CHAPTER – I

THE FRAMEWORK OF THE STUDY
Human development and well being of individual is the primary objective held by our country in the form of implementing monitorable plans and policies. In this age of Information Technology where our present world has shifted to a global village, the process of advancing developmental priorities has doubly reinforced. The rural population of India constitutes 72% of the total population of the country. The rural parts of the country have been facing social problems mainly characterized by poverty, gender inequity and low participation in developmental initiatives. This is inspite of the implementation of various programmes related to poverty alleviation intervening in the areas of providing food securities and livelihood opportunities, access to health care and access to education. Health is one of the important parameters for social and human resource development in both urban and rural parts of the country. The role of mass communication in promoting the causes to harness well-being of population is very crucial. The role of mass media also becomes crucial in accommodating the rural poor who are vulnerable and marginalized. The prevention and control of different diseases cannot be done without acting at the community level through mass media besides the steps taken in Hospitals and Health Centers. The effective and widespread awareness on health issues and control of diseases is essential. Awareness generation and mainstreaming will only be possible with wide dissemination of opportunities and choices with the application of mass media tools and techniques. So in this regard it is also significant to find out the role effective approaches of mass communication in awareness and control of diseases in both urban and rural area. As the study is aimed to examine the effectiveness and role of mass communication in awareness and control of diseases, it shall focus among the urban and rural masses of Tripura, the second smallest state in the country. The proposed study is to be located in Agartala-the Capital of Tripura State and Ambassa- the Headquarter of Dhalai District, one of the socially and demographically backward districts of the country.
Review of Literature:

Communication and development is the major domain of human endeavour which are intimately linked with each other. The process of development calls for a strategy of communication which is aimed at altering the targeted persons from mere recipients of information to seekers of information. This is achieved by the design of communication systems, as per the needs and purposes of the targeted persons. The triple M theory of the emergence of mass society, mass culture and mass communication links, mass communication to the formation of nations and societies as a result of geographical, social and psychic mobility. Mass communication can best serve in the process of change, if it is treated as a science, art and indeed as subject matter. The main function or purpose of communication is to change or guide other people’s behaviour.

Many people have defined communication in different ways. The issues about effects and effectiveness of mass communication have attracted the attention of the social scientists from the very beginning. The role of the mass media in development activity was very clearly implied in the dominant paradigm of development. But most of the models of development communication were developed in the context of the western countries. The First World War can be considered to be a watershed in mass communication theory and research, Harold Lasswell (1927) came up with an innovative conceptualization of mass media effects. His model of communication was strongly influenced by Freudian theory and was in direct contradiction to liberation philosophy. Denis Macquail (1969) identified three main stages in the history of mass communication research. The initial phase started from the turn of 20th Century to the outbreak of the Second World War. During this phase, mass media were attributed with considerable power to shape opinion and beliefs.

In the second phase, from 1940s to early 1960s, mass media were believed to be largely important to initiate opinion and attitude change, although they could relay certain forms of information and reinforce existing beliefs. And in the current stage, the question of media effects is one where new thinking and new evidences are accumulating regarding the influences of mass communication. The second stage, extending from about 1940 to the early 1960s strongly shaped by growth of mass
communication research in the United States and the application of empirical method to specific questions about the effects and effectiveness of mass communication. The classical studies of how voters make up the mind were conducted by Lazarsfield (1944) in 1940 US Presidential elections. These investigations mediate that only limited change has occurred during the campaign. This works also provide an incomplete picture of the total effects of mass communication because they concentrated only on effects which occur during the campaign itself. (Mac Quail 1969). The earliest studies of Presidential elections in 1940 and 1948 conducted by Lazarsfield (1944) and Berelson (1954) respectively and the programme of research on the use of films for training of American service men undertaken by Carl Hovland (1949) concluded that the exposures to mass media primarily press, radio, film or television were unlikely to be major contributors to direct change of individual opinions, attitudes or behaviour or to be a direct cause of crime, aggression or other disapproved social phenomenon.

There is indeed overwhelming evidence that the measured net changes in attitudes or opinion as a result of persuasive material presented on radio, film, television or the press are likely to be small. Klapper (1960) suggested that people exposed themselves to messages selectively. There was a tendency for individuals to expose themselves relatively more to those items of communication that were consonant with their belief, ideas, values, etc. Regardless of exposure to communication, an individual’s perception of a certain event, issue, person, or place could be influenced by his/her latent beliefs, attitudes, wants, need or other factors. Thus, two individuals exposed to the same message could go away with diametrically different perceptions about it. Research showed that even recall of information was influenced by factors such as an individual’s needs, wants, moods, perceptions and so on. However, Klapper (1960:8) argued that “Mass Communication ordinarily does not serve as a necessary and sufficient cause of audience effects, but rather function among and through a nexus of mediating influences.” Although, research had not shown the different media to be without effects, but it had established the primary of other social facts and showed the power of the media to be located within the existing structure of social relationships and systems of culture and belief. The research evidence of Rogers and Shoemaker (1971) led to the realization of the facts that social structure and social institutions intervene powerfully in the process of media effects. But a number of social scientists expressed their doubt about it. (Lang and Lang 1959; Key 1961; and Halloran 1964). They paid
more attention to people in their social context, rather than at their attitudes and opinions. They looked at the account of the uses and motives of the audience members as mediating and effect. They looked at the structure of belief and opinion and social behavior rather than individual cases. They also took more notice of the content whose effects are being studied.

On the other hand, the pro founder of the ‘theory of mass society’ have examined the question of media effects on culture and society (Mills 1956; Kornhauser 1960; and Shils 1957). In their view, mass media encourage and make viable a rootless, alienated form of social organization in which we are increasingly within the control of powerful and distant institutions. The Marxist accounted the effects of mass media as a powerful ideological weapon for holding the mass of people in voluntary submission to capitalism (Marcuse, 1964; Miliband, 1969; Carey 1969). They argued that the mass media are both a force for integration and for dispersion of individualization of society. It suggests that mass media do have important consequences for individuals for institutions, for society and culture.

The diffusion of innovations theory has important theoretical links with communication effects research. The emphasis was on communication effects: the ability of media message and opinion leaders to create knowledge of new practices and ideas and persuade the target to adopt the exogenously introduced innovations. There was disagreement on the question of whether ideas were independently developed in different cultures, or whether an idea was invented in one culture and borrowed by or diffused into another. Evidence indicated that in most cultures there was a predominance of borrowed or diffused elements over those that developed from within a particular culture (Lincon, 1936, Kroeber 1944). The diffusion of innovations research established the importance of communication in the modernization process at the local level. In the dominant paradigm, communication was visualized as the important link through which exogenous ideas entered the local communities. Daniel Lerner’s The Passing of the Traditional Society (1958) points out that the mass media were both an index and agent of modernization. In Lerner’s model, there was a close reciprocal relationship between literacy and mass media exposure. The literate developed the media which in turn accelerated the spread of literacy.
Health is defined by the World Health Organization (WHO) as a state of complete physical, mental, social well-being and not merely the absence of diseases or infirmity. Health is one of the vital elements that determine human development and progress. Health care delivery system is confronting various challenges today posed by rapid developments worldwide, the need for cost-containment and focus on effectiveness and efficiency of the delivery mechanism. Different strategies are formulated for providing better health care services in India. Under the constitution, Health is a State subject. But in the present context, Central Government’s intervention to assist the State Government is needed in the areas of control of major communicable and non-communicable diseases, broad policy formulation and awareness activities for prevention of diseases. Several National Health Programmes are being implemented as centrally sponsored schemes aimed mainly at reduction of mortality and morbidity causes by major diseases. The major Health schemes include the National programmes for eradication of malaria, blindness, leprosy, tuberculosis, AIDS, Cancer Control. National Rural Health Mission was launched in April, 2005 throughout the country for better improvement in the health care delivery system, particularly in the unprivileged marginalized population. An Information Education Communication (IEC) package for prevention and control of diseases has been developed and catered to all levels of health delivery system throughout the country.

Tripura is a smallest State in the periphery of North Eastern Region of India. The state is also implementing all National Programmes for better improvement in quality and nature of health care services. Different strategies have been undertaken for prevention of diseases like Malaria, tuberculosis, leprosy and other diseases in the State. The prevention of diseases and promotion of health care activities largely depends on awareness generation and social mobilization. The mass media strategies have been formulated for prevention and control of diseases in urban and rural area as the part of IEC/BCC activities.

**Communication Research in India**

Communication is a process in which ideas, thoughts and words are transferred from one person to another. The process of transmission of ideas can be said as Communication. Research according to dictionary meaning is to make a detailed enquiry into, researcher is someone who makes a detailed enquiry into a subject.
Research in the field of communication started only in the late fifties and early sixties. Mass Communication Research can be either simple or complex based on the objective of undertaking the research and the scope and what we intended to find out in the research.

Mass Communication Research aims to find out the audience behaviour and uses of the media by the users etc. Since the establishment of the Indian Institute of Mass Communication (IIMC) in New Delhi in 1965 by Government of India, various types of researchers have been undertaken on various dimensions of communication. Since August 1, 1975 through the Satellite Instructional Experiment (SITE) development programmes were shown in 2379 villages of six states. A team of social scientists was employed by SITE to test the efficiency of television in improving agricultural practices and population control in promoting national integration, in upgrading and expanding education in promoting better health hygiene for a better life in rural areas.

The research in the field to mass communication has gained momentum in developing countries in the decade of fifties and sixties. Dube (1958) studied the importance of communication in community development programme in India. Wilbur Schramm (1964) emphasized on the role of communication in the process of social change by saying that the development of mass media is one of the requisites for and signs of a modernizing society. Chauhan (2004) pointed out that what is the most essential message which “must” reach the people through the mass-media.

Mass Media Campaigns, Public information campaigns are the common form of intentional use of the mass media for public purposes. Effective health-oriented campaigns typically are similar to campaigns for commercial products in that they use a number of media channels and are designed to generate specific effects in a relatively large number of people within a specified period of time. One of the most promising ways of reaching the public is to develop entertaining programming for radio, television, movies, or music that features socially responsible messages. Entertainment education, also known as enter-educate, prosocial entertainment, or edutainment, is used throughout the world to put educational content into entertaining formats to increase knowledge, create favorable attitudes, and change overt behaviour concerning and educational issue. Building on Bandura’s (1986) social learning theory, this approach presents an idea-such as family planning-through drama, and provides lesson on the
rewards of a new behaviour and the disadvantages of an old one. Today entertainment education is used to promote reproductive health in more than 20 countries and at least six U.S funded agencies are actively involved.

A lot of research works on Mass Communication related to Health & Family Welfare have been conducted in India. Some Research Studies are brought here that are relevant with this study.

Health and Family Welfare are an integral part of development programmes, but the use of mass media has not succeeded in persuading people to adopt certain measures. The main factors identified in the past few research are paucity of resources, vastness of Indian traditional ethos, low education and literacy profile, diversity of languages and dialects, lack of coordination between communicators and policy planners and the overall resistance to change. Health communication contributes to actions and organizations in the development process. Further health development is important in mobilizing people's efforts in social and economic life. Communication in that sense is the product of the society and also the moulder of society.

Agnihotram Ramanakumar V of Department of Social and Preventive Medicine, University of Montreal, Canada has shown his interest in occupational health research in India. The study analyzed the health inequalities between indigenous and non-indigenous groups across four different outcomes: mortality, smoking tobacco use, chewing tobacco use and alcohol consumption. All four outcomes were measured at the level of individuals were analyzed separately; the lowest unit of observation for this study was the individual. S.V.Subramanian, Geoge Davey Smith of Harvard School of Public Health, Boston and Malavika Subramanyam from University of Bristol analyzed Indigenous Health and socio-economic status in India. Systematic evidence on the patterns of health deprivation among indigenous peoples remains scant in developing countries like India. Socio-economic status differentials substantially account for the health inequalities between indigenous and non-indigenous groups in India. However, a strong socio-economic gradient in health is also evident within indigenous populations, reiterating the overall importance of socio-economic status for reducing population-level health disparities, regardless of indigeneity.
Bundey S. Alam H of University of Birmingham, UK studied a five year prospective study of the health of children in different ethnic groups. A five year prospective study of 4,934 children of different ethnic groups has demonstrated a 3-fold increase of post neonatal mortality and childhood morbidity in the offspring of consanguineous Pakistani parents. Most of these families contained more than one consanguineous union, resulting in a mean inbreeding coefficient for their children of 0.0686. However consanguinity is much favoured in this minority group, and health education will have to be carefully and sensitively handled.

The media therefore has an essential function in social learning- to provide the information that will empower ordinary people and to transmit the idea that will structure peoples thinking and make up the raw material of what we identify as public opinion (Altschull, 1990, Kitzinger, 1993). A more considerable body of research has demonstrated that whilst information provision is a first step, it has limited impact on individual behaviour change. This may in part be due to the tendency to true out information not in line with peoples existing beliefs (Hertog, 1995). It is generally agreed that the most effective way of motivating individual behaviour change appears to be interpersonal communication, including interactive fact-to-fact educational and counseling where “messages are tailored to the specific need of individuals” (Wellings and Field, Cohen, 1990).

Mass media campaigns can be highly effective and successful in changing the social context within which individuals operate. This role has not been sufficiently considered in media evaluation and appropriate outcome indictors must be chosen which reflect this goal. (Hertog, 1995) Chinai also argues for the role of the media in influencing social attitudes rather than individual behaviour, especially in developing countries. Nevertheless, mass media can play an important role in generating the awareness and shaping the public opinion in the case of the developed societies as well as in the ease of a developing society like India. In case of generating awareness, control and prevention of different diseases mass media can play a vital role in the society.

Social problems of women leprosy patients: A study of Delhi has been completed under the Department of Social Work, Jamia Milia Islamia, Delhi. The study explored the social bindings and different problems always faced by the women leprosy
patients. The study also analyzed the responsibility of our society and the people living in the society towards the women leprosy patients. This study has played a vital role to find out an ultimate picture of the problems of women leprosy patient of our society.

The other research works on health have been conducted in this Department are Changing Doctor patient relationship with special reference to Consumer Protection Act-1986, Role of Communication in AIDS Prevention. A research paper of Deepak Kem (2004) on Adolescent and mass media was presented in the Indian Academy of Pediatrics Training programme. The main focus of this study was on Adolescent Health.

The TB Health System Research Network, Orissa, India studied the knowledge, perceptions and the health-seeking behaviour of three tribal districts of Orissa regarding chest symptoms (TB) and to assess local sources of information on health and disease. This study analyzed the utilization of research for IEC development. The findings revealed that blood in sputum was the main distinctive symptom of TB and also seen as inevitably leading to the death of the victim. Causes of TB were perceived to be alcohol, tobacco and hereditary disposition, while at the same time TB could spread through direct social interaction. These results pointed to the need to develop new kinds of IEC Activities that could effectively make appropriate TB information available to largely illiterate populations including in tribal communities. With the involvement of local artists and communities, IEC materials were developed in participatory workshops with the relevant participants. Activities developed including Street Drama, Puppet show, Pictorial Pamphlets made by tribal artist and organization of interaction meetings with patients and providers to discuss issues and challenges for treatment and follow-up sputum testing together. The DANTB experience provides some lessons learned for strengthening of local research capacity and at the same time addressing urgent health research priorities.

Centre for Media Studies, India has also carried out different types of communication studies and research works which are as follows:

Research study for IEC Campaign for Revised National Tuberculosis Control Programme (RNTCP) for Central TB Division, Govt. of India; Review of IEC initiatives of the State AIDS Control Societies for UNAIDS, National AIDS Control Organization (NACO), 2003; Communication need assessment for IEC activities for
Archana Rakesh Singh (2006) in her study on role of mass communication in prevention and control of AIDS: Mass Media strategies for Adolescents observed the role of mass media in AIDS prevention and control by assessing the AIDS awareness levels and the media exposure amongst the target group of school going adolescents in Delhi and Ghaziabad. The media habits of the target group and the awareness levels have been discovered and the relationship amongst variables has also been deducted in the study. The study was successful in finding out the most suitable medium and method for AIDS awareness messages for the target group of adolescents. It reveals that mass media has a fairly good reach among the school going adolescents. With access to channels of communication, literacy and educated set of parent, the school going adolescent is obviously more informed than his less privileged counterpart. It provides relevant information regarding the gravity of AIDS situation in the world as well as in our country. The review and content analysis of the media, provides an insight into the quality and quantity of media messages about AIDS. The Information Communication Education strategies outlined in this study can help in designing interventions for
HIV/AIDS. This study has a significant role and the study also explored the role played by the Indian media in disseminating information regarding AIDS and whether the message is within the reach of the target audiences in physical and psychological terms. The study viewed that inadequate knowledge about the AIDS amongst our teenagers leads the society to believe that mass media should take up the cudgels of the awareness campaign. The study suggested that Inter-personal methods are necessary to reach the less privileged section of the society. This study has a significant role in the Health Sector in creating interventions for the target group of adolescents, planning mass media strategies, designing activities and choosing appropriate media for awareness campaigning.

T. Mathiyazhagan, Deoki Nandan, M.P.Meshram, Ramesh Chand and Lakhan Lal Meena (2007) in their paper on a study of utilization of communication channels and information seeking behaviour by the tribals for improving their health care practices observed the followings, likely: i) tribals tend to believe in interpersonal communication as compared to other modes of communication; (ii) availability of electronic media viz. radio and television with the tribals is limited, however, their accessibility to these media is somewhat better; (iii) Inter personal communication followed by traditional media is the choice of combination of channels preferred by the tribals; and (iv) tribals prefer to watch television or listen to radio only in the evening hours but information seeking behaviour among them from various sources is casual.

Deoki Nandan, T. Mathiyazhagan, M.P.Meshram, Ramesh Chand and Lakhan Lal Meena (2007) conducted a study in Mandla, one of the tribal dominated Districts of Madhya Pradesh, in 2005 for their paper on knowledge, perceptions and sources of information for tribals about common diseases prevailing in Mandla District of Madhyapredesh. In this study an attempt was made to (i) study the knowledge of tribals about various common diseases prevailing in Mandla District; (ii) identify the sources of information for tribals about various common diseases; and (iii) understand the beliefs and perceptions of tribals about the health care delivery system operating in the district. The findings reveal that, (i) the tribals have knowledge about malaria and diarrhoea as compared to other diseases viz.; sexual transmitted diseases, anaemia, worm infestation, tuberculosis and leprosy; (ii) the major source of information for tribals in the study area has been the health functionaries followed by the relatives; and (iii) the tribals tend to believe in traditional healers as compared to allopathic doctors.
C.T. Vinitha, Saudan Singh and A.K. Rajendran (2007) conducted a study on level of reproductive health awareness and factors affecting it in a rural community to examine the level of awareness and the different factors affecting awareness on reproductive health issues like safe sex, reproductive tract infection, safe age to bear children and types of family planning methods. Enhancing health awareness among women in India is a challenging task. A cross-sectional study was conducted of 624 women aged 13-49 years from 532 households belonging to two health sub-centre areas in North Tamil Nadu. Only 9.5 per cent of the adolescents interviewed had knowledge on safe sex. Adolescents age 15 years and above, belonging to an extended family with educational status of above 5th grade, working outside home and having a high standard of living had significantly more awareness on safe sex. 79.5 per cent women aged 13-49 years knew it was unsafe to bear children before 20 years. Age, marital status and place of residence were significantly associated with awareness. Hence, this study shows that adolescents (<19 years), women who are illiterate or educated less than grade 10 and living away from basic health care services with a low standard of living are less aware of reproductive health issues and need targeted interventions for reproductive health messages.

N. Sharma, R. Malhotra, D.K. Taneja, R. Saha and G.K. Ingle (2006) in their paper on reach of various communication methods (IEC) for Revised National Tuberculosis Control Programme (RNTCP) in Delhi observed that the main sources cited by the respondents for TB campaigns were TV (41.3%), messages displayed on buses (37.6%) hoardings (35.2%), wall paintings (24.6%), newspapers (13.5%) and radio (13.4%). Differences in the reach of various media were observed with reference to the gender, literacy status and place of residence of the respondents. A majority of them preferred TV (85.6%) followed by radio (49.6%), newspapers (28.1%) and posters (14.6%) for transmission of messages regarding TB in future. The authors suggest multi-media methods for IEC campaigns on TB.

Ruchi Sogarwal and Damodar Bachani (2009) conducted a study for their paper on awareness of women about sexual transmitted diseases, HIV and AIDS and condom use in India: lessons for preventive programmes. The study examines the relative importance of awareness level of STD, HIV/AIDS and condom use with socio-economic variables in India. Data collected in the third round of the National Family
Health Survey 2005-06, have been used to pursue the objective of the paper. A total of 124,385 ever married women of the age group of 15-49 years from 29 major states of India were included in the study. Logistic regression model was adopted to understand the significance of HIV awareness on condom use. Analyses reveal that awareness among women about STD excluding HIV was as low as 3.2 per cent. Only 4.8 per cent of the women reported condom use at the last sexual intercourse (p<0.05). 42-50 per cent of the ever married women from four states of India namely Rajasthan, Jharkhand, Chhattisgarh and Uttar Pradesh are not aware of any STD and HIV/AIDS. Socio-economic characteristics such as domicile, education and wealth index of household are found to be significantly associated with the level of HIV awareness and condom use at the last sexual intercourse especially among poorer, rural and uneducated women. The study highlights the need for integrated prevention programmes that emphasize on the use of condom for HIV prevention as well as STDs. Further investigations are required to understand the reasons for the low use of condoms in India.

Subhash Barman (2006) evaluated the knowledge, attitude and participation of the gram panchayat members in health and family welfare programmes in Hooghly district of West Bengal for his research paper. It was observed that 80 per cent of the respondents had the knowledge of the educational institutions and public and private health care facilities. The study further revealed that the health committee members were involved in promoting health awareness among the people about child immunization, safe drinking water, acceptance of family planning methods, government-run health care programmes and arrangements for the treatment of the rural people. The gram panchayat members also assist the health workers in launching campaign on different health related programmes such as immunization, maternal and child health, public health and sanitation, eradication of communicable diseases, and registration of births and deaths, the study revealed. The author advocates to regularly conducting meetings of the health sub-committee to help the workers to perform their jobs more efficiently in the community.

B. Reshmi, N. Sreekumaran Nair, K.M. Sabu and B. Unnikrishnan (2007) conducted a study for their paper on awareness of health insurance in a south Indian population – a community based study to find out the awareness of health insurance in an urban population in south India. A total number of 242 respondents from 242 households (male 38.4%; female 61.6%) were interviewed by using a pretested
proforma after obtaining informed consent from the participants. The awareness of health insurance was found to be 64.0 per cent. Around 45.0 per cent of the respondents came to know about health insurance from the media which played an important role in the dissemination of information. The mean premium amount agreeable to be paid by the respondents for health insurance was found to be Rs 1804.00, even the low socio-economic group of people were also willing to part with a reasonable amount of Rs. 697.00 annually for health insurance. The middle and low socio-economic groups favoured government health insurance compared to private health insurance. The findings indicate that government should come out with a policy, where the public can be made to contribute to a health insurance scheme to ensure unnecessary out-of-pocket expenditures and also better utilization of health care facilities.

M. Hemanta Meitei, Latashori K and Ksh. Gopal (2005) conducted a study for their paper on awareness and prevalence of Reproductive Tract Infections (RTI) in North East Districts of India. Reproductive tract infection is a generic term used to cover three types of infections viz. sexually transmitted disease (and infection), endogenous vaginal infections and infections related to reproductive tract. The current study revealed that (i) the awareness level among both males and females regarding Reproductive Tract Infections is relatively low in majority of the districts in north-eastern part of India; (ii) electronic media and newspapers were the main sources of information regarding Reproductive Tract Infections for both males and females in the districts of Arunachal Pradesh, Assam and Sikkim; (Hi) sexual intercourse was reported to be the main mode of transmission of Reproductive Tract Infections by more number of males than females in most of the districts; (iv) a higher proportion of male respondents from Cachar, Jorhat and Nalbari in Assam, Imphal and Senapati in Manipur, and Jaintia Hills and West Khasi in Meghalaya, Makokchung and Wokha in Nagaland and East Siang in Arunachal Pradesh reported lack of personal hygiene as one of the means of Reproductive Tract Infections transmission; and (v) a wide gap between knowledge and prevalence of Reproductive Tract Infections in both males and females was observed which was higher among females.

Dipali Nemade, Seema Anjenaya, Rupali Gujar (2009) conducted a study on impact of health education on knowledge and practices about menstruation among adolescent school girls of Kalamboli, Navi Mumbai to assess the impact of health education on knowledge regarding menstruation and sources of information.
misconceptions, restrictions, status of menstrual hygiene and practices among adolescent school girls. A community based interventional study was undertaken among 217 adolescents of Kalamboli. A pre-tested questionnaire was administered and later health education regarding menstruation and healthy menstrual practices was imparted to the girls. Post test was done after 3 months to assess the impact of health education. The study has revealed unhealthy menstrual practices, low level of knowledge and various misconceptions among adolescent school girls reading menstruation. The study also clearly brings out the impact of health education in improving their knowledge and practices. Taking into account the health implications and prevailing socio-cultural and economic factors, there is an urgent need for identifying effective strategies to persuade the adolescent school girls to adopt healthy menstrual practices. A well informed continuous school education programme should be imparted to the students. Further, emphasis also needs to be given through workshops and seminars on ‘Adoloscent Reproductive Health’.

The mass media represents the most readily available and potentially most economical means of imparting information about health awareness and prevention of various diseases. Along with other forms of communication, the mass media can effectively raise public awareness and concern on health issues. Mass media are generally defined as those channels of communication which are capable of reaching heterogeneous audiences simultaneously with uniform messages. These include radio, television, the press and cinema. Despite the overwhelming evidence of mass media effectiveness in raising awareness, increasing knowledge and changing behaviour, doubts still remain among non-specialists and media critics. These may be due to a failure to realize that there are two distinctive ways of media utilization, the first being the usual media coverage of news events, regular programmes and entertainment material, and the second is the use of mass media in the context of a planned and systematic process for the clear purpose of influencing attitudes and behaviour.

The present study is designed with the idea to find out the role of mass communication in health awareness for urban and rural settings of Tripura and also to assess the media seeking habits of the target populations. Hence, the study attempts to concentrate on the main components of the communication process and also to analyse the social background of the respondents, media reach and media seeking habits of the respondents and the awareness level of the respondents on health awareness issues.
Objectives of the Study:

The study has the following main objectives:

- To understand the social background of the respondents.
- To find out the media habits of the respondents.
- To assess the knowledge of health awareness among the urban and rural masses.
- To assess the current mass media strategies used for awareness and control of diseases in order to ensure appropriate programme design and the implementation process.
- To study the impact of mass communication tools for health awareness (effectiveness of different mode of mass media strategies) among the common people.

Methodology

The study was located in Agartala, Capital of Tripura and Ambassa, the District Headquarter of Dhalai District, Tripura. The study is aimed to examine the role of mass communication in health awareness for urban and rural settings of Tripura. The rationale of selecting these two places was that Tripura is the second smallest state in the country where Health is an important factor for the development of human resources, community and development of the State overall. The study focused among the urban and rural masses to find out the exact mass communication exposure in health awareness.

Agartala, the capital of Tripura is mainly urban area, most of the parts fall under the jurisdiction of Agartala Municipal Corporation, as well as there are some backward areas in the extended Agartala. Beside this Ambassa, the Headquarter of Dhalai District is considered as an undeveloped and backward Block in the State. The whole District Headquarter was under the jurisdiction of Gram Panchayet, but recently Ambassa Gram Panchayet under Ambassa Block was transformed in Ambassa Nagar Panchayet (on 18th June, 2009). However the maximum areas under Ambassa Block are Gram Panchayet and Autonomous District Council (ADC) Village. The Government of India has also declared Dhalai District as one of the Backward Districts in India. It may be an appropriate area of the study to understand the health awareness strategy and media exposure among the people living in remote and backward places.
Data Collection:

The data consist of the primary and secondary forms. The study is empirical in nature and is based on mainly primary data. Primary data have been taken through field survey in the study area, while secondary data and relevant literature have been compiled from published and documented sources in view of the study. Previous pertinent studies and surveys, reports, documents, journals, booklets from Government and Non-Government sector have been reviewed accordingly for insight stimulation on the topic of research. Importantly, Health Department, local Non Governmental Organizations (NGOs) engaged in health sector have also been visited for detailed interaction with officials, functionaries of the related areas. The necessary informations have been collected from the reports, documents, published booklets of Health & Family Welfare Department, National Rural Health Mission, Office of Chief Medical Officer of Dhalai District, Agartala Municipal Council, Office of District Magistrate & Collector, Dhalai and office of Block Development Officer, Ambassa. Accordingly the informations and documents have been analyzed and the significant points have been incorporated in the study.

Sample Selection and Sample Size:

The method for the study has been adopted through sample survey. The first aspect of sample selection was to decide the population. The common people of urban and rural setting had been chosen as the population to be studied right at the time of the conception of the study. The primary consideration in determining the sample size is the methodology to be used. Since, here a survey methodology was being used; a large sample size has been chosen. So, a sample size of 450 was considered appropriate. The study was conducted on total 450 respondents from Agartala Municipal Council area and Ambassa Block area i.e. 225 respondents from Agartala Municipal Council area and 225 respondents from Ambassa Block area The study had covered both urban and rural masses equally. The survey has been conducted with the help of structured interview schedule. In this study, at first ward sampling method with population was conducted and then convenience sampling methodology was applied during sample survey.
Data Analysis:

After compilation of field work, the schedules have been thoroughly checked and processed through the help of computer employing some relevant statistical tools and packages techniques for drawing out inferences, results and conclusions. The tabulated data have been analyzed, discussed and interpreted along with critical appreciation of pertinent literature. The policy measures are based on the analysis of research findings of the study. Descriptive analysis was conducted with the data acquired. The descriptive analysis was based on the simple method of frequencies and percentages.

Operational Definitions:

Communication: Communication can be regarded as a two-way process of exchanging or shaping ideas, feelings and information. Broadly it refers ‘to the countless ways that humans have of keeping in touch with one another’ (Kumar K.J 1982).

Communication is more than mere exchange of information. It is a process necessary to pave way for desired changes in human behaviour, and informed individual and community participation to achieve predetermined goals. Communication and education are interwoven: Communication strategies can enhance learning. The ultimate goal of all communication is to bring about a change in the desired direction of the person who received the communication. This may be at the cognitive level in terms of increase in knowledge; it may be affective in terms of changing existing patterns of behaviour and attitudes; and it may be psychomotor in terms of acquiring new skills.

Communication is part of our normal relationship with other people. Our ability to influence others depends on our communication skills e.g. speaking, writing, listening, reading and reasoning. These skills are must needed in health education. The developing countries are now beginning to exploit the current ‘communication revolution’ to put today’s health information at the disposal of families, to help people to achieve health by their own actions and efforts. It is said that without communication an individual could never become a human being, without mass communication, he could never a part of modern society (Kumar K.J 1987).
**Mass Communication:** Group communication has now been extended by the tools of mass communication: books, press, cinema, radio, television, video and internet. Mass Communication is generally identified with these modern mass media, but it must be noted that these media are processes and must not be mistaken for the phenomenon of communication itself.

It is the process of delivering information, ideas and attitudes to a sizable and diversified audience through use of media developed for that purpose. The art of mass communication is much more difficult than that of face to face communication. The communicator who is addressing thousands of different personalities at the same time cannot adjust an appeal to meet their individual reactions. An approach that convinces one part of the audience may alienate another part. The successful communicator is on who finds the right method of expression to establish empathy with the largest possible number of individuals in the audience.

**Mass Media:** In Mass Communication, the channel is one or more of the following mass media, viz, TV, Radio, Print Media, etc. Mass Media have the advantage of reaching a relatively larger population in a shorter time than is possible with other means. Being one – way channels of communication, mass media carry messages only from the centre to periphery; feedback mechanisms are poorly organized. Being impersonal media, they are usually not effective in changing established modes of behaviour.

A mass media makes it possible for the message to reach far beyond the immediate proximity of the sender. A few hundred feet may be all the distance the human voice can project to a crowd without the aid of public address system. A mass media can take that same message around the world.

**Definition of Health:** Health is defined by the World Health Organization (WHO) as a state of complete physical, mental, social well-being and not merely the absence of diseases or infirmity. Health is one of the vital elements that determine human development and progress. Good health occurs when human beings and their environment are in harmony. Changes in the environment such as housing, sanitation, climate and social behaviour can lead to poor health. Harmful organisms in the
environment cause diseases. These can be spread through the air, water, food, insects and contact between people.

**Communicable Disease:** Communicable diseases continue to be a major problem in India. The communicable diseases considered to be of great importance today are Malaria, Tuberculosis, Diarrhoal diseases, Acute Respiratory Diseases, Leprosy, Filaria, AIDS etc. Kala-azar, Meningitis, Viral Hepatitis, Japanese Encephalitis, Enteric Fever are among the other important communicable disease problems. The tragedy is that most of these diseases can be either easily prevented or treated with minimum input of resources. Infact most of the developed countries of the world have overcome many of thee problems by such measures as manipulation of environment, practice of preventive medicine and improvement of standards living.

**Non-communicable Disease:** India is experiencing a rapid epidemiological transition with a large and rising burden of chronic diseases. Non-communicable diseases, especially diabetes mellitus, cancer, stroke and chronic lung diseases have emerged as major public health problems due to an ageing population and environmentally-driven changes in behaviour.

**Health Communication:** Health is the concern of everyone for everyone. Health Communication is therefore an important area of communication. The term ‘health communication’ is often used synonymously with health education, which itself suggests ‘outward and downward’ communication of knowledge. Health education is the foundation of a preventive health care system.

**Health Awareness:** Realizing the complexity of health behaviour, which, in the case of Indian society, is largely guided by informal but deep rooted socio cultural values, the country has adopted such measures which help the people to keep themselves healthy. Thus, the process of motivation of the people is attempted through the mass media and interpersonal communication, based on development support strategy. In the past, health awareness activities assumed that if medically-based information was disseminated in the public, this would be sufficient to lead people to change their behaviour to optimize their health. An obvious example of the failure of this assumption is smoking. If knowledge about the negative impact of smoking on health would in itself be sufficient to achieve healthy behaviour change, no medical
doctors would be smokers. The mass media and other communication channels have tremendous effect on every sphere of human life, but we have to accept that its impact is not uniform in all fields, nor can it be predicted universally. There is a need to consciously use the mass media to educate and aware a large number of people about basic health care.

**Rural Setting:** The term ‘rural setting’ refers to the village or habitation in the rural area. The rural setting, therefore, is the smallest area of habitation, viz., the village generally follows the limits of a revenue village that is recognized by the normal district administration.

**Urban Setting:** The term ‘urban setting’ refers to the town or habitation in the urban area. According to Census of India 2001, the term urban setting refers that all statutory places with a municipality, corporation, cantonment board or notified town area committee.