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**Role Of Local Commercials In Family Welfare Communication**

**By**

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ROLE OF LOCAL COMMERCIALS IN FAMILY WELFARE COMMUNICATION

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India's family welfare programme has been providing services to people in respect of both temporary and terminal methods of contraception. Prominent among the temporary methods and nirodh (condom), a Sanskrit word meaning "prevention", IUD and oral pills, and among the temporary methods, both vasectomy and tubectomy. Despite the availability of services in respect of temporary methods of contraception, sterilization has been the most-sought-after methods; adopters of temporary methods of contraception account for only a small percentage of the total number of family planning acceptors, especially in the rural communities. It would be interesting to know whether lack of communication is one of the reasons for the non-adoption of temporary methods of contraception by couples.

An action-cum-research experiment in social marketing of nirodh of two-year duration was undertaken by the Population Centre, Bangalore, in January 1977. By social marketing is meant the application of modern marketing concepts and techniques for social endeavours. The objective of the experiment was to study whether there would be any increase in the number of men (with wives in the reproductive age) with knowledge about nirodh and favourable attitudes towards it as well as in the number of those actually using nirodh when it is sold in the rural areas at a reasonable price through local commercials such as barber shops selling beedies, cigarettes, betel leaves and nuts, soaps, tea, coffee, rice, wheat and other items of daily consumption.

### The Setting

Three PHC areas - Bidadi, Doddaballapur and Singasandra - from rural Bangalore district were selected for the experiment on the basis of socio-economic development and family planning performance. A brief statistical profile of the 3 PHC areas is presented in Table I which is self-explanatory.

Table I  
Statistical Profile of 3 PHC Areas

	Bidadi	Doddaballapur	Singasandra
No. of villages	239	206	119
Area (km <sup>2</sup> )	631.7	395.2	267.7
Population (1971)	1,36,200	1,07,364	99,318

### Survey of Shopkeepers

After explaining the experiment to, and ensuring cooperation from, the district-level health and family welfare programme personnel in the conduct of the experiment, some measures were taken prior to launching the experiment. The first measure was to undertake a sample survey of shopkeepers in the setting with a view to find out their socio-economic back-ground and knowledge, attitudes and practice of different methods of family planning as well as to ascertain their attitudes toward selling nirodh.

Of the 41 shopkeepers studied, 15 (37 per cent) were selling items like beedies, cigarettes, betel leaves and nuts, another 15 (37 per cent) were selling mainly foodgrains like rice and wheat, and 11 (26 per cent) were minding tea/coffee/barber shops. Thirty two (78 per cent) shopkeepers approved family planning and none disapproved. Of the 41 shopkeepers, 8 (19 per cent) were currently using some methods or the other of family planning and 2 (5 per cent) were past users.

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Of the 10 ever users, 7 (70 per cent) adopted sterilization, 1 (10 per cent) was using IUD and 2 (20 per cent) were using nirodh. Both the nirodh users were satisfied because they thought it was a simple and convenient method to delay pregnancy. Only 5 (12 per cent) more responded that they would use some method of family planning in future, as many as 15 (38 per cent) were undecided and only 8 (19 per cent) were certain that they would not use any family planning method. Of the 5 respondents who said that they would use some family planning method in future, 2 (40 per cent) preferred tubectomy and 3 (60 per cent) preferred nirodh.

Of the 41 shopkeepers, 31 (75 per cent) were willing to receive nirodh free of cost, sell at the stipulated price of 10 paise for a packet of three pieces and retain all the sales proceeds as incentive; 8 (20 per cent) were unwilling and only 2 (5 per cent) could not say definitely. Thus a vast majority of the shopkeepers were willing to participate in the experiment.

#### Orientation Programme

The second measure taken prior to launching the experiment was the organisation of one-day orientation programme each to the staff of the 3 PHCs. In all, 99 personnel participated in the orientation programme -- 31 from the Bidadi PHC, 30 from the Doddaballapur PHC and 38 from the Singasandra PHC. The major objectives of the orientation programme were to explain the objectives and the conduct of the experiment to the staff of the 3 PHCs, seek their comments and suggestions on the efficient conduct of the experiment, thereby creating a sense of involvement of the staff in the experiment, explain their role in the conduct of the experiment, brush-up their knowledge of the use of nirodh, and assign geographic area to each para-medical worker for the distribution of nirodh to the shopkeepers and the collection of information each month on the sales of nirodh.

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### Distribution

A liberal estimate of nirodh required for the experiment was made and the State Directorate of Health and Family Welfare Services was requested to provide nirodh to the Population Centre. The Directorate promptly supplied nirodh from the stock meant for the depot holders scheme. The nirodh was stocked at the Population Centre from where it was carried to the PHCs at regular intervals. Incidentally, the price of 12 paise was printed on each packet of 3 pieces of nirodh meant for the depot holders scheme. We will have occasion to know how the mention of price on each packet of 3 pieces created a minor problem to the experiment.

As per the discussions in the orientation programme, it was the responsibility of the Population Centre to deliver nirodh at regular intervals to the Block Health Educators (BHEs) at the PHC headquarters. The Auxiliary Nurse-Midwives (ANMs) were entrusted with the responsibility to collect nirodh from their BHE when they attended monthly meetings held at the PHC headquarters and distribute it to the shopkeepers during their field visits in the geographic areas where they provided health and family welfare services. They were also responsible to collect from the shopkeepers information on the sales of nirodh during the previous month and bring it to the monthly meetings/the PHC headquarters. In the areas where ANMs were not in position, Basic Health Workers (BHWs) or Family Planning Health Assistants (FPHAs) were entrusted with the responsibility of the distribution of nirodh to the shopkeepers and collection of information on the number of pieces of nirodh sold during the previous month. Needless to point out that distribution of nirodh to, and collection of information on the sales of nirodh from, shopkeepers were done simultaneously. It is worth pointing out that the paramedical workers were not required to make special visits to the villages since they delivered nirodh to shopkeepers and collected from them information on the sales of nirodh during their normal field visits. A representative of the Population Centre attended the monthly meetings at the PHC headquarters, replenished nirodh whenever necessary and collected information on the sales of nirodh.

In order to prevent nirodh distributed to shopkeepers free of cost from finding its way to the nearby towns and Bangalore city, as also to study finally the regular use of nirodh, shopkeepers were requested to maintain simple record giving the name of buyer, date of buying and number of pieces bought. A notebook was provided to each of the shopkeepers for this purpose.

### Price

One of the ticklish issues was the fixation of the price at which nirodh was to be sold to consumers. If the price was too high, consumers might not have been able to buy. If it was too low or nirodh was made available free of cost, they might not have bought or taken, thinking that anything that was low in price or free of cost was worthless. Also, if the price was too low, it might not have been remunerative to shopkeepers to sell nirodh aggressively. Moreover, two prices were already existing -- 25 paise for a packet of 3 pieces of the commercial distribution scheme and 12 paise of the depot holders scheme. We thought that the price of the depot holders scheme was about the right one. But it involved more than one coin in the process of purchasing and sometimes it is difficult to find small coins of the denomination of 2 and 3 paise. We, therefore, decided to supply nirodh free of cost to shopkeepers and advised them to sell to consumers at the price of 10 paise for a packet of 3 pieces, making it a "single-coin purchase". The shopkeepers retained all the sales proceeds as incentive.

### Promotional Activities

The success of an experiment of the present kind depends, inter alia, on promotional activities. We requested all the paramedical staff to spread through word-of-mouth that nirodh was available through local commercials at the price of 10 paise for a packet of 3 pieces. We developed a paper poster diffusing the information on the availability and cost of nirodh, in the local language, that is Kannada, and displayed on the doors of the commercials and at important places in villages. We also developed cinema slides which were exhibited along with commercial advertisements in 4 cinema theatres in the headquarter-town of one of the PHCs. We also instructed all shopkeepers to keep nirodh box in a prominent place in their shops so that their client could see the box easily.

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## Results

As has already been mentioned, paramedical workers brought from shopkeepers information on the number of pieces of nirodh sold. This information was collected by a representative of the Population Centre from paramedical workers when they attended monthly meetings at their PHC headquarters. Table 2 presents the monthly average rate of sales of nirodh during the two years (1977 and 1978) of the experimental period and that of free distribution during the pre-experimental year (1976) and post-experimental year (1979).

Table 2

Monthly Average Rate\* of Nirodh Freely Distributed  
(1976 and 1979) and Sold (1977 and 1978) in 3 PHCs

PHC	1976	1977	1978	1979
Bidadi	10.00	11.40	22.53	9.86
Doddaballapur	14.70	21.36	51.82	10.69
Singasandra	29.64	18.91	34.04	10.57

\*Number of pieces of nirodh freely distributed/sold per 1,000 population per month.

As can be seen from Table 2, the rate of sales of nirodh (number of pieces of nirodh sold per 1,000 population per month) during the first year (1977) of the experimental period was higher than that of free distribution of nirodh during the pre-experimental year (1976) in the case of two PHC areas, namely Bidadi and Doddaballapur. In the case of Singasandra PHC area, the rate of sales of nirodh during the first year of the experimental period was lower than that of free distribution during the pre-experimental year. It must be pointed out here that Singasandra PHC area is close to Bangalore city and many industries are located in the area. It is possible that some of the industrial workers residing in the area might have turned to some other sources of nirodh. There are three other possibilities for the rate of sales of nirodh in 1977 being lower than that of free distribution in 1976. The first is that there might have been wastage in the free distribution in 1976.

The second is that nirodh given to vasectomy acceptors might have boosted the rate of free distribution in 1976. It may be pointed out that every vasectomy acceptor receives 6 or 7 pieces of nirodh to be used during sexual intercourse after vasectomy. It may also be pointed out that the rate of free distribution includes the number of pieces of nirodh given to vasectomy acceptors, whereas the rate of sales of nirodh does not. The third is that nirodh users might have been suspicious of the genuineness of the nirodh since it was sold for the first time at a price of 10 paise for a packet of 3 pieces and might have refrained from buying.

In the second year (1978) of the experimental period, the rate of sales of nirodh was higher in all the 3 PHC areas than that of free distribution during the pre- and post-experimental years. In the Bidadi PHC area, the rate of sales was 22.53 pieces per 1,000 population per month as against 10 pieces during the pre-experimental year and 9.86 pieces during the post-experimental year. Thus the number of nirodh users can be said to have been more than doubled. In the Doddaballapur PHC area the rate of sales level went to 51.82 pieces from that of free distribution level of 14.7 pieces during the pre-experimental year and 10.69 pieces during the post-experimental year. In the Singasandra PHC area also, the rate of sales of nirodh during the second year of the experimental period was higher than that of free distribution during the pre- and post-experimental years. This clearly shows that there is demand for nirodh in the rural areas and that people are willing and able to buy them at a small price. It must also be pointed out that wastage would be much less when nirodh is purchased than when it is received free of cost.

Table 3 shows the number and percentages of men with knowledge, attitudes and use of nirodh during 1975 and 1979. The table clearly shows an increase in the percentage of men knowing the method, of those with favourable attitudes towards the method and of those actually using the method. In the Bidadi PHC area, the percentage of respondents knowing the method increased from 53 in 1975 to 71 in 1979. Similarly, the percentage of respondents knowing the method increased from 36 to 48 in the Doddaballapur PHC area and from 49 to 59 in the Singasandra PHC area.

There was a substantial increase in the percentage of respondents with favourable attitudes towards nirodh between 1975 and 1979. Their percentage increased from about 26 to 78 in the Bidadi PHC area, from about 21 to 93 in the Doddaballapur PHC area and from about 56 to 73 in the Singasandra PHC area.

Similarly, there was an increase in the percentage of respondents using nirodh between 1975 and 1979. In the Bidadi PHC area, only 3.39 per cent of the respondents reported using nirodh in 1975 as against 13.51 per cent in 1979. Similarly, the percentage of nirodh users increased from about 7 to 22 in the Doddaballapur PHC area and from about 19 to 31 in the Singasandra PHC area. The foregoing analysis clearly shows that local commercials can play an important role in communicating the knowledge about the use of nirodh, changing the attitudes favourably towards nirodh, increasing the number of nirodh users and can thus contribute to family welfare.

#### Problems

In the conduct of an experiment of the present kind, cooperation of several officers and workers was necessary. In order to test the efficacy of the experiment, it was necessary to suspend the existing schemes of nirodh in the setting during the experimental period. Only the free distribution scheme of nirodh was existing in the experimental area. When we requested the officials of the district level to suspend the free distribution scheme for the duration of the experiment, one of them was reluctant to do so in the beginning. After a great deal of persuasion, he agreed and suspended the free distribution scheme.

As has already been pointed out, it was the responsibility of the Population Centre to deliver nirodh to the headquarter-towns of the 3 PHCs from where paramedical workers were expected to take when they attended monthly meetings and distribute to shopkeepers. But we realised within 2 or 3 months of the commencement of the experiment that for a number of reasons some paramedical workers were not taking nirodh from their PHC headquarter-towns. This, we thought, would adversely affect the regular supply of nirodh to shopkeepers and to users. In order to ensure

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regular supply of nirodh, we distributed nirodh to sub-centre headquarter-villages.

In one or two places in each of the 3 PHC areas, commercial distribution of nirodh was also existing. We could not succeed in suspending the commercial distribution as it was in the hands of a private commercial company.

During our visits to the experimental area, we observed some shopkeepers selling nirodh at less than 10 paise and others at more than 10 paise for a packet of 3 pieces. Although such shopkeepers were few and far between, we warned them that if they did not sell at the prescribed price, they would not receive nirodh free of cost. Thus they were contained from selling nirodh at other than the prescribed price.

As has already been mentioned, nirodh supplied by the Directorate for the experiment was from the stock meant for the depot holders scheme and the price of 12 paise was printed on each packet of 3 pieces. When shopkeepers offered nirodh at the price of 10 paise for a packet of 3 pieces, some of the literate buyers suspected the nirodh to be from old stock and that was the reason why it was being offered at a reduced price. We had to go round and tell every shopkeeper to inform the public that the nirodh was not from old stock and that government had actually reduced the price. This incident is cited here to show that in rural areas there is demand for nirodh and that rural people are careful buyers.

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