



COMMUNITY RADIO A PLATFORM FOR COMMUNITY INCLUSION TO FIGHT BACK SOCIAL ISSUES

Neelima Deepak

Director Radio and Socio- cultural, BBD University, Lucknow Campus.

Introduction

With a population of more than 200 million people, Uttar Pradesh (UP) is India's most populous state it is best recognized for the landmark monument, TajMahal, Capital of Uttar Pradesh well known as "The City of Nawab". Talking about Capital of Uttar Pradesh In 2011, Lucknow had population of 4,589,838 of which male and female were 2,394,476 and 2,195,362 respectively. In 2001 census, Lucknow had a population of 3,647,834 of which males were 1,932,317 and remaining 1,715,517 were females. We can see high rate of population burst in Lucknow and in this condition the demand of each individual, every family and city also increases.

A vibrant industrial and agricultural region, Lucknow has struggled with one of the highest infant and child mortality rates in India. While the state has made significant gains on several key indicators over the past decade, according to the 2011 census, the child sex ratio has deteriorated and the number of children forced into work has increased. With this paper I would like to draw attention towards raising alarm of high mortality rate of infant death rate and women related problems.

Where is the problem?

"Where is the problem?" It's a big question as diagnosing the problem area is biggest challenge. When talking about community issues I found out that there are number of bodies, NGO's, Government schemes, institutes working actively on ground level still there lies a gap. With the help of Community Radio BBD 90.8 FM we in short span of time came across several problems and started connecting as a community platform. People in starting were very conservative especially in case of women interactions and conversing with them but with time this challenge is slowly going as now we have developed a strong faith that community radio is actually for them. But again question is same "Where is the problem" actually in spite of working hard and good government schemes lack of awareness and correct float of information to needy actually fades water on all efforts.

Therefore every information, scheme, activity should float to every individual and they should be made strong enough to take their decisions.

Case Study

In case Uttardhauna village "Maya" is 37 year old lady and few years back she was suffering from Tuberculosis, after the Tuberculosis was confirmed her In-laws and husband saying that she was suffering from dangerous and infectious disease forced her to leave home and threw her out. Maya being illiterate and unaware of health cure schemes took the whole situation as destiny and started residing outskirts of village. Leaving all the hopes to live she waited for death to come. But then an NGO came in contact and they took her to doctor and got her treatment done. Within few months she recovered and with the help of NGO's she got aware that her In laws and husband cannot throw her out finally she collected courage and fought hard which resulted and today she is living with her family with all respect and mother of two kids. This whole incidence inspired her to gain education and know her rights. Today she is working in a Primary School and studies in evening classes run by NGO. I think this is not only story of Maya but there are many Maya's who are living life full of harassment just because of lack of awareness and education.

Promotion of Social Inclusion

There is need to work closely with the local community to bring in positive changes, including strengthening the state's vast health care network. There is a large network of groups and individuals to partner with in this aim, such as civil society and faith based organizations, legislators, academicians and media houses. As a director- Radio & Socio Cultural BabuBanarasi Das University I have been organizing numerous public health campaigns, mobilizing thousands of people to help eradicate various social issues. Helping local needy community is actually not the solution of social issues but we are now on the level that we have to make their hands enough strong to help themselves. I in my interaction with community found that the best way of engaging community is making community people aware of their right, problems, solutions, ongoing activities rest with time they develop the sense of fighting and search their solutions. Education in this process is the biggest tool. Today by education I don't mean to say educating children or young generation but educating every individual irrespective of age, gender, caste, color, culture. As water and food is prime requirement to live similarly education in present era is prime requirement. Therefore teaching old aged women, men; who due to any reason or pressure had to drop out from school or could not go to school. A slogan "Mahilapadhegi, Khushiyaanbadhengi" draws attention and actually teaching a woman is teaching all upcoming generations.



Although one-third of the state's population lives below the poverty line and the state has the highest number of children who leave school to work. Life can be uncertain and, in many cases, cut short for children in UP. Each year, about 380,000 of the state's children die before the age of five years, falling victim to malnutrition, diarrhoea and common childhood illnesses. UP also has the largest population of socially excluded communities – scheduled castes, scheduled tribes and other so-called "backward castes" – and several indicators of health, nutrition and education are amongst the worst in India.

Lucknow Table Data

Description	2011	2001
Actual Population	4,589,838	3,647,834
Male	2,394,476	1,932,317
Female	2,195,362	1,715,517
Population Growth	25.82%	32.03%
Area Sq. Km	2,528	2,528
Density/km2	1,816	1,443
Proportion to Uttar Pradesh Population	2.30%	2.19%
Sex Ratio (Per 1000)	917	888
Child Sex Ratio (0-6 Age)	915	915
Average Literacy	77.29	68.71
Male Literacy	82.56	75.98
Female Literacy	71.54	60.47
Total Child Population (0-6 Age)	543,641	547,950
Male Population (0-6 Age)	283,952	286,063
Female Population (0-6 Age)	259,689	261,887
Literates	3,127,260	2,129,942
Male Literates	1,742,440	1,250,877
Female Literates	1,384,820	879,065
Child Proportion (0-6 Age)	11.84%	15.02%
Boys Proportion (0-6 Age)	11.86%	14.80%
Girls Proportion (0-6 Age)	11.83%	15.27%

Reference:<http://www.census2011.co.in/census/district/528-lucknow.html>



Challenges to face

A cycle of poverty, illness and death occurs in UP in part because many girls are married in their teens. Usually suffering from chronic malnutrition themselves, young wives have babies early and many do not survive childbirth. The Maternal Mortality Rate here is one of the highest in India.

Mortality rate of mothers and infants are really shocking therefore here again we need to work strongly. India has the highest number of malnourished children in the world, and UP is the state with the greatest number of malnourished children.

- Once home to the most cases of polio in the country, UP has not reported any polio case since 2009. The emphasis is now on ensuring that all children are fully immunized, as the full immunization rate in the state is amongst the lowest in the country.
Iron deficiency is prevalent in UP, affecting almost half the women of child-bearing age who are more likely to have complications during child birth and may give birth to a low-weight child.
- With many families living below the poverty line and sending their children to work, UP has the highest number of child labourers in the country.
- While the Right to Education Act has been rolled out in the state, giving all children access to a place in school, the quality of education is low.
- According to the 2011 Census, the number of households without toilets is the highest in the country.

Promotion of Social Inclusion

We need to address key concerns, from improving the reach of routine immunization programmes to the creation of care units for sick newborns at district hospitals. There is need of partnering in the creation of Nutrition Rehabilitation Centres and the extensive training of health workers to properly identify and treat common childhood diseases.

Through BBD Community Radiowe are trying to build protective environments through raising awareness amongst various stakeholders and communities about child rights. It also has a focus on supporting the government on the rollout of the Right to Education Act, to address issues of access to education for all children.

Another key area for BBD Community radio is Protection of children from vulnerable and marginalized groups. I am through community radio trying to change attitudes, behaviours and practice that impact children and their future.

BBD Community Radio initiatives include

Child Survival

- New Born Survival and Care: Improving facility-based newborn care and home-based newborn care
- Immunization: Planning efficient immunization sessions; monitoring immunization sessions; and increasing awareness amongst parents to generate demand for immunization.
- Diarrhoea Management: Increasing awareness amongst parents and health workers about use of oral rehydration salts and zinc; training parents and health workers.
- Maternal Death Review: Spreading awareness on maternal death reasons and help in improving the situation.

Nutrition

- Under nutrition: Infant and Young Child Feeding: Raising awareness amongst mothers, families and workers about correct Infant and Young Child Feeding (IYCF) practices; training of key workers and officers for counselling mothers and families.
- Vitamin A and Micronutrients: Monitoring and reporting on vitamin A supplementation sessions; advocating for timely procurement and supply; raising awareness among families on the need to give children vitamin A; and supporting the government programme for adolescents about the weekly iron and folic acid supplementation programme. Millions of children, aged one to five, are receiving vitamin A supplements to enhance their immunity and protect them from diseases.

Education

- Right to Education: Spread awareness focusing on basic education, education quality; regular monitoring.
- Child Friendly Schools: Teacher training and training modules.
- Inclusive Education: Ensuring that education-for-all becomes a reality, particularly for children from marginalized communities and Muslim girls.
- Mid-day Meal: Developing systems to deliver a quality mid-day meal scheme.



- Speaking Out: Platforms are being provided to children to express themselves about their issues.

Child Protection

- Child Labour: Identifying working children and re-enrolling them in school. Raising awareness amongst parents about the problems of engaging their children in labour and the benefits of sending their children to school regularly.
- Juvenile Justice: Awareness about the rights of children in conflict with the law.
- Child Marriage: Raising awareness about the importance of education for girls and delaying marriage until at least 18 years of age.
- Violence Against Children: Working with schools to address violence against children.

Water, Sanitation and Hygiene

- Open Defecation: Making families aware of the need to build and use toilets; demonstrating villages which have become free from open defecation; and focusing on community-based approaches to open defecation.
- WASH in Schools: Introducing hand-washing during the mid-day meal; demonstrating proper techniques of hand-washing; and addressing issues related to safe water in schools.
- Drinking Water: Raising awareness of sanitary improvements.
- Menstrual Hygiene: Adolescent girls are being encouraged to break the silence around the issues of menstrual hygiene.

Disaster Risk Reduction

- Advocacy and Assessment: Advocating for disaster risk reduction activities to become mainstream in the plans and activities of government; assessing capacity-building efforts of the government to mainstream disaster risk reduction; and support for school safety programmes.

Conclusion

All the Challenges be it education, health, Water, Sanitation, Hygiene, female feticide, malnutrition, Child Protection, Child Survival, mother and infant mortality rate etc. related to community; the primary need is to make them aware that what is happening with them is wrong because realizing the difference between right - wrong is prime requirement and then comes solution. Therefore as a community radio we are trying to connect with our community issues, challenges and emotions. Today they come up with their issues and through this radio platform speak up. Spreading awareness and connecting with each individual is the biggest best way of fighting these challenges. Let us all promote social inclusion for better society.