

A Comparative Study of the Promise and Reality of Community Radio wrt the Health in Himachal Pradesh and Punjab

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Abstract

Background: The purpose of the study was to find the Promise and reality of community radio in Himachal and Punjab.

Method: For the purpose of the study, 220 respondents of Solan and Chandigarh were randomly selected as the subjects for the study. The variable selected for the purpose of this study was Health. With the help of the structured questionnaire related to Health necessary data were collected. Data were collected with regard to Health variable from 220 respondents individually. Before administering of research questionnaire, the respondents were contacted and their cooperation in the task of data collection was solicited. The data pertaining to Health variable had been analyzed by using the percentage technique in order to know the promise and reality of community Radio in Himachal Pradesh and Punjab.

Results: The findings of the study revealed that significantly similar level of Health reality was found by Chandigarh and Solan respondents.

Conclusions: On the basis of the findings of the study, the following conclusions are drawn: The Chandigarh and Solan respondents are more or less similar on the variable of Health.

KEYWORDS: Community radio, Promise, Reality.

INTRODUCTION

The growth of a country is judged by the strength of its communication system. The stronger the communication system, the greater is rate of growth. India is a country with almost diversities in terms of geographical distribution, religions, languages, culture, castes and beliefs. In addition to these major areas of diversities, there are thousands of minor varieties of sub-castes, languages and dialects.

In such a diverse country, we are still following a single and conventional broadcasting system that caters to a huge population of 1,210,854,977(census2011).The information and entertainment needs of many of these people have been tried to be fulfilled with only two broadcasters: All India Radio and Doordarshan which for long run 15 channels. There are hundreds of private broadcasters at present which do not cater to the public needs of information as well as entertainment but their own business interests which is very much obvious. All these media are working on the notion that broadcasting covers a wide geographical area as well as a large population at any given time.

This situation demanded some change and hence as an alternative medium, the concept of 'narrowcasting' has been evolved which focuses on the information needs of the community of a specific area. The term narrowcasting refers to presenting different programmes for a narrow area and a definite population.

Health-related attitudes and behaviors are greatly influenced by local media. Community journalists can bring taboo subjects such as sexual and reproductive health matters out in the open so they can be discussed. Identifying what is relevant to a health story is about considering cultural and traditional concerns of the society. Community journalists have the aptitude to select appropriate personal stories, idioms and words to convey a message most effectively. Community journalists can provide sufficient background and context to help the public analyze myths and misconceptions about miracle cures and traditional medicine.

DEFINING COMMUNITY RADIO

The definition of the Community Radio mentioned in the guidelines of the Ministry of Information and Broadcasting is reproduced in the following paragraphs:

- (a) A 'community' is considered to be a group of people who share common characteristics and interests such as sharing a single geographical location e.g. a specific town, village or neighborhood; sharing of economic and social life through trade, marketing, exchange of goods and services.
- (b) A non-profit service will be in charge of 'Community Radio' broadcasting activities. It should be owned by a particular community, usually through a trust, foundation, or association. Its aim is to serve and benefit that community. It is, in effect, a form of public service broadcasting, but it serves a community rather than the whole nation, as is the usual form of public broadcasting described above. Moreover, it relies and must rely mainly on the resources of the community.
- (c) Community radio is a medium that gives a voice to the voiceless, serves as a mouthpiece of the marginalized and is central to communication and democratic processes within societies.
- (d) Community Radio is a broadcasting system established by the efforts of a specific community, operated by the community for the purpose of the community's welfare.

The Community Radio can bring a revolution if used effectively. It can be used for education, farming and livelihood generation by broadcasting programs in coordination with the local communities in their own languages and dialects, on following themes:

- Development of effective innovative education approaches to translate knowledge gained from science into public health and community applications
- Educating the farmers and seasonal farm workers in rural areas, organic farming, and livelihood generation
- Innovative educational programs intended to motivate biomedical and other health science students to pursue cancer/HIV/AIDS related careers.

METHOD

Sample

The population for the present study is the 110 respondents of Solan and surrounding villages and within the reach of the CRS Solan and 110 Chandigarh respondents and adjoining villages and within the reach of the CRS Chandigarh respectively. Purposive random sampling method was employed to collect data from potential listeners and non-listeners of the radio station. The non-listeners of the CRS included the previous listeners who helped to investigate the reasons for discontinuing their listening habit and to analyze the drawbacks of CRS.

Tool

The variable selected for the purpose of this study was: Health. Health reality was assessed by the total scores in structured questionnaire of community radio.

Procedure

With the help of the structured questionnaire related to Health necessary data were collected. Data were collected with regard to Health variable from 220 respondents individually. Before administering of research questionnaire, the respondents were contacted and their cooperation in the task of data collection was solicited.

Techniques

The data pertaining to Health variable had been analyzed by using the percentage technique in order to know the promise and reality of community Radio in Himachal Pradesh and Punjab.

Results

The findings pertaining to descriptive statistics for the Health promise and reality have been presented in table no. 1

Distribution of Respondents of Solan people regarding their Health Comparison on the basis of yes/no Response is shown in the Table 1

Table 1

Response	No./Frequency	Percentage
Yes	362	82.27%
No	78	17.72%
Total	440	100%

The above data show that 82.27 percent of Solan respondents think that overall health facilities in their area are very good; while, 17.72 percent people are not satisfied with the overall health facilities provided by the government.

Distribution of Respondents of Chandigarh people regarding their Health Comparison on the basis of yes/no Response is shown in the Table 2

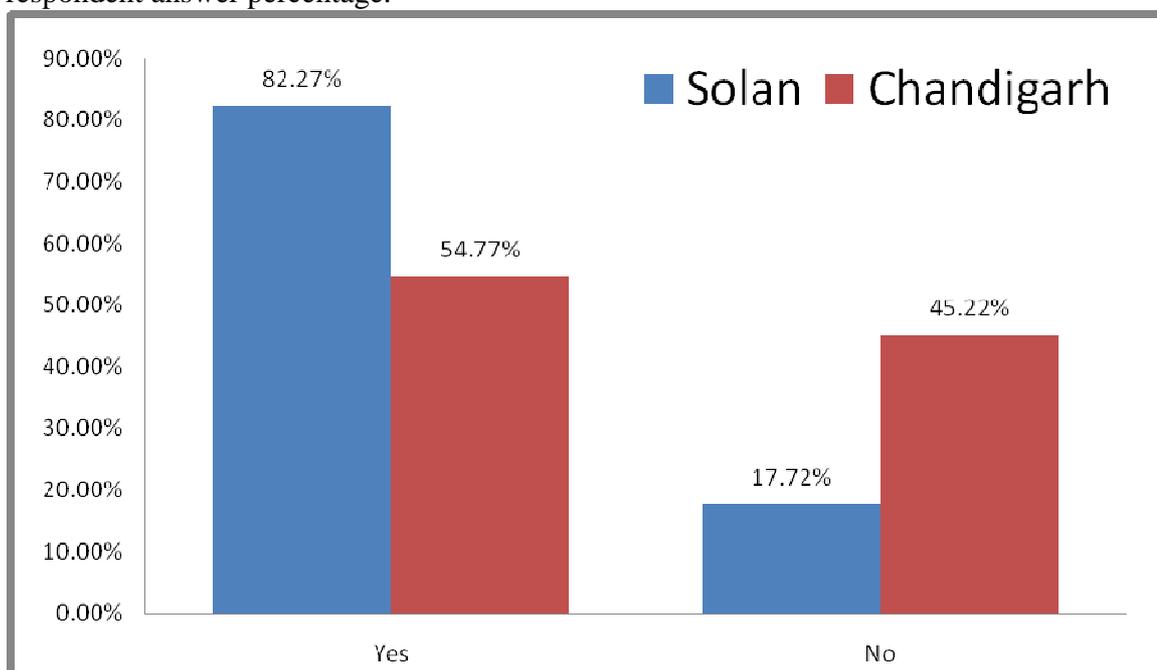
Table 2

Response	No./Frequency	Percentage
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Yes	241	54.77%
No	199	45.22%
Total	440	100%

The above data show that 54.77 percent of Chandigarh respondents think that overall health facilities in their area are very good; while, 45.22 percent people are not satisfied with the overall health facilities provided by the government.

Comparison of Response Percentage of Solan and Chandigarh people are shown by drawing the bar chart. The difference in the height of bar chart indicates the difference of respondent answer percentage.



Distribution of Respondents of Solan people regarding their Health Comparison on the basis of Very Good, Good, Average and Below Average Response is shown in the Table 3

Table 3

Response	No./Frequency	Percentage
Very Good	80	36.36%
Good	60	27.27%
Average	55	25%
Below Average	25	11.36%
Total	220	100%

The above data show that 36.36 percent of Solan respondents think that so much progress has been made in area relating to health due to the advent of Community Radio but 27.27 percent people consider the progress made by Community Radio relating to health as good, 25 percent people think about the progress made by Community Radio relating to health as average and 11.36 percent of people rated the progress below average.

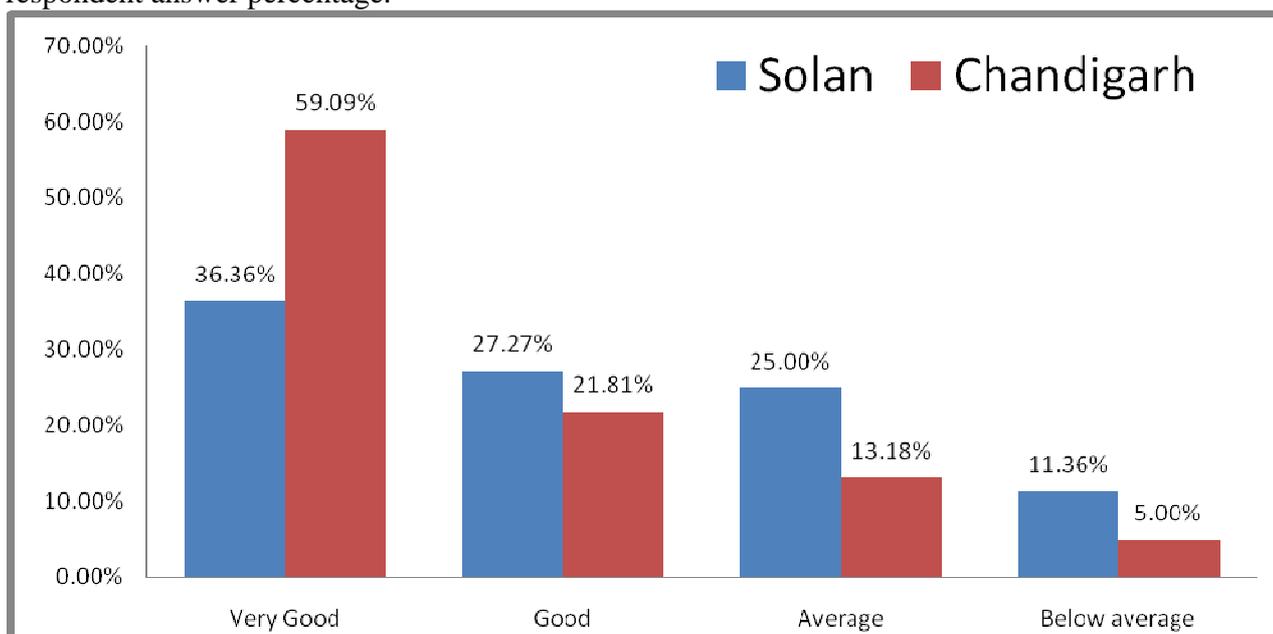
Distribution of Respondents of Chandigarh people regarding their Health Comparison on the basis of Very Good, Good, Average and Below Average Response is shown in the Table 4

Table 4

Response	No./Frequency	Percentage
Very Good	130	59.09%
Good	48	21.81%
Average	29	13.18%
Below Average	11	5%
Total	110	100%

The above data show that 59.09 percent of Chandigarh respondents think that so much progress has been made in area relating to health due to the advent of Community Radio but 21.81 percent people consider the progress made by Community Radio relating to health as good, 13.18 percent people think about the progress made by Community Radio relating to health as average and 5 percent of people rated the progress below average.

Comparison of Response Percentage of Solan and Chandigarh people are shown by drawing the bar chart. The difference in the height of bar chart indicates the difference of respondent answer percentage.



Conclusions

On the basis of the findings of the study, the following conclusions are drawn: The Chandigarh and Solan respondents are more or less similar on the variable of Health.

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