

Role of Mass Media in Health Promotion: Opinion from Different Intellectuals in Aligarh Muslim University

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Introduction

“Health Promotion is the art and science of helping people to discover the synergies between their core passions and optimal health, and become motivated to strive for optimal health”
 O'Donnell, American Journal of Health Promotion, 2009
 Health promotion is a scientific approach to empower people to recognize and control various factors which determine their health and well being. This is a way of responding to the health care system and leads to assessment of health system performance. For health promotion to take place, societies must be adequately equipped with different channels of health promotion which have been identified as influential in health promotion policies. In the real sense of health promotion, people must have sufficient health information and the necessary attitude and skills to use this information for the benefit of their own health (Bornman, 2000).

Optimal health is a dynamic balance of physical, emotional, social, spiritual and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and most importantly, through creating supportive environments that provide opportunities for positive health practices..”(O'Donnell, American Journal of Health Promotion, 2009, 23,5,i)

The complexity of, and the barriers in health communication, necessitate the careful consideration of appropriate media to enhance and improve the success of communication. Various communication media are available but to date little research has been done to assist the communications manager/specialist in the selection and utilization of mass media for

Abstract

Objective: To assess the level of awareness of different diseases and to explore the role of mass media in spreading health awareness in Aligarh Muslim University campus.

Methods: A total of 1040 subjects of different intellectual levels, who were representative of the AMU community, participated in this study. These subjects responded to a structured questionnaire on awareness of different diseases and sources of information. Having heard of different diseases in question, was defined as awareness.

Findings: About 80 percent of respondents got information about health from newspapers and magazines. 71 percent

reported that television/radio are among the best sources to get information on health related issues.

Conclusion: The study reveals that those exposed to mass media had reported significant knowledge about various morbidities and were likely to seek better health care services. The results underscore the importance of mass media exposure in prevention and control of diseases.

Keywords: media, awareness, diseases, health promotion, AMU, India.

Source of Health Information	Teaching	Non-Teaching	Research Scholar	Post Graduate	Total
Newspaper/Magazine	81.9	66.8	83.3	83.4	80.2
Television/Radio	73.1	66.8	71.2	72.6	71.3
Brochure from Drug store	24.2	22.3	35.6	22.9	25.9
Talk to Doctor	74.2	65.8	70.8	74.6	72.1
Talk to Family	56.0	46.2	60.5	65.1	59.1
Talk to Friends	54.4	43.5	56.7	58.7	54.8
Books	63.2	41.3	63.1	59.6	57.8
Internet	31.9	24.5	36.5	41.3	35.6
Local info session	12.6	22.3	36.5	26.5	25.6
Others	0.5	6.5	6.9	5.9	5.3
No. of persons	182	184	233	441	1040

Table 1: Percent rating of different sources of health information in AMU, Aligarh

health promotion. This study has asked different intellectuals to provide their view on the role of media in order to promote a health campaign.

Methods and Materials

The present study is a primary survey based study in the campus of Aligarh Muslim University (AMU). Based on an expected turnout of 85%, we selected 1040 subjects representative of the population of Aligarh Muslim University. A two-stage stratified random sampling technique was used to select subjects under study. In the first stage, the total sample size was distributed proportionate to the total number of subjects in different faculties. The number thus obtained was distributed proportionate to their size in four different intellectual groups namely, postgraduate, research scholar, non-teaching and teaching. From each determined group of subjects, the desired number of subjects was chosen systematically and interviewed with a structured questionnaire. The final sample size consisted of 233 research scholars, 441 postgraduate, 184 non-teaching and 182 teaching staff.

To assess the role of mass media, subjects were asked two questions.

Firstly, they were asked “Do you think the listed are good sources to get information on health”. For a positive response, one more question was asked “Have you ever got any useful information which added to your knowledge on health aspects”. Those subjects who responded positively to both the questions were defined as exposed to that particular source of health information e.g., exposure to mass media. The diseases for which awareness was assessed were diabetes, hypertension, tuberculosis, asthma and HIV/AIDS. Having heard of any of these diseases in question was defined as ‘awareness’. Multivariate logistic regression models were fitted to examine demographic associations of awareness of diseases with age, gender, education level and exposure to mass media. Analyses were performed by using STATA 10.0 software.

Results

A total of 1040 subjects were successfully interviewed and examined in Aligarh Muslim University campus representing a participation rate of 85.5 percent. Of these subjects, 786 (75.6%) were male and 254 (24.4%) were female.

Source of health information Table 1 presents the information

about the sources of health information among subjects in AMU campus. All the mass media channels including newspaper/ magazine and TV/Radio had a disproportionate share to the sources of health information among different intellectuals in AMU community. Significant differentials were observed in the reporting of source of health information among different intellectuals in the AMU campus. With the increasing level of education, the prediction and reporting status improved sharply.

Awareness of health conditions

Table 2 presents results on the status of knowledge about various health conditions among subjects in the AMU campus. In comparison, respondents are more likely to be very familiar with each of the conditions asked about- Asthma (52.1 %), HIV/AIDS (58.2%), and Arthritis (34.9%), Diabetes (59.0 %), Breast cancer (34.0 %) and Parkinson’s disease (11.7 %), Epilepsy (19.2%) Muscular Dystrophy (11.0%) Leprosy (26.5%), Sinusitis (24.2%), Hypertension (45.2%), Sciatica (13.4 %), RTIs/STDs (20.6%) and T.B (54.2%). There is not a good indication that (11.0 %) of respondents were not familiar with Muscular Dystrophy while (11.7%) were not familiar with Parkinson’s

Health Conditions/diseases	% of Respondents			
	Not at all Familiar	Not too Familiar	Somewhat Familiar	Very Familiar
Asthma	13.9	13.8	20.1	52.1
HIV/AIDS	12.0	9.5	20.3	58.2
Arthritis	21.2	21.8	22.1	34.9
Diabetes	10.4	9.2	21.3	59.0
Breast Cancer	19.1	19.3	27.5	34.0
Parkinson's	38.6	30.7	19.0	11.7
Epilepsy	29.6	30.3	20.9	19.2
Muscular Dystrophy	42.5	30.7	15.9	11.0
Leprosy	22.1	27.1	24.2	26.5
Sinusitis	34.0	23.7	18.1	24.2
Hypertension	17.1	17.8	19.9	45.2
Sciatica	43.1	28.1	15.5	13.4
RTIs/STDs	40.3	23	16.2	20.6
T.B	13.2	14.3	18.3	54.2

Table 2: Percent of respondents familiar with critical health conditions and diseases in AMU, Aligarh

disease. Table 3 further reveals the gender differentials in the reporting of health conditions.

Surprisingly, females in AMU campus reported higher levels of knowledge about their health conditions compared to males.

Results from multivariate regression model

To assess knowledge level regarding health status among subjects in the AMU campus, a scientific approach has been employed. Table 4 presents results from logistic regression analysis showing the variation in knowledge level about health conditions by the respondents'

background characteristics. Here the dependent variable is of binary responses coded as 1 if a student had complete comprehensive knowledge about health status i.e. answered positively for all 12 diseases otherwise coded as zero.

Students of the science stream and other streams are respectively 12

Health Conditions/diseases	% of Respondents	
	Male	Female
Asthma	552 (70.2)	199 (78.3)
HIV/AIDS	616 (78.4)	200 (78.7)
Arthritis	437 (55.6)	156 (61.4)
Diabetes	618 (78.6)	218 (85.8)
Breast Cancer	464 (59.0)	176 (69.3)
Parkinson's	259 (33.0)	61 (24.0)
Epilepsy	325 (41.3)	92 (36.2)
Muscular Dystrophy	223 (28.4)	56 (22.0)
Leprosy	399 (50.8)	129 (50.8)
Sinusitis	343 (43.6)	97 (38.2)
Hypertension	492 (62.6)	185 (72.8)
Sciatica	248 (31.6)	52 (20.5)
RTIs/STDs	308 (39.2)	74 (29.1)
T.B	565 (71.9)	189 (74.4)

Table 3: Gender-differential in knowledge about health conditions/diseases in AMU, Aligarh

percent and 35 percent less likely to acquire knowledge on health conditions compared with medical stream students. Research scholars and teachers have a higher likelihood of having comprehensive knowledge about health and morbidities than undergraduate and graduate students. Significant

differentials were seen in having comprehensive knowledge about health and disease by sex. Females were 1.12 times more likely to have higher knowledge on diseases and health status. Unmarried students had lower chances of reporting knowledge about diseases.

Conclusion

In its very first effort, the present study documented critical evidence on the role of mass media in health promotion. In addition, the study has made an effort to study level of knowledge about disease and health status among different intellectuals and by the exposure of mass media in the AMU campus. Subjects who had exposure of mass media had a good amount of knowledge on health and morbidities. Though the primary aim of paper was to study the role of media in health promotion, remarkable variations are seen in reporting comprehensive knowledge on disease and health states. Students other than those of a medical background and students enrolled in graduate courses have a low level of comprehensive knowledge. Students belonging to the Hindu community have shown greater likelihood of having comprehensive knowledge on diseases. Though the study is based on a small sample size, results have greater scope for policy implications. India has mounted a broad intervention program, including the government, and international, non-governmental, and community-based organizations. With the existing limited infrastructure, universal exposure to mass media could be a most plausible solution and medium for health promotion in the country. Mass media has the potential to make a significant contribution in order to achieve the goal of "Health for All" in the country.

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Independent variables	Odd ratio (Exp. B)
Education Stream (Medical Background®)	
Science Background	0.88*
Others	0.65**
Level of Education (Undergraduate®)	
Postgraduate	1.23
Research Scholar/teachers	1.56**
Sex (Male®)	
Female	1.12
Religion (Muslim®)	
Hindu & others	1.32*
Marital Status (Married®)	
Unmarried	0.77
Place of Residence (With family®)	
Rented room	0.37
Hostel	0.63*
Log likelihood	347.12***
Adjusted R2	0.57

Note: ®: reference category.
 ***p<0.01, **p<0.05, *p<0.10

Table 4: Logistic regression analysis: Odd ratio showing variation level of knowledge about disease and health status in AMU, 2008

Name of the faculties	Teaching		Non-teaching		Research scholar		Post-graduate	
	Population size	Sample size	Population size	Sample size	Population size	Sample size	Population size	Sample size
Management	19	3	12	2	14	2	168	27
Commerce	26	4	26	4	38	6	177	28
Law	26	4	12	2	32	5	50	8
Theology	15	2	14	2	33	5	36	6
Science	174	27	140	22	305	48	603	95
Life Science	65	11	110	17	147	23	176	27
Medicine	230	36	250	39	69	11	166	26
Unani-Medicine	39	6	57	9	0	0	49	8
Social Science	173	27	123	19	536	84	592	94
Arts	105	17	47	7	204	32	406	64
Agriculture	16	3	28	4	46	7	71	11
Engineering	265	42	365	57	66	10	299	47
Total	1153	182	1184	184	1490	233	2793	441

Table 5: Final distribution of sample population by job & education category and faculties