

Role of Media in Health Awareness-A Study With Reference To Rural People

***Dr.K.Krishnakumar **Mrs. K.Radha**

**Assistant Professor, Department Of Commerce, Periyar University, Salem-11

*Ph. D Research Scholar, Department Of Commerce, Periyar University, Salem-11-
oviyagold916@gmail.com

Abstract-"good health for all" in the 21st century as targeted by who. Health is a vital indicator of human development. In present days, diseases create challenges to human society. Health awareness promotes the people to prevent them from life threatening diseases. In urban areas people are highly aware about challenged diseases, but in rural areas lack of medical facilities and unawareness may be considered as the main causes of diseases. Hence, the media is one of the communicator to all the rural people through various ways of health awareness. If health awareness is increased, then definitely they can work more effectively and may contribute in rural development. So, the media is very important to educate the rural people about health awareness for our bright future. This paper highlights the impact of mass media on health awareness among the rural mass. This study cover the rural people in omalur taluk and response was collected through an interview schedule from 50 respondents by adopting purposive sampling technique and statistical tools such as percentage analysis, ranking, chi-square test have been applied for data analysis.

Key words: health awareness, role of media, world health organization, rural people, diseases.

Introduction

Health is the major pathway to human development, which is corner stone for healthy, wealthy and prosperous life. This is also well reflected and self evident in the proverbial

saying "health is wealth". As a multifaceted aspect health has been defined by who as, "a state of complete physical, mental and social well being and is not merely the absence of disease or infirmity". There is a very good old saying: "if wealth is lost nothing is lost, if health is lost everything is lost". This saying shows the importance of health. With the development of society we find that the rate of different kind of diseases is increasing and the nature and the rate are different in urban community than those in rural community. In urban areas we find more incidences of cardiac disorders, blood pressure, asthma, diabetes, cancer, peptic ulcer, etc. Whereas in rural areas the incidence of malaria, polio, jaundice, tuberculosis, etc are more. Health is a vital indicator of human development. Health conditions in India have improved considerably in recent decades. Generally, the improvements have accompanied with socio-economic progress. The who had sponsored many health programmes, schemes and policies all over the world to promote the health of the people. Preventive and controlling measures relating to diseases are helping the people to live for long period. In the modern world, new types of chronic and acute diseases pose challenge to the survival of the people. Due to remarkable advancement in medical field the causes of diseases are identified easily.

In present days, diseases create challenges to human society because of complex nature. Diseases caused by bacteria, viruses, fungi and other parasites are major causes of death, disability, social and economic disruption for

millions of people. Despite the existence of safe and effective interventions, many people lack access to needed prevention methods and treatment. The lost productivity, missed education opportunities and high health care costs caused by infections, diseases directly impact families and communities in rural. Infections are prevalent in developing countries, where co-infection is common. Media to be used for health awareness purposes very largely constitute an important source of health information for consumers in rural areas.

Statement of the problem

Over the last two decades, the interest of public health organization in employing awareness as a means of health promotion and disease prevention has increased. Illnesses such as aids, leprosy, cancer, and tb diseases are to be large extend assumed to be the consequence of an unhealthy lifestyle and thus, disease risk should be reduced by changing certain lifestyle-related behaviors. Health awareness in general, was thought to be able to contribute a great deal to these behavioral changes. Public health campaigns employing awareness have been very successful in modifying consumer behavior. Health awareness has become a core value in modern western society and media apparently reflects this orientation. **“Villages are the back bones of India”** quoted by mahatma Gandhi. In urban areas the people are highly aware about various diseases but in case of rural area it is too low. This presents a vast potential for media to influence health-care behavior in rural areas. This paper will focus on the vital role of media on health awareness advertisements and its impact on rural population of omalur taluk.

Objectives of the study

- i. To analyze the impact of mass media on health awareness among rural people.
- ii. To explore the key roles played by mass media in generating health awareness in rural.

- iii. To know the role of advertisements in health awareness.
- iv. To find out the role played by government on health awareness in rural areas.

Methodology

The research work has been conducted in omalur taluk, salem,tamilnadu. The primary data has been collected through an interview schedule by adopting purposive sampling technique from 50 respondents of omalur taluk, salem, tamilnadu. The questionnaire comprises both open and close-ended questions. The secondary data has been collected from books, journals, magazines and websites, etc. Statistical tools such as percentage analysis, ranking and chi-square test have been applied for data analysis.

Importance of health awareness

In India the health awareness is quite alarming. The disease profile is changing rapidly. The world health organization (who) has identified india as one of the nation that is going to have most of the lifestyle disorders in the near future. Modern science through improved sanitation, vaccination, and antibiotics, and medical attention has eliminated the threat of death from most infectious diseases. This means that death from lifestyle diseases like heart disease and cancer are now the primary causes of death. Everybody naturally has to die of something, but lifestyle diseases take people before their time. Rural people are unaware of various dangerous diseases and most of the people in rural area are affected by challenging diseases. Hence, the health awareness has to be created in rural areas. The only way to educate the rural people is media. If health awareness is increased, then definitely they can work more effectively and may contribute in rural development. So, the media is very important to educate the rural people on health awareness for our bright future.

Role of mass media in health awareness

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1. **Communicator or conveyor** – conveys messages to all the people through various ways.
2. **Media is a unique feature** – has unique feature to attract modern society.
3. **Recommended behaviors** – seeks to change the social climate.
4. **Benefited to society** – promotes health awareness through various media.
5. **Increase the awareness** – brings changes in the traditional values.
6. **Media as an instrument** – powerful and more flexible.

Advantages of mass media in enhancing rural awareness

1. **Creates health awareness** - media is playing a leading role in creating health awareness.
2. **Mass communication** - to communicate the message from local level to global level.
3. **An informative bridge** - it plays an important role as an informative bridge between governing bodies and general public.
4. **Cover even remote areas** - media educate the uneducated public to get to know about the global level information.
5. **Media is a healthy life style promotion** - they can contribute to all aspects of disease prevention, healthy life style promotion and are relevant in a number of perspectives.
6. **Provide motivation and skills** - needed to reduce these risks and affect or reinforce attitudes.

Analysis and interpretation

Demographic factors

1. **Gender** -50% of respondents are male and the remaining 50% of the respondents are female.

2. **Age** - 46% of the respondents belongs to the age group up to 30, 20% of the respondents belongs to the age group of 31 to 40, 20% of the respondents are in the age group of 41 to 50, and remaining 14% of the respondents belongs to the age group of above 51.
3. **Marital status** - majority of 64% of the respondents are married. Only 36% of the respondents are unmarried.
4. **Family size** -78% of the respondents are in the family size of 3 to 5 members, 20% of the respondents are in the family size of 5 and above, and the remaining 2%of the respondents belongs to the category of up to 2 members.
5. **Education** -20% of the respondents are in school level, 16% of the respondents are in ug level, 38% of the respondents are in pg level, 16% of the respondents are in professional level and remaining 10% of the respondents are coming under the others like iti, polytechnic etc.
6. **Occupation** - each 8% of the respondents are agriculturist and government employee respectively, 22% of the respondents are private employee, 12% of the respondents are business people, 10% of the respondents are professional, 26% of the respondents are students, and remaining 14% of the respondents are coming under the other category.
7. **Income** -10% of the respondents monthly income is up to rs. 5000, 50% of the respondents monthly income is between rs.5001-10000, 34% of the respondents monthly income is in between rs. 10001-20000 and only 6% of the respondents fall under the income group above 20001.

Table no-1
Ranking of media for health awareness advertisements

Media	Rank	Frequency	percentage
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Print	3	7	14
Radio	2	12	24
Television	1	17	34
Word of mouth	4	5	10
Online	5	4	8
Announcements	6	3	6
Banners	7	2	4

Source-Primary

Data-2011

The above table represents the ranking of media for health awareness in promoting the message to the valuable consumers. The most of the people acquire awareness through television and least of the people acquire awareness through banners.

Table no-2
Awareness level of various diseases

Diseases	Hua	Ua	Ma	A	Ha	Total
Tobacco oriented	2	-	13	17	18	50
	4%	-	26%	34%	36%	100%
Alcohol oriented	2	-	12	15	21	50
	4%	-	24%	30%	42%	100%
Std/vd/hiv/aids	-	-	13	16	21	50
	-	-	26%	32%	42%	100%
Pulse polio	-	-	13	19	18	50
	-	-	26%	38%	36%	100%
Tb	-	2	11	24	13	50
	-	4%	22%	48%	26%	100%
Breast cancer	8	12	16	6	8	50
	16%	24%	32%	12%	16%	100%
Rota virus	14	13	15	3	5	50
	28%	26%	30%	6%	10%	100%
Leprosy	5	5	21	12	7	50
	10%	10%	42%	24%	14%	100%
Eye problem	-	3	19	10	18	50
	-	6%	38%	20%	36%	100%

Source-primary data

This study classified the awareness level of the respondents on various diseases.

Tobacco oriented diseases - 36% of the respondents are highly aware with the tobacco causes

Alcohols oriented diseases - 42% of the respondents are highly aware with the alcohol related diseases.

std/vd/hiv/aids -42% of the respondents are highly aware with aids/hiv/vd.

Pulse polio - 36% of the respondents are highly aware of pulse polio.

Tb -26% of the respondents are highly aware of tb.

Breast cancer – only 12% of the respondents were highly aware of breast cancer.

Rota virus - only 10% of the respondents are highly aware.

Leprosy -14% of the respondents are highly aware of leprosy.

Eye problem -36% of the respondents are highly aware of eye related diseases.

Table no-3
Satisfaction level of role played by the govt. In health awareness advertisements

Particulars	Hds	Ds	N	S	Hs	Total
Awareness through different media	2	8	18	14	8	50
	4%	16%	36%	28%	16%	100%
Celebrity	1	4	25	13	7	50
	2%	8%	50%	26%	14%	100%
Free service	2	13	17	13	5	50
	4%	26%	34%	26%	10%	100%
Frequent awareness programme	5	11	19	12	3	50
	10%	22%	38%	24%	6%	100%
Child care	2	4	24	15	5	50
	4%	8%	48%	30%	10%	100%
Benefited to society	4	11	23	8	4	50
	8%	22%	46%	16%	8%	100%

Source-primary data

This above table shows the satisfaction level of role played by the government on health awareness advertisements.

Creating the awareness through advertisements from different media- 16% of the respondents are highly satisfied with advertisement.

Celebrity -14% of the respondents are highly satisfied with celebrity advertisement.

Free service given by the government -10% of the respondents are highly satisfied in case of free service given by the government.

Conducting frequent health awareness programmes -24% of the respondents are satisfied with our service.

Child care -30% of the respondents are satisfied with the child care advertisement.

Benefited to society -16% of the respondents are satisfied with the benefited to society.

Association between demographic factors on diseases

in tobacco				
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5% level of significant

It is noted from the above table that the calculated value 3.222 is greater than the table value .359. Since the null hypothesis “there is no significant relationship between gender and level of awareness in tobacco” is rejected.

Table no-5
Alcohols oriented diseases

Gender	Alcohols				Total
	Hua	Ma	A	Ha	
Male	1	5	7	12	25
Female	1	7	8	9	25
Total	2	12	15	21	50

Source-primary data

Table no-5.1

Factor	Calculated value	Df	Table value	Result
Gender and level of Awareness in alcohols	.829	5	.843	Significant

5% level of significant

It is noted from the above table that the calculated value .829 is less than the table value .843. Since the null hypothesis “there is no significant relationship between gender and level of awareness in alcohol oriented diseases” is accepted.

Table no-6
Level of awareness in std/vd/ hiv/aids

Age	Hiv			Total
	Ma	A	Ha	
Up to 30				
31 to 40	3	7	13	23
41 to 50				
Above 51	3	1	6	10
	5	5	-	10
	2	3	2	7

Table no-4
Tobacco oriented diseases

Gender	Tobacco				Total
	Hua	Ma	A	Ha	
Male	1	5	7	12	25
Female	1	8	10	6	25
Total	2	13	17	18	50

Source-

primary data

Table no-4.1

Factor	Calculated value	Df	Table value	Result
Gender and level of	3.222	5	.359	Not significant

Total	13	16	21	50
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Source-primary data

Table no-6.1

Factor	Calculated value	Df	Table value	Result
Age and level of Awareness in std/vd/ hiv/aids	13.007	5	.043	Not significant

5% level of significant

It is noted from the above table that the calculated value 13.007 is greater than the table value .043. Since the null hypothesis “there is no significant relationship between age and level of awareness in std/vd/ hiv/aids” is rejected.

Table no-7

Level of awareness in breast cancer

Age	breast cancer					Total
	Hua	Ua	Ma	A	Ha	Hua
Up to 30						
31 to 40						
41 to 50	-	3	8	5	7	23
Above 51						
	2	3	5	-	-	10
	4	3	2	1	-	10
	2	3	1	-	1	7
Total	8	12	16	6	8	50

Source-

primary data

Table no-7.1

Factor	Calculated value	Df	Table value	Result
Age and level of Awareness in cancer	22.863	5	.029	Not significant

5% level of significant

It is noted from the above table that the calculated value 22.863 is greater than the table value .029. Since the null hypothesis “there is

no significant relationship between age and level of awareness in breast cancer” is rejected.

Table no-8

Level of awareness in pulse polio

Education	Pulse polio			Total
	Ma	A	Ha	Ma
Illiterate				
School level				
Ug	7	3	-	10
Pg				
Professional				
	3	2	3	8
	1	9	9	19
	-	4	4	8
	2	1	2	5
Total	13	19	18	50

Source-primary data

Table no-8.1

Factor	Calculated value	Df	Table value	Result
Education and level of Awareness in pulse polio	19.890	5	.011	Not significant

5% level of significant

It is noted from the above table that the calculated value 19.890 is greater than the table value .011. Since the null hypothesis “there is no significant relationship between education and level of awareness in pulse polio” is rejected.

Findings

- i. The ranking of media for health awareness in promoting the message to the valuable consumers. The most of the people aware from television and the least of the people aware from banners.
- ii. There is no relationship between the gender and level of awareness in tobacco.

- iii. There is a relationship between the gender and level of awareness in alcohols.
- iv. There is no relationship between the age and level of awareness in std/vd/ hiv/aids.
- v. There is no relationship between the age and level of awareness in cancer.
- vi. There is no relationship between the education and level of awareness in pulse polio.

Suggestions

- i. Media and health awareness efforts do not lend enough attention to prevention issues. Where in fact most efforts seem to be directed at remedying the results of lack of prevention. It is, therefore, important to start concentrating on the concept of “an ounce of prevention is worth a pound of cure”
- ii. Promote the qualified media personnel specialized in the areas of information, education and communication in the health field and it is suggested that people are expect to increase health awareness advertisement through various media.
- iii. Advertisement made should be in an attractive manner, so that it reaches the public quickly and most of the respondents suggested increasing the free health service given by the government.
- iv. The government and also private sector in health care institution should organize the periodic programmes to upgrade the awareness and service with present and forth coming technologies, thereby increasing the efficiency of the health awareness.
- v. The government should arrange frequent public meeting or health campaign to have a smooth relationship with public and proper grievance handling must be done by health care department.
- vi. The health care sector should conduct awareness programmes to educate

public about the importance of awareness of various diseases. This will help in increasing the health awareness and a good and active health care department should be maintained and appropriate system of feedback should be adopted.

Conclusion

Health awareness from different media is to contribute to the improvement of personal and community health during the first decade of the 21st century, stakeholders, including health professionals, researchers, public officials, and the lay public, must collaborate on a range of activities. It is apparent from the evidence that the media can be an effective tool in health awareness, given the appropriate circumstances and conditions. The media is an important ally in any public health situation. As patients and consumers become more knowledgeable about health information, services, and technologies, health professionals will need to meet the challenge of becoming better communicators and users of information technologies. Health professionals need a high level of interpersonal skills to interact with diverse populations and patients who may have different cultural, linguistic, educational, and socioeconomic backgrounds. Health professionals also need more direct training in and experience with all forms of computer and telecommunication technologies. Hence, the media play a vital role in our world.

References

- 1) wallack,l.and dorfman, l.(1992)'health messages on television commercials', american journal of health promotion,6, 190-196.
- 2) wanner, k.e. (1987) 'television and health education: stay tuned', american journal of public health, 77, 140-142.

- 3) atkin, c. And arkin, e.b. (1990) 'issues and initiatives in communication health information', in c. Atkin and I. Wallack , mass communication and public health: complexities and confilcts. Sage, bevcery hills, california.
- 4) donoheiw, I. (1990) 'public health campaigns: individuals message strategies and a model', in e.b. Ray and I. Donohew, communication and health: systems and applications. Erlbaum, hillsdale, new jersey, 136.
- 5) wallack, I. (1990) 'improving health promotion: media advocacy and social marketing approaches', in atkin and I. Wallack (eds), mass communication and public health: complexities and conflicts, sage, beverly hills. California.
- 6) winett, r.a. (1987) 'prosocial television for community problems: frame work, effective methods. And regulatory barriers', prevention in human services, 5 , 117-160.
- 7) kaufman, I.(1980) 'prime time nutrition', journal of communication, 30, 37-46.
- 8) andrews, j. Craig (1989), "the dimensionality of beliefs toward advertising in general" journal of advertising, 18(1), pp.26-35.



Mrs. K. Radha, Ph.D
Research Scholar, Department of Commerce, Periyar University, Salem – 11. She has 2 yrs of teaching experience, she has published one article in national journal, she has participated and presented more than 20 national & international conference and seminars. Her area of specializations are Marketing and Accounting.



akumar, Assistant Professor, Commerce Periyar University, is having 12 yrs of teaching of research & 6 yrs of industrial has published more than 30 ous national & international participated and presented more than 70 national & international conference and seminars. His area of specializations is Marketing, strategic Management, Entrepreneurship Development and Accounting. He is the life member of Indian Accounting Association and Indian Academic Researchers Association and he is also act as associate leader of various journals.

Author's Profile