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Determinants of Self-Reported Illness: An Experience from Social Health Insurance Program in Nepal

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Public Service Announcements for Health Insurance in Nepal: Perspectives from Health Belief Model

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Abstract

Public Service Announcement (PSA) is an advertisement to inform the people sponsored by the public company or the governmental agencies. There were several PSAs implemented to inform the people about health insurance (HI). Data from the Health Insurance Board showed low enrolment with high dropout in health insurance programme (HIP). It was found that the PSAs could not attract the people. Therefore, we assessed the PSAs used for the HIP and among them, three Radio/FM jingles, eight TV spots, hoarding board, newspapers, and brochure were evaluated using the Health Belief Model (HBM). We found the almost all PSAs have not covered the constructs of HBM. Most of the PSAs have included primarily perceived benefits and perceived susceptibility but missed to include perceived severity, perceived threats, and self-efficacy. Only benefits focused message could not attract the people. Therefore, we recommend that all PSAs need to have all the features of HBM in the PSA messages while notifying and informing the people.

Keywords: Advertisement; health information; health insurance; mass media and communication; public awareness; Public Service Announcement

1. Background

The Government of Nepal [GoN] initiated health insurance programme [HIP] as social health security in three districts: Kailali, Baglung and Ilam in 2016. The HIP is novel for Nepalese people (Health Insurance Board, 2019). Most people did not have adequate knowledge about health insurance [HI]. In such a context, people may not participate in

the programme. Access to accurate, sufficient and timely information is vital for health-related decision making (Kreps et al., 2017). However, just before the implementation of the HIP in 2014, 11 percent of the people had heard about HI and only one out of ten (9%) had good knowledge about it (KOICA-Nepal Health Insurance Support Project [NHISP], 2014). Access to mass media is one of the best means to disseminate health-related information to the mass population. Data show the diverge observation in access to mass media at a different time as well as place. Nine out of ten (89.5%) knew community-based health insurance [CBHI] programme among the members who had taken membership of CBHI compared to three-fourth [75.7%] of those who had no membership card of CBHI in Sunsari District (Subedi et al., 2018).

Nepal Demographic and Health Surveys [NDHS] show the different trend of access to mass media to age 15-49 years of men and women over the survey years. Of the media, 15-49 years, 31.4, 34.2, and 27.7 percent of them had access to the newspaper at least once a week in the survey year 2006, 2011, and 2016 respectively compared to 10.3, 12.6, and 8.7 percent of women of reproductive age [15-49] had access to newspaper respectively at least a week in the corresponding years. But access to TV noticed as in increasing trends. Near to half (44.9%), 54.7, and 51 percent men of age 15-49 had access to TV compared to women (15-49 years) 38.1, 47.4, 50.3 percent respectively in NDHSs 2006, 2011, and 2016. Interestingly, access to Radio observed as in decreasing trends. More than three-fourth (77.7%), 58.5, and 36.1 percent of the men had access to Radio compared to 60.5, 44.2, and 27.7 percent of the women respectively in the respective NDHSs 2006, 2011, and 2016. Access to all these media (Newspaper, TV, and Radio) was in decreasing trends (in men: 22.2%, 20.1%, 9.4% and in women 8.0 %,7.4%, 3.2%) while access to none of these media was in increasing trends (in men 16.5%, 19.5%, 31% and in women 30%, 33%, 37.2%) respectively in NDHSs 2006, 2011, and 2016 (Ministry of Health et al., 2017; Ministry of Health and Population (MOHP) [Nepal] et al., 2007, 2012). Latest NDHS showed that 29 percent of household heads had Radio, and 52 percent had a TV in 2016/17 (Ministry of Health et al., 2017).

The GoN initiated HI programme in three districts in 2016 (Health Insurance Board, 2019) in initial phase without proper homework. Many people were unaware of HI and its working structure (Acharya et al., 2019; KOICA-Nepal Health Insurance Support Project [NHISP], 2014). Data from Health Insurance Board [HIB] shows that enrollment in HI seemed low with low renewal rates thought people want to pay more than two folds higher than the contribution amount (Acharya et al., 2018). It may be the cause of inadequate knowledge and low satisfaction from HI programme and its functioning mechanism. Various factors associated with HI (Acharya, 2020); however, interaction with peers and neighbours appeared to influence enrollment (Acharya et al., 2020).

There is a mandatory provision to enrol in HI (Health Insurance Act, 2017) after the formulation of the Health Insurance Act in 2017. Consequently, HI regulation is under the implementation phase (Health Insurance Act, 2017; Health Insurance Regulations, 2075, 2019). By the end of 2019, 18 percent of the total household were enrolled in the programme implemented districts, whereas just eight percent in national level (Health

Insurance Board, 2020). The HIP has now covered 55 districts, 505 local bodies and 26,87,810 populations were enrolled by the end of Falgun 2076 BS (Ministry of Finance, 2020, p. 159). After seeing these facts, it can be concluded that there might be two kinds of drawbacks. First, quality services to the enrolled members and another might be the lack of accurate, adequate and timely information about HI and its working nature.

2. Literature Review

Public Service Announcement (PSA) is a kind of advertisement to inform or attract the people sponsored by governmental institutions or any other agencies (Murry et al., 1996). A new programme needs an adequate information to the general public for sensitization, consciousness, and motivation. Various benefits packages are being offered by various private and public health service providers, including health insurance companies. PSAs are mostly used to attract and inform people. Researchers indicated the various PSA activities could influence audiences' health related knowledge, perception and attitude. It should be evaluated whether it is audience-centred or not (Hoffman et al., 2020).

PSAs consist of a simple but memorable message to persuade, inform or motivate people for healthy behaviours that are usually less than one minute trying to reach larger audiences (Borzekowski & Poussaint, 1999). A study from Indonesia showed that PSA appeared a useful tool for conveying the message to the public about stunting related information such as definition, indicators and risk factors (Liem et al., 2019). PSA can be developed mainly for two purposes: first developing a positive attitude towards the programmes or products and creating a negative attitude for unhealthy behaviour such as anti-smoking attitudes (Rydell et al., 2013). Interestingly, information spreads very fast, whether it is good (true) or bad (false) (Maidin et al., 2019).

A study from Minneapolis, Chicago, USA showed a significant association between teenagers' characteristics and perception of anti-violence-related PSAs. It found a weak relationship (Borzekowski & Poussaint, 1999). Similarly, another study explored that higher exposure to health insurance-related media messages was significantly associated with the uninsured rate. A web-based intervention for anti-smoking behaviour was positively influenced to reduce smoking behaviour (Macy et al., 2015). Therefore, PSA is useful to change the desired behaviour.

2.1 Theoretical Base

This paper's theoretical base is the Health Belief Model [HBM] developed by Hochbaum in 1958. The main spirit of the HBM is if people perceived themselves as susceptible to diseases or health problems and believed the health condition would become a severe circumstance physically or financially. If they perceived a definite course of action would overcome or reduce the problem and the action(s) feasible to them in cost and other settings, they would be more likely to take action (Champion & Skinner, 2008). In the context of PSA for HI, upon the basis of HBM, all PSA related messages need to be considered the constructs of HBM while developing it.

Many studies conducted in the issues of determinants of enrollment in HI, willingness to pay for HI but study about PSA and HI seem scarce. It is still unanswered whether the PSA disseminated to the people is adequate, accurate, or per the household's need. Therefore, the study aimed to assess the PSA implemented by the Social Health Security Development Committee (SHSDC) and Health Insurance Board (HIB) before 2018 from the perspective of HBM.

3. Methodology

The article is based on the secondary sources, i.e. public services announcements such as radio/FM, television, hoarding board, newspapers, and poster/pamphlet for public interests about HI. Several media were broadcast or published by HIB (formerly SHSDC) to inform or to make aware of the public. Some of the radio jingles, TV spots, and Hoarding board messages are selected for evaluation from behaviour change with references to HBM. The HBM guides the article. Therefore, results and discussions are deliberated from the behaviour change perspective. Radio jingles, TV spots, messages of HB, and messages on poster, pamphlet or flyer were assessed with references to primary constructs of HBM such as perceived susceptibility, perceived severity, perceived threats and benefits, and self-efficacy. All together three radio jingles, eight television messages, hoarding boards, newspapers, and poster/pamphlets were assessed from the perspectives of HBM.

4. Results and Discussion

There were various messages broadcast from Radio/FM and TV. Similarly, some messages were disseminated by Hoarding Boards, Newspapers, Flyers and others. In this paper, three Radio jingles, eight TV spots and messages from Hoarding Boards, Newspapers, Flyers were assessed.

4.1 Radio/FM Jingles

There were various Radio jingles about HI for public interest however three Radio jingles are assessed here concerning HBM.

4.1.1 Save seven rupees every day....[Harekdin Saat Rupaiya].. as the song

Saving 7 rupees a day

Health Insurance covers for a 5-member family is a way

Let's do Health insurance for assuring up to one year, so why do they become worried that limits 50 thousand.

Let's enrol in Health insurance and stay assured. Let's enrol in Health insurance and stay secured.

Stay assured you and your families, reduce health treatment cost by enrolling health insurance implemented by Government of Nepal, Social Health Insurance Development Committee.

(Acharya, 2020, p., 255).

In this jingle, the message only focuses on the benefits of the enrolment. It could not emphasize the severity and susceptibility of illness or health problems. In the same way, the message remains silent about the perceived threat as well as self-efficacy. From the perspective of HBM the message could not cover the constructs of HBM [Table 1].

4. 1.2 Disease and illness never inform....[Rog Bimar Upathero]...as a song

Disease and illness never inform before happening.

No one left even child, adult, any age

Mountain, Hill, Terai! Let's assure all by enrolling health insurance.

After saving 7 rupees every day, it will be enough for a 5-member family for a year. Health insurance bears the treatment cost up to 50,000.

(Acharya, 2020, p. 255)

In this jingle, the message appears more progressive than the previous one. The jingle covers the susceptibility of illness or health problems and the benefits of the enrolment. It could not emphasize the severity/threat of illness or health problems as a whole. In the same way, the message remains silent about the perceived threat as well as self-efficacy. From the perspective of HBM, the message could not cover the constructs of HBM [Table 1].

Table 1

Appraisal of PSA based on HBM

| Message name | Components of the Health Belief Model | | | | | Remark* |
|--------------------------------|---------------------------------------|--------------------|------------------|--------------------|---------------|---------|
| | Perceived susceptibility | Perceived severity | Perceived threat | Perceived benefits | Self-efficacy | |
| Radio: Save seven.... | | | | √ | | A aid |
| Radio: Diseases and illness... | √ | | | √ | | A aid |
| Radio: Greetings uncle... | | | | √ | | A aid |
| TV: Rajesh Hamal. | | | | √ | | AV aid |
| TV: Yamraj. | | | | √ | | AV aid |
| TV: Suntali Dhurmus | √ | √ | | √ | √ | AV aid |
| TV: Jigri, Pande | | | | √ | | AV aid |
| TV: Dr Koirala | √ | √ | √ | √ | | AV aid |
| TV: Aboard call | √ | | | √ | | AV aid |
| TV: Pashupati song | √ | | | √ | √ | AV aid |
| TV: Spouse talks | | | | √ | | AV aid |
| Hoarding Boards | √ | | | √ | √ | V aid |

| | | | |
|-------------------------|---|---|-------|
| Newspapers | √ | √ | V aid |
| Guidelines, Brochure | √ | √ | V aid |

Note: * AV = Audio and Visual, V= Visual, and A = Audio(Acharya, 2020, p. 73)

4. 1.3 Greetings Uncle.... [Namaskar Kaka]....as a conversation

Namaskar Uncle! You are in so-hurry! What happened?

Namaskar niece! The daughter became sick, suddenly and we have no money to go to the hospital. I am moving to beg debt.

Oh! How much you need? I have 2-3 thousand.

That's sufficient. Niece!

Uncle! Is this obtainable way to beg debt?

What can I do, niece? As we are poor.

Uncle! After enrolling in health insurance, no need to move for begging debt for treatment.

I could not understand you, niece?

After enrolling in health insurance by paying 2500 rupees, it covers up to 50,000 rupees' treatment cost for you and your family every year. Enrollment assistants visit door to door for it.

Oh, niece! Then, our family will become a member of health insurance shortly.

Let's participate in health insurance. Let's be assured you and your family for treatment.

(Acharya, 2020, pp. 255–256)

In this jingle, the message only focuses on the benefits of the enrolment. It could not emphasize the severity, susceptibility, and threats of illness or health problems. In the same way, the message could not include perceived threat as well as self-efficacy. From the perspective of HBM the message could not cover the constructs of HBM [Table 1].

4.2 TV Spots

There were various TV spots broadcasted from different TV channels about HI for public interest however eight TV spots were assessed here concerning HBM.

4.2.1 TV Spot: Rajesh Hamal

The message had included mostly benefits of enrollment in the insurance in a perspective of financial benefits. The message could not include other aspects of HBM [Table 1]. Therefore, the message is observed as an ineffective PSA from the perspective of HBM. Please find the link for message details at Appendix I.

4.2.2 TV Spot: Yamraj

The message has also included the benefits of enrolment from the perspective of finance. All other constructs of HBM are missed [Table 1]. Therefore, the message can be considered as defective in terms of HBM constructs. Details of the message can be obtained from the link presented in Appendix I.

4.2.3 TV Spot: Suntali-Dhurmus

The message is comparatively more progressive than previous messages from the perspective of HBM. The message has included nearly all constructs of HBM [Table 1]. Mainly perceived susceptibility, severity, benefits and self-efficacy are included in this message. The TV spot is also long in terms of time than others. Please see the link in Appendix I.

4.2.4 TV Spot: Jigri-Pande

The message included mostly benefits of enrollment in the insurance that means from a financial perspective only. The message could not include other aspects of HBM [Table 1]. Therefore, the message is noticed as an ineffective PSA from the perspective of HBM. Please find the link for message details at Appendix I.

4.2.5 TV Spot: Dr Koirala

This was the most attractive message among the TV spots. Nearly all aspects of HBM were included in this advertisement. The primary constructs of HBM: perceived susceptibility, perceived severity, perceived threats, perceived benefits were included in the spot [Table 1]. Therefore, this message can be considered one of the most attractive TV spots from the perspective of HBM. Details of the message can be run from the link presented in Appendix I.

4.2.6 TV Spot: Mother-son talking from aboard

This message was a conversation between mother and son from aboard. The message has mainly focused on the perceived susceptibility and benefits of the HI concerning HBM. Primarily, two major constructs of the HBM was included in the message [Table 1]. Details of the message can be watched from the YouTube link (Appendix I)

4.2.7 TV Spot: Pashupati-song

The message was a song and funny to watch; however, only three primary constructs of HBM, i.e. perceived susceptibility, perceived benefits and support to self-efficacy [Table 1]. Comparatively the message is more attractive comparative another TV spot though it is not enough from the viewpoint of HBM. The message can be observed from the link obtainable in Appendix I.

4.2.8 TV Spot: Spouse-talking

The message has also included the benefits of enrolment from the perspective of finance. All other constructs of HBM were missed [Table 1]. Therefore, the message can be

considered as defective from the angle of HBM constructs. Details of the message can be obtained from the link presented in Appendix I.

4.3 Hoarding Boards

Most of the hoarding boards [HB] were placed at the service point that means in the health facility and at the entry point of the districts where the programme implemented. Most of the HB included the message of the benefits of enrolment [Table 1]. In some HBs there was message related to perceived susceptibility and support to self-efficacy message. From the perspective of HBM, it is not enough since the HB contained only two to three constructs of HBM [Figure 1].



Figure 1: Hoarding board for health insurance-related messages

4.4 Newspaper

Newspaper is one of the most critical media for health communication. According to Economic Survey 2077, there were 7801 Newspapers published daily, weekly, monthly or yearly throughout the country (Ministry of Finance, 2020). Frequently HI related messages and articles are being published in the newspaper, and some are advertisements. Considering the published PSA associated with HI, most of the messages are benefits-focused. They have only included messages related to perceived susceptibility and perceived benefits [Figure 2].

नेपाल सरकार
स्वास्थ्य बीमा बोर्ड
देऊ, काठमाण्डौ ।

स्वास्थ्य बीमा सम्बन्धी जानकारी

स्वास्थ्य बीमा कार्यक्रम स्वास्थ्य सेवामा हुने सर्चकी जोसिमलाई अग्रिम ब्यवस्थापन गर्ने बिधि हो । निःशुल्क स्वास्थ्य सेवाले मात्र सवर्पूर्ण उपचार सम्भव छैन, त्यसैले स्वास्थ्य बीमा, जोशीम ब्यवस्थापनको एउटा मर्यादित उपाय हो । आम नागरिकको उपचारमा सहज पहुँच पुगोस् भन्ने उद्देश्यले नेपाल सरकारले ल्याएको यो कार्यक्रम आ.ब.२०७२/०७३ मा कैलाली, बाजुलुङ्ग र इलाम जिल्लाबाट शुरू भई चरणबद्ध रुपमा देशभर सञ्चालन हुँदैछ ।

यो कार्यक्रम परिवारमा आधारित कार्यक्रम हो । यसमा परिवारका सबै व्यक्तिको सदस्य बन्न पाउँछ । पाँच जना सम्मको एउटा परिवारले बार्बिक रु.२५००० । (दुई हजार पाँच सय) तिरेर सदस्य बनेपछि स्वास्थ्य उपचार आवश्यक पर्दा एक बर्ष भित्रमा रु. ५००००० । (पचास हजार) सम्मको सेवाको लागि आवश्यक रकम दिनु पर्दैन, उक्त रकम यसै कार्यक्रमबाट सम्बन्धित सेवाप्राप्तक सञ्स्थालाई बुत्तानी दिइनेछ ।

त्यसैले आफ्नो र परिवारको स्वास्थ्य उपचारमा ढुक्क हुन कार्यक्रम लागू भएका जिल्लाका सबैले स्वास्थ्य बीमा गरौं ।

स्वास्थ्य बीमा लागू भईसकेका जिल्लाहरु

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|------------------|----------------|----------------|---------------|-----------------|
| १. कैलाली | २. इलाम | ३. बाजुलुङ्ग | ४. बैतडी | ५. अछाम |
| ६. पाप्सा | ७. कास्की | ८. म्याग्दी | ९. भुपा | १०. सुनसरी |
| ११. गोरखा | १२. मकवानपुर | १३. तनहुँ | १४. चितवन | १५. जाजरकोट |
| १६. सिन्धुली | १७. भक्तपुर | १८. सुस्ता | १९. बर्दिया | २०. सुर्खेत |
| २१. रोल्पा | २२. सोलुखुम्बु | २३. भोजपुर | २४. खोटाङ्ग | २५. रामेछाप |
| २६. महोत्तरी | २७. प्युठान | २८. अर्घाखाँची | २९. कपिलबस्तु | ३०. रुकुम पुर्व |
| ३१. रुकुम पश्चिम | ३२. रौतहट | ३३. बाजुरा | | |

नेपालका बाँकी सबै जिल्लाहरुमा स्वास्थ्य बीमा कार्यक्रम क्रमशः लागू हुने योजना रहेको छ ।

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Figure 2: Newspaper for health insurance-related message

4.5 Guidelines/Brochure

The guidelines and brochure were also informative, that includes perceived susceptibility and perceived benefits related messages. They missed informing about perceived severity, perceived threats and support for self-efficacy [Figure 3]. In the same way guidelines for HI were also just information and focused on HI programme benefits.

स्वास्थ्य बीमा सम्बन्धी जानकारी

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स्वास्थ्य बीमा लागू भईसकेका जिल्लाहरु

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| १. कैलाली | २. इलाम | ३. बाजुलुङ्ग | ४. बैतडी | ५. अछाम |
| ६. पाप्सा | ७. कास्की | ८. म्याग्दी | ९. भुपा | १०. सुनसरी |
| ११. गोरखा | १२. मकवानपुर | १३. तनहुँ | १४. चितवन | १५. जाजरकोट |
| १६. सिन्धुली | १७. भक्तपुर | १८. सुस्ता | १९. बर्दिया | २०. सुर्खेत |
| २१. रोल्पा | २२. सोलुखुम्बु | २३. भोजपुर | २४. खोटाङ्ग | २५. रामेछाप |
| २६. महोत्तरी | २७. प्युठान | २८. अर्घाखाँची | २९. कपिलबस्तु | ३०. रुकुम पुर्व |
| ३१. रुकुम पश्चिम | ३२. रौतहट | ३३. बाजुरा | | |

नेपालका बाँकी सबै जिल्लाहरुमा स्वास्थ्य बीमा कार्यक्रम क्रमशः लागू हुने योजना रहेको छ ।

थप जानकारीको लागि

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हटलाइन १६६०-०१-१९२२३४ मा फोन गर्नुहोस् ।

Figure 3: Brochure for health insurance-related message

5. Disussion

After assessing all the PSA tools, it can be concluded that these PSA tools need to be re-construct since they could not meet the constructs of HBM. A study conducted in Baglung and Kailali in 2018 showed that perceived susceptibility, perceived severity, perceived threats, and perceived benefits were significantly associated with HI's enrolment. However, most of the advertisement (PSA) were not maintained as per the theoretical base of HBM.

A study from South Korea showed that establishing a structured educational programme (PSA) could lead to better participation in National Health Insurance Service (Lee et al., 2019). Similarly, Nan explored that PSA could influence the individual with a strong and positive attitude (Nan, 2008). Therefore, an appropriate PSA would be one of the main determinants for enrollment in HI. The first-hand message from PSA was found effective for organ donation (White & Dillon, 2000) that can be translated in HI. However, the PSA's credibility mostly depends on expertise and trustworthiness, so these factors should be considered while disseminating it (Toncar et al., 2007).

PSA was tested in different fields and mostly found it useful to change the behaviour. A PSA for anti-marijuana, using TV messages, was noticed as applicable as per the theory of the elaboration likelihood model (Weber et al., 2013). A PSA campaign meaningfully addressed the drug prevention perception among youth vulnerable in Vancouver, Canada (Ti et al., 2017). Similarly, an anti-smoking PSA was found effective to change the negative attitude towards smoking (Won et al., 2017). Likewise, a PSA was also an effective strategy to improve the knowledge and attitude of HPV and its vaccine (Kepka et al., 2011).

A PSA for the eye-care programme was found compelling, and it encouraged people to have an eye examination. The study further indicated the young age, female, diabetic patients, un-insured and proximal distance were associated with eye examination (Hoffelt et al., 2011). Another study in Chicago showed PSA's effectiveness to inform the people and suggested that theory-driven mass media campaign needs to be tested for public awareness (Gordon et al., 2016). Therefore, PSA and mass media should be based upon any theory or principle.

6. Conclusion

After considering the relevant literature compared to this study, it can be concluded that PSA is an effective strategy to improve people's knowledge and attitudes. Appropriate PSA could be able to change the behaviour of the people positively or desirably. However, PSA should include the adequate, correct and proper message to inform the people. Currently, HI's enrolment rate is not satisfactory, and on the other side, there is a high dropout rate. Therefore, presently implemented interventions need to be revised and re-evaluated since most of the interventions (PSA) did not follow HI's theoretical base for PSA. The study showed that PSA considering the constructs of HBM could increase the rate of enrollment. This strategy would be applied while doing intervention planning for the health insurance programme.

Limitations

The paper is based upon the secondary sources, i.e. PSA for HI sponsored by the HIB (formerly SHSDC). Some of the Radio/FM jingles, TV spots, message of HI in Newspaper, brochure have been changed after the endorsement of the Health Insurance Act 2017 and regulation 2019. Most of the materials were collected in 2018; therefore, new materials for PSA might be missed. PSA can be evaluated from a different perspective in this paper, PSA is assessed from the standpoint of HBM.

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Appendix I

Television Messages

Message of Rajesh Hamal....[\[https://www.youtube.com/watch?v=S7iZnO7bftI\]](https://www.youtube.com/watch?v=S7iZnO7bftI)

Message of Yamraj..... [\[https://www.youtube.com/watch?v=AxwJ605S-bE\]](https://www.youtube.com/watch?v=AxwJ605S-bE)

Message of Suntali Dhurmus...[\[https://www.youtube.com/watch?v=gN4yWo_jxYg\]](https://www.youtube.com/watch?v=gN4yWo_jxYg)

Message of Jigri-Pande...[\[https://www.youtube.com/watch?v=5wmARgqcH54\]](https://www.youtube.com/watch?v=5wmARgqcH54)

Message of Dr Koirala....[\[https://www.youtube.com/watch?v=TrI8bMY9nrY\]](https://www.youtube.com/watch?v=TrI8bMY9nrY)

Mother-Son Talking from aboard....[\[https://www.youtube.com/watch?v=Hxqoqt-xj5U\]](https://www.youtube.com/watch?v=Hxqoqt-xj5U)

Message of Pashupati's song ...[\[https://www.youtube.com/watch?v=zywZI3bh-kU\]](https://www.youtube.com/watch?v=zywZI3bh-kU)

Message of couple/husband-wife talking...[\[https://www.youtube.com/watch?v=OPR9y8PIDqQ\]](https://www.youtube.com/watch?v=OPR9y8PIDqQ)