

Rural Development and Channels of Grass root Communication With Reference to Health Information

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ABSTRACT

The government is implementing a number of programs in rural areas through the state Govt. and other change agencies for health issues, education and awareness for social issues etc. The grass-root communication for development approaches rural people where they are at the centre of any given development initiative. In rural areas, there are many formal communication channels through which the change agents work for people. Apart from the formal channels, there are also certain informal channels of communications through which the rural people get or collect information. The communication bridges built between public institutions, rural organizations and people generate the opportunities to ensure share of knowledge and experience needed for rural development and rural development is a process of action with economic, political, cultural and social dimensions. Communication in the primitive societies not only fulfils the social need but also fulfils various physiological and survival needs of society. In primitive society, it maintains and animates life and integrates its traditional knowledge. It runs like a thread linking the past and the present culture through various legends, lore, poems and myths. The present paper has tried to know the exact channels of communication through which rural people prefer to get information on various educational, social and health information. Total 184 samples are collected from two rural villages of Rajasthan state. The findings of this study reveal that people of rural areas are using much informal sources of communication like midwives, neighbours, chaupal etc. Formal sources like teacher, social workers, and newspapers are playing a vital role in rural areas.

Keywords: rural development, communication channels, health issues, grass root, formal-informal channels of communication.

INTRODUCTION

Rural development has always been an important issue in all discussions pertaining to economic, social and cultural development, especially of developing countries, throughout the world. In the developing countries, rural mass comprise a substantial majority of the population. Over 3.5 billion people live in the Asia and Pacific region and some 63% of them in rural areas. Lifestyles in rural areas are different than those in urban areas, mainly because limited services are available. India is a country of villages and about 50% of the villages have very poor socio-economic conditions. Since the dawn of independence, concerted efforts have been made to ameliorate the living standard of rural masses. So, rural development is an integrated concept of growth and poverty elimination has been of paramount concern in all the consequent five year plans.⁵ The government is implementing a number of programs in rural areas through the state Govt. and other change agencies for health

issues, education and awareness for social issues etc. The grass-root communication for development approaches rural people where they are at the centre of any given development initiative. In rural areas, there are many formal communication channels through which the change agents work for people. Apart from the formal channels, there are also certain informal channels of communications through which the rural people get or collect information. The government is running so many programs and campaigns in rural area and the medium of these campaigns are formal channels of communication. Communication in the primitive societies not only fulfils the social need but also fulfils various physiological and survival needs of society. In primitive society, it maintains and animates life and integrates its traditional knowledge. It runs like a thread linking the past and the present culture through various legends, lore, poems and myths. The formal means of communication are those channels which are considered to be the legitimate and sanctioned mode of communication due to continued practice to transmit the message. The word formal is used because the information is usually about a formal event or from official sources. In addition, informal communication channels are built up around social relationships that are formed on a

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personal basis and the confidence placed in such sources rests upon the reputation of the person for honesty and reliability. The awareness program by the public service organizations are not a new phenomenon in world as well as in India and their effect has is also seen on a large area of our society. It has a great history behind and been motivating, provoking people regarding social problems and issues for more than 200 years. They have been waged from time immemorial. Advertising were launched to free the slaves in Ancient Greece and Rome. In England during the industrial revolution, advertising were mounted to abolish debtor prisons, grant voting right to women and abolish child labour. In India, various reformers like Raja Ram Mohan Roy and others like them have done in India; too, the socio-religious reform movements in different parts of our country during the 19th century to overcome the out-dated practices of female infanticide and awareness about education to women are all examples of social advertising with social motives. Various social reformers like Raja Ram Mohan Roy, Swami Vivekananda have used various media for such advertising to create social awakening. These awareness programs also motivated people for social movement and mass protest for the social cause.

Radio and Television have been acclaimed to be the most effective media for diffusing the scientific knowledge to the masses. In countries like India, where literacy level is low, the choice of communication media is of vital importance, particularly Electronic Media. The Television and Radio are significant, as they transfer modern agricultural technology to literate and illiterate farmers and peasants alike even in interior areas, within short period of time. With the main stream of Indian population engaged actively in agriculture, television could serve as a suitable medium of dissemination of farm information and latest technical know – how. Kuthiala (1980) points out the major role that can be played by radio in the different areas of rural development, namely, agriculture, family planning, non-formal education, formal education, industrial planning and control, national integration and international co-operation. But an adverse mark is that radio is a status symbol and not a change agent in certain rural settings. But with the risen of other media technologies, the significance of radio is decreasing in rural areas; People are more dependent on television and newspaper now. Apart from this, there are some certain formal and informal channels of communication which the people prefer to gather information on

different issues. The role of media in rural development is very important. With the help of media, public service advertising spreads the awareness to the maximum audience.

LITERATURE REVIEW

Bhaskar Rao and Raghavan (1996) in their book "*Social effects of Mass Media in India*" stated that India has entered the space age in communication technology. This has increased manifold the social impact, for good or bad, of the media of mass communication. The author surveyed the origin and the initial role as well as the post independent growth of each of the mass media as part of the country's developing political economy. **Prasad (2005)** in his book "*Media and social life in India*", described the world of technological modernization, mass media, which includes electronic and print media, is deeply embedded in the society. The purpose of the media is to spread awareness and let the general public know what is happening around them. Because of its global network, the media brings to the public the immediacy of what is happening within and outside the national frontiers. The advertisements in various private television channels during different times of the day are telecast to address the various issues around the HIV/AIDS. These mass media programs are aimed to convey message sensitively. Over the last few years, mass media has been a phenomenal growth in the country both in terms of reach and advancements in technology. A concerted and well-coordinated effort is now being made to use the electronic media in the extension strategy. The existing infrastructure of Doordarshan and All India Radio is being utilized and allied fields for bringing the latest information. **Mohanty and Parhi (2011)** write on "*Folk and traditional media: A powerful tool for rural development*". Tradition is the cumulative heritage of society which permeates through all levels of social organization, social structure of personality. The tradition which is the cumulative social heritage in the form of habit, custom, attitude and the way of life is transmitted from generation to generation either through written words or words of mouth. The study reveals that majority of the respondents felt that folk media is used quite significantly in rural development for its cultural aspect but in the era of Information and Communication Technology, it is losing its significance. The study supports the idea that folk media can be used effectively along with the electronic media for the sake of the development of rural society.

OBJECTIVES

The objectives of the study are:

1. To study the level of information on health related issues.
2. To analyse the channels of communication at grass root level.
3. To study the barriers of communication in rural areas in the context of understanding the health related information.
4. To know the opinion of people towards health related information.

THEORETICAL FRAMEWORK

To study the objectives and understand the concepts of communication at grass root level, the study follows theory of diffusion of innovation and Gandhi Meta model. Diffusion of innovation theory leads People, organizations, or societies to adopt new ideas, products, or behaviours at different aspects, and the rate of adoption is affected by some predictable factors. In the Indian development context, the Gandhi Meta model of development has been the ideal. This model suggests that development is social transformation- a fundamental transformation of values and motives and resurrection man's ethical and spiritual potential.

METHODOLOGY

The study is carried out with primary as well as secondary data. The primary data for this study is collected with the help of survey method and by using self-made close and open ended questionnaires. Primary data collection is given the highest priority in this study and it draws information directly from the field. To study the objectives of the study, an appropriate research model is framed. As the nature of the study is such that the target population from which information can be obtained is limited both with respect to extent and quality of information, therefore descriptive research design (quantitative research) model is used in this study (Creswell,

various literatures and on the basis of those studies; the variables of this study were identified and crosschecked by experts as well as with secondary information. After identification of the variables, the questionnaire has been developed with the input from literature survey and modulated with the inputs from peers. Cronbach's alpha is applied on data to check the reliability. On the basis of results of this study, conclusion and suggestion are done.

SAMPLING

It is always a difficult task faced by a researcher, regarding the method of drawing samples and deciding about the size of the sample. For the purpose of this study multistage sampling has been used to select the right sample. Multistage sampling refers to sampling plans where the sampling is carried out in stages using smaller and smaller sampling units at each stage.

UNIVERSE OF THE STUDY

On the basis of some certain parameters, the researcher had chosen two villages of Rajasthan state i.e. Bandarsindri and Mundoti, to study the objectives of the study. During visit to these villages, the researcher found that there are number of problems which are being faced by the rural people of Rajasthan. There are few NGOs working on the social issues in these villages but still the people are not aware with the various other aspects.

DATA ANALYSIS AND INTERPRETATION

The Data gathered for this study is organized, coded and analysed using Statistical Packages for Social Science (SPSS) where Frequency and Percentage were used to present the result of the study.

The data of the table 1 revealed that:

- Out of all, total number of male participants in this study is 106 (57.6%) followed by 78

Table 1 showing demography of the respondents

SN	Variables	Category (S)						
		Male				Female		
1	Gender	106 (57.6%)				78 (42.4%)		
2	Age (In years)	18-26	27-35	36-44	45-53	54-62	Above 63	
		38 (20.7%)	36 (19.6%)	40 (21.7%)	33 (17.9%)	27 (14.7%)	10 (5.4%)	
3	Education	Illiterate	Neo literate	Primary	Secondary	Senior Secondary	Graduate	Post graduate
		24 (13%)	23 (12.5%)	33 (17.9%)	25 (13.6%)	37 (20.2%)	26 (14.1%)	16 (8.7%)
4	Profession	Housewife	Government Employees	Private Employees	Business	Agriculture	Labor	Student
		22 (12%)	16 (8.7%)	23 (12.5%)	31 (16.8%)	41 (22.3%)	23 (12.5%)	28 (15.2%)

2009). The data collection is based on cross sectional design. The researcher has gone through

(42.4%) female respondents.

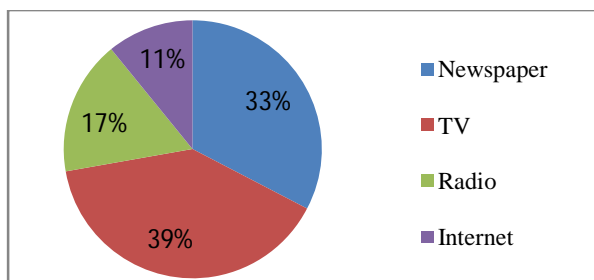
- The age of the respondents varies from 18 to 75 years which is categorized in 6 different age groups. Maximum number of respondents belongs to the age group of 36 to 44 years i.e. 21.7%. The ratio of 18-26 years old respondents in this study is 20.7% followed by 27 to 35 years age group i.e. 19.6%. 17.9% respondents are in the age group of 45 to 53 years and the number of 54 to 62 years respondents in this study is 14.7%. Now, in the context of old people, there are only 5.4% respondents who belongs to the age group of above 63 years age group.
- The participants in this study are divided into 7 different educational statuses. Maximum number of respondents i.e. 20.2% has studied up to senior secondary followed by 17.9% respondents who are primary educated. There are 14.1% those respondents in this study whose educational qualification is graduation. 13.6% respondents have studied up to matriculation. 13% and 12.5% respondents belong to illiterate and neo literate category. Out of all, only 8.7% respondents in this study are post graduate.
- Since the study is carried out in rural area, maximum number of participants is agriculturalist. 22.3% respondents in this study are agriculturalist by profession. 16.8% participants have chosen business as profession for their livelihood. The number of students in this study is 28 i.e. 15.2%. 12.5% respondents in this study are in private employee and the same percentage of respondents work as laborers. The study also contains 12% housewives and 8.7% respondents are in government employee.

Showing the individual responses of respondents about the media they use

Table 2

SN	Response Category	Frequency	Percentage
1	Newspaper	135	*73.4%
2	TV	164	*89.1%
3	Radio	70	*38%
4	Internet	45	*24.5%

Chart 1



The data of above table and chart is showing the individual frequencies of media which the participants use in their daily life. In table 2 we have discussed about the multiple media channels which are being used by participants for their daily use. Now the data reveals that maximum number of respondents prefer television over all. The frequency of television is 164 i.e. 89.1% out of 184 (100%). The next most preferable media of rural people is newspaper. Out of all, 135 respondents (73.4%) said that they have newspaper. The frequency of radio and internet is quite less in the study. Only 38% respondents prefer radio and 24.5% says about Internet, which are mostly the young participants.

Table 3 is showing the responses of respondents towards the formal channels for health in their region. 33.7% respondents gather information from village health center and ASHA/ANM workers. 28.2% respondents have said that they take information from health center, ASHA/ANM workers, newspapers, and wall paintings and most importantly the doctors of nearby areas. 13.6% respondents preferred to take information on particular factor from health center, ASHA/ANM worker and doctor combined. The ratio of participants who take information from health center, newspaper and television is 10.3%. There are 17 (9.2%) those respondents who take information from wall paintings and only 4.9% respondents said that they get information about health issues by reading newspaper only.

Table 3 showing responses of respondents towards the formal information channel for health

SN	Response Category	Frequency	Percentage
1	Newspaper	9	4.9%
2	Wall painting	17	9.2%
3	Doctor	26	14.1%
4	*Health center and ASHA/ ANM	62	33.7%
5	*Health center, ASHA/ANM and doctor	25	13.6%
6	*Health center, Newspaper, TV	19	10.3%
7	*Health center, ASHA/ANM, Newspaper and wall painting	26	14.1%

***Multiple responses**

Table 3.1 is showing the individual data/frequencies of the variables which the respondents prefer of taking information. Out of all, 71.8% respondents have said that they take information from village health centre followed by ASHA/ANM workers which is 61.4%. The

Table 4 is showing the informal channels being used by respondents to get the information on health. The data revealed that 21.2% respondents think that elders and midwives provide more relevant information on health. 13.6% respondents believe on the information provided

Table 5 showing internal consistency of factors

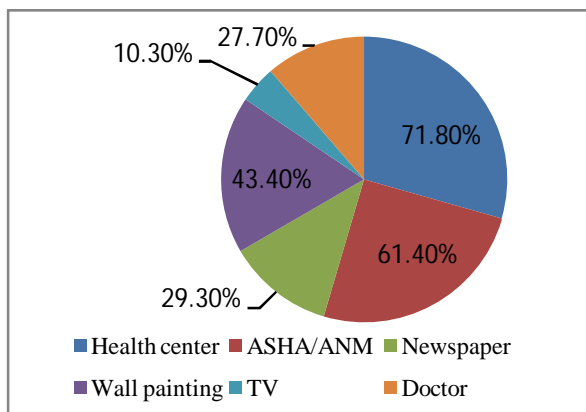
SN	Statements on health	Mean	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted	Status
1	Trust on Health centres	4.31	.759	.974	Accepted
2	Trust on ASHA/ANM workers	4.26	.741	.972	Accepted
3	Trust on Newspaper	3.20	.963	.965	Accepted
4	Trust on Wall paintings	3.95	.906	.967	Accepted
5	Trust on Television	3.26	.972	.965	Accepted
6	Trust on Family friends	3.71	.907	.967	Accepted
7	Trust on Neighbours	3.28	.946	.965	Accepted
8	Trust on Literate people	4.36	.782	.973	Accepted
9	Trust on Elders	3.84	.900	.967	Accepted
10	Trust on Midwives	3.34	.923	.966	Accepted
11	Trust on Internet	2.67	.923	.967	Accepted

percentage of wall painting is 43.4% followed by newspaper which is 29.3%. 27.7% respondents said that if they need any information regarding health then they prefer a doctor. Only 10.3% respondents said that they find relevant information on television. The data shows that rural people have a strong belief on the health centre and ASHA/ANM workers.

Table 3.1 showing individual responses of respondents towards the formal information channel for health

SN	Response Category	frequency	Percentage
1	Health centre	132	*71.8%
2	ASHA/ANM	113	*61.4%
3	Newspaper	54	*29.3%
4	Wall painting	43	*43.4%
5	TV	19	*10.3%
6	Doctor	51	*27.7%

Chart 4



by midwives only. 13% respondents get information from literate and elders. 12% are those respondents who take information from family friend and literate people. 11.4% respondents gather information from family friend and neighbour followed by 11.4% who take information from only family friends. 9.2% respondents prefer to take information from neighbour followed by 8.2% respondents who take information from neighbour and elders.

Table 4.1 showing individual responses of respondents towards the in-formal information channel for health

SN	Response Category	Frequency	Percentage
1	Family friend	64	*34.8%
2	Neighbour	53	*28.8%
3	Literate people	45	25%
4	Elder	78	42.4%
5	Midwife	64	34.8%

***Out of 100%**

The data in above table revealed that 42.4% respondents believe on the information provided by elders on health issues. 34.8% respondents believe that the family friends can provide relevant information on health and the same percentage of respondents think that the information provided by midwives are more relevant. 28.8% respondent's talk about neighbour followed by 25% which talks about literate people.

Trust level on various communication channels for health information

CONSISTENCY MEASURES

Consistency of all the factors towards their trust level for health in the questionnaires was checked through item to total correlation. Under this correlation of every item with total was measured and the computed value was compared with standard value.

Cronbach's Alpha had been obtained .971 after reliability test through SPSS which is more than the cut off value (.7). In above table of consistency measures mainly two things are considered, first Corrected Item to Total Correlation values which is acceptable if greater than .Secondly Cronbach's Alpha if Item Deleted value for each item is evaluated and if found value greater than the calculated reliability value (.971) than that item should be dropped from the questionnaire and not considered for further study.

Table 6 is showing the responses of respondents towards how much they believe on various communication channels for the information of health related contents.

- SN 1 is showing the responses of respondents towards their trust level on the information provided by health centres. The data revealed that 69% respondent's trust level is high towards the information provided by health care centres. 31% respondent's trust level is very high.
- SN 2 in table 6 is showing the responses of respondents towards their trust level on the information provided by ASHA/ANM workers. The data revealed that 58.2% respondent's trust level is high towards the information provided by ASHA/ANM workers followed by 36.4% whose trust level is very high towards it. Only 5.4% respondents have said that their trust level towards this is less.
- SN 3 in table 6 is showing the responses of

respondents towards their trust level on the information provided by newspapers. The data shows that out of all, the trust level of respondents towards the information provided by newspaper on health issues is 34.2% followed by 16.8% people whose trust level is very high. 16.8% respondents are neutral on the newspaper's information. 16.3% respondent's trust level is less and 15.8% respondents don't trust on the information provided by newspaper.

- SN 4 in table 6 is showing the responses of respondents towards their trust level on the information provided by wall paintings. The data shows that out of all, 38.6% respondents said that their trust level is high towards the information provided by wall paintings followed by 32.6% i.e. very high. 20.1% respondents are neutral and 8.7% respondent's trust level is less towards it.
- SN 5 in table 6 is showing the responses of respondents towards their trust level on the information provided by television. The data revealed that 30.4% and 20.7% respondent's trust level is high and very high respectively. 20.1% respondent is neutral and 8.7% respondent's trust level is low.
- SN 6 in table 6 is showing the responses of respondents towards their trust level on the information provided by family friends. The data shows that 39.7% respondent's trust level is high towards the information provided by family friends. 25.5% respondent's trust level is very high. 21.2% respondents are neutral. 7.6% respondent's trust level is less.
- SN 7 in table 6 is showing the responses of respondents towards their trust level on the information provided by neighbors. The data shows that maximum respondent's (35.9%) trust level is high towards the information

Table 6 showing the responses of respondents towards how much they believe on various communication channels

SN	Response category	Very less	Less	Can't say	High	Very high
1	Health centre	00	00	00	127(69%)	57(31%)
2	ASHA/ANM	00	10(5.4%)	00	107(58.2%)	67(36.4%)
3	Newspaper	29(15.8%)	30(16.3%)	31(16.8%)	63(34.2%)	31(16.8%)
4	Wall paintings	00	16(8.7%)	37(20.1%)	71(38.6%)	60(32.6%)
5	TV	25(13.6%)	35(19%)	30(16.3%)	56(30.4%)	38(20.7%)
6	Family friends	11(6%)	14(7.6%)	39(21.2%)	73(39.7%)	47(25.5%)
7	Neighbours	16(8.7%)	32(17.4%)	45(24.5%)	66(35.9%)	25(13.6%)
8	Literate people	00	00	00	117(63.6%)	67(36.4%)
9	Elders	00	22(12%)	35(19%)	78(42.4%)	49(26.6%)
10	Midwife	17(9.2%)	36(19.6%)	32(17.4%)	65(35.3%)	34(18.5%)
11	Internet	44(23.9%)	44(23.9%)	41(22.3%)	38(20.7%)	17(9.2%)

provided by neighbors. 24.5% respondents are neutral on this. The trust level of 17.4% respondents is less towards the information provided by neighbors. 13.6% respondents said very high trust level and only 8.7% respondent's trust level is very less towards the information provided by neighbors.

- SN 8 in table 6 is showing the responses of respondents towards their trust level on the information provided by literate people. The data shows that maximum respondent's (63.6%) trust level is high towards the information provided by literate people of village, followed by 36.4% respondents whose trust level is very high towards it.
- SN 9 in table 6 is showing the responses of respondents towards their trust level on the information provided by elders. The data shows that maximum respondent's (42.4%) trust level is high towards the information provided by elders of village. 26.6% respondents trust level is very high. 19% respondents are neutral and only 12% respondents said that they believe less on the information provided by elders.
- SN 10 in table 6 is showing the responses of respondents towards their trust level on the information provided by midwives. The data shows that out of all, 35.3% respondent's trust level is high towards the information provided by midwives. 19.6% respondents said that they believe less on the information provided by midwives. 17.4% respondents are neutral on the information provided by midwives. 18.5% respondent's trust level is very high towards the information provided by midwives. Only 9.7% respondents said that they believe very less on the information provided by midwives.
- SN 11 in table 6 is showing the responses of respondents towards their trust level on the information provided by internet. The data shows that out of all 47.8% respondents don't believe on the information provided by internet on health issues. 22.3% respondents are neutral on this and approx. 30% respondents believe on the information provided by internet.

Table 7 and chart 5 shows the responses of respondents towards how much they pay attention to the messages shown/drawn on wall. The data revealed that 37.5% respondents pay high attention to the message shown on the walls. 27.2% are those respondents whose attention level towards wall pictures is very high. 19.6%

respondents are neutral on this followed by 12% respondents don't pay much attention on the wall pictures. 3.8% respondent's attention level towards wall pictures is very less.

Showing responses of respondents towards how much they pay attention to the messages shown/drawn on wall

Table 7

SN	Response category		Percentage
1	Very less	7	3.8%
2	Less	22	12%
3	Can't say	36	19.6%
4	High	50	27.2%
5	Very high	69	37.5%

Chart 5

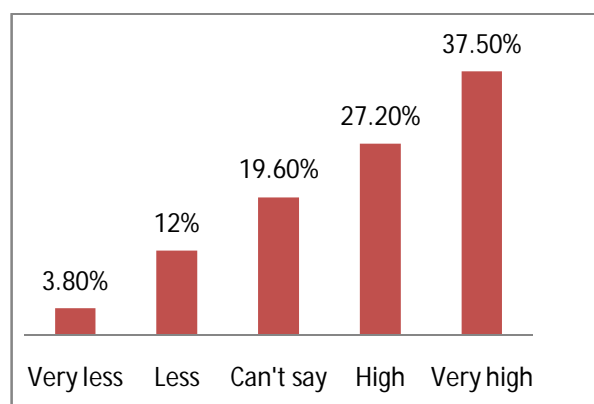


Table 8 is showing the responses of respondents towards the medium they use to express their views on various issues. The data revealed that out of all 31% respondents express their views on various issues by participating in various public events. 26.6% are those respondents who prefer debating in group talks on various issues. 13.6% respondents express their views by discussing directly with the government officer and writing letter to block officers. 11.4% respondents discuss only with government officers on various issues followed by 11.4% respondents by participating in public events and by debating in group talks. 6% respondents prefer expressing their views by participating in public events, by debating in group talks and discussing with government officers.

Table 9 is showing the responses of respondents towards difficulties they face while viewing and understanding the message. The data revealed that out of all, 29.9% respondent's faces problems in Language used in message, difficult words, no connection between the real problems and messages. 29.3% people feel that the messages have no connection with real problems. 14.1% respondents find language used in message inappropriate followed by 13.6% who find words

used in messages difficult. 13% respondents feel that the makers of the messages use more technicalities in messages.

Table 10 is showing the suggestions of the respondents regarding dissemination of development messages in easy way. The data revealed that out of all 28.8% respondents believes that the producers should talk about the real problems of the villages in the messages. 27.2% respondents feel that the messages should be in local languages that talks about the current and real problems of village. The respondents also respond that the message producers should talk the villagers before creating and developing any message. 26.1% respondents are those people who suggest producers to take suggestions from them. 17.9% people respond that there should be easy and understandable language in the message and the producers should take suggestions from the villagers.

areas are playing a major role among the people. During the field visit for data collection, the researcher observed that there are numerous informal channels on which the people believe and act accordingly. In addition, the formal channels of communication which people are using for education, health and social issues awareness are also playing a major role but it is believed that if the government will pay more attention to the informal channels in rural areas, the development campaigns and programs, which are started by government agencies, may speed up the development in the particular area. The major findings are:

- 88.6% respondents have the availability of television in their region.
- In the context of newspaper, out of all, 81.5% respondents have said that they have the accessibility of newspaper in their region.

Table 8 showing responses of participants towards the medium they use to express their views on various issues

SN	Response Category	Frequency	Percentage
1	By participating in public events	57	31%
2	By debating in group talks	49	26.6%
3	Discussion with government officer	21	11.4%
4	*By participating in public events and by debating in group talks	21	11.4%
5	*Discussion with government officer and Writing letter to block officer	25	13.6%
6	*By participating in public events, By debating in group talks and Discussion with government officer	11	6%

***Multiple responses**

Table 9 showing responses of respondents towards difficulties they face while viewing and understanding and message

SN	Response Category	Frequency	Percentage
1	Language used in message	26	14.1%
2	Difficult words	25	13.6%
3	Maximum technicality in messages	24	13%
4	No connection between the real problems and messages	54	29.3%
5	*Language used in message, Difficult words, No connection between the real problems and messages	55	29.9%

***Multiple responses**

Table 10 Showing the suggestions of respondents regarding dissemination of development messages in easy way

SN	Response Category	Frequency	Percentage
1	By talking real problems of village	53	28.8%
2	By taking suggestion from villages	48	26.1%
3	*By using local languages, By talking real problems of village and By taking suggestion from villages	50	27.2%
4	*By using easy language, By taking suggestion from villages	33	17.9%

***Multiple response**

Findings and conclusions

In the light of the data analysis and the literature reviews, the present study believes that the informal channels of communication in the rural

- The data also revealed that the number of non-internet users is more than the internet users in the region. There are 59.8% respondents in the region who don't use internet.

- In the context of health information, the data revealed that out of the total participants, 33.7% respondents gather information from village health center and ASHA/ANM workers which is a formal channel of communication.
 - The individual responses of participants towards the channel they use for health information is out of all, 71.8% respondents have said that they take information from village health center.
 - The data revealed that 21.2% respondents think that informal channels of communication like elders and midwives provide more relevant information on health.
 - The individual responses of participants show that people believe that the elders can provide more relevant information on health issues.
 - The data revealed that 69% respondent's trust level is high towards the information provided by health care centers.
 - The data revealed that 58.2% respondent's trust level is high towards the information provided by ASHA/ANM workers on health issues.
 - The data shows that out of all, the trust level of respondents towards the information provided by newspaper on health issues is 34.2%.
 - The data shows that out of all, 38.6% respondents said that their trust level is high towards the information provided by wall paintings on health issues.
 - 30.4% respondents have said that their trust level is high towards the information provided by television on health issues.
 - The data shows that 39.7% respondent's trust level is high towards the information provided by family friends on health issues.
 - The data shows that maximum respondent's (35.9%) trust level is high towards the information provided by neighbors on health issues.
 - The data shows that maximum respondent's (63.6%) trust level is high towards the information provided by literate people of village on health issues.
 - The data shows that maximum respondent's (42.4%) trust level is high towards the information provided by elders of village on health issues.
 - The data shows that out of all, 35.3% respondent's trust level is high towards the information provided by midwives on health issues.
 - The data shows that out of all 47.8% respondents don't believe on the information provided by internet on health issues.
 - The data revealed that 37.5% respondents pay high attention to the message shown on the walls.
 - The data revealed that out of all 48.4% respondents express their views on various issues by participating in various public events.
 - The data revealed that out of all, 29.9% respondent's faces problems in Language used in message, difficult words, no connection between the real problems and messages.
 - The data revealed that out of all, 59.2% respondents feel that there is no connection between the real problems and messages created by the producers.
 - The data revealed that out of all 28.8% respondents believes that the producers should talk about the real problems of the villages in the messages.
- How could the researcher interpret and narrow down such findings where the formal informal channels as well as the trust level of participants are showing the scenario of rural areas. Every area has its own limitations and extensions. As the findings of this study shows the people of rural areas have developed their channels of communication like midwives, neighbours and friends, Chaupal etc. What are the reliability of such channels where there are already so many communication channels are available in the current era. World today is a global hub. Almost everything under the sky is at a finger's click. Still, the irony of flow, in culturally rich and developing nation like India, is that, we the people use technology and indigenous means simultaneously.
- The ASHA program was introduced as a key component of the community process intervention and now it has emerged as the largest community health worker program in the world. Apart from this it is also considered a critical contribution to enabling people's participation in health. Now, the other main communication channels for health awareness are health centers and wall

paintings. During the field visit, the researcher observed so many wall paintings in which the information regarding various health issues were written and painted. Out of all, 43.4% participants confirmed that they get information through wall paintings. How does wall painting spread information? The researcher had asked this question to several villagers and found that they frequently pay attention to these wall pictures as they feel it gives relevant information.

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