



Media Literacy, Health and Women Malnutrition: The Mediating Effect of Cognitive Absorption

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1.1 Abstract

The research paper is an attempt to identify and delineate the role of media in determining the knowledge of health-related issues among the rural women of Kalli Pashchim and Birura village. Media helps to inform, encourage, motivate and promote people about the information related to health issues. And the steps taken to make people aware of the health-related issues is known as health communication. The researcher has focussed on the knowledge, behavior, and attitude of the rural women towards several health issues. The main objectives of the research paper is to determine the knowledge of health-related issues among the rural women of Lucknow district, to understand the importance of health communication in rural areas and to examine the reach and access of communication in the rural areas. A survey of 300 rural women was collected from the village areas of Lucknow district. The sampling area selected by the researcher was Kalli Pashchim and Kheda villages of Lucknow. The sampling technique used for the research study is judgment sampling. The interview schedule was prepared to keep the nutritional status of the rural women and communication reach on the subject of health issue in mind like malnutrition. The findings indicate that the majority of the respondents are not aware of the concept of 'Health Communication'. This shows that the term 'Health Communication' is not known by more than half of the rural women respondents. The researcher found that the only 14% of the respondents take interest in health-related programs and they watch and hear programs. While maximum female respondents said that they love watching daily soaps and rarely watch any program related to health. The researcher found that 60.50% feel that media is playing a crucial role in communicating information related to health related issues. This shows that the women in rural areas understand the importance of media in the field of health.

Keywords: *Media Literacy, Health Communication, Rural women, Malnutrition, Cognitive absorption.*

1.2 Introduction

The World Health Organization (WHO) defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

¹ In this fast paced world, human race faces physical, social, physiological and mental changes daily. There are lots of health related issues that directly or indirectly, affect our body and mind. Last few decades are the proof of how health issues have taken a strong place in everybody's life both in urban and rural areas.

Worldwide, death and illnesses are highest among poor women, particularly among women in developing countries (Davis, 1962).² The condition of our country in terms of health is still very poor in various parts of our country. There are many issues related to rural health that is swept under the carpet. Some health problems like extreme weakness, headaches are neglected initially but as time passes it takes a big shape. Hence, as communication regarding current happenings around the world is important in the same way dissemination of health-related issues is a must. In this busy lifestyle, it is essential to communicate information related to good health practices.

Ashley Montagu and Floyd Matson (1979) says that communication is the name we give to the countless ways that humans have of keeping in touch- not just words and music, pictures and print, nods and becks, postures and plumages; to every move that catches someone's eye and every sound that resonates upon another's ear.³

Communication has become as strong as a basic need of human life. Human beings are social animals and they cannot survive without communication. Communication helps in sharing and transfer of information from one person to another. Today directly or indirectly, media affects our lives. Various sources of media either it is print, electronic or web medium of communication, it update us with every small information going around the world. Along with providing information, it also helps in entertainment and education. Mediums of mass communication help in influencing our thoughts and opinions to a larger extent.

¹WHO. (n.d.). *World Health Organization*. Retrieved April 30, 2017, from /www.who.int: <http://www.who.int/about/mission/en/>

² Davis, K. (1962). *urbanization in India-past and future*. India's Urban Future. Berkley: University of California Press.

³ Montagu, A., & Matson, F. (1979). *The Human Connection*. New York: Mc Graw-Hill.

The research study aims in understanding the importance of health communication in rural areas of Lucknow district. It also aims at determining the knowledge of health-related issues in the village area. The researcher has focussed on the knowledge, behavior, and attitude of the rural women towards several health issues. The present study falls on the most common health issue among the women of rural India that is malnutrition.

1.3. Defining Health and Communication

In this fast moving world health problems have become one of the major issues in several parts of our country. Various water and airborne disease are affecting the human race in a wider extent. It is a very crucial time-period to acknowledge people about the basic guidelines associated with the concept of good health and hygiene. Health communication helps in encouraging and promoting people about the information related to health issues. It makes people aware of the facts associated with the health issues. Health communication equips people with the knowledge of good health facilities that makes both body and mind healthy. Health communication not only promotes people about good health but it also encourages the population on how to maintain hygienic health condition in and around our family and environment. It has come up with the concept of practicing communication for encouraging and promoting information related to health issues.

The Centres for Disease Control and Prevention (CDC) define Health Communication as the study and use of communication strategies to inform and influence individual and community decisions that enhance health (CDC, 2011).⁴

Health Communication is a multifaceted and multidisciplinary field of research, theory, and practice. It is concerned with reaching different populations and groups to exchange health-related information and ideas and methods in order to influence, engage, empower, and support individuals, communities, health care professionals, patients, policy makers, organisers, special groups and the public, so that they will champion, introduce, adopt or sustain a health or social behaviour, practice or policy that will ultimately improve individual, community and public health outcomes (Schivao, 2014).⁵

Richard K. Thomas in his book ' Health Communication' says that Health communication encompasses the study and use of communication strategies to inform and influence individual and community knowledge, attitudes and practices (KAP) with regard to health

⁴ CDC. (2011, May 10). *Centres for Disease Control and Prevention*. Retrieved February 23, 2017, from [www.cdc.gov: https://www.cdc.gov/healthcommunication/healthbasics/whatishc.html](https://www.cdc.gov/healthcommunication/healthbasics/whatishc.html)

⁵ Schivao, R. (2014). *Health Communication: From Theory to Practice*. Jossey Bass.

and healthcare. The field represents the interface between communication and health and is increasingly recognized as a necessary element for improving both personal and public health. Health communication can contribute to all aspects of disease prevention and health promotion.⁶

"Healthy People 2010: Objectives for Improving Health" has explained that for health communication to contribute to the improvement of personal and community health during the first decade of the 21st century, stakeholders, including health professionals, researchers, public officials, and the lay public, must collaborate on a range of activities. These activities include (1) initiatives to build a robust health information system that provides equitable access, (2) development of high-quality, audience-appropriate information and support services for specific health problems and health-related decisions for all segments of the population, especially underserved persons, (3) training of health professionals in the science of communication and the use of communication technologies, (4) evaluation of interventions, and (5) promotion of a critical understanding and practice of effective health communication (People, 2010).⁷

1.3. Objectives of Health and Communication

Health communication equips people with sound knowledge towards health related issues. It helps to stimulate people in acquiring a healthy lifestyle by adopting good measures and practices for healthy body and mind. Health communication not only motivate our society to implement good habits like regular exercise, taking nutritional diet etc but it also encourages people to quit smoking, drug intake, improper eating habits etc.

Renata Schivao in his book, 'Health Communication: From Theory to Practice' has explained that one of the key objectives of Health communication is to engage, empower and influence individuals and communities. The goal is admirable because health communication aims to improve health outcomes by sharing health-related information.⁸

1.3.1. Women, Malnutrition and Rural India

As well said by Erick S. Gray, Whatever you give a woman, she will make greater.

It is a well-known fact that men make houses, women make homes. Starting from the household works like cleaning house, cooking food for the family to taking care of

⁶ Thomas, R. K. (2006). Health Communication. In R. K. Thomas, *Health Communication*. Springer Science & Business Media, 2006.

⁷ People, H. (2010). *healthypeople.gov*. Retrieved May 7, 2017, from www.healthypeople.gov: <http://www.healthypeople.gov/2010/Document/pdf/Volume1/11HealthCom.pdf>

⁸ Schivao, R. (2014). *Health Communication: From Theory to Practice*. Jossey Bass.

children, husband, and in-laws, women plays many roles throughout her entire life. But during the course of caring of the family members, most of the times women forget to take care of her. The daily pressure of doing everything on time make women more stressed.

1.3.2. Health Problems and Rural Women in India

Due to low education, economic problem, family pressure, shyness, and ignorance sometimes a minor health related problem result into a big one. It has also been observed that most of the rural women prefer home remedies and other superstitious beliefs as compared to medical facilities available. Rural women are not much conscious about their physique and other health issues as compared to the urban area which leads to the sign of early old age. They perform a regular plain food eating habit which lacks essential carbohydrates, vitamins, proteins, and minerals. Following are the common health problems that are faced by the rural women and some schemes that should be known to them for their better care.

1.3.2.1 Malnutrition- As per Census 2011, the total population of India is 1,210.19 million comprising 586.47 million (i.e. about 48%) females.⁹ This means nearly half of the population of the country are women. Also, Women and children together constitute 67.7% of the country's population, as per 2011 Census.¹⁰ Studies have found that malnutrition is a most common disease among women of both urban and rural areas.

1.3.2.2 Anaemia- Anaemia is also widely prevalent among the women in rural areas and sadly, it happens to be one of the most ignored problems too. Women in rural areas do not go for a regular health check-up and hence, anaemia remains underground in them for a long time. Even in general, the iron requirement of an adult female is more than an adult male. The requirement increases further during pregnancy.

1.3.2.3 Infections in the perennial region and pelvic inflammatory diseases- The rural women often face the problem of leucorrhoea (white discharge from the vagina). These are due to unhygienic practices like 'not using proper sanitary napkins'. The government of India has started "FREE DAYS" scheme under NRHM (National Rural Health Mission) under which sanitary napkins are sold to adolescent girls by ASHA workers. But, just providing them is not enough; we must also make them understand the importance of personal hygiene.

⁹ Census. (2011). *Office of the Registrar General & Census Commissioner*. Retrieved April 20, 2016, from <http://www.censusindia.gov.in>: <http://www.censusindia.gov.in/2011-Common/Archive.html>

¹⁰ Ibid.

1.3.2.4 Maternal Mortality Ratio-If we take a look at the pregnant women of rural areas we find that in many villages of India, women still give birth at home instead of hospitals. Due to improper antenatal check-ups and perinatal care, the Maternal Mortality ratio is very high. Under NRHM scheme, "Janani Suraksha Yojna" (JSY) and "Janani Shishu Suraksha Karyakram"(JSSK) has been started to provide better facilities to pregnant women.

1.4. Role of Media in Communicating Health Related Issues

Today in this fast moving world communication has become one of the basic necessities of human life. The importance of communication can be observed from a simple instance from our daily life processes like a single beep on our phone makes us alert. Communication has taken an important place in our life. Even the morning tea is incomplete without a newspaper. The human race cannot live without communicating with their belongings like family and friends. The main functions of media include information, education, and entertainment. The myriad of information provided by media is accessed according to the interests and needs of the audience. Media covers a wide range of categories on which regular flow of information is a must. Communication-related to various health problems, precautions, preventive measures and practices for good health is an important part of the society.

The importance of communication is not limited to any field or area. It helps in making people aware of various sections of development like health, political, economical, cultural, rural, educational etc. A brief explanation of different sections covered by media has been described below.

1.4.1 The role of media in health development-

Media plays a very important role in information and education purposes in the field of health. The various mediums of communication include print, electronic and web media which helps in making people aware about different diseases. Media plays a crucial role in the spread of information related to precautions and other preventive measures and practices of diseases. Various communication methods include live coverage of workshops, exhibitions or events by different electronic media. Video and audio shots help in making a better understanding of the present condition related to a specific disease. Information related to different air and water borne diseases like Cholera, Typhoid, Tuberculosis, **Viral gastroenteritis etc are provided. Outdoor publicity is also done for the communication of various diseases.**

1.4.2 The role of media in rural development-

It is very important for media to work in different aspects of development in village areas. Various remote areas of our country are deprived of basic facilities like clean drinking water, electricity, education facilities, employment facilities etc. Hence, it is the prime responsibility of media to have good communication of the problems faced by them daily. Media becomes the voice of the people and makes people aware of different needs and interest. It plays the role of a bridge between the government and the population.

1.5. Objectives

The main objectives of the research study are as follows:

- 1.4.1 To determine the knowledge of health-related issues among the rural women of Kalli Pashchim and Kheda.
- 1.4.2 To understand the importance of health communication in rural areas of Lucknow district.
- 1.4.3 To examine the reach and access of communication in the rural areas

1.6 Research Design

1.6.1 Research Method

The research is **descriptive** as well as **empirical** in nature. The researcher has employed cross-sectional study design for the research work. The data collection for the research work has been done with the help of survey method. A survey of 300 women has been conducted in the village areas of Lucknow district (Kalli Pashchim and Kheda).

Universe of the Study-Rural women of Lucknow district (Kalli Pashchim and Kheda village)

Unit of the Study- An individual women or young girl of Lucknow district.

Variables of the research study are:

Dependent Variable- Rural women

Independent Variable- Health issues of rural women

1.6.2 Sampling Design

A sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or the procedure the researcher would adopt in selecting items for the sample. Sample design may as well lay down the number of items to be included in the

sample, the size of the sample. The sample design is determined before data are collected.¹¹

1.6.3 Sample Size

The researcher has taken the sample size of 300 rural women.

1.6.4 Sampling Technique

The sampling technique used for the research study is judgment sampling. The researcher has selected the village i.e., Kalli Pashchim and Kheda according to her choice. The women of both the villages will be the representative of the entire Lucknow district. The answers and opinions of the respondents will be considered as the views of entire rural women. Thus, the researcher has done judgment sampling. The sample is spread more evenly over the entire population and sampling can be done more conveniently even in the case of a large population.

1.6.5 Data Collection

1.6.5.1 Data collection techniques:

The researcher has conducted a survey in the rural areas of Lucknow (Kalli Pashchim and Kheda). The researcher has taken a sample size of 200 rural women. The researcher has collected the data with the help of both primary sources (Interview schedule) and secondary sources (Books, Journals, Websites, Articles etc.).

1.6.5.2 Data collection tools-

The researcher has prepared interview schedule keeping the nutritional status of the rural women and communication reach on the subject of health issue in mind. The interview schedule is based on the general questions related to the research topic. The researcher has included both close-ended and open-ended questions in the interview schedule.

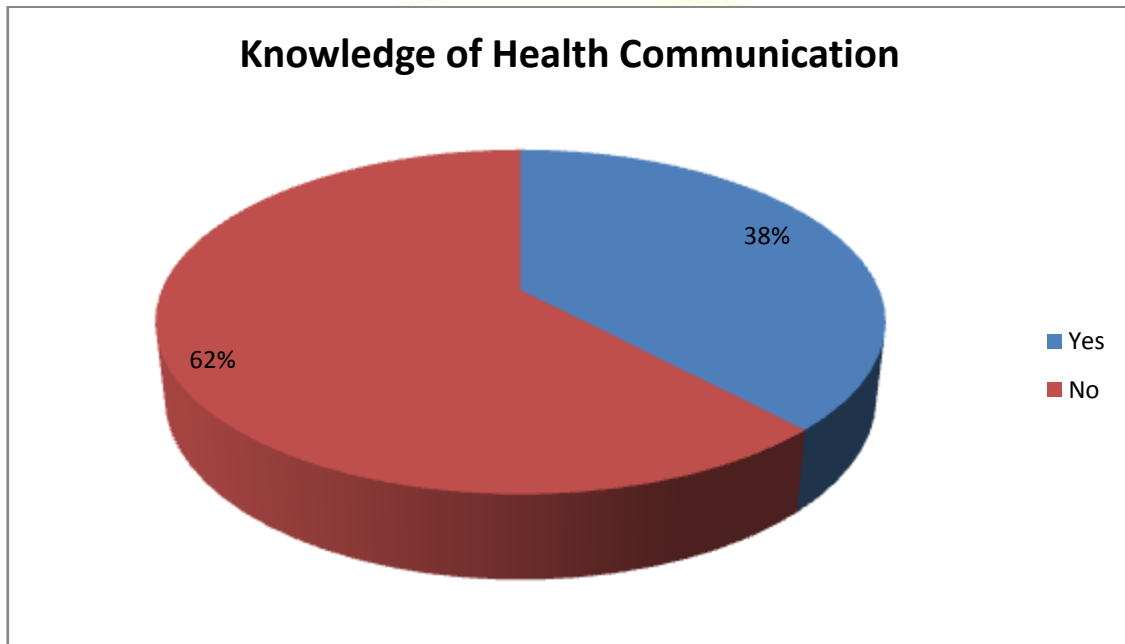
1.7 Graphical Presentation of Data

The researcher has collected the data with the help of interview schedule. The interview schedule includes both close-ended and open-ended questions. The researcher has analyzed every close-ended answer and has interpreted them in the form of tables and graphs. The open-ended answers have been summarized in a concise form.

¹¹Kothari, C., & Garg, G. (2014). *Research Methodology: Methods and Techniques*. New Delhi: New Age International (P) Ltd., Publishers

Q.1. Do you have a concept on 'Health Communication'?

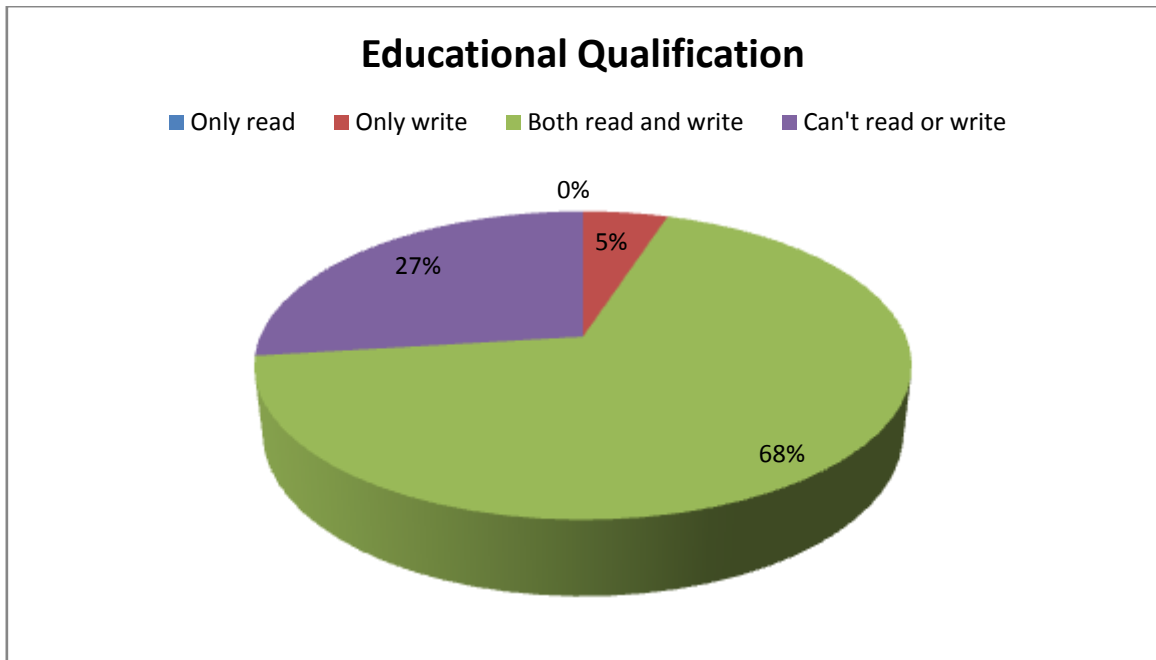
In order to understand the importance of 'Health Communication' in the rural area, it is important to know the basic concept of health communication among the rural women. Respondents were asked whether they know about 'Health Communication' or not. The researcher found that out of 200 respondents, 76 respondents (38%) said that they are aware of the concept of Health Communication. While the rest 124 respondents (62%), did not have an idea of health communication. Following table represents the data collected



Graph No.-1

Q.2. what is your level of literacy?

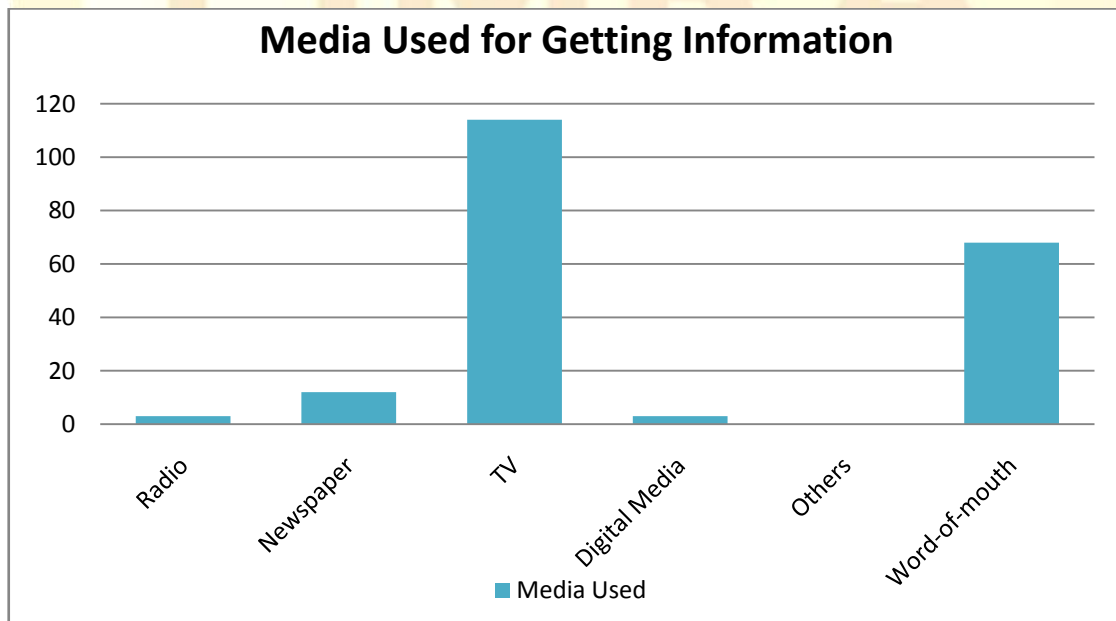
In order to know the understanding level of the rural women in Kalli Pashchim and Birura it is important to know the educational qualification of the women in that area. The researcher found that out of 200 female respondents, 136 respondents (68%) can both read and write and 54 respondents (27%) can't read and write. While the rest 10 respondents (5%) can only write.



Graph No.-2

Q.3.Through which source you get information related to the current happenings around the world?

Out of 200 respondents, 114 respondents (57%) use TV as the source of information, 68 respondents (34%) get information through word of mouth and 12 respondents (6%) use newspaper for daily current happenings. It was also found that only 3 respondents each belong to radio and digital media users.

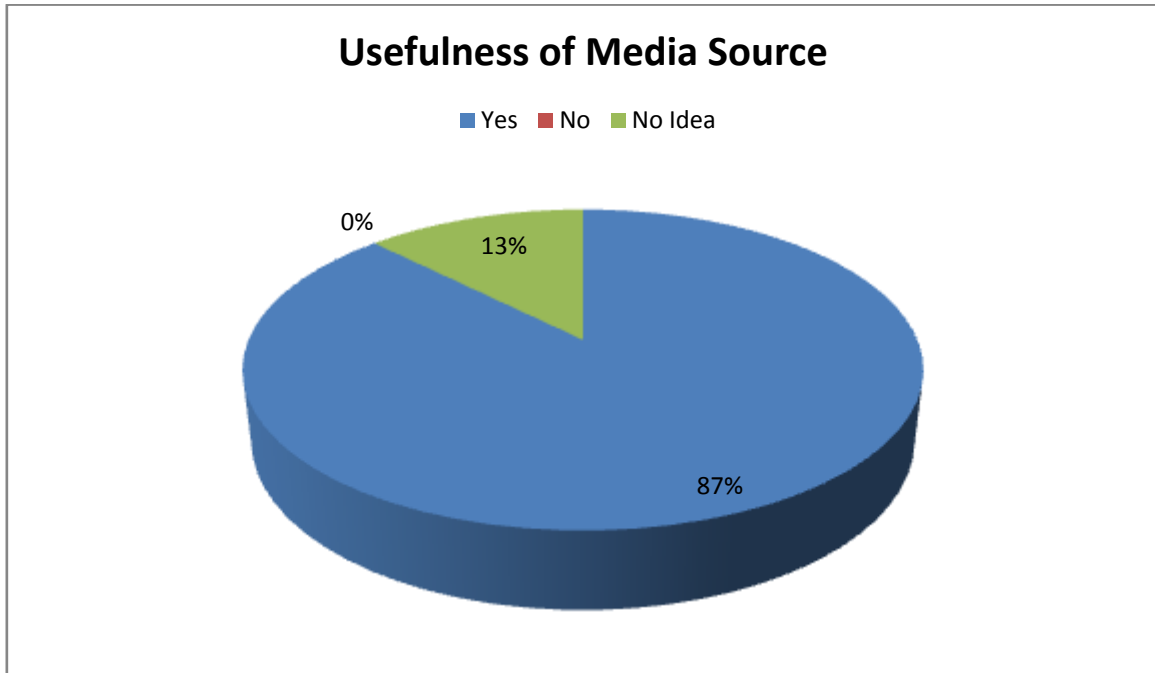


Graph No.-3

Q.4.Do you find your media source useful?

In order to find out the importance of communication among the rural women, it is very important to find their views on the usefulness of media they use. Out of 200 respondents,

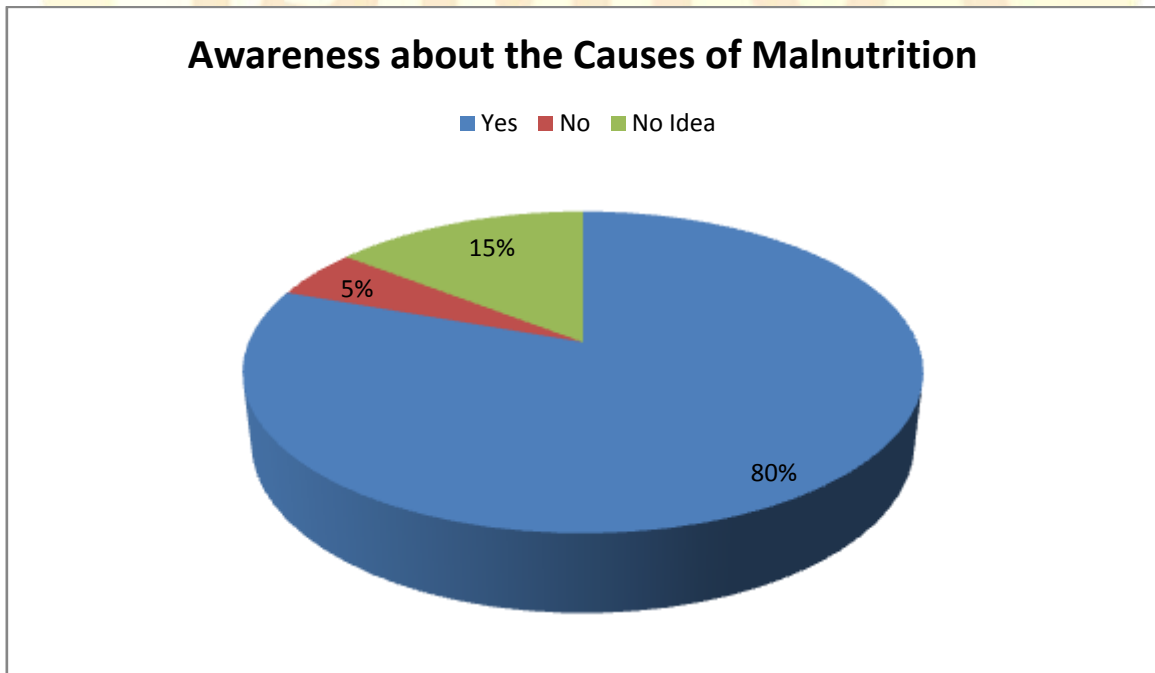
175 respondents (87.50%) feel that media they use is useful for them while 25 respondents (12.50%) don't have an idea on the useful feature of media.



Graph No.-4

Q.5. i) Do you know about the causes of malnutrition?

Out of 200 female respondents, 161 respondents (80.50%) were having knowledge about the causes of malnutrition. While 29 respondents (14.50%) said that they have no idea of the causes of the disease and the rest 5% respondents don't know about the disease.



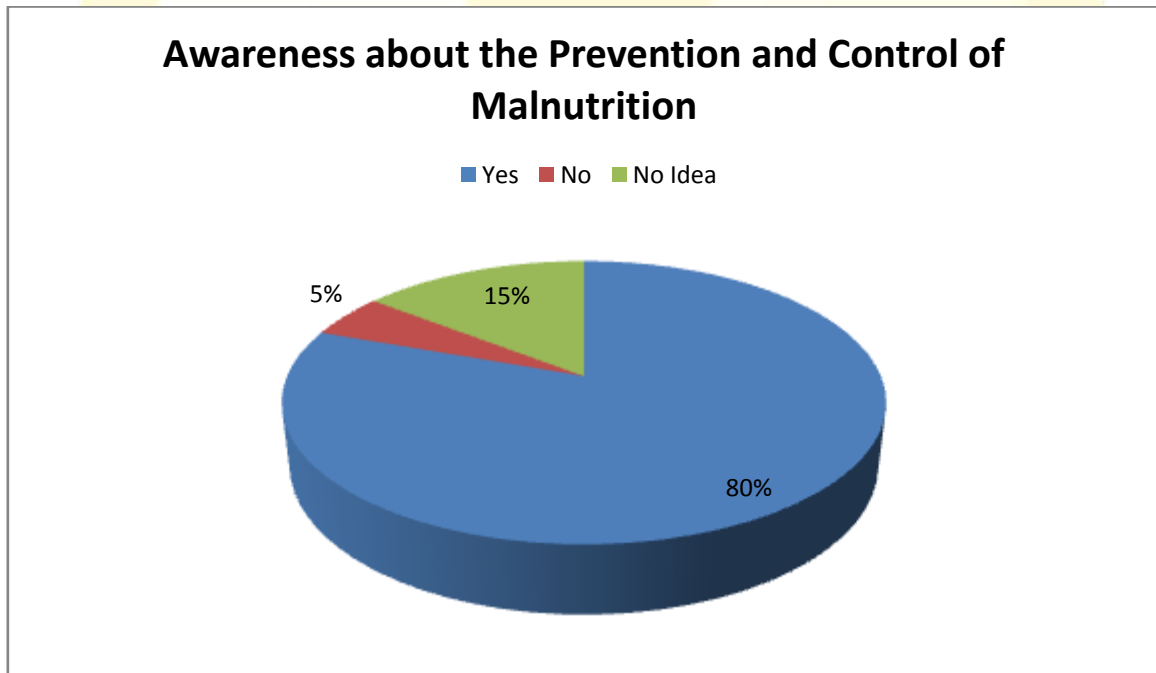
Graph No.-5

Q.5. ii) If your answer is yes, please specify the causes of malnutrition.

In the earlier question the researcher found that out of 300 female respondents, 261 respondents (80.50%) were having knowledge about the causes of malnutrition. While 29 respondents (14.50%) said that they have no idea of the causes of the disease and the rest 5% respondents don't know about the disease. The respondents who said that they know about the disease specified the causes of malnutrition in brief. The majority of the respondents said that bad eating habit is the main reason of malnutrition. Women are the last one to eat in the family and thus they get the left food.

Q.6. i) Do you know about the prevention and control of malnutrition?

In order to find out the awareness about malnutrition among rural women, it is important to know that do they know about the prevention of the disease or not. Out of 300 female respondents, 261 respondents (80.50%) were having knowledge about the prevention and control of malnutrition. While 29 respondents (14.50%) said that they have no idea of the causes of the disease and the rest 10 respondents don't know about the disease.



Graph No.-6

Q.6.ii) If your answer is yes, please specify the ways of prevention and control of malnutrition?

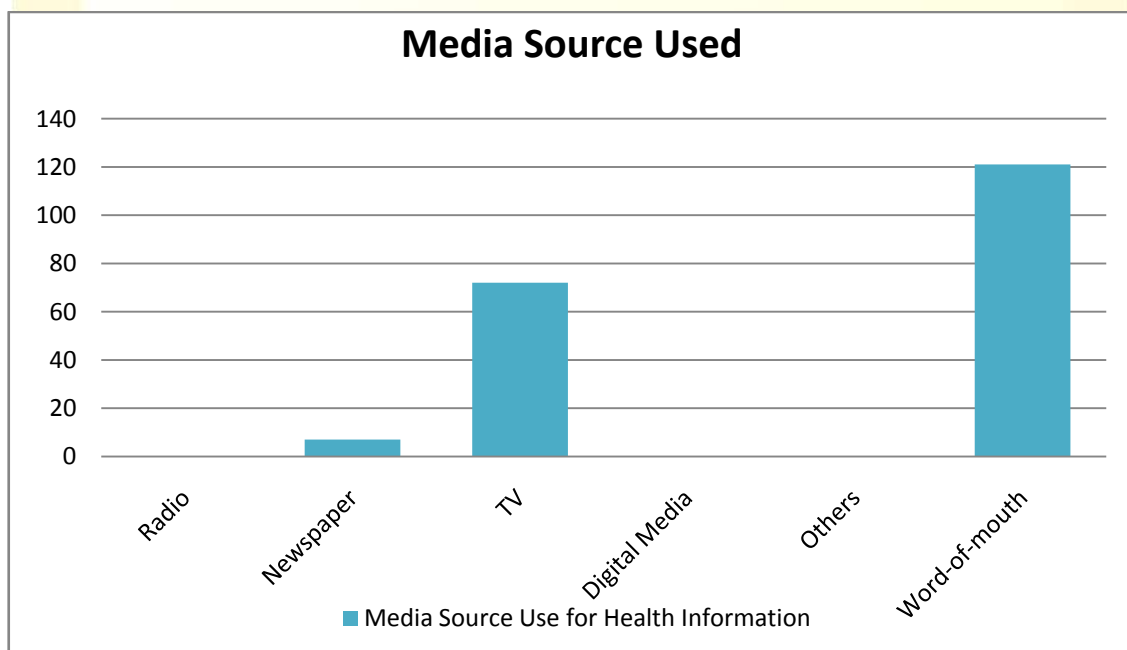
As we know that the lifestyle of rural women is not same as that of the urban female population. The workload in the rural areas is far more than in the urban area. Due to the extensive workload, the rural women often face the signs of malnutrition like fatigue, weight loss, hair loss, weakness, dizziness, and irritability. Thus it is very important for the rural women to know the controlling measures of malnutrition. In order to find out the

knowledge about malnutrition among rural women, it is important to know that do they know about the prevention and control of the disease or not

In the earlier question the researcher found that out of 300 female respondents, 261 respondents (80.50%) were having knowledge about the prevention and control of malnutrition. While 29 respondents (14.50%) said that they have no idea of the causes of the disease and the rest 10 respondents don't know about the disease. Thus, one can easily observe that though the majority of the respondents know about the causes, prevention, and control of malnutrition due to the low economic condition they could not follow the balanced diet.

Q.7. Through which source you got the information related to control and prevention of the same?

In order to know the access and reach of media in the rural areas, it is important to know the media source that is mostly used by the rural women. Out of 300 respondents, 221 respondents (60.50%) said that they get information about the control and prevention of malnutrition through word-of-mouth. While 72 respondents said that TV act as a good source for getting information related to the control of malnutrition. And the rest use newspaper for getting information related malnutrition.



Graph No.-7

Q.8.i) Do you watch or hear programs related to health?

In order to find out how active the female respondents are, it is important to find out their awareness regarding health programs on TV or radio. Surprisingly, it was found that out of 300 respondents, 239 respondents (69.50%) don't watch or hear programs related to health.

Only 28 respondents (14%) said that they watch or hear radio while the rest 33 respondents (16.50%) had no idea about it.

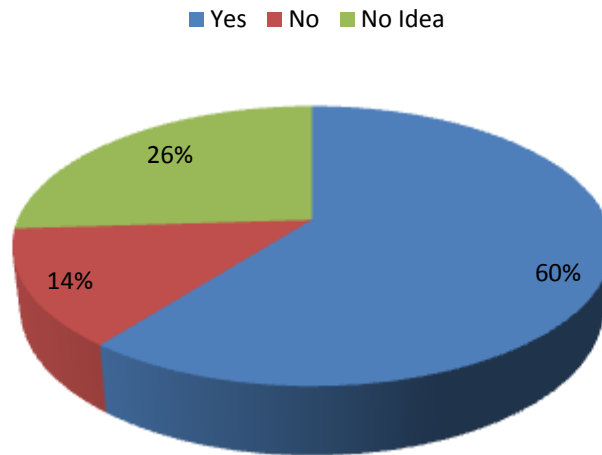


Graph No.-8

Q.9. Do you find media effective for communicating health-related information?

In order to find out the significance of health communication among the rural women, it is very important to know that do the respondents feel media a useful medium for communicating health-related information or not. Out of 300 respondents, 221 respondents (60.50%) feel that media is playing a crucial role in communicating health-related issues. While 27 respondents (13.50%) said that they don't think media is effective for getting health related information and the rest 52 respondents (26%) had no idea about the effectiveness of media on health communication.

Effectiveness of Media in Communicating Health Related Information



Graph No.-9

Research Discussion

- I. Majority of the respondents are not aware of the concept of 'Health Communication'. This shows that the term 'health communication' is new in the rural areas of Lucknow and is not known by more than half of the rural women respondents.
- II. The researcher also found that majority of the rural women is literate. While some percentage of women can only write that too they can give their signatures only while the rest respondents can neither read or write. This shows that the literacy rate among the rural women is not bad but the tendency of understanding literacy to just giving signatures should be changed.
- III. It was very surprising for the researcher that though the majority of the respondents said that they find media source useful but even then 60% of female respondents use word-of-mouth for getting information related to control and prevention of malnutrition.
- IV. The research study shows that though more than half of the respondents were having the knowledge of health issues and were aware of the causes and prevention of malnutrition even then 77% of the respondents were suffering from different signs of malnutrition.

- V. The findings related to the access and reach of media was very shocking. The researcher found that the only 14% of the respondents take interest in health-related programs and they watch and hear programs.
- VI. Findings reveal that out of 300 respondents only 28 respondents said that they watch or hear radio while the rest 33 respondents (16.50%) had no idea about it.

1.8. Recommendations

Considering the results of the findings and conclusions of the research study, the following recommendations are hereby offered:

- 1.8.1.1 More time should be given to discussions with the respondents which would also help in reducing their fear and they would then be open about their choices and the researcher can have better results.
- 1.8.1.2 The researcher has just focused on which kind of media they are associated with, further being more subjective with respondents would specify their reasons for using particular media.
- 1.8.1.3 Latest software should be used for the data analysis since it would make the work easier.
- 1.8.1.4 Further studies can be done by enlarging the sample size of the respondents.

References

Berry, D. (2006). *Health Communication: Theory and Practice*. McGraw-Hill Education (UK).

CDC. (2011, May 10). *Centres for Disease Control and Prevention*. Retrieved February 23, 2017, from www.cdc.gov:

<https://www.cdc.gov/healthcommunication/healthbasics/whatishc.html>

Census. (2011). *Office of the Registrar General & Census Commissioner*. Retrieved April 20, 2016, from <http://www.censusindia.gov.in>: <http://www.censusindia.gov.in/2011-Common/Archive.html>

Davis, K. (1962). *urbanization in India-past and future*. India's Urban Future. Berkley: University of California Press.

Kothari, C., & Garg, G. (2014). *Research Methodology: Methods and Techniques*. New Delhi: New Age International (P) Ltd., Publishers.

Mishra, Kavita, 2006. Status of Women in Modern Society. Omega Publications. New Delhi.

onefivenine.com. (n.d.). *ONEFIVENINE.com*. Retrieved May 23, 2017, from www.onefivenine.com:

<http://www.onefivenine.com/india/villages/Lucknow/Sarojaninagar/Kalli-Pashchim>

People, H. (2010). *healthypeople.gov*. Retrieved May 7, 2017, from www.healthypeople.gov:

<http://www.healthypeople.gov/2010/Document/pdf/Volume1/11HealthCom.pdf>

Polit, M. Karin, 2012. Women of Honour. Orient BlackSwan Pvt Ltd. New Delhi

Schivao, R. (2014). *Health Communication: From Theory to Practice*. Jossey Bass.

WHO. (2017). *WHO*. Retrieved May 22, 2017, from www.who.in:

<http://www.who.int/healthpromotion/conferences/7gchp/track2/en/villageinfo.in>.

villageinfo.in. (2017). *Indian Village Directory*. Retrieved May 23, 2017, from www.villageinfo.in: <https://villageinfo.in/uttar-pradesh/lucknow/lucknow/kalli-pashchim.html>

Vyas, R. V., Sharma, R. C., & Kumar, A. (2002). Educational Television in India. *Turkish Online Journal of Distance Education* .