

Role of Mass Media in Promoting Health Awareness among Rural Populations in Odisha

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ABSTRACT

The present study explores the pivotal role of mass media in promoting health awareness among rural populations, focusing on Panchagaon village in Khurdha district, Odisha. With television, radio, newspapers, and mobile-based digital platforms becoming vital channels of communication, this study assesses their effectiveness in enhancing public understanding of health issues in semi-rural contexts. Primary data were gathered from 50 respondents through structured questionnaires and direct observations using a mixed-method research design. The research evaluated media consumption patterns, trust in information sources, and behavioural changes prompted by media exposure. Findings showed that television remains the most accessed and trusted medium (62%), followed by mobile phones and social media (22%). However, only 26% of respondents proactively sought health information from media sources. Conversely, 58% expressed greater trust in local health workers and community leaders, emphasizing the significance of culturally relevant communication. Language accessibility emerged as a crucial factor, with 96% of respondents preferring health information in local dialects. Major barriers to effective communication included low literacy levels (36%), misinformation (18%), and inadequate infrastructure (28%). Despite these limitations, mass media holds significant potential in bridging rural health awareness gaps when integrated with grassroots strategies. The study recommends a hybrid model combining digital outreach with local interpersonal communication to build trust, address misinformation, and promote healthy behaviour change.

Keywords: Health awareness, Mass media, Rural health, Health communication

INTRODUCTION

Health communication has become a cornerstone of public health initiatives worldwide, with mass media serving as one of the most powerful tools for disseminating health-related information. From educating populations on preventive care to promoting health-seeking behaviours, mass media plays a multifaceted role in shaping how individuals perceive and respond to health challenges. In India, where nearly 65% of the population resides in rural areas, the effectiveness of mass media in improving health outcomes depends on both accessibility and cultural relevance.

Rural populations often face significant obstacles to healthcare access, including geographical isolation,

inadequate infrastructure, and low health literacy. In such contexts, the media can serve as a bridge between expert knowledge and everyday practice—provided the content is comprehensible, trustworthy, and tailored to local needs. The proliferation of mobile technology and television in rural India has improved reach, yet the impact of these media forms varies greatly depending on trust, frequency of use, and the presence of misinformation.

The village of Panchagaon in Odisha's Khurdha district provides an insightful case to examine these dynamics. While traditional media such as television and radio remain prevalent, newer platforms like social media and mobile apps are gaining ground. Still, findings from this study reveal a disconnect: only 26% of villagers actively seek health content, and 58% trust local health

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workers more than mass media sources. Moreover, 96% of respondents emphasize the need for messages in their local dialects, highlighting the critical role of linguistic and cultural adaptation.

By investigating the interplay between media consumption, behavioural change, and socio-cultural barriers, this study aims to provide a comprehensive understanding of how health messages can be more effectively communicated in rural India. The insights gathered not only inform local-level interventions but also contribute to broader strategies for inclusive and equitable health communication across similar socio-demographic landscapes.

Objectives of the Study:

- To assess the socio-economic status of the respondents
- To find out the role of mass media in creating health awareness among rural people
- To examine the impact of health campaigns through mass media
- To explore the type of mass media platforms used in enhancing health awareness in rural areas

METHODOLOGY

The study was conducted in Panchagaon village of Khurdha district, Odisha, using a descriptive survey design. A total of 50 rural respondents aged 15 years and above were selected through purposive sampling, based on their exposure to at least one form of mass media such as television, radio, mobile, or newspapers.

Data was collected using a structured interview schedule and supported by field observations to capture real-world media access and usage. The schedule included questions on demographic profile, media preferences, trust levels, and behavioural impact of health information.

The collected data was analysed using descriptive statistics including frequency and percentage. Results were interpreted using tables and graphs for clarity. This methodology ensured a contextual understanding of mass media's role in promoting health awareness in a semi-rural setting.

RESULTS AND DISCUSSION

Socio-demographic profile of Respondents:

Table 1 shows that the majority of respondents

(54%) belonged to the age group of 26–45 years, followed by 28% in the 46–60 years category, 24% in the 15–25 years range, and only 2% were above 60 years. The sample included 56% females and 44% males. Regarding education, 54% had completed secondary education, 22% had primary education, 16% had studied up to higher secondary, and 8% had no formal education.

Occupational analysis revealed that 38% were engaged in different work categories, 20% were homemakers, and 12% each were business owners and teachers. A smaller segment (6% each) comprised farmers, labourers, and government employees. These findings reflect a semi-literate, economically diverse rural population, significant for health awareness outreach.

Table 1 : Distribution of the respondents by Socio-demographic profile

Variable	Category	Frequency	Percentage (%)
Age Group	15 – 25 Years	12	24.0
	26 – 35 Years	13	26.0
	36 – 45 Years	10	20.0
	46 – 60 Years	14	28.0
	60+ Years	1	2.0
Gender	Male	22	44.0
	Female	28	56.0
Education	No Formal Education	4	8
	Primary	11	22%
	Secondary	27	54%
	Higher Secondary	8	16%

Media preferences among respondents:

Table 2 and Fig. 1 shows that Among the 50 respondents, 46% considered TV the most effective medium for delivering health messages. This was followed by social media (22%), health worker messages (14%), newspapers (12%), and mobile apps (6%). Radio was not identified by any respondent as an effective source. The data reveals that television continues to be the dominant source for health communication in rural areas, likely due to its visual appeal and widespread access. Social media also holds a significant share, especially among younger respondents who are more tech-savvy. Interestingly, health workers were also acknowledged as valuable sources, emphasizing the importance of personal communication. The lack of preference for radio suggests its declining influence, while mobile apps are yet to gain strong footing as trusted sources of health information. These insights can help tailor future health awareness campaigns using the most

trusted platforms.

Table 2 : Distribution of the respondents by their media preference

Medium	Frequency	Percentage (%)
Television	23	46%
Radio	0	0%
Newspaper	6	12%
Social Media	11	22%
Mobile Apps	3	6%
Health Worker Messages	7	14%

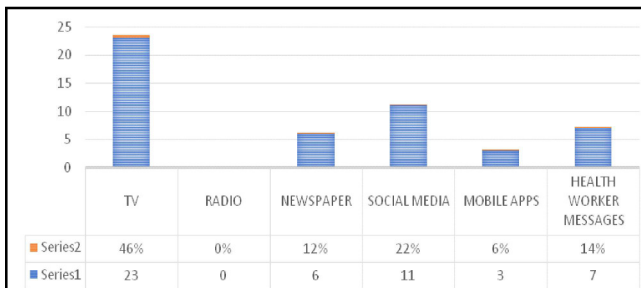


Fig. 1 : Media preference among respondents

Behavioural Changes after Exposure to Media:

Results presented in Table 3 and Fig. 2 illustrate the impact of mass media on the Behavioral patterns of rural respondents. Out of 50 respondents, a significant 78% (39 individuals) reported adopting at least one positive health behavior after exposure to media-based health awareness messages. The most commonly reported change was the use of mosquito nets, adopted by 13 respondents (26%), followed by regular handwashing reported by 10 respondents (20%). A notable 14% (7 respondents) made improvements in dietary habits, suggesting some level of influence from nutrition-focused messaging. 12% (6 respondents) began consulting doctors early during illness, showing improved health-seeking behavior, while 6% (3 respondents) reported attending regular health check-ups — an indicator of

Table 3 : Distribution of the respondents by their behavioural changes due to exposure to media

Behavioural change	No. of Respondents	Percentage
Regular Handwashing	10	20%
Using Mosquito Nets	13	26%
Visiting Doctors Early	6	12%
Dietary improvement	7	14%
Regular Health Check-ups	3	6%
Did not Change Behavior	11	22%

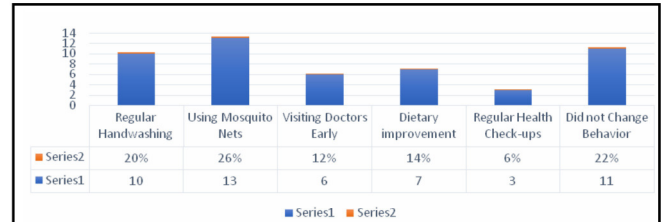


Fig. 2 : Behavioral changes after exposure to health messages

preventive health awareness.

Despite these encouraging trends, 22% (11 respondents) indicated no Behavioral change, pointing to a gap between information exposure and actual implementation. This may be attributed to limited trust in mass media, literacy barriers, or lack of localized content.

The findings underline the media's role as a catalyst in promoting basic hygiene and disease prevention behaviours, particularly through television and mobile-based platforms. However, for more advanced health practices like routine check-ups and dietary planning, additional support from community health workers and local influencers may be necessary to drive sustained Behavioral change.

Perception of Local Language in Health Messaging:

Table 4 and Fig. 3 presents the respondents' opinion regarding the role of local language in health communication. A significant 68% of the participants considered the use of local language as very important,

Table 4 : Distribution of respondents by their perception of local language in health messaging

Response	Frequency	Percentage
Very Important	34	68%
Important	14	28%
Not Important	2	4%
Total	50	100%

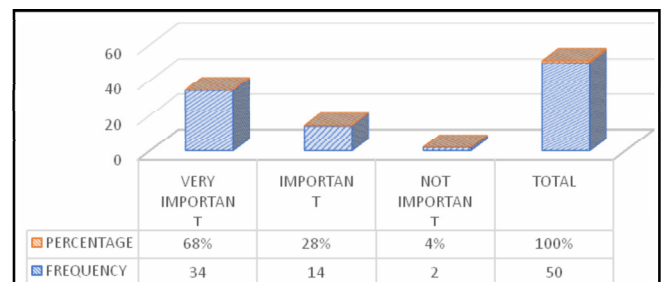


Fig. 3 : Perception of local language

while 28% rated it as important, resulting in a cumulative 96% recognizing its relevance. Only 4% perceived it as not important. These findings clearly indicate that linguistic accessibility is a key determinant of health message effectiveness in rural areas. Respondents shared that messages conveyed in local dialects are easier to understand, relate to, and act upon, compared to those delivered in formal Odia or English. The preference for local language also reflects a deeper cultural trust in familiar communication styles, particularly among older and less-educated individuals.

Conclusion:

The present study highlights the significant role of mass media in enhancing health awareness among the rural population of Panchagaon village, Khurdha district, Odisha. The findings reveal that television, mobile phones, and social media platforms are widely accessed and have emerged as key channels for health communication. Respondents demonstrated varying levels of awareness influenced by age, education, occupation, and frequency of media exposure. Notably, the adoption of health-promoting behaviours—such as improved hygiene, dietary changes, and seeking timely medical care—was higher among individuals regularly engaging with health content through mass media. Furthermore, the study underscores the importance of delivering health information in the local language to ensure better comprehension and acceptance. While digital media is increasingly popular, traditional media such as television and radio remain trusted and accessible sources, especially for the elderly and less literate sections of the population.

Overall, the research establishes that mass media, when strategically utilized, can serve as a powerful tool in bridging health knowledge gaps in rural areas. It is recommended that public health campaigns integrate culturally relevant content in the local language and promote media literacy to maximize outreach and Behavioral impact. Collaborative efforts between media agencies, local health workers, and government departments are essential to reinforce accurate and actionable health information for sustainable rural health development.

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