

# Health Communication Approach and Its Effect on Adult Learning

*Prof. R. Ananthasayanam,\* P. A. Lagar\*\* R. Ravi\*\*\**

## Introduction

Health is wealth of the man. Man finds ways and means to achieve minimum health and helps the rest of the community members live in a happy and healthy life. So far, no definite definition is available from the literature on the concept of Health. However, WHO (1992) defines that health is a complete physical, mental and social well-being in the absence of diseases and deformities. Health education is a process by which an effective change on health practices knowledge and attitudes are brought. Thus, the health education can make the people aware of their health problems and to improve their health conditions.

The emerging relationship between the mass communication and public health awareness services plays an important role in the context of a rapidly changing media and regulatory environment of Health (Atkin and Wallack, 1990). Television in our society is a primary storyteller and most important agent for socialization. On television, health related themes are presented daily to an overwhelming majority of the population to change their health behaviour.

The WHO (1992) has clearly indicated the role of Health Communication activities in achieving the concept of 'Health for All' and the utilization of different media for achieving the same. Further, the scholars have suggested that the future research should examine the ways in which the individual acquires and applies the knowledge and skills, for better health and for improving the mental images of the good health facilities and also in developing the perception about the reality of health conditions and alteration of their behaviour towards the better health.

From the above, it is clear that health communication is an aspect of Information – Education – Communication approach for disseminating preventive, remedial and curative health messages to achieve "Health for All". The suitable media management

---

\* *Prof. R. Ananthasayanam, Dean & Head, Faculty of Education, Deptt. of Educational Technology, Bharathiar University, Coimbatore, India.*

\* *P. Alagar, Research scholar, Faculty of Education, Deptt. of Educational Technology, Bharathiar University, Coimbatore.*

\* *R. Ravi, Research scholar, Faculty of Education, Deptt. of Educational Technology, Bharathiar University, Coimbatore.*

could bridge the gap between the health services and beneficiaries to solve the health problems and to achieve the complete physical, mental and social well-being. In this context, Health Communication is one such approach which could able to reach/teach the people on health aspects. Considering the above fact, the present study on Health Communication approach and its effect on adult learning has been undertaken to systematize the methodology of designing the health communication approach.

### **Objectives of the Study**

The following objectives are identified :

- (i) *To study the impact of health communication approach through video programme on adult learning.*
- (ii) *To develop tools in order to measure the health behaviour (such as knowledge, attitude and skills) of the adult learners involved in the study.*
- (iii) *To compare the change in health behaviour (such as knowledge, attitude and skills) within and between the experimental and control group, due to manipulation of health communication.*

### **Limitations of the Study**

The study has not been taken into consideration of all health problems, however, the immediate health-needs and serious health problems of the Rajakambalam Naickkar community have been considered as prime importance towards the selection of Health Communication programmes.

Due to the time and financial problems, the investigator has selected only two villages at Nilakkottai Panchayat Union for the present study. Further, the investigator has concentrated only on Rajakambalam Naickkar Community.

A good experimental research study on the impact of health communication approach demands the exposure of the viewers for the continuous and longer period of time to make a permanent change in the behaviour.

### **Method of Investigation**

Quasi-experimental design is employed to study the health communication approach as an informal learning strategy and its effect on learning. The study has identified Rajakambalam Naickkar Community as participants of this study. This community people do not have interest to avail the benefit of government health facilities to improve their health conditions, since they have more faith and interest in practicing the black magic, witchcraft activities and superstitious beliefs to solve their health problems. And most of them have also been practicing (Professionally) black magic and witchcraft as health practices, which are considered as main or subsidiary occupation for them to earn money.

Experimental and control groups are selected from two villages of Nilakkotai Panchayat Union (Dindigul - District), where this community people mostly live. After identification of the groups, a basic fact finding study has been undertaken to identify and know the common diseases and the existing traditional health practices of this community. Keeping in mind, the respondent's health problems and common diseases prevalent in the community, the researchers have selected and collected 10 appropriate video health programmes from the media agencies. And these programmes are recorded and compiled with the help of master videotapes. Thus collected health programmes are, Night Blindness, Importance of breast feeding, Diarrhoea, Alcoholism, Tensillities, importance of sanitary health, Leprocy, Uterus disease, Health practices during childbirth and maternal health. The health problems and practices of the community are matched with the Ten pre-taped/tailored video programmes on Modern health aspects and practices and are manipulated in the experimental group. No manipulation has been undertaken in the control group.

The investigator has constructed and pre-tested the learning assessment schedule based on the key messages and concepts of the 10 Health Communication programmes of the present study. The pretested learning assessment schedule is administered to both the control and experimental group at the pre study stage to measure the entry behaviour on health aspects of the adult respondents. The ten Health Communication programmes related to their immediate learning needs and problems of the Health aspects are shown for 10 continuous days to the adult respondents of the experimental group through video cassette player. Immediately after the manipulation of these 10 health communication programmes in the experimental group, the investigator has undertaken the post-study with the help of the Learning Assessment Schedule to measure the terminal/post behaviour of the respondents of the experimental and control groups on modern health aspects. The information related to the health behaviour collected at the pre and the post-study has been subjected to further analyses and the results of these two groups are compared. One hundred and twenty participants are participated in the experimental study. The collected data at the pre and post study phases are coded/grouped and analysed with the help of Test of Significance (t-test) to arrive the results and conclusions of the study.

## **Results and Findings**

The findings based on t test can be described as :

- \* The difference in knowledge, attitude and skills mean scores on health aspects between the experimental and control group at the pre-study phase is not statistically significant (Vide Table No-1). Therefore, this finding

reveals that the experimental and control group respondents are having similar knowledge, attitude and skills on health aspects at the entry phase of the study.

- \* The difference in knowledge, attitude and skills mean scores on health aspects between the pre and post study of the control group is not statistically significant (vide Table No. 2). The finding reveals that the respondents of the control group have not gained the knowledge, attitude and skills on health aspects between the pre and post-study phases. This may be due to the non-intervention of the experimental treatment and also due to the inhibition towards the modern health practices among the respondents of the control group.
- \* The difference in knowledge, attitude and skills mean scores on Health aspects between the pre and post study of the experimental group is statistically significant (vide table No-3). The finding reveals that the respondents of the experimental group between the pre and post study phase have acquired/gained substantive knowledge, attitude and skills on health aspects, due to the manipulation of health communication programmes. Therefore, we can conclude that the manipulation of Health Communication Programmes definitely influences the knowledge, attitude and skills on modern health aspects of the respondents of the experimental group.

Table No. 1: Shows difference in mean scores of knowledge, attitude and skills on health aspects between experimental and control group at pre study stage.

Health Behaviour	Groups	N	Mean Scores	Difference in Mean Scores	SD	t-value	Level of Significance
Knowledge	Control	60	1.72	0.18	0.94	0.91	NS
	Experimental	60	1.54		1.55		
Attitude	Control	60	30.21	2.24	6.50	1.30	NS
	Experimental	60	32.45		11.66		
Skills	Control	60	5.66	0.21	3.16	0.38	NS
	Experimental	60	5.91		4.22		

(NS - Not Significant at 0.01 level)

Table No. 2: Shows difference in mean scores of knowledge, attitude and skills on health aspects between pre and post study of the control group.

Health Behaviour	Phases	N	Mean Scores	Difference in Mean Scores	SD	t-value	Level of Significance
Knowledge	Control	60	1.72	0.04	0.94	0.22	NS
	Experimental	60	1.68		0.93		
Attitude	Control	60	30.21	0.88	6.50	0.78	NS
	Experimental	60	31.61		6.76		
Skills	Control	60	5.66	0.11	3.16	0.56	NS
	Experimental	60	5.77		3.12		

(NS - Not Significant at 0.01 level)

Table No. 3: Shows difference in mean scores of knowledge, attitude and skills on health aspect between pre and post study of the experimental group.

Health Behaviour	Phases	N	Mean Scores	Difference in Mean Scores	SD	t-value	Level of Significance
Knowledge	Prestudy	60	1.54	11.59	1.55	48.29	*
	Poststudy	60	13.13		1.05		
Attitude	Prestudy	60	32.45	36.90	11.66	23.06	*
	Poststudy	60	69.35		5.58		
Skills	Prestudy	60	5.91	14.44	4.22	24.89	*
	Poststudy	60	20.35		1.48		

(\* - Significant at 0.01 level)

Table No. 4: Shows difference in knowledge, attitude and skills mean gain scores on health aspects between the respondents of experimental and control group.

Health Behaviour	Groups	N	Mean Gain Scores	Difference in Mean Gain Scores	SD	t-value	Level of Significance
Knowledge	Control	60	0.40	11.55	0.94	55.10	*
	Experimental	60	11.59		1.35		
Attitude	Control	60	0.04	36.50	6.62	26.07	*
	Experimental	60	39.90		8.60		
Skills	Control	60	0.05	14.39	3.14	28.21	*
	Experimental	60	14.44		2.85		

(\* - Significant at 0.01 level)

- \* The difference in mean gain scores of knowledge on health aspects between the control and experimental group among adults is statistically significant (vide Table No. 4). The finding indicates that the respondents of the experimental group have acquired a substantiatively more knowledge gain on health aspects that the control group, due to the manipulation of health communication programmes in the experimental group. Therefore, we can conclude from this finding that the manipulation of Health Communication programmes will definitely increase the knowledge on the modern health aspects and practices.
- \* The difference in mean gain scores on attitude towards health aspects between the control and experimental group among adults is statistically significant (vide Table No-4). The finding indicates that the experimental group has changed their attitude towards Health aspects. Hence, we can arrive a conclusion that the respondents of the experimental group have more favourable attitude towards the modern health aspects than the control group. Further, the control group has traditional/negative attitude towards modern health aspects, since they have not exposed to the messages on the modern Health concepts through the Health Communication programmes.
- \* The difference in mean gain scores of skills on health aspects between the control and experimental group among adults is statistically significant (vide Table No. 4). The finding clearly reveals that the respondents of the experimental group have acquired more skills on the modern health aspects than the control group. The acquisition of more skills on the modern Health aspects in the experimental group is due to manipulation of Health Communication programmes.



## **Conclusions**

The Health Communication approach is quite appropriate and useful for modifying behaviour of the Rajakambalam Naickkar Community on Health aspects. The specific conclusions also arrived from the findings of the study are as follows :

Both the control and experimental group respondents are having similar behaviour on the health aspects at the entry or pre-study stage. Since, both the respondents of the control and experimental group are similar in their socioeconomic characteristics, traditional and superstitious beliefs and practices on Health aspects.

The respondents of the experimental group gained and changed their behaviour towards the modern health aspects and practices due to the manipulation of Health Communication programmes between the pre and post-study phases, whereas there is no change in the behaviour of the respondents of the control group due to non-intervention of Health Communication approach in the control group. Therefore, definitely exposure to modern health practices will modify the behaviour of the Rajakambalam Naickkar community. Since, the manipulation of Health Communication Programmes are based on their learning needs of the beneficiary community, the experimental group has substantiatively gained or improved their behaviour on modern Health aspects. The major conclusion drawn from the study is that the selected pre-taped 10 video health programmes on modern Health concepts and practices as a Health Communication approach have definitely influences or modifies the attitudes and inculcates the knowledge and skills on Health aspects among the respondents of the study.

## **References**

- Ananthasayanam, R. (1991) : Popularisation of science: Informal and Non-formal Learning strategies. *Journal of Distance Education* Vol. III(3).
- Atkin, Charles & Lawrence Wallack (1990) : *Mass Communication and Public Health-Complexities and conflicts*. London: Sage.
- WHO (1992) : *International Digest of Health Legislation*, Vol. 43, (I).