Role of Media in Creating Awareness about Health Facilities in Scheduled Caste of Purvanchal

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Abstract: The study is mainly concerned with role of media in creating awareness among scheduled caste of Purvanchal. Purvanchal is eastern part of Uttar Pradesh and it is one of the most underdeveloped regions of India. Scheduled caste people of this region have poor socioeconomic status and underdevelopment of the region further increased their problem, Media is an instrument for empowerment and creating awareness among downtrodden part of society, Media deliver information and create knowledge that leads to awareness about personal health as well as awareness about availability of health facilities in the region that can be utilised for better life style. The study determines what role media is playing for disseminating information about health to Scheduled people of Purvanchal.

Keywords: Health, Scheduled caste, Media, Purvanchal, Development, Healthcare Facilities

Introduction

Health is one of the most important aspects of human wellbeing. It is one of the indicators of human development at personal, social and national level. Government of all countries are concerned for the development of health facilities for their citizen. Government tries to provide affordable high quality preventive and primitive health care to everyone. Government of India provide free medical facilities for many health problems and cost effective medical treatment for other health problems. Various levels of medical facilities are available at villages, district-towns and cities. Providing health facilities and its easy accessibility is one of the important developmental indicators. A country with good health facilities and availability if these facilities to all its citizens at nominal and cost effective way get higher listing in Development index as availability of health facilities are one of the indicators of most of the Development Index survey. Human development index is one of such development index in which life expectancy at birth is the first indicator for human development. Health dimension is assessed by life expectancy at birth. Three dimensions are chosen to calculate overall human development- long and healthy life, knowledge and A descent standard of living.[1] India ranked 130 in Nations with Medium Human Development[2]

Weaker sections of society need special attention at awareness level of their own health as well as information for availability of health care. Media is effective tool for creating awareness, providing knowledge, acting as support system in changing attitude and behaviour of people for their health related issues. Scheduled caste is weaker section of society in terms of economy and lack of awareness of self. Social status of scheduled caste people which is governed by caste system prevent them from availing different types of facilities provided by government especially in rural areas. Centaury old customs and tradition based on caste system denied them of their basic human rights.
**Area of Study** - Purvanchal is situated in eastern part of Uttar Pradesh. Urdu, Hindi and its dialects Awadhi and Bhojpuri are main spoken language in this part of Uttar Pradesh. Its boundary touches Nepal in north, Bihar in east and MP and Chhattisgarh in south and Avadh region of Uttar Pradesh in west. The name Purvanchal is consist of two Hindi words ‘Purva’ meaning east and ‘Anchal’ meaning ‘Region’ leading to the meaning ‘Eastern Region’. [3] The number of district that could be part of Purvanchal state is not clear. There are many websites claiming different numbers. The number of district that could be part of Purvanchal state is not clear. There are many websites claiming different numbers. According to Map of India site there are 28 proposed districts in Purvanchal(Purvanchal map, 2011). The geographical area covers the districts of Bahraich, Sravasti, Balrampur, Sidharth Nagar, Maharaiganj, Kushinagar, Deoria, Ballia, Mau, Ghazipur, Jaunpur, Pratapgarh, Sultanpur, Ambedkar Nagar, Azamgarh, St. Kabir Nagar, Basti, Faizabad, Gonda, Mirzapur, Allahabad, Kaushambi, Chandauli, Sonbhadra, Varanasi, St. Ravidas Nagar, Fatehpur, Gorakhpur. So for the ease of study I had taken these 28 districts as part of Purvanchal for my present study.

**Health Status of scheduled caste** - Certain health status according to national family health survey (NSHS-4) is indicated below.

- 63.2% Scheduled caste children of age 12-13 years received all basic vaccinations while 5.4% received no vaccination.
- 3.0% Scheduled caste children below 5 years has symptoms of acute respiratory infection.
- 68.6% of Scheduled caste children below 5 years were advised diarrhea treatment. Prevalence of anaemia among children age between 6-59 month as mentioned below. It has being observed that 28.2% has mild anaemia, 30.7% with moderate anaemia and 1.6% with severe anaemia.
- 43.0% of children attained age 6-23 month consumed Vitamin A rich diet and 18% consumed iron rich diet.
- 66.3% of Scheduled caste children reaching age 12-35 months consumed Vitamin A supplements, 26.2% consumed iron supplements reaching age 6-59 month and 31.2% of Scheduled caste children given deworming medicine reaching age 6-59 months.
- There is 91.6% Scheduled caste house hold use iodised salt.

**Health care and Scheduled caste** - According to Ministry of health and welfare site Various Public Health Programmes are running in the country and SCs are taking benefit. To benefit the scheduled caste people living in remote and rural areas the State Governments have been advised to introduce schemes for compulsory annual medical examination of Scheduled Caste population in rural areas. Various facilities provided by government are –

1. National Malaria Eradication Programme which include Filaria Control, Japanese Encephalitis Control and Kala-azar Control are implemented by States/UTs with 50% assistance provided by Centre for spraying insecticides, supply of Anti-Malaria drugs etc. in SC areas.
2. Hundred per cent assistance from central government for National Leprosy Eradication Programme for detection and treatment of leprosy cases. This programme is implemented in all over the country and covers the entire Scheduled Caste Population.
3. National Tuberculosis Control Programme is implemented with 100% Central Assistance for supply of anti TB drugs, equipment etc. SC areas. [5]

A study on Health-care seeking and expenditure by Indian mothers revealed that lower caste Hindu women spend less for their medical cure than higher or middle caste Hindu women and Muslim women. [6]

A study on health profile of scheduled caste women of Rajasthan it was found that 79.3% child deliver were conducted in health centres. 83% scheduled caste women use contraceptives for family planning. 70.3% SC women visited 8-9 times for antenatal check-up. [7]
Pattern of social exclusion in availability and accessibility of health care is easily visible in Indian context which is based on caste system. A study based on data of the National Family Health Survey II (NFHS II) the other castes (the upper castes) are better regarding treatment of diarrhoea. The proportion of scheduled castes, scheduled tribes and other backward castes not availing any treatments for diarrhoea are comparatively higher than others. The proportion of scheduled castes not availing any treatment for diarrhoea shows the problems of accessibility and availability of treatment. The proportion of scheduled caste and scheduled not getting care for maternity period is high in Scheduled caste and Scheduled Tribe women in comparison to others.[8]

**Literature review-role of media and health**

*International* – a study the role of media across four levels of health promotion intervention revealed that media play four role in health education of people-educator, supporter, Program promoter and media as supplement. Media can be used at any level of audience which is individual audience as target or network level where audience is part of network and obtain health related behaviour from them. At individual level also media perform at different levels of outcome. It can the primary outcome of creating awareness or second level outcome is delivering knowledge which comes next to awareness. Mass media is very effective in changing attitude about health related issues at individual audience level. Mass media can be used to create stimulus for initiating and maintaining self-efficacy about health issues. Skill development for healthy life is important, people can learn to identify the ingredients for healthy diet, and exercise skill etc. media promote skill development. Behaviour change is the ultimate outcome of media effort for health education. Mass media work at network level for health education and that could be understand by two step model of communication flow. Here media is not directly communication with each individual but identify health opinion leaders to communicate others.[9]

It is found from the study that Mass media campaigns can produce positive changes or prevent negative changes on health issues in large populations. Multiple interventions increases the effectiveness of campaign and targeting one problem like Vaccination of children is more effective that targeting long term health behaviour like food habits. Simultaneous availability of health services with media awareness increase the effectiveness of campaign.[10]

Media coverage of AIDS is illustrated example of the role of the news media in bringing about the AIDS epidemic in the public, national political and legislative agendas. The news media coverage of problems of motel families living across the street from Disneyland in Orange County, California stimulate affirmative action by local government and community members. Many donation came from community members after the article about poverty conditions of children came into light.[11]

A study on social media role in health awareness revealed that social media is very effective in creating awareness about the diseases like breast cancer and that awareness leads to early detection of the disease, prevention and support through the process of diagnosis. The social media also helpful in creating community support and connect people and health centres distributed geographically.[12]

**National**

A study in Rajesthan on health education further established that media play an important role in spreading health education and it act as tool for health communication. The study find Television as most effective media for health communication.[13]
A study on importance of mass media in communicating health messages show that majority of the respondents watch advertisement of polio vaccination and AIDS. The respondents have opinion that health advertisement on Television has influence on public.[14]

A study on Impact of Television Health Programmes on Women revealed that Media is extensively used for health related information. Women of different age group refer newspaper or magazines and health related books. Among the respondents who read newspapers and magazines for health very less of them participated in interactive columns of doctors for various health issues. They find television is the convenient medium for health awareness in comparison to other media. Radio lags in attracting listeners for its health related programme. Young respondents are more interested in new media.[15]

The results of the study show Media like television are helpful in improving knowledge about AIDS in India. Other media like radio and newspapers have lower impact in educating people about AIDS prevention and transmission. Mass media in general failed in removing stigma associated with AIDS especially in rural areas and uneducated Indians. Cultural taboos and conservative government actions are the biggest obstruction for generating awareness of AIDS through media.[16]

Objective of study
1. To study the medical facilities availed by scheduled caste of Purvanchal.
2. To study the best source/media to inform scheduled caste about spread of disease.
3. To study the best source/media for information about vaccination and public health facilities.

Research Methodology-
The intent of this segment is to describe the methodology that is planned for research effort. It includes prosed research design, sampling and planned data collection methods and analysis effort.

Research design- the proposed study employs exploratory research design. The main emphasis in such studies is on the discovery of ideas and insight. As such the appropriate research design for such studies must be flexible enough to provide opportunity for considering various aspects of problem under study. Sample survey method is used to get primary data. Close Ended structured Questionnaire is used to get information.

Sampling plan- The members of scheduled caste of Purvanchal region (28 district of Uttar Pradesh) forms the population of this study. The rough population is more than one crore. For investigation purpose member attaining age of 18 years are proposed to be studied. Stratified random sampling is done to obtain information. From each districts two towns or village is randomly selected and then 20 people of Schedule caste community would be randomly selected from each selected town or village. So total of 40 samples are investigated per district. So sample size for the study would be 1120 respondents.

Data analysis – Data analysis is done using simple statistical tools – percentage method and data is represented in chart form for ease of understanding.

Health facilities and role of media
Availability and accessibility of health is important parameters that determine the socio economic status of a community. This section tries to study the role of media in informing and educating Scheduled caste people about availability of health facilities When asked where they go when fall ill, 62.053% of respondents go to government run hospitals while 29.017% go to private hospitals/doctors. 9.82% seek vaidya treatment when fall ill.
Information about vaccination - When asked from where do they get information about availability and importance of vaccination for the scheduled caste children? 35.714% of respondent get information from government hospitals while 32.58% respondents got information from local community people. Among media radio stand first in informing people about vaccination facilities. But only 12.05% people get information from radio. 9.82% respondents get information from TV. 8.48% respondents get information by newspaper. From this graph it is clear that government hospitals and word of mouth by local people play more important role in comparison to media in informing schedule caste people for vaccination facilities.

Information about spread of disease - When asked about from where they get information about the spread of disease 28.57% people said local people give information. 23.21% respondents said Television as important source. 17.41% said radio, 15.625% think newspaper as important source of information. 15.178% of respondents get information from government doctors while 2.678% from private hospitals or doctors.
The figure 3 shows the importance of word of mouth by local people for spreading information about spread of disease. Many times it creates panic about the disease in the community also but later helps in understanding the realities related to the disease via other sources of information and mass media. Television is the most effective media for conveying messages about spread of disease according to the respondents. Radio stands second and newspaper stand third in conveying messages related to spread of disease.

**Information about public health facility** - When asked who convey information about various public health facilities available in the area or elsewhere 28.125% of respondents identified government hospitals as main source of information, 20.089% of respondent get information from local people while 19.64% get information from Television. 18.75% people get information from newspaper while 14.28% respondents get information from radio. In this case also government hospital and local people leads media in informing people about health facilities. But role of media as a whole cannot be negated as in totality they play substantial role.

The figure 4 shows that Television is the most effective media for conveying information about public health facilities according to Scheduled caste respondents. Newspaper is the second most important media for conveying messages about public health facilities and radio follow it according to the respondent’s opinion.
Conclusion

The study shows that scheduled caste people mostly use government hospitals for their health care. Some of them are using private doctors and clinic facilities also. Some goes to Vaidya for their health problem. Vaidya are traditional doctors who may or not have formal medical degrees. They generally treat their patients by naturopathy or Ayurvedic form of medication. Government hospitals play most important role in conveying information about vaccination and public health facilities. Words of mouth or interpersonal communication among local people play major role in conveying messages about spread of disease. In all available media sources Television is the most effective media in conveying messages related to Health facilities. Radio and newspaper follow television is conveying health related messages to scheduled caste people.

References