MATERIAL & METHODS

The topic of this study “Impact of mass media on the health-seeking behaviour of general public- A study in the state of Rajasthan” is interdisciplinary in nature. Keeping in view the interdisciplinary nature of the topic, a mixed approach\textsuperscript{154}, qualitative as well as quantitative approach, is adopted for the purpose of this study. A thorough literature review was done on the topic. Along with that an opinion survey was also conducted in the different parts of the state of Rajasthan in the Republic of India. Structured questionnaires\textsuperscript{155} - a close ended one - were distributed among the respondents for eliciting responses. The questionnaire included some Likert scale questions to get specific response from participants of opinion survey\textsuperscript{156}. Data were analysed after collection of questionnaires.

3.1.1 AIMS & OBJECTIVES

Primary aim of the research study is to assess the impact of mass media on Health-seeking behaviour of general public.

Main objectives of this research are:

a) To explore the health consciousness of general public
b) To assess the level of health awareness of general public
c) To study the role of mass media in imparting health education
d) To identify the most effective media for health communication
e) To understand the impact of mass media on health-seeking behaviour of general public

3.1.2 HYPOTHESES

The following hypotheses were tested through the present study:

1. Mass media spreads awareness about public health
2. Mass media is an important tool for health communication
3. Mass media plays a key role in health education
4. Television is the most effective media for health communication
5. Media plays a vital role in influencing the health-seeking behaviour of general public
3.1.3 RESEARCH DESIGN

The research is conducted in several phases. These are:

A. DESIGNING & STRUCTURING OF QUESTIONNAIRE
B. SAMPLE POPULATION IDENTIFIED FOR DATA COLLECTION
C. INTERVIEWS CONDUCTED WITH RESPONDENTS
D. DATA ANALYSED AND INTERPRETED

Let’s discuss these points in brief.

A. DESIGNING & STRUCTURING OF QUESTIONNAIRE

The research instrument i.e. a structured questionnaire was designed to gather information about the different variables. The questionnaire was tested and pretested to ascertain the reliability & validity of it.

The questionnaire was developed in English and translated in Hindi also.

RESEARCH INSTRUMENT

Research instrument is a pre-tested\textsuperscript{157} structured questionnaire. The interview was divided in mainly two parts i.e. PART-I & PART-II

Main characteristics of the questionnaire are mentioned below.

PART I – PERSONAL PROFILE

It is related to the personal profile\textsuperscript{158} of the respondents.

PART-II RESEARCH QUESTIONS

Part II of the questionnaire seeks information about respondents’ media exposure and the relationship of respondents with media. To have a systematic & scientific understanding of respondent’s opinion, this part is divided into four sections.

These sections are:

1) HEALTH CONSCIOUSNESS / HEALTH AWARENESS
2) EXPOSURE TO MEDIA & HEALTH RELATED INFORMATION
3) SPECIFIC HEALTH RELATED RESEARCH INFORMATION
4) IMPACT OF MEDIA ON KNWLEDGE, ATTITUDE, & BEHAVIOUR
B. SAMPLE POPULATION IDENTIFIED FOR DATA COLLECTION

Data were collected from seven divisional headquarters of the state of Rajasthan. The details are already mentioned in the Chapter I- Introduction, under the title- Context of The Study.

PILOT STUDY

The first step in the process of data collection was a pilot study undertaken to collect preliminary information regarding the scope for conducting the study.

The researcher collected the relevant information from senior professionals, healthcare providers, media persons, teachers, researchers, policy-makers, students, housewives, entrepreneurs, retired people etc.

This discussion with people from different segments of society provided important insight in gaining vital information into the different variables of the study.

Based on these variables, a questionnaire was prepared with the help of senior professional. This questionnaire was administered to 20 respondents. It was found that a few questions needed slight modifications since they were not clear to the respondents. The pilot study was helpful in finalising the areas of study in terms of place, time, universe and sample size etc.

Besides, it formed the basis to elicit simplistic and systematic response of their opinion about the topic.

SAMPLING TECHNIQUE

Stratified random sampling technique was used for the purpose of this research. A total of 910 (130 X7) samples were included for the purpose of this research. 130 sample each from seven divisional headquarters of the state of Rajasthan.

RELIABILITY OF THE INSTRUMENT

Tests and retests methods were used to ascertain the reliability of the instrument of data collection for the study.

C. INTERVIEWS CONDUCTED WITH RESPONDENTS TOOL OF DATA COLLECTION
Personal interview with the help of structured questionnaire was used as the tool for collecting information from the respondents. Data from secondary sources were also used the purpose of this study.

**COLLECTION OF DATA**

Data were collected with the help of trained interviewers. These were chosen from local area as they were able to understand the dialects of the people under study. The interviewers were well informed / educated about the nature and scope of the study. They were provided one week training to remove any possible interview biases. The researcher by and far accompanied the enumerators. A total of fourteen enumerators - seven males & seven female enumerators were used to elicit the required response from the respondents. Questionnaire were filled up by trained interviewers. Information were collected using a predesigned questionnaire for each respondents. Before starting the survey, interviewers were provided seven day’s intensive training. During the training all the interviewers were:

- Provided detailed information about different terms used in the questionnaires.
- Given in-depth understanding about the content of the questionnaires.
- Made to understand the importance of the survey
- Provided one week intensive training about probing techniques.
- Made to double check & confirm the information provided by the respondents.

The intensive training to the field enumerators included following:

- Class room lectures
- Group discussions
- Solo presentations
- Mock interviews and role plays.

The training continued for about one week until the researcher was absolutely sure that those enumerators are able to elicit proper information from the respondents. The researcher accompanied the interviewer to ensure the quality of survey and collection of data smoothly. To ensure that field enumerators are doing their job properly.
Wherever researcher was not able to accompany the filed enumerators, a randomly chosen two percent (2%) samples was re-surveyed. In case of any discrepancies were found, it was re-surveyed to ensure the quality of data collected. Respondents who participated in this study were interviewed on the basis of on a pre-tested structured questionnaire. Detailed information collected from the subjects were further enriched by observations. This was further verified by cross-examination. It was made sure that only the reliable and valid information are used. It took approximately over seven weeks to collect data from different cities of (seven divisional headquarters) the state of Rajasthan. During this period, the researcher made use of the opportunities available to conduct discussions, talks, and informal talks with different stake holders of the study i.e. respondents, enumerators, common people, and professionals etc. Interaction with them helped the researcher, to a great extent, in gaining valuable insight into the dynamics & complexities of the topic.

D. DATA ANALYSED AND INTERPRETED

The collected data were edited and coded appropriately. The coded data were entered into the code sheet by the researcher. From the code sheet data were analysed using appropriate analytical tools. Data were double checked for accuracy before entering into the code sheet. Cross verification of data were done in order to avoid any misrepresentation of facts. Collected data were analysed using appropriate statistical tools (percentage analysis methods were used to analyse the collected data). Chi Square tests were used for statistical testing of the hypothesis.
3.1.4 OPERATIONAL DEFINITIONS OF THE TERMS USED IN THE STUDY

- **HEALTH**
  For the purpose of this study, the meaning of health is the general state of health of a person, an individual (i.e. general public) that includes both the physical health and mental health.

- **PUBLIC HEALTH**
  Public health is the science and art of promoting health among common public. Public health aims at the prevention of disease, and prolonging the life of people.

- **HEALTH EDUCATION**
  Health education means providing information, & instructing people about health to attain & maintain better health. It includes the systematic & planned efforts aimed at improving the health behaviour of people with a view to achieve better & healthy life.

- **HEALTH PROMOTION**
  For the purpose of this study health promotion means a combination of effort or processes, which aims at enabling people to improve and increase control over their health.

- **HEALTH COMMUNICATION**
  Health communication is the use of different modes of communications including mass media/web/social media to spread health information to increase awareness about different aspects of health.

- **MASS COMMUNICATION/MASS MEDIA/MEDIA**
  Mass media is also called the media / mass communication. Mass media is considered any mechanical devices, which can take messages to millions of geographically scattered audiences simultaneously, overcoming the geopolitical borders.
  Media includes Radio, TV, (DTH, Satellite, and Cable TV etc.) newspapers, magazines, internet; & different SNWs (e.g. Facebook, Instagram, WhatsApp, Twitter etc.). For the purpose of this study media means all the above type of media. All the three words mass media, media, and mass communication are used interchangeably.
• HEALTH BEHAVIOUR / HEALTH-SEEKING BEHAVIOUR
For the purpose of this study, health-seeking behaviour is called as a state in which an individual / a person (general public on the whole), irrespective of his health conditions, seeks ways to alter his / her personal health habits / surroundings with a view to attain better health / wellness status using health related information through mass media, to improve an individual’s / a person’ (general public’s on the whole) health and wellness. [Both the terms health behaviour and health-seeking behaviour are used interchangeably in this study.]

• GENERAL PUBLIC
For the purpose of this study, general public means a person, an individual (male & female) in the society, irrespective of race, complexion, cast, creed etc. [All these terms an individual, a person, common man etc. are used interchangeably in the study.]

• HEALTH-RELATED INFORMATION / HEALTH INFORMATION
Any information associated with health, which may help in the maintaining/improvement of present state of health or prevent the deterioration in the present health status of an individual / a person (general public).

• IMPACT / INFLUENCE OF MASS MEDIA
Impact / influence of mass media means that any effects (implicit / explicit) of mass media on an individual / a person (general public on the whole). For the purpose of this study, it means any change in human behaviour (implicit / explicit) that occurs after the exposure to media content. In some case this change in behaviour is instant just after consuming the media content, while in some cases this change in behaviour occurs after prolonged consumption of the media content. [For the purpose of this study both the term i.e. impact / and influence, are used unchangeably.]

• HEALTH CONSCIOUSNESS / HEALTH AWARENESS
It means what an individual / a person thinks about health or health issues. It mean a person’s general overview of the his / her health. [Both the terms health consciousness
CHAPTER III

/ health awareness have same meaning and are used interchangeably for the purpose of this study.]

- **EXPOSURE TO MEDIA**

Exposer to media means a person spends time in using anyone or more than one means of mass media i.e. TV/ Radio/ Newspapers/ Magazines/ Internet / SNWs

- **UNIVERSE**

The universe of the study includes respondents in the different regions of the state of Rajasthan.

ENDNOTES

159Rockler I U. Research methods: Sampling techniques. London; Frowler Pub; 2007