

***Meena Communication Initiative Takes On New Challenges: Psychosocial care in tsunami and tidal wave aftermath.*** Journal of Communication for Development and Social Change, A Global Journal, Hampton Press. US, 2007.

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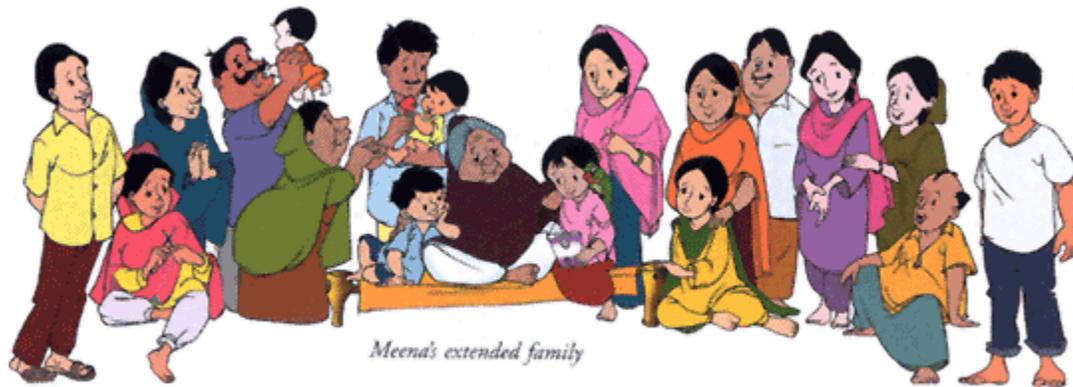
## **1. Introduction**

The experiences of UNICEF's *Meena* Communication Initiative (MCI) in South Asia, demonstrates that regional, comic, animated films, together with complementary materials and channels, can be used to address sensitive social and behavioural issues if the audience is fully engaged in the creative development process through extensive formative research. Such tools can be harnessed for behaviour and social norm change and become recognized by millions of people as a symbol for such change. (McKee et al. 2003)

The MCI was launched in 1991 and continues to this day, taking on new and different challenges. The *Meena* materials have been adopted and adapted by implementing countries and programmed in formal education and non-formal settings. The stories of the MCI series revolve around the adventures of *Meena*, a nine-year-old South Asian girl and her pet parrot, *Mithu* (Figure 1), and members of her family and village community (Figure 2). After careful research on various alternatives, the name *Meena*, which is derived from the word "luster" in Persian, was selected since it is popular with the majority of people in the South Asian region.



**Figure 1: *Meena*, the Girl Child of South Asia, and her parrot, *Mithu***  
Source: UNICEF (Dec. 2001)



**Figure 2: Meena's Extended Family**  
 Source: UNICEF (Dec. 2001)

The MCI employs a multi-media, Entertainment Education (EE) approach, using entertaining stories in animated film/video comic book and other formats to communicate educational messages to counter discrimination against girls in a range of areas, such as education and health services, food and nutrition, domestic workload; protection against early marriage and early motherhood.

The purpose of this article is to review the overall MCI experience and to understand how *Meena* can be incorporated into programs that address new areas of concern, specifically to improve the well-being of children in areas affected by natural disasters. The authors also wish to determine to what degree it can be said that the MCI has proven to be effective in achieving the various goals it set out to achieve.

## **2. Background and Rationale**

The 1990s were declared as the “Decade of the Girl Child” by the governments of South Asia. They recognized that sustained efforts would be needed to address discrimination against girls and to promote their education, health and overall development. Traditionally, in most South Asian countries such as Bangladesh, India, Nepal and Pakistan, girls are discriminated against in most spheres of their lives. Deep-rooted, traditional beliefs and practices threaten their protection, survival and development.

The regional team formulated a broad goal and objectives for Meena (UNICEF Dec. 2001, p.7):  
**“Overall goal:** Within the framework of the Convention on the Rights of the Child, to promote the status and development of children in South Asia, with a special focus on girls.

**General objectives:** 1) To research, develop and disseminate a multi-media communication package, adaptable to the needs of participating countries, to support advocacy, social **Psychosocial skills**

mobilization and program communication on the issues of child rights (UNICEF 1989) in South Asia. 2) To influence and support the forces of social and behavioral change concerning the girl

child at national, community and family levels. 3) To promote *Meena* as a dynamic role model for children, especially girls, through which they can acquire self-esteem and learn life skills essential for their empowerment. 4) To empower families, including children, with information related to the survival and development of children, including specific messages on their health, nutrition and education.”

In South Asian cultures, the child, especially the girl, is seldom heard. From a traditional perspective, child rights have little meaning to most people, including South Asian societies. *Meena* stories are designed to promote such rights by sensitively challenging traditional practices towards female children without engaging in direct conflict with existing customs and norms. *Meena* stories have been produced on a wide variety of subjects to support children’s rights in Asia. (See Appendix 1)

### 3. Strategy and behavioral frameworks

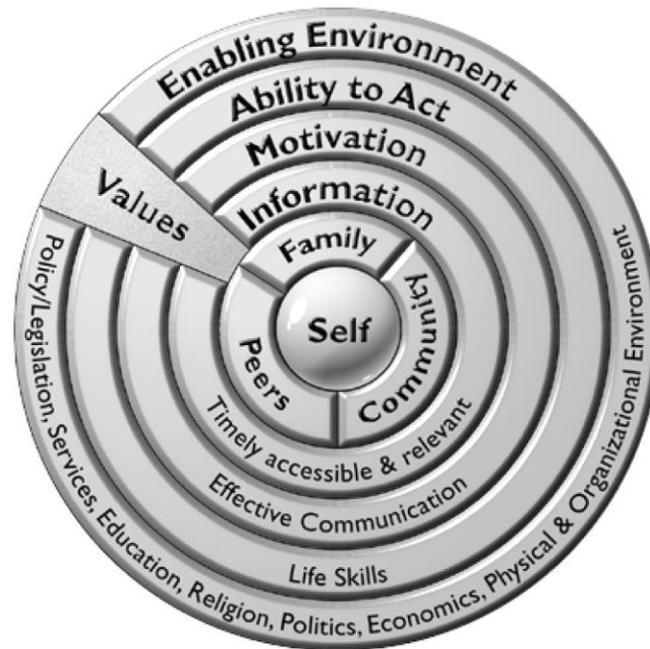
*Meena* was created as a complementary regional initiative to be adopted by many programs, not as a separate project. The main component of *Meena* is a set of communication tools which are designed to fit into the programs of many organizations. Those who created *Meena* realized that complex factors govern behavior change and positive behavior development. They developed stories that attempt to capture a variety of audiences: children, parents, community opinion setters and educators. It was understood that these stories had to deliver **information** which is timely and relevant. They had to **motivate** audiences through their entertainment value and ability to engage them in discussions on issues.

It was also recognized that the stories had to address life skills which impart the **ability to act**, and which are crucial for positive behavior development. These psychosocial life skills include problem-solving, decision-making, critical thinking, communication, negotiation, coping with emotions and stress, self-assessment, conflict resolution and management, and relationship skills such as empathy (Carnegie & Wiesen 2000). Such concepts were incorporated in *Meena* stories by modeling behavior that demonstrates such skills.

However, it was also recognized that the immediate social environment – **peers, family and community** – had to be addressed in order to allow positive change to take place for the girl child. Addressing the “**self**”, or individual, alone would not be effective. Furthermore, it was recognized that a broader **enabling environment** would need to evolve for sustained social change – factors such as policy, legislation on issues of discrimination, health and educational services for girls, and the actual delivery of such services.

The core regional stories of *Meena* were planned with all of the above concepts in mind. This helped to foster the emergence of a new behavior development and behavior change model (Figure 3) which has since been used to guide girls’ and women’s empowerment within adolescent health and HIV/AIDS prevention programs, as well as many other health and social development programs with a strong behavior change component (McKee et al. 2000). *Meena*’s creators believed the components of this model need to be addressed, in the long run, to foster positive social change: knowledge of health and social issues combined with motivation and skills, and consideration of the major inhibiting and facilitating factors in the environment.

**Figure 3: Behavior Development and Social Change Model**



**Source: McKee et al (2000) p. 214.**

#### **4. Creative Development and Formative Research Process**

Starting in 1991, UNICEF held consultations in Bangladesh, India, Nepal and Pakistan, with key actors in governments and NGOs, as well as artists, writers and other creative talents. This was done to get agreement on the key qualities for *Meena*, attempting to create an appealing character with near universal acceptance. In 1992, field testing of the first *Meena* episode was carried out with 2,500 respondents from across the region.

The creators decided that motivation for change in attitudes and behavior towards girls should be positive, building on recognition of girls' potential, rather than trying to show them as victims and evoking guilt over their ill-treatment. Artists from each country were invited to draw images of *Meena*, her family and her parrot. All designs were tested and modified until the creative team was satisfied. It was a painstaking process to capture the true essence of the little girl who would later touch many lives. (UNICEF Dec. 2001)

Field testing took place across the region in urban and rural locations. The first step in formative research includes testing of concepts to make sure that the issues are appropriate and to determine peoples' attitudes and perceptions on each issue. The first draft of the storyline is then developed for further research, to check for comprehension, understanding of purpose, possible educational value in bringing about change, credibility, acceptance, appeal, cultural sensitivity and realism of solution

proposed. A set of illustrations are also pretested to create new characters and locations. (UNICEF Dec. 2001)

In the past 14 years, hundreds of focus group discussions and in-depth interviews have been carried out with over 12,000 girls and boys, parents and other community members. Different groups of respondents were involved to ensure that multiple perspectives were taken into account in developing each message or story.

Formative research is used to ensure that each episode of the *Meena* series maintains the delicate balance and dynamic tension between education and entertainment in stories that appeal to both children and adults. Particular care is needed to prevent the episodes from becoming overloaded with message content, become “preachy”, or alternatively, to ensure that serious issues are not treated flippantly.

*Meena* was originally intended for addressing the issues of gender discrimination but with her increasing popularity she has been used to promote other child rights issues, especially health, HIV and AIDS, water and sanitation, and, more recently, psychosocial healing and recovery of children after natural disasters or in conflict situations. An example is given on the development of the most recent episode of *Meena*, below.

#### **Development of “*Life Has Changed*”**

When the Tsunami hit the Indian Ocean Basin on December 26, 2004, many people were swept away to sea, leaving survivors to grieve and to try to rebuild their lives. During the recovery phase, UNICEF Sri Lanka and the Regional Office of UNICEF in Kathmandu recognized that many surviving children were severely traumatized by what they had experienced. UNICEF decided to make a new episode of *Meena* that could be used in educational programs to deal with this trauma. *Meena* was faced with a new challenge.

The theme of the story entitled, *Life Has Changed*, is resilience and recovery of children after a tragic experience. This theme is highlighted through *Meena*'s friendship with a little girl who was separated from her family as a result of an earthquake, followed by a flood. It does not concentrate on the Tsunami experience in particular, for it was recognized that the episode might be useful in other natural disasters (such as the earthquake that rocked Kashmir in late 2005). In this story, the children affected by disaster share their tales of survival in extremely difficult situations. *Meena* becomes a spokesperson by assisting people to cope with their losses. The story also elaborates on the importance of disaster preparedness for issues such as food, shelter, water and sanitation; and protection measures for children, such as taking care of unaccompanied children and programs for healing of children by encouraging them to participate in facilitated activities such as games, plays, drawings, songs, etc.

Developing the story was a major challenge as it needed to address the expectations of experts in disaster management, psychologists, program managers, affected parents, but most of all needs of the children who had experienced losses in their families and extreme pain. The formative research was undertaken in Galle and Trincomalee in Sri Lanka and on the coastal belts of Bangladesh, where natural disaster is a part of peoples' lives.

In Sri Lanka and Bangladesh, in-depth interviews and focus group discussions were held with coastal dwellers - girls, boys, adults, schools teachers, volunteers – as well as with programmers and disaster experts (CCP 2005). The Sri Lanka research showed that parents were still struggling to deal with their own grief and were not prepared to discuss the Tsunami tragedy with their children. Reliving the experience with children was too painful for them. They did not know how to counsel their children and thought that talking to them might further traumatize them. The research report indicates the attitude of parents influenced the behavior of younger children, ages 9 to 12, who participated in focus group discussions. According to some of them, the story was too realistic and painful. However, the volunteers and teachers argued that children need to relive their tragic experiences in order to process their pain and recover: “Yes, they (children) talk about it with the volunteers. In fact, they play “tsunami games” as well... the story will give children pain...but it will help them to look forward and allow them to lessen their fear.” - *A female volunteer in Galle, Sri Lanka* (CCP 2005, p. 7).

Older children, ages 13 to 16 (50% of whom had lost one of their parents), forcefully stated that there are tragedies in life and to maintain the realism in the story, some characters needed to die as happened during the Tsunami. They suggested that *Meena's* grandmother could die but it is important to keep her parents alive. When asked if it is customary in Sri Lanka to talk about pain: “Yes, we do talk to someone close to us about our pain. This is the way we reduce our pain.” - *A volunteer in Galle, Sri Lanka* (CCP 2005, p. 7).

On the question of whether parents would like the story, it was concluded that a cartoon format would be acceptable once they realize that it will help their children to heal. And then they would not mind their children listening to this story. “Cartoons entertain children. Therefore, even if the cartoon explores painful areas, the later part of the film will help them to overcome their pain and bring about healing.” - *A female volunteer in Galle, Sri Lanka* (CCP 2005, p. 8).

In the Bangladesh research, the question posed to boys and girls, ages 11 to 16, was: How would they handle their friend who was affected by a tragedy or natural disaster? One respondent replied: “Storms can happen, people can die; but slowly things improve and come to normal. Similarly your life will come to normal and you should start going to school, playing with your friends and helping your neighbors.” - *A 12 year old girl in Cox's Bazaar, Bangladesh* (CCP 2005, p. 22).

The children further added that if their own siblings were in pain they would take care of them, hold them close and take them to school. However, the most important question asked was how children handle death. Women in a fishermen's community in Bangladesh said that they believe that people bring with them a limited number of years on this earth and this is their destiny. When the time is over, God calls them back with a lot of love. They believe that tragic experiences need to be re-enacted to process pain: “.....though dead, our loved ones would like us to live for those who are still alive and they continue to love us so much.” - *A fisherman's wife in Cox's Bazar, Bangladesh* (CCP 2005, p. 20).

The children liked the story and although they said they would share the story with everyone, they indicated that they would really like to tell it to their friends, siblings and mothers. The girls

in Bangladesh mentioned that they can only tell the story at night to their fathers as they are not available during daytime.

All these findings were thoroughly analyzed, discussed, reviewed and incorporated into the final version of the story. It is expected that this communication package, which also includes a facilitation guideline for teachers, will have much to contribute to the recovery of children affected by the Indian Ocean Tsunami, and other disasters such as the 2005 earthquake victims of Pakistan and India. It should be noted that very often in such disasters, social problems, such as gender discrimination, become accentuated. So, a communication tool that addresses recovery problems, while also imparting messages about gender equity, was seen by UNICEF to be very appropriate.

## **5. The Many Uses of *Meena***

UNICEF, Sri Lanka is integrating “*Life Has Changed*” in all its protection programs that address psychosocial healing and recovery aspects, especially of children. These programs include land mine risk education; children affected by armed conflict, including under-age recruitment by the Tamil Tigers; child sex tourism and other forms of sexual abuse; children in institutions, and the Tsunami disaster response program, itself.

The materials supported group dialogue and action. By 2003, 600 service providers were trained and a further 1,000 people participated in community level orientation workshops to promote *Meena*. Action plans are drafted to include “*Life Has Changed*” with other psychosocial materials (teachers’ manual, documents, etc) in a TOT for teachers in the Tsunami response program followed by use in school programs. It is hoped that eventually the other trained service providers will also be involved in training others on the use of the new episode.

*Meena* outreach in Sri Lanka began slowly but has evolved into a multi-media, multi-channel approach, using the cartoon films, facilitator’s guides, posters, leaflets, comic books and other interpersonal communication channels. In 2001, 13 regional episodes were dubbed in Sinhala and Tamil and broadcast on national television. At present six more episodes have been dubbed in these languages, ready to be screened.

Currently, a *Meena* national education package on land mine risk education is under development (see Figure 4). The *Meena* package on injury prevention is being translated for use in the on-going Early Childhood Development program. These programs use *Meena* as the role model for educating children, with a spill-over effect to adult education. Three story books and facilitators’ guides for national use on issues such as iron deficiency anemia, use of iodized salt and domestic child labor have been developed and widely distributed in schools. In addition, *Meena* materials and concepts are being integrated into other UNICEF assisted programs. UNICEF and Plan International (PI) have signed an MoU to use *Meena* in schools supported by PI.

The uses of *Meena* in Sri Lanka have grown considerably over the past nine years. However, they represent a small fraction of the overall uses of *Meena* in Asia. See Appendix 2 for a summary of other uses by the original four countries and some of the other countries that have come on board.



**Figure 4: A Meena billboard on mine risk prevention in Sri Lanka**  
**Source: UNICEF, Sri Lanka**

**6. Monitoring and Evaluation**

It is too early to determine the impact of the most recent episode of *Meena, Life has Changed*, on psychosocial recovery following natural disasters since it is only being implemented in 2006. Plans are in place to monitor its use and evaluate its outcomes in Sri Lanka and Pakistan, as well as in Bangladesh, India and Nepal.

The MCI has been evaluated for its efficacy and to assess national achievements by many country offices of UNICEF. However, these assessments were mostly undertaken independently by the countries without the involvement of UNICEF Regional Office for South Asia (ROSA). Implementation experiences with *Meena* in various countries have no doubt reaffirmed the demand for her. What evidence is there that the MCI has achieved the goal and objectives it set out to achieve?

One of the difficulties in answering this question is that, unlike many communication programs, the MCI was never set up as a separate program in a specific geographical area. *Meena's* uses have grown in issues addressed and in geographical scope in a very decentralized way, with no central authority responsible for measuring or reporting on effectiveness.

ROSA recognized the need for an overall statement of the impact of *Meena* after over a decade of use. In 2003-2004, ROSA commissioned an independent, regional evaluation. The data given below were largely derived from this regional evaluation report (Chesterton 2004), unless otherwise stated. However, to cross-check and find missing data, the authors accessed the original research reports for Bangladesh (ACNielsen Bangladesh 2004), Pakistan (Gallup, Pakistan 2004), and India (Centre for Media Studies India, CMS, 2004). For Nepal, ROSA decided to use the findings from a previously commissioned study (Valley Research Group, 2003). However, new qualitative research (ACNielsen, Nepal 2004) was commissioned for the regional evaluation to which the authors had access. Note: The India report details were not available to the authors, so figures reported here are from the regional report.

The approach of the study in each country differed somewhat due to the scope and variations in implementation of the MCI in each country. The research was national in scope except in India, where it was limited to only three states - Orissa, Bihar and Uttar Pradesh – where substantial implementation of the MCI had taken place. A mix of quantitative and qualitative techniques was used. Quantitative data were gathered through household surveys using statistically valid sampling methods and structured interviews. The qualitative methods involved a series of focus group discussion with children, parents/adults, community leaders and officials.

### **Recognition of *Meena***

The Bangladesh study revealed that recognition of *Meena* in that country was 74% - 86% among children and 61% among adults. In Pakistan, recognition of *Meena* was 32% for the overall sample – 40% for children and 24% for adults. In Nepal, it was 58% - 70% among children and 46% of parents recognized *Meena*. (Data for the general adult population was not available.) In the three Indian states where it was measured, 18% of the total sample was aware of *Meena*. (Breakdown for children and adults not available to the authors.)

Gender differences were not given for each country. However, in Pakistan 45% of girls and 27% of adult females were aware of *Meena* compared to 36% of boys and 22% of adult males. In Nepal, however, 68% of girls and 42% of mothers, compared to 72% of boys and 49.5% of fathers were aware of *Meena*.

The reason for not measuring gender differences in Bangladesh is not given. However, in Bangladesh, there was also a measurement of recognition by community leaders. This was 61% overall, and 85% in urban areas and 52% in rural areas. In Bangladesh, differences between urban and rural recognition of *Meena* were measured for the general population. For children it was 97% in urban areas and 81% in rural areas. For adults it was 85% and 52%, respectively. These are important findings for Bangladesh where *Meena* has been widely used on television and for community mobilization.

### **Access to *Meena* messages**

Across all countries, television appears to be the main source of exposure to *Meena*. In Bangladesh, 96% of respondents reported that they became aware of *Meena* through TV. In Pakistan 93% of the respondents indicated television as the main source of access to *Meena*, whereas in India it was 61%. In Nepal, the figure was 37% but respondents were asked about

exposure to the “*Meena series*”, not necessarily only through TV. However, it may be assumed the majority of these viewers saw the films through TV.

Other reported sources of awareness of *Meena* are considerably lower, but still important. In Bangladesh, 25% of children reported story books as a source whereas other media were even lower: stickers (12%), wall printing (10%), posters (5%), radio (3%), video (3%), community workers and teachers (3%) and banners (2%).

In Pakistan, 19% of respondents reported being aware of *Meena* through radio and 19% through story books. Some gender differences are given in this regard: “The figures for radio illustrate the variability of reach among different segments of the target population. --- It attracted a lower rating among girls (8%) than boys (21%); a lower rating among adolescents (12% for the 16-20 age group) than young adults (28% for the 21-35 age group) ---. By contrast, *Meena* story books attracted higher ratings among girls (29%) than among boys (17%), those identified as illiterate (7%), or all respondents (19%).” (Chesterton 2004, p 28). Other channels of recognition in Pakistan appear to be less important: film shows (5%), *Meena* stickers (5%), *Meena* folder (4), banners (3%) and training discussion (3%).

In India, other important sources of recognition of *Meena* by children were story books (24%), street theatre (21%), banners (16%), video (15%), child-friendly community committees (14%), and radio (10%) and training/discussions (9%).

Awareness via different channels was not measured in the Nepal study. However, it was revealed that less than 30% of the study population of children had a television set at home and also that “from the ethnicity perspective, high caste (Brahmin, Chettri, Newar) children had more exposure compared to the children from the lower castes (Mongoloids, Dalits and others).” (Valley Research Group 2003, pp.14-15). It should also be noted that the three states of India chosen for the study are amongst the most impoverished in the country. This may also mean that people in these states have limited access to television.

As previously mentioned, each country undertook the implementation of *Meena* in a decentralized manner using a variety of channels. Moreover, different strategies were used in different countries and areas. In India, for example, in Orissa the dissemination of the MCI was done mainly through local *Meena* Clubs. In Bihar, it involved a multi-media approach including puppet shows and workshops. In Uttar Pradesh, the education system was mainly used.

### **Knowledge of *Meena* messages**

On the question concerning the extent to which audiences gained knowledge of intended messages, the most common messages reported by the respondents in the Nepal study (Valley Research Group 2003) were education of girls, equal treatment of girls and boys, and health issues. The study concluded that the respondents learned or became aware of the following messages from *Meena*:

- Girls are also to be provided education: 98% girls, 96% boys; 92% mothers
- Girls are to be given equal treatment: 95% girls; 95% boys; 89% mothers
- Need for proper hand washing: 97% girls; 97% boys; 95% mothers
- More fluid should be given during diarrhea: 90% girls; 83% boys; 86% mothers

- Construction of latrines: 96% girls; 95% boys; 87% mothers
- Should wear sandals/shoes while going to the toilet: 93% girls; 91% boys; 82% mothers.

Chesterton (2004) reported some key messages which the respondents were aware from MCI in Bangladesh and Pakistan:

- Girls must be educated: Bangladesh: 59% children, 67% adults; Pakistan: 95% children, 96% women.
- Workload must be shared: Bangladesh: 45% children, 43% adults; Pakistan: 86% children, 90% adults.
- Girls and boys must be treated equally: Bangladesh: 44% children, 50% adults; Pakistan: 90% children, 93% women.
- Must wash hands before meals: Bangladesh: children 69%, adults 69%; Pakistan: 89% children, 91% women.
- Must wash hands after defecation: Bangladesh: 67% children, adults 71%; Pakistan: 88% children, 91% women.

No such information was available from India in the regional report??. However, it does appear that, overall, *Meena* is a strong source of gender development and health messages, as reported by respondents.

### **Behavior change and life skills**

The MCI aims to support behavior change of adults and behavior development or the acquisition of psychosocial life skills by children, especially girls, as well as the learning of technical skills like hand washing, proper use of latrines, etc. The life skills highlighted in the MCI are communication skills, negotiating skills, critical thinking, decision making, problem solving, assertiveness, empathy, etc.

In the Nepal study, 96% of the children who reported they were aware of *Meena* mentioned at least one behavioral change in their life after watching *Meena*. The most commonly mentioned changes regarding hygiene practices were: washed hands with soap and/or water (72% of girls, 75% of boys); encouraged siblings to maintain personal hygiene (47% of girls, 36% of boys). (Valley Research Group 2003)

The extent of practice on hygiene issues vary considerably between Bangladesh and India:

- I wash my hands before taking meals: Bangladesh: 71% boys, 68% girls; India: 17% boys, 24% girls.
- I wash my hands after defecation: Bangladesh: 65% boys, 56% girls; India: 13% boys, 16% girls.

In Bangladesh, children reported that 84-86% of these friends/siblings changed their behavior after being exposed to *Meena*. These behaviors include washing hands after defecation, before and after eating meals, increased interest to go to school regularly and more awareness regarding personal hygiene and cleanliness.

But the above findings beg the question of whether these same behaviors were adopted by those not exposed to *Meena*. There were very few examples in the data that make this distinction. In

Pakistan, however, a comparative analysis was done on hygiene practices between respondents exposed and unexposed to *Meena*. Below is an example which highlights this variation in practice between

- Hand washing with soap and water: 80% exposed; 68% not exposed
- Hand washing before cooking: 27% exposed; 17% not exposed
- Use latrine: 85% exposed; 78% not exposed
- Treat water before drinking: 32% exposed; 22% not exposed

However, more of such comparative analysis would be needed to come to a final conclusion on the specific effects of *Meena*. This would require a near experimental design which was not part of the evaluation process. Also, given the wide diffusion of *Meena* messages in most countries, it would be difficult to carry out.

On issues of behavioral changes or practices that facilitate gender equality and child's rights, of the children exposed to *Meena* in Nepal, over 94% reported that their treatment in their families was equal to their brothers' treatment, compared to 84% of the children who had not been exposed to *Meena*. (It should be noted, however, that such statements must be controlled for variables such as education levels of parents to conclude that *Meena* was responsible for this difference.)

One of the goals of *Meena* was to try to provide a role model for development of girls and for healthy behaviors. The majority of participants (60%) in discussion groups in Pakistan stated *Meena's* key qualities helped others to be brave. According to one mother, "I want my children to be like *Meena* because I want them to be bold and self-reliant and lead their lives according to their wishes and not depend on anyone." Similar sentiments were discussed in other countries.

Valley Research Group (2003) in Nepal states that about 98% of the parents said that they considered *Meena* to be a role model for behaviour change; 62 % of the parents agreed that they have learned from *Meena* that girls should be given proper education; 69% fathers and 57% mothers stated they began to realize that girls are as capable and as good as boys after watching *Meena*; and 98% of teachers reported to have changed their perceptions towards female children after watching *Meena*.

One essential life skills defined above is that children develop the ability to communicate on issues that impede their development. The researchers attempted to determine whether *Meena* stories have influenced positive behavior development regarding the rights of girls. In Pakistan the data indicates that 20% respondents have discussed *Meena* with friends and siblings. The India study data indicated that 17% of the respondents from the survey reported having discussed *Meena* issues with others (friends, parents, siblings, neighbors, relatives). In Nepal, 70% of the children mentioned that they discussed *Meena* with others (friends, family members, siblings). The majority (87%) reported having discussed *Meena* with friends; 67.3% fathers and 57.6% mothers reported they have discussed *Meena* with others (friends, spouse, neighbors, other family members).

In Bangladesh, about 42% children discussed *Meena* with their friends, siblings, neighbors and parents. Around 43% adults and 84% opinion leaders discussed about *Meena* with others,

focusing on washing hands, drinking clean water, girls' education, equal treatment of boys and girls.

The regional evaluation and national studies undertaken in the four countries indicate that exposure to *Meena* increases knowledge and intentions to behave in positive ways towards girls' development and in ways which will protect health. There is also some evidence of positive behavior change and behavior development. However, the data reveal considerable variation in levels of awareness reported by respondents across the four countries and regarding particular message items. This is not surprising, given the varying degrees of exposure of the children and mothers to the episodes, use of different strategies and different level of emphasis on messages/episodes in each country.

In addition, it is very difficult to conclude that behavior change has taken place solely because of *Meena*, especially in areas where there is high access to other programs and sources of messages. For instance, children may report they learned to behave a certain way from *Meena* but may have actually learned it from their parents. Parents, in turn, may report they learned a behavior from a health worker or from television, but may actually have learned it from a *Meena* story on television. In this regard the reported data is far from clear.

Of course, contextual factors also played a major role in influencing the extent of achievement of the MCI. "Findings on the sources of knowledge of the MCI messages among target audiences revealed the significance of parents, villagers/society, teachers, friends and television. Key factors underpinning non-adoption of intended practices were found to include poverty, social norms, the role of adults in attitudinal change among children, local customs and beliefs, and security concerns for girls traveling to school. Together these findings highlight the importance of tailoring the means of communication to meet the specific needs and contexts of the target groups, the need for multidimensional strategic planning that addresses infrastructural and cultural elements as well as those related directly to communication, and the significance of cross-programme planning. (Chesterton, p.iii-iv)

It is noted that a communication initiative alone cannot address all these contextual factors. However, there is ample evidence that *Meena* a potential to facilitate change in the greater social environment, not just the individual.

## **7. Lessons Learned**

The national evaluation studies provides good evidence that *Meena* has helped to create awareness, promote acquisition of psycho-social life skills, and encourage change in behavior and practices. The exact contribution of *Meena* cannot be easily measured due to her pervasiveness. As mentioned earlier, *Meena* was never conceived as a stand alone project, but rather a set of tools to be used in various programs. This has led to a gradation of outcomes, the most impressive being Bangladesh and the least impressive in India.

There is evidence of the educational value in the concept and materials since there has been so much demand for use by so many organizations in so many countries. This, alone, is an achievement for an EE project, many of which only last a few years and die when the funding runs out. There are four major factors contributed to this long-lasting uses of *Meena*:

First of all, the innovativeness of the materials, especially the use of a cartoon character as a spokesperson for girls' rights, was a novelty which attracted attention from South Asian audiences. The series is a first of its kind in South Asian local languages, set in local environments, addressing local problems, and produced mainly by South Asians.

Secondly, involving top-level policy makers in advocacy events involving *Meena* has been a key strategy in garnering political commitment for the continuation of *Meena* and for programs for girls. These strong partnerships have been regionally recognized and highlighted in such events as the annual *Meena Day* in South Asia, September 24<sup>th</sup>. This high-level advocacy has helped to facilitate the integration of *Meena* into the development projects and programs of public and civil society sectors. *Meena* is not just a regional symbol. The wide-ranging activities of *Meena's* partners have helped engender the feeling that *Meena* is "everyone's daughter", and can be integrated into various health and development programs.

Thirdly, *Meena* is the creation of a whole consortium - programmers, researchers, writers and artists - with communities involved in a true partnership process through formative research methods. People feel *Meena* is from their country - Bangladesh, India, Pakistan, Nepal, and Sri Lanka.

Finally, interest and even passion for *Meena* was developed in participating countries. There was and remains a sense of ownership by partners from many countries. For the 14 years, the core regional team has had many constant members guiding *Meena's* development processes, with new members joining. This team has been the informal custodian of the concepts, characters, images and uses of *Meena*.

The evident strong ownership by South Asian communities may assure a continuation for *Meena* for at least another decade. As noted previously, strong emphasis has been placed on community-level implementation of *Meena* materials. Development workers use *Meena* to allow communities to reflect on their attitudes, perceptions and existing practices towards girls, and what can be done to bring about change. Building capacity to facilitate such processes has been an emphasis in *Meena* programming.

The general **lessons learned** from the *Meena* experience that might apply to other regional communication programs and initiatives using EE approaches may be summed up as follows:

1. Decentralized management can lead to both successful and less successful experiences in implementation of regional communication initiatives.
2. Encouraging wide "ownership" is crucial to breathe life into such projects and to support their growth and continuation.
3. Extensive and systematic qualitative research is essential when designing an effective EE program that will be utilized in a variety of different cultures. The investment in careful research is responsible for *Meena's* continuing popularity and possibly for her "long life" as a communication tool.

4. A well-researched set of cartoon characters can be developed to provide positive role models for people from various regional cultures.
5. The sustained high quality of communication materials is a prerequisite to keep the appeal and demand continuing and growing.
6. Regional communication tools can be developed and successfully used by a wide variety of implementing partners, thereby mobilizing a number of organizations for a common development objective.
7. The easy adaptability of characters and setting to different program areas increases the chances of wider and longer term use.

*Meena* has taken on a new challenge - assisting children to build resilience and recover psychologically in large scale disaster situations. The strength of the new story is that it recognizes the pain and sense of grief of children but at the same time encourages, in a simple way and from a child's perspective, the philosophy that they can be the actors in rebuilding their own lives. Death and loss are explained to children in more realistic terms so that they understand that life has to continue even when tragedy strikes. It is expected that this story will help children to discuss their losses and understand that there are unavoidable circumstances that happen, even to good people. With proper programming, *Life Has Changed* has much to offer to children whose lives have been changed forever.

*Meena's* popularity has now spread to a second generation. Many South Asian mothers who met *Meena* in their girlhood are now introducing her to their children. *Meena* has, in some way or other, touched the lives of millions of girls, boys, and parents across South Asia where she is now a well-known symbol of the rights of children. *Meena* is a role model and a star who challenges social norms to create a world where girls will not be afraid to pursue their dreams.

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## Appendix 1: Meena episodes and issues

- *Count your Chickens*, 1991: Girl's access to education
- *Dividing the Mango*, 1992: Equality in nutrition and workload
- *Will Meena Leave School*, 1993: Benefit of educating girls
- *Who's Afraid of the Bully*, 1993: Resisting teasing of girls by boys
- *Saving a Life*, 1993: Diarrhoea management at home
- *Meena's Three Wishes*: 1993: Water, sanitation, and hygiene education
- *Say No to Dowry*, 1994: Preventing dowry practices
- *Too Young to Marry*, 1994: Preventing early marriage
- *I Love School*, 1997: Quality of education
- *Take Care of Girls*, 1997: Equal access of girls' to health care
- *It's Got to Be a Boy!*, 1998: Fighting gender preference for boys
- *It's a Girl's Story*, 1998: Preventing stigma regarding HIV and AIDS
- *Meena in the City*, 2001: Preventing child labour
- *Strangers in the Village*, 2002: Dealing with differences, especially in managing conflict situations
- *Learning to Love*, 2002: Early childhood care and development
- *Reaching Out*, 2002: Need for care and support for HIV and AIDS affected people
- *Meena and Her Friend*, 2003: Iodine deficiency disorder
- *It Could Happen to Anyone*, 2003: Injury prevention
- *The Girls Came Back*, 2003: Trafficking of girls
- *When Meena Was Born*, 2003: Safe motherhood practices
- *When Meena was a Little Girl*, 2003: Exclusive breastfeeding and weaning practices
- *Seeing in the Dark*, 2003: Vitamin A deficiency
- *Health in Your Hands*, 2003: Hand washing and hygiene practices
- *Safe from Worms*, 2003: Prevention of work infestation
- *Baby Rani's Four Visits*, 2003: Immunization
- *We Love Books*, 2003: Need for additional education materials in school
- *Learning Can be Fun*, 2003: Interactive classroom learning
- *Learning With Meena*, 2003: Advantage of supporting girls' education
- *School First, Marriage Later*, 2003: Girls' retention in school after primary education
- *Teacher Helps to Learn*, 2003: No corporal punishment in school
- *Let's Go to School Together*, 2003: Preventing girls' dropping out due to social security situations
- *Fair Play for Girls*, 2004: Girls' right to play
- *Life Has Changed*, 2005: Psychosocial healing and support of children in post natural disaster and any tragic situation

## **Appendix 2: Some highlights on uses of *Meena***

### **Bangladesh:**

- *Meena* series and spots regularly broadcast on national television (BTV).
- *Meena* images used as symbol of girls' rights - billboards, 3-wheel taxis, rickshaw.
- UNICEF trained local artists, animators, writers to produce 5 national educational packages.
- *Meena* integrated into curriculum of formal IDEAL Program and non-formal education systems such as BRAC. BRAC contracted to print, publish, market materials to school programs. Training in 54 Primary Teachers Training Institutes on how to incorporate the *Meena* videos.
- Department of Mass Communication screened *Meena* films through mobile film units in rural and urban areas reaching over three million people.
- UNICEF distributed 1 million comic books/guidelines of first *Meena* episode to primary schools.
- Children's Academies and scouts mobilized to popularize *Meena* through various events and early childhood development programs.
- BBC World Service produced and broadcast first *Meena* radio series in Bangla, 1994; second series in 1998.
- Celebration of national *Meena* Day: rallies, screening *Meena* videos, art and story writing competitions, debates, children's fairs, advocacy meetings, press briefings and street drama.
- Repackaging eight *Meena* stories through puppet shows with traditional games and songs, interactive theatre.

### **India:**

- MCI was launched in 1998 on SAARC *Meena* Day.
- Four films dubbed into two languages and *Meena* talk show aired on national TV network.
- BBC broadcast the *Meena* radio series in Hindi, 1993-94 and 1997-98
- Ministry of Information and Broadcasting used *Meena* in field publicity units in 31 Indian states to initiate community discussions. *Meena* used on educational TV.
- 300,000 Nehru Yuva Youth Clubs disseminated *Meena* stories at community level.
- Adaptation of *Meena* radio series in range of Indian languages, subsequently broadcast on 140 radio stations.
- *Meena* workshops for 200 trainers from Anganwadi Workers Training Centres in 11 states. *Meena* campaigns in several states in 1998-99 - portrayal of *Meena* stories in community theater and Muppet Show, Bihar; other advocacy events/launches with poets, writers and journalists.
- Partnership agreement signed in with Macmillan publishing company, India to print, market and distribute *Meena* print materials.

### **Pakistan:**

- Gradual integration of the *Meena* into existing UNICEF sectoral programs in education, health/child rights promotion.
- In 1998, *Meena* launched – series of events and TV radio announcements, broadcast of series on national TV.
- *Meena* films and promotional messages screened at three international airports, seven railway stations and on express train.

- Serialization of *Meena* comic books in newspapers, extensive newspaper coverage of *Meena* events took place.
- Series of special events - shows via AV vans in 158 city venues, festivals, fairs and quiz shows.
- BBC broadcast the *Meena* radio series in Urdu, 1993-94 and 1997-98;
- *Meena* characters integrated in social sectors as “ambassadors” for child rights - in Baluchistan, *Meena* is symbol of movement by Boy Scouts to get their sisters into school, “Brothers join *Meena*”. This spread to 23 districts of Balochistan, 6 districts of Sindh and 3 districts of Punjab involving more than 40,000 Boy Scouts of the respective Boy Scouts Associations. Immunization, hygiene issues and HIV/AIDS were later addition to the project.
- Pakistan Girl Guides introduced two *Meena* Girl Guide badge awards - over 80,000 girls successfully completed requirements in leadership training.

### **Nepal:**

- BBC *Meena* radio series broadcast in Nepali, 1993-94 and 1997-98.
- MCI was launched in 1998 on SAARC *Meena* Day. Reached 36 of 75 districts through sub-regional launches, publication of stories and articles in national and local newspapers.
- Television series, ‘*Meena* in our Villages’, broadcast at prime time on national television.
- *Meena* spots broadcast on a regular basis by Radio Nepal for nearly 18 months.
- *Meena* slides screened in local cinema halls.
- *Meena* appointed “goodwill ambassador” and spokesperson for female children, South Asian Games, Kathmandu, 1999 - 250 million audience in South Asia.
- UNICEF Nepal formed alliance with government and district level NGOs, human rights groups and community based organizations - decentralized, local ownership of *Meena* reaching 800 villages by 2001 - child protection, parental education, credit/savings schemes, health promotion, water and sanitation through video screenings, group discussions, essay competitions, debates, street drama.
- *Meena* images and messages on three wheel vehicles in Kathmandu for raising mass awareness on girls’ right to education.
- “Back-to-School” kits with three *Meena* stories on water/sanitation and HIV/AIDS integrated into “Quick Impact Program” of World Food Program in eight districts experiencing increasing vulnerability due to conflict and instability.

### **Bhutan**

- Designed and printed *Meena* postage stamps contain the key message “*Educate Every Girl and Boy.*”
- Road Safety and Transport Authority disseminated *Meena* messages through 5,000 *Meena* posters in buses and taxis.
- 12,500 copies of five *Meena* comic books produced in Dzongkha (the national language) for non-formal education.

### **Southeast Asia:**

- In Vietnam, 8 *Meena* episodes adapted and produced in Vietnamese and four ethnic minority languages for use through Women’s Union. *Meena* in Vietnam is known as “*Meena-Mai.*”

- In Cambodia, 8 *Meena* episodes dubbed into Khmer and broadcast on most TV channels, copies of videos and facilitators guides distributed in schools.
- In Laos, Ministry of Education conducted field testing for acceptability of *Meena* and the response from all quarters was positive. Videos regularly broadcast on TV: “*Meena’s Three Wishes*” has been dubbed in Laos and widely used.
- UNICEF Bangladesh helped a UNICEF team in East Timor to develop and launch their own version of *Meena*.