Chapter Five

FINDINGS AND DISCUSSION
5.0 Introduction

This chapter presents a discussion on the major findings in this study with regard to the health practices of the respondents and the influence of the mass-media on these practices.

A general finding in this study was that majority of the respondents gave more attention to curative practices which was observed in their modes of treatment undertaken for different ailments and diseases and the medicines and medicinal supplements kept in their homes, for curing those diseases.

With regard to prevention of illness and health promotive practices however, it was found that majority of the respondents did not show interest in taking any precautionary measures to prevent illness or promote better health. This was mainly observed in their lack of interest in taking balanced diet and nutritious food and not undertaking any form of regular exercise, in order to improve their overall health.

This feeling reflects the general attitude of the masses towards diseases in this country where any kind of preventive practices such as regular health check-up, annual visits to the dentist, are not considered important unlike in the western countries. It also indicates perhaps a 'carelessness' or negligence regarding one's own health.
Regarding the influence of mass-media on the health practices of the respondents, it was found to be very limited, which was also mostly observed in relation to curative practices than in preventive and promotive aspects. The important reason for this limited impact was found to be the poor quality and quantity of the health content disseminated through the audio-visual and print media. A detailed discussion on these findings are presented in the following pages.
5.1 Health Practices of the Respondents

In the context of preventive behaviour there was a clear difference between the urban and rural sample and between the middle class and working class respondents. For example, in the rural sample almost 50% were not vaccinated while in the urban sample this number was only 5% from the working class. However, this finding does not indicate a lack of awareness about vaccinations among the rural sample, but it is related to other factors such as non-belief in such preventive measures and lack of easy access to such measures.

Another important finding regarding preventive behaviour is that education and income levels had generally no influence on habits related to remedial measures against recurrence and spread of diseases. Except in the case of communicable diseases like tuberculosis and chicken pox - where a practice of segregation was reported from the educated and higher income levels respondents. Thus, on the whole, there was a tendency to forget the incidence of disease once it is cured and no further health practices (preventive or promotive) were thought to be necessary by the majority.

Although majority of the respondents did not do anything much to 'prevent' illness such as boiling their drinking water, it was found that with regard to 'curative practices' or as far as immediate relief seeking practices was concerned they took several steps to alleviate pain or
illness such as keeping commonly available drugs in their homes. The most common were various painkillers such as 'Panjon', 'Saridon'. However this practice was observed only in the urban sample, which indicates more awareness through the mass media among this group. They also belonged to the educated and middle income groups.

The housewife and mother is the prime caretaker of her children as well as the other members in the household. Therefore it becomes imperative for her to have complete and up to date knowledge regarding various aspects of child care of which nutrition, health and hygiene are most important. In this study, with regard to promotive practices, questions related to nutrition were emphasized in order to explore their knowledge regarding nutrition and health giving foods. It is an astonishing fact that even medical students receive less than 15 hours of training in nutrition in their entire medical education. Education can be a major force in the prevention of disease, such as diabetes. Most women in this sample knew the importance of 'nutritious food' and 'balanced diet' for good health. Almost a larger majority (80%) of urban middle class women felt that cereals, dal, vegetables and fruits were all required for 'balanced diet'. Most of them had also obtained this information from one of the media - Radio, TV or print media. However, among rural sample, most mothers knew the importance of milk and milk products and cereals in the diet of children, but not about pulses and green leafy vegetables. The non-vegetarians felt that egg, fish and meat comprised 'highly nutritious' food for everybody in the family.
However, most women from the middle class and working class in this sample did not realise the importance of green leafy vegetables and fruits in their diet which again shows a lack of knowledge or incomplete knowledge regarding food and nutrition and also negligence about their own health. This is also indicated by the fact that most women ate whatever was generally left after everybody else in the family had eaten, and did not have much choice in what they ate.

Very few women in this sample felt that more greens and fruits were necessary for women and actually made attempts to consume them. Similarly, very few educated women gave any special preparations to their children such as using jaggery and peanuts which are known to be good for children.

Education also did not have much influence on beliefs held regarding diet during pregnancy as majority of the women among all classes believed in the importance of consuming 'special preparations' during pregnancy and after child birth. Thus, it may be more related to customs and habits of the people than other factors like education and exposure to mass media. And hence knowledge is not the only determinant for changing practices related to health. It also indicates the fact that there may be a more stronger channel of communication such as 'inter-personal' channel (a friend, relative, health worker, doctor) which determines the health practices of the people.
5.2 TV watching habits of the respondents

Majority of men and women in this sample watched television only in the evenings and showed a strong preference for songs, movies and serial based programmes. Only 20% of women from higher and middle income groups watched special programmes related to health and community. However, as far as awareness about these programmes was concerned more than 80% of men and women were aware of all the marathi programmes being telecast which included health programmes. Among all the special programmes Arogya Sampada was watched by 7% of men and women regularly. On the whole less than 25% respondents watched any of the health based programmes. Out of these 18% were from upper and lower middle income groups.

However the various ads related to health and family welfare were watched by as many as 85% respondents. It was also found that educated women preferred to watch health programmes although they felt that all such programmes were badly and presented.

A major finding in this study was that more educated and well employed urban men and women watched health and community oriented programmes. These were also watched by middle class housewives who were not working outside. Thus the hypotheses that urban people, belonging to higher socio-economic group and better educated people are more exposed to all kinds of media, has been proved to be true.
5.3 Influence of TV on health behaviour

The major finding in this study was that 80% of the respondents did not perceive any influence of the television programmes on their thinking and behaviour regarding health matters. Among the remaining, several women were mostly influenced by several ads of toothpastes, chocolates, soaps, medicines and were forced to buy such items. Very few women in this sample reported having had a positive influence on beliefs and attitudes towards health matters. Some of the changes in beliefs, attitudes and practices noted as a result of watching health programmes are as follows:

a] Beliefs regarding vaccination and immunization were strengthened.

b] Knowledge regarding 'first aid' was obtained.

c] Started using other modes of treatment such as Homoeopathy and Ayurveda, after learning about them from TV programmes.

d] Had a positive impact on treating their children after watching the programmes on 'problems of children' such as stubbornness, destructive behaviour, drug-addiction.

e] Some new health practices which were started include consuming of chyawanprash, kesari-jivan, after watching their ads on TV.

f] Other changes in behaviour included changing of cooking oil mixing of different cereals (wheat and jowar) for chapatis, using less amount of ghee and oil in cooking.
g] Forming new health habits such as taking walks early in the morning, doing simple exercises or yoga at home, taking children to parks and playgrounds - after watching them on TV.

h] Learning of new recipes using less oil and use of new items which are health giving included sprouts, drumstick leaves, soyabean.

These attitude and behaviour changes were noted by only 20% women in the sample who were educated. Illiterate women from rural and urban sample or the other hand did not have any influence on their behaviour as a result of watching such programmes.

A few men and women from the urban middle class also expressed a desire for watching more health related programmes on television and the topics of interest were - yoga, old age problems, asthama, diet and nutrition, women's ailments, home remedies, care of infants, problems of school going children. About 28% women expressed a desire to see programmes mentioned above. The programme format most liked by the respondents was discussion with specialists on treatment of different diseases, new developments in treatment.

On the whole, television programmes were watched more by women, and it had more influence on literate and more educated and belonging to middle and upper middle class. **Thus the hypothesis that educated and from higher socio-economic group are more influenced by**
different media is proved to be true with regard to the men and women in the urban sample. While it had no influence on the working class (both urban and rural) respondents.

Another hypothesis that awareness of health matters directly depends on the media habits of the people such as television watching, was disproved in this study.
5.4 Radio Listening Habits

Another major finding in this study was that more than 90% of the respondents in this sample listened to the radio only for 2-2½ hours a day. Out of this time, more than 95% listened to the commercial channel which broadcast song based programmes, followed by local news early in the morning. The rest of the programmes broadcast from either Bombay-A or Bombay-B stations were not heard by the majority.

The various special audience programmes being broadcast for women, farmers, industrial workers and youth, family welfare and community based programmes were not heard by the majority (90%) of the respondents.

The awareness about the health based programmes being broadcast on the radio was also found to be very limited in this sample (urban and rural). For example, a completely health based programme by the name 'Saptahik Swasthya Seva' which is broadcast on Saturdays from 9:15 to 9:30 pm on Bombay-B station was not heard by the majority, as most of them watched the television serial at that time.

Only a few women who were not working outside had heard two such programmes namely 'Vanita Mandal' and 'Pratibimb' which also discussed health matters.
However, the various health messages in the form of ads or spots as they are known had been heard by majority of the respondents - mainly from the urban, and a few from the rural sample as these are broadcast between the songs and other entertainment programmes. The health spots mentioned included Family planning methods, raising of age of marriage, awareness on AIDS, drug abuse, control of blindness, safe drinking water and awareness ads on specific diseases such as Tuberculosis, Guinea Worm (Naru) and various ads on medicines.

In the rural sample, more than 95% respondents did not pay attention to any of the health spots which were broadcast on the radio, although they heard the song and entertainment programmes.

Thus the hypothesis that urban people are more exposed to different kinds of media and are more aware of matters regarding health and hygiene compared to the rural people has been proved to be true in this study.
### 5.5 Influence of Radio Programmes

In this study, it was clearly observed that exposure to radio did not have much influence on the attitudes and practices of the respondents. Moreover, almost 98% of the respondents did not want to hear more health programmes on the radio. Thus, a basic indifference to health education through mass media was noticed in this sample. The reasons given for such a disinterest in these programmes were mainly lack of time, and the fact that these programmes are better understood when seen on the television. Many of them expressed the opinion that radio was suitable only for short tips on health matters and not for longer duration programmes. Thus, radio was found to be the least used medium by the respondents in this study; and it also seems to have lost importance as information giving medium to the masses as most of the people now get the news and other information from the more attractive medium - television.

Apart from the health spots and the various commercial ads on different health/medical products the radio did not have much to offer with respect to health matters to the listeners in the opinion of some respondents. This is also borne out of the fact that there has been no new addition to the already existing health and community based programmes on the radio (Bombay A&B stations) since 1988. The only recent addition is the programme called 'Science round up' which was started in 1990.
This also indicates a general 'apathy' or lack of research to find out the needs of the people on the part of the producers of All India Radio.

Hence, although some amount of exposure to radio is observed among the respondents, it has not resulted in making them more 'health conscious' as was assumed in one of the hypotheses in this study. It also reflects on the 'kind' of health messages or information disseminated through this agency of mass media, i.e. the amount of health content disseminated is severaly lacking in both quality and quantity as described earlier.
5.6 Use of Print Medium: Reading habits of the respondents

When compared to the audio-visual media, use of print medium was observed to be much better. Almost 62% in the urban sample used print medium out of which 28% read only in Marathi, while the rest read both Marathi and English. However, this medium was mostly used by the men in the sample (29%). Whereas even many of the educated women did not read newspapers or periodicals. Readership was inversely related to income i.e. it decreased with rise in income. While 14% men read in lower middle income group, only 7% of men read in upper middle income group. The reason for this was given to be lack of time. Many of the respondents from the lower middle income group had also joined a reading library which was run free of cost. Certain periodicals and magazines were favoured by all categories of respondents - men and women, irrespective of income levels. However, a preference for health material was shown by more men and women from the educated and upper and middle income categories. Thus, reading habits were found to be more directly related to leisure time, interest and access than income or affordability.
5.7 Influence of reading on health practices in the family

The impact of reading health material by the respondents in this sample was more noticeable in the opinions expressed regarding some of the articles and information read in more popular periodicals. In this context, influence of other variables was also noticed such as the ailments and major illness in the family which often prompted them to read about those ailments; which led to attitude and behaviour change in some cases.

Those who suffered from acute diseases like jaundice, cholera, typhoid reported that there was a positive effect on their health practices as a result of reading relevant information such as boiling the water for drinking, maintaining cleanliness and hygiene and maintaining a diet regimen advised for the treatment and avoidance of food from outside.

In about fifty urban households where the men and women had some major illness, reading of health material had a positive effect on their practices. These included changes in their eating habits, for example, control of salt and fat intake to bring down hypertension, control of sugar by the diabetics, regular exercise for maintaining good health. Some had also tried certain home-remedies for minor ailments after reading about them in periodicals.
However impact of reading health material is also directly or indirectly influenced by other factors such as basic interest in health matters, necessity such as health conditions of the family members. Some of the respondents in this sample who did not experience much illness in the family also expressed a great deal of interest in reading health information in periodicals. This attitude is an indicator towards 'preventive behaviour' and 'health consciousness' of the people.

On the whole, the urban, educated middle class respondents in this sample showed a greater awareness, as well as interest in reading health material in newspapers and periodicals. The topics desired by them included articles on diet and nutrition for different age-groups, home-remedies, usefulness of yoga.

Thus, the hypothesis that awareness of health matters directly depends on the reading habits of the people is observed to be true. Another hypothesis that better educated persons are more willing to experiment with new health practices and innovations is also proved to be true in this study.
5.8 Quality of the Health content in Audio-visual and Print media

One of the objectives of this study was to examine the quality of health information disseminated through the audio-visual and print media. It was also assumed in one of the hypotheses that this quality will determine the acceptance or adoption of new health practices, which was provided to be true. As pointed out earlier, the health based programmes on Radio and Television consisted of several special audience programmes which focussed mainly on the target audience. They consisted of several special audience programmes which focussed mainly on the target audience. They consisted of women's programmes, health based programmes, youth programmes, programmes for farmers and family welfare programmes.

These programmes were presented in mainly 3 formats - (a) Discussion/Talks, (b) Interview & (c) Skit/Song. The most common was the interview format where different specialists were interviewed by the presenter. In this format, a few points which have been noticed by this researcher are as follows:

i] The amount of information given in the programme was many times incomplete, and sometimes it was repeated too often.

ii] There was a complete lack of visuals or live pictures, which made the programmes dull and boring. This opinion was also expressed by a few respondents.
iii] Feedback from the viewers was not taken into account on specific topics.

iv] There were very few programmes related to requests from the viewers, or providing answers to the questions from the viewers on specific topics.

The discussion-based programmes on the other hand suffered from too little time available for each participant, with the result that many times the subject matter being discussed was left incomplete.

However, the skits and songs having a health or family-welfare message were better handled and were also more popular among the respondents. For example, several skits produced by 'Gnyandeep' team have been appreciated by several respondents for their entertaining value and clear message.

Thus the hypothesis that understanding or receptivity to the health education material depends on the presentation format in audio-visual media was proved to be true.

With regard to the health messages on the radio, nothing much can be said as there is a severe lack of health programmes on the radio in all languages, not to speak of variety. The various health spots sponsored by the government and other commercial ads regarding health and medical items were the only 'health messages' which reached
the audience instantly and repeatedly. Even in the radio-talk programmes of 5-10 minutes duration, there was no variety in the topics dealt with. Moreover most topics were repeated every month in these programmes. In this channel also, the song and skit programmes were more likeable with a central theme.

As far as the print media is concerned, there was a wide variety of articles and topics covered in most periodicals and newspapers. Newspapers carried minimum amount of health topics occasionally, while some periodicals carried health information in every issue. These details have been described in chapter four, while presenting the analysis of health content in print media.

As far as the understanding of these articles was concerned, most of the popular periodicals covered articles in an easy language and also made them more interesting by carrying relevant pictures. However the mostly widely read marathi periodical ‘Shatayushi’ often covered long articles with too many details and medical/technical jargon.

The most popular items in periodicals were the personal accounts or experience, detailing how one came out of an illness, questions and answers (by doctors) home-remedies, new methods of treatment, diet and nutrition and columns giving new recipes.

Thus on the whole, the health content in the print media was found to
be far more satisfactory when compared with that disseminated through the audio visual media.

However, regarding the impact of reading such health information on the practices of the respondents in this sample was found to be very limited, and were restricted to mainly curative aspects, such as purchase of new medicines, tonics or to undertaking new treatment procedures for particular diseases.

On the other hand, the impact of health information disseminated through radio and television was found to be more than that observed through the print medium, as even illiterate, rural and working class respondents were exposed to the audio-visual media. However, this impact was also not noticed in preventive or promotive aspects of health.