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**Special Issue**  
**Health Communication**

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# An Era of Digital Media awareness on HIV/AIDS for women: An analytical study

Yuki Azaad Tomar<sup>1</sup> and Kiron Bansal<sup>2</sup>

## ABSTRACT

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) has emerged as an area of great concern at the global level, as it affects individuals, communities, as well as nations, as a whole. In the dearth of any cure; prevention is the only alternative in which health-communication plays a crucial role. The Government and its development partners have made sincere efforts in mitigating the pandemic. However, there is a steep rise in HIV-positive cases in women and India stands behind in attaining the goal of an HIV/AIDS free country. Digital-media platforms effectively communicate HIV/AIDS information to people. The study was undertaken as content analysis of digital-media messages on HIV/AIDS, to analyse their narrative and relevance for women. The study found digital-media messages in six broad themes wherein no mention of preventive methods for women was traced. Women were largely considered as pregnant women and sex workers who could pass on HIV to their infants, and partners. The study indicated that health-communication strategies must be planned towards a clearly defined target audience for optimal effect.

**Key Words:** HIV/AIDS, Women, Digital media messages, Health communication, Narrative.

## Introduction

The new and ongoing COVID-19 pandemic, caused by a new strain of coronavirus, has resulted in extraordinary measures around the world to reduce the impact of the virus. Accurate information and awareness is the best way to prevent oneself from COVID-19. Similarly, in the case of HIV/AIDS correct information is the prevention and the media is an important source of information. Several studies have proved that media narrative has the power to position the information. The audience perception of reality is increasingly structured by the narratives of media. The roots of narratives have been allied with the Aristotle's era, but even today, digital media play an important role in spreading information. This study tries to analyse the narrative of digital media messages of HIV/AIDS for the women.

During the last few decades, though extensive awareness campaigns have been launched on HIV/AIDS, there is still a considerable lack of awareness among women due to various factors. Sincere efforts have been made by the Government of India and the development partners; however, the country continues to lag in attaining the goal of HIV/AIDS-free country

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and witness steep increase in HIV-positive cases, especially among women in recent times. Several government programmes and organizations working in the field of HIV/AIDS utilize digital-media platforms to communicate information on HIV/AIDS to the people. Hence, this study aims to analyse their narrative to comprehend its relevance for women.

In the Indian patriarchal society, women are expected to be submissive which gives them little space to negotiate for the safer sex and they are more likely to be subjected to non-consensual sex. As a majority of women continue to be financially dependent on men and considered socially inferior, they find themselves unable to refuse sex or insist on condom use. The fact that most sexual relationships in India are controlled by men is one of the reasons for increase in HIV/AIDS prevalence among women, regardless of their knowledge about the epidemic. The threat of violence and physical abuse undermine women's ability to guard them against the disease. Women who are victims of sexual violence are at a higher risk of being exposed to HIV, and the lack of condom use and forced nature of rape makes women more vulnerable to HIV infection. The discrimination meted out to women and their increased vulnerability makes women hapless victims of HIV/AIDS.

In what could pose a significant challenge for India to meet its ambitious target of ending AIDS by 2030, women continue to account for more than 40% of people living with HIV-infection in the country. Compared to developed countries, most Indian women were found to be relatively less aware of HIV/AIDS as per a survey conducted by the National Family Health Survey (NFHS) in 2017, only 22% of young women (aged 15–24) were aware of HIV-prevention, leaving around 80% under the risk of contracting HIV due to lack of information and their secondary position in society.

### **The Vulnerability of Women and HIV/AIDS**

The impact of HIV/AIDS goes beyond the health sector with severe economic and social consequences and is found to be more severe on women than men. Women's enhanced vulnerability to HIV/AIDS in India is directly linked with gender inequality and their low status in the social hierarchy. This inequality within the family, work-place as well as the larger community has a direct bearing with the spread of the infection among women in India.

Since the first cases of AIDS were diagnosed more than 30 years ago, the depiction of women in the scientific and political discourse of HIV/AIDS has dramatically transformed. Worldwide, women constitute more than half of all people living with HIV (Amfar, 2015). The HIV/AIDS epidemic in India is spreading rapidly and increasingly. The highest rates of infection are found in population groups with certain high-risk behaviours (i.e. sex workers, intravenous drug users, and sexually transmitted disease patients). However, infection also is increasing in the general population.

The growing number of HIV infections in women is due to their vulnerable situation. Women are susceptible to HIV because of the biological differences in susceptibility, reduced sexual autonomy, and men's sexual power and privilege. Conversely, heterosexual men are the active transmitters of HIV but not active agents of prevention (Higgins *et al.*, 2010). Women

were nearly invisible at the beginning of the HIV/AIDS epidemic. There was close identification of the virus with gay men, and later injection drug users. The Centre for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), (1983) declared that AIDS may be sexually transmitted among homosexual or bisexual men, meant that researchers failed to recognize or focus on the heterosexual transmission for many years after the first cases were diagnosed in the United States.

Even by the 1990s, when it was recognized that women were acquiring HIV and when almost 20,000 women had officially died of AIDS (CDC, 2000) women were absent from the clinical trials, and the Centers for Disease Control and Prevention's AIDS case definition failed to include certain common disease manifestations unique to women. Gradually, HIV positive women were noticed in two discourses, pregnant women who could pass on HIV to their infants and sex workers who could pass on HIV to their clients and, through these clients, to the general population. But visibility did not automatically lead to increased public health aid to HIV-positive women. Women were viewed as vectors, with their needs ranked secondary to those of their fetuses or their male clients (Simonse *et al.*, 1990).

Against this backdrop, it was considered worthwhile to identify the available digital media messages on HIV/AIDS and analyse their content. For the study, the definition of digital media given by Microsoft has been employed. Digital media is referred as audio, video, and photo content that is digitally compressed, encoded. Encoding content involves converting audio and video input into a digital media file. After digital media is encoded, it can be easily manipulated, distributed, and rendered by the computers, and is easily transmitted over the computer networks (Microsoft, 2016).

### **Media Narrative and HIV/AIDS**

Ever since the epidemic came to the forefront in 1980s, the media narrative in HIV/AIDS has been steadily growing. However, in order to develop the HIV/AIDS communication response of the future, we need to better understand the critical role of the media narrative in mitigating the pandemic, particularly in light of the changing communication environment. The initial media focus on HIV/AIDS was largely on the medical aspects of the epidemic and did not directly address the social aspects.

In one of the earlier studies, Gottlieb (1981) at the Centre for Disease Control and Prevention (CDC), Morbidity and Mortality Weekly Report (MMWR), described a syndrome of unusual illness that was termed as “gay-related immune deficiency” (GRID), as most of initial cases were reported among gay people. Acquired Immune Deficiency Syndrome (AIDS) was first recognized as a new disease in the United States when clinicians in New York, Los Angeles, and San Francisco began to see young, homosexual men with pneumonia and Kaposi's sarcoma (KS), unusual diseases for young adults not known to be immune suppressed. Osmond (2003) mentioned that the first report in the medical literature that alerted the world to this new immunodeficiency syndrome appeared in June 1981 and described five young, homosexual men in Los Angeles with PCP.

By the end of 1982, however, it was clear that others were at risk for the disease, and what had so far been complacency, turned into serious concern, even panic. CDC (1982) provided guidance for the protection of clinicians and laboratory workers managing patients with AIDS and their biologic specimens.

The CDC issued guidelines in November 1982 that were based on those previously recommended to protect against Hepatitis B virus infection. The CDC (1983) declared that AIDS may be sexually transmitted among homosexual or bisexual men. AIDS cases were reported among women who were steady sexual partners of men with AIDS or of men in high-risk groups, indicating the possibility of heterosexual transmission. Reports of unexplained cellular immune deficiencies and opportunistic infections in infants born to mothers from groups at high risk for AIDS raised concerns about in utero or perinatal transmission of AIDS.

By now it was coming that AIDS was not only the disease limited to gay population and the numbers were growing. Shilts (1987) revealed why AIDS was allowed to spread unchecked during the early 80's while the most trusted institutions ignored or denied the threat. He mentioned first HIV-prevention programmes in the United States were grassroots measures initiated in 1982 predominantly by homosexual men in San Francisco, California, and New York City. These and other early HIV-prevention activities were primarily designed to increase AIDS awareness, reduce unfounded fears about transmission, and provide basic information regarding symptoms, likely transmission routes, and risk-reduction strategies.

In late 90s, another narrative from media discussed of 'Health Literacy' evolved in the field of health promotion. Nutbeam (2000) discussed the concept of health literacy as a composite term to describe a range of outcomes to health education and communication activities. From this perspective, the health education was directed towards improving health literacy. The author identified the failing of past educational programmes to address socio-cultural and economic determinants of health and traced the subsequent reduction in the role of health education in the contemporary health promotion. The study emphasized personal forms of communication and community-based educational outreach as well as the political content of health education, focused on better equipping people to overcome structural barriers to health. Parker and Gazmararian (2003) defined health literacy as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Many studies also established that media have made significant contribution in creating awareness about health issues. Mass media have increasingly focused on health-related lifestyle behaviours (e.g. exercise, diet, alcohol consumption, and smoking), partly because the focus of public health has undergone a rapid shift from disease treatment to disease prevention and to health promotion (Rimal *et al.*, 1999).

McKee *et al.* (2004) mentioned that over the two decades since HIV/AIDS was detected, first come forward; theories to describe behaviour and social change have evolved noticeably. In



earlier phase of the epidemic the practitioners assumed that simply giving correct information about transmission and prevention would lead to behaviour change but this model proved naïve. Kalichman and Hospers (1997) identified ‘second generation’ which drew on psychological and cognitive approaches that educated individuals in practical skills to reduce their risk of infection. The important feature of the campaigns was the approaches that situate the focus. The approach failed to take into account how sexuality was socially and culturally constructed in society. The focus on human cognitive process underestimated and overlooked the role of emotions in the preventive health behaviour.

### **Digital Media Messages and HIV/AIDS in India**

Ghosh (2002) asserts that when AIDS first emerged in India, it was dismissed as a curse on the unscrupulous people engaging in corrupt behaviour. AIDS was, and in some regions still is, considered the disease of the untouchables and hence, no actions were taken to combat the infection for a long period of time, even though rural India appeared to have a lower incidence of HIV/AIDS than did the country’s urban area, the rural prevalence rate is likely to be hidden because of the fear associated with AIDS. The high mobility of people between urban and rural areas is likely to increase HIV cases in India in the future.

Tufte (2005) found at government levels, many countries have been slow in recognizing the magnitude of the problem within their borders. Only within the last 6–8 years have many governments set up national HIV/AIDS committees. While governments are increasingly seeking to coordinate and take the lead in national response mechanisms, NGOs continue to hold an important role in combating the disease, tackling the most pressing issues in countries struck by government denial, low priority, corruption, or lack of funds.

Right from the beginning of the epidemic in India, an AIDS task force was established by the Indian Council of Medical Research (ICMR) for screening risk behaviour of such groups. As more cases began to be detected, a National AIDS Committee was set up under the Union Ministry of Health and Family Welfare in 1986. The National AIDS Control Organization (NACO) was established in 1992 and the first National AIDS Control Programme (NACP) was launched. The NACP was managed by a small unit within the Ministry of Health and Family Welfare. On the basis of programmes designed by the NACO several narratives for media were developed.

This first phase of the National AIDS Control Programme lasted from 1992–99. The focus of media narrative was on awareness generation, controlling spread through blood, etc. The Phase II of the programme was launched in 1999 changed the narrative to behaviour change to hinder the spread of HIV such as a programme for preventing transmission from mothers to children and providing antiretroviral treatment generally. In 2007, NACP III, the third phase, delegated local levels and NGOs (non-governmental organizations) more responsibilities and jurisdiction over welfare services for those affected. There was also an increased focus on high-risk groups and control outreach programs.

Aiming at accelerating reversal and integrating response, the fourth National AIDS Control Programme (NACP-IV) has now changed the narrative at zero infection, zero stigma and zero death. The NACP IV time frame was from 2012 to 2017.

Pittam and Gallois (2000) HIV/AIDS discourses in India related to fear, denial, and stigmatization act as powerful barriers. To address stigmatization of those infected with HIV/AIDS to stop or slow the rate of infections, examination and understanding of variety of discourses is essential. The HIV/AIDS discourses have a remarkable ability to generate meanings which is apparent when one examines the multiplicity of its interpretations. Based on the study of media literature the need to study media narrative on HIV/AIDS awareness for rural women was felt.

### **Digital Media for HIV/AIDS Awareness**

Digital media is a form of electronic media where data are stored in digital form. Florida's digital media industry association defined digital media as "the creative convergence of digital arts, science, technology and business for human expression, communication, social interaction and education".

The term digital media emerged in the latter part of the 20th century. It refers to on-demand access to content anytime, anywhere, on any digital device, as well as interactive user feedback, creative participation and community formation around the media content. Most technologies described as "new media" or Information and Communication Technologies (ICTs) are digital hence also referred to as digital media. It covers any product that will store, retrieve, manipulate, transmit or receive information electronically in a digital form. All these combine to form our networked world which reaches into every corner of the globe. It is argued that digital media have 'amplified the brain power in much the same way that the 19th century industrial revolution amplified the muscle power'.

The digital media is capable of a much higher degree of interactivity than those offered by the traditional communication technology. The use of computer in one form or the other is an integral part of most of the modern communication techniques. However, digital media do not create information and verify its validity, which is still a human endeavour and its effectiveness in solving development issues depends on the content it carries. The challenge is to be able to effectively use digital media for creation of new knowledge for varied human endeavours. Knowledge is one of the primary resources for improving the lives of people and the key for rapid development lies in building a knowledge-based society.

Digital media based interventions can empower women by providing them with information and support tools that can help them protect from HIV/AIDS and improve their health-related decision-making and ultimately increase their quality of life and well-being.

## Research Methodology

The extensive use of digital media represents an important avenue for communication about HIV/AIDS. Further, as the globalization of HIV/AIDS and its presence in more geographically distant and underserved communities increases, digital media provides an opportunity to extend the reach of HIV prevention and treatment efforts.

A content analysis study was undertaken of the digital media messages produced by leading Government and development Organizations on HIV/AIDS awareness and their relevance to women. Krippendorff (1980) defined content analysis as the use of replicable and valid method for making specific inferences from text to other states or properties of its source. The qualitative content analysis focused on the content and production aspects, qualitative content analysis goes beyond merely counting words to examining language intensely to classify large amounts of text into an efficient number of categories that represent similar meanings (Weber, 1990).

The available digital-media messages on HIV/AIDS were identified and their content was reviewed on some select parameters to assess their relevance for women. For study, digital media on HIV/AIDS were sourced from YouTube in which four organizations engaged in awareness generation on HIV/AIDS were identified; these were National AIDS Control Organization (NACO), John Hopkins, BBC World Service Trust and Breakthrough. The selection of organizations was made in view of their being established, credible organizations which were engaged in conducting research and developing communication and media campaigns using digital messages.

**NACO:** National AIDS Control Organization is a division of the Ministry of Health and Family Welfare, Government of India that works for HIV/AIDS control programmes in India and uses different forms of media campaigns.

**John Hopkins:** John Hopkins is a research-based University in USA which has conducted several researches in public health. Its media centre has designed research-based public health material amongst which several were on HIV/AIDS for the Indian audience.

**BBCWST:** The BBC World Service Trust is the BBC's international development charity works in several countries of Africa, the Middle East and Asia including India. The organization has created television and radio programmes, including popular drama series, for health-promotion campaigns in India including HIV/AIDS.

**Breakthrough:** Breakthrough is a human rights organization which works towards the eradication of violence and discrimination against women and girl children in India. It uses media campaigns in their strategy and some of their successful media campaigns are on HIV/AIDS and women.

## Selection of material

The selection of digital media messages for content analysis was made based on the following criteria:

1. The HIV/AIDS material should be available in digital format and encoded in a machine-readable format.
2. The message should either be in Hindi or English.
3. It should be meant for the Indian audience.

**Unit of analysis:** The unit of analysis was a digital media message of less than 60 seconds duration.

A total of 44 digital media messages which met the above criteria were identified. These digital media messages were systematically analysed on select parameters pertaining to content and production such as the concept, treatment, visuals, music, effects, graphics, voice over and narration etc. and their relevance to women.

Organization	YouTube channel	Total number of messages	Messages selected
John Hopkins	Johns Hopkins CCP	77	13
NACO	IECNACO India	27	18
BBC WST	BBC Media Action India	32	7
Breakthrough	Breakthrough TV	18	6
<b>Total</b>		<b>154</b>	<b>44</b>

**Table 1.** Details of selected digital media message for content analysis

An analysis of each message was undertaken to obtain in-depth rich qualitative data. The qualitative analysis was undertaken by taking a holistic overview of all the elements earlier analysed and providing a cohesive picture. The relevance of the message for women was also assessed in this section which was analysed in terms of the role of women in the message, if any preventive method was suggested for women and do women demand safety measures from HIV in the message.

The objective of content analysis was to analyse the digital media messages on HIV/AIDS. At the outset, mutually exclusive categories such as Programme details, Content and Production aspects were established which were further divided into subsections for greater analytical understanding of the messages. The section on programme details listed the title of the message, duration, format, language, producer, target audience and objectives. The section on content dealt with the concept and treatment of the message. It explored the storyline of the message and the summing up the treatment explored the appeals used in the message.

The production aspects also contribute in the reception of the message therefore the production aspects were analysed in terms of the visuals, music, effects, inclusion of text or graphic, usage of voice over and narration.

## Findings and discussion

From the analysis of 44 messages, the following broad thematic areas emerged – Condom Promotion, Stigma and Discrimination, HIV/AIDS and Youth, HIV Testing, Prevention of Mother-to-Child-Transmission and Sexually Transmitted Infection (STI) Treatment.

S. No.	Thematic areas	Total number of messages	Relevance to women
1.	Condom promotion	17	0
2.	Stigma and discrimination	8	3
3.	HIV/AIDS and youth	7	1
4.	Prevention of mother-to-child-transmission	5	5
5.	HIV testing	4	1
6.	STI treatment/ other	3	0
	<b>Total</b>	<b>44</b>	<b>10</b>

**Table 2.** Thematic areas of digital media messages

Out these digital messages, 17 messages were found on condom promotion, followed by 8 messages on stigma and discrimination and 7 on HIV/AIDS and youth. Within above thematic areas only 10 messages were found focused on women and HIV/AIDS, out of which 5 dealt with prevention of mother-to-child-transmission, 3 messages were on stigma and discrimination and one message on HIV/AIDS and youth. Thus, a greater focus on prevention techniques was found as there were large numbers of messages on condom promotion. Messages for women were mostly about mother-to-child-transmission or stigma and discrimination and no mention of preventive methods for women was traced.

### Condom promotion

Various studies have revealed that most of the HIV transmission is through unsafe sex in India, hence promoting condom use as a safe-sex practice for prevention of Sexually Transmitted Infections/ Reproductive Tract Infections (STI/RTI) and HIV and protection from unwanted pregnancy is vital, therefore most of the digital messages, 19 out of 46 were on condom promotion. The National Family Planning Programme of India had introduced condom as one of the family planning methods in the late 1960s. The condom was promoted as a family planning method through social marketing since its inception. With the increasing prevalence and incidence of sexually transmitted infections (STIs) including HIV/AIDS, the condom was also promoted as a dual method for protection against both unintended pregnancies as well as sexually transmitted diseases. The acceptability depends on the awareness, awareness, and positive attitude towards condoms.

Condom promotion messages were traced in three sub categories using a condom with all sex partners, removing inhibitions attached with word condom, using condom within marriage. The digital messages which tried to adapt the usage of word condom were shown in Digital Message's such as '*Condom It's Okay*', '*Pappu don't be shy*' and '*Condom, Bindaas Bol*' (Condom-Just Say It). The campaign was aimed at removing the feeling of embarrassment while buying a condom. '*Pappu don't be shy*' was a humorous video with two characters an

uncle with his nephew named Pappu. The uncle mortified Pappu at various places. Uncle's pet dialogue is '*Pappu don't be shy*'. The uncle embarrassed Pappu at places such as taking off shirt in front of all ladies and diving in a pool, eating lots of ladoos and burping loud in the feast, dancing freely in strangers wedding etc. The uncle was later shown in a chemist shop and hesitating to buy a condom when Pappu entered and asks for the condom and commented '*Uncle if you want to protect yourself from HIV/AIDS then ask for condom freely, don't be shy*'.

*Bindass Bol* addressed the first level barrier to say the word 'condom'. To reduce the hesitation in using the word "Condom" in rural India, the digital media messages were designed and messages were communicated through the lawyer, police and coolie characters. The digital media message successfully tried to create the tension when the maid showed the condom but stabilise the situation on lady's remark. The setup of the Indian home where culturally talking about condoms is unacceptable at such a platform adapting it gave a clear message.

BBC World Service Trust's campaign connecting the confidence and the smartness needed to talk freely about condoms to being a "real man". The focus of the campaign '*Jo Bola Wohi Sikander*' was to get men to talk about condoms. This campaign used a light-hearted approach to communicate a serious message with a practical approach to safe sex. Its central mascot was a coloured animated parrot. Through the parrot it was designed to come across as smart, pesky, opinionated, and humourous. The confidence and the smartness required to talk freely about condoms to being a "real man". The ad showed a kabaddi match in which is a team sport originally from the Indian subcontinent where chanting the word "*kabaddi*" during play is a crucial aspect of game. In the ad, the protagonist won the match against a "macho" team by chanting "condom" instead of "*kabaddi*".

The theme of how digital media can facilitate the sharing of information about condoms was pivotal through a ringtone campaign. The digital message centered on a scene played out at a wedding at which a mobile ringtone buzzed with a loud refrain "condom! condom!" The person holding the mobile phone was not embarrassed; rather, the reaction of those around the red-faced man was to see him as smart and responsible. Viewers were encouraged to go to the campaign website to download a condom ringtone - as well as to play an online game ("Parrot Tarrot").

Another digital message in the series was with the addition of the character of 'Aunty' and a puppy called 'Condom' which emphasised that those who use condoms were winners in life. The campaign positioned condoms as a product that men use to show they were responsible and cared about themselves and their families. The campaign tagline communicated that "those who talk are winners" (*Jo Bola Wohi Sikander*), and "those who understand are winners" (*Jo Samjha Wohi Sikander*).

Yet another category of messages focused on using condoms within marriage. '*Condom Hamesha*' focused on the usage of condoms within marriage. The digital message combined using a condom with taking care of your spouse with a tag line 'Those who care know what's best, Always condom (*Jo khyal rakhte hai who jante hai yahi hai sahi, Condom Hamesha*).

With help of a short animated film about *Chunnilal*, a forgetful husband the digital message inspired husbands to use condom to avoid spreading of HIV/AIDS. He wore an underpant over a pant. Misunderstood his wife's demands and brought a nurse instead of a purse, and sandal (door handle) to create humour. However forgetful *Chunnilal* did not forget to protect his wife from STDs and HIV/AIDS hence always used condoms, which his wife appreciated. *Chunni Lal* animation used edutainment strategy in which colourful comic characters kept the humour alive.

'*What Kind of Man Are You?*' tried to look at the condom usage with in marriage from the wife's point of view? It highlighted the fact that the majority of HIV/AIDS-infected women in India were married and monogamous. The campaign titled *What Kind of Man Are You?*, sought to address a male audience, directly asking men to use condoms and act responsibly to protect their wives from sexually transmitted diseases and HIV/AIDS. It also tried to educate women on the need to negotiate condom use as a means to protect them, even within marriage.

Another category of messages on condom promotion focused on the usage of condoms with all partners. Digital media messages titled 'ring' focused that with wearing various astrological rings one must not forget to wear another ring, i.e. condom, to protect oneself from HIV. '*Ek achi aadat*' targeting youth focuses on triple protection of a condom. Animated messages such as Nirogi Lal a 2D illustration flash movie dealt with the issue of condom usage. The spot had two animated characters Nirogi Lal, representing men who had little, no awareness, myths or about condoms. Through this program, second character Nirodhi Lal (a condom) talked about the benefits of wearing a condom, how it can protect against infections, STI's and HIV/AIDS.

It was found that all digital messages on condom promotion targeted the male audience. Only a few messages which were dealing with women's health also targeted husbands to use condoms. None of the messages dealt with the female condoms. The role of the women in the message was mostly shown as a sex worker or multiple sex partners. Condom usage by men is highlighted to protect him from receiving HIV from various sex partners.

The messages which are shown from the perspective of women, such as '*What kind of man are you?*' by Breakthrough TV also shows her dependence on husbands whims and wishes to wear a condom for protecting her from HIV.

### **Stigma and discrimination**

Eight messages were dealing with the issue of stigma and discrimination. The community stigma is an important factor to address because one of the major problems with HIV/AIDS-related stigma is the community discrimination, isolations, and ostracizing of people living with HIV/AIDS (PLWHA). Stigma and discrimination are by-products of misinterpreted communication. Direct linkages to out-of-home sex, not being faithful to one partner, visiting commercial sex workers (CSW) have all emerged out of the communication efforts made to educate people about HIV-transmission routes. The tendency to link HIV-transmission to only sexual behaviour, rather than focusing on all possible routes of transmission, creates greater environments for the stigma to exist in society.

Some Digital messages focusing on stigma and discrimination were intended to address the community stigma against PLWHA and others were focused on women in general. Through the use of digital messages, this strategy was aimed at increasing the awareness of HIV/AIDS and reducing the stigma within a community. Representing and demonstrating community support and love for PLWHA was the strategy used to reduce the community-associated stigma.

Some digital messages by John Hopkins such as ‘Stigma and Discrimination in Schools’ and Stigma and Discrimination at Workplace’ were focused on anti-discrimination component, with the voiceover stating, “*HIV-positive logo ke saath hone wale bhed bhaav ke khilaaf apni chuppi todiye*” (Stop discrimination against HIV-positive people by breaking your silence). This message suggests the role of institutions such as schools and offices to fight against discrimination faced by PLWHA. Here the digital message was suggesting that the audience needs to change their perspective, behaviour and attitude towards PLWHA. These messages had an institutional component which was apparent in both messages; school and office. This type of institutional supports and normalizes the idea that it is ok to have PLWHA work in the same environment.

The focus on anti-discrimination in media messages may address the widespread manifest discrimination at different levels of society, such as: institutions (school, health-care facilities, and workplace) and personal relationships (community, family, and individual). Moreover, since the term discrimination has a negative connotation many people do not want their behaviour to be considered as discriminatory, and may attempt to avoid the topic altogether. Such messages were not targeted at any specific group but at the general population.

Digital messages focusing on discrimination with women is shown in ‘Is this Justice?’ campaign. It sensitized the community about the presence of Women Living with HIV/AIDS (WLWHA) among the general population, and their vulnerability because of domestic violence and the inability to negotiate safe sex. Many women contracted the virus because they were unable to negotiate condom use; if their husbands died of AIDS, they were shunned by family and community alike and forced to live on the edge of society. As a result, the community recommended family support and the right to shelter to reduce the stigma and discrimination that WLWHA faced. It sought to involve the family and the community in upholding the rights of WLWHA, thus reducing stigma and increasing access to care, support and livelihood options. The campaign was built around the statistic that 90% of HIV-positive women were evicted from their homes after their husbands’ died of AIDS.

In another example a daughter is punished because her brother comes home late. In another, a man slaps his wife after he backs his car into a row of scooters in a parking lot due to his inability to drive properly. In the third, a mother-in-law slaps her daughter-in-law because an auto-rickshaw driver leers at her. These common examples of domestic violence were then linked with the unjust treatment that was meted out to HIV-positive women, with the punch-line: “If this is injustice, think of the HIV-positive woman whose husband dies of AIDS.



The missing element in these messages was the focus on educating people that they can care and support their loved ones affected by HIV/AIDS. It can be argued that, if a media message showed community support, or suggested community support, it was an attempt to help reduce stigma.

It is vital for media messages to include testimonials from PLWHA, show people interacting positively with PLWHA, or indicate that community friends and family should support the PLWHA. Showing people interacting normally with PLWHA, might make it less taboo for society, and allow for interaction with PLWHA to be normalized, or it may simply aid in the reduction of community driven stigma.

### **HIV/AIDS and youth**

Digital media messages targeting youth were also focused on increasing awareness of HIV-infection risk due to multiple and concurrent partners. Out of 44 messages, 7 were on youth amongst which three were relevant to women such as a digital message titled ‘*Babli*’ which highlights young girl Babli’s beauty and appreciation of her youth from boys of her age. The digital message breaks the dreamy effect by emphasizing on safe sex and usage of condoms.

Campaigns like ‘*Jawan Hoon Nadan Nahin*’ were targeted at peer pressure and did not address young people segmented by age, gender and economic variables. There were fewer details of why young people are at risk in these campaigns. Their information needs were not being fulfilled. The messages focused on delaying the initiation of sex and reduce the number of multiple and concurrent partners. It was highlighted in a series of digital media messages on *Jawaan hoon Nadan nahi*. Out of seven digital messages, one message focused on the female protagonist, giving her power to say no to sexual advances in relationships. This message was focusing on preventive measures.

### **Prevention from mother-to-child-transmission**

Digital media messages highlighted that an HIV-positive mother could have a healthy baby that was not infected with HIV. Two digital media messages were designed with the same message but with different set up. The first spot was set up in a maternity ward and the other one during *Godh Bharai* celebration in the family. Both the ads were endorsed by well-known actress Sharmila Tagore, who highlighted that a range of interventions (medicines) can reduce the risk of mother-to-child-transmission of HIV/AIDS. The primary effort was directed to consult a doctor during pregnancy and take medicines which were freely available at all Government hospitals to prevent the transmission of HIV from HIV positive mothers to their infants during pregnancy, labour, delivery and breastfeeding. The messages clearly showed that an HIV test during pregnancy is essential to protect the fetus from getting HIV from the mother.

### **HIV testing**

To know the status of HIV it is essential to prompt the audience to get an HIV test done. These messages had a curiosity with celebrity appeal. For example the digital media message

associated the word 'test' with HIV test. Celebrities such as Anil Kapoor, Sushmita Sen were found to encourage the audiences to get HIV test. The focus of these digital messages was on knowing your status of HIV. Only one message was found specifically for women that too knowing status during pregnancy only.

### **STI treatment/other**

The digital media messages produced by selected organizations were also focusing on STI treatment and other such a blood donation. The NACO designed the message on STI treatment about the importance of blood donation. Three of these messages were found. None of the messages had any relevance to HIV/AIDS or women.

Thus it can be said that the strengths of the available digital media messages were in terms of the variety of themes such as Stigma and Discrimination, HIV; Testing, Prevention of Mother-to-Child-Transmission, Condom Promotion etc.

### **Critical analysis**

The media have been active in creating the awareness about HIV/AIDS. Young people are the ones most affected by and infected with HIV. Therefore media narrative specially focused towards awareness campaigns aiming at young people. It can be said that the strengths of the available digital media messages were in terms of the variety of themes such as stigma and discrimination, HIV testing, prevention of mother-to-child transmission, condom promotion etc.

To deliver the message various production elements were also used. Music was used to hook attention. The message on condom ringtone was one of the best examples of the use of music. Digital messages also used statistics and figures highlighting the rise in numbers of HIV cases. This was used to build awareness among the audience. The messages targeting youth '*Jawan hoon Nadan nahi*' showed the data mentioning out of all HIV cases 33% were youth. Similarly, most of the messages produced by Breakthrough also used data to show growing number of HIV positive women in India.

To increase the credibility of messages celebrities such as Amitabh Bachhan, Sharmila Tagore, Anil Kapoor, Sushmita Sen, R. Madhvan etc. were involved to spread awareness about HIV/AIDS. Humour appeal was also used in many messages to catch the viewer's attention. The condom promotion message of condom *it's OK* and animation on Chunni Lal also had strong element of humour.

The messages were creative and of high level of production quality with creativity visual appeal and with memorable music. The messages were able to create a general ambience and mood such as in the messages title *I wish* in initial few seconds gave the feel of relationship between husband and wife. The production of the digital media messages was detailed and importance was given to the socio cultural background of the characters.

The intrinsic analysis of narrative designed by media on HIV/AIDS showcases that women are characterized into two broad categories; first as sex worker a potential bearer of virus or as a mother who can transfer the virus to unborn child. Most of the messages which targeted

women limited their narrative to prevention from mother-to-child transmission. The focus was on HIV test during pregnancy. Very few messages expressed concern against discrimination met by women in specific. All digital messages on condom promotion targeted male audience. Few messages which were dealing with women's health also targeted husbands to use condom. None of the messages dealt with female condom.

## Conclusion

The health of Indian women is intrinsically linked with their status in society. India has the third largest population of people living with HIV and AIDS (PLWHA) in the world and most of the HIV-positive people in India are women. There is strong evidence that gender inequalities increase the vulnerability of women to HIV. The reason of growing HIV cases in Indian women has to be viewed as a socio-cultural problem, in addition to being a medical concern. The secondary status of women in the society has important linkage with the growing HIV cases. India is a patriarchal society and the inferior position of women gives them little space to negotiate safer sexual practices. They fall victims of non-consensual sex and even unable to demand condom usage. Such situations make women more vulnerable to HIV infection and their plight gets aggravated due to stigma and discrimination faced at the societal as well as familial levels.

The causes of the growing epidemic in India include association with cultural taboos about sex, disputes related to the method of dealing frankly with sexuality, high levels of poverty, low literacy rate, high migration rate etc.

These digital media messages were found in six broad themes of condom promotion, stigma and discrimination, HIV/AIDS and youth, HIV testing, prevention of mother-to-child-transmission and STI treatment. A greater focus on prevention techniques was found as there were large numbers of messages on condom promotion. Messages for women were mostly about mother-to-child-transmission or stigma and discrimination and no mention of preventive methods for women was traced.

Effective health communication is essential to provide the public with the tools and knowledge to respond appropriately to HIV/AIDS. Health-communication strategies must be planned towards a clearly defined target audience to achieve optimal effect. Knowledge of the cultural practices to understand cultural influences lifestyles, in particular their attitudes towards health help to develop culturally-relevant communication programmes. There is a need to look at the epidemic from the perspective and vulnerable situation of women and design women-centric cultural specific awareness messages on HIV/AIDS for women. Some of the experiences learned from the HIV epidemic can be effectively applied to the fight against COVID-19 and reduce the impact of the virus.

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**Annexure 1**  
**Details of Digital Media Messages**

S. N.	Title of the digital media message	Producer	Objectives
1.	I wish	Breakthrough TV	To highlight man's responsibility to protect his wife from HIV/AIDS by wearing a condom
2.	Pappu Don't be Shy	NACO	Motivate to buy condoms without hesitation
3.	HIV/AIDS Stigma and Discrimination in the Workplace (India)	John Hopkins	To motivate people not to discriminate with people living with HIV/AIDS
4.	HIV/AIDS Integrated Counseling and Testing, Anil Kapoor (India)	John Hopkins	To motivate people get HIV test done
5.	Chunni Lal	BBC world Service, NACO	To inspire husbands to wear condom to avoid spreading of HIV AIDS
6.	Babli	NACO	To promote safe sex using condom
7.	Condom Its OK	NACO	To normalize condoms in family
8.	Zaroori Meeting	NACO, UNDP	To aware men about wear condom
9.	Age to Everything	NACO	To beware youth to have proper knowledge about HIV/AIDS
10.	Bindas Bol: Court	BBCWST	To remove the hesitation of using the word condom
11.	To Bola Wahi Sikander Kabadi	BBCWST	The aim was to get men talking about condoms a tall order in a country in which sex is still widely a taboo subject
12.	Condom ringtone	BBC WST	To get people to talk about condoms and view condom users as smart man
13.	Dog name condom	BBC WST	To normalize use of word Condom
14.	Choti Badi Batein	BBC WST	To encourage females to talk about using condoms with their husbands
15.	Auto	Breakthrough TV	To show the unjust stigma and discrimination against women with HIV and AIDS
16.	House	Breakthrough TV	To show the unjust stigma and discrimination against women with HIV & AIDS
17.	Parking	Breakthrough TV	To show the unjust stigma and discrimination against women with HIV and AIDS
18.	Nirogi Lal	NACO	To promote condom usage for HIV and AIDS prevention
19.	Maternity Ward	NACO	To inform about Mother to Child HIV infections
20.	Godh Bharai	NACO UNICEF	To inform about Mother-to-child Infection
21.	Generic Condom	NACO UNICEF	To promote condom usage
22.	Anita	Breakthrough TV	Digital Story of women with HIV AIDS
23.	Sunita	Breakthrough TV	Digital Story of Women with HIV/AIDS
24.	Girl Meets Boy <i>Jawaan hoon Nadaan Nahi</i>	John Hopkins	It focuses on youth to increase risk perception and knowledge of HIV/AIDS
25.	Cricket	John Hopkins	It focuses on youth and peer pressure
26.	Migrant workers	John Hopkins	Objective of the ad is to aware Migrant workers from HIV/AIDS
27.	Pregnancy and HIV	NACO	HIV Test during pregnancy

S. N.	Title of the digital media message	Producer	Objectives
28.	T.B. and HIV	NACO	To aware T.B Patients about danger of getting HIV
29.	Stigma and Discrimination in Schools	John Hopkins	To fight discrimination met with PLWHA
30.	<i>Gayab</i> ICTC (test)	NACO	To give importance to HIV test
31.	Age for everything	John Hopkins	The objective of the PSA was to communicate to youth the importance of acts in correct age.
32.	<i>Ekachiadat</i>	NACO	To motivate people to use condom
33.	Chase	John Hopkins	No discrimination with PLWHA
34.	<i>Muqaddar ka Sikander</i>	BBC WST	To make youth realise that the biggest danger is of HIV /AIDS
35.	Condom	BBC WST	To motivate married couple to use condoms within marital relationship
36.	Ring	BBC WST	To motivate men to use condom
37.	<i>Condom Hamesha</i>	John Hopkins	To motive audience to use condom always
38.	World around you	NACO	Importance of HIV test during pregnancy
39.	HIV test is not scary	NACO	Generating demand and awareness about free counseling of HIV
40.	ICTC (test)	NACO	To give importance to HIV test
41.	KICK	NACO	To motive women for HIV test during pregnancy
42.	<i>Hum Dono</i>	John Hopkins	Homosexual partners Use condoms
43.	<i>Darnazaroorihai</i>	John Hopkins	Use condom to protect from HIV
44.	<i>Humjoli</i>	John Hopkins	To be self cautious



# Impact of Health Communication on Prevention of Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome in Katsina State, Nigeria

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## ABSTRACT

Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) is a disease of global concern for international, governmental and non-governmental organizations and individuals due to its devastating socio-economic implications especially on youths. Several policies and programmes were initiated and implemented to curtail the spread and curb the menace in relation to HIV/AIDS. To educate and aware the public about the disease is one of the measures identified to check its spread. Health communication is aimed at educating people on some important health issues with a view to get them equipped with the information required to tackle with various problems related to health. This study is an attempt to investigate the role of health communication in curtailing the spread of HIV/AIDS among adolescents in the Katsina State of Nigeria. By applying qualitative survey method (via focus group discussion and in-depth interview), the study randomly selected two Local Governments each from the three Senatorial districts of Katsina, Daura and Funtua and interviewed the staff members of the Katsina State Agency for the Control of AIDS. The results of the study indicated that health communication has succeeded in making people aware of the disease and the information has significantly impacted the people's attitude towards adopting measures that could minimize the spread of the virus. The study, therefore, advocated the use of other non-media approaches like town-hall meetings and market-day sensitizations among others.

**Keywords:** Health communication, HIV/AIDS, Katsina State, Nigeria, Adolescents

## Introduction

Communication is simply the transmission of a message from a source to a receiver which requires sharing of meaning (Baran, 2009). It is viewed as a process of sharing or exchanging of ideas, information, knowledge, attitude or feeling among two or more persons through certain signs and symbols (Hasan, 2013). Thus, communication is not just an act but a process that includes the transmission of information, ideas, emotions, skills, knowledge by using symbols, words, pictures, figures, photographs or illustrations. It also encompasses imparting, passing along, making known, giving or receiving information. Communication is beyond ordinary sharing but also involves the ability to pay attention to what others are thinking and feeling, i.e. it is not only talking but also listening to what others have to say.

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Health communication refers to the process of communicating the promotional health information including health education, public health campaigns etc. with the purpose of disseminating health information to influence personal health choices and actions. Centre for Disease Control and Prevention, Department of Health and Human Services, Atlanta, Georgia, United States defines health communication as the study and use of communication strategies to inform and influence individuals and community decisions that enhance health (CDC, 2011).

This form of communication seeks to increase audience knowledge and awareness of health issues, influence behaviours and attitudes to health issues, demonstrate health practices, demonstrate benefits of behaviour, change to public health outcomes etc. among others. Health communication can help to raise the individual awareness of the health risks and reinforce the attitudes among others. This form of communication takes place through a defined process and via channels like interpersonal communication (e.g. family communication), media and health talks.

The first established case of the HIV was reported in 1981 in the United States of America (Ufoupho-Biri, 2007) with 270 reported cases of severe immune deficiency among the gay men, out of which 121 eventually died. Specifically, AIDS was first diagnosed among homosexuals in Sans Francisco, New York and California (Dutsinma, 2005). It was initially referred to as 'Gay Related Immune Deficiency Syndrome (GRIDS) just to be renamed Human Immune Deficiency Virus in 1983 (Adamu, 2003).

According to the World Health Organization's Global Health Observatory Data (GHO, 2015) almost 78 million people have been infected with HIV virus since the beginning of the virus and about 39 million people have died of HIV globally, about 35 million people were living with the virus at the year ending 2013. The estimate shows that about 0.8% of adults aged between 15 and 49 years worldwide were HIV positive. Again, sub-Saharan Africa remains the most severely hit in the world despite the variance in the epidemic among other countries and regions. In the sub-Saharan Africa, data show that 1 in every 20 adults live with HIV, this put together makes the region to contribute nearly 71 per cent of the people living with HIV positive across the world and 70 per cent of new infections specifically 25.8 million in 2014 were positive.

At the end of 2014, about 36.9 million people worldwide were positive out of this 2.6 million were children (below 15 years). In fact, in 2014 alone, about 2 million individuals got infected with the virus with about 220 being children (below 15 years) and most of whom from sub-Saharan Africa through Mother to Child Transmission during pregnancy, childbirth and breast feeding (WHO, 2015). The first case in Nigeria was said to be reported in 1986 but the spread has continued and entered a generalized phase where it has advanced well beyond high-risk groups into the general population. Katsina, the capital of Katsina State in the North-West geopolitical zone of Nigeria was not exempted from the scourge of HIV. Currently, the state prevalence rate is 0.7 ranking among the least among the 36 states of Nigeria and compared to the 3.4 national prevalence (KSACA, 2017).



In Nigeria, HIV prevalence rate, especially among adult ages between 15 and 49 years was about 3.2 per cent as of 2013 and this ranked or put the country as the second largest of people living with HIV. This rate varied across regions in the country. Whereas, some were concentrated and driven by the high-risk behaviours others were due to multiple sexual relationships. Unfortunately, the young adults and youths, especially the young women were at higher risk and more vulnerable to the HIV infections.

National data show that 1.3 per cent young women (15 and 24 years) are living with the HIV compared to the 0.7 per cent of the young men and only 24 per cent of these young people could correctly identify the preventive measures of HIV and reject common myths.

The HIV/AIDS has attained a pandemic proportion among the Nigerians (including adults, adolescents, and indeed children) which led to great health, economic, social, psychological, educational and political concerns (Dutsinma, 2005). In most cases, youths expose themselves to sex without prior knowledge of the effect of contracting AIDS especially due to the liberal attitude of some youths towards sex, pornography, homosexuality, lesbianism and others alike that can lead to contracting HIV (Umar, 2005).

As a border state neighbouring Niger Republic coupled with the growing influx of youths due to higher institutions of learning in the state, Katsina is faced with a serious threat of HIV spread. Health professionals began to develop a growing appreciation of the critical role of communication in healthcare just as many challenges facing healthcare reflect failures in communication.

This study examines the role played by health communication strategies, especially in educating families and adolescents, towards preventing the HIV spread in Katsina state.

This study is aimed at investigating the role of health communication in curtailing the spread of HIV/AIDS among adolescents in the Katsina state of Nigeria. More specifically, it examines the extent to which health communication provides information to adolescents on HIV/AIDS and the impact of health communication in preventing HIV/AIDS transmission. Two questions guided the research: (i) to what extent does health communication provides information to adolescents on HIV/AIDS and (ii) what impact has health communication made on HIV/AIDS prevention?

The study covered three Senatorial districts of Katsina State with a population of about seven million (NPC, 1991). The study was confined to adolescents between 17 and 25 years. This is due to the fact that the adolescents are among the most vulnerable groups to AIDS among which prevalence rate grows faster (KSACA, 2008) while the family households are relevant for their parental responsibilities.

## **Theoretical Framework**

In general terms, a scientific research should be guided by theories or models which guide its processes. As its theoretical framework this study adopts perception theory, diffusion of innovation theory, framing theories and health belief model.

According to Berelson and Steiner (1964), perception theory is a complex process through which people select, organize and interpret sensory stimulation into a meaningful and coherent picture of the world. Anaeto *et al.* (2008) also added that the theory is based on the principle that the mass communicators want audiences to pay attention to their messages, learn the content of the messages and consequently produce and or adopt the desired behavioural responses in the form of appropriate changes in the attitudes or beliefs. According to Severin and Tankard (2001), perception process involves reception of the message, decoding or interpretation of same and subsequent processing.

This theory is regarded relevant to this study because HIV/AIDS information/ messages are transmitted to the people via several means (with particular reference to the media in this case). These messages are received and processed: desired information perceived, retained and recalled for action in the form of behaviour change or adoption.

On the other hand, the diffusion of innovation theory propounded by Everett Rogers in 1962 is concerned with how ideas, products and social practices that are perceived as new spread and permeate through a society or across societies. It believes that people are divided into five groups with respect to their attitudes towards accepting or adopting new innovative ideas. The groups according to Rogers (1962) are innovators, early adopters, early majority, late majority and laggards. The groups vary in their level of readiness to accept or resist the innovation. The theory also indicates that there are five stages through which change occurs, viz. awareness, knowledge and interest, decision, trial or implementation, and confirmation or rejection of the behaviour.

According to Orr (2003), a five-step process is involved, namely knowledge, persuasion, decision, implementation and confirmation. Innovation according to Rogers (2003), Dearing and Meyer (2006), Rogers *et al.* (2008) is first made known through the communication channels because if individuals are unable to find out about innovation, diffusion simply cannot occur. The role of the mass media here according them; is to create awareness on the new idea or product. They believe that interpersonal communication is critical to the process because decision to adopt an innovation depends largely on discussion with peers who have already evaluated and made a decision about whether or not to adopt an innovation.

Besides the grouping and stages, the theory, according to Anaeto *et al.* (2008), has three major assumptions thus:

1. It predicts that media as well as interpersonal contact provide information and influence opinion and judgment.
2. Opinion leaders who exert influence on audience behaviour through their personal contact who serve as change agents and gatekeepers; are included in the diffusion.
3. Information flows through networks. The nature of the networks and the roles played by opinion leaders help to determine the likelihood of the adoption of such innovation.

This theory is relevant here because health-communication messages contain some new ideas and other behaviours that are promoted to be perceived and adopted by the target

audience with a view to influence attitudinal change in relation to HIV/AIDS prevention. Again, the categorization of persons according to their speed in message receptivity and stages through which change occurs are relevant in designing, packaging and disseminating health-communication messages for efficient change in the behaviour.

Framing theory as first propounded by Goffman (1974) believes that how something is presented to the audience (the frame) influences the choices people make about how to process that information. Framing defines how news media coverage shapes the mass opinion. Framing effects concerns how behavioural or attitudinal strategies/outcomes that are due to how information is being framed in the public discourse. Frame building involves journalists, norms, political actors and cultural contexts. This theory is relevant to this work because health messages from the media might be framed before dissemination and cultural norms may play some role in the way parents understand those messages and also how they are subsequently relayed to their adolescent wards.

The health belief model was developed by Geoffrey Hochbaum in the 1950s. It addresses personal knowledge and beliefs that are used in the health promotion to design intervention and prevention programmes. The model is based on the underlined concept that health behaviour is determined by personal beliefs or perceptions about a disease and strategies available to decrease its occurrence (Hochbaum, 1958).

It tries to explain the fact that many people are likely to accept and adopt health interventions based on some reasons, namely

1. Perceived susceptibility, i.e. where people believe that they are susceptible to the condition. The greater the perceived risk, the greater the likelihood of engaging in preventive behaviour (Schutten & Steenbergen, 2005).
2. Perceived severity—when people believe that the condition has likely serious consequences.
3. Perceived benefits—where people believe that taking action would mitigate their susceptibility.
4. Perceived barriers—when people believe that perceived barriers are outweighed by the benefits.
5. Where people are exposed to factors that prompt action (via the media or reminder for experts like physicians).

This is also relevant for this study as it portrays the likely conditions under which the health communication messages could be efficient.

### **Defining Communication and Health Communication**

Communication may be taken to mean the exchange or sharing of ideas, information, opinions, thoughts etc. between or among people. It is the process of using message to generate meaning. It is a process because it is an activity, an exchange or a set of behaviours according to Pearson *et al.* (2011). Communication also implies sharing of meaning among

those who are communicating. Principally it serves the function of initiating action, making needs and requirements known, exchanging information, attitude and opinions, endangering understanding, establishing and maintaining relations among others.

Health communication is a concept that links two important domains of health and communication. It refers to the study and use of communication strategies to inform and influence individual and community decisions that enhance health (CDC, 2011). It is the study and use of communication strategies to inform and influence individual and community, knowledge, attitudes and practices (KAP) with regard to health and healthcare (Thomas, 2006).

The interface between communication and health which is currently viewed as a necessary strategy for the prevention of personal and public health includes health communication. It can have direct positive impact on different aspects of the disease prevention and control as well as the promotion of good health. In it, a wide range of the interpersonal and mass mediated contexts are involved, including health professionals: patient relations, individuals search and use of health information, individuals adherence to clinical recommendation, construction of public-health messages and campaigns, the dissemination of individual and population health risk (risk communication) and images of health in the mass media. To sum it up, in showcasing the coverage and relevance of health communication, the National Centre for Health, Statistics (2012) states that:

For individuals, effective health communication can help raise awareness of the health risks and solutions; provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce the attitudes. Health communication also can increase the demand for appropriate health services and disease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers and treatments. For the community, health communication can be used to influence the public agenda, advocate for policies and programmes, promote positive changes in the socio-economic and physical environments, improve the delivery of public health and health-care services, and encourage social norms that benefit health and quality life.

### **The Process of Health Communication**

According to Okoro *et al.* (2015), health communication is a process driven activity and thus needs to be planned and properly executed in order to avoid failure. To achieve effective health-communication strategy and activity, the UNESCO (n.d.) listed twelve steps that were “proven effective in achieving desired health communication outcomes”:

1. Defining clearly what health behaviour is being promoted;
2. Deciding exactly whom from the population is to be influenced (needed to have knowledge on age, and culture so as to avoid culturally offensive messages);
3. Determine whether the new health behaviour requires new skills;

4. Learn about the present health knowledge, beliefs and behaviour of audience targeted;
5. Ensure whether the health behaviour to be promoted has already been introduced to the community or not;
6. Investigate the target audience's present sources of information about health;
7. Select the communication channels and media which are most capable of reaching and influencing the target audience (e.g. mass-media channels like radio, television, newspapers and magazines); interpersonal channels like health professionals, community health workers, religious/traditional/community leaders, traditional health practitioners, women and youths' organizations, school teachers, trade union leaders, development workers and government workers;
8. Design health messages that are easily understood (in local languages/dialects and colloquial expressions), culturally and socially appropriate, practical, brief, relevant, technically correct and positive. Never be static and rigid, use a mix of various channels/media to reach the target audience from all sides and in varieties;
9. Develop and test educational materials;
10. Synchronize the educational programmes selected with other development services, e.g. providing nets where sleeping under net is targeted;
11. Evaluate whether the intended (new) behaviour is being carried out; and
12. Report and adjust the messages at intervals over several years. But for easy comprehension, the CDC (2011) summed up this process as:
  - (a) Review background information to define the problem (what is really the issue);
  - (b) Set the communication objective (what is to be accomplished);
  - (c) Analyze and segment target audience (who is to be reached);
  - (d) Develop and pretest the message concepts (what to say);
  - (e) Select communication channels (where, through which means to say it);
  - (f) Develop promotion plan/ production (how do we use it);
  - (g) Implement communication strategies and conduct process evaluation (getting it out there), and
  - (h) Conduct outcome and impact evaluation (how well did we perform).

But for Thuy *et al.* (2014) health communication could be effective in preventing disease using some activities including advocacy, use of mass media by creating entertainment–education strategies to raise awareness, interpersonal communication and counseling and community mobilization through partnership with community-based organizations among others.

### **Role of Health Communication in Fighting Diseases**

Diseases at both epidemic and pandemic levels are always a threat and therefore a source of national and global threats facing human society currently. At other times, diseases hitherto

assumed to be without cure like HIV/AIDS do arise, and in some cases some diseases develop resistance to drugs (e.g. malaria). The spread of these diseases and others alike are at times influenced by personal and community benefits, lifestyles, social norms and culture thereby affecting people's level of vulnerability to them according to Okoro *et al.* (2015). To address this situation, properly designed health-communication activities are required because research has shown that "properly designed communication activities can have a positive effect on health-related attitudes, beliefs, behaviours and thus can influence individual and community decisions to reduce risks to health" according to Wurz *et al.* (2013). Again Thuy *et al.* (2014) discovered that health-communication strategies had significant impact in the fight against tuberculosis by raising greatly the awareness among public health care providers about the disease and therefore conclude that communication activities need to be integrated into all programme activities at all levels, using of mix of communication channels each designed to meet a specific need of audience, use of public events to reach large number of audience among others.

Health communication is also important in assisting national governments, local and international organizations in their bid to create awareness, change negative health-related behaviour, influence people to adopt lifestyles and behaviours that promote health and practice preventive measures. In fact, the National Cancer Institute (2001) submits that:

Health communication can increase the intended audience's knowledge and awareness of a health issue, problems or solution, influence perceptions, beliefs and attitudes that may change social norms; prompt action; demonstrate or illustrate healthy skills, reinforce knowledge, attitude or behaviour; show the benefit of behaviour change, advocate position on a health issue or policy; increase demand or support for health services, refute myths and misconceptions and strengthen organization relationships.

Corroborating the above statement on the relevance of health communication in aspects of health, disease prevention, health promotion and quality of life, some scholars stressed that the exceptional importance of health communication is located in the fact that the ignorant must be educated about positive behaviours that promote health, and no matter the efficacy of drugs, it is still worthless until its existence is communicated to the potential users. Again, in terms of development, health communication is found relevant in rural-health campaigns trying to tackle health problems of rural areas. Thus, it helps rural dwellers to resist disease, prolong their lives and achieve better mental and physical health, according to National Rural Health Alliance (2011).

Specifically, Schiavo (2014) highlighted the following as basic roles performed by health communication in combating diseases:

1. Raising awareness of health issues and their root cause to derive policy or practice changes;
2. Increasing understanding of the many socially-determined factors that influence health and illness, so that it could be adequately addressed at the population and community levels;
3. Influencing perceptions, beliefs and attitudes that may change social norms;

4. Showing benefits and encouraging behaviour change;
5. Provoking public division to derive disease diagnosis, treatment or prevention;
6. Suggesting and prompting action;
7. Building constituencies to support health and social change across different sectors and communities; and
8. Improving patient compliance and outcomes.

In addition to the above, Thomas (2006) includes increasing demand for health services, refuting myths and misconceptions, advocating for a health issue or a population group and demonstrating or illustrating skills as other roles of health communication. He believes that poor communication has the strong negative impact on outcomes of the chronic diseases like hypertension, diabetes just like improvement in communication can lead to better health outcomes, greater equity in health and healthcare, prevention, motivation for behaviour change and adherence to treatment.

## Review of Literature

Thomas (2004) emphasized that with the development of health communication and the benefits seen, hospitals and many other healthcare organizations got well-established public relations functions (that involved disseminating information concerning the organization and announcing new developments) through media where press releases, responded to request for information and served as the interface with the press.

Thuy *et al.* (2004) stated that, it could be effective in preventing disease especially by using advocacy, mass-media infotainment, community mobilization, interpersonal communication among others. Role of health communication in Vietnam's fight against tuberculosis, established that message consistency and clarity led to the overwhelming success of tuberculosis-elimination campaign in the country (Thuy *et al.*, 2004). Sometimes poor articulation of the message, improper design, ambiguity and confusion can result to negative results. Here also, an example of Philip–Morris Tobacco Company (USA) campaign was cited. The campaign aimed at encouraging parents to talk to children about tobacco use, so as to dissociate them from smoking. This was mistaken to mean strengthening them to smoke in future.

Onwujekwe (2004) discovered in their research that groups with poor socio-economic status were less likely to own untreated nets and or purchase insecticide-treated nets. Thomas (2006) added increasing demand for health services, refuting myths and misconceptions, advocating for a health issue or a population group and demonstrating or illustrating skills as other roles of health communication. He believes that poor communication has strong negative impact on outcomes of chronic diseases like hypertension, diabetes just like improvement in communication can lead to better health outcomes, greater equity in health and healthcare, prevention, motivation for behaviour change and adherence to treatment.

Thomas (2006) led to the evolution of health communication including rise in consumerism, discrimination in health care, growing emphasis on prevention and acceptance of marketing in

health care. Schgue (2007) believes that both functional illiteracy and health illiteracy serve as barriers to health communication. The concern here is the literacy level of the target audience because it directly affects the understanding of what a disease really is, its causative agents/ causes and cure.

Anaeto *et al.* (2008) assert that culture is the learned, socially-acquired traditions and lifestyles of the members of a society including their patterned, repetitive ways of thinking, feeling and acting. Education is another important factor that affects success of health communication interventions.

Mabachi (2008) conducted a study in which, campaign planners at a major marketing organization in Kenya were interviewed and three comprehensive HIV/AIDS health campaigns produced by the planners were examined using thematic and qualitative content analysis. The results revealed that the planners did not formally incorporate theory or socio cultural and group identity despite their importance in African countries. Again, there was the presence of cultural beliefs or practices (gender norms) that can be strong barrier to behaviour change.

Raymond and Lapinski (2009) emphasized that its exceptional importance is located in the fact that the ignorant must be educated about positive behaviours that promote health, and no matter the efficacy of drugs, it is still worthless until its existence is communicated to the potential users. Again, in terms of development, health communication is found relevant in rural health campaigns aimed at tackling health problems of rural areas. Thus it helps rural dwellers to resist disease, prolong their lives and achieve better mental and physical health, according to the National Rural Health Alliance (2011).

Asante *et al.* (2010) studied the community perceptions of malaria and malaria-treatment behaviour in a rural district of Ghana. In their findings, illiteracy was directly linked to a high proportion of the belief held by respondents that malaria is caused by standing and or walking in the sun or eating contaminated or oily food. Another factor that influences the success of health communication is the message itself. As the package is designed and prepared to be delivered to the target audience for the anticipated impact to be attained, the message is central to success of any campaign. Problems related to the message may include lack of objective, use of poor format, inappropriate language and poor content among others. Sometimes, the message may be apt but the manner of delivery may not be suitable. Focus of the message is another challenge related to health-communication messages. Bad focus may lead to confusion or create awareness only without succeeding in affecting the desired behaviour change just like a well-focused message could succeed in both creating awareness and effecting behaviour change.

Ekweunife (2010), on knowledge and treatment-seeking pattern of malaria infection in Abakalilki, Ebonyii state, reported that 48% of the respondents relied on native/herbal treatment for malaria than on conventional modern drugs just because they did not perceive the effectiveness of the drugs. Socio-economic conditions of the audience targeted may also influence their acceptance of the health-communication messages. Among these factors are



poverty, high-level illiteracy, prevalence of diseases, poor infrastructure, health disparities, distance from health facilities, poor housing, overcrowding etc.

Asante *et al.* (2010), in a study in Ghana district, discovered that perceived high efficacy led to the use of Artesunate–Amodiaquin in treating malaria. In addition to perceived efficacy, discomfort and other problems related to use of some products may affect people's perception of it and hence failure in campaigning for it. Pearson *et al.* (2011) see culture as the system of shared beliefs, values, customs, behaviours and artifacts that members of a society use to cope with one another and with their world. They believe that culture is always associated with virtually everything that people do, and therefore it affects health behaviours, decisions, acceptance and adoption of health ideas which are communicated. Mou (2012) aimed at examining the new risk-communication pattern empowered by the emerging social media, especially social networking sites in the context of food safety issues in China. The work used web survey and content analysis and its results showed the potential power of social media as an efficient tool of risk communication between average Chinese citizens in a media system.

Sundarajan *et al.* (2013), in a study of barriers to malaria control among marginalized tribal community, found a lot of tribal reliance on traditional healers (Pujari) for evaluation of malaria symptoms in some districts in India. The healers according to the study, perform some rituals to heal malaria and other illnesses just because of their belief that physical illness can be caused by evil spirits and unfulfilled ancestral commitments. Greenwell *et al.* (2013), in a study titled 'Typhoid fever: Hurdles to adequate hand washing for disease prevention among the population of a peri-urban informal settlement in Fiji', discovered that though pamphlets, radio and television ads promoted the risk of typhoid, attention was rather focused on the disease and not the common risk factors like poor hand-washing. Wurz *et al.* (2013) designed health, communication activities are required because research has shown that "properly designed communication activities can have a positive effect on health-related attitudes, beliefs, behaviours and thus can influence individual and community decisions to reduce risks to health"

Imamura (2014) explored older adults' perception and use of technology in healthcare. From the thirty studies analyzed, it was discovered that many older adults used the internet as a healthy resource while in search of health-related information. Some predictors of computer and /or internet use for health-related information were younger age, more years of education and more diagnosed diseases and conditions. Thuy *et al.* (2014) discovered that health-communication strategies had significant impact in the fight against tuberculosis by raising great awareness among public health care providers about the disease and therefore concluded that communication activities need to be integrated into all programme activities at all levels, using a combination of communication channels each designed to meet a specific need of audience. In addition, they should also use public events to reach large number of audiences among others. Health communication is also important in assisting governments and international organizations in their bid to create awareness, change negative health-

related behaviour, influence people to adopt lifestyles and behaviours that promote health, and practice preventive measures.

Mays (2014) structured interviewing with open-ended questions was used to gather information from African American men and women between the ages of 18 and 25 residing in Maryland on the impact of family communication on HIV/AIDS prevention. The study revealed that mass opinion given by the black church on abstinence and lack of education on HIV/AIDS prevention due to biblical texts has created a moral divide for those within the congregation that would like to speak for preventive provisions. Koro *et al.* (2015) argued that, diseases at both epidemic and pandemic levels are always a threat and therefore a source of national and global concerns. Sometimes diseases hitherto assumed to be without cure like HIV/AIDS do arise, and in some cases some diseases develop resistance to drugs (e.g. malaria). The spread of these diseases and others alike are at times influenced by personal and community beliefs, lifestyles, social norms and culture which sometimes affect people's level of vulnerability. Okon and Ajaero (2015) believe that the "success of health campaigns is not guaranteed by a surfeit of factual messages" on the health issue, but rather health communication can sometimes help raise public awareness without corresponding adoption of the promoted intervention.

Yvonne (2015) studied the impact of TV cooking shows on food preferences among students of California State University. It evaluated the effect of cooking shows on food preferences for side dish, entrée and dessert options before and after viewing each show. It used convenience sampling and an online survey. It was reported that TV cooking shows have the potential to impact on food preferences particularly due to food exposure.

Okoro *et al.* (2015) advised that all health-communication messages and campaigns need to be pretested to establish their potential effectiveness and or harm. There is also need for message repetition over long period, so as to ensure behaviour change which occurs gradually.

Perceived efficacy of the promoted intervention is equally a factor influencing the success of health-communication messages.

## **Objectives**

This study is aimed at investigating the impact of health communication in curtailing the spread of HIV/AIDS among adolescents in the state. The followings are the objectives of the study to:

1. Study the communication strategies adopted by Katsina State Government to create awareness regarding HIV/AIDS;
2. Find out the major sources of HIV/AIDS information to adolescents in Katsina State;
3. Find out how families discuss HIV and Sexually Transmitted Diseases issues with their adolescent children in Katsina State;
4. Investigate the impact of health communication in preventing HIV/AIDS transmission in Katsina State;
5. Find out the challenges faced by the Katsina state government to implement the awareness programme.

## Research questions

The study will answer the following research questions:

1. How communication strategies created by the Katsina State Government create awareness in adolescents on HIV/AIDS in Katsina State?
2. How do families discuss HIV/AIDS issues with their adolescents at family level?
3. What impact has the health communication made on HIV/AIDS prevention in Katsina State?
4. What are the major sources of HIV/AIDS information to adolescents in Katsina State?
5. What are the challenges faced by the Katsina State Government in implementing the awareness programme?

## Research Methodology

The study utilized Focus Group Discussion (FGD) and in-depth interview (IDI) as research methods for getting the responses of the respondents. The FGD refers to a group discussion that gathers together respondents from similar background or experiences to discuss specific topic of interest to the researcher (United Nations Population Fund 2008, p. 102). The participating respondents discuss with the facilitation of a facilitator or moderator. Again, considering the population of Katsina State which was about seven million, it was too large to treat individual respondent, the selection of the method to assess the opinion of wide range of subjects in relation to the issue was appropriate (Adamu, 2006, p. 65).

It is relevant to this work considering the population and the fact that respondents share certain common experiences. The discussions were also going to be “focused” on the particular group of respondents who shared common experience related to the topic. From the three Senatorial Districts in the state (Katsina, Daura and Funtua) six LGAs were selected, namely Funtua, Sabuwa, Daura, Zango, Katsina and Kaita for two sessions of the FGD. The selection was randomly done but the sessions were conducted separately (one for male and the other for female) to enable the freedom of participants to express themselves.

A total of 120 respondents were selected for the study. Twenty respondents (ten male and ten female) per session were taken from each selected local government considering who stipulates minimum of six and maximum of twelve participants for FGD session. The discussion was facilitated in a peaceful and free manner by the researcher as moderator.

The study also used in-depth interviews to gather data. It was used here to get elaborate information from staff of the State Agency for the Control of AIDS Katsina State (KSACA), namely Mobilization Officer and Program Officer, concerning their experiences in the health-communication messages (especially on AIDS). The combination of FGD (for sampled couples) and IDI (for stakeholders in HIV/AIDS prevention campaigns) is important here considering their complimentary relationships on the topic.

## **Findings and analysis**

The FGDs revealed that health communication via media of mass communication has performed relatively well in providing information and creating awareness among the general public and more specifically adolescents on the menace of HIV/AIDS. Significant percentage of the respondents (95%) demonstrated knowledge of most of the important aspects and basic issues related to the disease as frequently made known by the media. These basics include meaning of HIV/AIDS, its implication for individual health, causative agents, symptoms, means of contracting and spreading it, basic prevention strategies, high risk practices/ behaviours, most at risk groups among others. In fact, most significant percentage of the people can easily list and explain most of these issues correctly.

Health communication especially via conventional media has also succeeded in impacting on the lives of the respondents by changing their attitudes towards HIV/AIDS transmission. Majority of the audience indicated that, as a result of the campaigns and information/knowledge they have about the disease, they now feel more vulnerable to contracting the disease. Consequently, they utilize their basic knowledge of prevention to adopt some preventive measures of minimizing the spread of the virus. Most of them have gone for voluntary testing to ascertain their status. Again, they claim to be more careful in using sharp and piercing objects with a view to minimizing chances of contracting the virus. Moreover, the information has assisted them in minimizing stigmatization of people who are living with the virus.

Discussion with the staff of Katsina State Agency for the Control of AIDS show that they are utilizing different media organizations especially in broadcast where jingles, drama, discussion, live phone-in programmes are used. In the programmes, people living positive are also featured to discuss various issues. They have also indicated that as a result of the campaign, more people are trooping to different centres for voluntary testing.

## **Conclusion**

The HIV/AIDS is a disease that poses serious global concern considering its devastating effect on socio-economic lives of the people. The United Nations, Governmental and Non-Governmental organizations, other corporate bodies and individuals are making concerted efforts towards curbing the menace through different strategies including Health Communication. The campaign is yielding positive results as people are becoming more aware of the disease, adopting more preventive measures. Education and awareness are keys to making people feel vulnerable to the disease thereby making them improving their behaviours against contracting the disease.

## **Recommendations**

For an enhanced campaign against HIV/AIDS, the following points are recommended:

1. Intensifying the campaign efforts beyond modern electronic media of communication to community levels through town halls, local festivals, market-day campaigns and the likes.

2. Establishing and empowering the HIV/AIDS campaign clubs at different communities to improve community awareness about the disease.
3. Media organizations need to be given more funding support to enable them create more programmes that will further enhance their capacity to improve and sustain their efforts in mobilizing the people about the disease.
4. Other forms of media including printed pamphlets, leaflets, posters, billboards and the likes could also be utilized in the campaign to reach segments of the society.

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## Health communication practices by Indian Hospitals during COVID-19

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### ABSTRACT

Health Communication stands for the facilitation of communication between a healthcare professional and an entity for its audience, i.e. patients. The need for health communication has been practiced in India since a long time, now however at a lower pace. Diseases like Polio and HIV AIDS have found themselves in the league of regular communication via different government communication initiatives. The year of 2020 has witnessed a major health crisis globally, the whole world has come into a grip of Pandemic COVID-19. Wuhan, a city in China became the epicentre of this deadly virus and later on it made its footprints across the globe. On 12 March 2020, India reported its first death from Novel Coronavirus infection COVID-19 in the state of Karnataka. The deceased was a 76-year-old man who had returned from Saudi Arabia on 29 February 2020, as mentioned by the Karnataka Health Minister B. Sriramulu. In this study, the researchers have applied the case study method to study four leading Indian hospitals– Medanta Hospital, Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Manipal Hospitals, and Apollo Hospital– and their communication via Instagram during COVID-19. Instagram has become the most popular social media platform in India and the study will present their different health communication aspects such as empathetic communication, type, and style of content, educating the audience, assistance, etc.

**Keywords:** COVID-19, Health communication, India, Medical, Hospitals

### Introduction

The Indian healthcare sector is expected to reach ₹ 1,956,920 crore (US\$ 280 billion) by 2020 as per the report published by the India Brand Equity Foundation in March 2020. The report also talks of a steep rise in the number of medical professionals, the number of doctors increased to 1,154,686 in 2018 from 827,006 in 2013. According to Sample Registration System Bulletin-2016, India has registered a 26.9 per cent reduction in Maternal Mortality Ratio (MMR) since 2013. The hospital industry in India stood at ₹ 4 lakh crore (US\$ 61.79 billion) in FY17 and is expected to reach ₹ 860,000 crore (US\$ 132.84 billion) by FY22. Several factors have boosted the healthcare division of India such as growing income level, inclination towards health awareness, proactive approach to tackle lifestyle diseases, and suitable and accessible health-insurance schemes. The private sector has become an important foundation in the healthcare system and enjoys the leverage of global repute. India is also one of the preferred destinations when it comes to Medical Tourism with world-class hospitals and skilled medical professionals and proven track record.

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Going by the above-mentioned information one can easily point out the need, role, and magnitude of health communication required in India. The growing mass media platforms in India from print to television, numerous channels, and buzzing internet platforms communication is now on our fingertips. India has a variety of media formats, such as newspapers, electronic, online, magazines, radio. According to Registrar Newspapers of India, the total number of registered publications, as on 31 March 2018: 118,239; Newspaper category: 17,573 and Periodicals category: 100,666. Various formats of media are consumed by audiences across demographics and various avenues such as television, films, radio, animation, and visual effect, music, gaming, digital advertising, and print.

Media has played an important role in health communication in terms of news and articles on public health, medicines, complex surgeries, community nutrition etc. Mass media is a potentially powerful tool which communicates and addresses the world regarding news, issues which are part of our lives, its effects, challenges etc. Seeing the vacuum in health communication in India, media production worked towards developing and addressing in the area of health communication. Time and again we have seen multiple Public Service Advertising related to various diseases such as Oral Cancer, AIDS, Polio, Iodine Deficiency Disorders, Leprosy eradication, Tobacco control, Tuberculosis, Diabetes. These advertisements were created to persuade audiences effectively to adopt new behaviours, make changes in the lifestyle or to remind them of critical information and keep them updated with the relevance of disease.

Deep penetration of new media can be seen and there are many reasons for it such as the growing young population requires a continuous flow of information, the availability of 3G, 4G services, and portable devices. According to Statistics as on 3 August 2020, India had nearly 700 million Internet users across the country. This figure was projected to grow to over 974 million users by 2025, indicating a big market potential in internet services for the South Asian country. India was ranked as the second-largest online market worldwide in 2019, coming second only to China. The number of internet users was estimated to increase in both urban as well as rural regions, indicating a dynamic growth in access to the internet. The internet has taken health communication to another level, from captivating health features and blogs on various domains of human health. The onset of numerous Healthcare Apps has revolutionized wherein a patient can pre-book appointments without coming to the clinic, interface with a doctor, and take consultation.

## **Health communication in India**

Health is an area wherein people are sensitive towards and myths and phobia rule into their minds more often if not guided properly. India as a country has multiple cultural backgrounds, languages, lifestyle patterns, food habits. We have our traditions and stigmas, one religious practice or tradition can be found colliding with the other. The country has a dense rural belt as well which has seen many misfortune and misinformation and health debacles. Out of various reasons, health communication is also one of the reasons for some health misfortunes that have taken place in the past. The narration regarding health aspects is either too complex or boring. An article in *The Hindu* titled “Why health communication is important” published



on 3 January 2013 spoke of disinterest among public health officials about health (Mehra, 2013). It mentioned that health-communication practices are supervised not by communication professionals but by doctors who understand and know nothing of health communication. This scene has changed now due to tough competition, aware citizens, netizens, and active media and active governance. Communication is a two-way process, it should be engaging, creative, clear, and persuasive so that it is well received by the audience or reader. All these parameters are much required when it comes to health communication and it has to be drafted and driven by communication professionals and certainly not by practitioners.

The two classic examples of successful health communication in India are Polio and HIV. It was sort of a communication campaign that drove well to engage diverse audiences. Polio's punchline *Do Boond Zindagi Ki (Two drops of life)* became a household mantra in India. Two drops that could save your child's life, this message was found in different forms of media and as well various props were used in both urban and rural India to disseminate the information from lorries to shops to hoardings. Similarly, usage of media in making people aware of HIV and to cut out the myths and taboo aspects can be counted as the prime role of media.

Taking a reference from the research titled as "Achieving polio eradication: a review of health communication evidence and lessons learned in India and Pakistan" (Obregón et al., 2009) which was published in WHO bulletin. The research supported the claims of the contribution of mass and folk media and advocacy to increased awareness and booth attendance. In India, large-scale mass media campaigns involving movie and cricket stars and political figures focused on dispelling rumours about Oral Polio Vaccination (OPV) and encouraging caregivers to bring their children to the vaccination booths.

A 2003 evaluation showed that nearly 92% of 9,370 respondents cited television and radio spots as "very influential" or "influential" in their decision to take children to vaccination booths, while "9 out of 10 respondents ... said they had come to the booth largely due to ... the TV and radio spots". 12 Entry and exit polls following exposure to messages on local media among 2,552 randomly selected respondents showed a 60% increase in awareness of the next National Immunization Day's date and a 20% increased intention to get their children immunized at the booth. Data from 2004–2005 showed that 68% of respondents exposed to polio radio and television spots reported taking their children to the booth for vaccination. The WHO Executive Director Michael J. Ryan commented about India in context to pandemic COVID-19, "India has led the world in eradicating two pandemics, smallpox and polio, adding that the country has tremendous capacity in tackling the coronavirus crisis. India's efforts to eradicate polio may indeed show that despite its population density, the country's healthcare system can reach every one of its citizens (Basu, 2020). Even with a vaccine, India's war against polio lasted nearly 66 years until the country was declared polio-free in 2014".

According to Global Information and Education on HIV and AIDS published on 28 January 2020, India has the third-largest HIV epidemic in the world. In 2017, HIV prevalence among adults (aged 15–49) was an estimated 0.2%. This figure is small compared to most other middle-income countries but because of India's huge population (1.3 billion people) this equates to 2.1

million people living with HIV. Overall, India's HIV epidemic is slowing down. Between 2010 and 2017 new infections declined by 27% and AIDS-related deaths more than halved, falling by 56.3%. The media campaigns focused on making people aware of its transmission, to have fewer misconceptions among people about HIV transmission, to speak on about STIs, HIV/AIDS and the regular use of condoms.

Today social media have become a platform to get engaged and seek information. This medium has become an integral part of diverse industries, so healthcare organizations' are also routing themselves to this way for better communications strategies. The social media platforms are now being harnessed by the health sector too effectively and they are working on multiple aspects such as communicating with patients online, hospitals and physicians trying to establish the foundation for a positive relationship via social media. Maintaining an official account on any social media platform means that the entity is sure about reaching a bigger proportion of audience and health is a sensitive matter for a family or an individual.

### **COVID-19 in India**

On 12 March 2020, India reported its first death from Novel Coronavirus infection COVID-19 in Karnataka. The deceased was a 76-year-old man who had returned from Saudi Arabia on 29 February 2020, as mentioned by the Karnataka Health Minister B. Sriramulu ("Karnataka announces India's first coronavirus death", 2020).

India followed a proactive and pre-emptive approach to counter this deadly virus and much in advance around 30 January when passengers from countries like Hong Kong and China underwent thermal screening at the Airport.

Hon'ble Union Health Minister of India Dr Harsh Vardhan had announced that besides the suspension, starting 13 March 2020, all incoming travelers, including Indian nationals, arriving from or having visited China, Italy, Iran, Republic of Korea, France, Spain and Germany after 15 February will be quarantined for a minimum period of 14 days upon entry in India ("India Bans Entry of Foreigners for a Month, WHO Declares Coronavirus a 'Pandemic'", 2020).

There were series of video-conferences and 20 video-conferences were held by the Union Health Secretary with the state governments and six such conferences were held by the Cabinet Secretary with the state Chief Secretaries to review and step up the preparedness to deal with the issue ("India's response to COVID-19 pre-emptive, pro-active, graded: Govt., 2020).

The Ministry of Health and Family Welfare issued notifications for the hospitals and medical practitioners. The country underwent four lockdowns starting from *Janta Curfew* (Public Curfew). The first big lockdown announcement was made by Hon'ble Prime Minister of India Mr Narendra Modi when he exhorted people to observe a 'Janta Curfew' on Sunday, 25 March 2020. The phase-I lockdown was put in place from 25 March with an almost complete shutdown of all services and factories. Post that, the lockdown 2.0 and 3.0 announcements with several relaxations and the final one 4.0 ended on 30 June 2020. The government appealed to people to follow the lockdown, maintain hygiene, communicate their sickness symptoms,

avoid a visit to public places and requested people to not to rush for immediate surgeries etc. Seeing the powerful global nations come on halt with their disturbed healthcare machinery, the pandemic comes as an enormous challenge in (India Ministry of Health and Family Welfare, n.d.).

The Ministry of Health and Family Welfare in its 30 April update said that 33,050 people have been tested positive for COVID-19. Reports from States, however, put the figure of persons tested positive at 33,090 and death toll at 1,079 (COVID-19 India, n. d.).

### **Review of literature**

The important objective of health communication is to disseminate health information and knowledge among individuals as well as society by improving health literacy. Health communication mainly initiates a positive dialogue between health professionals, health communicators and media professionals with one aim: making echo for health rights, health belief, health education and health awareness at ground level (Kozel *et al.*, 2006; Scheirer *et al.*, 2017; Starmann *et al.*, 2018). Health-communication discipline mainly aims to pump up public-health campaigns to initiate health favourable rhetoric. The key strategy of the health communication is to inform the masses about health issues, challenges and opportunities particularly focusing on two approaches, mass media and interpersonal campaigning through health educators, health workers and NGOs (Glanz & Bishop, 2010; Llamas & Mayhew, 2016). The Medical Council of India, New Delhi, has revised its curriculum for the academic year beginning in 2019, with the introduction of the Attitude, Ethics, and Communication Module (AETCOM), which is now being implemented across the country. This module is intended to prepare medical graduates for the role of a clinician, communicator, leader, life-long learner, and professional. This module is a welcome step towards better communication by healthcare professionals, but there is a long road ahead in implementing competency-based medical training and ensuring sustainability, the principal responsibility of which lies on the shoulders of medical school leaders. Ineffective communication in healthcare, where accuracy and timeliness regarding patient information are vital, is dangerous. A study published in the *Journal of Healthcare Management* (Jul–Aug 2010, 55 (4): 265–281) indicated that, US hospitals suffer a \$12 billion loss annually and that a 500-bed hospital may need to bear a loss of \$4 million annually. Patient compliance can also be affected adversely, resulting in distrust, distress, misunderstanding, and misinterpretations. Unfortunately, in some instances, this leads to litigation against the institution or the care provider.

### **Theoretical framework: Health Belief Model**

This theoretical model was invented in the early 1950s by social scientists Hochbaum, Rosenstock, and others in the U.S. Public Health (The Health Belief Model, n. d.). It is being used as a guide for health promotion and disease-prevention programmes. It focuses on individual beliefs about health conditions, which predict individual health-related behaviours. The model defines the key factors that influence health behaviours as an individual's perceived threat to sickness or disease (perceived susceptibility), the belief of consequence (perceived

severity), potential positive benefits of action (perceived benefits), perceived barriers to action, exposure to factors that prompt action (cues to action), and confidence in the ability to succeed (self-efficacy).

### **Objectives**

1. To analyze the communication routine on the official Instagram pages of sample hospitals on COVID-19 for the duration of two months,
2. To study the pattern and appeal of the message style,
3. To find out which aspect of communication was used most by the sample hospitals.

### **Research methodology**

In this study, the researchers have used the case study method as a research strategy and qualitative content analysis as a method of examination of content that is being shared by the samples for the duration of two months (March 2020–April 2020). It will also make an effort to find out the qualitative proportion of content which later on will be presented in the form of tabulation method and comparative analysis via bars.

Following this Health Belief Model, the researchers have divided various categories to understand the communication aspect of these hospitals during this span of COVID-19.

### **Categories**

1. Myths
2. Factual information
3. Management interaction
4. Other diseases related to information
5. Lifestyle
6. Corona warriors
7. Icons/celebrity engagement
8. Government notices
9. Patient feedback (who got treated for different health ailments)
10. Mental health
11. Isolation tips/arrangements done by the hospitals

All these categories will be studied in terms of the number of posts, type of content style used, i.e. text, image, infographic, and video, and also the engagement pattern witnessed by these hospitals.

### **Sampling**

Four popular hospitals in India were chosen for this study and the platform used by the researchers was Instagram. There were several reasons to choose this platform, the first and foremost was the unavailability of newspapers due to pandemic, secondly, to study continuous

communication of an entity daily is not possible through a the newspaper as they cannot cover a single entity everyday. Instagram has become the most used social media platform in India, according to Statistica.com, India was ranked second with 100 million Instagram users, ahead of Brazil with an audience of 91 million users. This junction has become the most favoured choice of several brands because of wide reach, content creation options, and youth accessing it majorly.

During the pandemic, everyone needed information on Coronavirus, seeking advice from their familiar medical practitioners or their familiar hospitals while sitting at home, it is a common culture in families that parents involve or consult kids as they know that they can guide them well on certain aspects. With social media, youth can enlighten his or her family in various aspects. Health is an issue which comes as an interesting area across age groups. Choosing Instagram as a medium by the healthcare sector is a step to use this platform more creatively as there is a lot of misinformation on the internet is present. The style of content on Instagram can be in the form of texts, video, hashtags, live videos etc.

The Instagram official accounts of Medanta Hospital, Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Manipal Hospitals, and Apollo Hospital, were taken into account. The researchers have chosen these hospitals because they belong to four different geographical locations of India, i.e. North, South, East and West.

### **Profile of sample hospitals**

*Medanta:* Medanta hospital launches operation in Gurugram, Haryana in 2009. Medanta chain has launched its branches in other parts of India, i.e. Lucknow, Indore, Ranchi and Sri Ganganagar ([www.medanta.org](http://www.medanta.org)).

*Kokilaben Dhirubhai Ambani Hospital and Medical Research Institute, Mumbai:* It is India's newest, most advanced tertiary care facility, is designed to raise India's global standing as a healthcare destination, with emphasis on excellence in clinical services, diagnostic facilities and research activities (<https://www.kokilabenhospital.com/about.html>).

*Manipal:* Manipal Hospitals is a chain of multi-speciality hospitals in India. It was founded by Dr Tonse Madhav Ananth Pai in 1953. It is part of the Manipal Education System and Medical Group. Its network is spread across 15 locations in India and it also holds an international presence through a branch in Malaysia named Manipal Hospitals, Klang (<https://www.manipalhospitals.com/>).

*Apollo:* Apollo Hospitals Enterprize was founded by Dr Prathap C. Reddy in 1983 as the first corporate health care in India. Several of the group's hospitals have been among the first in India to receive international healthcare accreditation by America-based Joint Commission International (JCI) as well as 13 NABH National Accreditation Board for Hospitals and Healthcare Providers hospitals (<https://www.apollohospitals.com/corporate/company-overview>).

## Findings and analysis

### *Duration: 1 March to 31 March 2020*

In the month of March 2020, as shown in Table 1, Medanta Hospital made 16 posts in total, the category of factual information had 1 post presented in the form of infographic and it had received 735 engagements. Four posts were made on management interaction, 2 infographics and 2 were video posts and the total number of engagements were 3,270. The category of other health issues had 9 posts in total, 8 were infographics and 1 post was in video format and it received an engagement of 4,436. There were 2 posts on corona warriors in the form of image post and video post each. The engagement on this post was 1951.

Category	Total number of posts	Number of infographic posts	Number of image posts	Number of Text posts	Number of video posts	Total number of engagements
Myths	0	0	0	0	0	0
Factual information	1	1	0	0		735
Management interaction	4	2	0	0	2	3,270
Other health issues	9	8	0	0	1	4,436
Lifestyle tips	0	0	0	0	0	0
Corona warriors	2		2		1	1,951
Celebrity engagement	0	0	0	0	0	0
Government Notices	0	0	0	0	0	0
Patient feedback on various treatments	0	0	0	0	0	0
Mental health	0	0	0	0	0	0
Isolation arrangements	0	0	0	0	0	0

**Table 1.** Category of posts by Medanta Hospital during 1 March–31 March 2020

Kokilaben Hospital made a total of 70 posts on its official Instagram page as shown in Table 2. The maximum number of communication was done under the category of factual information with 29 posts, out of which 5 were infographics, 24 were image posts and a total number of engagements were 622. Four posts were made in total about management interaction, 1 post was infographic, 2 were image posts, 2 were text posts and the total number of engagements was 315. The category of other health issues had 23 posts in total, 2 were presented as infographics, 19 as image posts, 2 as video posts, and 1,883 were the total engagements under this category. Lifestyle tips had a total of 11 posts, 5 were infographics, 4 were image posts, 1 was text post, 1 was video post and the number of engagements was 1,121. One post was made on corona warriors and it was an image post with 169 engagements. There were 2 posts on government notices as text posts and they had 169 engagements. Two government notices were posted as texts and they had 158 engagements.

Category	Total number of posts	Number of infographic Posts	Number of image Posts	Number of text Posts	Number of video Posts	Total number of engagements
Myths	0	0	0	0	0	0
Factual information	29	5	24	0	0	622
Management interaction	4	1	0	2	1	315
Other health issues	23	2	19	0	2	1,883
Lifestyle tips	11	5	4	1	1	1,121
Corona warriors	1		1			169
Celebrity engagement	0	0	0	0	0	0
Government notices	2	0	0	2	0	158
Patient feedback on various treatments	0	0	0	0	0	0
Mental health	0	0	0	0	0	0
Isolation arrangements	0	0	0	0	0	0

**Table 2.** Category of posts by Kokilaben Hospital during 1 March–31 March 2020

A total of 49 posts were flashed by Manipal Hospital in March and garnered a total engagement of 7,306 (Table 3). Two image posts were on myths, the total number of engagements was 72. Four total posts were on factual information, 4 image posts, 114 was the number of engagements. There were 20 posts on management interaction, 8 posts as infographics, 12 posts as image, the total number of engagements was 5,123. Ten posts were on other health issues in which 4 were infographic and 6 were image posts, 720 was the total number of engagements. Lifestyle posts were 8 in number, 6 infographic posts, 2 image posts with 329 engagements. Three posts on corona warrior were published and all 3 were presented as image and 161 engagements were seen on this post. Two posts were made on mental health as image posts and 787 engagements it had received.

Category	Total number of posts	Number of info-graphic posts	Number of image posts	Number of text posts	Number of video posts	Total number of engagements
Myths	2	0	2	0	0	72
Factual information	4	0	4	0	0	114
Management interaction	20	8	12	0	0	5,123
Other health issues	10	4	6	0	0	720
Lifestyle tips	8	6	2	0	0	329
Corona warriors	3	0	3	0	0	161
Celebrity engagement	0	0	0	0	0	0
Government Notices	0	0	0	0	0	0
Patient feedback on various treatments	0	0	0	0	0	0
Mental health	2	0	2	0	0	787
Isolation arrangements	0	0	0	0	0	0

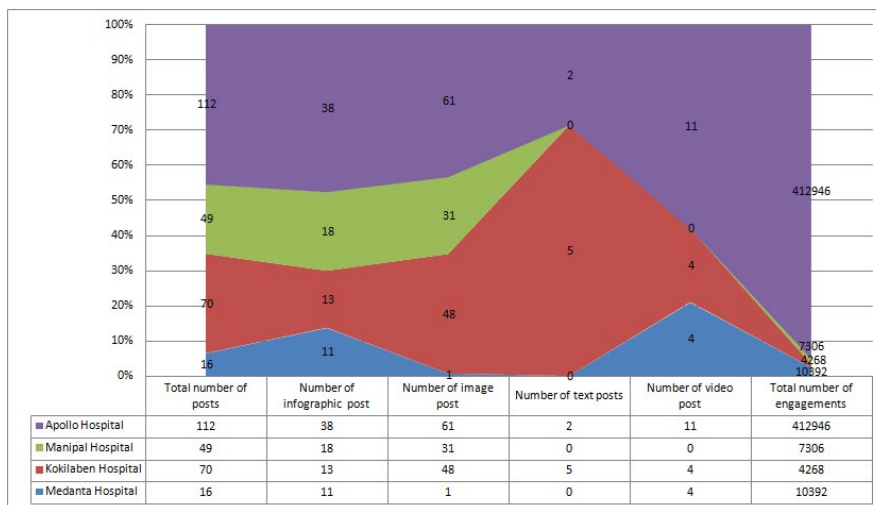
**Table 3.** Category of posts by Manipal Hospital during 1 March–31 March 2020

As shown in Table 4, Apollo Hospital in total made 112 posts in March; there were 10 posts on myths, 9 were presented as infographics, 1 as an image post. The total number of engagements in this category was 1,015. There were 34 posts on factual information, 13 as

infographics, 17 as image, 4 as video, and the total number of engagement received was 393,144. Five posts under the category of management interaction, 2 as image posts, 3 as video, and the total number of engagements were 2,560. Other health issues had 18 posts in total, out of which 6 were infographics, 11 were image posts, 1 was text post and the total number of engagements was 3,091. A total of 39 posts were made on lifestyle tips, in which 6 were infographic posts, 30 were image posts, 1 was in the form of text post and 2 were video posts and 10,044 was the number of engagements. Two video posts were made on corona warriors and it had garnered a total engagement of 2,743. Two posts were made on notices issued by the government in the form of 2 infographics and engagement was 158. There were 2 infographic posts on mental health and the number of engagements it received was 191.

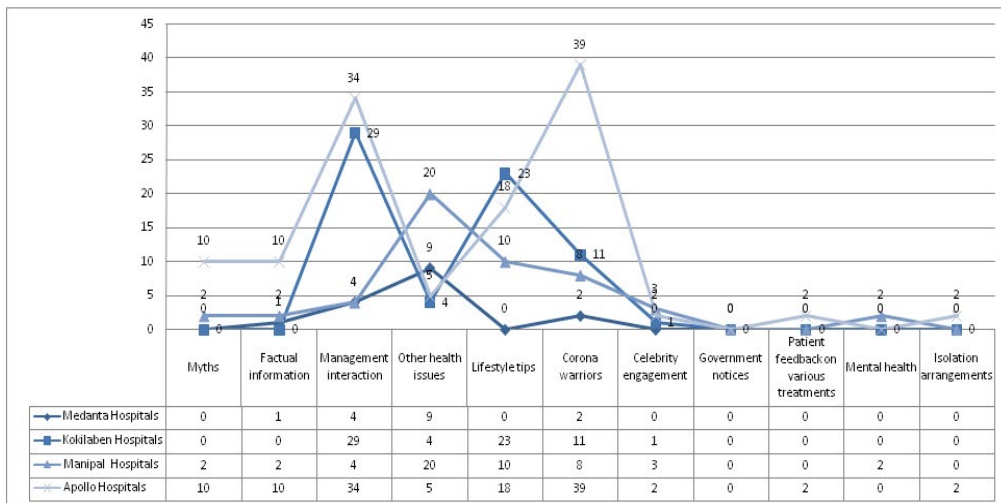
Category	Total Number of posts	Number of infographic posts	Number of image posts	Number of text posts	Number of video posts	Total number of engagements
Myths	10	9	1	0	0	1,015
Factual information	34	13	17	0	4	393,144
Management interaction	5	0	2	0	3	2,560
Other health issues	18	6	11	1	0	3,091
Lifestyle tips	39	6	30	1	2	10,044
Corona warriors	2	0	0	0	2	2,743
Celebrity engagement	0	0	0	0	0	0
Government notices	2	2	0	0	0	158
Patient feedback on various treatments	0	0	0	0	0	0
Mental Health	2	2	0	0	0	191
Isolation arrangements	0	0	0	0	0	0

**Table 4.** Category of posts by Apollo Hospital during 1 March–31 March 2020



**Fig. 1.** Comparative analysis of content style used by the hospitals during 1 March 2020 – 31 March 2020





**Fig. 2.** Comparative study of content category used by the hospitals during 1 March 2020–31 March 2020

**Duration: 1 April to 30 April 2020**

In the month of April (Table 5), Medanta Hospital made 28 posts on their instagram page and received a total engagement of 6,757. The communication was done under categories like factual information which had 11 posts talking about facts related to COVID-19, it was presented in the form of 10 infographic posts and 1 video post, and the total number of engagements it received was 2,505. The next category of posts was on other health issues and the total numbers of such posts were 3, all were presented in the form of infographics and they received the engagement of 651. In total, 13 posts of lifestyle tips were given by them and they were presented in the form of 6 infographic posts and 7 were images posts and the total number of engagements garnered under this category was 3,346. A single post was dedicated to corona warrior in the form of an image and it had received engagement of 255.

Category	Total No. of posts	Number of infographic posts	Number of image posts	Number of text posts	Number of video posts	Total number of engagements
Myths	0	0	0	0	0	0
Factual information	11	10			1	2,505
Management interaction	0	0	0	0	0	0
Other health issues	3	3	0	0	0	651
Lifestyle tips	13	6	7	0	0	3346
Corona warriors	1		1	0	0	255
Celebrity engagement	0	0	0	0	0	0
Government notices	0	0	0	0	0	0
Patient feedback on various treatments	0	0	0	0	0	0
Mental Health	0	0	0	0	0	0
Isolation arrangements	0	0	0	0	0	0

**Table 5.** Category of posts by Medanta Hospital during 1 April–30 April 2020

Kokilaben Hospital (Table 6) published 22 posts on factual information related to this pandemic, 11 posts in the form of infographic and 11 were in the form of images, the total number of engagements on this post was 1,297. The other posts were made on other health issues category and it was 20 in number and out of which 19 was presented in the form of images and 1 post was shared in infographic form and the number of engagements was 1,487. The posts related to lifestyle tips were 25 in number and out of which 2 were infographic content and 23 were image content and the number of engagements was 1,878. This hospital has also made 13 posts about corona warriors, 11 posts were presented as infographic, 2 were image posts and engagements were 1,936. The hospital also published a single post on mental health and it was presented in the form of an image and engagement was 50. The total number of posts made by Kokilaben hospital in the month of April was 83.

Category	Total number of posts	Number of infographic Posts	Number of image posts	Number of text posts	Number of video posts	Total number of engagements
Myths	0	0	0	0	0	0
Factual information	22	11	11	0	0	1,297
Management interaction	0	0	0	0	0	0
Other health issues	20	1	19	0	0	1,487
Lifestyle tips	27	2	25	0	0	1,878
Corona warriors	13	11	2	0	0	1,936
Celebrity engagement	0	0	0	0	0	0
Government notices	0	0	0	0	0	0
Patient feedback on various treatments	0	0	0	0	0	0
Mental health	1		1	0	0	50
Isolation arrangements	0	0	0	0	0	0

**Table 6.** Category of posts by Kokilaben Hospital during 1 April–30 April 2020

Manipal Hospital in the month of April made 35 posts in total, out of which 11 were on factual information, 6 were presented in the form of infographic post, and 5 as image post and it witnessed 432 engagements in total (Table 7). There were 2 posts on management interaction and it was presented as an image form and engagement it received was 652. Posts on other health issues were 3 in number and all of them were presented in the form of infographic and it garnered engagement of 113. It published a total of 7 posts on lifestyle aspects, out of which 5 were infographic and 2 were image posts and it garnered engagement of 240. On corona warriors, 7 posts were made and 5 were infographic and 2 were video posts and the total number of engagements was 1416. Three video posts were made on celebrity

engagement, wherein Rahul Dravid, a cricket player, shared 3 video messages and it received 351 engagements. There were 2 infographic posts on mental health and they received 58 engagements.

Category	Total number of posts	Number of infographic posts	Number of image posts	Number of text posts	Number of video posts	Total number of engagements
Myths	0	0	0	0	0	0
Factual information	11	6	5	0	0	432
Management interaction	2		2			652
Other health issues	3	3	0	0	0	113
Lifestyle tips	7	5	2	0	0	240
Corona warriors	7	5	0	0	2	1416
Celebrity engagement	3	0	0	0	3	351
Government notices	0	0	0	0	0	0
Patient feedback on various treatments	0	0	0	0	0	0
Mental health	2	2	0	0	0	58
Isolation arrangements	0	0	0	0	0	0

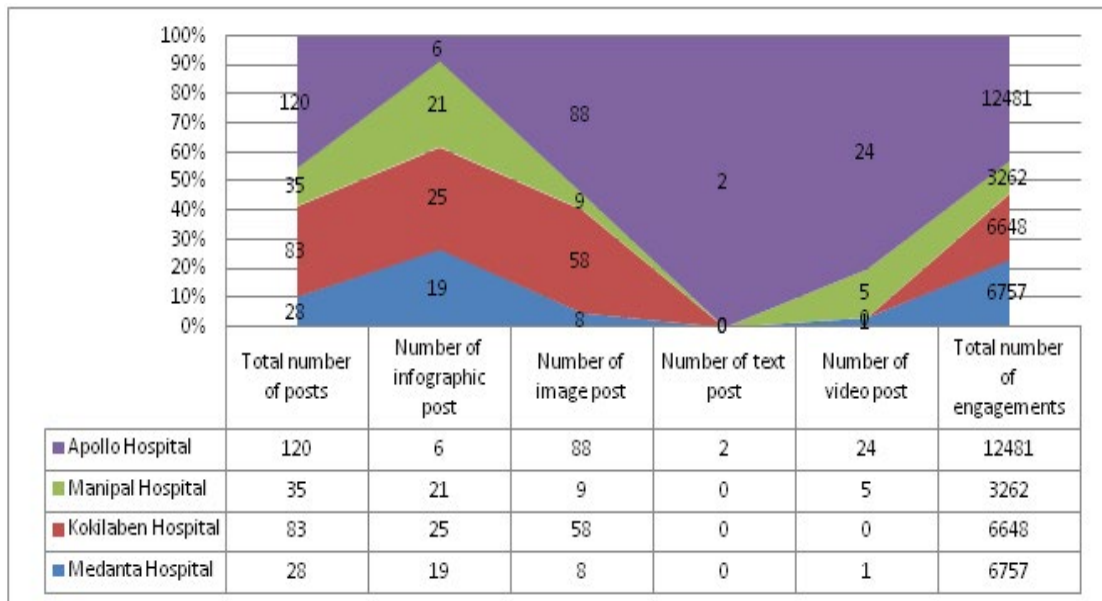
**Table 7.** Category of posts by Manipal Hospital during 1 April–30 April 2020

Table 8 shows the data of Apollo Hospital in April, created 120 posts and received a total impression of 1,2481. It was the only hospital that published a communication on myths around COVID-19. There were 2 posts presented in the form on infographic and received 126 engagements. There were in total 14 posts on factual information communicated via 2 infographic posts, 9 were image posts, 1 was a text post and 2 were video posts, in total engagement it received was 1,738. A total of 13 posts on management interaction, out of which 8 were image post and 1 was text post and 4 were video posts, engagement in this category was 2,620. Thirty-two posts were made on health issues, in which 26 were image posts and 6 were video posts and this category received a total engagement of 709. The category of lifestyle tips had 26 posts in total presented as 2 as infographic, 21 as image posts and the engagement was 1,563.

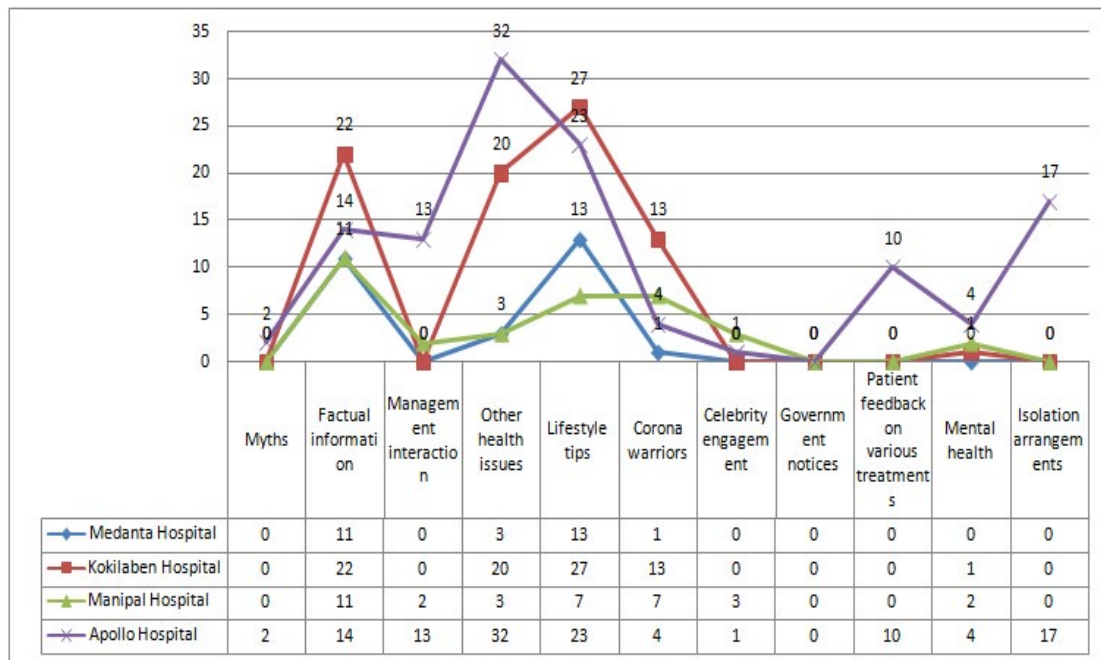
A total of 4 posts were made on corona warriors, 2 were image posts and 2 were video posts, and it gained a total impression of 1,486. There was 1 post on celebrity engagement presented in the form of an image and it had received engagement of 142. Ten videos were shared under the category of patient feedback on various diseases and it had received engagement of 3,364. A total of 4 posts were made on mental health and all of them were image posts that received engagement of 259. The isolation arrangement category had 17 posts in total and was presented as images posts and received engagement of 474.

Category	Total number of posts	Number of infographic posts	Number of image posts	Number of text posts	Number of video posts	Total number of engagements
Myths	2	2	0	0	0	126
Factual information	14	2	9	1	2	1,738
Management interaction	13	0	8	1	4	2,620
Other health issues	32	0	26	0	6	709
Lifestyle tips	23	2	21	0	0	1,563
Corona warriors	4	0	2	0	2	1,486
Celebrity engagement	1	0	1	0	0	142
Government notices	0	0	0	0	0	0
Patient feedback on various treatments	10	0	0	0	10	3,364
Mental health	4	0	4	0	0	259
Isolation arrangements	17	0	17	0	0	474

**Table 8.** Category of posts by Apollo Hospital during 1 April–30 April 2020



**Fig. 3.** Comparative analysis of content style used by the hospitals – 1 April 2020–30 April 2020



**Fig. 4.** Comparative study of content category used by the hospitals during 1 April 2020–30 April 2020

### Summary and discussion

The scenario of COVID-19 in India has witnessed various layers of communication through various media platforms and sources. The outbreak of this pandemic is being seen as a major health crisis and has made a deep impact in daily lives and for the times to come. The transmission rate, information sharing, safety measures, and social distancing were some crucial points related to COVID-19. The above-mentioned study speaks on the usage of Instagram by the leading hospitals to share information related to the lives of individuals, practices to be made societal levels.

Social media has made its footprints at a massive level. The use of Instagram in health communication is another step. The platform is widely used and the information shared on these can be widely seen and discussed by users at home or within their peer group. Out of all the hospitals, Apollo made the maximum communication in March with 112 posts and 120 posts in April. The engagements garnered by Apollo Hospitals were the highest among all the hospitals in March and April, i.e. 412,946 and 12,481 respectively. Apollo was the first hospital to even communicate about this pandemic in the month of March. Image and Infographic posts were the two most content styles used in the hospitals during these two months. The sample hospitals used this platform to cut down the myths, discrimination, and misinformation; they were seen adapting empathetic communication under different categories like lifestyle, corona warriors, patient’s feedback, and management interaction.

Within this study, the researchers noticed the following aspects of communication done by the healthcare bodies:

1. Limiting the case of stigma, discrimination, and inequalities.
2. Alarming people towards the adoption of a healthy lifestyle and informing them of suitable preventive measures.
3. Talking about mental and emotional health in the times of social and physical distancing
4. Re-building trust in the healthcare system and management even if the challenge is new.

In the month of March, the 4 most-communicated categories were management interaction with 71 posts, corona warriors had 60 posts, 51 posts on lifestyle tips, and 38 communication posts were made on other health issues. The management interaction focused on showing solidarity with people, patrons, and patients. An appeal on the safety and support of Corona Warriors was repeatedly made by the hospitals as India had witnessed some unfortunate episodes in different parts of the country. Since there has been no vaccine to counter these diseases, hospitals effectively made posts on our lifestyle aspects such as maintaining personal hygiene, eating right, exercise, sleep cycle, hobbies, media consumption, taking care of senior citizens, and nursing or would-be mothers.

In the month of April, the communication strategy had seen a transition, the 4 most-communicated categories were lifestyle tips with 70 posts, factual information and other health issues were communicated through 58 posts each, posts on corona warriors were 25 in number.

Also, Apollo was the only hospital in these two months who spoke on isolation practices to be followed by people who feel that they can be under the grip of the virus. In total, in two months, they made 19 posts on their isolation facility for people who have travelled from out, or are in the areas where the infection has geared up or self-prevention in mind due to family concerns. This hospital brand also successfully communicated patients' feedback through 12 video posts who had visited the hospitals during these two months for different health issues like cancer, heart transplant, liver surgery, fracture, expecting mothers, and the assistance and safe treatment they received at the hospital. They did multiple webinars on Facebook to counsel and address people, the links of these webinars were flashed upon the Instagram page of Apollo Hospital.

### **Limitations and Scope**

In this study, other forms of media can be taken for studies such as electronic, print, and radio channels into account to create a more enriching study.

Many leading government hospitals and private ones are still lagging in terms of using social media preferably Instagram as a platform to voice out. During this pandemic when the circulation of newspapers and magazines has been made shut, digital platforms were the ways to connect health entities as the electronic medium allows one-way communication.

Misinformation and myths were making its way, several unfortunate stories came into limelight such as a 56-year-old hanged himself in Andhra Pradesh's Chittoor district near his mother's grave because he thought he had contracted the coronavirus and was afraid he would infect his 3 children and wife. There were tales on pet and livestock that can transmit COVID-19, bath in warm water can kill COVID-19, hot summers will kill coronavirus to name a few. With such cases and information flooded and scattered on the internet, a responsible way of health communication practice needs to be maintained.

The internet has made its wings in rural areas and people have access to digital content, this comes as a limitation and scope for further research to understand health communication based on regional trends, as India is a country with multiple languages and communities. Researchers may also conduct a comparative analysis of the different social media networks of individual healthcare providers.

Leading hospitals have not made their ways to the two-tier belts, so state health bodies and health centres should stress upon harnessing social media and communicate proactively. In a country like India where poverty and illiteracy prevail, a significant section of the population is also deprived access to the internet because of their ability to use it. Lack of conversational engagement was witnessed by users on the Instagram pages, their engagement was limited to liking the post or viewing of videos.

The health entities in India still have to get up and accept a more proactive approach toward health communication. Leading government hospitals are still utilizing different social media platforms to convey their message and make a wider reach to their audience.

## **Conclusion**

Communication is an integral part of human beings as a means of exchanging information; it also signifies symbolic capability. These two functions reflect what James Carey characterized as the transmission and ritual views of communication, respectively. Carey recognized that communication serves an instrumental role (e.g. it helps one acquire knowledge) but it also fulfils a ritualistic function, one that reflects humans as members of a social community. Thus, communication can be defined as the symbolic exchange of shared meaning, and all communicative acts have both a transmission and a ritualistic component.

In this study on health communication, it gave researchers a feel that they should be continuously practicing effective and regular communication not only using the traditional mediums but also using new media avenues. These new media have good scope to connect with the young gentry using communication tools, like videos, graphs, animation etc. to be followed by the Indian private and public health care bodies effectively. Some of the prominent purposes of communication are a flow of information, coordination, preparing people to accept change, and influence them to a larger level. Hence, the Indian private and public healthcare bodies should make a continuous practice of health communication.

A pandemic like COVID-19 has given room for online interface with medical practitioners more than before. The protocol and guidelines always spoke of maintaining social distancing, stay at home, and avoid unnecessary visits to crowded places. Physicians and healthcare practitioners can utilize social media to provide surplus information to other professionals in the industry in the form of preliminary consultation, post-medication counselling, also sharing of research and awareness about their domain of practice or about the hospital entity they are associated with.

In a country like India, people often search on the internet about health issues and their remedies frequently and often do not obtain accurate information from an expert, prefer to diagnose the diseases themselves or get redirected to pages that do not have correct relevant information. Hence, the health sector can float and feed information on health aspects more than before. Specialized hospitals should focus more on talking about expertise, success ratio, post-surgery life, share positivity, reduce taboo notions and be empathetic to respond to patient's queries. This can slow down the panic mode of patients fighting chronic and severe diseases. Transforming such information through digital media helped to spread the word about health concerns for a large number of people from different regions. So there is a huge scope for health communication via digital platforms for public healthcare bodies.

Health communication has a long way to go, celebrate its success stories, and contribute to a larger level for mankind. Gradually, its importance is being understood as it is all about emphasising on combining theory and practice in understanding communication processes thus changing or influencing human behaviour. A health-related tragedy such as COVID-19, which witnessed the floating of misinformation in social media, news stories of a growing number of cases that were enough to make people worry and fill their minds with questionable thoughts.

It should be an interesting watch to witness the health communication taken by different health care organizations in the times to come.

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## Short-term Mental Health Effects of Internet Trolling and Cyberstalking on Internet users in India

Meenakshi Pandey<sup>1</sup> and Neha Pandey<sup>2</sup>

### ABSTRACT

In the age of digital media, people are using various online media platforms to gratify their psychological demands. The development of various types of social networking websites, such as Facebook, Instagram, Snapchat etc. has furnished major social and medical consequences in society. Internet trolling and cyberstalking are among the most common activities exercised by internet users which impact the mental health of its victim. The aim of this study is to find out the impact of these activities on the mental health of internet users in India. To collect the primary data for this research an online survey through Google form was conducted among internet users in India. Total 384 internet user (n=384), who self-defined them as the victims of cyberstalking and internet trolling are taken as the sample for the study. The findings revealed that the victims of internet trolling and cyberstalking suffered high levels of psychological distress as a consequence of the experience. The victims experiences several negative effects on their mental health such as they got angry, tensed, felt fear, anxiety and nightmares. It is evident that internet trolling and cyberstalking create short-term negative effects on the mental health of victims which resulted in further serious effects on other aspects of their life, hence there is an urgent need to create awareness about this issue.

**Keywords:** Internet trolling, Cyberstalking, Short-term effects, Mental health, Distress.

### Introduction

Today we live in the age of digital technology and electronic communication. At present several technologies are available which are providing global communication interphase. Computers, internet and other technologies are facilitating easy communication processes and connectivity. But persons having a dark triad of personality are misusing these technologies for fulfilling their bad intentions. And these bad intentions led to new forms of crimes which take place in Cyberspace such as Internet Trolling and Cyberstalking. Internet trolling and cyberstalking are communication-related cyber crimes. In the most cases, cyberstalking and internet trolling are the initial stages of committing a cybercrime.

Many studies reported that cyberstalking and internet trolling are growing (threats) and people are not much aware about these crimes and their consequences. These crimes do not only affect the victim's economic aspects but also destroy the victim's social and psychological aspects. The psychological consequences of these two crimes can be very serious in some cases.

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It is extremely painful that you are not considered a victim even if you are a victim of trolling or cyberstalking, but in most cases, a victim of trolling or cyberstalking is considered a criminal only.

Sagarika Ghose, a Delhi-based television journalist, says, “There is a massive amount of hostility, especially towards high-profile women, women who are seen to have opinions and women who are seen as ‘liberal’ or ‘secular’.” She herself has been threatened with gang rape, public stripping, and threats to kidnap her daughter and even death threats” (Vittal, 2013).

This situation negatively affects the mental health of a victim especially in cases of women, adolescents and youth in the Indian scenario.

According to ‘2017 Norton Cyber Security Insights Report’ survey conducted in Tier-I cities in India, eight out of ten individuals reported experiencing online harassment and 41% of women reported experiencing sexual harassment online (Norton, 2017). In India women who speak about social and political issues face such negative activities on cyberspace (Truschke, 2020). There are many cases like Barkha Dutta, Sagarika Ghosh, and V.P. Rajeena, in which they were brutally trolled and stalked on cyberspace.

These are serious conditions that increase the risks of mental health issues, especially for marginalized groups. So in the present Indian scenario, there is an urgent need for such studies that not only explore the negative psychological sequences of cyberstalking and internet trolling but also provide solutions to fight against these problems.

**Internet trolling:** Trolling is an act of posting inflammatory, extraneous, or off-topic messages in an online community, with the primary intent of harassing and provoking readers into an emotional reaction or diverting a normal topic into a harsh debate.

**Cyberstalking:** “Cyberstalking involves using electronic means, including the internet, to stalk or harass a person or group of people” (Cyberstalking, 2015). It includes monitoring, threats, vandalism, and defamation, gathering information with the intent to threaten and harass people.

**Mental health:** The World Health Organization (WHO) defines health as: ... a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The WHO defined mental health as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community (WHO, 2004). Mental health problems cover a variety of disorders. In general, a bad mental health condition negatively affects the person’s personality, normal behaviour, thought process and social interactions. Mental health problems cannot be easily diagnosed.

**Short-term mental health effects:** In short-term mental health a person does not behave properly. Some emotional symptoms are also visible which cause an unattractive personality. Anger, fear, sadness, and feeling of helplessness etc. can be seen as symptoms.

## Review of Literature

At present, internet trolling and cyberstalking have become a very challenging issues for the society. If a person does not take proper security measures there is a possibility of victimization. Several studies revealed that people do not take security measures properly; they share their passwords with others. They read messages of other people frequently without their concern. They use the same password for all online accounts (Norton, 2017). Cyberstalking and internet trolling are directly related to improper use of communication (Alkaabi *et al.*, 2010). These two crimes not only affect the economic life but also affect the psychological and social life of a person.

Among all the cybercrimes, cyberstalking and internet trolling have become very serious issue and most of the people become the victim of internet trolling and cyberstalking easily (Pasricha, 2017). In India, “trolling in the computer-mediated communication has emerged as a new phenomenon which has the ability to create widespread ruckus in the civil society” (Halder & Jaishankar, 2012).

In many studies, it was found that there is a strong relationship between cyberstalking and physical stalking (Spitzberg & Hoobler, 2002) and in most of cases women, youngsters and teenagers have faced cyberstalking and internet trolling (Duggan, 2014). In India there is no powerful legal framework. In many cases Police, Lawyers and other supportive bodies do not support a victim. Debarati Halder, who is a cyber-law expert said that in many cases lawyers advise to resolve cases out of court if the matter is not too serious (Vittal, 2013). In the absence of a powerful legal framework, police also do not take proper action in the cases of internet trolling and cyberstalking. It can be seen in Shruti Seth’s case of internet trolling. In the matter of internet trolling, she went to the police to file a case against trolls but police suggested her to not go out as it is very difficult to track down the abusers, and it is not worth it.

Pawan Duggal, a cyber-law expert, says that police feel more comfort to deal with cases having physical threats. According to Duggal, there is a need of amendments in IT acts in special relation to cyberstalking and cyber-bullying as these are the two most under-reported offences in Indian schools and colleges (Cyberstalking, 2015). In India, people have the right to speech and expression under 19(1)(a) but several times people misuse their right by vandalizing other’s freedom and dignity which can be punishable under section 19(1)(b).

Offensive speech may not always be illegal because there is no proper definition of offensive speech in India (Halder & Jaishankar, 2012). So in many cases trolling is not considered as offensive or illegal. Internet trolling may be more serious in some situations. It can destroy the reputation and mental state of the targeted persons.

## Communication Challenge

In many studies it was found that victims do not take action in the matter of cyberstalking and internet trolling due to many reasons like–lack of awareness about security features, lack

of knowledge about laws, family pressure, not being supported by the police (Pasricha, 2017). Victims had to face many problems in their life due to cyberstalking and internet trolling but they did not take action. This situation gives support and courage to a troll and a stalker. To prevent these, people have to take action. For that people will have to be aware of the remedies. To make people aware about taking security measures and taking strong actions against it, communication is important.

### **Effects of cyberstalking and internet trolling on mental health**

- Trolling can be very serious in many cases, especially in the matters of women and teenagers. In Dec 2012, 16-year-old teenage girl, Jessica Laney, committed suicide at her home in Hudson, Florida, due to internet trolling. She was an excellent soccer player. But she committed suicide after receiving brutal comments on her social media account by other users. Users commented on her looks and love life. Trolls commented her, ‘fat’, a ‘slut’ etc. one user asks her ‘Can you kill yourself already? (Dolan & Robinson, 2013).
- In the same way in 2013, Hannah Smith, a 14-year-teenage girl, committed suicide after being trolled on Ask.fm in The UK. She had been trolled saying ‘cow’ and ‘fat sl\*\*’, ‘well you are a s\*\*\*, have you seen yourself, ever heard of how to apply your makeup properly, you look about 10’, ‘u ugly f\*\*\* go die evry1 wuld be happy’, ‘do us all a favour n kill ur self’ and ‘go commit suicide’. She replied courageously, ‘yes, I may be ugly, but you obviously have an ugly personality to tell people to ‘go die’! But after that, she was unable to handle these situations and committed suicide (Dolan & Robinson, 2013).
- In 2012, a TV presenter, Charlotte Dawson committed suicide at the age of 47 at her home in Sydney, Australia’s after being trolled on social media. Before committing suicide she tweeted targeting the trolls which expresses her pain, “You win x. Hope this ends the misery,” along with a picture of tablets in her hands. At the time she said of the incident, “It just triggered that feeling of helplessness when the trolls got to me. They got the better of me and they won. I’ve never had death threats of this ferocity (Millet, 2014). In this way, it can be seen that trolling can be serious in some cases.

### **Effects of Cyberstalking**

Cyberstalking affects many aspects of the victims’ life. Due to cyberstalking, they feel anxiety or fear and distress. This kind of continuous feeling can be dangerous for a victim. Due to these negative mental effects of cyberstalking, a victim has to change their online and offline activities. (*Stalking on Campus: The Prevalence and Strategies for Coping with Stalking-PubMed*, n.d.) (*PDF, Health Care Professionals as Victims of Stalking*, n.d.). It also influences their work and even their relationships with friends and family, (Maple *et al.*, 2012). Cyberstalking is not a single dimensional problem but a multi-dimensional. (Hsu & Marinucci, 2013). It can be said, due to Internet Trolling and Cyberstalking a victim faces extreme emotional distress and physical trauma which can be led to suicidal attempt. “The impact of cyberbullying on mental health and how to deal with online abuse”, 2020).

## Choice of the Region: India

In India, there were 718.74 (54%) million internet users at the end of December 2019. According to data published by Telecom Regulatory Authority of India (TRAI), the total telephone subscribers were 1,172.44 million (wireless 1,151.44 + wireline 21.00) in India at the end of December 2019. And rural telephone subscribers were 509.99 million at the end of December 2019 (“*Telecom Regulatory Authority of India Particulars Wireless Wireline Total*”, n.d.)

According to these statistics it can be said that the number of internet subscribers and telephone users in India is increasing. Gadgets, telecommunication services, data packs and other technologies have become affordable and pervasive. Therefore, the numbers of cybercrimes in the India are likely to increase in the future. To avoid this problem in future, awareness about cybersecurity measures and other solutions are extremely important.

**Justification of the Topic:** The above literature indicates that internet trolling and cyberstalking negatively affect a person’s mental health and sometimes it is a reason for death.

Limited studies have been done related to cyberstalking and internet trolling. The present study is focused on the short-term mental health effects of cyberstalking and internet trolling on victims in the Indian perspective.

**Statement of the Problem:** At present cyberstalking and internet trolling are growing threats which are performed on new media and its related technology. These crimes directly or indirectly negatively affect the mental health of a person. In India, people are not much aware of these kinds of cybercrimes. So in the present Indian scenario, there is a need for such study which not only explores this problem but also finds solutions to handle it.

**Aim:** The purpose of this research is to explore the short-term mental health effects of cyberstalking and internet trolling on victims in the Indian context.

## Research questions

- Q. What are the demographic details of victims?
- Q. What were the most used technical platforms of committing cyberstalking and internet trolling?
- Q. Which kind of communication material affect the victim’s mental health the most?
- Q. Which kinds of short-term mental health effects a victim faces due to cyberstalking and internet trolling?

## The Relevance of the Study

The problem of cyberstalking and internet trolling directly related to improper use of communication. It is a growing threat and risk to adolescents and women in India. In a study it was found that 8 out of 10 teens were victims of online harassment in India, (“The Impact

of Cyberbullying on Mental Health and How to Deal with Online Abuse”, 2020). According to NCRB report ‘Crime in India-2018’, more than 500 women and children became victims of cyberstalking and cyberbullying and 311 cases of cyber-attacks and threats were registered. (National Crime Records Bureau, 2018).

Numerous studies have shown that activities such as cyberstalking and internet trolling are very dangerous, in particular it creates short-term negative effects on the mental health of the victim. These effects affect other aspects of a person’s life. The study of ‘The Amnesty International commissioned an IPSOS MORI poll’, which was conducted in 8 countries Denmark, Italy, New Zealand, Poland, Spain, Sweden, UK and USA revealed that, the psychological effects of online abuse can be detrimental. 55% of the respondents in the study stated that they had experienced stress, anxiety or panic attacks after experiencing online abuse or harassment that they (63%) had not been able to sleep (“Amnesty reveals alarming impact of online abuse against women”, 2017). The same results were found in a survey conducted by ‘Feminism in India (FII) and Freedom House’, (Pasricha, 2017) and in ‘Norton Cyber Security Insights Report Global Results-2017’, (Norton, 2017).

Women, adolescents and youth are the keys to sustainable development and quality of life in the family as well as in the society. It is therefore very important that these groups should be specially educated and informed. Social media is one of the powerful emerging tools worldwide to educate and inform these groups. Social networking sites like Facebook, Twitter, and LinkedIn have become popular ways of socializing. Social media is a platform to connect, receive education and share feelings, thoughts etc., but activities like trolling and chasing can deprive a person of the benefits provided by social media. Trolling and cyberstalking leave victims in a powerless state, affecting the mental health of the victim. These activities are a direct threat to the right to freedom of expression (Pasricha, 2017) (Study reveals widespread online harassment in India, 2017). Trolls and stalkers create a conflict and a critical situation on social media sites. It also negatively affect the environment of a healthy online discourse. (“How Trolls Are Ruining the Internet”, 2016), (Roy, 2015), (Balakrishnan, n.d.). According to many experts, such rude and manipulative behaviour will continue on the Internet in the future which may make the situation worse (Rainie *et al.*, 2019). So, it is important to deal with this problem at the primary stage because it creates several kinds of short-term mental health effects on the victim.

### **Research methodology**

**Research Approach:** This study was exploratory and descriptive in nature. It attempted an online survey.

**Research Design:** Since this study had a wider scope and exploration, Survey Research Design was adopted by the researcher. In this design, the researchers gathered primary data through online survey. Secondary data relied on reports, newspapers, research journals, web contents etc.

**Online survey:** An online survey was conducted to find out the data related to short-term effects on the mental health of a victim. The survey was conducted through Google forms among Indian internet users. A survey link was circulated to fill out the form.

**Population:** Population of the study was 718.74 million internet users of India.

**Sample size:** The sample size of the research was determined 385 through the online digital sample size calculator which was based on the following sample-size formula. Researchers set the online calculator on a 95% confidence level and 50% sample proportion the margin of error was set at 5.

(Confidence level =95%, margin of error =5, sample proportion= 50%)

**Sample size formula-**

$(n=N*X/(X+N-1))$

where  $X= Z_{\alpha/2}^2 * p*(1-p)/MOE^2$ ,  $Z_{\alpha/2}$ = critical value of Normal distribution at  $\alpha/2$   
(for Confidence Level 95%,  $\alpha= 0.05$  and critical value is 1.96),

MOE= margin of error, P= sample proportion, N= population size.

### ***Ethics***

The research questionnaire was circulated through a web link. All the ethical, confidentiality policy and instructions were clearly written on the questionnaire.

### ***Participants***

A total of 384 internet users of India participated in the online survey and all respondents were requested to fill out a special section of the questionnaire which was related to the negative effects of cyberstalking and internet trolling if they experienced any negative effect of internet trolling and cyberstalking. This section is filled out by total of 158 respondents who experienced negative effects of internet trolling and cyberstalking.

### ***Instruments***

An online questionnaire was devised with the help of Google form. Through this questionnaire demographic information, online behaviour and experiences of cyberstalking and internet trolling were collected. Respondents were given mixed questions to share their experiences, as well as Likert scale-type questions, were used to assess the short-term effects of internet trolling and cyberstalking on the mental health of a victim. This scale consists of 5 points, having one to five scores range. A score higher indicates a high level of negative effects on the mental health of a victim.

### ***Procedure***

The survey was made available through a link. The survey link was circulated on social media channels with a request to fill out the form and circulate it for further responses. The survey link was promoted via Facebook post boosting feature.



## Telephonic interview

The researcher conducted interviews for useful suggestions to deal with these problems with the help of a schedule. Interview data were collected via telephonic interview. All interviews were conducted via telephone communication due to COVID-19 effects.

### *Instrument*

Researchers used a semi-structured open-ended schedule to collect information from the interviewees. All telephonic interview calls were recorded. The researcher prepared a note for all recorded calls.

### *Procedure*

The researcher collected information about the experts at her own level. Also, the researcher asked in her peer group to share the contact details of the expert they know. After collecting contact details about them, the researcher took appointments from experts who gave their consent for an interview.

## Results

	Variable	Count	Table N %		Variable	Count	Table N %
Age	20–30	213	55.5%	Religion	Hindu	300	78.1%
	31–40	93	24.2%		Muslim	40	10.4%
	12–19	48	12.5%		Sikh	22	5.7%
	41–50	24	6.3%		Christian	12	3.1%
	Above 50	6	1.6%		Jain	3	0.8%
	Total	384	100.0%		Other	10	2.6%
Gender	Male	197	51.3%	Occupation	Total	384	100.0%
	Female	182	47.4%		Student	183	47.7%
	Third Gender	3	0.8%		Private Job	114	29.7%
	Not Replied	2	0.5%		Govt. Service	42	10.9%
	Total	384	100.0%		Unemployed	29	7.6%
Education	Post Graduate	213	55.5%	Family Income per month	Business	16	4.2%
	Graduate	123	32.0%		Total	384	100.0%
	12 <sup>th</sup>	32	8.3%		Between 10,000–50,000	180	46.9%
	10 <sup>th</sup>	7	1.8%		Above 50,000	136	35.4%
	Other	7	1.8%		Below 10,000	68	17.7%
	8 <sup>th</sup>	2	0.5%		Total	384	100.0%

**Table 1.** Demographic details of the Respondents

## Demographic Details of the Respondents

The total number of respondents was 384 (Table 1). Out of 384 respondents, 213 (55.5%) respondents were in the age group of 20–30, respondents under the age group of 31–40 were 93 (24.2%), 12–19 years of age group were 48 (12.5%), 41–50 years of age group were 24 (6.3%), and respondents above 50–60 years of age group were (1.6%). Data show that the majority of respondents were young and come under the age group of 20–30 and 31–40.

Majority of respondents belonged to Hindu religion and among 384 respondents, 300 (78.1%) were Hindu, 40 (10.4%) were Muslim, 22 (5.7%) were Sikh, 12 (3.1%) were Christian, 3 (0.8%) were Jain and others were 10 (2.6%).

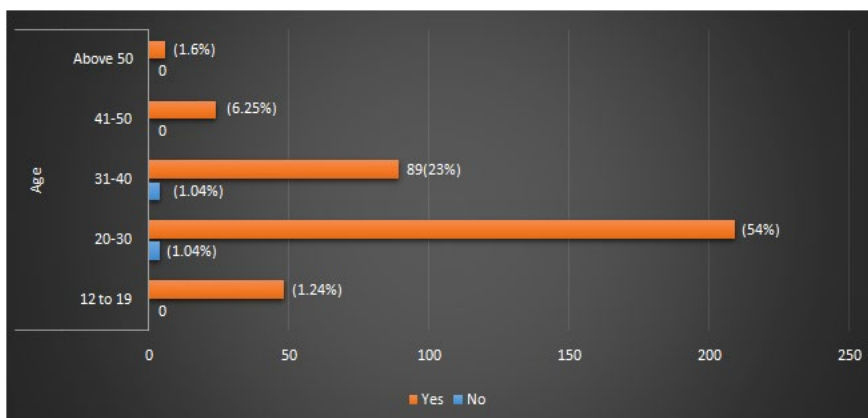
There were 197 (51.3%) out of 384 were male and 182 (47.4%) respondents were female and third Gender were 3 (0.8%). So in this survey, male and female were equally participated.

Of the 384 respondents, 183 (47.7%) were students, 114 (29.7%) from private job, 42 (10.9%) from Government Service, 29 (7.6%) respondents were unemployed and 2 (0.5%) did not disclose their occupation. Most of the respondents were postgraduate 213 (55.5%), while businessmen were 16 (4.2%), graduate participants were 123 (32.0%), 12th passed were 32 (8.3%), 10th passed participants were 7 (1.8%), 8th passed were 2 (0.5%) and participants having other qualifications were 7 (1.8%).

Out of 384 respondents, 180 (46.9%) belonged to the group having 10,000–50,000 family income per month, 136 (35.4%), respondents belonged to above 50,000 family income group and 68 (17.7%) belonged to group having below 10,000 family income per month.

In this survey participants belonged to all over India. 50% of the participants belonged to Uttar Pradesh, their number being 192 and 43 (11.2%) participants belonged to Bihar, 17 participants (4.4%) from Delhi, 13 (3.4%) to West Bengal, 10 (2.6%) belonged to Haryana, 9 (2.3%) from Himachal Pradesh and Uttarakhand, 8 (2.1%) from Rajasthan, 7-7 (1.8%) participants each belonged to Maharashtra, Andhra Pradesh, Chhattisgarh, Jharkhand, and Madhya Pradesh, 6 (1.6%) participants belonged to Karnataka, 5 (1.3%) Tamil Nadu, 4 each from (1%) to Assam, Kerala and Telangana, 3 (3.8%) participants from Jammu and Kashmir and Sikkim, 1 (0.3%) participant to Arunachal Pradesh, Chandigarh, Ladakh, Punjab and Odisha.

### Social media users



**Fig. 1.** Age-wise social media users

Out of 384 participants, 376 (98%) were users of social media and only 8 out of 384 (2%) did not use social media. In which 209 (54%) participants who use social media come under

the age group of 20 and 30, 89 (23%) participants come under the age group of 31 and 40, 48 (1.24%) social media users were of 12 and 19 years, 24 (6.25%) social media users were of 41 and 50 years, and only 6 (1.6%) social media users were of above 50 years (Fig. 1). Therefore the majority of social media users were of young people and teenagers.

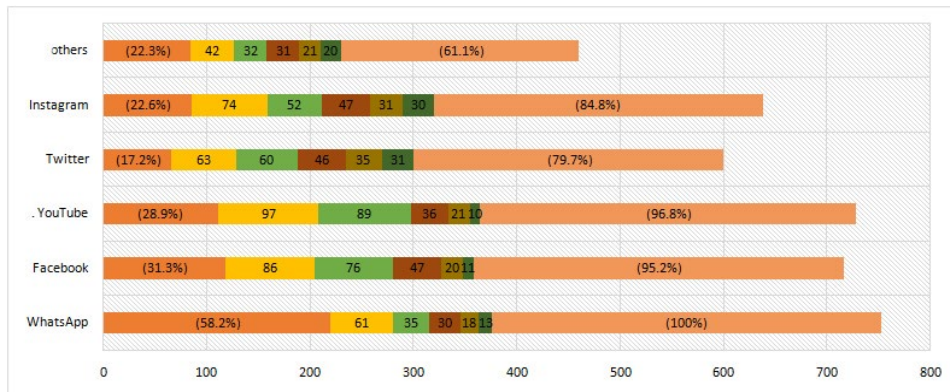


Fig. 2. The most preferred social media

Mostly, among 376/384 social media users, whatsapp was the most used social media. Total 100% (376) participants use whatsapp, followed by YouTube by 96.8% (364), Facebook 95.2% (358), Instagram 84.8% (319), Twitter 79.7% (300), and 61.1% (230) social media users used other social media (Fig. 2).

Among 384 participants, 231 (60%) agreed that they witnessed cyberstalking and internet trolling in which most of the people who witnessed both cyberstalking and internet trolling belonged to the age group of 20 and 30 (141/231 participants, 61%) after that participant under the age group of 31–40 (49/231 participants, 21%). Participants 85/231 (36%) only witnessed internet trolling and participants, 41/231 (17.74%) witnessed only cyberstalking.

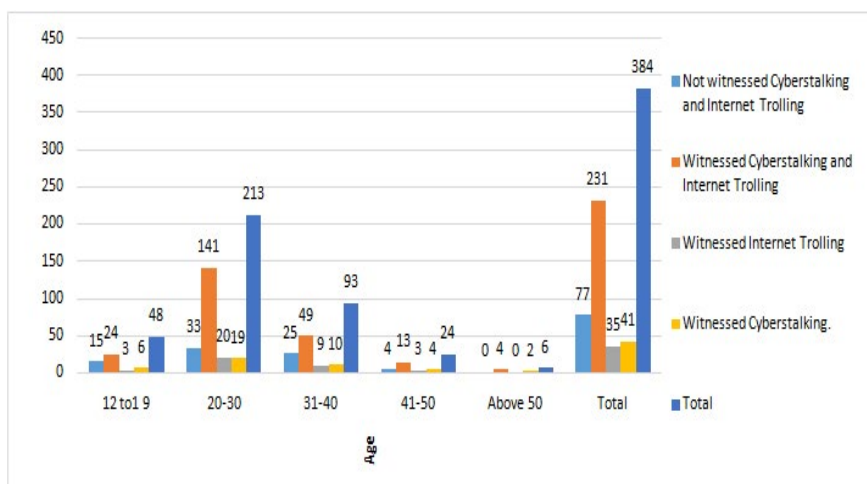


Fig. 3. Age\* users witnessed cyberstalking and internet trolling

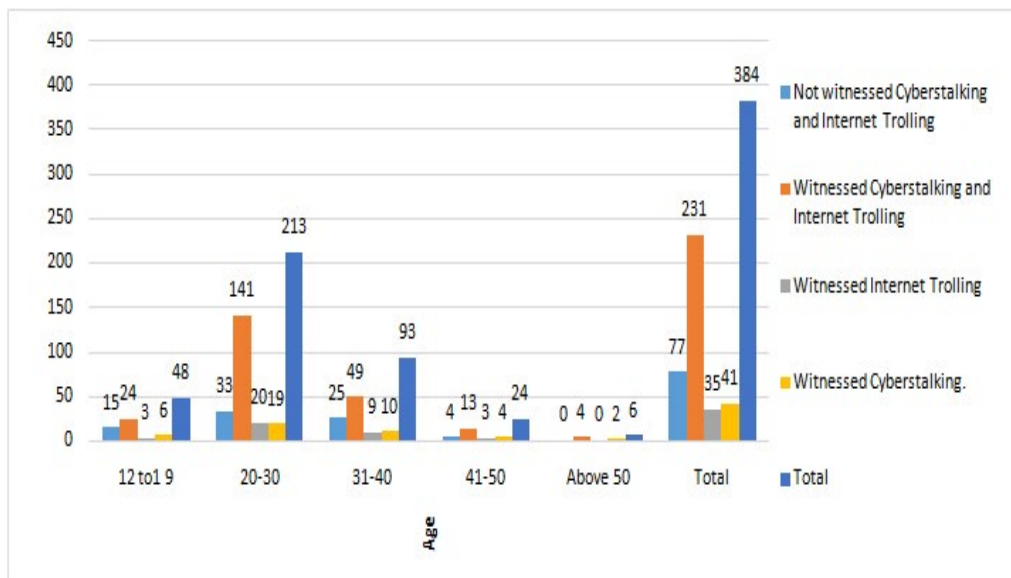
### Age\* users witnessed cyberstalking and internet trolling: Cross tabulation

Among 307 participants out of 384, 51% (158) who have witnessed cyberstalking and internet trolling both or either internet trolling or cyberstalking agreed that they or their near ones were negatively affected by these activities (Fig. 3). Participants 71% (119) agreed that their near ones felt negative effects due to these activities and 29% (46) agreed that they personally felt negative effects due to these activities.

Gender	Not witnessed (cyberstalking and Internet Trolling)	Witnessed both internet trolling and cyberstalking	Witnessed internet trolling	Witnessed cyberstalking	Total
Did not share gender	1	1	0	0	2
Female	40	105	14	23	182
Male	36	122	21	18	197
Third Gender	0	3	0	0	3
<b>Total</b>	<b>77</b>	<b>231</b>	<b>35</b>	<b>41</b>	<b>384</b>

**Table 2.** Gender \* witnessed cyberstalking and internet trolling: Cross tabulation

A total of 182 women, 197 men and 3 third gender out of 384 respondents responded to the question whether they had ever seen cyberstalking or internet trolling activities.

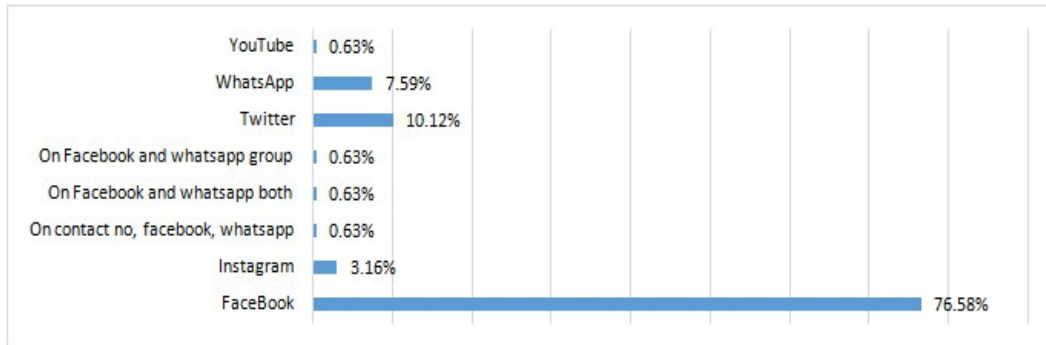


**Fig. 4.** Gender\* witnessed cyberstalking and internet trolling: Cross tabulation

### Gender\* Witnessed Cyberstalking and Internet Trolling: Cross Tabulation

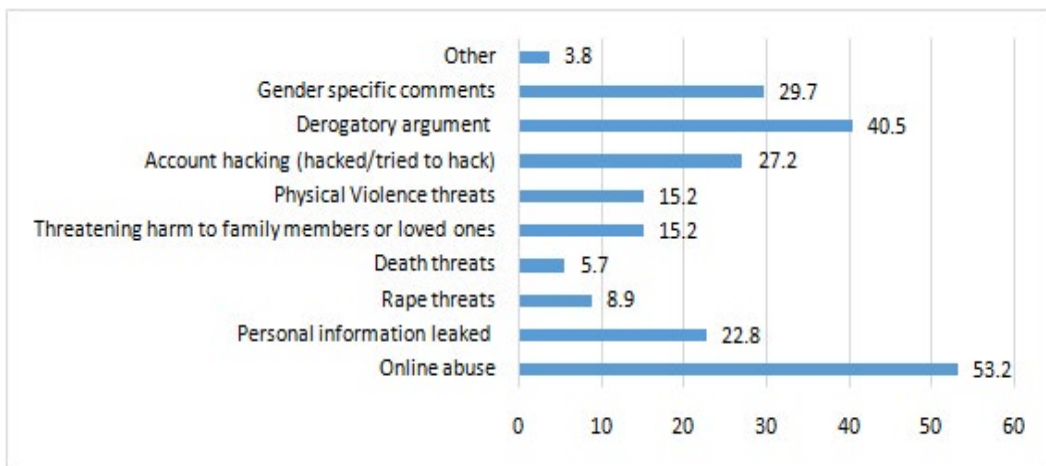
Out of 182 female respondents, 105 women (57%) saw both activities, 14 (7.69%) saw only internet trolling and 23 (12.63%) saw cyberstalking. Of the 197 men, 122 (61.92%) saw both activities, 21 (10.65%) saw internet trolling and 18 (9.1%) saw cyberstalking. And 100% of the 3 third gender have seen both activities. A total of 142/182 (78.02%) women and a total of 161/182 (81.72%) men are witnesses to either Internet trolling or cyberstalking.

Based on this data it is said that more men than women saw both activities and especially internet trolling but more women witnessed cyberstalking. Out of 384, 51% (158) who have witnessed cyberstalking and internet trolling both or only internet trolling or only cyberstalking agreed that they or their near one were negatively affected by these activities. And 71% (119) agreed that people close to them felt negative effects due to these activities and 29% (46) agreed that they personally felt negative effects due to these activities.



**Fig. 5.** Social media platform where the incident take place

Among 76.58% (122/158) respondents who felt negative impact due to these activities said that they faced it on Facebook, 10.12% (16/158) stated that they only experienced it on Twitter, 7.59% (12/158) faced it on WhatsApp, 3.16% experienced it on Instagram (5/158) and the rest of the respondents witnessed it on other media platforms (Fig. 5).



**Fig. 6.** Internet trolling and cyberstalking activities which cause short-term mental health effects

They felt negative effects by receiving online abuse (53.2%), derogatory argument (40.5%), gender-specific comments (29.7%), account hacking (hacked/tried to hack), personal information leaked (22.8%), physical violence threat (15.2%) threatening harm to family members (15.2%), death threats (5.7%), rape threats (8.9%) and other (3.8%) ways (Fig. 6).

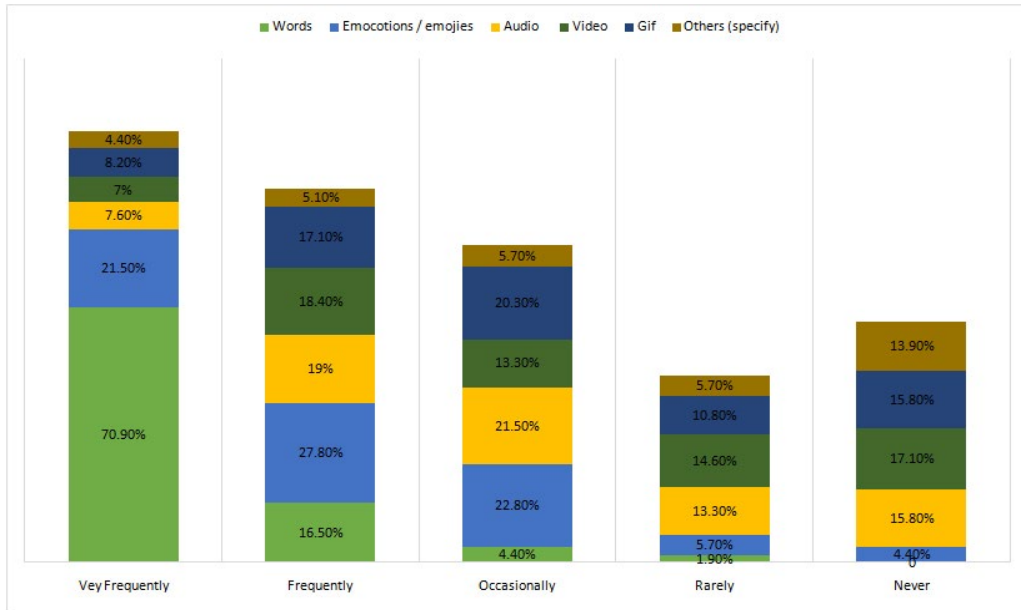


Fig. 7. Communication form which is used the most in internet trolling and cyberstalking

**The most used forms of communication for internet trolling and cyberstalking**

A total of 70.9% participants said they received negative comments and messages in the form of words very frequently, 21.5% respondents said they received emocotons, 8.2% received Gif, 7.6% received audio, and 7% received video very frequently (Fig. 7).

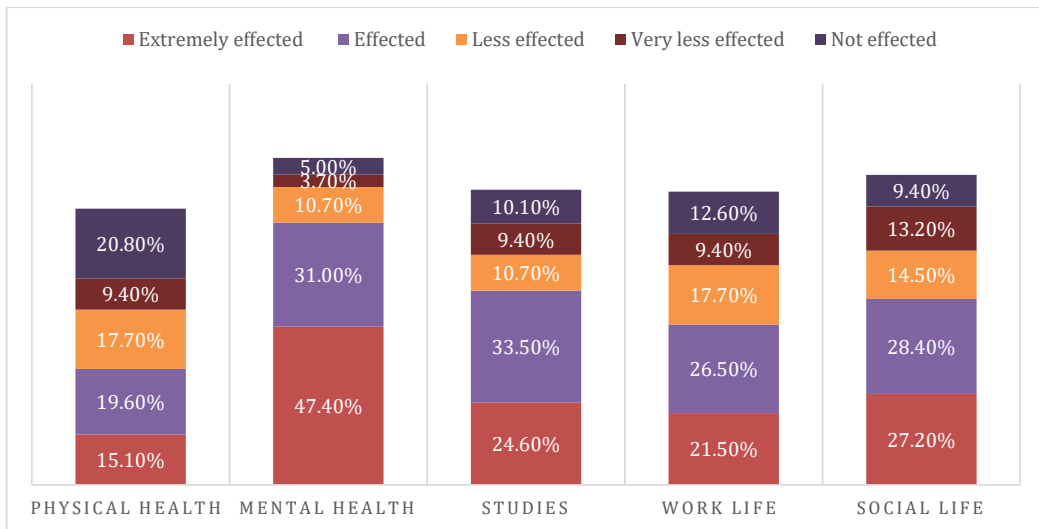


Fig. 8. Aspects of victims life which was affected

Participants who felt negative effects by these activities said that due to these activities their physical health, mental health, studies, work-life and social life were negatively affected. A total of 47.40% of 158 participants said that their mental health was extremely affected and the mental health of 31% of 158 participants affected by these activities. Social life of 27.20% of 158 participants extremely affected (Fig. 8).

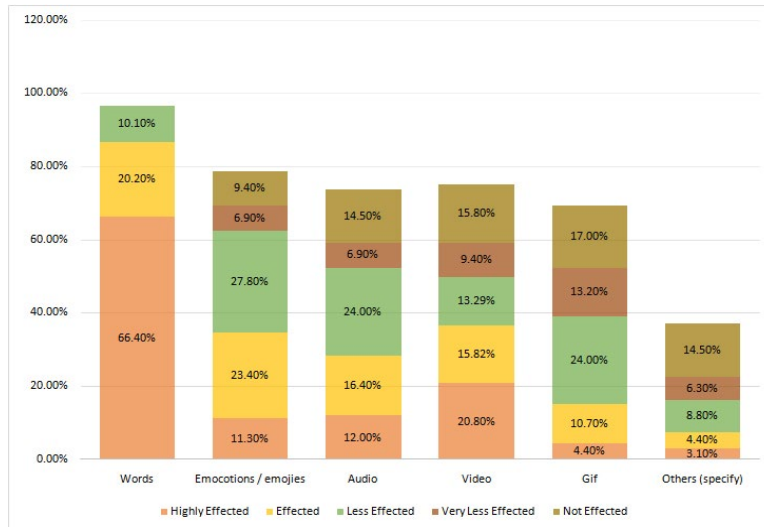


Fig. 9. Communication form which affected the victim the most

Total 66.40% of 158 participants said that words used in these activities highly affected them after that video (20.80%), audio (12%), emocotions and GIF 4.40% were reported. Participant representing 23.40% reported that they were affected by emocotions, after that words (20.2%), audio (16.4%), video (15.82%), and GIF (10.70%) negatively affected the participants. Participants reported emocotions (27.8%), Audio, GIF (24%) and Video (13.29%) etc. less affected them (Fig. 9).

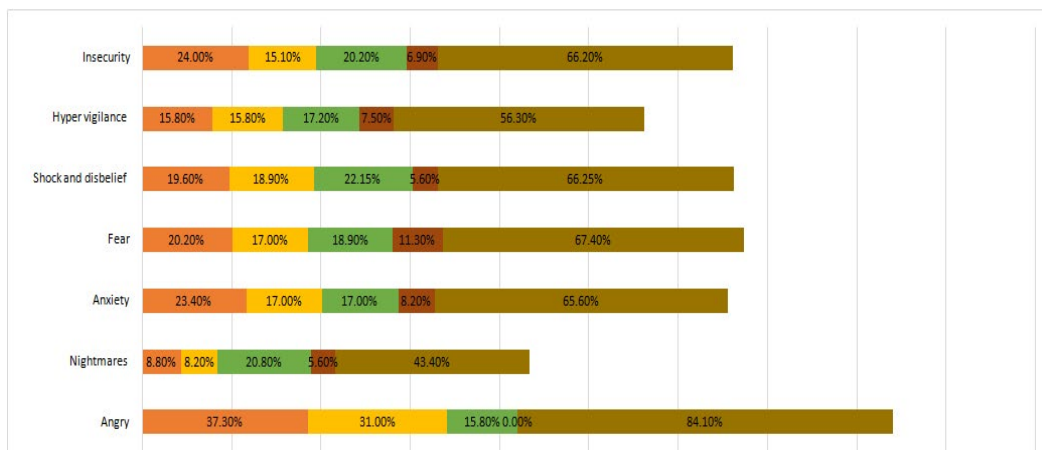


Fig. 10. Short-term mental health effects of internet trolling and cyberstalking on victim

## Short-term Mental Health Effects of Internet Trolling and Cyberstalking on Victim

**Tensed/overstressed:** 41.7% respondents said they were highly tensed/overstressed when they faced internet trolling and cyberstalking, 24% respondents became very tensed/overstressed, 13.9% respondents reported they felt tensed/overstressed moderately, and 6.90% respondents felt tensed/overstressed very less and only 5% of the respondents did not feel tensed/overstressed (Fig. 10).

**Angry:** Out of total respondents, 37.3% said they were highly angry when they faced internet trolling and cyberstalking, 31% respondents became very angry, 15.8% respondents reported they felt angry moderately and only 3.10% respondent did not feel angry.

**Nightmares:** A total of 8.80% respondents said they had nightmares when they faced internet trolling and cyberstalking, 8.20% felt nightmares more often, 20.80% reported they felt nightmares moderately and 5.60% felt nightmares very less and only 20.20% of the respondents did not feel tensed/overstressed.

**Anxiety:** A total of 40% respondents said that they felt high anxiety when they faced internet trolling and cyberstalking, 17.00% respondents felt anxiety more often, 17.00% respondents reported they felt anxiety moderately and 8.20% respondents felt anxiety very less and only 16.40% of the respondents did not feel tensed/overstressed.

**Fear:** Out of total respondents, 20.20% said that they felt high fear when they faced internet trolling and cyberstalking, 17.00% were very feared, 18.90% respondents reported they felt anxiety moderately and 11.30% respondents felt anxiety very less and only 9.10% of the respondents did not feel anxiety.

**Shock and Disbelief** Total 19.60% respondents said that they were highly shocked and disbelief when they faced internet trolling and cyberstalking, 18.90% respondents were in shock and disbelief, 22.15% respondents reported they felt shock and disbelief moderately and 5.60% respondents felt shock and disbelief very less and only 13.9% respondent did not feel shock and disbelief.

**Hyper vigilance:** Respondents representing 15.80% said that they felt high hyper vigilance when they faced internet trolling and cyberstalking, 15.80% respondents showed very hyper vigilance, 7.20% respondents reported they felt hyper vigilance moderately and 7.50% respondents felt hyper vigilance very less and only 17.70% respondents did not feel vigilance.

**Insecurity:** A total of 24% respondents said that they felt high insecurity when they faced internet trolling and cyberstalking, 15.10% respondents became very insecure, 20.20% respondents reported they felt in security moderately and 6.90% respondents felt tensed/overstressed very less and only 15.10% respondents did not feel hyper vigilance.

## Summary

The aim of this study was to find out the short term mental-health effects of internet trolling and cyberstalking on internet users of India as well to find out the further effects on other



dimensions of the victim's life. Overall, the findings provide a picture which indicates that the victims of internet and cyberstalking endured short-term negative effects on their mental health which also affected the others perspective of victim's life. In this online survey, 384, internet users participated. Respondents were asked to fill out the special section which was related to negative psychological effects of internet trolling and cyberstalking if they experienced any negative effects. Among 385 respondents, 307 (79.94%) respondents witnessed cyberstalking and internet trolling (either internet trolling or cyberstalking or both).

Among 307 respondents, 51% (158) felt negative effects due to these activities, 71% of respondents said their near ones negatively affected by these activities and 29% respondents accepted they personally experienced negative effects due to these activities. Most of the respondents (76.58%) experienced these on Facebook, (10.12%), Twitter (7.59%) and Whatsapp and others experienced it on other media platforms. Facebook is the most common platform for committing these kinds of activities. Respondents said that they were abused online (53.2%), had a derogatory argument (40.5%), their personal information was leaked (22.8%), in some cases their account was hacked/ tried to hack (27.2%), and respondents also received gender-specific comments (29.7%). Participants shared that in most cases words were very frequent used to harass (70. 3%) followed by emocotion (21.5%). A total of 66.4% of respondents said they were highly affected by words. After that audio (12.0%) affected them the most. In the incident of cyberstalking and Internet trolling 97.8% respondents felt several short-term negative effects on their mental health. An 86% of the respondents said that they became highly tensed, and 84% of respondents reported they got highly angry. In some incidences 67.4% participants felt fear (highly), 66.25% respondents felt shocked and disbelief (highly), 66% felt insecurity, 56.3% respondents became hyper-vigilant (highly), and 43.4 % experienced nightmares. These negative short-term effects on the mental health of a victim further affected the other aspects of the victim's life.

Respondents 50% (97) agreed that due to its effects their daily routine became changed, 65.80% (104) respondents reported that they were unable to concentrate on their work and 68.90% (109) respondents were unable to concentrate on studies. Due to anger and being tensed they broke up their relationship with their old friends. They also felt inferior due to these incident. And 26.50% (42) of the respondents felt fear of going to school/college/university etc.

## **Suggestions**

According to the interview of experts, the following suggestions can be helpful in dealing with cyberstalking and internet trolling. These interviews have been taken by telephone communication due to the effects of COVID-19 epidemic. These suggestions are the excerpts of the interviews of the specialist Dr Rajesh Jha, Assistant Professor of Psychology, Counsellor, Varanasi and Ravi Kumar, Counsellor at the Directorate of Education, New Delhi.

1. Do not give any attention to a troll and cyberstalker. Attention gives them power.
2. Do not reply to any nasty or negative comments.
3. Ban/Block the troll and the stalker.

4. Report the troll and stalker to the website administrator.
5. Go to the Police in serious situations.
6. Talk about it with your friends and family members.
7. Consult with any psychologist if you are unable to manage the stress.
8. Make other people aware of the problem.

## Conclusion

Cyberstalking and internet trolling can negatively affect the mental health of a person most of the respondents experienced several short-term negative effects on their mental health due to these activities such as people became highly tensed, highly angry, highly scared, highly shocked and disbelief insecurity many respondents became hyper vigilant, and some felt nightmares. These negative short-term effects on mental health led to negatively affect the other aspects of victim's life like their routine became disturbed, they were not able to concentrate on their work and studies. Due to anger and being tensed they broke up relationship with their old friends. Some felt fear of going to School/college/university etc.

It can be concluded that cyberstalking and internet trolling have negative effects on the victim's mental health. These short-term mental health effects further negatively affect the victim's other perspectives. This study contributed to the extant literature on the psychological effects of cyberstalking and internet trolling on victims. Although further research is needed to identify other kinds of psychological effects on victims and also to study the post-traumatic effects of internet trolling and cyberstalking in special cases.

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## Defining the Modern Self through Technology

Shariq Jalal<sup>1</sup>

### ABSTRACT

With the rapid growth of Internet and Social Networking Sites, we are witnessing an inevitable ‘technical mediation’ in our lives. This mediation, which is primarily internet technology, is invading into our daily lives and defining our mental health as well. This study looks at the concept of health care in the technologically mediated world through Foucault’s genealogical studies on medicine, particularly his analysis of the concept of normalization and his later work on the ‘care of the self’. It will highlight how subjects engage with online/ internet technologies for betterment or producing some kind of change in their mental construct and health. In due process, Foucault’s disciplinary power will be analysed and how it mediates via technology to govern the subject. This study will also examine some other prominent works of philosophy of technology and how it interacts with humans.

**Keywords:** Foucault’s, Mental health, Internet, Technology, Social media

### Introduction

With the coming of ‘Information Age’ and rise of ‘Network Society’ (Castells, 1996) we need to question the relation one has with oneself and how this rise in technologies have affected that relationship. We indeed live in a world which is dominated by communication network technology. Computer-mediated communications which are supported by the computer, internet and the data are all around us and unconsciously we have become part of this technological paradigm. Communication is a part of the technological paradigm which includes human dimensions to a large extent. Human dimension means the integration of humans in communication technology or human being’s prompted communication through machines. When a human uses such technology for communication and other purposes, there is also a change in the behaviour of humans and this behavioural change influences the human psyche. Sigmund Freud’s (1899) psychoanalytic theory of personality states that three levels of consciousness of the mind interact with each other to produce human behaviour. These three levels are conscious, subconscious and unconscious (Ego, Superego and Id respectively). The Id is the unconscious part of humans and operates through ‘pleasure principles’, superego is the subconscious level and operates through ‘morality principle’ and ego is the conscious part and operates through ‘reality’. Generally, the ego maintains the equilibrium between Id and superego. If going by the rule of Freud, the technology should fall within the ‘conscious’ realm and humans should be able to control and adjust it to their needs. But in his book *Civilization and Its Discontent*, he discusses technological science concerning human and their conditions.

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He quotes “The word ‘civilization’ (*Kultur*) describes the whole sum of the achievements and the regulations which distinguish our lives from those of our animal ancestors and which serves two purposes-namely to protect men against nature and to adjust their mutual relations”. As civilization progresses, technological gains protect humans and establish mutual relationship between them but this comes at the cost of their happiness. This wish for civilization and building social bonds for it displaces and suppresses the libido (pleasure principle) which is represented by Id – an inherent part of the human psyche since birth. Thus, in a way, human’s craving for the formation of civilization leads to the displacement of a part of Id. This craving is fulfilled by the use of technological measures to establish civilization, so it can be inferred indirectly that technological use for civilization formation occupies a part of Id. Sigmund Freud is neither a techno-advocate nor a techno-antagonist, his views are more balanced on aspects of technology but in *Civilization and Its Discontent*, he rightly points out that technology overtaking Id is not a good sign and may account for human beings’ unhappiness.

McLuhan (1964) in his book *Understanding Media* talks about the media as “extension of man”. He proposes “It is the persistent theme of this book that all technologies are extensions of our physical and nervous systems to increase power and speed”. McLuhan thinks media technology to be a physical, psychological, social and intellectual expansion or addendum to humans. In this way computer and other secondary storage act as an extension of the human brain, electronic media acts as an extension of our central nervous system, telephone extends our voice and the wheel acts as an extension of our legs and feet. For McLuhan language is too an extension of our thoughts, inner voices, ideas—in this way it extends our inner consciousness. So, language acts as a medium which does not require any external medium for the accomplishment of its expression. Human consciousness and culture evolve mainly through the advancement in spoken language and from which other technological extensions have evolved. McLuhan says that electronic technology takes the idea of technological extension to a new level of importance. He asserts that extensions due to technological intervention which were before the coming of electronic technology were kind of an explosion of our physical sense outside but electronic technology is an implosion inward which leads to a consciousness that is shared. McLuhan calls this the final era of the extension of man. This phase is characterized by the technological simulation of consciousness, where the process of knowing will be together and mutually shared with the whole of the human race. McLuhan states the advertisers sought this extension of consciousness for a very long time for specific product targeting to humans, but will this be a good idea, is something to ponder over.

McLuhan is often looked upon by his critics as someone who either loves or hates technology while presenting his ideas but this is not so, his ideas on technology and media cannot be taken in binary. He just wanted to know the implications of technology on society. Thus, in his book *Understanding Media* his primary concern is to look at media, especially electronic media as an extension of collective human consciousness.

The purpose of discussing Sigmund Freud who was a neurologist and psychologist and Marshal McLuhan who was a communication theorist is to signify the effect of technology on

human's mental construct. Sigmund Freud in his publication *Civilization and Its Discontent* has tried to establish a nexus of technological innovations with Id – a part of human psyche, whereas McLuhan talks about technology as the physical extension of man especially electronic technology which is integrating into the consciousness of human species producing some kind of shared consciousness. So, these two examples are powerful enough as to how technical advances (specifically electronic technology) are affecting our mental space and in this way also effecting and producing a change in us. In this 'information age,' mediation of technology has increased manifold. With the coming of Web 2.0, came the idea of online platforms and social networking sites like Facebook, Instagram, Twitter, etc. These platforms gave us an identity of 'digital self' where an individual extended his identity into the digital realm as if living in a kind of two parallel worlds at the same time. This notion of digital self, produced through the extensive usage of Web 2.0 and internet-aided services, created a split in our mental construct and the way we cared for ourselves or perceived ourselves. I would not label this notion of digital self as good or bad but will try to analysis it in this paper and how it is affecting us psychologically, physically, mentally and socially. Next concept I would be analysing is 'Network Society' (Castells, 1996) and Actor Network Theory (Latour, 1987) and how this extends the concept of the digital self.

### **Network Society and Extension of Self**

The network society is a society which is supported by network information and communication technology. Manuel Castells (1996) has written extensively on Network Society. He states that the Network Society was formed as the humans moved from agriculture age and industrial age to information age. Castell argues that the production of material goods which is the central premise of capitalism will change and capitalism will rely on information and knowledge produced by the information age. He calls the prevailing culture in Network Society as 'real virtual' and theories that the networks form the architectural unit of societies and form the new social relations online. A network is a decentralized system of 'nodes' from where the communication occurs. Every node is important for this network or system to work but all nodes do not hold equal importance. These networks are open and not confined and since they are open, they can expand and constrict if required. The communication occurring in network society through nodes are multidirectional and multidimensional and are not bound by time or space.

This concept of Castells can be equated with McLuhan's concept of collective consciousness through electronic technology because such collective consciousness is also attained by going beyond time and space. Though both theories were produced at times apart, they have similarity in certain aspects of electronic technology. Even Castells claims that the idea of the social network is not new and has prevailed as models of social organizations for a long time. Since society has moved to the information age, their current form is related to more advanced electronic-based computer technologies and computer mediated-communications like the Internet and smartphones. Network societies of the information age do not belong to a particular geographical space but are free from the constraint of space as well as time. The rise in

Network Society has also led to the renewal of social dynamics and interpersonal relationships. It has created a democratized kind of network availability which is not dominated by one powerful social group and accessible to all (exceptions are some disadvantaged social group of Global South may not have access). This readily available network can be used to disrupt the powerful structure. Castells here gave the example of Zapatistas—a group of indigenous people and political group of Mexico are examples of subaltern or marginal group which can disrupt powerful traditional political structures. More recent examples of internet activism through network society are Wikileaks, Occupy Wall Street and Arab Spring.

As mentioned earlier Network Society is free from the constraint of time and space, they are formulated around new forms of time and space, i.e. timeless time and space of flows. This formulation is really important because the networks which are spatially bounded are determined by the closeness of certain factors (like local culture, ideology, etc.), whereas in network society space is conceptualized not by any proximity but decentralization and timeless time also attributes to the disordering of social action and interaction, therefore this conception of space and time makes it possible to participate in several activities in one place and to be at several places at one time like browsing the internet, listening to online music and checking on to social media. Timeless time reduces the importance of the concept of linear time and consecutive order of things. Another example of Network Society is instantaneous communication and interaction of people from different places in the world, allowing the creation of networks with multiple cultural and ideological views. Castells mentions this as a more productive and open-minded global society.

Not all scholars agree with Castells' conception of Network Society power and many terms it as technologically deterministic and utopian. But still, it remains crucial as it determines the sociological understanding of the computer aided networks and societies.

The network society is another example of the penetration of technology into our daily lives and increasing interconnectedness, which affects our interpersonal relationship and social dynamics. This example along with other previously mentioned examples in some way trace our historical progress and displays how technology meets the social and produces some kind of change in humanity.

Another theory which examines technical mediation within a network is Actor Network Theory by Bruno Latour. The most important aspect of Actor Network Theory is that, it gives human as well as non-human (mostly technical) entities the same amount of agency within a network (Latour *et al.*, 2005). In this way, it prevents any technological or social determinism of a network and avoids the privilege of social or technical. Actor Network Theory is envisaged through a combination and integration of technical into social or social into technical. An example of this can be set by a team of engineers working on the development of software or a computer game which may not be totally free from their socio-cultural background and may contain some aspect of the same. Actor Network Theory is based on the principle, generalized symmetry or free association which means no differentiation in approach to the social, natural and technological. In Actor Network Theory 'actor' is an association of diversified elements



themselves forming a network and in this way relations in a network come into being. Actor Network Theory gives us more concrete evidence of the integration of self (humans) into technical networks in a more egalitarian and non-discriminatory way.

This study seeks more evidence on the topic of technical mediation into a human being's life and their mental construct. For this analysis, various works of Foucault need to be scrutinized.

### **Technical mediation and Subjectivation: Tracing Foucault's Philosophy on Technology**

The following part traces Foucault's later work on subjectivation, technological ethics and care of self through his earlier and most renowned work on 'power is traced'. In *Discipline and Punish* Foucault mentions "disciplinary technologies" to materialize the concept of disciplinary power. Similarly, Foucault describes the *Technologies of the Self* in his late work which will further materialize the way people live and care for themselves.

In *Discipline and Punish*, Foucault analyses the concept of power in the context of modern state. He traces the concept of power from the middle ages to the twentieth century state and how earlier states used to control its citizens by physical power which has now changed to psychological power (Foucault, 1975). To exemplify this Foucault examines a new type of prison created by British reformer, Jeremy Bentham. This prison was kind of circular in shape with walls erected around it and a watchtower at the middle of the circular prison (called 'Panopticon'). This gave the impression to the inmates of the circular cell that they were being watched from the tower and would act appropriately, thus removing the needs for many guards or any prison guard. This form of governance comprises Foucault's theory of modern power and a key feature to control and govern people. Further, this can be related to the modern-day example of CCTV cameras. The presence of surveillance in the form of CCTV helps to identify those who break laws, by tracing their activity but it acts in another way— as a deterrent. Example of this is that a person might litter on the ground though he or she knows that it's false, but if a CCTV is installed in the area he/she would avoid doing so. Similarly, a person driving a car is less likely to break the law by speeding if there is a CCTV camera installed at a traffic light. The mere presence of the CCTV makes a person avoid from committing a mistake. These surveillance techniques ease the work of the modern state in governing people but Foucault believes that these techniques had negative effects. He believed that people under the fear of surveillance were being restrained of their individuality and ended up thinking, acting and being the same for fear of being caught up. Foucault called this 'dynamic normalisation'. Foucault called this normalization as undemocratic, which tends to end free will and free thinking, producing a society of robots. Foucault thought that over a period of time individuals would stop thinking for themselves and this will quell the originality of ideas.

In Foucault's analysis of panopticon and modern-day surveillance, he realizes that individuals were living under constant fear of being watched which affected their psyche (in the form of effecting their individuality) and therefore produced 'normalised' individuals who were not capable of free thinking. This concept of Foucault may find some resonance in his

earlier publication *Madness and Civilization*. Foucault (1961) observed that in between middle ages and Renaissance so called madmen (unreasonable) roamed freely as knowledge givers and prophets but in the 17th century they were segregated from the rest of the society and the 19th century brought the concept of mental illness with the emergence of the organized medical system. Foucault in 'order of things' says that a human is a subject that can access the knowledge of an object. Human doubles as subject and object. Now the subject is the dominant medical apparatus which defines mental illness and the object has no subjectivity or loses its subjectivity (human).

This medical apparatus seeks to change something in the interiority of men and make them normal. Now, it is assumed that this normality will make them happy or productive in the established dominant framework. But we do not realise that this established framework might have the impetus to cause deep seated unhappiness (depression) by social, cultural and political ways.

Medical intervention on interiority may not cure the person may be because we are not bringing out changes in an individual's relation to the world and the world itself. Here again, our medical system which does the medicalization of all ailments including mental health may produce 'normalised' individuals which may be part of a larger society and viewed as normal but the fact is that they have lost their individuality and become more robotic (like in the production of normalized people through surveillance of state in *Discipline and Punish*). This evolution of a medical system is again a very mechanized process which looks at individuals as a 'pair of organs' and through 'medical gaze', as described by Foucault in his book *Birth of the Clinic* (Foucault, 1963).

### **Care of the Self: Living through Technical Mediation**

Foucault in his later work concentrates on how people should govern and fashion themselves (Foucault, 1984) rather than focusing on the system of 'power' that subjugates people. Foucault's earlier work into the power domain seemed incompatible with 'ethics'. He realized that ethics concerned the art of living. These ethics signified the exercises and practical skills of governing oneself. This practical knowledge was concerned with one's course of action and way of living.

Foucault uses the term subjectivation which is the process of becoming a subject. He has various dimensions for subjectivation when it comes to the association between humans and technology. Foucault realizes how contemporary ethics, can find its rationale in aesthetics of existence, where the subjectivation process could again take the configuration of the care of the self instead of institutionalized disciplinary practices under the command of the law. The determining point here is that behavioural restrictions by technologies should not be seen as a replacement of moral law but as part of the hybrid character of the self that one can problematize and shape. Technical mediations should therefore be understood as part of the ethical stuff and not of the subjection mode. Ethics in this way should not be looked at negatively as something obeying and subjecting to technology but the wish to give your style to a hybrid form of existence via influences of technology.

Foucault emphasized the ‘practices of the self’ in ancient ethics such as diet monitoring, meditation, etc. In modern times, these practises have become separated from ethics. The practice of care of the self has become more and more associated with disciplinary institutions. Concerning technology, examining ethical elaborations involves exploring activities where people get involved in technologies and accommodate mediation effects in their lives. This can be defined as training practices for hybridization.

Formation of subjectivity by technological use involves domestication of technology as mentioned by historians of science and technology. For example, Edward Tenner (2003) has highlighted how the innovation of technologies is accompanied by and depends on the evolution of techniques of use. This shows that subjectivity of an individual depends upon the domestication of technological innovation and integrating it as a part of one’s life, in this way creating a hybridized self and technology becomes an integral part of subjectivation.

Foucault in his later work also mentions ‘telos’. It is a concept used in Christianity where the hope for an afterlife serves as a telos (object or aim) for ethics. Foucault looked at the concept of telos as self-mastery (like control over sexual desires) rather than being a slave to one’s passions. The hidden nuance here is that one has not to be independent of external powers but acquire the mastery and skills to manage with those influences (technological), to conduct oneself. Rabinow (2000), who is an expert on Foucault, says that his later work proposed a renewed aesthetics of existence the telos would be ‘disassembling the self’ or freedom. The point here is not to be totally free from technology or totally under its influence but maintain a kind of equilibrium with the technology to achieve the experience of freedom and agency by actively managing with the effects of technology. The telos is the principle, a guiding vision for the use of technology that mediates human existence, leading it to the genesis of ‘care of the self’

### **Hybrid Self: Creating an alternative model for care**

The notion that care is based upon a correlation of mutual equality rather than that of expert authority is an important aspect of what Foucault found in his exploration of the ‘care of the self’ which we shall examine in greater detail in this section.

Looking at the ‘care of the self’ from the technological point of view, we mean to achieve an equilibrium with technology to experience freedom. Technological mediations would therefore be creating a ‘hybrid self’ which will be free from any subjection and take its care.

We can also analyse ‘care of the self’ from a medical point of view and install conceptions from Foucault’s earlier work. In his earlier work, i.e. *Madness and Civilization* and *The Birth of the Clinic*, he draws the attention of free beings and the production of ‘normalised beings’ who have lost their individuality or ethics. Ethics is the construct which established the relation one has with one’s self. In his mentioned work Foucault highlights that ethics today have been consumed by techniques of normalization, whereby an individual is diagnosed according to a set of pseudo-scientific norms and is thus evaluated as either being normal or deviant. The modern psychoanalytic professions do not define ethics or art of living and it cannot be put

under any such scientific framework. Foucault described life as an active aesthetic practice in which “the subject actively constitutes itself through practices of the self”. Many reflective techniques and meditative exercises were focused around the care of the self but the care of the self was essentially a communal activity requiring support from family and friends. In ancient ethics, also ‘friendship’ has played a very important role in many discourses (Derrida, 1988). But such support and advice were not taken as any scientific authority in the sense that we would understand it today. But it was taken as advice or support from someone equal in stature. This concern was also apparent in Foucault’s response to Kant’s essay *What is Enlightenment?* The point that Kant was trying to emphasize on and Foucault himself acknowledges it, is that individuals seem to be dependent on the voice of external authorities even today as they were in 1784—the time when this essay was written.

Analysing the concept of ‘care of the self’ through a technological point of view and medical point of view we can produce a ‘hybridised self’ who is technically mediated to take care of the self and defy the conception of ‘normalised being’. Such phenomenon of hybridized self can also be applied to mental health care, where through the integration of technology in oneself, an individual avoids subjection by an established mental healthcare system and lives freely with the idea of ethics or aesthetics of the self.

## **Conclusion**

After looking at and assessing various theories which provide us with some kind of interrelation between technology and humans, we can say that there exists a strong relationship between humans and technology. This relation leads to a technical mediation in humans which affects the subjectivity, agency and freedom.

The above Illustrated examples prove this mediation, wherein the case of Sigmund Freud a change in the psyche is produced which is analysed by psychoanalytic measures, McLuhan calls this mediation of technology as an extension of human beings to attain power and speed thus producing a kind of shared and simulated consciousness, Castells gave the concept of ‘Network Society’ which have increasingly shared interpersonal relations and altered social dynamics, Actor Network Theory by Latour provides us with the integration of humans into technical networks in a more egalitarian and non-discriminatory way and then finally we have Foucault’s philosophy on technology which is not there in explicit explanations but by combining his earlier and later works we can theorise it.

Foucault through his analysis of power to ethics helps us to understand the problem of subjectivation, normalisation and production of a ‘hybrid self’. In his later work, he started to understand ethics as the active engagement of individuals who govern and fashion their way of being related to circumstances which condition them. This whole framework of ethics when put with technology opens up a new perspective of technical mediation for one’s benefit and therefore a better ‘care of the self’.

We can extend this idea of Foucault to mental health care via new online technologies, where a person who is labelled as psychiatrically unsound, mentally ill or depressed by modern

medical apparatus can seek technological intervention (new media) in this network society and prevent his normalization and change of subjectivity by an established medical system which is ingrained with power relations and is hierarchical in nature. Digital media technology is more accessible and democratic in nature, where there are online portals or online groups of people with mental health problems, helping each other. Such online groups on social media help break the spatial barriers and create connections among individuals with mental health problems across time and space. Such groups can have some resemblance in Foucault's idea of 'care of the self' and create space for further investigation into non-normalized organizational practices.

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# Health Communication for COVID-19 and Beyond: Exploring Newer Horizons

Abhijit Bora<sup>1</sup>

## ABSTRACT

As the year 2020 began with the COVID-19 crisis, various issues related directly and also indirectly came up in all walks of our life, closely fighting for attention. These include preparedness for facing such an uphill task during this kind of testing times, the vulnerability of the human race itself against the outbreak of diseases, potential future problems to be tackled once the pandemic was controlled out among others. They raised sufficient grounds for severe deliberations by the quarters concerned cutting across geographical as well as political borders. A major one out of these is the need for having a comprehensive, robust and dynamic ‘communication’ plan for effective health information dissemination to the people at every level. This shall serve two important purposes. First– the messages of a healthy lifestyle shall reach out to the people in the right perspective. Secondly– gradually convert the mindset of the masses towards taking such messages seriously for the sake of the very survival of humankind. This study examines the current status of health communication, especially in the Indian context, with the possibility of arriving at a few recommendations for future usage. The study also attempts to identify several critical issues in this regard. These include bottlenecks on the way of achieving success, concern for mental health under such circumstances, identifying potential stakeholders, efforts from academic initiatives in this domain for empowering the people etc. It also looks at the issue of ‘risk communication’ which is a closely-related subject of the overall domain of ‘health communication’.

**Keywords:** Academic initiative, Media, New media, Public health, Stakeholders

## Introduction

The pandemic situation arising out of the coronavirus or COVID-19 has led to significant developments in all the aspects of human life on a universal basis. Amidst a global lockdown environment, this ranges from a potential economic recession to rethinking on all sectors of peoples’ life in general. Here, the primary issue is about brainstorming for a comprehensive and meaningful health-communication strategy to be put in place for tackling similar situations which may arise in future. There are the National Disaster Management Authority and some other such bodies in various fields in the country. So, can there be scope for a total comprehensive health communication management plan also in place? This shall facilitate the fight against a situation like that of the ‘information overload’ affected by ‘misinformation or disinformation or fake news’ to a big extent which came to discussions in the light of this pandemic. This aspect assumes seriousness as the World Health Organization (WHO) in February 2020 has declared

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that ‘fake coronavirus claims were causing an ‘infodemic’. To quote the news item, “The WHO has labelled the spread of fake news on the outbreak an “infodemic” (Thomas, 2020). It may be mentioned here that in January 2020, the WHO declared the emergence of a new coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern to be further graded as a ‘pandemic’.

### **Objectives**

The objectives of this study are to:

1. Examine the subject in a new perspective because of the pandemic situation prevailing across the world
2. Study the status of health communication in India
3. Look at the academic endeavours in this discipline
4. Identify the different stakeholders for the initiative to fight against the pandemic.

### **Research Methodology**

This study is primarily an empirical one based on the author’s experiences supported by information collated from various secondary sources. A major portion of the discussions is also deduced from real-life developments directly and indirectly related to the COVID-19 circumstances. It also takes into account other such epidemic situations which occurred from time-to-time. Perspectives, inferences and various related situations are arrived at considering developments in different forums and platforms for arriving at certain conclusions. The study is developed as an empirical commentary on the issue drawing from examples and development from various relevant sources. All of them having a direct (also indirect at times) connection to the main theme of the discussions–Health Communication in general.

### **Defining health communication**

Before proceeding further, let us have a clear idea about what this term – health communication implies. While it is defined in many forms, the following are a few of the most convenient and comprehensive ones. The National Cancer Institute and the Centers for Disease Control and Prevention (CDC, USA) define it as the study and use of communication strategies to inform and influence individual and community decisions that enhance health. The Society for Health Communication (SHC, USA) defines it as ‘the science and art of using communication to advance the health and well-being of people and populations.’ The society expands the definition terming it as a multidisciplinary area of study which utilizes strategy, theory, creativity supported by evidence of communication for promoting behaviour, practices, policies for the ultimate aim of advancement of peoples’ health and well-being (SHC, 2017).

### **Roadblocks to success**

Following definitions of health communication, we now come to the challenges posed by this development for the authorities and all quarters concerned towards this issue. There are two major aspects here that need to be tackled.

First of all, facilitating ‘proper, adequate, scientific’ information dissemination for the benefit of the target audience in an effective manner. This shall help the people who need them to receive the same transparently and lucidly. It shall lead to empowering them to apply the information to their life for overcoming any difficulty and thereby rendering theirs as well as their immediate kins’ life safer. The problem arises because of not due significance to the aspect of ‘communication’ or rather ‘health communication’ while fighting this kind of emergencies. That communication plays a very important role in this regard has not yet been fully realized by the authorities concerned.

Here, it would be of interest to mention the Stanford Health Communication Initiative of the Stanford University (SHCIS, USA). It had properly recognized the high importance of bringing together all the possible stakeholders of the system. And thereby preparing effective messages for the public. This is not only for epidemic or pandemic purposes. But also for any health issue perspective at all. In its innovative way, it has been ‘optimizing’ the way health-related information is shared between the health care providers and the public and patients. The initiative successfully brings together an array of people involved or rather dedicated to the cause. This along with various related professions like physicians, writers, psychologists, speech coaches, and film-makers brought together. The idea is to discuss threadbare effective and novel means of preparing and also effective dissemination of health-related messages, whether at epidemic times or otherwise.

“Together, we are pioneering effective ways to discuss complex medical issues, build trust and debunk health-related myths and build a trusting and respectful relationship with patients and the public”, informs the society’s website. The same aspect can be expanded to include the potential target audience while communicating about health issues.

Secondly, fighting against the information overload that has led the WHO to declare that false information ‘not at all based on science’ was “spreading faster than the virus”. This was reported by BBC quoting Andrew Pattison, digital business solutions manager for WHO. It is compounded by the myriad information sources available to people nowadays. These days media ranges from traditional and conventional ones to those on the new media platforms including WhatsApp. These numerous sources are mounting an ‘information overload’ into the minds of the very target audience that risk communicators are also trying to reach out to. So, unless the messages from the latter are disseminated unusually, it would be lost in the whirlpool of information and serve no purpose. This problem is further complicated by the presence of leaders of various religious and non-religious cult groups and public figures here and there. They emerge in a considerable number claiming all odd things. Most of these starkly goes against the very spirit of a properly-scientific message aimed at the target audiences.

The challenges on the road towards achieving success in this direction are also acknowledged by a detailed report of the Rockefeller Foundation, USA (October 2015). It declares that the health-communication community had more tools and mechanisms at its disposal than ever before. But at the same time, it was also facing increasingly-complex public-health challenges. These are ushered in by globalization, urbanization, conflict and connective technologies.



Further, despite being connected in unprecedented ways there remained a lack of consistent and coherent communication among the targeted responders, within health systems and across the public domain.

### **Two sides of the coin**

As the discussions here shall put more emphasis upon the issues of overall health communication in general it needs to be mentioned here that there are primarily two aspects of this domain. First of all, it is at micro-level which is the communication between the patients and the medical professionals led by the physicians followed by others including paramedical and clinical support staff. This is a very important area as that relationship of trust between patients and health medical professionals is so significant for success in the medical world. A meaningful relationship built on mutual trust and respect is an integral component of health communication. This must be developed gradually by both sides of the engaging parties.

Then there is the aspect at a macro-level. Here all the quarters concerned or stakeholders involved with the various aspects of the value chain of health services also need to come together. They have to make provisions for addressing the larger population in general for prevention of outbreak of epidemics or pandemics as far as possible. This is nothing less challenging compared to the first one. This is because if we are dealing with individual patients at the micro-level that allows us to have person-to-person contact with them. That is always an ideal situation for influencing and impacting a person from any count. But the same can not be said of the issue at the macro level, as we are responsible for dealing with a huge crowd without the benefit of a personal touch. Here we have to depend mainly on a series of ‘mediated communication’ systems.

However, as there is no alternative to the latter, the question arises is how to make the most of the situation and turn it to our advantage by various ways and means.

### **Communication channels**

At this stage, the important question that arises is how and what channels are to be utilized for facilitating this particular kind of communication for preventing future health risks for the population at large. Mass media have to take a lead in this regard – a role it has been playing diligently ever since it was approached for this purpose. A comprehensive CDC study during 2014–17 demonstrates that sustained media campaigns were recommended for population approaches. This was done for modifying diet, physical activity and tobacco use behaviours. Also, that mass communication using various channels has helped increase public awareness, knowledge, attitudes and behaviours on a multitude of health topics (Kreslake *et al.*, 2019).

The study found that capacity-building, as well as enlisting services of mass communication and media for publicizing and making the potential target audience aware of various issues, were always highly gainful.

## Health communication in India

It may be mentioned here that following the World War II, health was pushed forward to be included amongst the most important development indicators. In this regard, the UNO's Universal Declaration of Human Rights, 1948 (Article 25) may be referred to. It has emphasized health as public and also a merit good at the same time. So, it required public health, sanitation and eradication of communicable diseases to be managed on a collective basis as to items of collective consumption. Besides, health care being so basic to the well-being and productivity of society, access to it needs to be universal. The article makes a strong point for health care to be handled as a special responsibility of the state, not to be left to market dynamics at all.

Goswami informs us that in this field, our country was a pioneer in the world to announce an official Family Planning Programme. This was because the negative implications of a fast-growing population were already being visualized by the planners. Thus it was the first issue addressed by the media experts in India's health-communication initiatives. In the interim plan period of 1966–69, the Mass Education and Media Unit were formed in the Family Planning department of the Government of India (GoI). This was followed by the launch of the first-ever campaign for the creation of awareness about family planning. It also led to the introduction of media units of the Ministry of Information and Broadcasting (MIB), GoI for effectively launching various campaigns.

Over the decades the realization that media and communication are integral parts of the system of facilitating better health for the people dawned on the people. So, efforts are being adopted to push it further. That is why nowadays it is seen that all special-purpose bodies for fighting various communicable and non-communicable diseases make it a point to actively engage media experts full-time right from the district levels. This even includes the National Health Mission (erstwhile National Rural Health Mission). This is done for facilitating necessary information dissemination for the targeted audience and this is encouraging development. Also, rather than depending on external media service providers for communicating essential points, now there is an in-house system and expertise at hand in place for the purpose.

### Why is it important?

In this regard, an article from *The Hindu* (Mehra, 2013) is an eloquent explanation. The writer speaks about the 'widely-prevalent yet the deeply flawed belief that the poor and vulnerable do not care about their health and well-being'. But the writer argues that these two sections of the population are in reality "deeply invested in their health." And that they also absorb and value health information that is relevant to them. This, however, was contingent on how effectively this information is communicated to them. Small experiments across the world reveal that the vulnerable populations absorb health information well if it is relevant, localized, integrates well with current cultural and social situations and is entertaining (Mehra, 2013).

Over the decades and years, communication has established itself as the 'fourth basic human need' following food, shelter and clothes, Thus, the WHO along with all other stakeholders concerned has been emphasizing top priority in this direction. That communication being at

the heart of the people, health communication is much more important in public health (Rimal & Lapinski, 2009).

The important point here is that health communication does not survive only on its own. This has to be an exercise in the right earnest by all quarters concerned contributing their bit to the overall ‘good health scenario’ perspective of the population. The Stanford Initiative in this regard can be taken as a role model. It emphasizes as well as implements the theory that experts in their fields come together to formulate adequate strategies. That is, with effective and meaningful messages for promoting health directives in a ‘language that the commoners can understand’. It can not be simply medical research articles or research published in scholarly journals.

A statement of SHC scores an important point here. It says that as health communication professionals, it’s their responsibility to step up in times of need to provide clear, accurate, and actionable information. Thus SHC has been connecting members across different related professions. This includes—public health, healthcare, academia, hospital communication, telemedicine—to share resources, exchange best practices, and advance the evidence-base of the field. It goes with the principle that without a strong community, the field of health-communication risks becoming disconnected and diluted. That will result in duplicative work, slower progress and a disparate workforce (SHC). So, the coming together of well-accomplished professionals from different fields over a common platform is so much more significant under the present circumstances than it was earlier. This is one of the most important pre-conditions of attaining adequate success in the field of health communication for all times ahead.

The U.S. Department of Health and Human Services declares that successful health-communication programmes involved more than simply the production of messages and materials. They use research-based strategies to shape the products and determine the channels that deliver them to the right intended audiences. It needs mention here that Healthy People 2010, this Department’s stated health objectives for the nation, contained separate objectives for health communication for the first time (Healthy People, 2010).

### **The serious issue of mental health**

At this stage, it is also highly significant to put proper light on the issue of ‘mental health’ under these trying times. The disease has already caused a lot of stress on people who otherwise would not have had anything to do in this situation. The suicide of a minister of a state government of Germany has brought into limelight the importance of the issue. During this type of situation, it is quite natural for people to develop stress and anxiety thinking about oneself and also their families and others.

Further, there are two more aspects in this regard:

First of all, the people who are diagnosed as contacted COVID-19 (positive) may be stigmatized and be subject to a situation similar to intense ‘social boycott’ by people of society. This adds up to the person’s woes much more in addition to the stress one is already going through.

Secondly, when a member of a person's family may be declared 'COVID-19 positive' the kind of trauma out of that person's shift to the isolation facilities where no one (absolutely no one) except the medical professionals can enter is difficult even to think of. And the situation is hardly helpful knowing well the fact that if the victim dies, even usual last rites can not be performed because of the special circumstances. Hence, prominent and dedicated organizations, agencies, government departments, ministries are stressing quite a lot on the issue of maintaining adequate steps and parameters for prevention of 'mental trauma and stress' under any circumstance.

So, the battle against the virus is far more serious and manifold than it is otherwise. Mental health is expected to take a beating at times of epidemic situations. And that one with COVID-19 seems to be far more difficult than it may be on earlier occasions like this.

The World Health Organization has issued specific guidelines for facing the situation saying that presently the virus has been generating a lot of stress throughout the world. The CDC declares that the outbreak may be stressful for people with fear and anxiety about it can be overwhelming causing strong emotions in adults and children. It says that tackling this situation effectively and patiently shall make the people one cares about stronger which is an important necessity to fight with the disease.

The Ministry of Health and Family Welfare (MOHFW), Government of India is also vocal about this problem. It says that the situation can be difficult because of being bombarded with news and information about the dreaded disease from all sources of media. This, along with human beings causing them to face the 'most common emotion – Fear'. The ministry has issued several guidelines for dealing with the situation for an improvement in the circumstances.

### **Popular media and health communication**

At present, the deep impact of mass, as well as social media on the people, have been established beyond any doubt across the world. Now, there would be positive and negative aspects of each activity or phenomenon everywhere. But we should always go by the positive ones with constant efforts for minimizing the negative impacts under any circumstance.

It has been observed that in our country during the last quite a few years, in addition to news media, popular entertainment media like films are rendering a praiseworthy service in this field. If we look at these films like *Munnabhai MBBS*, *Black*, *Three Idiots*, *Paa*, *Tarey Zameen Par* and of recent times–*Toilet–Ek Prem Katha*, *Padman*–are worth mentioning.

It is also important to state here that *Munnabhai MBBS* has been an unusual one in this lot. This special aspect has brought the film an encouraging mention in the highly-reputed British Medical Journal. That is its experiment with an unusual treatment of the medical and health care scenario in the country (Pai, 2004). The reviewer stated that the film 'used correct medical terminology and real locations compared to the most unrealistic show of the profession in the majority of the movies. So, it was destined to stand out.' This speaks volumes for the film's huge success in connecting with the masses. This is something that is at the core of the efforts

of health communication. It is to facilitate percolating down of the intended messages to the targeted audience in an effective manner.

The fact that these few films were able to connect with the masses and make the point felt in an impactful manner is a welcome development.

### **Identifying the Stakeholders in the Process**

It has been observed that the entire activity of health communication requires adequate attention and care from a variety of professionals to be drawn from different fields of expertise. These include—health and medical experts including practitioners, paramedical and support staff, scientists, media experts including newsmen, filmmakers, advertising and public relations professionals, social marketing experts, government officials in various ministries, departments, educational institutions engaged in research in any area of this field, the community represented by leaders, prominent personalities in society etc. Only a coordinated effort of all these people will be able to deliver the goods in the final analysis. Also, representatives from the Indian Council of Medical Research, Medical Council of India, Ministry of Health and Family Welfare, National Institute of Immunology etc. bodies should be co-opted for this purpose. Further, this is not a static activity and has to be updated now and then whenever newer challenges in the form of emerging situations do come up on the horizon. It is also needless to say that each epidemic or pandemic possesses unique characteristics which need to be handled in their unusual ways. This platform established for the purpose has to be sensitive to these developments if it is expected to be a fruitful venture in the years to come.

### **Academic initiatives in health communication**

At this point, it also brings into focus academic programmes in this discipline. In India, there have been very few initiatives till date. A prominent one to be mentioned is the full-time four-semester two-year M.Sc. programme in Nutrition and Health Communication conducted by the SNDT Women's University, Mumbai. Eligibility for admission is 'graduation in any discipline' which is a good effort as it allows entry to anyone interested in it. The only concern is that being a Women's University entry is restricted to female candidates only. The university website states that the programme aims to train young women in the field of media with a special focus on reporting and writing in the area of nutrition and health. This is necessitated by the ever-growing demands for health information by the people. The programme is creating a space for specialized communicators with a thorough understanding of health and nutrition issues. After completion of the programme, these future health communicators would be at a much better advantage than their counterparts in the general discipline of media or journalism. So because these people would be far more proficient in their chosen and dedicated field.

### **Recommendations**

Continuing the deliberations from above, the following recommendations are arrived at:

1. Health communication needs to be accorded adequate priority like the way it is given to the National Disaster Management Authority.

2. This shall ensure keeping in place a concrete plan and infrastructure for advancing the cause of disseminating all potential information related to health issues to the masses in general. More so at times of emergencies like epidemics, pandemics, floods etc.
3. A proper platform comprising people with at least some stakes in this direction drawn from various professional fields be set up. It will help in preparing concrete plans for dealing with emergencies. This agency shall be of importance even in the case of non-emergency situations when people can be prepared for special health crisis challenges including the current one.
4. Regular and more efforts must be taken up for exploring the possibility of utilizing all kinds of media for driving the messages effectively to the masses over some time. This should range right from conventional mass media to social media. It is also a highly-engaging task as all the media would not fit properly in all cases of emergencies. This evaluation has to be carried out instantly and necessary solutions developed to mitigate the problem at hand.
5. Popular media participation should be encouraged for making modules of information on health communication for the benefit of the target population. This is a good and effective way of making people aware of things in the 'edutainment' manner.

## **Conclusion**

It can be concluded here that health communication is yet to attain the status of a priority as it deserves and also due to it in our country. This is all the more reason to take every necessary step immediately for paving the way for a full-fledged preparedness in this field. This shall help us in facing future emergencies like epidemics and pandemics. A result-oriented, professional and dynamic plan has to be kept in place for delivering the information and messages prepared by experts to the masses. And not only delivery, a close watch must also be kept for examining whether the messages are being effective or not. Also that they are being able to convert the people to those of 'empowered' ones. This would make them actively take messages into their stride and apply the same to their lifestyle for a positive change. This is not a task that can be achieved overnight. But a start has to be affected somewhere. And what can be a better time for doing so in the present situation when we are confronting the huge challenge of the COVID-19 debacle.

This unique situation is also a learning point for all of us from the point of view of health communication. So because it has exposed the chinks in the armour of fighting the disease from the communication and information dissemination aspect at least. Observing and identifying the weak points and other related inputs from the current situation would be a positive step in our endeavour towards facilitating the development of a proper health-communication initiative. That too, with a futuristic and dynamic outlook. There is no use repeating that this is an urgent call of the times. The society would be in a much better position tomorrow if it acted on this issue today and be ready for any unseen circumstances for the near as well as distant future. COVID-19 has at least helped us the society in getting started for thinking seriously in this direction.

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## An Exploratory Study on Health Journalism in Odisha, India: Status and Challenges

Jyoti Prakash Mohapatra<sup>1</sup> and Sanjay Kumar Sahoo<sup>2</sup>

### ABSTRACT

This study explores the current status of health journalism in Odisha, India. It aims to understand how media engages with issues related to health. Along with assessing the current status of health journalism in the state it also explores the various prospects in this field. A mixed-method approach was used to address the key questions and objectives to come up with an encompassing overview of the health journalism scenario in the state. The study offers clarity about how health problems are handled and who with what background and expertise are the professionals covering health issues. Considering the COVID-19 pandemic, how media platforms have responded to the health crisis is also discussed.

**Keywords:** Health journalism, Media, COVID-19, Journalist, Odisha

### Introduction

Health is an important factor in the development of any nation. It has a strong correlation with the economic progress of a country. Nobel Laureate Amartya Sen (2013) argues that the health, like education, is an important factor of the economic growth. He says “you need an educated, healthy workforce to help sustain economic development”.

Media, on the other hand, plays a significant role in the public health by disseminating information and building awareness about health. Therefore USAID (2006) writes, “The media is an important ally in any public health situation. It serves the role of being a source of correct information as well as an advocate for correct health behaviours”. By facilitating communication, media contributes to advancing public health goals by bridging the gap between the general public and other players of the healthcare ecosystem. The huge reach of the mass media makes it more attractive for health communication.

Reporting health in mass media holds particular importance because of the growing influence of media in our day-to-day lives. Information disseminated by mass media many times influences people to adopt better health behaviour and practices as well as the adoption of preventive and curative measures. Such information does also have effects on various other actors in the healthcare ecosystem, including the government and medical service providers.

However, reporting health is not an easy task. It involves gathering, assimilating and presenting complex and sometimes highly technical information in a simple language and lucid

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manner. Journalists have a lot of responsibilities and challenges in reporting health news. Any flaw in reporting health news can impact lives. As Vox (2002) puts, “Inadequate, misleading, or incomplete news reporting constitutes a public health threat. Such reporting can lead people to make misguided choices that may put their health at risk or influence policy-makers to adopt inadequate or harmful laws, regulations, or policies” (p. 1158). Health journalism is more in demand and got more prominence because of COVID-19 global pandemic.

At this backdrop, this study attempts to explore the key issues and challenges faced by the health journalists as well as in the health journalism in Odisha’s media, which are mostly in local languages and provide last-mile connectivity to the common man.

### **Health scenario in Odisha**

Odisha has been grouped among the empowered action group (EAG) states which have poor socio-demographic indicators. According to SDG India Index and Dashboard 2019–20 by NITI Aayog (2019), Odisha is one of the poorest states in India has about 32.59 per cent of the population, who are living below the national poverty line. The SDG Index Score of Odisha has been 58, which is behind 14 Indian States.

The Composite Index score of Odisha, as per the report on Health Index by the NITI Aayog (2019), is 35.97, which is behind 18 other states. The State has been categorized under the aspirant group of states because of its low health-index score. As per the report, the Neonatal Mortality Rate in Odisha is 32 per 1,000 live births, the highest among larger states in India and under-five mortality rate is 50. The proportion of Low Birth Weight among newborn in Odisha is 18.2 per cent, again the largest in the country. Full immunization coverage among infants between the ages of 9 and 11 months is 59.8 per cent, the lowest in the country. Not only the health parameters, but the report also finds several weaknesses in the health system in the state. The percentage of vacant positions of medical officers in Primary Health Centre (PHCs) is 31.9 per cent. The State has also reported a 27.4 per cent vacancy of specialists at district hospitals. First Referral Units (FRUs) provide specialized services close to the community and in Odisha, the proportion of facilities functional as FRUs is 69.1 per cent. The proportion of functional 24x7 PHCs is only 26.4 per cent, behind 13 other larger states of India (NITI Aayog, 2019).

The appalling state of Odisha’s health system is reflected in the Dana Majhi episode in the State in 2016. The tribal man, a resident of Kalahandi district, carried the corpse of his wife on his shoulders and walked around 10 km after being denied a hearse by the district authorities (Sahu, 2016).

Odisha has a robust media industry having reach across the State. According to the Registrar of Newspapers for India (RNI), there are 1,178 registered publications titles in Odisha and out of them, 179 are dailies. As per the Q4 2019 Indian Readership Survey Report (2020), the combined readership of top five Odia dailies is more than 19 million. Similarly, there are nine 24x7 television news channels in Odia languages and more than 100 digital news outlets. With over 150 years of history, media in Odisha has played a significant role in freedom fight, social reforms, and unification of Odia-speaking areas and political awakening.

## Health journalism for better health : A conceptual framework

Social Responsibility Theory of media emphasizes on press freedom and at the same time on the obligation of mass media to serve the public interest and is responsible for its performance of duties. While advocating for freedom of the news media, the theory places responsibility on the practitioners of media to adhere to social standards. Out of the five main propositions of Social Responsibility Theory, according to McQuail (2010), two propositions are “The media have obligations to society, and media ownership is a public trust” and “News media should be truthful, accurate, fair, objective and relevant”.

As summarized by McQuail (1987) the basic functions of the theory, cited by Sharma (2018), are to (i) serve the political system by making information, discussion and consideration of public affairs generally accessible; (ii) inform the public to enable it to take self-determined action; (iii) protect the rights of the individual by acting as a watchdog over the government; (iv) serve the economic system; for instance by bringing together buyers and sellers through the medium of advertising; (v) provide “good” entertainment, whatever “good” may mean in the culture at any point in time; and (vi) to preserve financial autonomy in order not to become dependent on special interests and influences (p. 82).

Coverage of health news can be argued as an important function of media under the Social Responsible Theory. As an important part of the society, it is the responsibility of media to keep the public informed and aware about various health issues and their effects as well as highlights the shortcomings in health-delivery systems and sets debate on various health challenges and policies. However, there are several challenges faced by the journalists while covering health news. Larsson *et al.* (2003) identified rise barriers to improve the informative value of medical journalism: lack of time, space knowledge; competition for space and audience; difficulties with terminology; problems finding and using sources; problems with editors and commercialism (p. 323). Among these nine barriers, the first three obstacles were the most common. Leask *et al.* (2010) find that, the significant barriers to quality-health journalism include “lack of technical training for journalists, the time constraints of news production, and the commercial imperatives that drive story selection and headlines” (p.2).

This study attempts to gather an overview of health journalism in the state as well as to explore the major challenges faced by health journalists in Odisha based on the conceptual background discussed above.

## Review of literature

Health Journalism is a prospective field of research across the globe. Several studies have been conducted in this area. For a better perspective on health journalism a literature review was done based on the five thematic areas; the scope of health journalism, its role and importance, quality of health journalism in India, challenges in health journalism and health journalism in India.

## **The Scope of Health Journalism**

Health Journalism, according to Hinnant (2009), was developed as a part of scientific writings, but it is now considered as a primary source of public health and developments in the medical field. It covers news and information about various areas of the public as well as personal health. In a similar view, Maksimainen (2017) considered health journalism as a part of science journalism. A story can be taken as a health article, according to the author, if “it includes at least one health claim whose validity could be tested by using health sciences methods” and “the topic is at the centre of attention mainly because of its health impact” (p.9). Araújo and Lopes (2016) argued that, health journalism is different from other specialized journalism and has distinct characteristics. It is more didactic and hybrid, as it requires expertise in both journalistic skills as well as knowledge about health and medicines. The authors also insisted for accuracy, balance and completeness in health reporting considering its impact on public health and people. According to Hinnant and Len-Rios (2016), “health journalism includes stories, news and advice about issues of personal and public health that appear across all media platforms” (p.339). Myrick (2014) said that health journalism covers diverse topics which range from “discussions of disease prevention, detection, and treatment to health care policies, the economic impact of health, and a professional athlete’s injury or a celebrity’s cancer” (p. 606).

## **Role and Importance of Health Journalism**

Various scholars agree that the media has an important role in public health. Wallack (2000) argued that media is a significant player in Public Health. It matters in various ways. Media “can be a delivery mechanism for getting the right information to the right people in the right way at the right time to promote personal change” as well as can “be a vehicle for increasing participation in civic and political life and social capital to promote social change” (p. 338). Hinnant (2009) comments that health journalism is consumed by the public, the medical personnel as well as policy makers in various ways. For people, health journalism is an important source to know about the latest development in the areas of personal health and medical research. For medical personnel and policy-makers, health journalism helps to understand public-health issues. Wallington *et al.* (2010) highlighted the role of media in prioritizing health in public and policy agenda. The authors said that, media exposure and coverage of news strongly influences what the public thinks is important, which in turn, it affects the agenda of policy-makers, community leaders and the common citizens. “news coverage of health topics has been shown to influence public agendas and encourage actions at the policy level,” they commented (p. 488). Araújo and Lopes (2016) also share a similar view and argue that, media is a major influencer of people’s perception of disease as well as risks associated with the various disease. Hinnant (2016), in their study, had group journalists into four categories based on their role conceptions which were disseminator, interpretive, adversarial, and facilitative roles in health communication. Several journalists were found to be having more than one of these role conceptions.

## Health journalism in India

Aruchelvan (2006) made a study on the coverage of health and other developmental news and information in select English and Tamil Newspapers. The study revealed that all the six newspapers cover information about health, education and combating diseases, but English Newspapers are tilted towards more coverage of urban infrastructure. “The writing styles included reporting, investigation and research, field visit and coverage, event-based reporting and based on reports by organisations and also by news agencies,” (p. 192).

Duella (2013) opined that though journalists significantly contribute to improving health literacy, journalism training hardly gives focus to public health. The public health training and public health system also do not give adequate importance to journalists as health educators. The author further commented that the present training of journalists in India focuses more on content development skills instead of technical skills required for health reporting. Mahima *et al.* (2020) studies COVID-19 reporting by newspapers in Karnataka and found that news on the global pandemic dominated media in Karnataka. Besides covering the latest development regarding COVID-19 in the region, the newspapers also published supportive information and explanations of various concepts about the disease. The authors conclude that “the vernacular print media in Karnataka has done a commendable job in raising awareness about COVID-19 transmission” (p. 220). Sharma *et al.*, (2020) said that exposure to media significantly shapes the understanding of the public about health and health policies. “Health news informs people about disease and prevention, motivates them to change their behaviours and promotes understanding of health policy as well as public health. Health journalists, thus, act as mediators between public and doctors, scientists and drug companies” (p. 1446). Analysing coverage of health news in media in India the authors suggest that health journalism needs improvement in quality, credibility and relevance. They also suggest various measures to improve health journalism in the country.

The literature study highlights the importance of health journalism for development of overall public health in any region. The study also reveals that media in India though cover health news regularly, the quality of journalism needs to improve further to make it effective. Also from the literature review, it was found that research in the areas of health journalism in India is meagre. On regional areas like Odisha, where several health indicators are below the national averages, there is hardly any research. This present paper attempts to fill the gap in knowledge about health journalism in Odisha.

## Objectives

Review of literature indicates that there is hardly any research on health journalism in Odisha. The present study is exploratory and aims at understanding the practice of health journalism in Odisha. The objectives of the study are:

1. Explore the state of health journalism in Odisha,
2. Understand various factors that affect health journalism in Odisha.

### Research Methodology

The researchers have adopted a mixed method of research, using qualitative and quantitative methods. Qualitative information was gathered through Focus Group Discussion (FGD) and for quantitative data online survey method was used.

### Sampling and Method of Data Collection

For qualitative and quantitative data collection, journalists covering health and related areas in various print, electronic and digital media were approached. To collect qualitative information, three focus group discussions were conducted with five participants in each group. The FGDs were conducted in a neutral setting moderated by the researcher.

As a quantitative method, an online self-administered questionnaire with 30 questions was sent to 80 random potential participants and of the 80 participants, 58 responded to the study which was conducted during the last week of July and the first week of August 2020. The total number of professional journalists in Bhubaneshwar will be around 300. So, 20 per cent of the entire universe is taken as a sample for this study.

### Key Findings

#### Findings from the Survey

A majority (74 per cent) of the respondents belong to Print Media, while 16 per cent of them are from Electronic Media and only 10 per cent are from Digital Media. Similarly, 36 per cent of the respondents are having 0 to 5 years of experience, whereas 28 per cent of them have 5 to 10 years of experience. More than one-fourth (26 per cent) of the respondents has 10 to 15 years of experience and respondents having more than 15 years of experience represent about 10 per cent. Total 64 per cent of the respondents were male and rest were female. The respondents are covering various news beats for their respective media and respondents covering health beat are only 12 per cent.

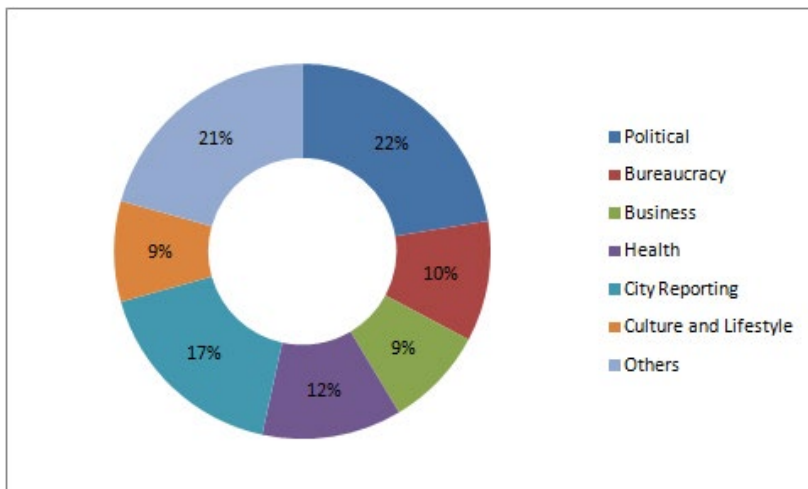
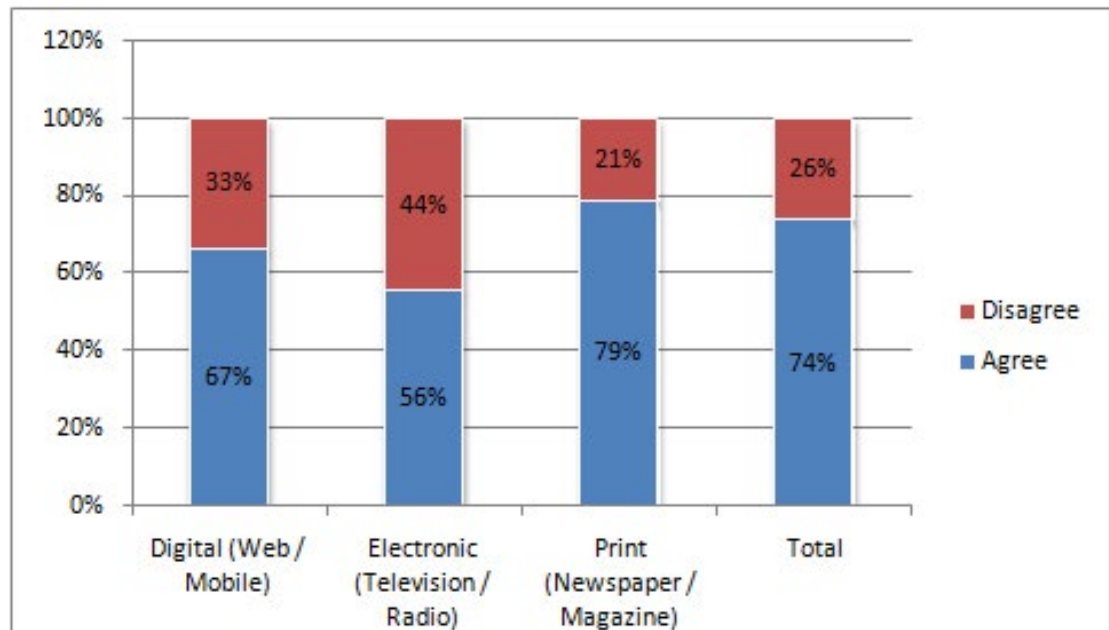


Fig. 1. News beats covered by the respondents

More than half (54 per cent) of the respondents work as reporters and 31 per cent of them are in the sub-editing role. Only 15 per cent of the respondents are in the editor level roles.

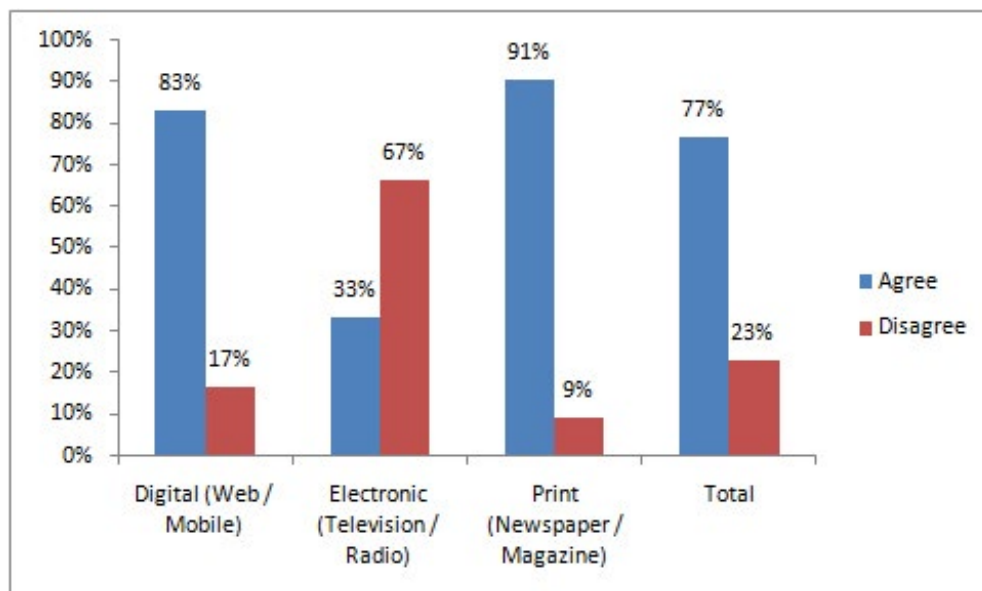
### *Health Reporting in Media*

Figure 2 reveals that health news is covered by most of the media in which the respondents work. As shown in Fig. 2, 74 per cent agreed that their respective media organizations have a separate beat for health reporting with dedicated staff. However, about one-third (33 per cent) of the journalists working in digital media have responded that their media organizations do not have a separate beat for health reporting with dedicated staff. Total 44 per cent of journalists working in electronic media have responded similarly. From the survey, it is found that the print media is better equipped with dedicated staff in a separate beat to cover health news in Odisha with 79 per cent of journalists working in print media have agreed that their respective media has a separate beat for health reporting with dedicated staff.



**Fig. 2.** Separate beats with dedicated staff for covering health news

Total 77 per cent of the respondents said that their respective media makes regularly special supplements/programmes/events on health issues (Fig. 3). Out of them, 67 respondents working in electronic media and nine per cent of the respondents working in print media said that their respective media organizations do not make any health news focused special supplement or programme or events regularly. In the case of respondents working in digital media, only about 17 per cent of them say so.



**Fig. 3.** Special Supplement/programme/events focusing on health news

From the survey, it was also found that health news was considered as an important segment by the media organizations and its senior journalists as depicted in Table 1. About 81 per cent respondents said that their organization/editor/management give emphasis on health news coverage. While a majority (84 per cent) of the respondents working in the print media said that their organization/editor/management give stress on health news coverage, the percentage in case of respondents working in digital and electronic media has been 83 per cent and 67 per cent respectively.

Type of media in which the respondents work	Agree	Disagree
Digital (Web / Mobile)	83%	17%
Electronic (Television / Radio)	67%	33%
Print (Newspaper / Magazine)	84%	16%
<b>Total</b>	<b>81%</b>	<b>9%</b>

**Table 1.** Emphasis on health news coverage by organization/ editor/ management

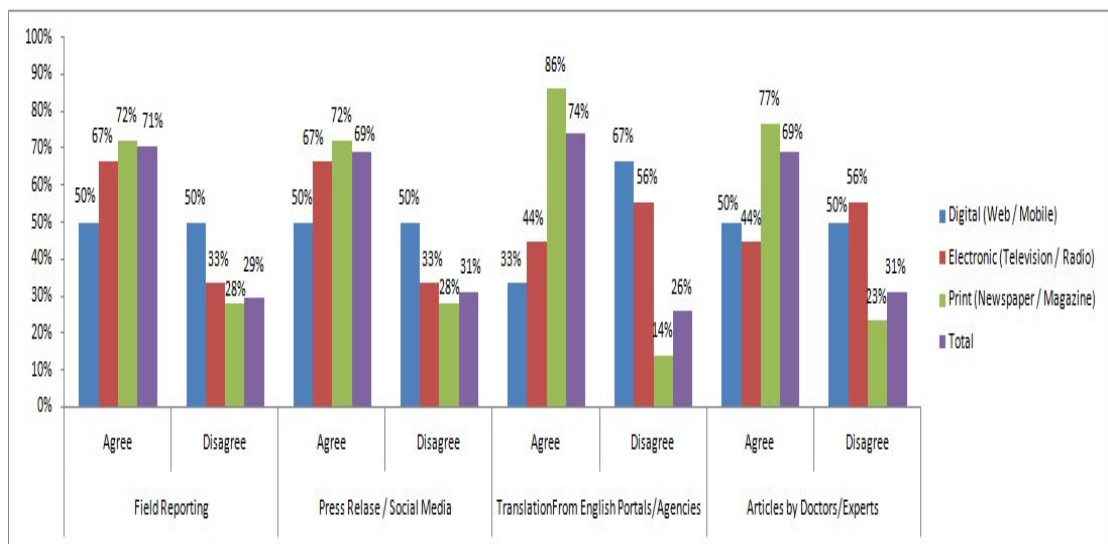
### ***Source of Health News***

It was found (Fig. 4) that though field reporting constitutes a major source of health news coverage by various media in which the respondents work, Press Release/Social Media, English Portals/Agencies as well as articles by Doctors and Experts also constitute a sizeable part of the coverage in health. Of the total respondents, 72 per cent respondents working in Print Media agreed that field reporting constitutes a major part of health news, and 86 per cent of respondents from print media also agreed that translation from English portals and agencies

are the major source for their media organizations. Similarly, 77 per cent agreed that articles by doctors and experts are a major source of health news coverage.

In the case of respondents working in electronic media, only 67 per cent agreed that field reporting and press release/social media are the major source of health news. Only 44 per cent the respondents from electronic media agreed that articles by doctors and experts as well as translated material from English portals and agencies are the major source.

In the case of journalists working in digital media, 50 per cent of the respondents said that articles by doctors/experts are the major source of health news, whereas the same percentage of respondents agreed that field reporting and press release/social media as the major source. The 33 per cent respondents agree that translation from english portals and agencies constitute major coverage on health by their media organisations.



**Fig. 4.** Major source of health news

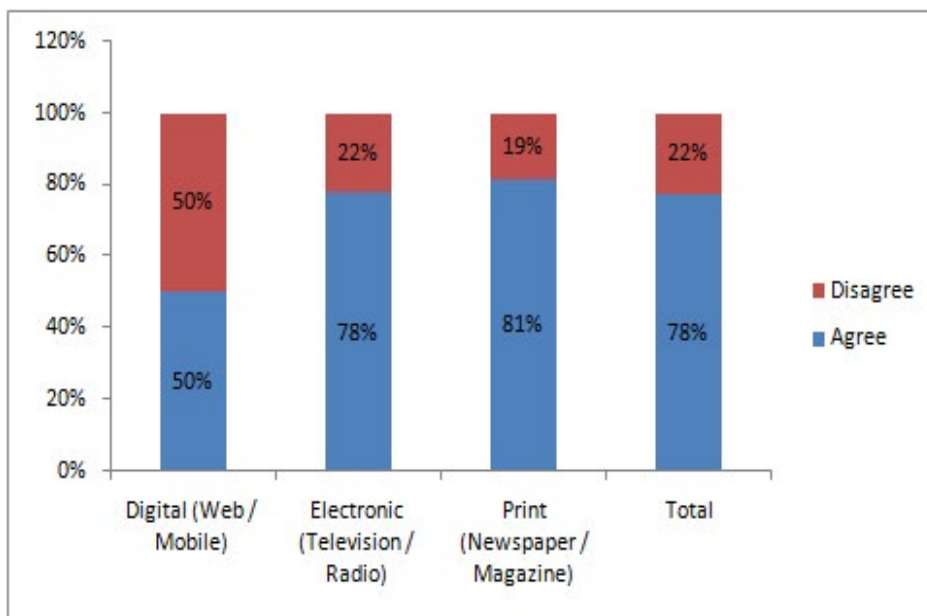
### ***Resource and Skill for Health Journalism***

More than three-fourths (78 per cent) of the journalists who participated in the survey have agreed that their media organizations lack required resources for covering health news in a better way (Fig. 5). An 81 per cent of respondents from the print media having the same view and in the case of electronic and digital media, it is 78 per cent and 50 percentage respectively.

A total of 79 per cent of the respondents feel that journalists working in their organization lack necessary skills to cover health news (Table 2). The percentage of respondents working in print media and having a same opinion is 86 per cent. The same in the case of respondents working in digital and electronic media is 67 per cent each. Similarly, 79 per cent of the respondents agree that there should be more trainings on health reporting should be conducted



for journalists. Such view is the highest in the case of respondents working in the digital media (100 per cent), followed by those working in the print media (79 per cent) and electronic media (67 per cent).



**Fig. 5.** Availability of resources for health news coverage

Types of Media	Journalists (Reporters/Sub-Editors) lack the necessary skills to cover health news in my organization		More training/skill development programmes on health reporting should be conducted to improve health journalism in Odisha	
	<i>Agree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Disagree</i>
Digital (Web / Mobile)	67%	33%	100%	0%
Electronic (Television / Radio)	67%	33%	67%	33%
Print (Newspaper / Magazine)	86%	14%	79%	21%
<b>Total</b>	<b>79%</b>	<b>21%</b>	<b>79%</b>	<b>21%</b>

**Table 2.** Skill and need for training for better health reporting

**Impact of COVID-19 on Health Journalism**

COVID-19 global pandemic has also contributed to drawing the attention of media organizations towards health journalism. An 83 per cent of respondents are of the view that health reporting has been in focus during COVID-19 pandemic (Fig. 6). The percentage is almost the same across various media types such as digital (83 per cent), electronic (78 per cent) and print (84 per cent).

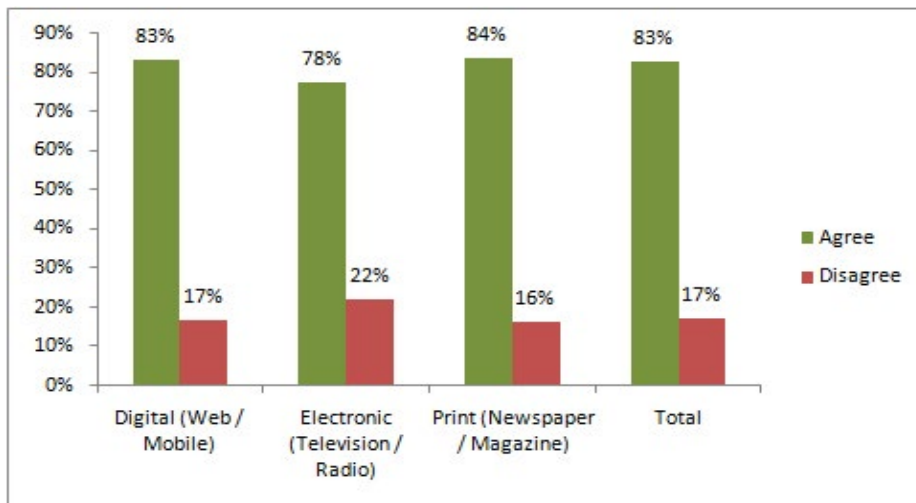


Fig. 6. Impact of COVID-19 on health journalism

### Key Findings from the Focus Group Discussions

Deliberations were made in FGDs on various aspects of health journalism in Odisha. The FGDs were held in Odia for the convenience of the participants. The discussions can be summarized in the following themes.

#### *Importance of Health News in Odisha*

The first theme of the discussion was based on how health news reporting is viewed and covered by media organizations. The participants were asked about how important is health journalism for their respective media organization and media in Odisha as a whole. The summary of the views by the participants are as follows:

Group (G) 2, Participant (P): Health is a regular part of overall news coverage in our media. All the media organizations in Odisha cover health news. We make special pages every week on health topics (*Translated from Odia*).

G3, P1: We also cover health news like any other important sections of the news. Our news editors insist upon covering not only the latest development on public health but also ask us to report views and interviews of experts and doctors on important health topics (*Translated from Odia*).

G1, P3: Health is an important topic for the public. Some people wait for such information. We cannot ignore the need for such content and hence our newspaper every week publishes a page on health and also occasionally brings out special supplements (*Translated from Odia*).

G3, P5: We also bring out our special supplements on health topics, but the focus has been on generating revenue. However, my editor always wants we do not miss important health news. Moreover, now with COVID-19 situation, the importance of health news has increased manifold (*Translated from Odia*).

G1, P4: Health news, no doubt, has been an important part of the coverage by media in Odisha. There are also few health-specific publications in Odisha having own readership. The health tips section is important in most of the Odia news magazines. However, still, it is considered as a soft beat (*Translated from Odia*).

G2, P5: Though most of the media in Odisha cover health news and some media organizations do have dedicated reporters or desk people for such content, health reporting in Odisha is still not a fully recognized beat (*Translated from Odia*).

From the discussion, it is evident that the health journalism is an integral part of journalism in Odisha. The media organizations consider the health news as important content to cover. However, health journalism has not been established as an important specialization as yet. The things are improving, and the participants were hopeful that with the increasing demand for the health information, media in Odisha would give due importance to health news coverage.

### ***Nature and Source of Health News***

The participants of the FGDs were asked about the nature of content as well as the source of health news covered by their media organizations, in particular, and media in Odisha in general.

G2, P3: We cover essential health information like, significant research findings, preventive measures for diseases, important or new treatment by hospitals in the state, new diseases, which are of public importance. Changes in important policies on health, new announcements by the government, and problems in public-health facilities are also covered by Odisha media (*Translated from Odia*).

G3, P4: If we say the type of health news in Odisha media, it is like any other specialized beats. It includes interviews, feature stories, as well as reporting. There are very few analytical stories on health as there are very few journalists in Odisha who have expertise in analyzing health issues (*Translated from Odia*).

G1, P5: In COVID-19 like situation, we cover health information everyday as it is a pandemic situation across the globe. Nevertheless, in normal time health news is more feature-oriented, having no hard deadline (*Translated from Odia*).

G3, P3: The source of health news varies according to the nature of the news. For example, if it is a feature story or about preventive measures for a disease internet is the primary source. Similarly, for stories on new research or new disease like COVID-19, we rely on press releases by credible organizations or news agencies. News on defects in the public-health system is reported by district reporters or city reporters. Government policy and announcements are covered by the reporters who cover government or bureaucracy (*Translated from Odia*).

G2, P1: Articles by doctors and health experts also constitute a major part of health news in Odisha newspapers. Private hospitals also regularly share information about their facilities and new treatment methods through press releases. We try to cover the same in the interest of the public (*Translated from Odia*).

G1, P2: We cannot restrict health reporting to a particular beat. We have to involve various other beat reporters such as city reporters, district reporters, government beat reporters, business reporters etc. to comprehensively cover health news (*Translated from Odia*).

The discussion point out that the health journalism in Odisha covers a wide range of the health topics and also in different formats. However, the media depends mostly on secondary sources for most of its health news content. Field reporting is restricted mostly to reporting the short comings in the public health system, but for the other types of the news press release, article/write-up by others, internet etc. are the major source. Also, people from various beats are involved in health journalism in the state.

### ***Challenges in Health News Coverage***

The participants were asked about what are the major issues faced by the health journalist in the state and how the situation can be improved.

G3, P1: The major challenge is the unavailability of adequate human resources, especially in the smaller media organizations. Most of the news websites and smaller newspapers are run by small media entities. They are not financially sound enough to have the dedicated teams to cover the health news (*Translated from Odia*).

G1, P1: Most of the media organizations, small or big, allocate junior or entry-level journalists to report health news. This affects the overall quality of health journalism in the state (*Translated from Odia*).

G3, P4: There is also a perception problem. As health reporting is considered as a soft beat, few senior-level journalists want to get into this. If organizations elevate the position of health reporters, it can also get the due importance by the journalists (*Translated from Odia*).

G2, P5: Another more significant challenge in health news coverage is lack of access to information as well as expertise of the journalists to interpret and process the information. Therefore, the health reporters have to depend upon the doctors or the health experts for information and clarity. To be on the safer side, they prefer to use the press releases and the articles/write-ups by the doctors for filling the space of health news section in their media (*Translated from Odia*).

G1, P4: Most of the journalism training in Odisha focuses on basic journalistic skills. Very few journalism schools focus on the specialization, such as health journalism. As health journalism involves the technical knowledge, it is difficult for the regular journalists to cover this specialized field effectively (*Translated from Odia*).

G2, P1: There are very few scopes for journalists to get themselves trained in the health reporting. To improve health journalism in the state, regular training of the short term duration need to be organized, so that they can be updated about the latest trends, issues as well as technical knowledge (*Translated from Odia*).

From the discussion, it was found that health journalism is facing three major challenges: lack of resource, lack of skill and lack of access to adequate information. Addressing the first two can help in overcoming the third challenge. These challenges make health reporting stereotyped

to improve the quality of the health journalism in Odisha, the most important need to organize adequate and regular training programmes for the journalists. Though media organizations in Odisha give importance to the health journalism, they also need to give importance to the health journalists.

### ***Impact of COVID-19***

COVID-19 has affected media landscape in various ways. The participants were asked about how this global pandemic has influenced health journalism in Odisha.

G2, P2: With the outbreak of COVID-19, there is a massive demand for the health information. This has brought the health journalism to focus again.

G1, P3: With a huge demand for the health information, people from various other beats are now working on health news in various media organizations.

G2, P4: COVID-19 has, no doubt, increased the importance of the health news. However, the challenges remain the same. Media in Odisha have to depend on press releases, internet, expert views /articles for most of its content.

G3, P2: Post COVID-19 outbreak, the media organizations have realized the significance of health news, and we are hopeful that the health journalism will get more attention and resources in the coming days.

G1, P5: COVID-19 since its outbreak has been dominating media across the world. It has renewed focus on the health journalism in various media. We are hopeful that Odisha media will also realize the same, and health journalism will be recognized as an important specialization.

The discussion reveals that the health journalism has got more importance after the COVID-19 pandemic. The participants were hopeful that the health journalism with the increased importance would get more support from the media organizations and ultimately would improve in the state.

### **Discussion**

From the survey as well as from the focus group discussions, it can be concluded that health news coverage is an important section across media organizations in Odisha. However, health journalism in the state as a specialized reporting is still in a developing stage. Some of the critical issues which need immediate attention are:

1. Stereotyped health news coverage,
2. Unavailability of the adequate resource for better coverage of the health news,
3. Consideration of health as an essential and significant beat by the media organizations as well as the journalists,
4. Capacity building of the journalists covering the health news
5. Though information from secondary sources is important, primary reporting on health issues specific to Odisha is also required,

6. The skill of the health reporters in assessing/analyzing the press releases and secondary sources for their reporting.

### **Recommendations**

1. Big media organizations should lead the effort to improve the quality of health journalism by creating a separate beat with the dedicated staff under the supervision of senior journalists.
2. Newspapers can create a dedicated 'health news desk' which will have the final say on all kind of health news.
3. The training programmes should be organized for the health reporters to equip them with the necessary skill to report health news effectively as well as to evaluate secondary sources.
4. Health organizations can create a consulting group which should be readily available/accessible to the health journalists in case of any query or doubt.
5. Media organizations should give priority to the health news and the health journalists to eliminate the soft beat impression associated with this.
6. Editors and journalists covering the health news should also be updated about the ethical issues associated with the health journalism.
7. More analytical and in-depth stories on the health issues of Odisha need to be encouraged by media organizations.

### **Conclusion**

Besides being a watchdog of a democratic society, media has a vital role in facilitating the circulation of ideas and information as well as providing opportunities for public debates. Regional media has bigger responsibilities in doing so, as they are considered to be the more closure to the people from the locality and are available in the local languages. On the other hand, public health has been and always will be an important issue in the socio-economic development of people across the globe. Considering, the increasing role of media in the society, coverage of health news by Odisha press would have a significant impact on the public health issues of the state.

Regional press in Odisha needs to recognize its importance in the public health issues of the state and improve the overall quality of the health journalism in order to contribute to the overall development of people of the state.

### **Limitations and Scope for Further Research**

The present study is exploratory and give up an important knowledge about the state of health journalism in Odisha. However, the limitations of the study are:

1. The study considers the opinion of the working journalists, opinion of media organizations is not captured.
2. The study does not capture the quality of the health news; its type and space are given to it in detail.

3. There are possibilities of interviewer's effect in the FGDs (Focus group discussions).
4. There are also possibilities of guinea pig effect FGDs (Focus group discussions).

The study can contribute for further research in health journalism in Odisha. Further research in this area can be done on:

1. The difference in the health-news coverage between English and Odia newspapers of Odisha.
2. Issues and challenges faced by the media organizations in covering the health news.
3. Perception of other stakeholders (healthcare-service providers, public, government etc.) on health news coverage in the Odisha media.
4. Detailed analysis of quality of health news covered by the Odisha press.
5. Assessment of skill gap among journalists covering the health news.

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## Effectiveness of Posters as a Medium of Communication: A Study among the Lower-middle Class

Ravia Gupta<sup>1</sup> and Kushal Kumar<sup>2</sup>

### ABSTRACT

With an assumption that the government uses outdoor publicity material to create health awareness, this study aims to bring out if posters continue to be an effective medium of mass media campaigns, especially among people from the lower-middle class. Studies have been conducted in the past to ascertain effectiveness of posters though a traditional medium as a useful tool to create health awareness, especially among youth. This study, examines effectiveness of posters as a medium of health communication in general in creating awareness, selective perceptions, retention and actions taken especially by the people from the lower-middle class. The sample size for this study was 103. Majority of the respondents, 72 per cent males, were in the age group 25–34. Purposive sampling technique was used to collect responses. Analysis of Variance (ANOVA) was used to infer the results of this quantitative study. The findings of this study could help policy-makers better understand the perception regarding posters among people from the lower-middle class. Future studies could increase the sample and categorical variables to perform statistical analysis.

**Keywords:** Outdoor publicity, Posters, Health communication, Selectivity, Perception, Health awareness

### Introduction

According to the Bureau of Outreach and Communication under the Ministry of Information and Broadcasting (2019), the central government spent ₹670 crore on outdoor publicity in the last five years. Publicity media include Press, Cinema, Radio, Television, Exhibitions and Demonstrations, Mass mails and Outdoor Media. Outdoor Media is one of the oldest forms of publicity media which includes neon signs, bus panels, hoardings and posters. The word outdoor implies that they are out of doors mostly in open spaces. Posters are the oldest outdoor media existing since Roman times. Literature indicates that outdoor publicity creates a visual sensation among people who come in contact with the publicity material and evokes involuntary attention of the passer-by for a few seconds. Emphasis is more on the visual appeal to attract eye-balls (Peszko, 2016).

One of the primary objectives of this study was to assess the impact of posters as a medium of communication for various development themes. Other important objectives were to find

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out the level of exposure and awareness created by posters among people of the lower-middle class, study the perceptions of people towards posters as a medium of effective communication and study retention of key messages in health posters by people. Keeping this in view, the survey questionnaire was prepared and distributed among people of the lower-middle class in the age groups of 25 to 55 and above which were selected for this study from Jammu city of Jammu and Kashmir State .

The total number of respondents was 103, out of which 28 were women and 75 were male respondents constituting 72.8 per cent. Majority of respondents (37.9 per cent) were in the age group of 25–34. The analysis of data indicated that 26.2 per cent somewhat noticed posters on display and around (40.8 per cent) somewhat read the posters. Around similar percentage of respondents 40.8 understood the message conveyed through the posters a lot. However, 44.7 per cent found the posters somewhat well-designed and attractive and 34 per cent found themselves somewhat motivated to take action or learn more about their health after seeing the posters.

### **Problem statement**

According to the World Bank India's total health expenditure, including both government spend and from people's pocket was mere 3.53% of the GDP in 2017. As per the World Bank's classification of countries by income levels, India continues to be a lower-middle income (\$1,036–\$4,045) country for the fiscal year 2020. India's healthcare system reported being among the worst in the world. As per the Annual Report of the Central Bureau of Health Intelligence, India's public health expenditure as a per cent age of GDP is even lower than that of our neighbouring countries, such as Sri Lanka, Bhutan and Nepal. This also reflects a lack of initiatives being taken by both government and private players to create health awareness among people more specifically it's the lower-middle class which gets affected the most. Resorting to public health awareness campaigns is essential. Posters, though a traditional medium of communication, can be a useful tool in raising health consciousness and spreading health awareness among people (Gobind and Ukpere, 2014).

### **Objectives**

The objectives of study are to:

1. Find out the level of exposure and awareness created by posters among people of the lower middle class.
2. Study the perceptions of people towards posters as a medium of effective communication.
3. Examine understanding and retention of key messages in health posters by people.

### **Significance of the study**

The results of this study could help policy-makers better understand the perception regarding posters among people from the lower-middle class and reconsider the use of posters

as an effective means of raising health consciousness and spreading health awareness among people. Studies by Gobind and Ukpere, (2014) and Saldana, (2017) proved that posters are an affordable and accessible form of communication. The creative manner in which posters convey the messages allows consistent recall and action. Use of posters could be vital for a society that is overloaded with several health issues.

### **Theoretical framework**

Communication scholars across the world have emphasized on selective perception as a tendency of people to interpret messages as per their existing attitudes. People have distinct psychological characters and this distinction further creates differences in the manner the same media content or information is selectively perceived and interpreted. Other factors also contribute to this psychological difference such as age, values, family, opinions. Selective perception is also influenced by social relationships. Selectivity, including selective attention, perception, retention and exposure are thus the theoretical basis for this study.

The concept of selective exposure dates back to the 1940 US Presidential Campaign. Lazarsfeld *et al.* (1948) observed that supporters responded more often to agreeable messages and this observation later came to be known as selective exposure by Festinger (1957) in cognitive dissonance theory. Festinger (1957) theorized that cognitive dissonance could be reduced by selecting like-minded information (Stroud, 2017).

In their attempt to find if selective exposure affected an individual's decision at an early level concerning eye movement, Marquart *et al.* (2016) conclude that individual's evaluation of political party came from selective exposure in terms of time spent on political ads by tracking the level of eye movements. They found that people spend more time on political advertisements that were in line with their political views.

Outdoor media usually carries a brief message which is easy to understand, has a compelling story to tell and reminds for an action (Rege, 1963). Print media conveys information quickly, reaches many people and encourages action. Some of the advantages of using printed materials are easy-to-use their, portability, low cost and power of colour and graphics to depict concepts (Hossain, 2003).

In a Web Poster Exhibition of 25 years of AIDS posters (1985-2010), Elizabeth Resnick (2010) stated, "Posters played an important role in promoting AIDS awareness and safe sex education across cultures." According to her different objectives, messages, visual appeal and other strategies impact the content and design of AIDS posters.

Hossain *et al.* (2003) however brought out that posters are meaningful to viewers simply because they are inspired from popular culture and use images that express the living habits of people. If chosen carefully, the pictures of symptoms will not frighten target audiences. They noted that posters with pictures on the health effects of arsenic poisoning proved very effective in attracting people. Posters showing the symptoms of arsenicosis helped community

health workers identify patients and explained how posters played an important role in creating consciousness among people of different strata.

A study conducted by Gignon (2012), Ward and Hawthorne (1994) and Kerr (2000) ascertained that posters displayed in hospitals, waiting rooms and emergency departments of hospitals are an effective tool for health education on various topics including family planning, AIDS prevention, anti smoking etc. Due to boredom patients or attendants were forced to read posters in a hospital waiting room and thus the time spent reading posters determined the level of content awareness, the study concluded.

In a similar study conducted by Maskell *et al.* (2018), usefulness of health-education materials was associated with reading in waiting rooms using written health-education materials and not having a university degree. Noticeability was associated with reading in the waiting rooms and being female; attractiveness was associated with not having a university degree and shorter waiting time. But unlike hospitals, waiting rooms and emergency departments, university corridors are high traffic areas that may or may not allow much time for content to be absorbed by the viewers. In a study conducted in the four universities by Gobind and Ukpere (2014), 70.8% participants confirmed visibility of HIV/AIDS posters at the campuses. The study indicated that participants first read posters and later recalled that they had seen the poster on the campus. The study also revealed that administrative staff noticed the posters more than the academicians or students due to the nature of their jobs and somewhat similar movement patterns on the campus.

Researchers have identified a few shortcomings in the literature, for instance, no investigations have addressed selective exposure to health posters as a medium of communication in a regular living environment, especially from the point of view of people from the lower-middle class. According to Maryam Aslany (2019), 28 per cent of India's population belongs to middle class, of which 14 per cent is lower middle class and 3 per cent is upper-middle class. A large amount of middle class are salaried employees and a large segment of the Indian middle class resides in rural areas. According to her, more than 32 per cent of what she calls a comfortable middle-class and more than 23 per cent of the upper-middle class are located in rural India (Kwatra, 2019). Through this study, we address the exposure, perception and retention of health posters by people from the lower-middle class. Besides, acceptance of health messages, actions taken after reading the posters and suggestions to improve health posters are also being specifically addressed with the help of this research.

## **Research methodology**

To study the effectiveness of posters as a medium of primary health communication among common people who may not have access to multiple sources of information purposive sampling technique was used to collect responses from people belonging to the lower-middle class. The lower-middle class which constitutes the majority population of India represents the sample. Culturally in Jammu (J&K) predominantly male respondents came forward to respond (72.8%). 103 (N=103), respondents in the age group 25 to 55 years and above took the online survey.

The anonymous questionnaire comprised a total of 12 questions aimed to collect demographic information including age, gender, education background and respondents’ feedback on the effectiveness of posters as a medium of health communication. Responses were broadly categorized into three - exposure and awareness, perception, retention and motivations (Table 1, 2, 3). The aim of this study to find out whether people from lower middle class thought if posters were visually attractive or not and if respondents had suggestions to improve health posters by using 5-point Likert, 1= not at all attractive to 5= extremely attractive. The scale is selected based on a similar study on effectiveness of posters in community health centres by Rafael Alonso Saldana. For this empirical study, two-way ANOVA was used to infer quantitative results Table.

**Results**

A collection of inferential statistical tests Analysis of Variance (ANOVA) examines if two or more categorical independent variables influence the dependent variable (Allen, 2017). The aim of ANOVA is to test if results observed are due to change in differences between the groups. For the purpose of this study, ANOVA was thus used to find out the relation between demographic variables and awareness, perceptions, retention and actions taken by people from the lower-middle class to infer results for posters as an effective medium of communication.

Variable		Not at all 1		Very little 2		Somewhat 3		A lot 4		Extremely 5	
Age	25-34	1	100 %	1	9.09 %	13	35.13%	17	40.47%	7	58.33%
	35-44	0	0 %	5	45.45 %	13	35.13%	13	30.95%	5	41.66%
	45-54	0	0 %	1	9.09 %	10	27.02%	4	9.52%	0	0%
	55 & above	0	0 %	4	36.36 %	1	2.70%	8	19.04%	0	0%
Gender	Male	1	100 %	10	90.90 %	25	67.56%	30	71.42%	9	75%
	Female	0	0 %	1	9.09 %	12	32.43%	12	28.57%	3	25%
Education	BA	0	0 %	8	72.72 %	18	48.64%	11	26.19%	2	16.66%
	MA	0	0 %	1	9.09 %	7	18.91%	10	23.80%	1	8.33%
	Class 10-12	1	100 %	1	9.09 %	7	18.91%	10	23.80%	0	0%
	Others	0	0 %	1	9.09 %	5	13.51%	11	26.19%	9	75%
Total		1	0.97%	11	10.67%	37	35.92%	42	40.77%	12	11.65%

N=103

**Table 1.** Public understanding of health information (exposure and awareness)

Variable		Not at all 1		Very little 2		Somewhat 3		A lot 4		Extremely 5	
Age	25-34	3	50%	7	41.17%	18	39.13%	10	40%	4	44.44%
	35-44	2	33.33%	5	29.41%	9	19.56%	8	32%	5	55.55%
	45-54	1	16.66%	3	17.64%	3	6.52%	2	8%	0	0%
	55 & above	0	0%	6	35.29%	8	17.39%	5	20%	0	0%
Gender	Male	4	66.66%	14	82.35%	29	63.04%	16	64%	6	66.66%
	Female	2	33.33%	7	41.17%	9	19.56%	9	36%	3	33.33%
Education	BA	4	66.66%	10	58.82%	9	19.56%	8	32%	3	33.33%
	MA	1	16.66%	4	23.52%	8	17.39%	3	12%	1	11.11%
	Class 10-12	1	16.66%	1	5.88%	3	6.52%	3	12%	0	0%
	Others	0	0%	2	11.76%	15	32.60%	11	44%	5	55.55%
Total		6	5.82%	17	16.50%	46	44.66%	25	24.27%	9	8.73%

N=103

**Table 2.** Public perception of posters on health issues in terms of design (Perception)

Variable		Not at all 1	Very little 2	Somewhat 3	A lot 4	Extremely 5
Age	25–34	1 14.28%	10 45.45%	13 37.14%	13 43.33%	1 11.11%
	35–44	3 42.85%	8 36.36%	7 20%	14 46.66%	4 44.44%
	45–54	0 0%	2 9.09%	1 2.85%	1 3.33%	1 11.11%
	55 & above	3 42.85%	2 9.09%	9 25.71%	2 6.66%	3 33.33%
Gender	Male	6 85.71%	14 63.63%	24 68.57%	22 73.33%	6 66.66%
	Female	1 14.28%	8 36.36%	6 17.14%	8 26.66%	3 33.33%
Education	BA	3 42.85%	5 22.72%	10 28.57%	8 26.66%	3 33.33%
	MA	1 14.28%	3 13.63%	7 20%	5 16.66%	1 11.11%
	Class 10–12	1 14.28%	4 18.18%	2 5.71%	4 13.33%	3 33.33%
	Others	2 28.57%	10 45.45%	11 31.42%	13 43.33%	2 22.22%
	Total	7 6.79%	22 21.35%	35 34%	30 29.12%	9 8.73%

N=103

**Table 3.** Ability of posters to motivate people to take actions (retention and motivation)

Source of Variation	SS	df	MS	F	P-value	F crit
Rows	145.0971	102	1.42252	2.270242	2.31E-05	1.387152
Columns	0.587379	1	0.587379	0.937415	0.335234	3.934253
Error	63.91262	102	0.626594			
Total	209.5971	205				

(\*) Rows-Responses on a 5 point-Likert 1= not at all to 5= extremely

(\*\*) Columns- Three categories- Exposure and awareness, perception, retention

**Table 4.** Analysis of variance

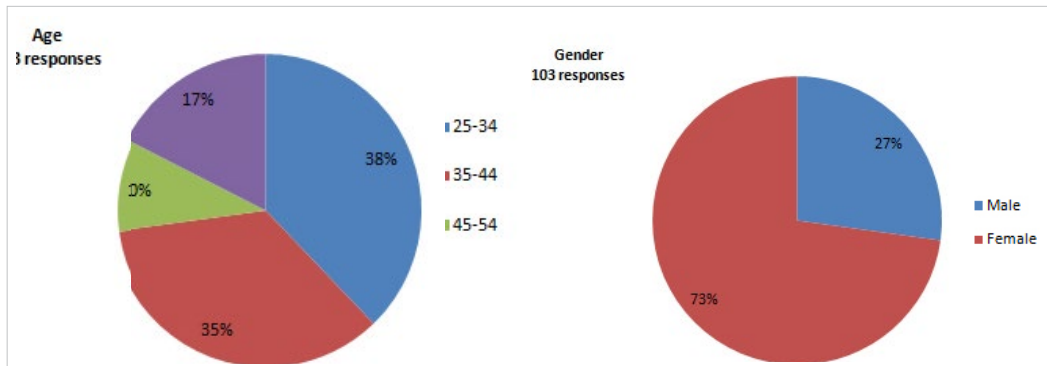
Awareness, perception and retention had a significant impact on age, gender and education background.  $F(102,1) = 2.27, p = 0.33$ . F critical value at 0.5 level is 1.3. As the calculated F value is 2.270, it is higher than the F critical value of 1.38 at 0.05 per cent alpha level. The null hypothesis of no significant difference between awareness, perception and retention is thus rejected.

Therefore, it is concluded that independent variables such as age, gender and education affects the exposure and awareness, perception and retention of health-communication content delivered through posters. Results clearly indicate that posters have the potential to attract more eye-balls given the simplicity in design and messages.

## Discussion

### *Findings Posters can promote health awareness*

A higher number of participants indicating that they have noticed posters show the awareness level of posters among them and very importantly it indicates that the content of posters has a far reach (Ward & Hawthorne, 1994). The results of this study too support that main objective of posters is to influence attitudes, market a product and change behaviour. Public-health posters fall into the category of changing public behaviour and thus improve health practices (Nunyenge, 2013). The results which received maximum responses from males (72.8%) also confirm these findings among different age groups.



In order to find out understanding of messages being conveyed through posters among educated males and females from in the age group 18 and above, data showed that 0.97 per cent people not at all understand the messages in posters, nearly 10.67 per cent people understand the message very little, 36 per cent people somewhat understand the message, 40.77 per cent people understand a lot the message and about 11.65 per cent people extremely understand the message. Among the age group of 25 to 34, about 100 per cent people not at all understand the message, nearly 9.09 per cent people very little understand the message, 35.13 per cent people somewhat understand the message, 40.47 per cent people a lot understand the message, and about 58.33 per cent people extremely understand the message. Among the age group of 35 to 44, about 0 per cent people not at all understand the message, nearly 45.45 per cent people very little understand the message, 35.13 per cent people somewhat understand the message, 31 per cent people a lot understand the message, and about 41.66 per cent people extremely understand the message. Among male about 100 per cent people not at all understand the message, nearly 90.90 per cent people very little understand the message, 67.56 per cent people somewhat understand the message, 71.42 per cent people a lot understand the message, and about 75 per cent people extremely understand the message.

Among female, nearly zero per cent people not at all understand the message nearly 9.09 per cent people very little understand the message, 32.43 per cent people somewhat understand the message, 28.57 per cent people a lot understand the message, and about 25 per cent people extremely understand the message. Among educated graduate person, nearly 72.72 per cent people very little understand the message, 48.64 per cent people somewhat understand the message, 26.19 per cent people a lot understand the message, and about 16.66 per cent people extremely understand the message.

To a question if posters displayed are well-designed and attractive, among educated male and female of age group 18 to more than 55. The data reveal 5.82 per cent people not at all find the posters displayed are well-designed and attractive, nearly 16.50 per cent people very little find the posters displayed are well-designed and attractive, 44.6 per cent people somewhat find the posters displayed are well-designed and attractive, 24.27 per cent people a lot find the posters displayed are well-designed and attractive, and about 8.73 per cent people extremely find the posters displayed are well-designed and attractive.

Among the age group of 25 to 34, about 50 per cent people not at all find the posters well-designed and attractive, 41.17 per cent people very little find the posters well-designed and attractive, 39.13 per cent people somewhat find the posters well-designed and attractive, 40 per cent people a lot find the posters well-designed and attractive, and about 44.4 per cent people extremely find the posters well-designed and attractive. Among the age group of 35 to 44, about 33.3 per cent people not at all find the posters well-designed and attractive, nearly 29.41 per cent people very little find the posters well-designed and attractive, 19.56 per cent people somewhat find the posters well-designed and attractive, 32 per cent people a lot find the posters well-designed and attractive, and about 55.5 per cent people extremely find the posters well-designed and attractive. Among male about 66.6 per cent people not at all find the posters well-designed and attractive, nearly 82.35 per cent people very little find the posters well-designed and attractive, 63.04 per cent people somewhat find the posters well-designed and attractive, 64 per cent people a lot find the posters well-designed and attractive, and about 66.6 per cent people extremely find the posters well-designed and attractive.

Among female, nearly 33.3 per cent people not at all find the posters well-designed and attractive, nearly 41.17 per cent people very little find the posters well-designed and attractive, 19.56 per cent people somewhat find the posters well-designed and attractive, 36 per cent people a lot find the posters well-designed and attractive, and about 33.3 per cent people extremely find the posters well-designed and attractive. Among educated graduate person, 66.6 per cent people not at all find the posters well-designed and attractive, nearly 58.8 per cent people very little find the posters well-designed and attractive, 19.56 per cent people somewhat find the posters well-designed and attractive, 32 per cent people a lot find the posters well-designed and attractive, and about 33.3 per cent people extremely find the posters well-designed and attractive.

To a question on learning from, posters do you find yourself more motivated to learn more about your health, among educated male and female of age group 18 to 55 and above. The data reveal that about 6.79 per cent people not at all find the poster motivated to learn more about your health, nearly 21.35 per cent person very little, 34 per cent people somewhat, 29.12 per cent people find a lot, and about 8.73 per cent people extremely find the poster motivated to learn more about own health.

Among the age group of 25 to 34, about 14.28 per cent people not at all find the poster motivated to learn more about your health, 45.4 per cent person very little, 37.14 per cent people somewhat, 43.3 per cent people find a lot, and about 11.1 per cent people extremely find the poster motivated to learn more about own health. Among the age group of 35 to 44, about 42.85 per cent people not at all find the poster motivated to learn more about your health, 36.6 per cent person very little, 20 per cent people somewhat, 46.6 per cent people find a lot, and 44.4 per cent people extremely find the poster motivated to learn more about own health. Among male about 85.71 per cent people not at all find the poster motivated to learn more about own health, nearly 63.3 per cent person very little, 68.57 per cent people somewhat, 73.3 per cent people find a lot, and 66.6 per cent people extremely.



Among female, nearly 14.28 per cent person not at all find the poster motivated to learn more about health, 36.3 per cent person very little, 17.14 per cent somewhat, 26.6 per cent person find a lot, and 33.3 per cent extremely find the poster motivated to learn more about year health. Among educated graduate person, 42.85 per cent people not at all find the poster motivated to learn more about own health, 22.7 per cent person very little, 28.57 per cent people somewhat find the poster motivated to learn more about own health, 26.6 per cent people find a lot and 33.3 per cent people extremely find the poster motivated to learn more about own health.

## Conclusion

The results of this study support the previous studies on the similar topic which indicates that posters are an effective medium of communication and work best when approached through the principle of simplicity in content, colour, characters, design and format (Kushal Kumar and Joseph, 1985). When placed strategically, posters generate curiosity among individuals to be a part of planned programmes and policies, Gobind and Ukpere 2014 and posters could be used by non-profit organizations to create social awareness (Nishtar *et al.*, 2014). However, there is need to explore creative forms of spreading health awareness among lower-income which constitutes the majority population is also felt through this study.

The study has shown that public understanding of messages on health is much higher than assumed. Irrespective of the gender or age group the understanding of the messages is much higher. This indicates that posters are an effective medium of communication, particularly health communication. When it comes to motivating and influencing the public posters have proved as effective medium as per the study. The study has also revealed that awareness, perception and retention were influenced by the independent variables – age, gender and educational level of the public. The study establishes that independent variables such as age, gender and education affect the exposure and awareness, perception and retention of health-communication content delivered through posters.

Studies carried out in the past have indicated how simplification can be achieved provided grassroots research is carried out as a pre-test before preparing the posters. The outcome of this study also raises a question whether health posters are targeted at literate few or the illiterate majority and concludes that posters, when produced with an adequate research, will have audience acceptance and will be effective as a medium for rural health communication. Posters continue to remain an economic alternative as compared to expensive mass-media campaigns. The findings of this study will thus help policy-makers better understand the perception of people from the lower-middle class regarding posters and their effectiveness as the most viable options for field publicity of outdoor mass-media campaigns. Future studies could be done to evaluate how often posters are being noticed by people travelling in local buses and trains and also increase the sample, categorical variables to perform statistical analysis.

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