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TACKLING TUBERCULOSIS IN INDIA WITH SELF-HELP GROUP AND SHORT FILM

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Abstract: *Health communication links the domains of communication and health, and is increasingly recognised as a necessary element of efforts to improve personal and public health. The role of communication in health cannot be overemphasised. Health for all, which is a laudable vision of the World Health Organisation, cannot become a reality without effective communication. This study investigates the changes in awareness levels of tuberculosis in a group of self-help group women using a short film and recommends strategic lessons for public health agencies to design effective messages. The study also highlights an integrated approach, which involves training of volunteers to disseminate information, and counsel families and patients on health issues. The participant's views and acceptability of the methods are also highlighted. Tuberculosis continues to be a major public health challenge in India with nearly one person dying of this dreaded disease every minute. Women are the prime caregivers and advocacy programmes targeted at them are important for the welfare of family and society at large. They are the opinion leaders particularly in the arena of health and they spread health messages.*

Keywords: *health communication, opinion leaders in health*

Introduction

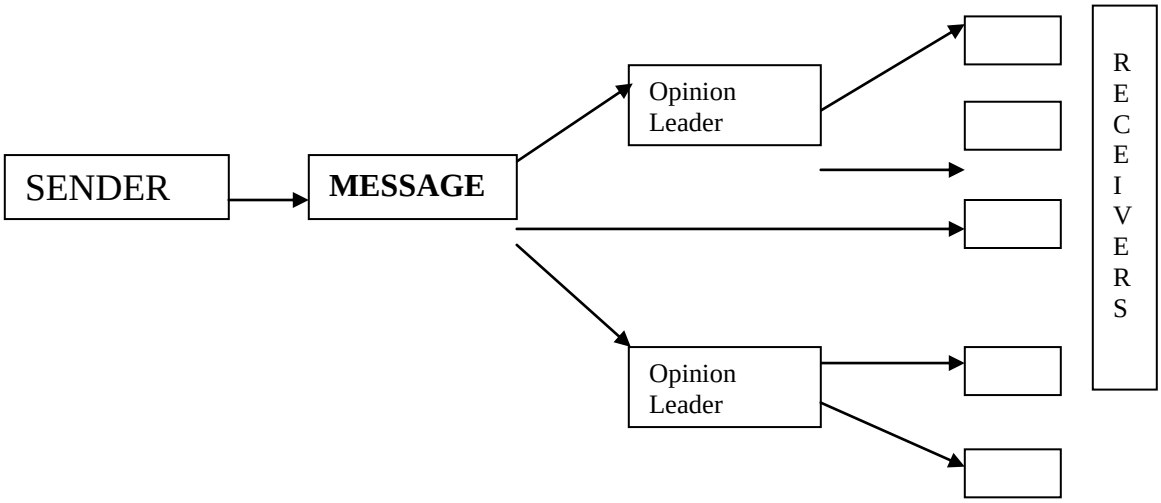
One of the main challenges in the design of effective health communication programmes is to identify the optimal contexts, channels, content and reasons that will motivate people to pay attention to and use health information. Mass media campaigns or other single-component communication activities have been shown to be insufficient to achieve programme goals. health communication *is the study and use of communication strategies to inform and influence individual and community decisions that enhance health. I*

Communicable diseases are a major threat to the promotion of public health in developing countries. Tuberculosis (TB) is a major public health problem and has been declared as a "global emergency" by the WHO in recent years. TB is an infectious disease caused by bacterium *mycobacterium tuberculosis.* A person suffering from Pulmonary TB spreads it through the air. A single patient can infect 10 or more people in a year. India accounts for one-third of the global TB burden. It has more TB cases than any other country in the world and twice as many patients in treatment as China, which has the next highest number. Everyday, more than 20,000 people become infected with TB bacillus and about 5,000 develop this disease.

Theoretical Framework

The Personal Influence Theory of Communication is the outcome of a classic study of the 1940 presidential elections in the United States. Paul F. Lazarsfeld and others conducted this study in 1948. They were interested in the general impact of the mass media on voting behaviour and especially in the people who changed their voting behaviour during the course of the campaign. Their findings were that broad coverage of the campaign by the mass media simply reinforced the initial preferences. It was only the personal influence or interpersonal relationship that changed the voting pattern and behaviour.

Researchers suggest that within a group to which we belong certain people have strong influence. These people are called opinion leaders – individuals who through day-to-day personal contacts influence others in matters of decision and opinion formation. These people can come from any social, economic or occupational level. Within different levels of society there are different opinion leaders. Opinion leaders tend to be better-informed and heavy users of the mass media and tend to be influenced by them. The influence is passed on to others in face-to-face communication. This discovery generated the Two-Step Flow of Communication Theory.



Health communication can contribute to all aspects of disease prevention and health promotion and is relevant in a number of contexts, including (1) health professional-patient relations, (2) individuals' exposure to, search for, and use of health information, (3) individuals' adherence to clinical recommendations and regimen, (4) the construction of public health messages and campaigns, (5) the dissemination of individual and population health risk information, that is, risk communication, (6) images of health in the mass media and culture at large, (7) education of consumers about how to gain access to the public health and healthcare systems, and (8) development of health applications.

The practice of health communication has contributed to health promotion and disease prevention in several areas. One is the improvement of interpersonal and group

interactions in clinical situations (for example, provider-patient, provider-provider, and among members of a healthcare team) through the training of health professionals and patients in effective communication skills. Collaborative relationships are enhanced when all parties are capable of good communication.

Increasingly, health improvement activities are taking advantage of digital technologies, such as CD-ROM and World Wide Web (Web), that can target audiences, tailor messages, and engage people in interactive, ongoing exchanges about health. An emerging area is health communication to support community-centred prevention. Community-centred prevention shifts attention from the individual to group-level change and emphasises the empowerment of individuals and communities to effect change on multiple levels. Effective counselling and patient education for behaviour change require healthcare providers and patients to have good communication skills.

Need for the Study

Television and radio serving specific racial and ethnic populations can be effective means of delivering health messages when care is taken to account for the language, culture and socio-economic situations of intended audiences. An audience-centred perspective also reflects the realities of people's everyday lives and their current practices, attitudes and beliefs, and lifestyles. Some specific audience characteristics that are relevant include gender, age, education and income levels, ethnicity, sexual orientation, cultural beliefs and values, primary language(s), and physical and mental functioning. More considerations include their experience with the healthcare system, attitudes toward different types of health problems and willingness to use certain types of health services. Attention should be paid to the needs of underserved audience members. Targeting specific segments of a population and tailoring messages for individual use are two methods to make health promotion activities relevant to audiences.

Compared to traditional mass media, interactive media may have several advantages for health communication. These advantages include (1) improved access to personalised health information, (2) access to health information, support and services on demand, (3) enhanced ability to distribute materials widely and update content or functions rapidly, (4) just-in-time expert decision support, and (5) more choices for consumers.

Often, people with the greatest health burdens have the least access to information, communication technologies, healthcare and supporting social services. Even the most carefully designed health communication programmes will have limited impact if underserved communities lack access to crucial health professionals, services and communication channels that are part of a health improvement project.

Health literacy is increasingly vital to help people to manage their own health better. Differences in the ability to read and understand materials related to personal health appear to contribute to health disparities. People with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and treatment, and be at greater risk of hospitalisation. In this context, an audio-visual medium of short films can play a vital role in creating awareness. There is also a need to evaluate their effectiveness.

TB As a Public Health Threat

TB is a leading killer of adults – it kills more adults than any other infectious disease. Despite being completely curable, TB claims the lives of more than 400,000 people in India every year. It affects the most productive age (15-54 years). It causes enormous social and economic disruption and hampers the development of the country. According to the World Health Organisation, TB account for 9% of deaths among women between the 15-44 age group. While war accounts for 4% of deaths of women in that age group, HIV 3% and heart disease 3%.

Women of reproductive age are more susceptible to develop active TB disease once infected with TB than are men of the same age. In India – deaths from TB are 27-41% higher among young women and children 5-24 years compared to males of the same age.

But TB case detection is much lower in women than men nearly in the ratio 1:2.5 due to various reasons. Recent studies on tuberculosis lay emphasise on gender related issues. It has been found that women especially in developing countries have less access to healthcare due to various constraints. The following could be some of the major reasons: Women delay seeking care so as not to use precious family resources, could be missed by health promotion programmes and therefore have a lower awareness of TB symptoms. Women tend to stay at home rather than come to health workshops. Women are often scared to tell family they might have TB due to possible rejection. Women in some families cannot leave the home without explaining where they are going, but are too afraid to say they want to go to a TB clinic because of social stigma.

TB has been on the rise since the 1980s, with its spread concentrated in Southeast Asia and sub-Saharan Africa. Much of TB's resurgence is directly connected to the HIV/AIDS pandemic especially in Africa, where two-thirds of those living with HIV also carry TB. Worldwide, an estimated one-third of the 40 million people living with HIV/AIDS are co-infected with TB, and up to 35 million people worldwide could die of TB over the next two decades unless greater action is taken to treat and prevent the disease.

TB is the most common opportunistic infection in people living with HIV. As the Immuno-deficiency virus breaks the immune system, HIV infected people are at greatly increased risk of TB. HIV is also the most powerful risk factor for progression of the disease from TB infection to TB disease. TB is one of the diseases, which often go not properly treated; but the government and non-government organisations (NGOs) are giving much emphasis on its treatment. Directly Observed Treatment, Short-course (DOTS) is a comprehensive and cost effective strategy for TB control (See Appendix 1). This strategy has proven effective in controlling TB on a mass basis. It is the strategy

adopted by the Revised National Tuberculosis Control Programme (RNTCP) in India. NGOs play an active role in health promotion in the community and many patients seek treatment through them. With the widespread network of NGOs in India it becomes essential to involve them in RNTCP.

The heart of the DOTS programme is "directly observed treatment" in which a health worker or any other trained person who is not a family member directly administers the drugs for curing the disease. Sometimes it could be cured patient too. The Information, Education and Communication (IEC) strategy for RNTCP aims at awareness generation about symptoms, curability and free availability of high quality diagnostic and treatment services for TB in a patient-friendly environment. Their major target groups are patients, including family and the community, health providers and opinion makers. They reach out to such targets by standardised messages through appropriate media options. They aim to achieve better patient satisfaction, ensuring greater involvement of the private sector and continue advocacy efforts to keep TB control at the top of opinion leaders' agenda. They aim at the use of local media (rath yatra, puppet shows, rangoli, bhavai, nautanki and the like). The sensitisation of the health providers is important and a media campaign can bring about a change in knowledge, attitudes and practices regarding TB. Such local people become opinion leaders as the local community regards them as more credible and authentic.

Self-help group as a solution

Self-help groups are being seen as mainstay for poverty alleviation in emerging markets. They are broad-based micro institutions that can prove highly rewarding. Institutions that monitor SHGs seek this powerful solution that can track performance covering both financial and non-financial (social, educational, health, etc) parameters. This information can then be evolved to generate reports on local, regional and district levels.

While doctors can provide the medical care, the patient needs emotional support as well, which very few doctors provide. While friends and family members usually provide such

support, often this is not forthcoming in the case of certain sensitive problems such as communicable diseases, AIDS, infertility or cancer, which makes the lives of patients miserable. This is where support groups come in. Such groups bring together people troubled by the same problem to share emotional and moral support, plus practical information. Support groups traditionally meet face to face, but now many meet over the Internet as well. Support groups act as a complement to medical care. The very act of sharing the emotional side of an illness and exchanging helpful advice can encourage recovery or simply make it easier to cope with problems.

In many places, access to healthcare is difficult and there are not enough health workers, so we need to look at other approaches, outside the clinic and hospital setting, to make TB care more widely available. There is a growing interest in the role of communities in TB control. The need is particularly acute in sub-Saharan Africa, where the combination of severe resource constraints and the rise in TB cases fuelled by HIV is straining government health services.

Role of women in health education

The community will contribute towards ensuring a high level of health protection by encouraging cooperation between the member-states and, if necessary, lending support to their action. Community action shall be directed towards the prevention of diseases and in particular promoting research into their causes and their transmission as well as health information and education. Health protection demands shall form a constituent part of the other policies of the community. Women are a social force and hence can consciously and collectively change their social place. Women are also targets or recipients of health information because of their socio-economic position in society. Women have been targets of these issues in relation to their own health and the health of others.

In relation to the restoration of health e.g. secondary prevention following an illness, women are seen as carers for others. If a man has suffered a heart attack his wife will be invited to the rehabilitation classes to ensure food is correct for her husband. Women are

targeted in health promotion interventions as the main health carers for others not just because of biological factors but also because of social expectations. This has implications for the women's health and that of her family as well.

Public health messages

Communication interventions intended to affect health behaviour are an increasingly important strategy for improving the health of the people. But effective communication is highly dependent on the social and cultural milieu that shapes the individuals, families and communities that are the intended recipients. Because we live in an increasingly diverse nation, it is important to understand more fully how these different messages should be constructed and delivered.

A key challenge facing health professionals is to mobilise the power of mass communication to empower individuals to adopt healthy behaviours, to direct policy makers' attention to important health issues, and to frame those issues for public debate and resolution. To address this challenge, the Centre for Health Communication has helped pioneer the field of mass communication and public health by researching and analysing the contributions of mass communication to behaviour change and policy, by preparing future health leaders to use communication strategies, and by strengthening communication between journalists and health professionals.

The tools used to reach out health messages could be myriad and vast. The five sensory perceptions of humans help in understanding the essence of communication. The audio-visual medium could prove more effective as a single-prong approach. A combination of sound, light and action can be used effectively to convey a message. The effective combination leaves a mesmerising effect on the audience. The mass people pick up the message effectively and prove to be a natural medium for societal transformation. A systematic assessment of the different awareness techniques is sparse and there is a need to study this.

This qualitative study on communication for creating TB awareness undertook an experimental research using focus group discussions to find out the relative effectiveness of short films in creating awareness of tuberculosis among urban women. The participants' views and acceptability of these methods have been looked into and so was the importance of selecting the appropriate communication methods that are acceptable to the target audience to disseminate key messages on health issues.

Review of literature

Development Communication is the use of communication for further development. Government policy makers have used the mass media to decrease the number of deaths in their countries, to produce more food so as to decrease hunger, to overcome certain limitations of illiteracy. These developmental goals are of unquestionable benefit for the society; no one has opposed them. Developing countries like India have become increasingly interested in the possible use of new communication technologies such as computers, telecommunications and the Internet to enhance connectivity, boost business, streamline governance and improve the quality of life of their citizens.

Successful health promotion efforts increasingly rely on multidimensional interventions to reach diverse audiences about complex health concerns, and communication is integrated from the beginning with other components, such as community-based programmes, policy changes and improvements in services, and the health delivery system. Health communication best supports health promotion when multiple communication channels are used to reach specific audience segments with information that is appropriate and relevant to them and the promotion and communication activities reflect audiences' preferred formats, channels and contexts. These considerations are particularly relevant for racial and ethnic populations, who may have different languages and sources of information. Credible channels of communication need to be identified for each major group.

David Domke et. al. (2002) in their study suggest that visual images influence people's information processing in ways that can be understood only by taking into account individual's predispositions and values and at the same time appear to have a particular ability to trigger considerations that spread through one's mental framework to other evaluations.

T. Subramanian et. al. (1999) in their study highlight the effectiveness of direct and indirect methods of communicating to the public on tuberculosis awareness. The study was undertaken in a south Indian rural community to assess the initial level of TB awareness and again after providing health education on TB to evaluate the effectiveness of health education after two years. Twenty-four villages in Sriperumbudur taluk in the Tamil Nadu state were randomly selected and the community was educated on important aspects of TB by means of pamphlets, exhibitions, film shows role plays and group discussions. After two years, the respondents were revisited and interviewed using the same interview schedule and there was an overall increase of knowledge on various aspects of the disease ranging from 18% to 58%.

Nirupa Rani Charles (1991) in her study "Influence of Initial and Repeated Motivation on Case Holding in North Arcot district" emphasises on the personal influence of social workers in motivating the patients to complete treatment. The patients were counselled individually and flash cards were used to give a visual impact. There was an increase in treatment completion among patients and who had been motivated individually.

Rajeswari Ramachandran et. al. (1998) in their study on "Sensitising an Urban Community to Tuberculosis – TRC Experience in Madurai" assesses the feasibility of training and using National Service Scheme volunteers for case finding and sensitising the community on tuberculosis. The effectiveness of various methods of communication in mobilising chest symptomatic to attend screening camps was also proved.

Media's Role in Health Promotion by Waheeda Sultana (2002) analyses the vital role played by various mediums of communication in disseminating information on health. Coverage of health issues is part of the media's fulfilment of the surveillance function.

Films are the best media for imparting health education. The Films Division annually produces a number of documentaries in areas of health family welfare, nutrition and environmental sanitation. Special films are distributed in connection with World Health Day, World Aids Day and No Tobacco Day besides films on immunisation, leprosy control and shown to the public. The Films Division has been motivating the broadest spectrum of the Indian public to enlist their active participation in nation building activities. The aims and objectives of the Division are to educate and motivate the people in the implementation of national programmes and to project the image of the land and the heritage of the country to Indian and foreign audiences. The Division also aims at fostering the growth of the documentary film movement, which is of immense significance to India in the field of national information, communication and integration. The distribution outlets are Doordarshan, DAVP and Field Publicity units of central and state governments, educational institutions, and industrial houses, social and cultural organisations.

Creating Awareness among Women Folk by S. Kalaivani (2003) emphasises the need to create and improve awareness among women by educating them to avoid illiteracy and encouraging them through the mass media. The success or failure of development plans in education, family planning community development, health and nutrition depends on the involvement and participation of women.

Practising Participatory Communication for Development (Tripathi and Nair 1998) looks into people's participation as an essential requirement for development and suggests how to practice participatory communication approaches while keeping in mind ground realities and complexities for rural areas in developing countries.

Methodology

This study is aimed to assess the effectiveness of short films as a tool for disseminating health related messages. Hence it follows the experimental research design. This type of research design helps discovery of ideas and insights into constructing effective messages and providing support for patients. The approach is qualitative and the research technique used is Focus Group Discussion.

The study was conducted on 54 members belonging to self-help groups coordinated by ROSE Trust, an NGO functioning in MGR Nagar, an urban habitat in Chennai. The organisation has been recognised by the Women's Development Corporation of the Tamil Nadu government. The women belonged to the 25-30 age group. The literacy level varied from primary school to secondary level. Seventy percent of the women were married.

The 54 members were divided into three groups. One group was the control group. This group was not exposed to any special technique of creating TB awareness. Their knowledge on causes, symptoms and treatment of TB were assessed through two Focus Group Discussions of nine members each.

The other two groups were treatment groups; Treatment Group 1 was exposed to health education on TB using flip charts. The flip charts were 15 in number, which visually represented the causes of the disease, the symptoms and the medial treatment details. The moderator interpreted each visual to the members of the group. Their awareness levels after education was assessed through two Focus Group Discussion of nine members each.

Treatment Group 2 was exposed to a short film. The short film was a 20-minute documentary on the life of a female TB patient. The film focussed on the causes of TB, its effects on health and the treatment. The story line is interwoven with a family drama. The protagonist is a newly married bride who is afflicted with the disease. The husband dreads her and shuns from her once the diagnosis is made. The mother-in-law empathises with her and takes good care of her, gives her psychological support and the healthcare

providers give the necessary medical support. She recovers in the stipulated time. The husband eventually realises his folly and accepts her and supports her fight against the disease. There are comic interludes amid explanations about the disease and the responsibility of the family towards the patient.

Focus group discussions were held in Tamil – the vernacular language with a moderator and an observer. *On-site Summaries* and field notes were taken. The question guide and the probes (Appendix 2) were followed to get the required information.

Results and discussion

The main findings that emerged out of the Focus Group Discussions in relation to the probes conducted among the three groups are summarised in the following table.

Table 1: Results of focus group discussions

Probe	Control Group	Treatment Group1 (Flip Chart)	Treatment Group 2 (Short film)
Aware of TB	✓	✓	✓
Will affect both men and women	✓	✓	✓
Main Symptom	Cough, Weight Loss	Cough, Weight Loss, Fever.	Cough, Weight Loss, Fever, Breathlessness and Tiredness
Diagnosis	Not Aware	Sputum Test	Sputum Test
Treatment 1. Duration 2. Free Treatment 3. Place	 3 months – 1 year. Not Sure Any doctor	 6months-1 year Were aware Private and Government doctors	 6 months Were aware Private and Government hospitals Healthcare providers – DOTS
Is the disease communicable?	Yes	Not sure	Only through sputum
Do you think family care is essential?	No	Yes	Absolutely yes

Have you heard of healthcare providers?	No	No	Yes
Do opinion leaders have a say in influencing community decisions?	Not Sure	May be	Yes
Does mass media affect community decisions?	May be	May be	Yes
Is the audio-visual medium more effective in disseminating information?	Probably	Yes	Yes
Do you think women should be exposed various health messages?	May be	Yes	Yes

From the discussion, it is evident that all are aware of the disease and are aware that both men and women are at equal risks. Although all the three groups are aware of most the symptoms of the disease, Treatment Group 2 is aware of all the symptoms. The Control Group still treated the disease as a dreaded one while Treatment Groups 1 and 2 treated the disease curable and Treatment Group 3 appreciated the family support and psychological support to be given to the patients. The comic interludes amid explanations about the disease in the short film reach out to the population and highlight the responsibility of the family towards the patient. The respondents appreciated the message given out through the popular medium and the celebrities who they regarded as demi-

gods. The benefits of self-help groups and the need for providing basic health education to the local communities were well accepted and appreciated.

Hence it is evident that it is important to involve the local community and the their opinion leaders to disseminate the health messages to reach out completely to the community and the NGOs and Self Help groups play a major role in providing wholesome health education. Hence the various health organisations should design messages that reach out to all sections of society and should aim at integrating the healthcare professionals and local volunteers to reach out to the community.

Conclusion

Health literacy is increasingly vital to help people to manage their own health better. Differences in the ability to read and understand materials related to personal health appear to contribute to health disparities. People with low health literacy are more likely to report poor health, have an incomplete understanding of their health problems and treatment, and be at greater risk of hospitalisation. There is also a need to study the effectiveness of various mediums including short films. The study found that an audio-visual medium of short films could play a vital role particularly in the context of creating tuberculosis awareness.

It is clear from the study that women play a vital role in disseminating information on health and well being of the family and hence the society. They become strong opinion leaders who can magnify the impact of the message.

It is clear from the study that visual aids are effective in conveying health related messages among women. The short film as a method of communication was well received by the participants and they comprehended the key messages and were appreciative of the need for family support to the affected persons. The better the quality

of the short film (with a dialogue style) the more negative affectivity was stimulated and the more cognitive processing was induced. And a more favourable attitude towards preventive behaviour was stimulated.

References

Charles, Nirupa Rani(1991). "Influence of Initial and Repeated Motivation on Case Holding in North Arcot District." *Indian Journal of Tuberculosis,* Vol.38 No.2 pp,69.

Domke, David et. al. "An Examination of Power of Visual Images." *Journalism - Theory Practice and Criticism* Vol. 3, August 2002.

Kalaivani, S. (2003)"Creating Awareness among Women Folk." *Journal of Communication Studies* Vol. 2, No. 4 October-December 2003 Bhopal, pp13-16.

Lazarsfeld, Paul F., et. al. The Personal Influence Theory of Communication as an outcome the 1940 presidential elections analysis in the United States. 1948.

Rajeswari Ramachandran, et. al.(1998) "Sensitising an Urban Community to Tuberculosis – TRC Experience in Madurai." *Indian Journal of Tuberculosis,* Vol.45

Subramanian, T. et. al.(1999) "Knowledge of Tuberculosis in a South Indian Rural Community, Initially and After Health Education." *Indian Journal of Tuberculosis* Vol.46 No.4 , pp241.

Sultana, Waheeda(2002), "Media's Role in Health Promotion." *Journal of Communication Studies* Vol. 2 April-June 2002 Bhopal, *pp78-86.*

Tripathi, R.C., and Pradeep Nair(2004) “Practising Participatory Communication for Development.” *Journal of Communication Studies* Vol.3,No.2 April – June, Bhopal, pp112-123.

Appendix 1: What is DOTS?

DOTS (Directly Observed Treatment, Short-course) has been identified by the World Bank as one of the most cost-effective health strategies available. DOTS costs only US $3 - $7 for every healthy year of life gained. DOTS get people back to school, work and their families.

The DOTS strategy combines appropriate diagnosis of TB and registration of each patient detected, followed by standardised multi-drug treatment, with a secure supply of high quality anti-TB drugs for all patients in treatment, individual patient outcome evaluation to ensure cure and cohort evaluation to monitor overall programme performance.

DOTS is the most effective strategy available for controlling the worldwide TB epidemic today.

DOTS is an inexpensive and highly effective means of treating patients already infected with TB and preventing new infections and the development of drug resistance. Between 1995 and 2003, more than 17.1 million patients were treated under the DOTS strategy. Worldwide, 182 countries were implementing the DOTS strategy by the end of 2003, and 77% of the world's population was living in regions where DOTS was in place. DOTS programs reported 1.8 million new TB cases through lab testing in 2003, a case detection rate of 45%, and the average success rate for DOTS treatment was 82%. WHO aims to achieve a 70% case detection rate of TB cases and cure 85% of those detected by 2005.

The UN Millennium Development Goals include targets to halve the 1990 TB prevalence and death rates by 2015.

DOTS uses sound technology — the successful components of TB control — and packages it with good management practices for widespread use through the existing primary health care network. The technical, logistical, operational and political aspects of DOTS work together to ensure its success and applicability in a wide variety of contexts.

Appendix 2: Focus group questions

1. What are the common diseases that you have heard of?

   Probes:

   What are communicable diseases? Which of the diseases are curable? What are the common symptoms of tuberculosis?

2. Are you aware that the government provides free treatment for tuberculosis?

   Probes:

   How expensive is the treatment? Does the fear of debt prevent you from accessing care? Did it enhance your knowledge on access to such centres?

3. Name some health campaigns conducted by the government.

   Probes:

   Was it a heavily publicised? What were the different media through which such messages reached you? Was there a celebrity who enhanced the impact of message?

4. Why do you think any health communication message should first reach out to women?

   Probes:

   Why women of household? Why not men? Why women are considered caretakers and care givers? Why do you think women empathise with patients more?

5. Serious messages when given out with a punch and humour reach out subconsciously. Do you agree?

   Probes:

   The short film you saw had a lot of humour. Did it dilute the message?