

## ORIGINAL RESEARCH PAPER

THE ROLE OF RADIO IN CREATING AWERENESS ABOUT HEATH AMONG WOMEN: A STUDY OF GULBARGA DISTRICT

Journalism and Mass Communication

KEY WORDS: Mass media, Radio, Health programmes, Women.

Pallavi Vaijanath
Dr.J.M. Chandunavar

Research Scholar, Dept. of Journalism and Mass Communication, Karnataka State Women's, University, Bijapur-586108, Karnataka, India.

Associate Professor, Dept. of Journalism and Mass Communication, Karnataka University, Dharwada, Karnataka, India.

It has become imperative to impart health education to the people in our country to lead life in a healthy manner. In this regard, Mass Media plays a prominent role to ensure and protect public health. Media works as a link between the specialized doctors. And the people confronted with health problems. Radio has played a significant role in the national development. As the radio of illiteracy is still high in our country, radio researches more people than newspapers. Radio is broadcasting health programmes to enhance the knowledge base of the people. For instance, radio serials entailed "Palaka Darshini ", "Sasya sanjivini" "sasya Surabhi" and "Sasya siri"(programmes on medicinal plants); "Dhareya siri" "Akka Kelavva" (programmes on bio -diversity) broadcasting from Bangalore and Dharwad Radio stations have become popular programmes. Radio has its role in ensuring and protecting public health. From Mother and Child care to the prevention and control of epidemic diseases, radio is disseminating information and health education. It played a complimentary role in international campaign to eradicate polio. Radio has been effectively used to create awareness on recently emerged deadly disease "AIDS". For present research study simple random sampling method was used to find out the impact of women health programmes in radio and total 300 Respondents have been selected and primary data was collected through the questionnaire method. The findings of the study shows that "hello doctor" programme is the most popular among women and they are getting valuable information through this programme and radio was given third preference for credible source of information regarding women health.

## I. Introduction:

The Radio has been considered as the most pervasive and most effective medium in reaching widely dispersed heterogeneous audience through the world. It is popular worldwide for being the cheapest, simplest and most portable medium of mass communication. Traditionally, in Indian context radio is being used as a medium to impart information to create awareness on various issues. Radio was the only medium which could reach large mass at a time. So, government of India used it English people about health, education, women issues, gender issues, human rights, agriculture etc. out of these, creating health awareness has become a major concern of the government as health is the most important thing for national development in the aspect.
"Health is Wealth", "health is a Blessing" are quotation reflecting the importance given to health. The term Health means the condition of being safe and sound both physically and mentally. Health comprises the state of complete physical, mental and social well- being and not merely the absence of disease or infirmity. It cannot be gained within a day or two it is earned through conscious, planned and sustainable efforts all through life. For ensure the good standard of health, it is very essential to provide health education to the general public especially education women is very important. A woman, being the care taker of the family it is highly important to educate women about health. Her health condition Contributes a lot in family structure. Keeping this in mind mass media is giving important to women health programs to educate women on her person health problems.

The social and cultural believes have always pushed women a side and being treated as weaker section of the society. In this background radio has played a vital role in education women about physical and mental health. Radio has its role in ensuring and protecting women health through its various programs. Form mother and child care to the prevention and control of epidemic diseases, radio is ceaselessly disseminating information and health education.

In this context, Communication process becomes complete only when there is a feedback on the message sent through a medium. With this regard it is important to know the benefit of health programmes among women and also to find out important to the source credibility of Radio.

Women health related programs in the form of talk shows, | www.worldwidejournals.com |
discussion, play, small stories, success stories, phone-in programs etc, being broadcasting to benefit family norms, to maintain periodic distance between issues, value of nutritional food, women and child care, staff motherhood, immunization, various diseases and their symptoms, preventive measure etc are being covered to educate women to keep herself and children fit .

## II. Objectives of the study:

The study was conducted with the following specific objectives.

1. To find out the socio-economic condition of the respondents.
2. To analyze the media profile of the respondents.
3. To find out if radio is effective enough in terms of health knowledge imparting
4. To study relevance of health programmes on Radio.
5. To identify the level of the source credibility of Radio.
6. To find out the program presentation style preferred by women.

Research Design and Methods: The study is conducted in the Gulbarga district of Karnataka state. It is a significant district with respect to agriculture development. In this study the method used for research is multistage random sampling technique. From each of the five taluks of the Gulbarga district, two Hobalis (a unit of taluk) are selected and from each Hobali two villages are selected. The respondents are obtained from 20 randomly selected villages. Thus, the total sample size is done on 195 respondents. To know the media habits among the farmer's data is collected through the questionnaire method and for analysis of the collected data Statistical Package for Social Sciences (SPSS) is used.

## V. FINDINGS AND DISCUSSIONS:

Table 1: Distribution of Respondents by Age
$\mathrm{N}=300$

| Age | Sample | Percentage |
| :--- | :--- | :--- |
| Below 20 years | 56 | 18.67 |
| $21-30$ years | 90 | 30.00 |
| $31-40$ years | 86 | 28.67 |
| Above 40 years | 68 | 22.66 |
| Total | 300 | 100.00 |

Table 1, revealed that majority ( $30 \%$ ) of the respondents were in the age group of 21 to 30 years followed by $28.67 \%$ of the respondents belongs to 31 to 40 years, $22.66 \%$ of the respondents belongs to 40 years and above and only $18.66 \%$ of the respondents were in the age group of below 20 years.

Table 2: Distribution of Respondents by Education
$\mathrm{N}=300$

| Qualification | Sample | Percentage |
| :--- | :--- | :--- |
| Illiterate | 64 | 21.34 |
| Primary and secondary | 94 | 31.33 |
| College | 58 | 19.34 |
| Post Graduate | 62 | 20.66 |
| Others | 22 | 7.33 |
| Total | 300 | 100.00 |

Table-2 table presents the educational status of the respondents. Majority ( $31.33 \%$ ) of the respondents were primary and secondary education category followed by $21.33 \%$ of the respondents were illiterates, $20.66 \%$ were belongs to post graduation category and $19.33 \%$ respondents were belongs to college education and only $7.33 \%$ of the respondents were from other education background.

Table 3: Distribution of respondents by occupational Status $\mathrm{N}=300$

| Occupation | Sample | Percentage |
| :--- | :--- | :--- |
| Students | 69 | 23.00 |
| Homemaker | 62 | 20.67 |
| Self Employed | 28 | 9.33 |
| Government Employees | 30 | 10.00 |
| Private Sectors | 56 | 18.67 |
| Others | 55 | 18.33 |
| Total | 300 | 100.0 |

Table 3: reveals about occupational status of the respondents. In this study majority $(23 \%)$ of the respondents are students followed by $20.67 \%$ of the respondents are home maker. $18.67 \%$ of the respondents are working in Private Sectors, 18.33\% Of the respondents are Others and $10 \%$ of the respondents are working in government service. Only 9\% of the respondents are working in Self Employed.

Table 4: Distribution of the Respondents by Media Users $\mathrm{N}=300$

| Media Ownership | Sample | Percentage |
| :--- | :--- | :--- |
| Newspapers | 142 | 47.33 |
| TV | 300 | 100.00 |
| Radio | 194 | 64.67 |
| Mobile | 270 | 90.00 |

Table 4: reveals that by distribution of the respondents by Media Users, majority ( $100 \%$ ) of the respondents are having televisions in their home followed by $90 \%$ of the respondents are having Mobile sets, $64.67 \%$ of the respondents are having own radio sets and 47.33 of the respondents are receiving newspapers at home.

Table-5: Distribution of the Respondents by Radio listening $\mathrm{N}=300$

| Radio listening | Sample | Percentage |
| :--- | :--- | :--- |
| Yes | 192 | 64.00 |
| No | 108 | 36.00 |


| Women health programmes |  |  |
| :--- | :--- | :--- |
| Yes | 158 | 52.66 |
| No | 142 | 47.33 |

Participation in women health programmes

| Yes | 118 | 39.33 |
| :--- | :--- | :--- |
| No | 182 | 60.66 |

Table -5 , stated that a great Majority ( $64 \%$ ) of the respondents listen to the Radio and only $36 \%$ stated that they did not listen radio at all. Further the table examines that majority of the respondents ( $52.66 \%$ ) of the respondents listen women health programmes and among them $39.33 \%$ of the respondents were participate in the programmes.

Table -6: Distribution of the Respondents by listening women health programmes

| Programmes | Sample | Percentage |
| :--- | :--- | :--- |
| Hello Doctor | 140 | 72.91 |
| HIV awareness | 128 | 64.66 |
| Interviews with doctors | 106 | 55.20 |
| Government schemes related to women | 94 | 48.95 |
| Soubhagyavatiya samasyegalu | 135 | 70.25 |
| Others | 118 | 61.45 |

Table No. 6 repealed that Majority (72.91\%) of the respondents listen to Hello Doctor programme followed by $66.66 \%$ listen HIV awareness programmes. $98.95 \%$ listen other programmes, and while $55.20 \%$ listen interview with doctors and only $48.95 \%$ listen government schemes related to women. The above made analysis shows that Hello Doctor programme is the most popular among women and the reason may be, they are getting valuable information through this programme.

Table 7: opinion about women health programmes in Radio $\mathrm{N}=192$

| Utilization of information | Sample | Percentage |
| :--- | :--- | :--- |
| Fully | 84 | 43.75 |
| Some extent | 70 | 36.45 |
| Never | 38 | 19.79 |
| Need for women health programmes |  |  |
| Yes | 174 | 90.63 |
| No | 18 | 9.37 |
| Fulfill the information needs | 126 | 65.62 |
| Yes | 66 | 34.37 |
| No | 66 |  |
| Quality of health programmes | 14.58 |  |
| Very good | 28 | 76.05 |
| Good | 146 | 9.37 |
| Bad | 18 | 00.00 |
| Very bad | 00 |  |

Table7: shows that most of the respondents (43.75\%) expressed that fully used the information provided by radio in their day today life and $36.45 \%$ used it some extent and only $19.79 \%$ of the respondents do not use at all. While, majority of the respondents $90.62 \%$ opined that they need women health related programmes. Further the table indicates that most of the respondents ( $65.62 \%$ ) expressed that women health programmes in radio fulfill their needs. The above table reveals respondents opinion on the quality of health programmes in Radio. The majority of respondents (76.04\%) recorded their opinion about quality of programme as good, followed by very good (14.58\%), bad $(9.37 \%)$ and the interesting outcome of the table is that there is none of the Respondents recorded as very bad.

Table 8: Types of presentation preferred by women
$\mathrm{N}=192$

| Types of presentation | Total score | Rank |
| :--- | :--- | :--- |
| Discussions | 136 | 1 |
| Talks | 108 | 2 |
| Question and Answer | 96 | 3 |
| Interviews | 72 | 4 |

Table 5: indicates that the respondents ranked discussion as first choice followed by talks, question and answer and interview was ranked as the least preferred type of presentation. The above results stated that discussion was most effective format to the listeners of women health programmes.

Table 9: Source credibility on health programmes

| Source credibility | Total score | Rank |
| :--- | :--- | :--- |
| Doctors | 190 | 1 |
| TV | 186 | 2 |
| Radio | 178 | 3 |
| Neighbors | 128 | 4 |
| Newspapers | 122 | 5 |
| www.worldwidejournals.com |  |  |

The above table deals with the opinion of listeners about the credibility of women health programmes. The data found that doctors was ranked first credible source of health information, followed by TV, Radio, Neighbors and Newspapers. It is interesting to note that radio was given third preference for information regarding women health.

## Conclusion

Radio is broadcasting health programmes to enhance the knowledge base of the people. Radio has its role in ensuring and protecting women heath through its various programs. From Mother and Child care to the prevention and control of epidemic diseases, radio is ceaselessly disseminating information and health education. This study indicates that discussion was most effective format to the listeners of women health programmes. This finding of the study reveals that hello doctor programme is the most popular among women. Further, it was found from the study that radio was given third preference for credible source of information regarding women health.

## References

1. Annual Reports, All India Radio, 1992;PP87
2. Arya sunanda (1989) 'Mass Media and Public Opinion', print well publishers, Jaipur( India) P:2 and 11.cavill N. Bauman A(2004) 'Changing the way people think about health-enhancing physical activity : do mass media campaigns have a role? Journal of sports sciences 2004: 22:771-790.
3. Chandramouli 1987 'a report on Agricultural Marketing Lessons Programme. All India radio Bangalore'.
4. Charles F. Westoff and Akinrinola Bankole(1999) ' mass media and reproductive Behavior in Pakistan, India and Bangladesh'
5. Demographic and health survys Analytical Report No.10. macro International Inc., Calverton, Maryland USA.
6. http://www.measuredhs.com/pubs/pdf.AR10/AR10pdf
7. Hillsdon, M.Cavill, N.Nanchahal, K, Diamond, A. and white, I.R.(2001) National level promotion of physical activity ; results from England's ACTIVE for LIFE campaign. Journal of Epidemiology and community health, 55:755-61.
8. http://jech.bmjjournals.com/cgi/content/abstrct/55/10/755
9. Julie L. Andsger and angele powers(2001) 'Framing Women's Health with a senseMaking Approach: Magazine Coverage of Brest Cancer and Implants', Health communication, 13(2), 163-185, Lawrence Erlbaum Associates, Inc.
10. Johnson, K., and Hoffman, E.(1994) women' shealth and curriculum transformation: the role of medical specialization. In A.J.Dan(Ed.), Reframing women' shealth(pp.27-39). ThousandOaks, Ca: sage.
11. Elisabeth Rehn and Ellen Johnson Sirleaf 2002 Women, War and Peace: United Nations Development Fund for Women New York, www. unifem.undp.org
12. Karen Barker, Catherine Minns Lowe and Margaret Reid(2006) 'the use of mass media interventions for health care messages about back pain' Prepared By Nuffield Orthopedic Center NHS Trust for the health and safety Executive Research Report.
13. William H Hay 2005 "Health \& Food "Galaxy Book Company, Vaishali Nagar, Jaipur.
