Mass Media for Health Education  
(A Study in the State of Rajasthan)

Mr Sushil Kumar Sharma,  
Research Scholar, Department of Media & Mass Communication, NIMS University, Jaipur, Rajasthan &  
Dr Yogesh Kumar Gupta,  
HoD, Department of Media & Mass Communication, NIMS University, Jaipur Rajasthan

ABSTRACT

Health education is an important constituent of public health & health promotion. Health education aims for positively influencing the health behavior of people by informing & instructing common populace about health & hygiene and other health related issues. Across the globe public health promotion activities focus on health education to influence heath behavior of the target audiences. Being an important social organization mass media has wide reach and access that can influence the public by improving their health education level. Mass media play crucial role in disseminating health information and increasing awareness about health education. Media not only spread awareness, but also inform and educate people over a period of time. This ultimately helps in the change of attitude & behavior of audience for achieving better health. In other words, media is instrumental in bringing behavioural changes in knowledge, beliefs, and attitudes about health and healthy behaviours. The present study takes into account the role of mass media for health education.

Key Words: Public Health, Health promotion, Health Education, Mass Media, Health Information, Health Communication etc.

INTRODUCTION

Health education is an interdisciplinary social science that draws from many disciplines i.e. medical sciences, psychology, education, environment, biology, and other disciplines, with an objective of providing information and instructing individuals, groups, and communities to achieve & maintain better health.

HEALTH

According to World Health Organisation (1948) health is defined as a state of complete physical, mental and social well-being. Health is not just the absence of disease or infirmity. This definition of health speaks about the absence of disease or infirmity. While health is not just the absence of illness or infirmity

In fact, defining health isn’t an easy task. Health is a combination of many facets of one’s personality. Sharma & Gupta (2016) mention that health is much more than the biomedical health. Heath includes physical health, mental health, spiritual health, family health, social health & well-being etc. Health is a multidimensional concept; Health is not just physical state of health as it includes mental, physical, social, psychological, and economic health etc. Health includes wellbeing also. The Ottawa Charter of WHO tried to include this multidimensional concept of health. World Health Organisation (1986) Ottawa Charter stressed that education, food, shelter, income, peace, a stable ecosystem; sustainable resources, equity, and social justice are necessary inputs for health.

HEALTH EDUCATION

World Health Organisation (1986) health promotion Glossary defines Health education as consciously constructed opportunities for learning involving some form of communication techniques
designed to improve health literacy, that includes improving knowledge, and developing life skills, which are conducive to individual and community health.

PUBLIC HEALTH
World Health Organisation’s (1986) health promotion glossary defines that Public health is the science and art of promoting health among common public. It aims at the prevention of disease, and prolonging the life of people. This prevention of disease and prolongment of life is done through the well-coordinated and organised efforts of different segments of society.

HEALTH PROMOTION
Health Promotion is a key component of Public Health. In fact, the very basic structure of public health is based on health promotion. Health promotion aims at promoting the health of each and every individual, in a family, which is part of a community in any given populations. Thus health promotion tries to transform the health of individuals, families, and communities.

HEALTH EDUCATION & MASS MEDIA
WHO (1986) health promotion glossary explains Health education as the combinations of learning experiences which are designed to help individuals and communities have improve control over their health. This improvement in control is done by increasing their knowledge about the surrounding or influencing their attitudes towards health.

This health promotion glossary further explains health education is not limited to the dissemination of health-related information but also inspiring and motivating the populace, to take necessary action to improve health,

WHO’s health promotion glossary also emphasizes on the communication of information concerning the underlying social, economic and environmental conditions impacting on health, as well as individual risk factors and risk behaviours, and use of the health care system.

Health promotion glossary further explains that main objective of health education is not only to increase knowledge about personal health behaviour but also to develop skills demonstrating the political feasibility and organizational possibilities of various forms of action to address social, economic and environmental determinants of health.

Going forward by the WHO definition of health education we find that WHO definition emphasizes on the

1. Dissemination of health related information
2. Inspiring and motivating the population for
3. Taking necessary action (behavior change)
4. Improve health
5. Maintain healthy behavior / lifestyle

Motivating a large number of people simultaneously is a herculean task. That is done at several levels. Health education aims to empower individuals, groups, organizations, and communities, by imparting health information and addressing health issues with a view to positively influence their health behavior. Gupta & Sharma (2015) suggest that mass media impart necessary health information in our daily life enabling common people to take appropriate decision about their different aspects of their lives especially about health.

Evidences suggest that mass Media play a central role in informing & education people about important events / changes happening around the world. Especially because media connect the audience to the world beyond their immediate reach. In other words, media bring the world closer to the audience and increase their reach and access. Mass media is one such institution which has the ability and potential to influence every an individual’s life in a big way. We see that media has ability to influence, our behaviour, our culture and even it can affect our thinking and attitudes towards different issues in our daily life (Gupta, 2006).
HEALTH PROMOTION VS HEALTH EDUCATION
Health promotion and health education are two different concepts of public health. Unfortunately over the years they have been used interchangeably. Whitehead (2008) says health promotion and health education are different concepts. While health promotion emphasizes on environmental and socio-economic determinants and participatory involvements; health education focuses on empowering individuals and communities by providing information and teaching techniques to achieve better health.

Health education is a vital component of health promotion. Mass media play crucial role in disseminating health information and increasing awareness about health education. Here we can see that both health promotion and health education have common goals of achieving better health for people.

MEDIA ARE INTEGRAL PART OF OUR DAILY LIFE
In today’s technology driven world we are surrounded by technology, and use different technological gadgets in our day-to-day life. When we wake up in the morning, many people like to get latest news so they switch on to the TV or radio while sipping the morning tea/coffee. Even in washroom while performing the call of nature or taking bath, many of us like to use mobile / tablet to get connected with friends/ relatives / business clients around the world. Besides, during commuting to office we use mobile / other gadgets to reply to messages to our SNW connections / emails. After reaching office / business we use different gadgets e.g. desktop/laptop/ other instruments to perform our daily work. In evening when we reach back home we use TV / Radio for entertainment or other purposes. Biagi (2003) found that in today’s technology driven world, an individual who uses these gadgets spends more time with these gadgets than the time he spends in sleeping or for his work or business.

More over advertising we see / listen / read on different media channels affect our habits / attitudes / thinking / beliefs related to many different issues related to our daily life. Health is an issue among many of them, which can be achieved through a constructive use of entertainment / information / advertising. Sharma (2015) suggests that print media Print media (i.e. Newspapers, Magazines, leaflets, brochures etc.) Play an important role in informing and educating the people about important events related to their daily life. Sharma further suggests that newspapers are among the most important sources of health related around the world. The print media provide detailed information on almost every topic related to health.

Altshull (1995) explains that different mass media are largely present in our daily life and they have a big impact on us. These media play a great role as political and social force and they the power to influence different aspects of our life in a big way. Health is one aspect among them. By informing the important things about the health related issues, media help bringing the behavioral changes among the people. These changes may be related to change in the previous unhealthy habits, or wrong beliefs, or may be related to preoccupied attitudes or aimed at reinforcing the existing beliefs of habits. Media have wide reach and access to influence millions of audiences, geographically scattered over thousands of kilometer in different territories, across the geopolitical boundaries. With these qualities media are intensively employed in health education programmes. Research studies conducted world over have suggested that media, through right mix of messages, have the potential to produce behavior change among the target populace. Media play the role of change agent for positively influencing the health behavior of people. In fact media can act an instrument for reinforcing the existing health belief and behavior. In short we can say that media is instrumental in bringing behavioural change about knowledge, and attitudes about health and healthy behaviors. Collins et al. (2003) suggest that media plays the role of change agent. It can influence the behavior of people for the sake of better health by adapting to preventive measure which stops the spread of disease i.e. use of condom to stop HIV/ AIDS. By informing & educating about different health issues, media help promote healthy lifestyle and positive behavior changes among the common public.
Mass media is instrumental in affecting knowledge and attitudes of people for adopting / maintaining healthy lifestyle. It is a well-known fact that Media influences our behavior toward health belief by informing and educating people. Mass media interventions have great impact on common people’s knowledge, attitudes and behavior towards health and healthy lifestyle.

LITERATURE REVIEW

Williamson & Carr (2009) opines that an individual’s health is influenced by many factors. These factors include the environment they live in, the family-they are part of, the community they belong to. Actually, Socio-economic circumstances of an individual play more important role on a person’s health than his/her own health maintenance behavior.

Mass media is one such institution which has the ability and potential to influence every an individual’s life in a big way. We see that media has ability to influence, our behaviour, our culture and even it can affect our thinking and attitudes towards different issues in our daily life (Gupta, 2006).

Whitehead (2004) mentions that health education relates to those activities informing individuals about the cause and nature of health /sickness and the individual’s vulnerability attached with their lifestyle and behavior. Whitehead further explains that the main objective of health education is to motivate individuals, groups, and communities to adapt to a process of behavioral change by influencing their value system, attitude and beliefs.

Biagi (2003) found that in today’s technology driven world, an individual who uses these gadgets spends more time with these gadgets than the time he spends in sleeping or for his work or business.

According to Mackintosh (1996) health education involve those activities which aim to increase an individual’s awareness by providing him / her necessary health knowledge level to enable him/her to take decision on their health issues.

Maben & Macleod-Clark (1995) is of the opinion that health promotion aims at providing people with healthier and easier choices. The main aim of health promotion is to inform people about what choices are available to them within the given framework. It also informs them what is healthier for them and what is unhealthier.

According to Kreps (1988) the main purpose of health communication is health promotion & Health Education for various aspects of prevention of disease and can be used in situations. Health communication helps in the designing of public health messages and encouraging people for promoting healthy behaviour.

WORKING DEFINITION OF THE IMPORTANT TERMS

HEALTH: For the purpose of this study the meaning of health is the general state of health of a person that includes both physical health and mental health.

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

HEALTH PROMOTION – For the purpose of this study health promotion means a combination of effort or processes which aims to enable people to improve control and increase control over their health.

HEALTH EDUCATION – Health education means providing information, & instructing people about health to attain & maintain better health.

MASS MEDIA/MEDIA - Mass media, also called media, means the different channels of mass communication which send messages to millions of people simultaneously i.e. Radio, TV,
Newspapers/Magazine, Satellite / Cable TV, Internet; and Social Networking websites etc. Media & Mass Media both the words are used interchangeably in this study.

HEALTH INFORMATION - Any information related to health, useful in the maintaining /improving health or preventing the sickness / illness of an individual.

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

RESEARCH METHODOLOGY

A 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 Rajasthan state in the Republic of India. Structured questionnaires – 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. Data were analysed after collection of questionnaires.

Main Objectives of this Study:
1. To explore the health consciousness of general public.
2. To understand that mass media is important for health communication
3. To identify the most important media for health communication
4. To assess the role of mass media in health education

HYPOTHESIS:
1. Mass media spread awareness about health
2. Mass media is an important tool for health communication
3. Television is the most effective media for health communication
4. Mass media play an important role in health education

RESEARCH DESIGN:
1. Questionnaire designed and structured
2. Sample population identified for eliciting the response
3. Interview conducted with respondents
4. Data analysed and interpreted

Data were collected through mainly primary sources. Stratified random sampling technique was used for the purpose of this research. Questionnaires were compiled with the help of well-trained interviewers. Interviewers explained the respondents different terms used in the questionnaire before eliciting the response.

ANALYSIS OF DATA

PERSONAL PROFILE OF RESPONDENTS

Table 1.1 Gender

<table>
<thead>
<tr>
<th>Item No</th>
<th>Gender</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>83</td>
<td>63.85</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>47</td>
<td>36.15</td>
</tr>
<tr>
<td>3</td>
<td>Total</td>
<td>130</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Chart 1.1 Gender

Table 1.2 Marital Status

<table>
<thead>
<tr>
<th>Item No</th>
<th>Gender</th>
<th>Male (Numbers)</th>
<th>Male (%age)</th>
<th>Female (Numbers)</th>
<th>Female (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Single</td>
<td>24</td>
<td>28.92</td>
<td>12</td>
<td>25.53</td>
</tr>
<tr>
<td>2</td>
<td>Married</td>
<td>52</td>
<td>62.65</td>
<td>31</td>
<td>65.96</td>
</tr>
<tr>
<td>3</td>
<td>Divorced / Separated</td>
<td>07</td>
<td>8.43</td>
<td>04</td>
<td>08.51</td>
</tr>
<tr>
<td>4</td>
<td>Total</td>
<td>83</td>
<td>100.00</td>
<td>47</td>
<td>100.00</td>
</tr>
</tbody>
</table>
Table 1.3 Age

<table>
<thead>
<tr>
<th>Item No</th>
<th>Age Group (In Years)</th>
<th>Male (Numbers)</th>
<th>Male (%age)</th>
<th>Female (Numbers)</th>
<th>Female (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20 to 30</td>
<td>10</td>
<td>12.05</td>
<td>05</td>
<td>10.64</td>
</tr>
<tr>
<td>2</td>
<td>31 to 40</td>
<td>31</td>
<td>37.35</td>
<td>20</td>
<td>42.55</td>
</tr>
<tr>
<td>3</td>
<td>41 to 50</td>
<td>19</td>
<td>22.89</td>
<td>12</td>
<td>25.53</td>
</tr>
<tr>
<td>4</td>
<td>51 to 60</td>
<td>12</td>
<td>14.46</td>
<td>08</td>
<td>17.02</td>
</tr>
<tr>
<td>5</td>
<td>61 &amp; Above</td>
<td>11</td>
<td>13.25</td>
<td>02</td>
<td>4.26</td>
</tr>
<tr>
<td>6</td>
<td>Total</td>
<td>83</td>
<td>100.00</td>
<td>47</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Chart 1.3 Age

Table 1.4 Educational Qualifications

<table>
<thead>
<tr>
<th>Item No</th>
<th>Educational Qualifications</th>
<th>Male (Numbers)</th>
<th>Male (%age)</th>
<th>Female (Numbers)</th>
<th>Female (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to 10th</td>
<td>11</td>
<td>13.25</td>
<td>4</td>
<td>8.51</td>
</tr>
<tr>
<td>2</td>
<td>Up to 12th</td>
<td>21</td>
<td>25.30</td>
<td>12</td>
<td>25.53</td>
</tr>
<tr>
<td>3</td>
<td>Graduation</td>
<td>34</td>
<td>40.97</td>
<td>22</td>
<td>46.81</td>
</tr>
<tr>
<td>4</td>
<td>Post-Graduation or More / Professional Degree</td>
<td>17</td>
<td>20.48</td>
<td>09</td>
<td>19.15</td>
</tr>
<tr>
<td>5</td>
<td>Total</td>
<td>83</td>
<td>100.00</td>
<td>47</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Chart 1.4
### Table 1.5 Occupation

<table>
<thead>
<tr>
<th>Item No</th>
<th>Occupation</th>
<th>Male (Numbers)</th>
<th>Male (%age)</th>
<th>Female (Numbers)</th>
<th>Female (%age)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Study</td>
<td>10</td>
<td>12.05</td>
<td>6</td>
<td>12.77</td>
</tr>
<tr>
<td>2</td>
<td>Salaried Class</td>
<td>37</td>
<td>44.58</td>
<td>28</td>
<td>59.57</td>
</tr>
<tr>
<td>3</td>
<td>Own Business</td>
<td>24</td>
<td>28.91</td>
<td>6</td>
<td>12.77</td>
</tr>
<tr>
<td>4</td>
<td>Retired</td>
<td>12</td>
<td>14.46</td>
<td>3</td>
<td>06.38</td>
</tr>
<tr>
<td>5</td>
<td>Housewife</td>
<td>0</td>
<td>00.00</td>
<td>4</td>
<td>08.51</td>
</tr>
<tr>
<td>5</td>
<td>Total</td>
<td>83</td>
<td>100.00</td>
<td>47</td>
<td>100.00</td>
</tr>
</tbody>
</table>

### Chart 1.5

Educational Qualifications

![Chart showing educational qualifications by gender and occupation](chart.png)
Table 1.6 Monthly Income

<table>
<thead>
<tr>
<th>Item No</th>
<th>Monthly Income</th>
<th>Male (Numbers)</th>
<th>Male (%)</th>
<th>Female (Numbers)</th>
<th>Female (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to 15000/-</td>
<td>6</td>
<td>7.23</td>
<td>4</td>
<td>8.51</td>
</tr>
<tr>
<td>2</td>
<td>15001/- to 30000/-</td>
<td>16</td>
<td>19.28</td>
<td>15</td>
<td>31.91</td>
</tr>
<tr>
<td>3</td>
<td>30001/- to 50000/-</td>
<td>33</td>
<td>39.76</td>
<td>15</td>
<td>31.91</td>
</tr>
<tr>
<td>4</td>
<td>50001/- to 80001/-</td>
<td>20</td>
<td>24.10</td>
<td>11</td>
<td>23.41</td>
</tr>
<tr>
<td>5</td>
<td>80001/- &amp; above</td>
<td>08</td>
<td>9.63</td>
<td>02</td>
<td>4.26</td>
</tr>
<tr>
<td>5</td>
<td>Total</td>
<td>83</td>
<td>100.00</td>
<td>47</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Chart 1.6 Monthly Income

Chart 2.1 Media spread awareness about health

<table>
<thead>
<tr>
<th>Response</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/ Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents / % age</td>
<td>74/ 56.92</td>
<td>34/26.15</td>
<td>14/10.77</td>
<td>8/ 06.16</td>
<td>0</td>
</tr>
</tbody>
</table>

ANALYSIS OF RESEAArch QUESTIONS
Table 2.2 Media is an important tool for health communication

<table>
<thead>
<tr>
<th>Response</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents / % age</td>
<td>64/49.23</td>
<td>33/25.38</td>
<td>19/14.62</td>
<td>10/7.69</td>
<td>4/3.08</td>
</tr>
</tbody>
</table>

Chart 2.2

Table 2.3 TV is the most effective media for health communication

<table>
<thead>
<tr>
<th>Response</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree/Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents / % age</td>
<td>57/43.85</td>
<td>42/32.31</td>
<td>21/16.15</td>
<td>6/4.61</td>
<td>4/03.08</td>
</tr>
</tbody>
</table>
Table 2.4 Media play an important role in spreading health education

<table>
<thead>
<tr>
<th>Response</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neither Agree / Nor Disagree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents / % age</td>
<td>71/54.61</td>
<td>40/30.77</td>
<td>10/7.69</td>
<td>4/3.08</td>
<td>5/3.85</td>
</tr>
</tbody>
</table>

Chart 2.4

**Analysis of Data**

The analysis of the data shows the following results.

**Table 1.1** is about the gender of the respondents. It shows that a total of 130 respondents were included in the survey. Out of 130 there were 83 males and 47 females, which translates that 63.85% were males while 36.15% are females.

**Table 1.2** reflects the marital status of respondents. It shows that out of total males there are 24 singles, 52 married and 7 person divorced / separated; while among the females there 12 singles, 31 married, and 4 person divorced / separated. In terms of percentage it calculates that 28.92 % males & 25.53 % females are single; while 62.65 % males & 65.96 are married. On the ther hand 8.43% males & 8.51 % females are divorced / separated.

**Table 1.3** explain about the age group of the respondents. It shows that smallest group of 12.05% male respondents belong to age group 20-30 years, while largest group of 37.35 % male respondents
belong to age group 31-40 years. On the other hand 22.89% male respondents come from the age group of 41-50 years; while 14.46 % male respondents come from the age group of 51-60 years. a meagre 13.25% male responents come from the age group 61& above. It shows that smallest group of 4.26% female respondents belong to age group 61& above years, while largest group of 42.55% female respondents belong to age group 31-40 years. Youngest group of female respondents consists 10.64% belong to the age group of 20-30 years; while 25.53 % of female respondents belong to the age group of 41-50 years. on the other hand 17.02% of female respondents belong to the age group of 51-60 years.

**TABLE 1.4** says about the educational qualifications of the respondents. The table shows that 13.25 % and 8.51 % male and female respectively have education up to class 10th; 25.30 % Males and 25.53 % females respectively have education up to class 12th. The major chunk for both the 40.97 % males and 46.81 % females had education up to graduation. On the other hand 20.48% males and 19.15% females had post graduate or more / professional degree.

**TABLE 1.5** speaks about the occupation of the respondents. 12.05 % male and 12..77 % female respondents were still studying; while major chunk of 44.58 % males and 59.57% females belong to salaried class. 28.91% male, and 12.77% female respondents belong to own business category; while 14.46% males and 6.38 % female respondents were retired. 04.00% of the respondents were housewife.

**TABLE 1.6** explains that major group of the respondents i.e. 39.76% males and 31.91% females belong to the income group of 30001/- to 50000/- ; while smallest group of respondents i.e. 9.63% males and 4.26% females belong to the income group of 80001/- and more. On the other hands 7.23% males and 08.51% females belong to the income group of up to 15000/-; while 19.28% males and 31.91% females belong to the lowest income group of 15001/- to 30000/- P.M forming the second largest group of respondents. Similarly 24.10% males and 23.41% females belonging to income group of 50001/- to 80000/- formed another second largest group.

**ANALYSIS OF RESEARCH QUESTIONS**

**Table 2.1 MEDIA SPREAD AWARENESS ABOUT HEALTH**
Analysis shows that largest group of respondents 56.92% strongly agreed that media spreads awareness about health, while smallest group of respondents 06.16% disagreed about it. On the other hands 26.15% respondents agreed that media spread awareness about health, while 10.77% respondents were neither agreed nor disagreed. Hence

**Table 2.2 MEDIA IS AN IMPORTANT TOOL FOR HEALTH COMMUNICATION**
Analysis of data reflects that largest group of respondents 49.23% strongly agreed that media is an important tool for health communication; while smallest group of respondents 3.08% strongly disagreed about it. On the other hand 25.38% people agreed about it while 7.69% respondents disagreed about it. Interestingly 14.62% respondents were undecided about it as they neither agreed nor disagreed.

**Table 2.3 TV IS THE MOST EFFECTIVE MEDIA FOR HEALTH COMMUNICATION**
Analysis of data reflects that 43.85% respondents (biggest group) strongly agreed that TV is the most effective media for health communication; while only 03.08% respondents (smallest group) strongly disagreed about it. On the other hand 32.31% and 4.61% respondents agreed and disagreed respectively. Interestingly 16.15 % respondents were undecided as they neither agreed nor disagreed.

**Table 2.4 MEDIA PLAY AN IMPORTANT ROLE N SPREADING HEALTH EDUCATION**
Analysis of data reflects that overwhelming 54.61% respondents strongly agreed that media play an important role in spreading health education; while only 03. 85% respondents strongly disagreed about it. On the other hand 30.77 % respondents agreed; while only 3.08 % respondents disagreed. A good number of respondents 07.69% neither agreed nor disagreed.
INTERPRETATION OF DATA

For the sake of assessing the objectives of the study, some hypotheses were formulated by the researchers on the topics of media and health awareness, media and its role in spreading health education, TV as the most effective medium for health communication etc.…..

To test these hypotheses a questionnaire was designed by the researcher. The questionnaire contained some general questions as well as some specific questions. General questions were formulated to assess the general awareness of respondents about health & hygiene; while specific questions were formulated based on Likert Scale.

HYPOTHESIS ONE tests that media spread awareness about health. The data analyses of specific questions show that largest group of respondents 56.92% strongly agreed while smallest group of respondents 06.16% disagreed about it. On the other hands 26.15% respondents agreed, while 10.77% respondents were neither agreed nor disagreed. Interestingly no respondent strongly disagreed. Hence it can be concluded that hypothesis one is proved.

HYPOTHESIS TWO tests that media is an important tool for health communication. The responses reflect that largest group of respondents 49.23% strongly agreed; while smallest group of respondents 3.08% strongly disagreed about it. On the other hand 25.38% people agreed about it while 7.69% respondents disagreed about it. Interestingly 14.62% respondents were undecided about it as they neither agree nor disagree. Hence hypothesis two can be said proved.

HYPOTHESIS THREE tests that TV is the most effective media for health communication. Results show that 43.85% respondents (biggest group) strongly agreed; while only 03. 08% respondents (smallest group) strongly disagreed about it. On the other hand 32.32% and 4.61% respondents agreed and disagreed respectively. Interestingly 16.15 % respondents were undecided as they neither agreed nor disagreed. Hence hypothesis three is proved.

HYPOTHESIS FOUR is about media play an important role in spreading heath education. Data show that 54.61% respondents strongly agreed; while only 03. 85% respondents strongly disagreed about it. On the other hand 30.77 % respondents agreed; while only 3.08 % respondents disagreed. Just 07.69% respondents neither agree nor disagree. Hence hypothesis four is proved.

CONCLUSION

Health is an important aspect of one’s personality. Health Education is a systematic process which starts early in life. Media being a social organisation have great potential in influencing the life of people.

Media play an important role in spreading health education as it has a wide reach among the populace in India. People believe that TV is still the most effective media for health communication.

TV being a unique media affecting two senses of human being i.e. eyes & ears proves to be the most effective media for health communication.

The researcher concludes that hypothesis 1, 2, 3, & 4 are tested and proved.

LIMITATION & IMPLICATIONS

1. Main limitation of this study is that it is conducted as an overall account of media including digital media, print media & new media. This study doesn’t take into account every media separately, as every media has unique traits in influencing the audience.

2. Another limitation of this study is that it doesn’t include the traditional media e.g. puppetry, folk shows, roadshows, traditional story telling etc. in spreading health education.

SUGGESTIONS

1. Since new media / social media (SNWs) are becoming fast popular, a separate study is proposed on the role of new media on the spreading health education.

2. More researches are proposed to study the link between different media and the health education among common people…..
BIBLIOGRAPHY


WHO (1948): Health promotion glossary, Section I (List of Basic Terms):
