEP areas.

The next frequently reported topic of discussion was about symptom of diarrhoea, mentioned usually by higher proportions among females than among males except in the remote Non-OTEP areas, whereas the proportions were 100 percent for both males and females. Most frequently given answer in mentioning the topic of symptoms was the field worker say, frequent loose motion and vomiting tendency are symptoms of diarrhoea'. Specific mention about cleanliness were (i) 'the field worker told to keep diarrhoea patients neat and clean', (ii) --- told to keep home and its surrounding neat and clean/not to defecate everywhere', '--- told to keep food always covered so that flies cannot sit on'.

Chapter-8

ATTITUDES OF MEDICAL PRACTITIONERS TOWARDS LGS

Labon-gur Saline, commonly known as khabar saline, is an indigenous form of oral therapy for treatment of diarrhoea. Influences of medical practitioners cannot be totally denied on usages of khabar saline by common people whenever it is found necessary.

Attempts were made in the survey to assess the attitudes of these medical practitioners, as providers, towards khabar saline, and also to measure the level of awareness of, and attitudes towards mass media messages on khabar saline.

It has already been mentioned that 100 professionals were attempted for interview, but out of them 87 professionals have been successfully interviewed. Though the number of professionals interviewed is comparatively small, yet all categories of healers in the country, namely, MBBS doctors, other allopaths, homeopaths, traditional healers, village doctors, pharmacists, dais, nurses and even FWV/FWA have been represented in the sample.

Village doctors were the majority among the healers with the highest percentage of 52.9, followed by homeopaths (16.1 percent), pharmacists (11.5 percent), MBBS (9.2 percent), etc., (table-8.1).

8.1. Characteristics:

The median age of professionals was 33.1. The majority (50.9 percent) of professionals were young, that is below 35 years. Among professionals 33.3 percent were in their twenties and 37.9 percent in their thirties, and another 28.7 percent in their forties or above (table-8.2).

Levels of education of these practitioners are note-worthy so far as Bangladesh standard is concerned. Most of them, about 86.2 percent, had passed at least Secondary School Certificate Examination. Out of 20.7 percent of graduate healers, 9.2 percent were MBBS and 5.7 percent HMB (table-8.3).

Table-8.1

DISTRIBUTION OF PROFESSIONALS
BY CATEGORY

Category of professionals	Percentage
M.B.B.S	9.2
Other allopaths	4.6
Village doctor	48.3
Homeopath	16.1
Pharmacist	12.6
Kabiraj	1.2
Others	8.0
Total	100.0
N(1)	87

(1) N in the total number of professionals interviewed.

Table-8.2

DISTRIBUTION OF PROFESSIONALS
BY AGE GROUP

Age group	Percentage
< 25	8.0
25 - 29	25.3
30 - 34	27.6
35 - 39	10.3
40 - 44	6.9
45 +	21.8
Total	99.9(a)
N(1)	87
Median	33.1

(1) N in the total number of professionals interviewed.

(2) Total is less than 100 percent due to rounding error.