

Final Research Report on  
**INTERVENING WITH THE INDIGENOUS**  
An Action-Based Folk Media Campaign and Research Project on  
HIV/AIDS in Rural Bihar



by

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## INTERVENING WITH THE INDIGENOUS An Action-Based Folk Media Campaign and Research Project on HIV/AIDS in Rural Bihar<sup>1</sup>



An audience of about 3,500 gathers in Chakiya, East Champaran for the HIV/AIDS folk *mela*.

### Executive Summary

The present research report investigates and reports on a participatory, folk media-centered, action-based research intervention to promote HIV/AIDS prevention, care, and support among the rural population of two districts in India's Bihar State.

Funded by UNAIDS, New Delhi, our project included two main interventional components: (1) a series of performance interventions dealing with HIV/AIDS in the popular folk forms of *nautanki* and *birha*, creating a carnivalesque<sup>2</sup> mela-type atmosphere in the two intervention districts of Nalanda and East Champaran; and (2) an accompanying orchestration of pre-program publicity and media and public advocacy, involving local elected representatives, media officials, and local NGO leaders<sup>3</sup>.

In each of the two intervention districts – Nalanda and East Champaran, two Block towns were selected as program catchment areas where folk performances were carried out. In each of these block towns, pre-program publicity and massive ground orchestration and priming was undertaken prior to the performances, encouraging audiences from neighboring villages to attend the performances, participate in local contests and competitions, and enjoy the folk *melas* with family and friends.

Our research evaluation employed a combination of quantitative and qualitative methods. A pre-post, treatment-control field experiment design was employed to gauge the effects of the multi-pronged folk media-centered HIV/AIDS intervention on Bihar's rural population. In addition,

field-based observations, in-depth and focus group interviews, participatory sketching, and mail-in postcards were employed to collect qualitative insights.

What did we find?

We found that rural audiences in Bihar greatly appreciated the use of folk media interventions to promote messages about HIV/AIDS prevention, care, and support. Those who attended the *melas* easily recalled the names of *nautanki* characters as well as the key educational messages conveyed through the *nautanki* and *birha* performances. Importantly, audience members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members.

Multivariate analysis of quantitative data suggested that the folk media campaign yielded several significant outcomes. For instance,

\*participants who stayed in the folk *mela* for more than 2 hours were 3.4 times more likely to have more knowledge about HIV/AIDS prevention than who were not exposed to the *mela*.

\*participants who stayed in the folk *mela* for more than 2 hours were 3.1 times more likely to say that an HIV-positive student should be allowed to attend schools than who were not exposed to the *mela*.

Our quantitative analyses show that the folk performances have tremendous potential to change individual level attitudes about those infected and affected by AIDS, as well as change individual-level behaviors, even in the face of overcoming certain personal and community level barriers.

Our quantitative results further suggest that the interactive and engaging nature of the folk media interventions made it possible for the individuals to come out of their shells, spurring conversations between them and their peers, spouses, and parents about sensitive topics such as condom usage, multiple partners, and HIV/AIDS. Results of our multiple analyses are *so* consistent that they point to the high quality of the data that was collected.

Our qualitative data nicely complements are quantitative data. In-depth and focus group interviews with participants suggests that the folk *mela* was perceived as a unique and highly-suitable format for raising the din on health issues. The folk forms of *nautanki* and *birha* provide an opportunity for the rural audiences to enact a carnivalesque community, using local vernaculars and utterances, and stimulating discourse in contexts of understanding that are their own. There was a unanimous call from all quarters for such folk *melas* to be organized regularly, on a variety of health and social topics. For, in so doing, our respondents believed, the dignity, orality, and glory of the folk traditions might be restored, and harnessed.

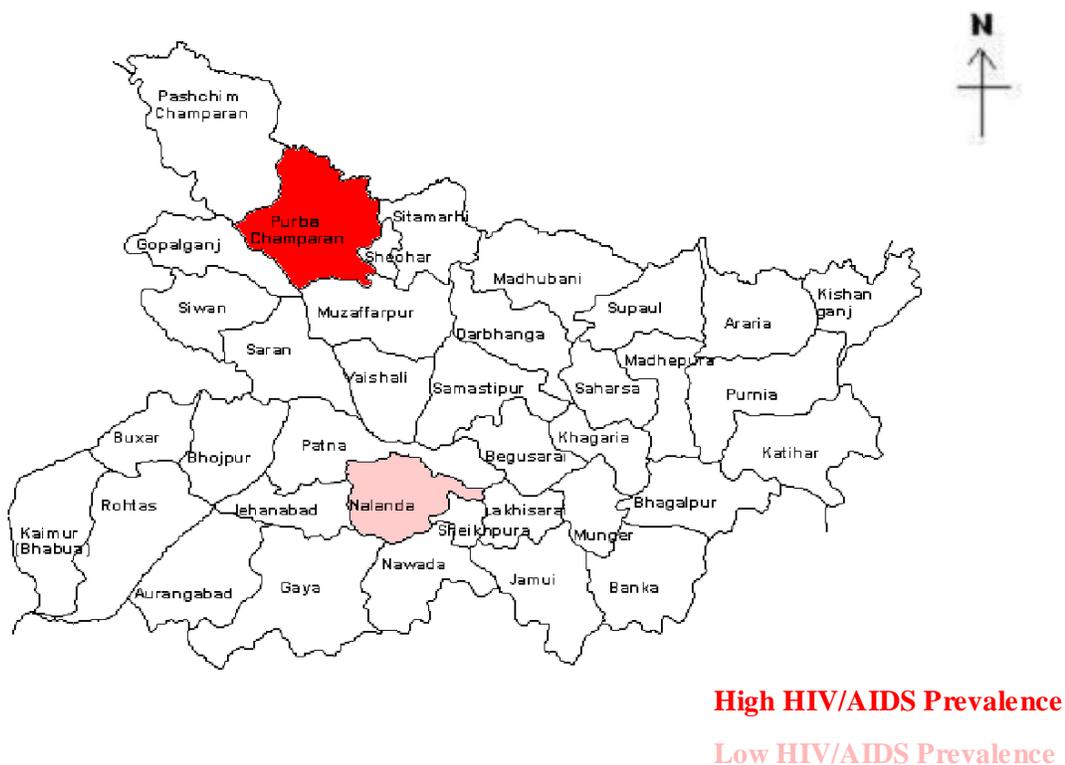
## INTERVENING WITH THE INDIGENOUS

### An Action-Based Folk Media Campaign and Research Project on HIV/AIDS in Rural Bihar

The present research report investigates a participatory, folk media-centered, action-based research intervention to promote HIV/AIDS prevention, care, and support among the rural population of India's Bihar State.

The HIV/AIDS interventions were carried out in one high prevalence district of Bihar State – East Champaran (HIV prevalence of 2.28 percent in the general population) and in one low prevalence<sup>4</sup> district – Nalanda.

### Folk Media Intervention Districts in Bihar



Our project included two main interventional components: (1) a series of performance interventions dealing with HIV/AIDS in *nautanki* and *birha*, creating a carnivalesque mela-type atmosphere in the two intervention districts of Nalanda and East Champaran; and (2) an accompanying orchestration of pre-program publicity and media and public advocacy, involving local elected representatives, media officials, and local NGO leaders<sup>5</sup>.

## Why Rural Bihar?

Bihar has the dubious distinction of being ranked as the poorest faring state on the Human Development Index, with over 43 percent of its population below the poverty line, and some of the most dismal rates of infant and maternal mortality, contraception use, women's literacy, and access to health care services<sup>6</sup>.

The HIV/AIDS epidemic is moving rapidly from urban to rural areas in Bihar, fuelled by high rates of labor migration, low literacy, gender inequality, absence of information and health services, and a slow response from the Bihar State AIDS Control Society (BSACS) given the National AIDS Control Organization (NACO) ranked Bihar, in overall terms, as being a low prevalence state. However, in 2005, eight out of 38 Districts in Bihar were identified as having HIV prevalence rates of over 1 percent in the general population. Among these, Sitamarhi District led with a sero-prevalence of 3.7 percent, followed by East Champaran with 2.28 percent, Khagaria with 1.89 percent, Purnia with 1.81 percent, Kishanganj with 1.52%, West Champaran with 1.28 percent, Madhubani with 1.26 percent, and Muzaffarpur with 1.07 percent. The remaining 30 Districts (generally referred to as "low prevalence" districts) remain vulnerable for increased infections.

HIV infections in Bihar, an estimated 85 percent of which spreads through the heterosexual route, are rising alarmingly among women who are especially vulnerable on account of strong patriarchal traditions, low socio economic status and decision-making power, low literacy, and low access to health information and services. Awareness about HIV/AIDS among rural women were recorded at a dismal 22 percent. To exacerbate this problem, a high number of unauthorized blood banks operate in Bihar that do not screen for HIV, and large hordes of young men from Bihar migrate to high HIV prevalence states like Maharashtra, enhancing the vulnerability of their family members upon return. Further, HIV is highly stigmatized, resulting in few incentives for undergoing HIV testing (where testing may be available) and even fewer for forming networks of positive people for fear of societal punishment.

## Program and Research Activities

Before we describe the sequence of programmatic and research activities that were undertaken, we introduce the individuals and institutions involved in the present project. They include the Centre for Media Studies (CMS), New Delhi, an independent, not for profit, social and public research organization; Brij Lok Madhuri (BLM), an NGO that specializes in using folk media forms to convey social and health messages to rural audiences; Saakar Foundation, Patna, a registered not-for-profit society promotes healthy practices and provide quality health care services to the poor, rural, and vulnerable populations of Bihar; and Professors Arvind Singhal (then of Ohio University and now at the University of Texas, El Paso), and Devendra Sharma of Cal State University, Fresno, who served as project and creative consultants, respectively.

What defines this team of collaborators is that they have (1) a long-standing history of working together on action-based research projects in India, (2) expertise in documenting research processes and outcomes, and (3) a proven track record in disseminating the learned lessons to a wide audience of practitioners, policy-makers, and scholars (in the form of award-winning books, peer-reviewed articles in well known communication, public health, and social change journals, and conference presentations). In this sense, the project team is a unique blend of research and

creative expertise and embodies vast experience in implementing on-the-ground folk media interventions as well as high quality monitoring and evaluation experience in both quantitative and qualitative methodologies (Singhal & Rogers, 1999; 2003).

What activities did the project partners engage in? Our multi-pronged HIV/AIDS folk media intervention in the two intervention districts of Bihar are described in a rolling timeline (Table 1), followed by the results of our research evaluation.

**Table 1. A Rolling Timeline of Research Activities, Publicity and Orchestration, and Folk *Melas* in Bihar**

### 15 March to 9<sup>th</sup> June 2007: Getting the Ball Rolling

CMS team visited East Champaran and Nalanda to conduct rapid formative research on the culture and history of the locales, identifying relevant facts, myths, and other vernacular aspects of these districts. Saakar Foundation scoped out existing local folk troupes in the two intervention districts, and worked closely with BLM in preparing field logistics. CMS provided a short 4-5 page synopsis of the formative research insights to BLM folk experts so that they could incorporate these “local” elements, as appropriate, in the scripts. BLM engaged in script development, over several iterations, for *nautanki* and *birha* in conjunction with folk experts of these genres. BLM’s folk media experts with Saakar officials helped organized a folk troupe training workshop in Patna.



Pandit Ram Dayal Sharma (extreme left) and Dr. Mannu Yadav (standing extreme right) work through the Birha scripts.

#### **Birha: An Indigenous Folk Tradition**

*Birha* is one of the most popular folk song traditions in Bihar and eastern Uttar Pradesh. This singing style is remarkable for its simplicity, adaptability, and emphasis. Four to five people sing Birha in a sitting or standing posture, accompanied by two or three instrumentalists. The stories are often animatedly enacted as they are sung, as was the *Guru and Chela* storyline in our Birha performance.



The *Birha* Performance

### Guru and Chela: The *Birha* Storyline

In the *Birha* storyline, finalized over much iteration under the expertise of Dr. Mannu Yadav, the protagonist is Narendra Pal, a poor man who works as an apprentice (*chela*) to Sohan, a virtuous truck driver. Under Sohan's tutelage, Narendra Pal learns to drive and one day owns his own truck. When money begins to roll in, Narendra Pal seeks commercial sex and contracts the HIV virus. Upon returning home, he passes it on to his wife and the baby in her womb. When Sohan comes to meet his *chela*, he is saddened by his health condition. Sohan himself lived with self-control and knew that was the reason why his family was prosperous and happy. He and his wife had visited the doctor who had made them aware about HIV/AIDS and other diseases, including how to stay clear of them. The day is saved when Narendra Pal's elder son steps forward, resolving to take his father and mother to a doctor to seek treatment, and looks after them with love and care.

### 10<sup>th</sup> June, 2007: Baseline Surveys Begin in Nalanda, Followed by East Champaran.

CMS began its baseline research in the two selected districts.

### 14<sup>th</sup> June, 2007: *Birha* and *Nautanki* Workshops Begin, Followed by Rehearsals

Meanwhile, the folk troupes continued to hone their scripts, tweaking them through several iterations. The *nautanki* script, *Mastani Gajrewali*, written by Pandit Ram Dayal Sharma, got sharper and sharper as the rehearsals progressed.



Nautanki Rehearsals

### ***Nautanki*: Full-Throated, Theatrical-Opera**

*Nautanki* is a popular folk musical theater tradition of north India that uses an operatic-style. The story is enacted through melodious singing and acting on an open-air stage, watched by thousands of audience members. What holds a *nautanki* together is its script, which is often generated over several iterations. The script for our *nautanki*, *Mastani Gajrewali* was no exception.

#### *Mastani Gajrewali*: The *Nautanki* Script

*Sharmili Gajrewali* is a story of three friends, their families, and their ups and downs. The three friends are: Sumati (literally meaning “the one who has a noble mind”), Kumati (“the one who uses his mind to attain evil ends”), and Moti (literally “pearl”). All three of them migrated from their village to the city, where Sumati got an accountant’s job, and made a comfortable living. Moti gave tuitions and earned a good reputation. However, Kumati got into bad company and tried to earn money by hook or by crook. After some failed attempts, Kumati got Sumati involved with a sex worker named Chandabai from whom he earned a commission. Sumati starts visiting Chandabai’s brothel regularly. One day by accident, Moti sees Sumati going into Chandabai’s brothel with Kumati, and realized that Kumati is trying to live off Sumati by getting Chandabai’s commission. Moti knows that visitors to Chandabai’s brothel are highly vulnerable to contract infections such as HIV.

Sensing the danger for Sumati, Moti returned to the village and informed Sumati’s wife Sharmili (literally meaning “the shy one”) and the village *mukhiaji* (headman) about Sumati’s vulnerability. An intelligent young woman of a strong character, Sharmili hatches a plan to bring Sumati back on to the right path. She disguises herself as a woman who sells fragrant flower ornaments (becoming a *gajrewali*) and Moti becomes a *Paan* (beetleleaf) seller. Both reached the city and started selling their wares near Chandabai’s brothel. Moti gained access to the brothel on

the pretext of selling *paans* while Sharmili sold her *gajras* by singing romantic songs. One day Sumati listened to her melodious voice, and went out to buy *gajras* from her. Smitten by her grace and beauty (and not recognizing her disguise), Sumati asked her if she would come and live with him. During this conversation, Sharmili introduced herself to Sumati as *Mastani* (Fun-loving) *Gajrewali*.

Seeing that Sumati is madly in love with Sharmili and fearing a loss of income, Chanda and her assistant Chirkut throw a big fuss about Sharmili's presence. When Sharmili reprimanded Chandabai for her immoral character, Chandabai noted that it is easy to preach morality, but not so easy to earn one's daily bread. Sharmili empathized with Chandabai, providing guidance on how to live positively and outside the brothel. Sharmili also noticed Chirkut's love for Chandabai (which until then was unexpressed) and persuades them to marry. Sumati, who witnessed Sharmili's role in socially uplifting Chanda and Chirkut realizes the mistake he has made of ignoring his wife. He tells Sharmili that he would ask for forgiveness from his wife for deceiving her, and in the future be faithful to her.

Kumati also regrets his wrong-doings. He is remorse that even after knowing his HIV-positive status, he had had unprotected sex with his wife and many other women. As a result, he realizes that his wife and his newly-born child are mostly sick. He cries out in agony and faints. A person from Sumati's village, who was in the city to buy supplies, sees Kumati falling down, and with the help of Sumati, Sharmili, and Moti puts Kumati in his automobile and they all return to the village. Sumati still does not recognize his wife Sharmili and his friend Moti due to their clever disguises.

Upon reaching the village, they have Kumati, his wife, and child tested for HIV/AIDS. Kumati and his family are found to be HIV positive. Upon hearing this, the villagers run for their lives, believing that the HIV virus transfers through air and by touch. They demand that Kumati and his family be expelled from the village. However, the doctor explains that one does not get HIV by touching or kissing a HIV positive person. It also does not spread by living or eating with a HIV positive person. She further explains that HIV virus spreads only through three routes: (1) unprotected sex, (2) by sharing needles, and (3) contaminated blood transfusion. The villagers' misconceptions are cleared and they hug Kumati and extend care and support to him and his family.

The villagers then ask Sumati about the two strangers accompanying him. Sumati introduces the two strangers as *Mastani Gajrewali* and the *paan* seller. He tells the villagers that it was Mastani Gajrewali who returned him to the right path. Then Sumati asks Gajrewali her address so that he could drop her to her house. Gajrewali gives him an address that is his own home address. Sumati is confused. However, after a bit more play, when Sharmili removes her veil, he realizes that Gajrewali is his own wife. Sumati is overjoyed and asks for forgiveness.

The villagers break into a chorus: "We have resolved that we all will live a happy AIDS-free life!"

\* \* \*

As the *nautanki* and *birha* scripts moved toward finalization, and the rehearsals moved full speed forward, the project partners got the media involved in the act.

## 18<sup>th</sup> June, 2007: Press Release and Journalists' Briefing in Patna.

On the morning of June 18, 2007, the following Press Release went out to all major newspaper and mass media outlets in the Indian State of Bihar announcing a unique UNAIDS-supported folk media initiative to address HIV/AIDS. The same evening in Patna, Bihar's capital city, the program partners met face-to-face with several journalists to spell out the purpose and scope of this initiative, the roles and responsibilities of the collaborating partners, and the dates and locations of the HIV/AIDS folk *melas*.



Left to Right: Press Briefing with Akhilesh Sharma (Saakar Foundation), Devendra Sharma (Cal State U, Fresno), Pandit Ram Dayal Sharma and Ms. Indu Sharma (both of Brij Lok Madhuri)

### Press Release Patna, June 18, 2007

Unique folk project launched!

Inaugurating the launch of a unique folk project to increase HIV/AIDS awareness in Bihar, Pandit Ram Dayal Sharma, an eminent folk guru and chairman of Brij Lok Madhuri emphasized the importance of local art forms like *Birha* and *Nautanki*.... He explained that this project is unique because it adapts interactive and entertaining local folk art forms to convey contemporary health messages.

The project is supported by UNAIDS and is being implemented by Patna-based Sakaar Foundation in collaboration with Delhi-based Brij Lok Madhuri (BLM) and Centre for Media Studies (CMS). Noted communication and social change professor Dr. Arvind Singhal of Ohio University, and folk media scholar and exponent Dr. Devendra Sharma of California State University, Fresno,

are providing guidance. The project seeks uses *Nautanki* and *Birha* performing traditions to communicate important HIV/AIDS messages in an entertainment education format. Saakar Foundation is doing local on-the-ground facilitation, while BLM is the creative partner responsible for developing folk scripts and training local performers, and CMS is documenting and conducting research on the impact of the project.

The project was launched by rigorous two-week training of folk performers short-listed from across the state of Bihar. Two customized and engaging *Nautanki* and *Birha* scripts on HIV/AIDS were written by experts based on formative research conducted in Bihar. Artists will perform these scripts in special Lok Ras Rang Melas, being organized in Nalanda district in Hilsa and Harnaut Block on 23 and 24<sup>th</sup> June, respectively, and in East Champaran district in Dhaka and Chakiya Block on 3 and 4<sup>th</sup> July, 2007.

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Press Coverage After the Release

**20<sup>th</sup> to 23<sup>rd</sup> June, 2007: Roving Pre-Program Publicity, Student Rallies, NGO Involvement, and Ground-Based Political Advocacy in Nalanda District.**

Prior to the implementation of the HIV/AIDS village *mela* in each location, a massive amount of pre-program publicity (e.g. using loudspeakers mounted on roving jeeps), ground mobilization (e.g. youth rallies), and grassroots political advocacy (involving local *panchayat* leaders, NGO leaders, and artistes) was carried out, creating a campaign-style carnival atmosphere. The roving jeeps that moved around in catchment villages continuously played an audiocassette that announced the date and time of the upcoming folk *mela*, inviting community members to attend and to bring their friends and family. Colored handbills were distributed by the jeep among the villagers. And, banners and wall paintings were also put at strategic points to attract people's attention.



Publicity Through Roving Vehicles with Loudspeakers



A publicity handbill for the folk performance.



A Wall Painting Announcing the Folk Mela

To encourage the local community's participation in the folk *mela*, an advocacy meet with elected representatives was held in each of the four districts. In each district, one block was designated as the site of the folk performance. In each block headquarters, with cooperation of the block level officials, *Panchayati Raj* Institution (PRI) members were contacted and requested to attend the advocacy meet and the folk *mela*. In the Harnaut block of Nalanda district, when CMS team members met the Block Development Officer/Circle Officer, Mr. Surendra Prasad Singh, he sent an official letter to each *panchayat* member, informing them about, and requesting them to attend, the advocacy meet. These advocacy meets were well attended and around 12-15 PRI members at each block attended the meet and assured their full cooperation for the folk *mela*. Further, CMS team members personally contacted the elected representatives in each of the blocks, particularly women members, and extended invitation to attend the folk *mela*.



Advocacy with local political leaders, Hilsa, Nalanda

24<sup>th</sup> June, 2007: Lok Ras Rang Mela in Hilsa Block Town, Nalanda District.

In spite of temperatures hovering around 43 degrees centigrade, about 5,000 people, both men and women, spend several hours enjoying the folk *mela* held on the grounds of Rambabu High School in Hilsa, Nalanda.



Some 5,000 audience members gather in Hilsa for the first folk performance

Audience members arrived in Hilsa from several neighboring villages, traveling by busses, tractors, bicycles, and on foot. On the day of performance, *one of the panchayat* members from village *Kaaba* arranged for a tractor-trolley to transport female community members to the *mela* site. On seeing a fully packed tractor-trolley carrying 60 village women, individuals from village *Kamata*, across the road, inquired where they were headed? When they learned of the performances in Hilsa, they quickly arranged for their own tractor-trolley to bring their village women to the performance.



Folk Guru Pandit Ram Dayal Sharma Launches the Event



Post-performance Over 1,000 audience members sign an event pledge poster to share HIV/AIDS information

25<sup>th</sup> June, 2007: Lok Ras Rang Mela in Harnauth Block Town, Nalanda District

Much like in Hilsa, temperatures were seething in Harnauth, Nalanda, yet again over 5,000 people, both men and women, waited patiently for the folk *mela* to commence. Encouraged by CMS field workers, several local NGOs -- *Shantidoot*, *Jan Jagaran Sansthan* (JJS), *Bhartiya Jan Uththan Parishad* (BJUP) -- set up their booths on one side of the performance area (as the photo below indicates).



Various NGOs set up booths in Harnauth, Nalanda



Some 5,000 audience members waited patiently for the folk performances to get underway in Harnauth, Nalanda.

27<sup>th</sup> June to 2 July, 2007: Roving Pre-Program Publicity, Student Rallies, NGO Involvement, and Ground-Based Political Advocacy in East Champaran District.



Rally of 1,500 Students, Staff, and Activists Promoting the Folk *Mela* in Dhaka, East Champaran

2<sup>nd</sup> July, 2007 : Endline Survey Begins in Nalanda District

CMS launches end-line quantitative research in Nalanda District, given performances ended here the previous week.

3<sup>rd</sup> July, 2007: Lok Ras Rang Mela, Dhaka Block Town, East Champaran District

Some 3,500 people gather to participate in the folk *mela* in Dhaka High School in Dhaka, East Champaran, including the school's teachers and students as in the photo below.



Teachers and students enjoying the performances in Dhaka



Based on the folk performances a quiz competition was held for audience members in Dhaka. The directive: "Raise your hand if you can answer the question".



The muslim community participated enthusiastically in Dhaka, demonstrating that the appeal of folk media go beyond religious lines. Here a muslim girl answered the question correctly to win a prize.

The local newspapers covered the Dhaka folk performances with much fanfare, generating buzz for the performance in Chakiya the following day.



The Hindi-Daily *Hindustan* Lauded the Folk Performances in Dhaka. The heading stated: “In Dhaka, Folk Songs Spellbind Audiences”

4<sup>th</sup> July, 2007 : Lok Ras Rang Mela, Chakiya Block Town, East Champaran District

Some 4,500 people gathered in the Gandhi Maidan of Chakiya, East Champaran to participate in the folk *mela*. Despite a huge *pandaal* (tent), the audiences spilled over to the edges. Recorded as one of the most humid days (with relative humidity hovering over 90 percent), the audiences patiently waited for the performances to begin.



Some 4,500 people await the beginning of the performance in Gandhi Maidan, Chakiya, East Champaran.

The performance in Dhaka and Chakiya in East Champaran brought together representatives from all collaborating project partners<sup>7</sup> on stage, as the photo below illustrates.



Representatives of various project partners on stage in Chakiya, East Champaran as the folk mela gets underway. Left to right: Dr. Arvind Singhal (then of Ohio University<sup>8</sup>), Mr. Alok Shrivastav (Centre for Media Studies); Mr. Akhilesh Sharma (Saakar Foundation), Chief Guest Nagar Panchayat Chairman of Chakiya, and Pandit Ram Dayal Sharma (Brij Lok Madhuri)<sup>9</sup>



The performance in Chakiya is interrupted by a 30-minute downpour but audience members stayed on, covering themselves with chairs and the giant floor tarpaulin.



When the rain stopped in Chakiya, the audience still over 1,500 strong inched forward to the stage to pick up the threads from where they left them.

8th July, 2007 : Endline Survey Begins in East Champaran District, and is Completed by July 15<sup>th</sup>, 2007.

15 July, 2007 onwards: Data-collation, Analysis, and Report-Writing.

CMS collated, cleaned, entered, and analyzed the quantitative data with Dr. Singhal's oversight. Most of the qualitative data was translated and transcribed by CMS, and analyzed by Dr. Singhal. The key quantitative and qualitative results of the study are presented in the next few sections, after a brief introduction to the theoretical premise that guides the present folk media project.

### Project's Theoretical Premise

What was the guiding theoretical premise of the present project?

Collective events like village fairs, festivals, folk theatre, and music performances are an integral part of rural India's cultural landscape. Driven by indigenous traditions that favor orality, such performative events present opportunities to initiate reflection, debate, and dialogue on social and health topics (Conquergood, 2002; Sharma, 2006). Our multi-pronged folk media campaign in Bihar was premised on Mikhail Bakhtin's concept of *carnival* as site of community dialogue. Bakhtin argues that when people engage and have fun together, a feeling of community develops. Thus, our present campaign was driven by the vehicle of fun *melas* (fairs) where local people – men and women, young and old, *brahmin* and *dalit*, rich and the poor -- engaged in various activities while learning about social and health topics, including the importance of HIV/AIDS prevention, care, and support.

The project was titled *Intervening with the Indigenous* as it was driven by indigenous, people-centered folk forms of communication – *nautanki and birha*, – highly popular among the hard-to-reach rural audiences in Bihar. Involving a research-sensitive participatory process of message development, and implemented by local troupes working collaboratively with communication scholars, HIV/AIDS specialists, and folk media *ustads* (experts), this action-based research project represented an indigenous, over-time, strategic intervention to address the growing HIV/AIDS epidemic in rural Bihar.

### A Carnival in Bihar

The folk *mela*, in all four locations, was not just a folk performance-driven health education exercise. It was an authentic *mela* where people came from different villages to gather at one location for socializing and entertainment.



Veteran *nautanki* artistes Kali Prasad and Bhola Ram sing and dance in Dhaka, East Champaran.

The *mela* was complete, as *melas* are, with *kulfiwalas* (ice-cream vendors), *chatwalas* (savory vendors), and *sherbetwalas* (sherbet vendors) – all doing brisk business.



A mela, an informal space for meeting, socializing, and community building.



An ice-cream vendor in the *mela*, another space for common experience



A vendor of savory snacks in the *mela*

In the four locations in Bihar, where the folk *melas* were realized, people socialized in a common place – under a tent, by the ice-cream vendor, while enjoying a tasty savory under the banyan tree. As they gathered together, they illustrated Bakhtin's (1984) concept of *carnival* as site of community dialogue – where engagement, enjoyment, laughter, and fun represent the building bricks of a community. Once a community begins to form, discussions, decisions, and actions may then flow from social units within this collective body.

## Results of the Present Study

As noted previously, the purpose of the present project was to carry out a participatory, folk media-centered, action-based research intervention to promote HIV/AIDS prevention, care, and support among the rural population of India's Bihar State.

The folk media-centered intervention and research project was carried out in two districts of Bihar: A high prevalence district – East Champaran (HIV prevalence of 2.28 percent) and one low prevalence district – Nalanda (HIV prevalence of less than one percent).

To assess the impact, if any, of the folk media intervention on the population in the catchment<sup>10</sup> (surrounding) area of the folk performances sites, a combination of quantitative and qualitative methods was employed. The present section focuses on the findings of the quantitative surveys carried out before and after the folk media intervention in the selected sites of the two districts.

### Quantitative Methodology

A pre-post, treatment-control field experiment design was employed to gauge the effects of the folk media-centered HIV/AIDS intervention in the two districts of Bihar. Such a research design is considered as the “gold standard” for it minimizes the threats to validity in the claims that are put forth. Baseline (pre) and end line (post-intervention) survey data were gathered in the experimental sites where the folk interventions were carried out, and in a matched control site of both the districts where these interventions were withheld. The experimental and control sites in each intervention district were matched as closely as possible on key socio-demographic indicators to minimize the possibility of alternative explanations for any differences measured in change scores of the two groups. Also, care was taken to ensure that no folk intervention, or pre-program publicity of the performances, takes place in the control site during the study period.

Survey data were gathered in two waves: Baseline (BL) and Endline (EL) in the experimental sites and once in the control sites. Baseline round was completed a week before the folk *mela* intervention in the experimental sites and the endline round started three days after the intervention. Thus, a time gap of only 10 days existed between the two rounds. Presuming that no change would be possible in knowledge, attitude, and practice variables related to HIV/AIDS in the control site in such a short time span, only one round of data-collection was conducted in the control sites of both the districts.

In each wave/round, a stratified random sample of experimental and control group respondents were chosen from the two intervention districts. The respondents were stratified as per their gender and age: male and female, youth and adults (15-24 and 25-49 years, respectively).

In each intervention district, 400 respondents were selected for inclusion in the experimental group (200 respondents from each of the two intervention catchment areas). Further, 200 respondents were selected for the control group from a matched area outside the intervention catchment area. The intervention areas in Nalanda district were Community Development (CD) Blocks Hamot and Hilsa while in East Champaran, the intervention sites were CD Blocks Dhaka

and Chakiya. The control sites in these two districts were Sarmera (in Nalanda District) and Areraj (in East Champaran District). Since one of the main objectives of this research study was to assess the impact of folk intervention, in the endline round a large sample of respondents who were exposed to the folk media intervention were included. The endline sample comprised of around three-fourth of such respondents, who attended the folk media intervention.

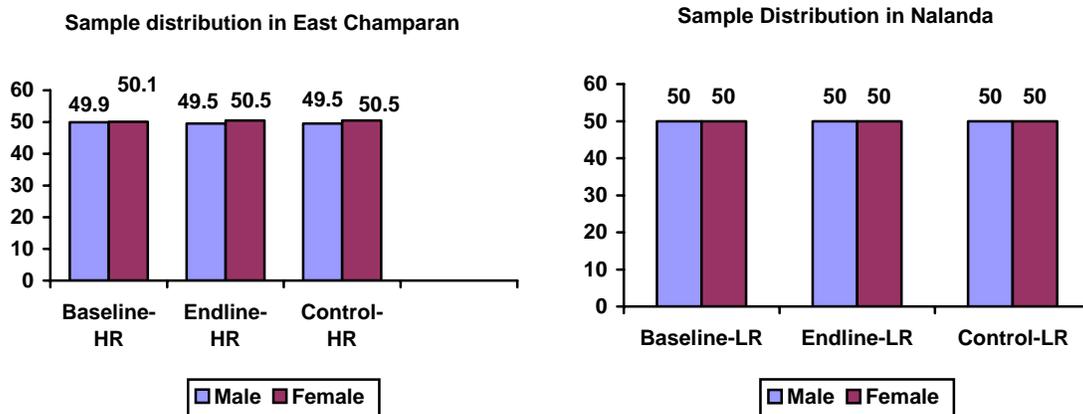
Broadly, the sample distribution in both the districts was as follows.

District	<i>(in number)</i>		
	Baseline	End line	Control
East Champaran ( <i>High Prevalence District</i> )	401	400	200
Nalanda ( <i>Low Prevalence District</i> )	400	400	202

### *Profile of the Respondents*

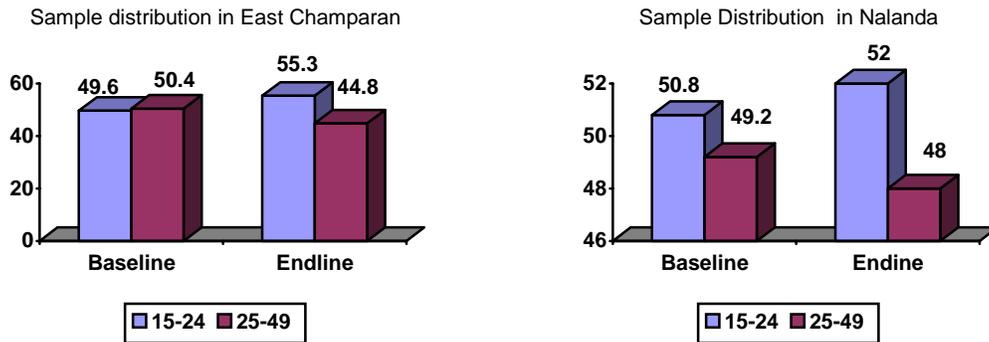
A brief profile of our respondents, male and female, indicate that the sample distribution was similar in both the rounds.

### *Gender (in %)*



In the treatment sites of the two districts, the sample by gender and age group was evenly distributed in both the rounds, thus having an almost equal representation of males and females in both the age groups in the high prevalence district, East Champaran as well as in Nalanda, the low prevalence district.

### Age group (in %)



### Educational Level Attained

Further profiling of the respondents in both the districts showed that while 45 percent of our respondents had attained the secondary educational level, the proportion of females to males was about half. Among those exposed to the intervention, it was noticed that the educational level was secondary and above for 58% of the males and 40% of the females. Some 27 percent of male and 27 percent of females “exposed to folk intervention” had passed middle school (8<sup>th</sup> grade). Among females, a sizeable attendee population was illiterate (20%); among males, the percentage was less (7%).

### Marital Status

In the baseline, around three fourth of the respondents were married (65% among males and 87% among females) while in the endline survey, 52 percent of the males were married and 70 percent of the females were married.

### Age at Marriage

Among the respondents who were “exposed to folk media intervention,” 58% of them were married. However, the percentage of married males who were “exposed” were 48% and that of “exposed” females were 68%. The mean age of marriage for male respondents was reported to be 20 years and that for females was around 15 years<sup>11</sup>.

### Sexual Practice

The mean age for first penetrative sexual intercourse among male respondents was 20 years while for females it was 16 years. This suggests that they had their first sexual intercourse after marriage.

### Heard of HIV/AIDS

Since the folk media intervention aimed at improving the knowledge and attitudes related to HIV/AIDS of the population in the catchments of the intervention sites, the research study tried to assess the change. The time gap between the two rounds (pre and post-intervention) was very

short and given their was homogeneity in the profile of the samples selected in two rounds, it could be presumed that change in knowledge and attitudes to a large extent could be attributed to the intervention. When the respondents were asked whether they had heard of HIV/AIDS, all the respondents from East Champaran (High Prevalence district) in the endline answered in affirmative (BL=95%, F=78.709, df=799). Similarly in Nalanda (Low Prevalence district), almost all (99%) of the respondents in the endline reported that they had heard of HIV/AIDS, which was significantly high from baseline (BL=89%, F=162.708, df=798). However, awareness about anyone in their community living with HIV/AIDS was around 8 percent in the baseline, and less than 5 percent in the endline.

#### *Exposure to Message on HIV/AIDS*

In the baseline, the extent of exposure to HIV/AIDS messages was 79% for male respondents and 82% for female respondents. They noted that they had heard/seen at least some messages on HIV/AIDS during the last six months. In the endline, these numbers rose to 97percent and 100 percent among males and females, respectively (In East Champaran, BL=77%, EL=99%, F= 653.242, df=797;in Nalanda, BL=79%, EL=98%, F=415.097, df=797).

The main sources of HIV/AIDS information identified in the baseline round were TV (male-55%, female-73%) and radio (male-77%, female-66%). In the end line, along with TV and radio, folk media was reported as one of the main sources (male-80%, female-74%) of messages on HIV/AIDS.

#### *Exposure to Folk Performances in Recent Past*

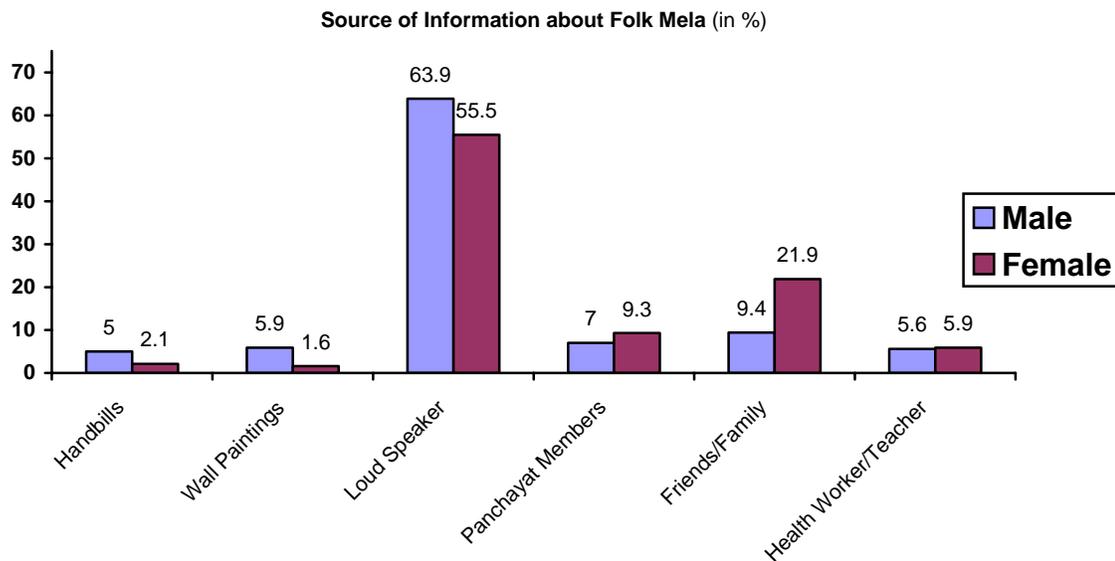
Some 57percent of female respondents and 48 percent of male respondents in the baseline reported that the most recent folk performance they saw was within the past week. In the end line round, 85 percent of the male respondents and 81 percent of female respondents indicated that they attended the folk media *mela* organized under this project. Further, in the end line round, an overwhelming percentage of males (94%) and females (97%) noted that the recent folk performances (i.e. folk media intervention) talked about HIV/AIDS.

The degree of likeability for folk performances in the two treatment districts was high. In spite of the reach of radio and television, folk media continues to be a favorite among respondents, across both gender and age groups. In both the survey rounds, respondents (almost 99 percent) expressed their liking for folk performances. A similar percentage of respondents opined that folk performances represent an effective tool for raising awareness on HIV/AIDS among the general population.

#### *Exposure to the Folk Media Intervention*

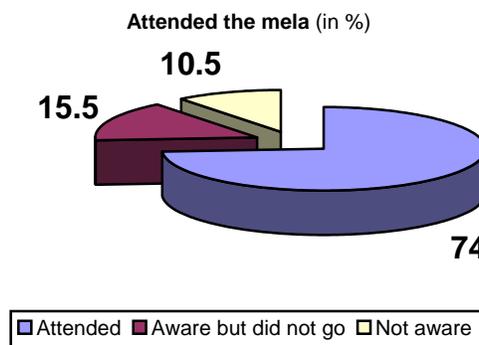
Of the total respondents in the end line survey, some 92 percent (male-88%, female-95%) were aware that a folk *mela* was organized at the block headquarters recently. When asked what was their primary source of information about the *mela* was, the main source reported by both male and female respondents was the loudspeaker announcement made by a roving vehicle in their catchment area two to three days prior to the *mela* day. One in five female respondents and 1 in 11 male respondents, came to know about the *mela* through friends or family members. *Panchayat*

members, who were contacted by CMS field workers during the pre-performance advocacy, were also identified as a source information about the folk *mela* (male=7%, female=9%).



#### Attended Folk Mela

Around 83 percent of respondents, who were aware of the folk media intervention (n=716), attended the *mela*. Some 16 percent of the total respondents covered in the endline survey noted that they were aware of it, but could not attend it.



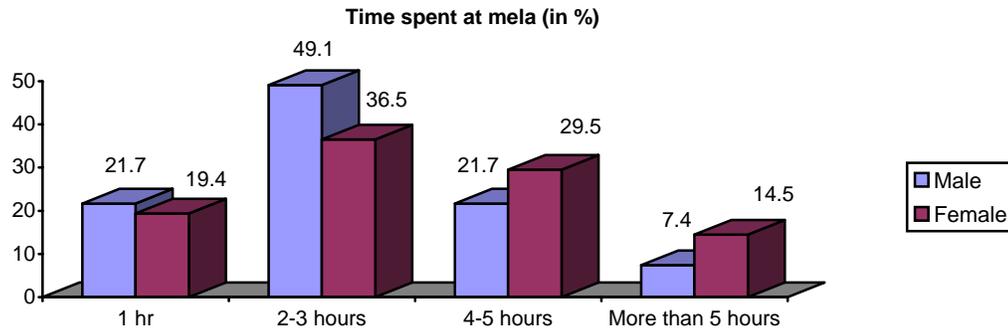
#### Liking for Folk Mela

The folk performances, particularly *nautanki*, were liked by an overwhelming percentage of audiences {98.6%, (n=587, male=299, female=288)}. Among various reasons cited by the respondents to support their liking for *nautanki*, the reasons which were cited by the highest percentage included “information about AIDS along with entertainment” (male=42%, female=33%);

information about AIDS and how it spreads (male=13%, female= 18%); and creating awareness about AIDS through *nautanki* (male=11%, female=16%).

### Time Spent at Mela

The degree of appreciation for the folk intervention was directly related to the time the audience members spent at the *mela*. The *mela* was a daylong affair with various other activities (group songs, quiz competitions, poetry, etc.) along with the main attraction of *nautanki* and *birha*.

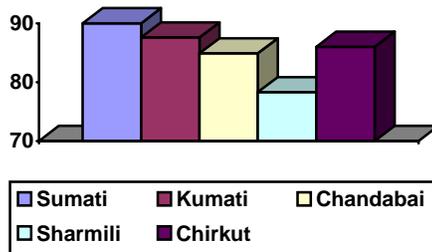


Around 58 percent of the respondents reported spending between 2 to 5 hours at the intervention site, while about one-fifth stayed for an hour or so. Females were more engrossed in watching the folk performances as about 15 percent of them were at the *mela* venue for a duration of more than 5 hours. Comparatively, among males the percentage staying for over five hours was only about 7 percent.

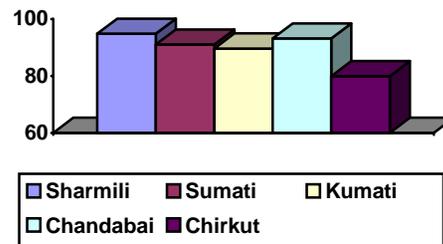
### Recall of Characters

The audience attentively watched the *nautanki* and *birha* performances and enjoyed it. However, *nautanki* clearly scored over the *birha* performance in popularity. The high recall of the main characters of *nautanki* by an overwhelming percentage of male and female supports the above claim.

Characters recalled by Male Audience (in %)

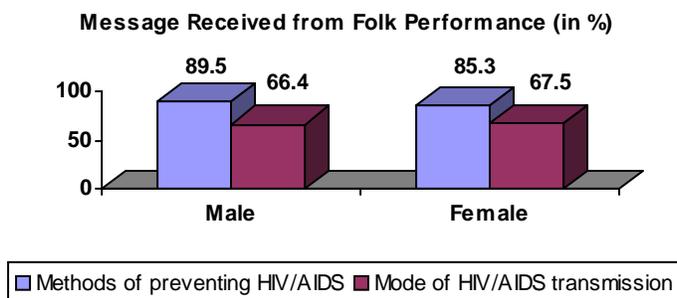


Characters Recalled by Female Audience (in %)



## Purpose of Folk Mela

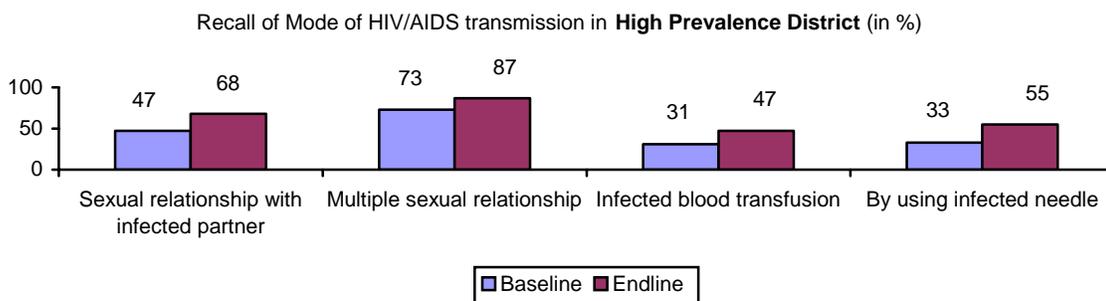
When asked about the primary purpose of the folk *mela*, 85 percent of the audience (male=87%, female=84%) noted that its purpose was to raise awareness about HIV/AIDS. When further elaboration of the folk *mela* messages was sought, it was clear that both male and female respondents imbibed the messages about modes of HIV/AIDS transmission and prevention.

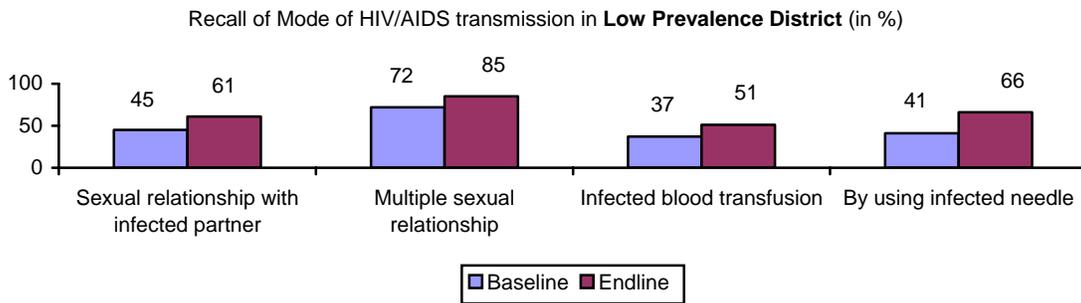


For more than half of the female audience members, the folk performances provided new messages, that is, they came to know about it the first time. However, among male audience members, the percentage reporting learning of new messages were comparatively low (19.4%). The new messages that the women learned included “not using a condom might get one infected from HIV/AIDS” (19%), “one can get AIDS by using infected needle/syringe” (14%), and “by using HIV infected blood” (11%). These messages were specifically conveyed through the storyline of the folk media, further suggesting that the audiences watched the *nautanki* and listened to *birha* attentively.

## Recall of Mode of Transmission of HIV/AIDS

A further comparison of the results of the baseline and endline surveys in both the districts showed a significant increase in learning in the endline. On modes of HIV transmission, during the baseline survey only 47% of respondents in East Champaran district (and 45% in Nalanda district) reported that “a person could get HIV/AIDS by having sexual intercourse with an infected partner”; however, in the endline survey, this percentage rose to 67% in East Champaran (and 61% in Nalanda district). Similarly, as compared to the baseline survey, respondents scored higher in the endline survey on “people can get HIV/AIDS if they have multiple sexual relations” in both East Champaran as well as Nalanda districts.





*Recall of Method of Prevention of HIV/AIDS*

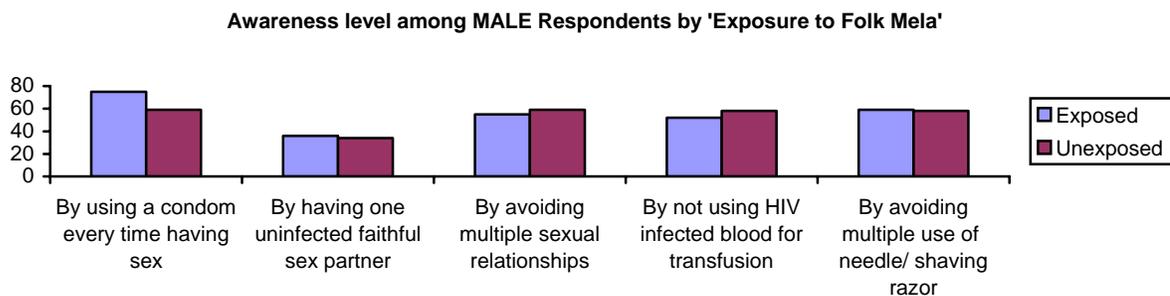
The respondents in the endline survey were better informed about methods of preventing HIV/AIDS compared to the baseline.

(in %)

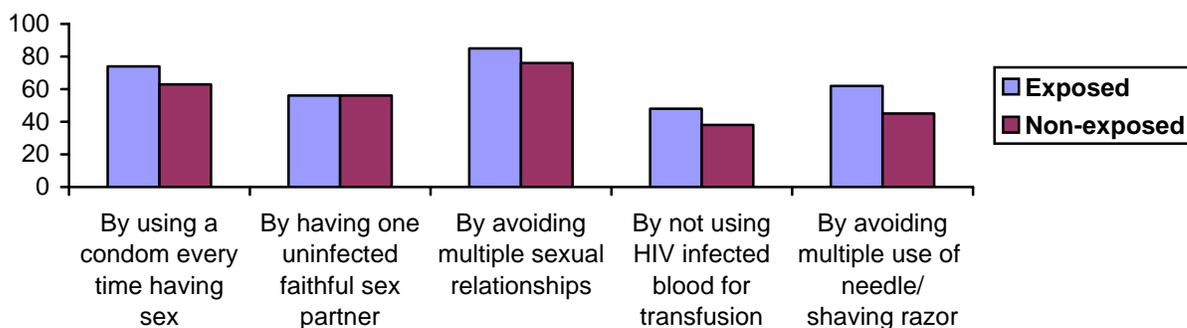
Methods of prevention	High Prevalence District			Low Prevalence District		
	Endline	Baseline	Value of F (df=778)	Endline	Baseline	Value of F (df=735)
By using condom every time having sex	74	51	109.663	69	52	56.896
By having one uninfected faithful partner	47	42	6.320	45	41	4.637
By avoiding multiple sexual partner	71	55	73.891	68	43	30.142
By not using HIV infected blood	52	24	149.230	47	34	40.595
By avoiding multiple use of needle/shaving razor	61	29	38.689	56	35	22.947

The test of equality of variances conducted for each parameter showed that higher scores on the endline survey are significant in both high and low prevalence districts, indicating that the folk media intervention helped in raising awareness about modes of HIV transmission and methods of prevention. Among exposed respondents, females scored higher or at par with males about the following methods of transmission and/or prevention: “Using a condom every time when having sex (female-74%, male-75%)”, “having one uninfected faithful partner (56% vs. 36%)”, “avoiding multiple sexual relationships (85% vs. 55%)”, and “avoiding multiple use of needle/shaving razor (62% vs. 59%)”.

A comparison of respondents who were exposed to the folk media intervention with those who were not indicates higher awareness levels among the exposed audience.



Awareness level among FEMALE respondents by 'Exposure to Folk Mela'



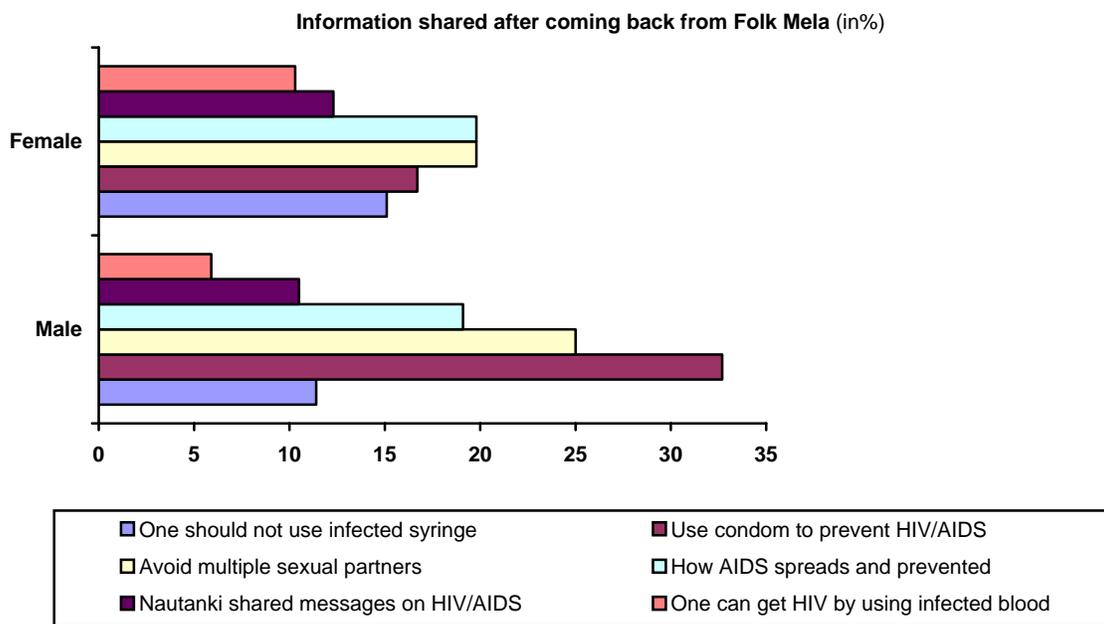
### Attitude toward PLWAs

The purpose of the folk media intervention was to address the various misconceptions related to HIV/AIDS that currently prevail in rural Bihar. The folk media intervention conveyed the message that “one does not get HIV/AIDS virus by touching or kissing a HIV positive person” or “HIV/AIDS does not spread by living or eating with a positive person”.

The present study tried to assess the perceptions of the respondents with respect to people living with HIV/AIDS (PLWAs). On the baseline when respondents were asked “whether a HIV-positive student should be allowed to attend school”, 60 percent of the males and a little less than half of females opined that the student should be allowed to attend. In the endline survey, the percentage of respondents who felt the same way had risen -- 77% male and 86% female. On a similar question where respondents were asked about their willingness to allow a HIV-positive relative to stay in their household, the responses again showed a rising trend. (BL-72% male, 56%female; EL-81%male, 91%female).

### Sharing of Information

Discussing issues related to HIV/AIDS within one’s family or peer group or one’s community is still highly stigmatized in Indian society. The present project aimed at encouraging the participants of the folk *mela* to share or discuss the information they gleaned from the intervention with friends and family members. The endline results showed that more than 81% of the “exposed” audience after going back from the *mela* discussed the issues that were raised in the folk performances with someone. Female audience members were more likely to discuss than their male counterparts (88% vs. 74%). The most discussed issues were “Using condoms to prevent oneself from being HIV-infected” (24%), “One can get HIV/AIDS by having multiple sexual partners” (22%), “Methods of HIV-transmission and prevention” (20%), “One should not use infected, unclean syringes” (13%), and some others.



What one learned from the folk *mela*, was shared and/or discussed mostly with friends (male-92%, female- 65%), followed by spouses (male-21%, female-48%), and parents (6% male and 21% female).

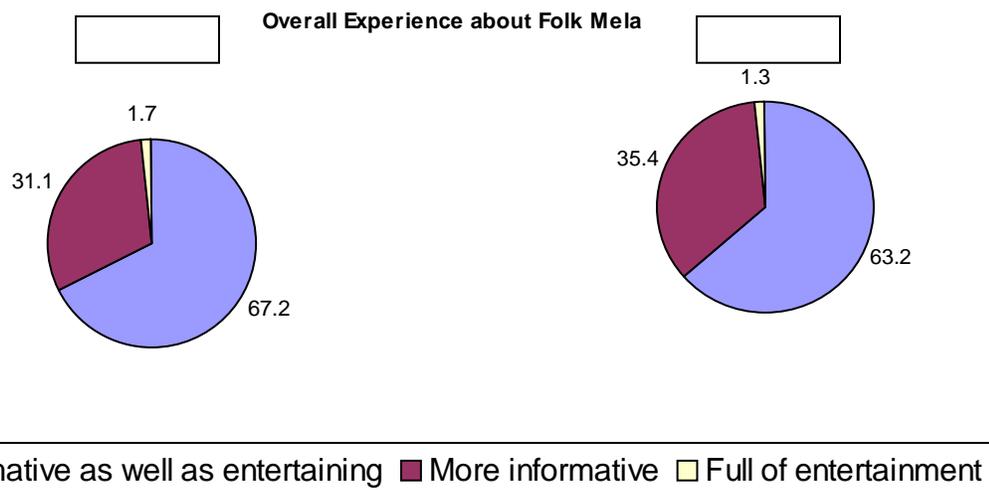
*For Those Who Were Aware about the Folk Mela but did not Attend*

Among those who were aware of the folk *mela* but did not attend (n=124), some 78% reported that some one known to them attended the folk performances. Of them, some three-fourth (n=96) shared their experience with the respondents after returning from the *mela*. The information that was shared was “about HIV/AIDS, how it spreads, and how it can be prevented” (male=36%, female=28%), “one should not have multiple sexual relationships” (male=14%, female=29%), and “one should always use a condom at the time of having sex” (male=29%, female=21%).

The above results suggest that the folk *mela* met its intended purpose of initiating discussion on HIV/AIDS at the peer, family, and community level.

*How Entertaining? Educational?*

A majority of our male and female participants found the folk *mela* to be informative as well as entertaining. Some 83% reported that this is the first time they were exposed to folk media performances that were engaging and also educational with respect to HIV/AIDS prevention, care, and support.



### *In Summary*

Our results suggest that audience members in Bihar appreciated the *mela*-centered folk media intervention to promote messages about HIV/AIDS prevention, care, and support. Respondents easily recalled the names of *nautanki* characters and certain scenes, suggesting that they were well immersed in the performance. Both male and female participants who attended the folk *mela* spent a good part of their day at the *mela*. Moreover, in the post-intervention endline survey they easily could recall the key educational messages conveyed through the *nautanki* and *birha* performances. Importantly, audience members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members.

One could therefore conclude, based on our pre and post analysis, that the folk media intervention was able to promote messages about HIV/AIDS prevention, care, and support among audience members, and also spur the audiences to share and discuss the issue with their near and dear ones.

### Multivariate Data Analysis

The pre-post quantitative data we collected was subjected to multivariate data analytic techniques to boost rigor and confidence in the inferences drawn above. Toward this purpose, we used the technique of logistic regression to see the influence of individual independent variables on key dependent variable(s), controlling for other covariates. Among various methods of multivariate analysis, we chose logistic regression<sup>12</sup> because of the categorical nature of the dependent variables.

In this exercise, we modeled a set of covariates and independent variables for knowledge and attitude related determinants. The determinants are:

- District (Nalanda-1, East Champaran-0): a1
- Location (Rural-0, Urban-1): a3
- Age (upto 24 years-0, 25 years and above-1): a5
- Gender (Male-0, Female-1): a4
- Education (continuous): a6
- Marital Status (Married-1, Not married-0): a7
- Media exposure (exposed 2 or more media-1, not exposed or exposed to less than 1 media-0): media
- Duration of stay at health mela (3 hours or more -1, Less than 3 hours-0): j5
- Got new message (more than 1 message-1, 1 or less message-0): j12

To assess behavioral determinants, we ran two models -- one with the variables mentioned above, and another by adding additional variables like:

- Current knowledge regarding HIV/AIDS transmission (Know any 3 or more mode of transmission-1, 2 or less-0): knowaids
- Friendship with opposite gender (Have at least one friend of opposite gender-1, no friendship with opposite gender-0): friends
- Cultural environment (easy to talk in the community-1, not easy-0): h3

A description of independent variables is provided in Table-2. This table shows the proportion of HIV/AIDS knowledge (for both transmission and prevention), prevailing attitudes, and behaviors/practices in a bi-variate mode with level of significance test for difference (Chi-Sq).

Since the response variable has two categories, multivariate logistic regressions have been employed here to identify factors affecting knowledge, attitudes, and practice (KAP). The generalized logistic regression equation can be written in the following form:

$$\text{logit } q = \beta_0 + \sum \beta_i X_i \quad (i = 1, 2, \dots, k)$$

where, q is the probability of occurrence of relevant indicators;

$\text{logit } q = \ln [q/(1-q)]$  and  $\{X_i\}$  ( $i = 1, 2, \dots, k$ ) are the predictor variables,  $\beta_0$  is the intercept and  $\beta_i$ 's ( $i = 1, 2, \dots, k$ ) are the regression coefficients.

Multivariate logistic regression is being employed to assess the net influences of various demographic, social and instrumental factors on KAP measures. Results of multivariate regression analysis are described below.

Table-2: Knowledge, attitude and behavior/practice indicators by background variables

	Knowledge of any 3 or more mode of transmission	Knowledge of 3 or more ways of Prevention	Attitude: Students living with HIV should be allowed to attend school	Current Behaviour: Respondents discuss about HIV/AIDS
<b>District</b>		**	**	**
Nalanda	37.1	38.0	60.7	55.4
East Champaran	37.3	45.4	69.5	65.4
<b>Location</b>	**	*	**	
Rural	35.9	40.8	63.7	59.8
Urban	49.5	50.0	76.8	66.0
<b>Gender</b>	**	**		**
Male	30.9	38.8	63.1	54.2
Female	43.5	44.6	66.8	66.6
<b>Age</b>			*	
15-24 years	39.2	43.8	67.2	61.5
25-49 years	35.1	39.5	62.6	59.3
<b>Education</b>	**	**	**	**
Less than Primary	23.2	26.2	50.0	46.5
Primary and above	44.4	49.7	72.6	67.6
<b>Marital Status</b>	**	**	**	**
Married	34.0	41.7	61.1	57.9
Not Married	44.5	51.7	73.8	66.2
<b>Exposure to Media</b>	**	**	**	**
Exposed to 2 or more media	51.5	54.2	78.1	71.6
Not exposed or exposed to only one media	26.6	32.5	55.2	52.2
<b>Duration of Stay at Mela</b>	**	**	**	**
More than 2 hours	62.8	71.9	87.6	88.2
Up to 2 hours or less	32.3	35.9	60.6	55.1
<b>New Message</b>	**		**	**
More than 1 message	61.0	64.9	84.9	89.3
1 or no message	34.5	39.0	62.7	57.1
<b>Current Knowledge</b>				**
Know 3 or more modes of HIV Transmission	-	-	-	78.8
Know less than 3 modes				49.5
<b>Friendship</b>				*
Have at least one opposite gender friend	-	-	-	67.0
No opposite gender friend				59.6
<b>Cultural Environment</b>				**
Easy to talk in the community				66.9
Not easy to talk	-	-	-	31.0
	37.2	41.7	65.0	60.4

Note: \*-Significance at 5 % level & \*\*-at 1% level (Chi-Sq Test)

### *Determinants of Knowledge-Related Indicators: Theoretical Assumptions*

Many factors might influence knowledge about HIV/AIDS, but our interest is to observe whether or not the change in knowledge about modes of transmission or prevention is due to our intervention i.e. the folk performance. Here we study two dependent variables:

The first dependent variable is *Knowledge of 3 or more modes of HIV transmission*.

The second dependent variable is *Knowledge of 3 or more ways of HIV prevention*,

One assumption one may make is that urban location would produce higher knowledge because of a greater likelihood to be exposed to information. Gender, age, education, and marital status are also very important covariates that need to be controlled for this analysis. Given that the folk performance was designed to raise awareness about HIV/AIDS among community members, it is important to find out if indeed such happened. Two additional important variables for this analysis might include “duration of stay in the *mela*” and “learning of new messages”. All these variables were incorporated into our multivariate model of KAP related variables<sup>13</sup>.

### *Data and Methods*

The data for the multivariate analysis comes from a population-based action research intervention project in Bihar. A stratified random sample of 2003 persons was interviewed in both rounds of baseline and endline surveys. The respondents were interviewed at their home before the intervention (baseline sample = 1203) and within 7 days of the completion of folk performance (endline sample = 800). Those who did not participated in the folk performance are treated similarly as those who were surveyed during the baseline survey. Our modeling approach is logistic regression. We regress *Knowledge of 3 or more mode of transmission (knowaids)*; *Knowledge of 3 or more modes of prevention*; *Attitudes regarding HIV/AIDS (i3)*, and current behavior (h2\_2a) on the determinants mentioned above.

### *Results*

Table 3 shows (simple bi-variate distribution) selected characteristics and determinants of knowledge level indicators for the sample.

**Table-3: Changes in Individual Behavior/Practice Reflected in Baseline and Endline surveys**

Type of Surveys		Ever Discussed with ..... regarding						
		Personal health matters	HIV/AIDS	STDs	Sexual relations	Condoms	Sexual intercourse	Safe sex
Baseline	%	70	47	30	48	49	46	37
	N	1203	1203	1203	1203	1203	1203	1203
Endline	%	75	80	43	64	61	59	55
	N	800	800	800	800	800	800	800

Results suggest that respondents of high prevalence district (East Champaran) are significantly more knowledgeable regarding prevention of HIV/AIDS. In case of knowledge about HIV transmission and prevention, urban respondents are more aware than their rural counterparts. Women are significantly more knowledgeable than men. Educated respondents with high degrees of media exposure are more aware. Awareness among unmarried respondents is significantly higher. A longer duration of stay at the folk *mela* led to more knowledge about the prevention of HIV/AIDS. Further, those who reported learning new messages also showed significantly higher knowledge about HIV transmission.

Table 4 shows slopes for a regression of *Knowledge of 3 or more mode of transmission* on the determinants. It shows the slopes for the determinants with the above-mentioned control variables added to the model: whether or not the respondents belonged to a higher-prevalence district; location of stay; their age, gender, education and exposure to mass media. Some of these covariates are highly significant in the model.

**Table-4: Logistic Regression: Knowledge of any 3 or More Modes of Transmission**

		B	S.E.	Wald	Sig.	Exp(B)
Step 1(a)	a1	.110	.102	1.159	.282	1.116
	a3	.295	.168	3.076	.079	1.343
	a4	.896	.111	65.671	.000	2.450
	a5	.136	.126	1.151	.283	1.145
	a6	.759	.124	37.464	.000	2.135
	a7	-.336	.144	5.426	.020	.714
	media	.831	.107	60.571	.000	2.296
	j5	.841	.149	31.794	.000	2.318
	j12	.302	.186	2.642	.104	1.352
	Constant	-1.984	.164	145.981	.000	.137

a Variable(s) entered on step 1: a1, a3, a4, a5, a6, a7, media, j5, j12.

The results show that when controlled variables (covariates) are added, the knowledge regarding HIV transmission significantly changes due to the folk intervention. We found participation in the folk performance or attendance in the *mela* for a longer duration has a positive effect in adding to new knowledge about the mode of transmission of HIV/AIDS. Controlling for other variables, participants who stayed in the folk *mela* for more than 2 hours are 2.3 times more likely to have more knowledge about modes of HIV/AIDS transmission than who were not exposed to *mela* or participated for less than 2 hours.

Tables 5 report regression results for *Knowledge of 3 or more ways of Prevention*. Same variables, as above, are also used here to fit a model for knowledge of HIV prevention. Again the slopes on the control variables (covariates) are consistent across models as shown above. The probability of having more knowledge about HIV prevention increased significantly with the duration of stay at the folk *mela*. Duration of stay in the *mela* is positively affected the level of knowledge regarding HIV prevention. Controlling for other variables, participants who stayed in the folk *mela* for more than 2 hours are 3.4 times more likely to have more knowledge about HIV/AIDS prevention than who have not exposed to *mela* or participated for less than 2 hours.

**Table-5: Logistic Regression: Knowledge of 3 or More Ways of Prevention**

		B	S.E.	Wald	Sig.	Exp(B)
Step 1(a)	a1	-.273	.099	7.536	.006	.761
	a3	.026	.167	.023	.878	1.026
	a4	.536	.106	25.471	.000	1.709
	a5	.187	.123	2.292	.130	1.205
	a6	.765	.119	41.629	.000	2.149
	a7	-.412	.141	8.585	.003	.662
	media	.571	.104	30.075	.000	1.771
	j5	1.213	.154	61.997	.000	3.363
	j12	.137	.188	.531	.466	1.147
	Constant	-1.261	.153	67.664	.000	.283

a Variable(s) entered on step 1: a1, a3, a4, a5, a6, a7, media, j5, j12.

Table-6 shows the results of regression analysis for attitude-related variables on selected possible determinants as mentioned above. Pre-intervention (baseline) measure for this indicator was only 54% whereas post-intervention (endline) show it is as rising to 81%. In essence, there was a tremendous change in attitude level among respondents after the intervention. The intervention might have boost individual's attitude to a higher level due to differential initial conditions and that is reflected in Table-2. But a regression analysis like this one shows the net effect in changing attitudes due to intervention. Controlling for other variables, the duration of stay at the *mela* shows maximum impact on attitudinal level. Participants who stayed in the folk *mela* for more than 2 hours are 3.1 times more likely to say that students with HIV/AIDS should be allowed to attend schools than who were not exposed to the *mela* or participated for less than 2 hours.

**Table-6: Logistic Regression: Attitudes toward HIV/AIDS-Infected Persons**

		B	S.E.	Wald	Sig.	Exp(B)
Step 1(a)	a1	-.349	.102	11.718	.001	.706
	a3	.277	.190	2.113	.146	1.319
	a4	.456	.109	17.589	.000	1.577
	a5	.060	.121	.242	.623	1.062
	a6	.692	.114	36.686	.000	1.998
	a7	-.284	.147	3.748	.053	.752
	media	.745	.112	44.365	.000	2.107
	j5	1.117	.195	32.940	.000	3.055
	j12	.391	.230	2.908	.088	1.479
	Constant	-.163	.152	1.142	.285	.850

a Variable(s) entered on step 1: a1, a3, a4, a5, a6, a7, media, j5, j12.

Predictor variables influencing an individual's HIV-related behaviors like place of residence (rural or urban), age, gender, marital status, education, mass media exposure etc. are included in the multivariate analysis as covariates. Key instrumental variables are duration of stay at the *mela* and the learning of new messages. Other threat factors such as knowledge, interaction with peers, and cultural restrictions have also been included in the analysis to see the net effect of the folk

media intervention even after controlling such barrier. Personal as well as community level threats and opportunities are included in the alternative model (Model-2) to get a sense of how an individual is likely to behave under certain given conditions. In both the models (see Table-7), the duration of stay in the *mela* turns out to be most effective and significant factor in changing an individual's behavior. Model-2 (a restrictive model) actually slightly reduces the power of our instrumental variable, duration of stay, over model-1 (a somewhat more liberal model). At the same time, the total explanatory power of restrictive model goes up o higher than that of the liberal model.

**Table-7: Logistic Regression: Current Behavior Related to HIV/AIDS**

Variables	Model-1		Model-2	
	B	Exp(B)	B	Exp(B)
a1	-.446	.640**	-.483	.617**
a3	-.147	.864	-.220	.802
a4	.811	2.250**	.699	2.012**
a5	.130	1.139	.079	1.082
a6	.804	2.234**	.573	1.774**
a7	-.136	.873	-.096	.908
Media	.574	1.775**	.321	1.378**
j5	1.341	3.824**	1.177	3.245**
j12	.996	2.708**	.791	2.205**
knowaids			.829	2.291**
Friends			.435	1.545**
h3			1.055	2.871**
Constant	-.667	.513**	-1.485	.226**

### *Discussion and Conclusions from Multivariate Analyses*

We tested the correlations between knowledge of HIV/AIDS transmission and prevention with some known determining factors and found some significant relationships. Covariates like gender, education level, marital status and media exposure significantly influence the knowledge levels associated with HIV transmission. We conclude that respondents staying in East Champaran district, respondents with higher level of education, respondents who are female, not married, and exposed to two or more media are more likely to exhibit higher levels of knowledge about HIV transmission. Participation for longer duration in the folk *mela* significantly increases knowledge associated with modes of HIV transmission and prevention.

Our results show that gains in knowledge with respect to prevention of HIV/AIDS would result from longer durations of stay at the folk *mela*. Staying for 3 hours or more in the *mela* is a positive predictor. Those who stayed more than 2 hours in the *mela* are 1.5 times more likely to have knowledge about 3 or more modes of HIV prevention.

Our results also show that the folk performances have tremendous potential to change individual level attitudes about those infected and affected by AIDS, as well as change individual behaviors, after overcoming certain personal and community level barriers.

Our findings suggest that there is considerable scope to use folk media performances to increase knowledge, shift attitudes, and change HIV/AIDS-related behaviors among rural populations. The all-day folk media intervention made it possible for the individual to come out of their shell, spurring conversations about sensitive topics such as condom usage, multiple partners, and HIV/AIDS. Results of our multiple analyses are so consistent that they point to the high quality of the data that was collected.

### Qualitative Insights About the Folk *Melas*

Various types of qualitative data were gathered to gain a richer understanding of how people came to attend the folk performances, what they learned from them, and what meanings they derived from their embodied participation.

#### What the In-depth and Focus Group Interviews Reveal

A total of 63 in-depth interviews were conducted with male and female audience members in the four folk *melas*, plus one focus group interview of 5 individuals in Harnaut, Nalanda, providing a pool of 68 respondents across the four sites. These individuals (roughly half men and half women) were asked about their impressions of the folk performances, including the storyline, characterizations, educational messages, relevance, and the like. Their responses shed light on the following qualitative aspects of the audience experience:

*How did our respondents find out about the folk melas and what motivated them to attend? What did our respondents like about the folk melas? What did they learn from participating in the mela? What suggestions did our respondents make about enhancing their engagement with, and learning from, the folk melas? And what was the likelihood that their participation in the mela would spur conversations about the issue of HIV/AIDS with friends, family, and relatives?*

Nirmala Devi, 35 years old married woman residing in the town of Dhaka, East Champaran, came to know about the *mela* through loudspeaker announcements. She noted: "I was motivated to attend as the announcement noted that the performances were about health." Shripati is 40-year-old woman from village Sheetal Patti in Dhaka noted that she heard about the *mela* from the roving publicity vehicle, but she attended at the urging of Mr. Rakesh Kumar, the headmaster of Government School in Dhaka. Shripati added: "*Humne itna accha mela pehle kabhi nahi dekha*" ("I have never seen such a fine village fair").

Nidhi Kumari, a 14-year-old school student of Dhaka High School, learned about the folk *mela* in her school. She said: "participating in the *mela* added to her learning about HIV/AIDS, how it spreads, and how it can be prevented." She emphasized: "This *mela* is completely different from other *melas* as this one was entertaining but it also provided information on HIV/AIDS and other aspects of community health. Like most other respondents, Nidhi believed that "such *melas* should be organized regularly." She also added that "the information she gleaned was so valuable that she would share with her family members and neighbors."

Mohsin Ahmed Khan, 19-year-old youth from village Birta Dhola, located a few kilometers away from Dhaka Township, came to the *mela* with six of his male friends. He learned about the *mela* from one of the wall-paintings, and encouraged his friends to come along. In the *mela*, he

said he learned that “HIV cannot be spread by touching and one should not stigmatize those who are infected.”

Prabhu Sah, a 30 year-old man from Dhaka came with his wife and children to attend the *mela*. He came to know about it through CMS’ field investigators who visited his neighbor’s house during the baseline survey. He emphasized that “such *melas* should be organized regularly in rural areas because rural people are more vulnerable to HIV/AIDS” (“*Aisa mela bar bar lagna chahiye kyunki dehat shetra mein kusangiti mein padkar log HIV/AIDS se grasit ho ja rahe hai*”).

Ram Lagan Prasad, a 35-year-old married male from Harnaut Town, Nalanda, was shopping in the market when he “heard about the *mela* on the loudspeaker, and saw a wall poster”: “*Mein bazaar aya tha aur loudspeaker ki awaz sunkar aur mela ke posters ko dekhkar yahan aya*”. He applauded the local flavor of the folk performances (“*local bhasha mein hone ke karan sabhi ko samaj mein aa raha tha*”). He emphasized, like others, that this kind of *mela* should be organized regularly to convey messages on different social issues through folk media forms. He added that “these programs are so valuable that the community should come forward to provide financial support” (“*Hum log is karyakam ko aage badane ke liye aarthik roop se sahyog kareinge*”).

Ranjeet Kumar, a 15-year studying in the Harnaut High school attended the *mela* and noted: “I learned that HIV could be transmitted through infected needles and razors.” For injections, he noted: “A needle should be used only once.” He then hummed the concluding chorus of the *nautanki* for us: “We have pledged to make this world free of AIDS” (“*Aaj hamne thana hai. AIDS mukt vishva banaya hai*”).

The focus group respondents in Harnaut township, Nalanda, greatly enjoyed the *nautanki* performance. The character of *Gajrewali Sharmili* was highly popular with them “as she not only saved her husband from *Chandabai’s* trap but also educated the villagers about the dangers of harboring multiple sex partners.” They said that they learned a lot of new things: “In case a pregnant woman is HIV-positive, the child can also get infected during childbirth. They also learned that “they could be tested for HIV, and there were possibilities of treatment, as well.”

Suresh Prasad, an 18 year old youth from Koram village near Hilsa township, attended the *mela* with seven other people from his village. He came to know about this *mela* from his school teacher and through loudspeaker announcements in his neighborhood. He emphasized that such *melas* should be organized regularly to raise community awareness and take the right step at the right time” (“*Is tarah ke mela ka ayojan baar-baar hona chahiye. Taki log jagrok ho aur sahi samay sahi kadam utha sake.*”)

Ram Naresh, a 35 years old man from Rasoibiga village near Hilsa township, attended the *mela* on the urging of the village headman (“*Mukhiya ke dwara pata chala hai ki Hilsa mein bahut bada mela lagane wala hai*”). He liked the entertaining and educational *nautanki* very much, and would share the information he learned in the weekly community forum he organizes on each Tuesday (“*Hum mangalwar ko hamesha goshti apne gaon mein bagwan ke liye karte hai. Waha par iski charcha jarur karenge*”).

Our respondents’ rich narratives also held several suggestions about how the folk *mela* experience could have been further enhanced for audience members. For instance, several respondents noted “the importance of comfortable seating arrangements” (“*Baith ne ki wyawastha*”).

*acchi honi chahiye*). Many female respondents noted that “there was less space for women to sit” (“*Mahilaon ke liye pura space nahi hai*”). Some suggested that “there should be more covered space for sitting” (“*Baithne ki vevastha tent mein honi chahiye*”). Others suggested that such folk *melas* “should be organized in areas not far from the main road so even bigger crowds could gather.”

Several respondents provided some substantive suggestions. For instance, Ajay Singh of Chakiya township, East Champaran, said: “It was nice that sensitive information about sexual issues was given in the performances. However, he urged that information about condoms and AIDS should be given in an even more open manner (“*Condoms ke barey mein, AIDS ke barey mein zyada khulka bataya jana chahiye, spasht shabdo mein jankari deni chahiye*”).

### What the Audience Postcards Reveal

A total of 1,000 pre-stamped, pre-addressed post cards were handed out in the two performance locations in East Champaran District (i.e. 500 postcards in each location). Audience members attending the folk *melas* in Dhaka and Chakiya townships were encouraged to pick up these post cards, note their reactions to the program or raise questions, and mail it to the Saakar’s Foundation’s Patna address. Some postcards became casualties of the heavy downpour in both Dhaka and Chakiya, but nevertheless several of them made their way back to Saakar’s office.

What did the postcards reveal? The postcards, in general, reinforced the feedback that the audience members previously provided in the in-depth and focus group interviews. For instance, Ravi Bhushan Kumar of village Shastri Nagar, near Chakiya township, East Champaran, commended the Saakar Foundation for providing HIV/AIDS information through the engaging medium of *nautanki Sharmili Gajrewali*. He emphasized that he “learned that HIV is transmitted through unprotected sexual relationship with an infected partner, infected blood supply, and use of unclean injection needles.” Another letter-writer noted: “I liked the folk programs very much. The *nautanki* performance generated a lot of interest among the youth, making us realize how important it is to be loyal toward our life partner. If we act honestly and intelligently in our life, then we will not become victim of this disease.”

Several postcards carried questions. For instance, Sushil Kumar of Parivar Niyojan Colony, Dhaka, unsure whether or not his barber used a clean razor blade, asked: How long does the AIDS virus remain active in environmental conditions? Might he be at risk?” Mohmmad Pervez Alam, of Dhaka’s Ward-5, asked: “If the condom ruptured during sexual intercourse with an HIV positive person, does the risk of infection increase? Vijay Kumar Singh of village Sheetal Patti Dhaka, asked: “What is the relation between HIV and AIDS? Why are two different terms used?” And, so on.

### What the Audiences’ Index Cards and Sketch Reveal

During the folk performance in Chakiya, East Champaran, audience members were encouraged to take part in an open competition which gauged the quality of the feedback they provided on the performance just witnessed. Feedback could be provided in one of two ways: Through index cards or through sketches.

Forty *index cards* (4"X6"), each with two questions (one on each side) were handed out on a first-come first serve basis. The questions were: (1) "Which scene in the *nautanki* that you witnessed held the most meaning for you and why? and (2) "Which character did you especially like in the *nautanki* and why? The cards were collected, the responses studied, and small prizes were handed out to insightful responses.

In commenting about memorable scenes, several respondents including Rajesh Chaudhary, a 36-year old man from Chakiya, noted that they "loved the finale of the *nautanki* in which through the group song all the HIV-related information was provided to the audiences." Manoranjan Kumar, a 14-year old boy, added: "All the characters were singing the song collectively and dancing with each other. From this song, and its collective rendering, one learns that AIDS is not just an individual problem, but one of the communities. There are few who are infected and almost all are affected. So, the solutions to this problem also reside with the communities, not the individuals.

Several respondents, including Jitendra Joshi, a 24-year old man, commented on the poignancy of the scene in which the protagonist Sharmili Gajrewali brings her HIV-infected husband back to the village, and with the help of the village headman and the medical doctor creates a community environment in which he could live a life free of stigma, prejudice, and discrimination. Her love and compassion for her husband, in spite of his HIV-status, touched a lot of hearts.

In commenting about characters, Rajesh Chaudhary, noted: "In this *nautanki*, I loved the role of Chandabai, who is a commercial sex worker, despised by society. Rarely does society understand their harsh circumstances which leave them with no choice but to sell their body. People in the society should find a way to integrate them. Given her vulnerability it was really creditable that Chandabai used her charm to induce her clients to use condoms. She portrayed her vulnerability, her struggles, as well as her grit to survive in a highly realistic and admirable manner. From this day on, I would hope we would all work together to integrate all the Chandabai's of this society into the mainstream of society."

In addition to Chandabai's strong character, several respondents, including Abhimanyu Saraf, fell in love with the simplicity and tenacity of Sharmili Gajrewali. Not only does "Sharmili find an anchor for her HIV-positive husband, but she also finds a way for Chandabai to climb out of the prostitution hell-hole, and lead a life of dignity."

Several audience members participated in a *sketching* competition in which they were to draw an image in response to the following posed question, "What did learned from watching this *nautanki*?" After sketching out their response, they were asked to provide a narration to go with the image. Once done, the sketches and the narrations were collected, the materials studied, and prizes were handed out to notable sketches and narrations.

Thirty-year old Sanjay Singh drew the sketch of a man and a woman, with the man making advances to the woman holding a condom in his hand. He narrated: "Married men should be faithful to their wives. If they engage in sex outside of the marriage, they should always use a condom. This also applies to women, who should be faithful to their husbands, and if not, then be protected. If such basic precautions are taken, the HIV/AIDS epidemic can be substantially curtailed."



Sanjay Singh's Sketch

Fifteen-year old Aditya Manas from Chakiya, drew a picture of a young man and a woman, depicting the man to be HIV-positive (as evidenced by the circular orange virus on his genitalia). He noted: "This young man and woman are about to marry. However, the woman tells the man that she would proceed with the wedding only if the man gets HIV-tested." Aditya further noted: "It is important that our youth know about HIV and AIDS. Parents should talk with their children about HIV/AIDS. And, young girls should not become victims of male philandering."



Aditya's Manas' Sketch

Twenty-year old Aman-ul-allah of village Devpur Bhuvanchapra in Chakiya, drew a sketch depicting a key scene in the *nautanki* in which Chandabai seduces the virtuous Sumati. He noted: "The prostitute Chandrabai pretends that she is unwell and her conniving middleman Chirkut asks Sumati to take care of her by holding her head in his lap. When Sumati does so, I knew that it would be hard for him to get out of Chandabai's sensual tentacles."



Aman-ul-Allah's Sketch

### What the Performers' Feedback Reveals?

Some 27 artistes took part in each of the folk performance *melas*. 19 were involved in *nautanki*, and eight in *birha*<sup>14</sup>. After the folk performances were all over, the artists were asked to provide feedback about their perceptions of the program. Here are some of their responses:

Pappu Kumar Paswan, noted: "It was amazing to see from the stage how the audience was spellbound, almost as if they were listening to Lord Krishna's flute, and grasping the message."

Shri Bhola Sharma and Kali Prasad, two old-time *nautanki* performers, who thought this folk genre was all but dead, noted that these folk *melas* "gave them a new lease on life." These old performers, who retired from *nautanki* and were now running a hair-cutting saloon in Islampur, Nalanda, came into their own elements once on stage, and were greatly applauded by the audience members. With this opportunity, they felt that "their art and they are relevant in modern times too."

Anil Kumar Chaturvedi, the Director of the drama group Prativimb which fielded several actors for the *nautanki*, noted: "Such folk programs should happen again and again, and in all parts of the state and the country. These are the ideal media for raising consciousness in rural areas, and especially for issues like AIDS which are taboo."

Shweta Gupta who played Chandabai, the prostitute, noted: "It is impossible to express what participating in the program has done to my self-confidence and my self-worth. I felt like an instrument of change in rural settings, and what could be better?" In our personal interview with Shweta, she told us how "enacting the sex worker's role was a challenge for village girls. To do such a role meant staking out their image in their own community." In fact, before Shweta got the role, Asha Mishra of Hilsa had agreed to play that part, but then stepped back for fear of

embarrassment within the community. After some hesitation, Shweta agreed, supported by her mother Pritam, who accompanied her in all performances.



Shweta and her mother Pritam

Aparna Sharma, noted how “she as a young girl felt proud to be part of this project.” While society does not like girls to be on stage; she would do it again and again, and encourage others to do so, as well.

Bullu Kumar, who participated in both the *nautanki* and the *birha* performances, made perhaps the most poignant statement. He said: “Thank god we had these folk performances. More such programs are essential to provide employment to drama artists for art forms that are dying.”

### Summary and Conclusions

The present research report investigates and reports on a participatory, folk media-centered, action-based research intervention to promote HIV/AIDS prevention, care, and support among the rural population of two districts in India’s Bihar State.

Our research evaluation employed a combination of quantitative and qualitative methods. A pre-post, treatment-control field experiment design was employed to gauge the effects of the multi-pronged folk media-centered HIV/AIDS intervention on Bihar’s rural population. In addition, field-based observations, in-depth and focus group interviews, participatory sketching, and mail-in postcards were employed to collect qualitative insights.

What did we find? We found that rural audiences in Bihar greatly appreciated the use of folk media interventions to promote messages about HIV/AIDS prevention, care, and support. Those who attended the *melas* easily recalled the key educational messages conveyed through

the *nautanki* and *birha* performances. Importantly, audience members widely shared and/or discussed what they learned from the folk performances with peers, family, and community members.

Multivariate analysis of quantitative data suggested that the folk media campaign yielded several significant outcomes. For instance,

\*participants who stayed in the folk *mela* for more than 2 hours were 3.4 times more likely to have more knowledge about HIV/AIDS prevention than who were not exposed to the *mela*.

\*participants who stayed in the folk *mela* for more than 2 hours were 3.1 times more likely to say that an HIV-positive student should be allowed to attend schools than who were not exposed to the *mela*.

Our quantitative analyses show that the folk performances have tremendous potential to change individual level attitudes about those infected and affected by AIDS, as well as change individual-level behaviors, even in the face of overcoming certain personal and community level barriers.

Our quantitative results further suggest that the interactive and engaging nature of the folk media interventions made it possible for the individuals to come out of their shells, spurring conversations between them and their peers, spouses, and parents about sensitive topics such as condom usage, multiple partners, and HIV/AIDS. Results of our multiple analyses are *so* consistent that they point to the high quality of the data that was collected.

Our qualitative data complements our quantitative data. Our interviews suggest that the folk *mela* was perceived as a highly-suitable format for addressing health issues. The folk forms of *nautanki* and *birha* provide an unprecedented opportunity for the rural audiences to enact a carnivalesque community, where they could discuss their common problems using local vernaculars and metaphors, and find culturally-relevant solutions and possibilities.

## References

Bakhtin, M. M. (1984). *Rabelais and his world*. Bloomington, USA: Indiana University Press.

Conquergood, D. (2002). Performance studies: Interventions and radical research. *TDR*, 46:2, 145-156.

Sharma (2006). Performing *Nautanki*: Popular community folk performances as sites of dialogue and social change. Dissertation. Ohio University.

Singhal, A., & Rogers, E.M. (1999). *Entertainment-education: A communication strategy for social change*. Mahwah, NJ: Lawrence Erlbaum.

Singhal, A., & Rogers, E.M. (2003). *Combating AIDS: Communication strategies in action*. Thousand Oaks, CA: Sage.

## Endnotes

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<sup>2</sup> Our multi-pronged folk media campaign in two Districts of Bihar was premised on Mikhail Bakhtin's concept of *carnival* as site of community dialogue. Bakhtin places engagement, laughter, and fun as the basis of community; that is, when people engage and have fun together a feeling of community develops. Discussions, decisions, and actions may then flow from his collective body.

<sup>3</sup> In carrying out the above two interventions, as a bonus, a low-cost folk music video on HIV/AIDS prevention, care, and support was shot on location in Bihar (employing the folk artistes), and is being made available to UNAIDS for further distribution in Bihar. The music video was shot from 6<sup>th</sup> to 8<sup>th</sup> July, 2007 in Village Marchi, near Patna and titled *Hame AIDS Mukh Jeevan Chahiye* (We want a life free of AIDS). Post-production of this 3.5 minute music video was carried out in Delhi, and then a copy was provided to UNAIDS, CMS, and Saakar for exploration of distribution possibilities.

<sup>4</sup> Low prevalence is defined as sero-prevalence of less than one percent in the general population.

<sup>5</sup> As noted in the previous endnote, as a bonus, a low-cost folk music video on HIV/AIDS prevention, care, and support is being made available to UNAIDS for further distribution in Bihar.

<sup>6</sup> The health, development, and HIV/AIDS statistics for Bihar are compiled from various sources – government sources (including NACO) as well as UNAIDS documents.

<sup>7</sup> These project partners – CMS, BLM, Saakar, Professor Arvind Singhal and Dr. Devendra Sharma have a long-standing history of working together on action-based research projects in India.

<sup>8</sup> Now based in the Department of Communication, University of Texas at El Paso.

<sup>9</sup> Dr. Devendra Sharma of Cal State University Fresno, chief creative consultant to the project, is not in the present picture (his photo can be found in the box on press release).

<sup>10</sup> By catchment area, we mean the geographic area in and around the sites of our folk performance melas, where our audience members live, and from where they came to the performance. This could mean an area encompassing from a few to several neighboring villages.

<sup>11</sup> As per NFHS-2, in rural Bihar the mean age at marriage among male is 23.5 years and that among female is 18.5 years. The trend was found to be similar in both the districts.

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<sup>12</sup> Logistic Regression is a generic term for all methods that attempt to fit a model to observed data in order to *quantify the relationship* between two groups of variables. The fitted model may then be used either to merely *describe* the relationship between the two groups of variables or to *predict* new values.

<sup>13</sup> It is important to consider some of the internalities and externalities in individual behaviour. In a second model we added additional variables to control effects of threats (internal and external) which individual encounter while discussion.

<sup>14</sup> Only one artiste, Bullu Kumar, took part in both the *nautanki* and the *birha* performances.