CHAPTER - 1

INTRODUCTION

1.1 BACKGROUND:

Health is the fundamental requirement of every individual that plays a vital role in the educational, social and economic development and is central to national progress. The health of the people determines the progress and welfare of society leading to the development of a nation. Only a healthy society can progress and evolve; that brings development in various parameters of health. The low mortality and morbidity rates, good nutritional standards, strict control of health hazards, a cleaner environment, better sanitation and water supply, are the signs of a developed nation. On the other hand, developing countries invariably have higher mortality and morbidity rates, poor nutritional standards, absence or limited control of health hazards, a dirtier environment, poor sanitation and inadequate water supply and host of other related problems (Flower, 2011)

As regards resources development, nothing can be considered of higher importance than the health of the people. Even the ancient proverb ‘Health is Wealth’ also confirms this fact. World Health Organization (WHO) defines health as a “State of complete, physical, mental and social well-being and not merely the lack of a disease or illness” (Callahan, 1973). WHO had made a call in 1977 with the theme “Health for All by 2000 AD” and Government of India in their health policy document accepted the Alma Ata Declaration. The National health policy document proposed that relevant communication strategies be launched to provide health information in an easily comprehensible form to motivate and to develop an attitude for healthy living in the society (Ministry of Health and Family Welfare, 1983). Further, in 2002 National health policy was revised and emphasis was on certain diseases control
programs and suggested policy instruments for the implementation of public health programs through individuals and institutions of civil society. Again stress was on dissemination of information regarding disease control and other general health information (Ministry of Health and Family Welfare, 2002). After thirteen years, Government of India is revising the National health policy and the process was started in 2015. According to the National Health Policy (2015), “Health for all” is complemented with “Health in All” and individuals and families are given more importance to prevent diseases and promote good health at their own individual levels (Ministry of Health and Family Welfare, 2015a). Again the critical role of information was considered as the core for preventing diseases and promoting health at individual levels. Even to achieve the millennium development goals, health information is crucial and necessary. “Access to reliable, relevant, and implementable health-care information has been recognized as one of the key determinants for reaching the Millennium Development Goals (MDGs)” (Bhaumik, Pakenham-Walsh, Chatterjee, & Biswas, 2013).

Since Independence, India has made notable achievements in the medical and health services. For instance, significant progress has already been achieved to improve the health and well-being of the population. "The life expectancy has raised from 49.7 years in 1970-75 to 66.1 years in 2006-10" (Ministry of Health and Family Welfare, 2015b, p. 18). The infant mortality has fallen by more than two-thirds (40 Per 1000 Live births in 2013) live births" (Ministry of Health and Family Welfare, 2015b, p. 19). India spends 5% of the GDP on health and 80% of this in the form of out-of-pocket expenditure. It was Rs. 146 per capita per month for urban and Rs. 95 for rural India while over 60% of the total spending on health is on medicines during 2011-12 (Ministry of Health and Family Welfare, 2015b, p. XIII). Though India has made
significant accomplishments in health education and rehabilitation at present, the health scenario is at the crossroads. For example, the changing epidemiological profile requires shifts in the demand for health service and health promotion measures. The healthcare delivery system needs gear up to address the demographic shift, the epidemiological transition, changing risk environment and the substantial widening of the gap between health problems and requirements, and provision of healthcare services. In India, expenditure on medical and public health under Department of Health deals with health care, including awareness campaigns, immunizations campaigns, and preventive medicines. If more emphasis is laid on awareness drives and educating people about the health and preventing diseases, there will be a drastic reduction in medical expenditure leading to development and progress of the economy. Despite these significant strides, the nation continues to share large share of world diseases burden.

1.2 NEED FOR THE STUDY:

Keeping good health is one of the important activities in day-to-day life, and people require health information to attain good health and address health care decisions (Patrick, Koss, Deering, & Harris, 1995). "People seek out and use information relating to work, leisure, health, money, family, and a host of distinct topics as part of their daily life from an enormous range of sources" (Johnstone, Tate, & Bonner, 2004). Johnstone et al., (2004) explained that everyone is a seeker and a user of information, and it is a part of everyday life. How a person obtains health information can influence that person’s health behaviour, health care access, clinical outcomes, and quality of life (Kelley, Su, & Britigan, 2016). “People solicit information to add knowledge they lack or to authenticate or disconfirm their current state of faiths, and they use that information for strategic purpose” (Brashers, 2001, p. 482). To keep
good health, people need information regarding health at all times in the society. Be it personal life or professional life, be it our home or workplace, maintaining good health is the top priority of every citizen of the country. It includes people of all ages, children, adults, aged individuals with all types of educational background viz - illiterates, educated, professionals, working class. Elwood, (2011), claims that the health is ultimately the responsibility of each person. When individuals encounter a disease-related health situation, information plays a vital role in helping them to understand more about their disease/s, make more informed decisions about treatment options, and better cope with all the social and psychological impacts incurred by the illness.

People should be made aware of the hospital facilities and medicines available to control and cure diseases in early stages. For individuals, health information can increase knowledge of health risks, and answers provide the motivation and skills required to decrease these risks, help them find support from other people in comparable situations, and affect or augment attitudes. It can also improve demand for appropriate health services and reduce demand for improper health services. It can make available information to aid in making difficult choices, such as selecting health plans, care providers, and treatments. Distribution of health messages through public education campaigns that seek to change the social climate to promote healthy behaviours create awareness, change attitudes, and motivate individuals to adopt recommended behaviours (Atkin & Wallack, 1990; Maibach, Abroms, & Marosits, 2007).

People remain badly informed about many of the health systems and know little about whether health services are appropriate, who is benefiting from them, whether quality is sufficient, or whether people are getting good value from public and private
spending on health. The time has come to re-assess how the Indian health system should function, and retool it for the new millennium.

Consequently, a vast quantity of health information is targeted to the general population through various media channels – TV, radio, newspapers, magazines, internet and social media and several institutional sources. In recent times, with the accelerated growth of the technology and other new media, people have gained unprecedented access to a vast array of sources of health information. At all levels, an enormous amount of health information is targeted through published literature, radio, TV, cinema, informative speeches, posters and various other methods of communication to different sections of the people in the society. The information transfer is also accomplished through door-to-door inspection and by campaigning undertaken by many voluntary agencies. The use of the information technology has facilitated health information dissemination. These have helped to keep the people informed of what the diseases are and the serious consequence he/she is likely to face if the ailments are left untreated.

Despite these initiatives, there is a gap in information dissemination to different sections of the society due to many inherent inequalities among rural and urban India. “Indian health authorities have attempted to improve awareness and preventive behavior through a combination of traditional mass media campaigns and interpersonal communication strategies. However, they neither familiarized the understanding of current knowledge, attitudes, and practices related to preventive strategies nor of health information seeking behaviors of targeted audiences” (Lwin, Vijaykumar, Leng, Foo, & Lim, 2012, p. 1).

Selected studies on the use of health information sources and mass media from various parts of the world are reported here. Some of the notable studies are from UK
Few studies are reported from India on diseases like Malaria (Lwin et al., 2012), HIV/AIDS (Reddy et al., 2011; Sudha, Vijay, & Lakshmi, 2005; Unnikrishnan, Mithra, Rekha, & Reshmi, 2010; Yadav, Makwana, Vadera, Dhaduk, & Gandha, 2011) and Maternal health (Sankar & Kathuria, 2004; Vora et al., 2009). There are no in-depth and specific studies reported from India about perception, awareness, knowledge, information needs, and source use behaviour of the general public with a particular reference to health information. Hence, the need for the present study.

1.3 STATEMENT OF THE PROBLEM:
“Perception, Awareness, Knowledge, Information Needs, and Source Use Behaviour of General Public: A Study with Special Reference to Health Information”

1.4 OBJECTIVES OF THE STUDY:
a) The primary aim is to understand the perception, awareness, knowledge, information needs, and information source use behaviour of the general public with particular reference to health information. Specific objectives are to:
b) explore what proportion of population studied recognize and understand:
   (i) What is health information?; (ii) Circumstances in which they go to a doctor; (iii) self-assessment of their health status; and (iv) for whom they seek health information?
c) assess the perception, awareness, and knowledge (PAK) of the health of the general public;
d) study the relationship between perception, awareness, and knowledge of the health of the public as a whole;

e) identify the health information needs - preventive measures, symptoms of diseases, specialist doctors, good hospitals, the type and the cost of treatment including the reasons for seeking health information;

f) study the use of information sources such as - television, radio, newspapers, magazines, the Internet, human, and institutional sources, and libraries for obtaining health information;

g) determine the most preferred sources: television, radio, newspapers, magazines, the Internet, human and institutional sources, and libraries for getting health information;

h) constraints in the understanding of perception, awareness, knowledge of health and use of health information among the general public and

i) suggest the modus operandi for the creation of awareness and promotion of the use of health information among people by different stakeholders in this knowledge domain.

1.5 HYPOTHESES:

Broad set of hypotheses formulated for the study are as follows:

Null Hypothesis I: There exists no significant association between:

a) Perception v/s Awareness of health,

b) Perception v/s Knowledge of health, and

c) Awareness v/s Knowledge of health of the general public.

Null Hypothesis II: There exists no significant association between:

a) Perception of health v/s Demographic and Socio-Economic Status

b) Awareness of health v/s Demographic and Socio-Economic Status
c) Knowledge of health v/s Demographic and Socio-Economic Status of the general public.

Null Hypothesis III: There exists no significant association between the health information needs viz., preventive measures, symptoms of diseases, specialist doctors, good hospitals, the type and the cost of treatment including the reasons for seeking health information by the general public v/s the

a) Perception of health,

b) Awareness of health,

c) Knowledge of health, and

d) Demographic and Socio-Economic Status of the general public.

Null Hypothesis IV: There exists no significant association between the use of information sources viz.,


1.6 SCOPE AND LIMITATIONS:

Health information is a multifaceted concept and encompasses a vast array of interpretations. So, it is extremely challenging to give equal treatment and justice to different shades of meanings of the phrase. Thus, the study restricts to the health information from general public's point of view and the information related to the personal health of an individual.
1.7 CONCEPTS USED IN THE STUDY:

a) **Perception:**

In a general sense, it refers "to become aware of through senses". Health perception means public’s perception of good health. It is a person’s assessment of his or her personal health. Health perceptions (or perceived health status) are subjective ratings by the affected individual of his or her medical condition (Wilson, 1995). Some people perceive themselves as healthy (well) notwithstanding suffering from one or more recurring diseases, while others recognize themselves as ill when no objective evidence of illness can be discovered (American Thoracic Society, 2007). Self-perception of health is connected with morbidity and mortality in both clinical and community settings (Goodwin & Engstrom, 2002).

b) **Awareness:**

It means, having the knowledge of the health, though sometimes used as synonymous with knowledge. Health self-awareness, i.e. a self-evaluation of someone’s functional state, has been widely used to assess the health of people (Banhato, Ribeiro, Guedes, Mármora, & Lourenço, 2015).

c) **Knowledge:**

It refers to the factual information that a person knows about health and related topics such as diseases, their prevention, and treatment. Knowing and understanding what is happening around the world. Facts which people use to form judgments or make informed decisions about their health and wellbeing. Health knowledge refers to the extent to which people have enduring health related cognitive structures (Moorman & Matulich, 1993).
d) **Information Needs:**

The information that is required to maintain good health such as - preventive measures, symptoms of diseases, specialist doctors, good hospitals, the type and the cost of treatment - by people.

e) **General Public:**

General public refers to an inhabitant/citizen of a city irrespective of age, sex, caste, educational qualification, and income.

1.8 **ORGANIZATION OF THE THESIS:**

The thesis consists of five chapters. Chapter - 1 includes the background, need for the study, statement of the problem, objectives, hypotheses, scope and limitations, concepts used in the study and the outline of the thesis. The research method, design, and development of research instrument, data collection procedure, sampling and statistical tests used is given in Chapter -2. Chapter - 3 provides a review of the related literature, The data presentation, analysis, and discussion of the results, with detailed tables and figures are provided in Chapter -4. The summary of findings, conclusions and suggestions are given in Chapter - 5. References cited in the thesis are given as bibliography at the end. The structured interview schedule in English and Kannada are given in A1 and A2.
REFERENCES:


