CHAPTER – 5

SUMMARY OF FINDINGS AND SUGGESTIONS

5.1 INTRODUCTION:

An effort has been made in this chapter to give the key findings in summary form and suggestions to improve the health information dissemination to the general public in the society. Suggestions have been given to improve the overall health information delivery to the public.

5.2 SUMMARY OF FINDINGS:

5.2.1 CHARACTERISTICS OF STUDY POPULATION:

1. The study sample consists of 551 general public of Kalaburagi city. Out of which, the 60% comprise of adults, 31% middle-aged, 5.6% teenagers, and people aged 60 and above (3.1%), and thus majority consists of adults and middle age accounting for 91.3%. Males (50.5%) and females (49.5%) share almost equal proportions. Half of the study population represented by forward castes (49.2%) and the rest shared by minorities (22.3%), SC and ST (18.5%) and backward castes (10%). Most are married (70.2%) and studied up to graduation (37.6%) followed by secondary education (33.4%) with a nearly equal proportion of them being postgraduates (11.4%) and primary school education (11.8%). Skilled workers, farmers & business persons (35.8%) and unemployed (35.2%) are shared approximately equal proportion of the total followed by professionals and semi-professionals (29%). Slightly less than seventy percent of the population under study accounted for low income, followed by middle (26.1%) and very few under high-income group. Majority belongs to the small family (62.6%) and others big family (37.4%). As per Kuppuswamy's classification of the socioeconomic status,
the study population consists of the upper (48.8%), middle (33.6%) and lower class (17.6%).

2. The majority of the population (67.7%) studied don’t know “what is health information?” and they go to the doctor as and when the need arises (65.2%). On being asked about their status of health, most (65.7%) rated their health condition as good. More than forty-two percent sought health information for “all of them” (42.6%), and others for family members (34.1%) and self (14.0%).

5.2.2 PERCEPTION, AWARENESS, AND KNOWLEDGE OF HEALTH:

3. A vast majority of general public’s health perception is high (61.5%) followed by moderate (35%) and low (3.4%). Half of the public have greater health awareness (49.9%), followed by 42.8% average and 7.3% low awareness. Slightly more than half of the public's knowledge of health is low (57.7%); followed by moderate (33.9%), and very few have high (8.3%) knowledge of health. There exists a significant association between health perception and awareness among general public $\chi^2 (4, N=551) = 64.66$, $p=.001$. Probably, people with high perception have greater health awareness. Further, perception and knowledge of health showed an association, $\chi^2 (4, N=551) = 17.45$, $p=.002$. Therefore, people with high perception have the greater knowledge of health. There exists an association between health awareness and knowledge of the general public, $\chi^2 (4, N=551) = 18.71$, $p=.001$. So, people with high health awareness tend to have a high level of health knowledge. On the other hand, the demographic characteristics of public have no bearing on the perception and knowledge of health. There is a significant association between health awareness and socioeconomic status $\chi^2 (4, N=551) = 26.72$, $p=.000$ and education $\chi^2 (8, N=551) = 53.15$, $p=.000$ of the general public.
Consequently, people from the upper class of the society with the higher level of education are likely to have high health awareness.

### 5.2.2.1 HYPOTHESIS TESTING: SUMMARY

**Null Hypothesis I:** There exists no significant association between

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<tr>
<th>Hypothesis</th>
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<tbody>
<tr>
<td>a) Perception V/s Awareness of health</td>
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<tr>
<td>b) Perception V/s Knowledge of health</td>
<td>Rejected</td>
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<tr>
<td>c) Awareness V/s Knowledge of health of general public</td>
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**Null Hypothesis II:** There exists no significant association between

#### a) Perception of health V/s Demographic and Socioeconomic Status

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<th>Variable</th>
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<tbody>
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<td>Socioeconomic Status</td>
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#### b) Awareness of health V/s Demographic and Socioeconomic Status

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<td>Income</td>
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#### c) Knowledge of health V/s Demographic and Socioeconomic Status

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<th>Variable</th>
<th>Result</th>
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<tr>
<td>Age group</td>
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5.2.3 HEALTH INFORMATION NEEDS:

4. On the whole, the need for information on health among the public is low. Information needs on health are classified as low, medium and high. The need for information on the cost of treatment (96%), type of treatment (93.3%), good hospitals (86%), symptoms of diseases (74.2%) and specialist’s doctors (66.2%) is low among the vast majority of the public. A greater need for information on preventive measures by the majority of the public with moderate and high put together (56.1%) is noted. Top three principal reasons for seeking health information in the descending order of responses are: for self-diagnosis with new health problems (N=372, Rank -1), for communication with another person of equal standing (N=237, Rank -2) and diagnosis of ongoing medical treatment (N=231, Rank -3). Other reasons include – diagnosis of health problems of children (N=213, Rank -4) and spouse (N=208, Rank - 5).

5. Observed a definite association between the need for information on preventive measures versus health perception and awareness of the general public, χ² (4, N=551) = 44.96, p<.01, χ² (4, N=551) = 43.72, p<.01. People with high perception and awareness of health have little health information need on preventive measures. Further, information need on symptoms of diseases is also associated with awareness of health, χ² (4, N=551) = 9.74, p=.050. Moreover, the
need for information on good hospitals is correlated with awareness and knowledge of health $\chi^2 (4, N=551) = 10.82$, $p=.029$, $\chi^2 (4, N=551) = 11.07$, $p=.026$. Likewise, information need on the type of treatment is also linked to health knowledge of the general public, $\chi^2 (4, N=551) = 13.87$, $p=.008$.

6. Results of the Chi-square test for association of health information needs and demographic variables revealed a significant relationship between health information need on preventive measures versus caste, $\chi^2 (6, N=551) = 19.01$, $p=.004$. The health information need on symptoms of diseases was related to occupation, $\chi^2 (4, N=551) = 12.24$, $p=.016$. People from forward caste and professionals tend to have the high level of health information need on preventive measures and symptoms of diseases than others.

7. On the other hand, people's need for specialist doctors, symptoms of diseases, good hospitals and cost of treatment were not associated with demographic characteristics. Income of general public found to be related to the health information need - type of therapy, $\chi^2 (4, N=551) = 13.20$, $p=.010$. Socioeconomic status is related to health information need on good hospitals and kind of treatment, $\chi^2 (4, N=551) = 10.75$, $p=.030$, $\chi^2 (4, N=551) = 10.85$, $p=.028$. People from upper class tend to have low health information need as they are economically sound and can afford to go to the right hospitals and avail any type of treatment irrespectively of cost.
5.2.3.1 HYPOTHESIS TESTING: SUMMARY

Null Hypothesis III: There exists no significant association between

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<td>Specialist Doctors</td>
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<td>Good Hospitals</td>
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<td>Type of Treatment</td>
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<td>Cost of Treatment</td>
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<tbody>
<tr>
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<tr>
<td>Symptoms of diseases</td>
<td>Rejected</td>
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<tr>
<td>Specialist Doctors</td>
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<td>Good Hospitals</td>
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<td>Type of Treatment</td>
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<td>Cost of Treatment</td>
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**c) Health Information needs on specialist doctors V/s Demographic and Socioeconomic Status**

| Age group                           | Accepted   |
| Gender                              | Accepted   |
| Caste Group                         | Accepted   |
| Marital Status                      | Accepted   |
| Education                           | Accepted   |
| Occupation                          | Accepted   |
| Income                              | Accepted   |
| Family Size                         | Accepted   |
| Socioeconomic Status                | Accepted   |

**d) Health Information needs on good hospitals V/s Demographic and Socioeconomic Status**

| Age group                           | Accepted   |
| Gender                              | Accepted   |
| Caste Group                         | Accepted   |
| Marital Status                      | Accepted   |
| Education                           | Accepted   |
| Occupation                          | Accepted   |
| Income                              | Accepted   |
| Family Size                         | Accepted   |
| Socioeconomic Status                | Rejected   |

**e) Health Information needs on type of treatment V/s Demographic and Socioeconomic Status**

| Age group                           | Rejected   |
| Gender                              | Accepted   |
| Caste Group                         | Accepted   |
| Marital Status                      | Accepted   |
| Education                           | Accepted   |
Occupation                      Accepted  
Income                          Rejected  
Family Size                     Accepted  
Socioeconomic Status            Rejected  
f) Health Information needs on cost of treatment V/s Demographic and Socioeconomic Status 
Null Hypothesis

Age group                      Accepted
Gender                         Accepted
Caste Group                    Accepted
Marital Status                 Accepted
Education                      Accepted
Occupation                     Accepted
Income                         Accepted
Family Size                    Accepted
Socioeconomic Status           Accepted

5.2.4 USE OF INFORMATION SOURCES:

8. General public uses all the information sources listed in the study. Most people watch TV (91.7%), read the newspapers (75%) and discuss with people (74.4%) daily for getting information on health. The percentage of public's use of magazines (43.9%), the libraries (38.8%), radio (37%), and the internet (26.5%) for health information declined. Amongst the various sources used, people spend more time in watching television (M=132.04 minutes) followed by browsing the Internet (M=80.90 minutes), listening to the radio (M=71.03 minutes), reading magazines (M=61.43 minutes), and newspapers (M=58.99 minutes) in descending order. On an average, people watch five television channels (M=4.70) and listen to two radio stations (M=1.80) a day.
5.2.4.1 USE OF TV:

9. The researcher sought the information on the language/s in which the general public watch tv channels more frequently. Based on their responses, the television channels were ranked by languages. The proportion of the public who watch Kannada television channels (N=409, Rank-1) is more than the Hindi (N=343, Rank-2), Urdu (N=66, Rank-3), English (N=42, Rank-4) and Marathi (N=21, Rank-5) channels. Among the Kannada television channels, TV9 (N=260, Rank-1) is the most watched television channels followed by Suvarna News 24 X 7 (N=257, Rank-2) and ETV Kannada (N=233, Rank-3). Star Plus (N=292, Rank-1), Life Ok (N=143, Rank-2) and Star Utsav (N=109, Rank-3) are the most watched Hindi television channels. Likewise, Discovery (N=193, Rank-1), National Geographic (N=90, Rank-2) and Animal Planet (N=86, Rank-3) are the top-ranked favorite English television channels.

10. Ranking of television programs based on viewing by the majority of the public includes the interview with doctors (N=268, Rank-1), advertisements on health (N=262, Rank-2) and specific health programs (N=226, Rank-3). People also watched television shows on immunizations and vaccinations (N=181, Rank-4), exercise and fitness (N=147, Rank-5) and programs on YOGA (N=107, Rank-6).

11. Criteria for watching the television shows viewed for getting health information were ranked based on the criteria for watching. Up-to-date information (N=227, Rank-1), programs in the local language (N=214, Rank-2), programs giving accurate information (N=203, Rank-3) and easy to understand (N=177, Rank-4) are top criteria used by the majority public for watching TV programs. The public did a rating of television programs on a scale of 0 to 9. Top three television shows rated by the public for getting health information are: news stories (M=5.88,
Rank-1), special programs (M=5.36, Rank-2) and talk shows (M=5.26, Rank-3).

More than 63% of public are of the opinion that TV is useful in satisfying their health information needs.

12. The use of television, radio, newspapers, magazines, the Internet, people, institutional sources, and the library by the public correlates with perception, awareness, and knowledge of the health. Watching of television is not related to the awareness of health, $\chi^2 (2, N=551) = 1.41 \ p=.494$; listening to radio, $\chi^2 (2, N=551) = .476, \ p=.788$ and use of library, $\chi^2 (2, N=551) = 2.952, \ p=.228$. Further, it is also not associated with knowledge of health. People with high level of health perception, awareness and knowledge are likely to use more information sources on health.

13. Television watching showed no association with the age ($p=.424$), gender ($p=.581$), caste ($p=.074$), marital status ($p=.147$), family size ($p=.181$) and socioeconomic status ($p=.137$) of public. However, statistically, a significant association between watching television with the level of education, $\chi^2 (4, N=551) = 9.87 \ p=.043$, and occupation $\chi^2 (4,N=551) = 9.87 \ p = .043$ is observed. A significant association between watching television at what time of the day with caste, $\chi^2 (9, N=551) = 19.56 \ p=.021$, education $\chi^2 (12, N=551) = 21.08 \ p=.049$, occupation $\chi^2 (6, N=551) = 15.03 \ p=.020$ and family size of the general public, $\chi^2 (3, N=551) = 8.233 \ p=.041$ is observed. Likewise, an association between the usefulness of watching television for satisfying health information needs with gender, $\chi^2 (4, N=551) = 10.50 \ p=.033$, caste, $\chi^2 (12, N=551) = 26.86 \ p=.008$, education $\chi^2 (16, N=551) = 31.93 \ p=.010$, occupation, $\chi^2 (8, N=551) = 16.38 \ p=.037$ and income, $\chi^2 (8, N=551) = 15.56 \ p=.049$ of general public is observed. People watch television programs during the early and late evenings. Among all
the caste groups’, people from forward caste are likely to be satisfied with getting health information from watching television. Public service announcements showed significant association with age, $F(3,501)=3.59$, $p=.014$; news stories with the caste while watching TV programs for getting health information, $F(3,501)=3.53$, $p=.015$; Talks shows ($F(2,502)=3.72$, $p=.025$) health advertisements ($F(2,502)=4.08$, $p=.017$) and special programs on health ($F(2,502)=3.38$, $p=.035$) showed significant association with socioeconomic status of public.

5.2.4.2 USE OF RADIO:

14. A vast majority of public (63%) do not listen to radio. Those who listen to radio, on an average, listened to it for more than an hour a day ($M=71.03$ minutes). Morning (39.2%) is the best preferred time for listening to the radio, followed by early evening (25.5%), afternoon (22.5&), and late evening (12.7%) by the public. Most use two radio stations to listen. Most listened programs on the radio are interviews with doctors ($N=107$, Rank-1), specific health programs ($N=101$, Rank-2) and programs on yoga ($N=81$, Rank-3). The important criteria used to listen to radio programs on health by the public are the programs which provide accurate information ($N=105$, Rank-1), up-to-date information ($N=102$, Rank-2), in the local language ($N=88$, Rank-3) and with ease of understanding ($N=83$, Rank-4). The radio programs ranked by the public are news stories ($M=6.01$, Rank-1), public service announcements ($M=5.49$, Rank-2) and special programs ($M=5.36$, Rank-3). Talks ($M=4.67$, Rank-4), health advertisements ($M=4.06$, Rank-5) are the next preferred radio programs by general public. Amongst those who listen to radio, the majority are satisfied with listening to radio programs for getting health information.
15. There exist no significant association between listening to radio versus age, (p=.172), gender (p=.385), caste (p=070), family size (p=.111) and socioeconomic status (p=.897) except marital status ($\chi^2 (1, N=551) = 5.61$ p=.01) of public. The timing of listening to the radio is also not associated with demographic characteristics. Moreover, there is an association between the usefulness of radio for getting information on health and caste $\chi^2 (12, N=551) = 31.53$ p=.002. People from forward castes are likely to be satisfied by listening to the radio for getting health information followed by SC/ST and Minorities.

5.2.4.3 USE OF NEWSPAPERS:

16. Three-fourths of the population surveyed read the newspapers for health information and spent nearly one hour (M=58.99 minutes) a day. Among those who read the papers, slightly more than fifty-seven percent read in the morning while very few read during the afternoon (9.1%), early evening (7.1%) and night (1.3%). Most people read newspapers in Kannada (N=377, Rank-1) followed by newspapers in English (N=101, Rank-2) and newspapers in Hindi (N=45, Rank -3). Some also read newspapers in Urdu language (N=32, Rank-4) while very few read newspapers in Marathi (N=3, Rank-5) and Telugu (N=3, Rank-6).

17. The public was asked to rate the newspapers as a source of health information on a scale of 0 to 9. Among the papers in Kannada language, top three newspapers as the sources of health information are Vijaya Karnataka (M=6.53, Rank-1), Prajavani (M=6.01, Rank-2) and Vijaya Vani (M=5.76, Rank-3). These newspapers are followed by Kannada Prabha (M=3.99, Rank-4), Samyukta Karnataka (M=3.92, Rank -5) and Udayavani (M=3.24, Rank-6). Deccan Herald (M=2.22, Rank-1), The Hindu (M=2.13, Rank-2), Times of India (M=1.25, Rank-3) are the top-three newspapers in English. Hindi Vartha (M=1.11, Rank-1),
Rajasthan Patrika (M=.85, Rank-2) and Hindi Milap (M=.53, Rank-3) are some of the top rated newspapers in Hindi. Likewise, Tarun Bharat (M=.40, Rank-1) a top-ranked newspaper in Marathi, followed by Samna (M=.28, Rank-2), Punya Nagri (M=.28, Rank-3) and Sanchar (M=.28, Rank-4). Besides, Munsif (M=.55, Rank-1) is the top-ranked Urdu newspaper followed by Siyasat (M=.53, Rank-2), Etimal, (M=.52, Rank-3) and Inqulab-E-Deccan (M=.52, Rank-4).

18. Further, citizens covered in the study were asked to rate the different sections of the newspapers for getting health information on a scale of 0 to 9. News items (M=5.45, Rank-1), Interviews (M=4.68, Rank-2), Articles (M=4.63, Rank-3) are top-ranked sections of the newspapers. Similarly, Special Editions (M=4.33, Rank-4), Advertisements (M=3.88, Rank-5) are the sources of health information. Fewer than fifty percent of the population who read newspapers agreed that reading newspapers is useful in getting health information; however, about fifteen percent are undecided about the usefulness of newspapers in satisfying their health information needs.

19. Chi-square test of association between reading newspapers versus demographic characteristics indicated its association with caste (p=.000), marital status (p=.009), education (p=.000), family size (p=.002) and socioeconomic status (p=.000). The timing of reading newspapers in a day ($\chi^2 (9, N=551) = 20.52$ p=.015) showed association with age. Similarly, the usefulness of reading newspapers is also related to gender, $\chi^2 (4, N=551) = 12.11$ p=.017 and occupation $\chi^2 (8, N=551) = 17.05$ p=.030. The reading of articles in the newspapers for getting health information is related to age group (F(3,409)=3.39, p=.018). Similarly, the caste of the population has the impact on reading health
advertisements in the newspapers, \( F(3,409)=3.08, p=.027 \) while socioeconomic status influenced the reading of interviews in the papers, \( F(2,410)=3.06, p=.048 \).

5.2.4.4 USE OF MAGAZINES:

20. Slightly more than half of the people studied (56.1%) do not read magazines. Those who read magazines, on an average, spent one hour (M=61.43 minutes) a day; a vast majority read magazines in Kannada (88%). Among the general magazines in Kannada, top rated magazines include Sudha (M=6.27, Rank-1), Gruha Shoba (M=4.84, Rank-2), Taranga (M=3.86, Rank-3), Karma Veera (M=3.26, Rank-4) and Priyanka (M=2.28, Rank-5). The Week (M=1.46, Rank-1), Frontline (M=1.18, Rank-2), India Today (M=1.04, Rank-3), Outlook (M=.88, Rank-4), and Inside Outside (M=.41, Rank-5) are the top-ranked English magazines. Hindi Vartha (M=1.55, Rank-1) and Rajasthan Patrika (M=.62, Rank-2) are the top-ranked general magazines in Hindi. Health magazines are available to general public for reading in addition to general magazines. Top rated health magazines in Kannada include Arogya (M=5.82, Rank-1), Sanjeevani (M=5.60, Rank-2) and Ayurveda Mattu Yoga (M=4.37, Rank-3). Health (M=3.17, Rank-1), Prevention (M=1.70, Rank-2) and Life Positive (M=1.68, Rank-3) are top rated health magazines in English. Fakhri-E-Sehat (M=.31, Rank-1) and Al-Shifa (M=.30, Rank-2) are top rated two health magazines in Urdu. More than thirty percent of people who read magazines indicated that reading magazines met their health information needs. A significant relationship exists between the reading of magazines versus caste, \( \chi^2 (3, N=551) = 17.82 \) \( p<.01 \) and socioeconomic status, \( \chi^2 (2, N=551) = 8.27 \) \( p=.016 \) of the general public, but there is no association between the usefulness of reading magazines and demographic variables of the public.
5.2.4.5 USE OF INTERNET:

21. Slightly less than three-fourth of the population studied do not use the Internet. Among those who are using it, on an average they spent one and a half hour each day (M=80.90 minutes). Out of which, 84.9% of them are using it for the last five years. When asked about the frequency of use of the Internet, one-fourth used it once a day (26%). Principal reasons for use of the web by the public are: able to obtain up-to-date information (N=98, Rank-1); time-saving (N=84, Rank-2); and convenient to access (N=74, Rank-3). Further, comprehensive information (N=57, Rank-4); easy to use (N=51, Rank-5) and costs less compared to other sources (N=36, Rank-6) are the other reasons. General public used the Internet for searching information on different health topics. Top-ranked health topics searched on the Internet are: specific symptoms of diseases (N=87, Rank-1); exercise or fitness (N=85, Rank-2); and diet, nutrition, vitamins or nutritional supplements (N=81, Rank-3). Others include certain medical treatment (N=63, Rank-4), and about a particular doctor (N=38, Rank-5). These are followed by immunization or vaccination (N=38, Rank-6), about a particular hospital (N=37, Rank-7), the specific medical problem (N=36, Rank-8) and prescription or over the counter drugs (N=33, Rank-9) and health insurance (N=32, Rank-10). When it comes to the use of search engines, Google (86.3%) occupied the lion’s share of all other search engines like Yahoo, Bing and other search engines (13.7%). Most of the people who use the Internet agreed that it met their health information needs.

22. There is a significant association between the use of internet versus demographic characteristics such as age $\chi^2 (3, N=551) = 9.91 \ p=.019$, gender $\chi^2 (1, N=551) = 5.67 \ p=.017$, marital status $\chi^2 (1, N=551) = 18.81 \ p=.000$, education $\chi^2 (4,$
N=551) = 42.27 p=.000, occupation χ² (2, N=551) = 7.55 p=.023 and socioeconomic status χ² (2, N=551) = 23.96 p=.000; while found no association between internet use versus caste (p=.080) and family size (p=.280). Further, use of search engines has an association with the caste, χ² (9, N=551) = 20.32 p=.016 and education χ² (9, N=551) = 20.32 p=.016.

### 5.2.4.6 USE OF HUMAN SOURCES:

23. Almost three-fourth of the population studied discussed with people for getting health information. Among these, slightly more than eighteen percent are talking with other individuals about health issues daily. General public were asked to rate the human sources on a scale 0 – 9 with whom they discuss health issues. Top-ranked human sources include doctors (M=7.74, Rank-1), family members (M=6.33, Rank-2), friends (M=5.11, Rank-3), pharmacists (M=4.44, Rank-4) and medical representatives (M=3.95, Rank-5). More than sixty percent of the population admitted that the discussion with people met their health information needs. There is no relationship between discussions with people versus demographic characteristics. Further, analysis of variance showed that human sources – colleagues F(3,406)=3.58, p=.014, Neighbours, F(3,406)=2.63, p=.049 and Well wishers F(3,406)=2.65, p=.048 are associated with age of the population. Likewise, Neighbours, F (3,406)=2.87, p=.036, Nurses, F (3,406)= 3.28, p=.021 and Medical Representatives, F(3,406)=2.53, p=.057. Discussion with colleagues, F(2,407)=3.93, p=.020 and well-wishers, F(2,407)=3.03, p=.049 showed correlation with socioeconomic status.
5.2.4.7 USE OF INSTITUTIONAL SOURCES:

24. More than fifty percent of the population investigated used institutional sources and slightly less than forty-eight percent do not. Ranking of the institutional sources was done based on the ratings of the general public on a scale of 0 - 9. Health and Family Welfare Departments (M=6.11, Rank-1), Hospitals/Nursing Homes/Clinics (M=5.79, Rank-2) and Government Organizations (M=5.54, Rank-3) are top three institutions used to obtain health information. The use of institutional sources versus caste showed an association $\chi^2 (3, N=551) = 8.92$ p=.030, while others such as age (p=.299), gender (p=.631), marital status (.264), family size (p=.486) and socioeconomic status (p=.915) does not.

5.2.4.8 USE OF LIBRARIES:

25. More than 61% of public surveyed is not using libraries. Of course, among the different types of libraries, public libraries are used by 63.6% followed by college libraries (24.3%). Most people visited libraries as and when the need arises (43.9%) and weekly (29.9%) and daily (23.4%). Amongst different types of sources, newspapers (36.4%) and books (31.8%) are used in libraries to get health information. The majority were happy with the use of libraries for getting health information. There is a significant relationship between use of library and age $\chi^2 (3, N=551) = 9.03$ p=.029, Caste $\chi^2 (3, N=551) = 15.72$ p=.001, marital status $\chi^2 (1, N=551) = 9.71$ p=.002, family size $\chi^2 (1, N=551) = 4.69$ p=.030 and socioeconomic status of general public ($\chi^2 (2, N=551) = 11.36$ p=.003).
5.2.4.9 HYPOTHESIS TESTING: SUMMARY:

**Null Hypothesis IV:** (a) There exists no significant association between the use of information sources and

<table>
<thead>
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<th>Knowledge of Health</th>
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Null Hypothesis IV: (b) There exists no significant association between the use of information sources

### a) Watching Television V/s Demographic and Socioeconomic Status

<table>
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<td>Occupation</td>
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<td>Socioeconomic Status</td>
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### b) Listening to radio V/s Demographic and Socioeconomic Status

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### c) Reading Newspapers V/s Demographic and Socioeconomic Status

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**d) Reading Magazines V/s Demographic and Socioeconomic Status**

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**e) Use of Internet V/s Demographic and Socioeconomic Status**

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**f) Discussion with people V/s Demographic and Socioeconomic Status**

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5.2.5 RANKING OF HEALTH INFORMATION SOURCES:

26. General public were asked to indicate the most preferred sources by assigning ranks from 0 – 9. Top-ranked information sources are Television (M=1.84, Rank-1), Newspapers (M=2.97, Rank-2), and Radio (M=3.27, Rank-3), while the Internet (M=3.92, Rank-4), Human sources (M=4.32, Rank-5) and Magazines (M=4.93, Rank-6) are the next preferred sources for getting health information. Institutional Sources (M=5.01, Rank-7) and Libraries (M=5.76, Rank-8) are the least preferred sources for obtaining health information.
5.2.6 USE OF HEALTH INFORMATION: CONSTRAINTS

27. In a nutshell, following are the major constraints faced by the public in accessing and using health information.

a) People have the wrong perception of symptoms of diseases, treatment and don’t know about the preventive steps to be taken.

b) General public face difficulty in identifying the diseases in early stages and receive better treatment due to lack of awareness of common diseases like Diabetes, Blood Pressure, Obesity, Malaria, Cancer, Heart failure, Cholera, Jaundice.

c) People face problems in getting health information on preventive measures about diseases, due to lack of basic knowledge of the symptoms of the diseases. They are confused about the symptoms of diseases and think that they are facing the serious medical problem.

d) People think watching television and listening to the radio is only for entertainment purpose and not for getting health information.

e) Newspapers are only for getting news on political issues and other local problems and not health information.

f) People face difficulty in getting magazines. Very few people buy these magazines on a regular basis while others read it in public places when they are free.

g) People are unaware about medical information websites that directly target information about a health problem, self-care, and prevention to the general population. They face difficulty in finding, understanding and using the information from Internet, especially when many health stories promote contradictory advice.
h) General public complain about doctors of not providing proper information and hesitate to discuss some issues with family members and friends.

i) Government institutions are not adequately equipped to get required health information.

j) General public think libraries are only for educational pursuits, but for getting health information people seldom prefer going to libraries. People believe that libraries house collection on academic subjects. Moreover, very few visit public libraries for spending their leisure time.

5.3 SUGGESTIONS:

5.3.1 GENERAL HEALTH OF PUBLIC:

1) The Government of India has to launch national level movements with health as the main focus comparable to “Swadeshi Movement” by Rajiv Dixit to spread awareness about Indian national interest. So that, national level movements on health will create awareness of health among citizens in the country to improve their perception and knowledge of health at large.

2) Similar to International YOGA day, launched by Prime Minister of India, on significant health issues national level events needs to be regularly organized to create awareness about health among the general public.

3) The government of India has started “School Health Programme” with the aim of inculcating health seeking behavior of children. Some such programs need to be planned and extended to colleges and university students.

4) The Government of India has launched numerous health programs at the national level like - Preventive and promotive healthcare - Mission Indradhanush, Programmes for communicable diseases, Programmes for Non-communicable Diseases, National Nutritional Programmes,
Programmes related to system strengthening, welfare, and many other programs. These programs need further strengthening.

5) Some unique programs comparable to “Swach Bharat Abhiyan” should be launched with the participation of citizens to create health awareness of individuals and their lifestyle.

6) Similar to “Right to education”, “Right to information”, Government of India should enact a law through legislation viz., “Right to health information” as the fundamental right of every citizen of the country.

7) Government should perform a role of guarantor of health for every citizen of India.

5.3.2 DISSEMINATION OF HEALTH INFORMATION:

8) T.V., Radio, Newspapers, Magazines, and the Net were the powerful channels which can reach huge population.

9) Governments - Central and State should disseminate the information on health to the general public by T.V., radio, newspapers, magazines, and the Net including social media which can reach huge population. Planners, designers, and producers of health programs should consider the following issues.

   a) What channels are most appropriate for the health problem/issue and message?
   b) What channels are most likely to be credible to and accessible by the target audience?
   c) What channels fit the program purpose?
   d) What and how many channels are feasible, considering the time and budget?

10) An agency at the national level to be set up to screen and monitor the commercial advertisements with particular reference to health issues. Publish
only advertisements which lead to the good health of the citizens of the country.

11) Prevent the Commercial advertisements which lead to dangerous and unhealthy lifestyle from telecasting on television. For example – Eating pizza and burger, unnecessary cosmetics which will have side effects on the general health of the people.

12) Plan and design television spots for the dissemination of health information, On the television news one health indicator a day, be developed for reporting to the general public. For instance, after the news, before the weather forecasts, the broadcaster can talk about the air pollution trends in the last five years, causing predicted problems of asthma in the next three years. The public is not expected to be watching these programs every day, but with time, their awareness and knowledge will increase.

13) Plan and telecast Television shows on health comparable to “Satymeva Jayate” by famous actor Amir Khan to alert the general public about health. Telecast Specific Programs on health problems on a regular basis which in turn will improve people perception, awareness, and knowledge of the health issues.

14) Radio programs with specific health programs should be aired regularly and given wide publicity. Prime Minister’s address to the nation “Mann ki Baat” is frequently aired and it is monthly program. Similarly, programs on health should be launched through radio and given wide publicity.

15) National Health Portal of India (www.nhp.gov.in), Government of India website, has to act as the gateway to authentic health information to general public. Target information about diseases and preventive steps from
vulnerable diseases. Host websites on health related topics at national, state, and district issues and health conditions.

16) Information on health may be converted into mind – boggling, eye-catching, attention grabbing or breath-taking forms and published on a daily basis in all newspapers as a mandatory for publishers of newspapers.

17) Human sources such as health workers, Anganwadi workers, and nurses should be trained to deliver information related to health to the general public.

18) As Dr. S R Ranganathan has rightly said, “Right information to the right user at the right time” it is the responsibility of the library professionals to provide information relating to the health to the clienteles in anticipation or on demand.

19) Institutional sources such as the public library should be strengthened to provide health information to the users. All types of libraries should build the unique collection on general health.

20) Government - Central and State - should establish a network of consumer health information centers throughout the country where the public should have access to a broad variety of health and medical information on a variety of topics. Set up the consumer health information center in a central place where public's movement is more; and provide up-to-date, reliable medical and healthcare-related information from diverse sources comprising books, videos, audio recordings, brochures, medical journals, archived and contemporary magazines, and electronic resources. Reference librarians must provide assistance to visitors seeking information on health topics/issues.