99. **Effectiveness of community media in creating health awareness: a case study on a health communication campaign of tuberculosis through community radio in India**

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**Prologue**

In the developing countries such as India, health especially in the grass root level is one of the neglected areas although the government of India allots a huge budget to health awareness campaigning, such as AIDS, swine flu, bird flu, malaria, leprosy, tuberculosis etc. Health awareness is still a difficult task in the developing countries.

Tuberculosis is now a totally curable disease. The government of India is providing totally free of cost treatment to all TB patients through the Revised National Tuberculosis Control Programme. In spite of all this, still in India two persons per three minutes, 1,000 people per day, and around 1 million people in two years die from TB. And every year 1.8 million of people are affected with TB (Jnan Taranga, 2011). The reason cannot be overlooked that is lack of proper awareness among the common people especially on tuberculosis.

We cannot deny that community media is the most effective and vibrant communication tool in the developing countries. Here, we can take a small example. The north eastern part of India, consisting of seven Indian states covers 7.7 percent of total Indian landmass. Just in this small region, 357 recognised communities or social group live. Each of them has their own language, own culture and own tradition. The national or regional media may be accessible for those groups but only community media can reach them, influence them, and help them to participate in the nation’s development. Dr. Nalini Krishnan, Director of REACH, an NGO based in Chennai, says “Community radio is a very powerful medium that has the unique quality of making an instant connect with local communities” (Ravi, 2012).

**TB in India**

Tuberculosis is a highly infectious disease caused by bacteria whose scientific name is mycobacterium tuberculosis. The disease is not spread by touching clothes or shaking hands and not even by pregnant woman to her child. Tuberculosis is spread primarily from person to person by breathing infected air during close contact. A person diagnosed with TB should take complete treatment for 6-8 months. DOTS is the most effective strategy available for controlling TB (Dutta, Ray, 2012).

Tuberculosis can be controlled if people are properly aware of it. The government of India
has taken various initiatives for controlling tuberculosis. The first TB control programme was implemented in 1962 but due to various lacunae in the programme, a revised strategy was implemented in 1992 known as Revised National TB Control Programme (RNTCP). RNTCP follows the DOTS strategy for curing the TB patients which is free of cost. The primary aim of the RNTCP is to achieve a high cure rate of 85% among newly detected sputum-positive patients and to detect 70% of such cases (Dutta, Ray, 2012).

India is the highest TB burden country accounting for nearly one fourth of the global incidence. TB is curable with 6-8 months of treatment. The diagnosis (sputum smear examination) and treatment of TB is made available free of cost.

It is estimated that 14 millions of people are suffering from TB in India out of which about 3.5 million are sputum positive. TB kills more women than all other causes of maternal mortality. TB attacks the most productive age group that is 15-60 years, in the country. According to new data from WHO’s 2011 Global Tuberculosis Control Report, India’s case detection rate in 2010 was just about 60%, of which 73,000 of the new TB cases were already multi drug resistant. Of this less than 3,000 were detected. In order to create a worldwide awareness about TB, March 24 is observed as the World TB Day (DR, 2012).

TB Awareness through Community Radio

With the initiative of REACH, eight community radio stations of different states took part in the TB awareness programme. All these stations broadcast 16 episodes of programmes with a 5-minute feature followed by 25 minutes of discussion, drama, skit, talk, phone-in etc. The episodes contained different themes on TB along with interviews, discussions and sound-bytes of renowned physicians, health officers and TB patients.

The topics of these programmes are: TB a problem, how does TB spread, types of TB, symptoms, diagnosis, treatment options, TB and poverty, social impact, stigma issues, India’s programme for TB control, drug-resistant TB, TB and HIV, smoking and air pollution, risk for TB, challenges in TB control, cough-to-cure pathway, community participation in TB control and World TB Day (DR, 2012).

Listeners’ survey

First Phase

A team from Jnan Taranga conducted a pre-survey in order to have an impression of the status of awareness among the common people about tuberculosis. After the broadcasts, the survey was done again with the same group of people with a few objectives, such as to study the awareness of tuberculosis among the community people, to make the community people aware about TB, to know if the people benefited from the programmes of the community radio station. In brief it can be said that it could experience the real fact of the effectiveness of the CR in the particular area and in a particular case.

In this study, the team has considered the coverage area of transmission i.e. Housefed to Dispur, for research. For the pre-survey research, a total of 200 people were taken as samples of which 110 are general community people residing in Housefed and nearby. The other 90 samples are school and college students. The sample is taken through simple random sam-
pling process. In the first sample, a group of 110 people are considered from all sections of society like employed, unemployed, business persons, housewives, a few business persons (shopkeepers), auto rickshaw drivers, vendors, cobblers etc. In the second sample, 58 college students are considered whereas 32 school students are taken in the third sample. The researchers visited about 72 homes. The researchers put a set of 13 questions to the community people and requested them to listen to the community radio station, Jnan Taranga every Sunday at 4.30 pm to have awareness about tuberculosis. They also told them about the survey after the completion of the broadcast of sixteen TB episodes.

**Second Phase**

In January 2012, the post survey was started after the end of the TB programmes. The same questionnaires were used with the same sample. The same households were visited and the same people were interviewed. But only 96 respondents among the previous sample were available for the interaction. The results show a positive picture. This time, out of 21 students, 80% of students got to know that TB was actually caused by the bacteria called mycobacterium tuberculosis. 70% of students became aware that TB was not a hereditary disease. 70% students now knew that TB was not a contagious disease; therefore TB patients should not be abandoned by their family and society. 70% of students knew that DOTS was the best way to treat TB. 80% of students learnt that the treatment of TB was absolutely free in the public health centres, therefore the complete treatment is possible even for the poor people.

**Figure 2: Is TB a contagious disease?**
Conclusion

The pre-survey conducted among the common people, school students and college students provided us with varied results. To sum up the results of different questions as provided in the questionnaire, an average percentage was evaluated. The pre-survey resulted in an average of 34.5%.

The post-survey was conducted with an objective of interpreting the effectiveness of the TB programmes broadcast by Jnan Taranga. As a result, awareness about tuberculosis increased to a great extent. Students as well as the common people benefited much from the TB programmes. The percentage of awareness as procured from the post-survey can be mathematically evaluated in an average of 66.2%.

In a nutshell it can be said that the study helped the researchers reveal some important facts. The post survey conducted had a positive response. The TB awareness programmes broadcast by Jnan Taranga had much effect on different sections of people, including housewives, students, vendors, auto rickshaw drivers etc. But here a few challenges cannot be ignored in case of community radio functioning. The coverage area, the quality of transmission, the funding position for running the CR, the frequency allocation, the content of different programmes broadcast and many more problems have still yet to be solved. So to get 100% effectiveness, these problems and issues need to be solved and in-depth research is required for each and every angle.

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