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Mass Media Support to Rural Women for Maternal Health Development - A Study in Dhubri District of Assam

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I N F O

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A B S T R A C T

The main function of mass media is to inform and educate people. Maternal health of pregnant women is not only influenced by availability, accessibility of health care services but also by access to information about care during pregnancy. Due to limited exposure of rural women to mass media, information related to mass media are not able to reach the poor and illiterate women. Socio-economic background of rural women is also statistically significant in seeking benefits from the mass media. Mass media must facilitate in creating desire among poor rural women in seeking more and more information on maternal health for the development of women's health. Integrated approach by various grass root level community development programs must be undertaken to enable rural women's access to mass media for information related to their development.

Keywords: Maternal Health, Mass Media, Pregnant Women, Information, Rural

Introduction

Maternal Health i.e. health of the women during pregnancy, child birth and after delivery has been one of the critical component of Millennium Development Goals (MDGs). Pregnancy is a physiological condition but great care should be taken during this period as it involves the life of both mother and growing fetus in the womb. Worldwide annually, an estimated 5,15,000 women die of causes related to pregnancy and childbirth; of which 99% occur in developing countries. The Maternal Mortality Ratio (MMR), i.e. number of maternal deaths per 1 lakh live births in India is very high even though it has reduced to 174 per 1 lakh live births in 2015. The Sample Registration System (SRS) Statistical Report for the period from July 2011-13, as reported in 2015, that the MMR in Assam is 300 per 1 lakh live births.

A multifactorial inter-relationship exists between the environment in which pregnant mothers live and her health. Health of pregnant women is not only influenced by availability, accessibility of health care services but also by access to information about care during pregnancy.

The main function of mass media is to inform and educate people. Dependency on media information is present everywhere in modern society. S.J. Ball-Rokeach and M.L. DeFleur defined dependency as a relationship in which the satisfaction of needs or the attainment of goals by one party is dependent upon the resources of another party. There are numerous ways in which people are dependent on media to

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satisfy their information needs. With advancement in media technology and diverse media forms, it continuously take on more and more unique information functions. Greater is the need, stronger is the dependency and greater is the likelihood in bringing about cognitive, attitude and behavioural changes on the audiences (Ball-Rokeach & DeFleur, 1976).

Lasswell's (1960) functionalist perspective about mass media assigned three roles to the mass media for the society: surveillance, correlation and transmission of cultural heritage from one generation to the next. The first function surveillance refers to how the mass media look out for both threats in society. The second function implies how the mass media correlate the different elements of society and facilitate in allowing them to work together. As cited by Hanson (2005), in addition to Lasswell's three functions of mass media, Wright (1960) added the fourth function - entertainment. Hanson (2005) emphasized that the surveillance process of mass media enables us to learn by informing us about what happens not only around us but also in other societies. Surveillance function is important because it becomes a source of our knowledge in addition to our own experiences and the experiences that others share with us. Since the mass media are suppliers of messages from sources to receivers, hence they are responsible for generating awareness about issues and drawing attention to the issues which seems to become threat to our well-being. Maternal health cum maternal mortality is one of such issues,which is a general concern for all as well as for mass media. Bankole (1994) believes that mass media can be effective in influencing people's behaviour. Piotrow et al. (1990) adds that mass media can be a powerful tool not only for about innovations but also for stimulating desires in people for more information, and facilitating to apply the information to their own behaviour. Similarly, the use of entertainment education approach utilizes the entertainment components of mass media like songs and dances to deliver intended messages (Kincaid et al., 1992).

Adeniran (2009), in one of the study examined media coverage of the Millennium Development Goals (MDGs) of which maternal health is one and found that MDGs about hunger and poverty, environmental sustainability and global partnership are the most reported, while MDGs concerning maternal health, child health and universal primary education are the least reported. This study has also found low awareness creation by mass media on high maternal mortality issue of Nigeria. Although mass media are relevant in the development process, as vehicles of message dissemination but its popularity varies. The newspaper, which is 'literacy-intensive', is more useful in urban settings, where literacy is usually higher; the radio is more popular than television among rural dwellers. The above statement is from the findings of an explorative study (Asp et al., 2014) of the relationship between exposure to mass media and birth preparedness among the women living in the Mbarara District, southwest of Uganda. Besides, high media exposure, i.e. regular exposure to radio, newspaper, or television, showed no significant association with birth preparedness of the women interviewed for the study (Asp et al., 2014: 1). In view of the findings of various studies, the implication is the mass media must 'rev up' reportage of maternal and child health. Because the mass media have the power to shape opinions and mould behaviours (Asp et al., 2014: 1), it is reasonable to believe that a much higher level of reporting on the health of the mother and her child will help deepen awareness about the issue. (Odesanya, Hassan, & Olaluwoye, 2015)

India has varied media sources of its own. Today, with the globalization of media, the country is also receiving end number of foreign television channels *via* satellite. In addition, local cable networks provide a wide range of programmes for different kinds of audience. Media has the potency to set the agenda and influence people on important issues. They have a responsibility to give the audience the most basic information to enable them to make independent decisions. In a society where information dissemination is insufficient due to poor infrastructure and low general education and income, the pressure on media to deliver credible and sufficient information is even higher. Healthcare is a basic need, and right, for everyone. It is also one of the top concerns in many low-income countries and highly prioritized by NGOs, the UN and governments. Therefore, media can be a tool in healthcare development (Nilson).

Studies also shows that, proper dissemination of health information on antenatal care and related issues must be done among women, to improve the knowledge, attitude and skills on maintaining healthy pregnancy and having safe delivery. Thus, mass media plays a critical role in dissemination of information through a wide range of media. Health care providers of many countries have made adequate efforts to ensure health awareness among pregnant women. Many research studies have shown lack of awareness about healthy pregnancy among women. Research has also shown that, women also show lack of concern for certain pregnancy related health risks. These indicate the need of effective mass media efforts to educate women about healthy pregnancy and help them to acquire appropriate knowledge and develop positive attitudes towards maintaining healthy pregnancy (Rasheed & Al-Sowielem, 2003).

Media consumption in India across different media platforms has shown an increase in Indian Readership Survey of 2014 compared to that of 2013. The absolute increase of readership in print media is seen in regional languages as well as in rural areas. Key contributors to increase in TV and

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Radio viewership is rural and semi urban areas. Household TV ownership has also increased in 2014 compared to that of 2013 (MRUC, 2014). Equal gender access to the media, whether as citizens or as professionals, is fundamental to human rights and to empowerment (UN, 2002).

Statement of the problem:

As per Annual Health Survey 2011-12, in Assam, MMR is divided into 4 divisions. Upper Assam Division with 5 districts - Tinsukia, Dibrugarh, Sibsagar, Jorhat, Golaghat has highest MMR of 436. Next is the Lower Assam Division with 8 districts - Kokrajhar, Dhubri, Goalpara, Darrang, Bongaigaon, Barpeta, undivided Kamrup and Nalbari having 2nd highest MMR of 325. As per DLHS III, Dhubri has lowest rate in key maternal health indicators such as any ANC, ANC check up in first trimester, 3 or more ANC checkup, atleast one TT received and full ANC. Moreover, Dhubri has reported highest home delivery of 82%.

Inadequate utilization of Antenatal care services during pregnancy is partly linked with these problems. Mass media is believed to play pivotal in improving awareness on maternal health during pregnancy and shaping the behavior favourably. However, a considerable proportion of women do not have access to media (Gurmu & Etana, 2015). Furthermore, there is little evidence on factors associated with limited access of women to mass media and its linkage with their reproductive health behavior.

Objective of the Study

- To identify the exposure of pregnant women to different categories of mass media.
- To assess socio-economic conditions of women seeking benefits from mass media.
- To identify the socio-economic effect of the rural women in seeking benefits from mass media.

Materials and Methods

Sample Area

Considering the above conditions mentioned in the statement of the problem, the study is conducted in Dhubri district. Out of the seven (7) health blocks of Dhubri district categorized under NRHM, Chapor block has been selected for the study considering following criteria:

- As per NRHM report of 2015-16, next to South Salmara, Chapor block have 2nd lowest proportion of institutional deliveries and lowest payment of JSY.
- As South Salmara falls under the newly created district - Mankachar, hence Chapor has been selected for the purpose of the study considering the poor institutional delivery and lowest payment of JSY incentive to women.
- Moreover NH-31 passes through this block contributing to the richness in its connectivity with Guwahati, Goalpara and Dhubri.

Sample Population

Women who are pregnant during the period of data collection have been selected as sample population for the study from the sample block of the district. The cohort of the population for the study is only the pregnant women during the study period who have not yet delivered.

Sample Size

Considering the approx. annual institutional delivery of 2000, monthly institutional delivery of the block has been calculated to be on an average of 167. As this cohort of the study is defined and widely dispersed, therefore the period for data collection is considered to be approximately 3 months. Based on the monthly institutional delivery, the sample population for three months is approximately 501. The sample size has been calculated based on Yamane's formula (1967) (Israel, November 1992) taking 501 sample population for a period of three months:

Yamane's formula: $n = \frac{N}{1 + N\,(e)^2}$

n - sample size

N - population size

e - level of precision

By using the Yamane's formula for calculating sample sizes with a level of precision/ sampling error/ margin of error (e) of 5% and with a confidence co-efficient of 95%, the calculation from a population of 501 institutional deliveries in 3 months came up with a sample size of 222 pregnant women. To avoid the data collection error and get the adequate sample size, the number of samples has been increased to 255. With 255 samples size, using Yamane's formula, the sampling error gets reduced to 4% and the confidence level is calculated as 96%.

Selection of sample pregnant women has been done through Simple Random Sampling across the block. Data collection has been done through structured interview schedule. Data analysis has been done in SPSS.

Findings

In Dhubri district, as per Census 2011, 7.6% of households have radio and 10.7% have TV in their household. In rural areas of Dhubri district, 7.5% of household has radio and 6.2% of household has TV. But 31.3% of households in the entire districts have mobile phones out of which 28% of rural households have mobile phones. In Chapar block, as per census 2011, 15.6% of households have radio, 11.5% have TV and 38.5% have mobile phones in their household.

The study shows that, approximately 98% of women do not take any kind of newspaper. None of the women have radio at their homes and almost 93% of women do not have TV.

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Table 1.Availability of mass media at their house

Type of Mass Media	Presence		Absence	
	Number	Percent	Number	Percent
Newspaper	6	2.4	249	97.6
Radio	0	0	255	100
TV	18	7.1	237	92.9

Ownership of radio has been dwindled or changed with improved technology in FM radio through mobile phone in rural areas as found in this study.

All the 6 women (2% of the sample population) who takes newspaper has expressed that they take "Asomiya Pratidin" (a local daily) out of which 5 women have shared that they prefer to read this newspaper and is also benefitted from the information received through this media. All the 5 women have also expressed that this information has helped them during their pregnancy. The weekly health topic in "Asomiya Pratidin"- Deoboriya Swasthya (Sunday Health) carries a lot of health information for them.

Approximately 7% of pregnant women interacted have TV in their house. 89% of the women having TV at their house have Cable/ Satellite channels. 83% of women have reported that the Cable TV/ Satellite channels have given the more information on ANC compared to that of National channels. Table 4 shows the program related to ANC on TV liked by the women.

Table 2.Read the newspaper

Frequency of reading newspaper	Daily	Sometimes	Often	No response	NA (Do not take newspaper)	Total
Number of women	4	1	1		249	255
Percent (out of 255)	1.6%	0.4%	0.4%		97.6%	100

Table 3.Exposure to TV

Have TV			Have Cable TV		Giving more information on ANC		
Yes	18	7.1	16	88.8%	Cable TV	15	83.3%
No	237	92.9	2	11.1%	Doordarshan	3	16.6%
Total	255		18		Total	18	

Table 4.Type of program liked upon

S. No.	Name of Cable channels	Number of women	Percent
1.	Bangla Channels (Rupashi Bangla, Zee Bangla and Akash Bangla)	4	26.6
2.	Assamese news channels	5	33.3
3.	Pratidin Times	1	6.66
4.	Zee TV	3	0.2
5.	Don't know	1	6.66
6.	No response	1	6.66
	Total	15	

Table 5.Type of cable TV channels preferred

S. No.	Program on TV	Number of women
1.	Commercial add, health awareness programmes	1
2.	Swastha Anusthan (Health programs)	1
3.	Advertisements on health	5
4.	Serials	2
5.	Advertisement and serials	1
6.	Hello Doctor	1
7.	Asomiya news channels	1
8.	Don't know	6
9.	**Total**	18

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Table 6.Which media helped during pregnancy

	Frequency	Percent
Newspaper	1	.4
TV	20	7.8
No response	234	91.8
Total	255	100.0

Table 5, shows that, out of 15 women (83% out of 18 women having TV) owning Cable TV, 33% of women prefers to view any kind of Assamese news channels and 27% like Bangla Channels. Amongst different kinds of local cable TV channels, the most preferred TV channel is Pratidin Times.

Out of 255 samples, only 4 women (1.5%) are exposed to both newspaper and TV. One woman (0.4%) is exposed to both radio and TV. 8% of women shared that information on mass media especially TV, helped them a lot during the pregnancy period. Almost 92% of women have not responded about the benefits from media as they are not exposed to media.

In the study, 87.5% of the sample population belongs to Muslim community and 12.5% belongs to Hindu community. Exposure of the women to media from Muslim community is found to be quite less which accounts to only 6% of women from Muslim community. Compared to that, 25% of the pregnant women from Hindu community have exposure to any kind of media. Statistically significant association (p=0.001) is found between religion of the pregnant women and type of media helped during her pregnancy period. Mean age of marriage of women having exposure to any kind of media is 18 years. On the other hand, women having no exposure to any kind of media are married at a mean age of 17 yrs. Age of the women is statistically significant in obtaining the benefits of media during the pregnancy period (p=0.02) and same with the age at which the woman is married (p=0.001). 98.8% of women among the interacted ones are housewife. All the women benefitted from mass media during pregnancy are housewives. Occupation of women in rural areas is not statistically significant with the benefits obtained from mass media.

Women having higher education have shared about being benefitted by media during pregnancy. Illiterate women and women having primary education have no exposure to any kind of mass media and eventually are not benefitted from the information provided in the mass media. 2% of the women educated till middle school have exposure to any kind of media and are also benefitted from the information on media. Eventually, with increase of education, increased exposure to media is observed such as 12% of women educated till high school (Class VIII - X), 43% of women educated till higher secondary school (Class XI-XII), 67% of graduate women and all the post graduate women have exposure to any kind of media and are also benefitted. Education of the woman is significantly associated with the helped gained from media during pregnancy (p=0.001).

With more number of children, women's exposure to mass media decreases and also utilizes less benefit from the information's on the mass media. Considering the work load of household chores of women in rural areas, women having more number of children get less time to have an exposure to the media. The study shows that, 11% of the women who don't have any previous child have shared about getting more benefits from media during their pregnancy. Women in the process of pregnancy for having first child depend on the media for getting some important information from the media.Women seeking benefits from mass media during pregnancy shows statistical significance with their parity (p=0.001).

Benefits incurred from mass media by women in rural areas is not statistically related with the age of their husband but is statistically associated with the education as well as occupation of their husband (p=0.001). Size of the family is statistically significant in facilitating women to seek benefits from mass media (p=0.001). Income status of the family is statistically significant in enabling women to get benefits from mass media during pregnancy (p=0.001). Women from middle income families are more benefitted from mass media during pregnancy.

Conclusion

With a focus to rural women in rural areas, women's education is vital for utilizing the information on mass media for women's holistic development. To provide media access to illiterate women, strengthening of community media and provisions of community media in educational institutions, religious places of villages, anganwadi centres, health sub-centres and primary health care centres should be designed, so that, women visiting those places can utilize their time in listening to the information on the media. Media personnel, program experts and civil society organizations should be jointly involved in designing the media program. With rapid changes in media technology and services, more and more studies should be conducted in the field of mass media. These studies will also support integrated approach towards the achievement of sustainable development goals related to women's development. Moreover, findings of the studies conducted till date must be included in the academic courses of media personnel and while designing the media programs. Media channels must have designated persons/ cells on media research and development (R&D) to align the designing of the media program with research findings for community benefit.

Entertainment components of mass media dependency can

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be utilized to disseminate correct messages on maternal health improvement and also highlight the factors hindering women's development by restricting their access to antenatal care services. With changes in modernization and advancement in technology, traditional radio has been gradually replaced by FM radio inbuilt in advanced mobile phones and mostly used for listening music. Messages for women's development can be disseminated in between the entertainment programs of FM radio to take the advantage of people's dependency on FM radio for entertainment purpose. Media has to improve its surveillance function on maternal health and highlight positive information on maternal health.

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