

**Role of Media in Spreading Awareness of Viral Hepatitis
Among the Youth: A Study with Special Reference
to Lucknow City, Uttar Pradesh**

THESIS

**Submitted to
Babasaheb Bhimrao Ambedkar University
(A Central University)**

Lucknow

**BABASAHEB
BHIMRAO
AMBEDKAR
UNIVERSITY**



**•LUCKNOW•
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Submitted By

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DEDICATED TO
MY BELOVED PARENTS

SUBBA RAO & DAYAMMA

FOR THEIR COUNTLESS EFFORTS AND LOT OF SACRIFICES IN
DEVELOPING ME WHAT I AM NOW. I THANK YOU BOTH FOR GIVING ME
STRENGTH TO REACH FOR THE STARS AND CHASE MY DREAMS

DECLARATION

I declare that the thesis entitled “**Role of Media in Spreading Awareness of Viral Hepatitis Among the Youth: A Study with Special Reference to Lucknow City, Uttar Pradesh**” has been prepared by me under the supervision of Dr. Mahendra Kumar Padhy Department of Mass Communication and Journalism, School of Media and Communication, Babasaheb Bhimrao Ambedkar University (A Central University), Lucknow. No part of this thesis has formed the basis for the award of any degree, diploma or fellowship previously. Further, I declare that the material embodied in the present work is based on original research work and the indebtedness to others has been duly acknowledged at relevant places. I also declare that the thesis is essentially free from all kinds of plagiarism.

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CERTIFICATE

This is to certify that the thesis titled “**Role of Media in Spreading Awareness of Viral Hepatitis Among the Youth: A Study with Special Reference to Lucknow City, Uttar Pradesh**” submitted by **Mr. Borugadda Ananda Babu** is an original research work and has not been previously submitted in part or full for the award of any other degree or diploma to this or any other university.

This thesis submitted to Babasaheb Bhimrao Ambedkar University, Lucknow satisfies all the requirements as stipulated in the Doctor of Philosophy (Ph.D.) regulations-1999 as amended in 2008/2010/2013 and it is fit for submission and evaluation for the award of the degree of Doctor of Philosophy of the University.

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LIST OF ABBREVIATIONS AND ACRONYMS

WHO	-	World Health Organisation
BBAU	-	Babasaheb Bhimrao Ambedkar Central University
LU	-	Lucknow University
AIDS	-	Acquired Immuno Deficiency Syndrome
IAMC	-	Indian Council of Medical Research
MCI	-	Medical Council of India
PCI	-	Press Council of India
CDC	-	Centre for Disease Control and Prevention
ICMR	-	Indian Council of Medical Research
NGO	-	Non-Governmental Organization
NHM	-	National Health Mission
NPMU	-	National Programme Management Unit
SDG	-	Sustainable Development Goal
SGPG	-	Sanjai Gandhi Post-Graduate Institute
STI	-	Sexually Transmitted Infections
NVHCP	-	National Viral Hepatitis Control Program
NACP	-	National AIDS Control Program
KAP	-	Knowledge Awareness and Practice
HAV	-	Hepatitis A Virus
HBV	-	Hepatitis B Virus
HCV	-	Hepatitis C Virus
HDV	-	Hepatitis D Virus
HEV	-	Hepatitis E Virus
STD	-	Sexually Transmitted Disease
NLF	-	National Liver Foundation

CHAPTER - 1

INTRODUCTION TO THE RESEARCH STUDY

1.1 Introduction

Media plays a pivotal role for the enhancement of public awareness, collection of views, information and attitudes towards few issues. It is one of the most powerful tools of communication in the emerging world and available to us in the form of Television, Radio, Books, Magazines, Newspapers etc. Wherever, we seek some knowledge and information, media plays significant role in our society. Devoid of it, people would be isolated not only from the rest of the world but also from the total credible information.

The role of media has created a stir and sensation in the world, rich or poor, fair or dark wise or unwise, everyone enjoying. It is not exaggeration if we say that media is counting the feathers of the flying sparrow. Everything is under the shadow of the media. The constructive role of media has made the beleaguered leaders conscious. It has captured the unbridled reins of corrupt officers who were at the plum posts. It has unveiled the doings of the people who were involved in unlawful activities. It has given stunning blows to the delinquent. No one is in the wrong if someone say that drugs and intoxicants like venomous injections, LSD drops, heroin, hemp, sleep inducing pills, ice, poppy husk country made liquor , opium have taken the responsibility to ravage the health of the public. The norms of health have been thrown to the winds. The media could not help saving the public from these health killers and health hazards. Print media and electronic media has become a magnetic wand and has created a marvelous effect on the mind of the people. The flood of anti-drugs has come and the role of it is positive. Media has

incinerated the evil intention of the worst elements of the society otherwise the devil of the destruction was ahead and chances of perdition cannot be denied.

In a developing country like India, onward progress is witnessed all around specifically in health sector. With the emergence of effective vaccines and latest antibiotics, the threats of communicable diseases are curtailed to a great extent. Since last decade, the greatest risk ever to the human race is HIV/AIDS which has globally affected the health of millions of population. Apart from medical interventions, a major action taken to curb this menace is the promotion of awareness for its prevention utilizing tools of communication. Viral Hepatitis, almost equally dangerous to human kind, has been paid little attention. It came to recognition in India in early 1955, and as per latest data it is clear that it is engulfing the whole country. More than 8 million people in India are infected with chronic Hepatitis. According to WHO, 400 million people have shown positive results to Hepatitis across the world, in addition to this 6 to 10 million people are getting infected annually- growth rate is more among youth.¹

1.2 Hepatitis

Term Hepatitis is composed of two parts –*hepata* meaning liver and *isis* meaning inflammation or disorder. Thus, it is inflammation of the liver caused by viral infection or exposure to harmful substances such as alcohol. It may have limited or no symptoms, but often leads to jaundice, anorexia (poor appetite), malaise etc. In some cases acute jaundice may get converted to fatal state of cirrhosis. Hepatitis is of two types: *acute* and *chronic*. Virus responsible for this can be found in larger extent in the blood and to lesser extent in

¹Tandon, Gandhi, Joshi, Irshad, 1985

the saliva, semen or vaginal fluid of an infected person. As mostly it is concentrated in the blood, blood transfusion can also lead to infection,

Highest percentages of Hepatitis affected are adults followed by youth. Youth is defined by Webster's New World Dictionary as "The time of life when one is young, especially- a) the period between childhood and maturity b) the early period of existence, growth, or development. The term "youth" and "adolescent" and "young person" globally often have same connotation. A large section of Indian population consists of young people who are important for the entertainment industry providing tailor made contents for the youth as they are their prime targeted audiences. It was the central idea which motivated the researcher to target youth in this research.

1.3 Hepatitis in India

Hepatitis has emerged as a global public health concern. The World Health Organization (WHO) and Centre for Disease Control (CDC) estimate that, currently over 500 million people are living with chronic viral hepatitis in the world. Of these, nearly 1 million die every year of the consequences of hepatitis, like cirrhosis or liver cancer. More exactly, estimated 57% of liver cirrhosis and 78% of primary liver cancer cases are believed to result from hepatitis B virus (HBV) or hepatitis C virus (HCV) infections. According to WHO in India the prevalence rates are 2% to 7% for HBV and 0.5% to 1.5% for HCV. However, these figures likely represent only a fraction of the true burden. Despite hepatitis affecting a considerable portion of the Indian population, it still does not receive the attention it deserves; India still does not have a tangible national policy for addressing the problem. Moreover, hepatitis is often a 'silent' disease; while most patients recover from

acute infections, many of them progress to the chronic stage and serious life-threatening complications. Due to often low awareness, most of the patients are diagnosed at a stage where the disease is irreversible.

In developing countries like India, highest incidence of the disease is seen in teenagers and young adults. Past studies depict that college students are commonly engaged in high risk behaviours like nose and ear piercing, tattooing, sharing of jewelry items, unsafe sexual practices, unsterilized syringes by IDUs, razors etc. India has the largest population of adolescents and young adults in the world; 362 million individuals, aged between 10-24 years constituting 28% of the country population. As adolescents and young adults comprise a major proportion of the country's population and commonly participate in behaviour considered high-risk for hepatitis; it is vital that their awareness, source of information and risk insights be evaluated in order to implement appropriate strategies. Studies have been conducted earlier to assess awareness and level of knowledge among medical students of India. But so far no study focusing exclusively on university students has been reported. This study was therefore conducted, to assess the awareness and practices among the university students in Lucknow city, India.

1.4 Youth

Majority of Hepatitis infected population lies in the category of youth not only in India but all around the world. Youth is defined by Webster's New World Dictionary as "The time of life when one is young, especially, a) the period between childhood and maturity b) the early period of existence, growth, or development. In all parts of the world the terms "youth", "adolescent" and "young person" often mean the same. A large section of India's

population consists of young people. This fact is interestingly important for the entertainment industry which provide tailor made content for the youth as they mostly are their main targeted audiences. Sex is the favorite subject they choose to provide entertainment. Unfortunately in the course of this they often provide misleading and inaccurate information about sex, as in India social taboos still do not allow people to talk freely about sex or provide sex education. Efforts are now being taken to use the mass media to make the youth aware and to adopt safe sexual behavior.

India is a developing country which is confronted by a number of social problems, especially those relating to young people. Youth is a period of great significance in an individual's life. It is an unarguable fact that the youth can impact a country substantially in its social and economic growth. But the proper development of human resources and successful tackling of social problems can be achieved only by those with a deep commitment to serve their society to the best of their abilities.

1.5 Significance of the Study

Keeping good health is one of the important activities in day-to-day life, and people require health information to attain good health and address health care decisions². "People seek out and use information relating to work, leisure, health, money, family, and a host of distinct topics as part of their daily life from an enormous range of sources"³. Johnstone et al., (2004) explained that everyone is a seeker and a user of information and it is a part of everyday life. How a person obtains health information can influence that person's health

² Patrick, Koss, Deering, & Harris, 1995

³ Johnstone, Tate, & Bonner, 2004

behaviour, health care access, clinical outcomes, and quality of life⁴. “People solicit information to add knowledge they lack or to authenticate or disconfirm their current state of faith and they use that information for strategic purpose” (Brashers, 2001, p. 482). To keep good health, people need information regarding health at all times in the society. Be it personal life or professional life, be it our home or workplace, be it hepatitis or AIDS, maintaining good health is the top priority of every citizen of the country. It includes people of all ages, children, adults, aged individuals with all types of educational background viz - illiterates, educated, professionals, working class. Elwood, (2011), claims that the health is ultimately the responsibility of each person. When individuals encounter with hepatitis disease or any other disease, information plays a vital role in helping them to understand more about their diseases, make more informed decisions about treatment options, and better cope with all the social and psychological impacts incurred by the illness.

People should be made aware of the hospital facilities and medicines available to control and cure diseases in early stages. For individuals, health information can increase knowledge of health risks, and answers provide the motivation and skills required to decrease these risks, help them find support from other people in comparable situations, and affect or augment attitudes. It can also improve demand for appropriate health services and reduce demand for improper health services. It can make available information to aid in making difficult choices, such as selecting health plans, care providers, and treatments. Distribution of health messages through public education campaigns that seek to change

⁴ Kelley, Su, & Britigan, 2016

the social climate to promote healthy behaviours create awareness, change attitudes, and motivate individuals to adopt recommended behaviours⁵.

People remain badly informed about many of the health systems and know little about whether health services are appropriate, who is benefiting from them, whether quality is sufficient, or whether people are getting good value from public and private spending on health. The time has come to re-assess how the Indian health system should function, and retool it for the new millennium.

Consequently, a vast quantity of health information is targeted to the general population through various media channels – TV, radio, newspapers, magazines, internet and social media and several institutional sources. In recent times, with the accelerated growth of the technology and other new media, people have gained unprecedented access to a vast array of sources of health information. At all levels, an enormous amount of health information is targeted through published literature, radio, TV, cinema, informative speeches, posters and various other methods of communication to different sections of the people in the society. The information transfer is also accomplished through door-to-door inspection and by campaigning undertaken by many voluntary agencies. The use of the information technology has facilitated health information dissemination. These have helped to keep the people informed of what the diseases are and the serious consequence he/she is likely to face if the ailments are left untreated.

Despite these initiatives, there is a gap in information dissemination to different sections of the society due to many inherent inequalities among rural and urban India. “Indian health authorities have attempted to improve awareness and preventive behaviour through a

⁵ Atkin & Wallack, 1990; Maibach, Abrams, & Marosits, 2007

combination of traditional mass media campaigns and interpersonal communication strategies. However, they neither familiarized the understanding of current knowledge, attitudes, and practices related to preventive strategies nor of health information seeking behaviours of targeted audiences”⁶.

Selected studies on the role of mass media in spreading viral hepatitis awareness from various parts of the world are reported here. Some of the notable studies are from Acharya, S. K. (2013). Acharya, S. K., Madan, K., Dattagupta, S., & Panda, S. K. (2005). Santosh, V.S & Shrinivas, 2015. Gowda, A., Goud, B. R., Patil, A., & Khatib, M. (2014). Díez- Padrisa, N., & Castellanos, L. G. (2013). Panel, V. H. C. (2003). Qamer, S., Shahab, T., Alam, S., Malik, A., & Afzal, K. (2004). Singh, A., & Jain, S. (2012). World Health Organization. (2012). (Majolagbe, Oladipo, & Daniel, 2014). Euphemia & Oluwakemi, 2017). (Odimayo, Nwadioha, & Utoo, 2015). Aderibigbe, Salami, and Babatunde (2009). Uleanya and Obidike (2015). Adekanle, Ndububa, Olowookere, Ijarotimi and Ijadunola (2015). Samuel, S. O., Aderibigbe, S. A., Salami, T. A. T., & Babatunde, O. A. (2009).

There are no in-depth and specific studies reported from India on “role of media in spreading viral hepatitis awareness among the youth of India”. Hence, the need for the present study.

1.6. Scope of the Study

Media is one of the most powerful instruments of communication. It can help to promote the right things at right time and gives a real as well as strong aspect of the world about what is right or wrong. There are many social problems and issues, which are

⁶ Lwin, Vijaykumar, Leng, Foo, & Lim, 2012, p. 1

affected by the people, of the people and for the people. Media is the best tool to spread awareness in the modern society either it be political, health, social or economic and giving us latest sight about what is happening in our world,

The present study highlights the relevant information about the seriousness of Hepatitis in India. The statistical analysis and review of Hepatitis awareness provided an insight into the role of media in removing the stigma of Hepatitis. The mass media movements help in designing future course of interventions in eradication of Hepatitis in India. An analytical attempt will be made to study the role played by the media in generating Hepatitis awareness and find out whether this information is affecting the awareness of targeted group in physical terms. The information derived from the media about Hepatitis awareness is very useful not only for further study in this area but also for better understanding of youth psychology. Thus, awareness is an important tool to fight against Hepatitis. Thus, this study focuses on role of media in promoting awareness and reducing Hepatitis related stigmas.

1.7 Formulation of Research Problem

- I. The awareness level of the selected target group regarding the implications of the viral hepatitis disease is at an alarming state.
- II. The stigma related to the hepatitis is gaining momentum among the youth population.
- III. Lack of media strategies in promoting health awareness among the youth.

- IV. The people's (target group) perspective on media coverage pertaining to the awareness of the viral hepatitis disease is not a wholesome approach.

1.8 Aim and Objectives of the study

The broad aim of the research study is to find out the role of mass media in promoting Hepatitis awareness in India with the following objectives.

- I. To study the extent of media coverage given to Hepatitis disease by selected newspapers in Lucknow
- II. To find out the awareness level of students in Lucknow University and Babasaheb Bhimrao Ambedkar Central University about Hepatitis disease.
- III. To find out the media preferences of the selected target group for getting information about Hepatitis.
- IV. To study the role of various mass media for Hepatitis awareness with respect to gender.
- V. To design a suitable media strategy for creating awareness about viral hepatitis among the youth of Lucknow.

1.9 Formulation of research questions

Keeping in mind the broad objectives of the study, the researcher has formulated the following research questions.

- i. What is the extent of coverage given to Hepatitis disease by selected newspaper in Lucknow?

- ii. What is the awareness level of university students in Lucknow city about the Hepatitis disease?
- iii. What is the knowledge level of university students in Lucknow city about Hepatitis disease?
- iv. Which media is the best awareness driver to Hepatitis?
- v. Does mass media health campaign contain powerful effects on citizens?
- vi. Does media awareness has any effect on health of youth?
- vii. How to device an effective media strategy for creating Hepatitis awareness?

1.10 Research Methodology

1.10.1 Research Design

Since, the objectives of the research demands primary data to evaluate the efficacy of communication channels involved in promoting awareness about Hepatitis, The researcher has adopted both qualitative and quantitative research methods. Content analysis was used to find out the extent of the coverage given to the viral hepatitis news by Indian newspapers. the researcher has administered survey method with a well-structured questionnaire with closed ended questions to find out the awareness and knowledge level regarding hepatitis disease among the targeted group of students.

1.10.2 Primary Research Methods

i. Qualitative – (a) Survey Method, tools of survey method a well structured interview schedule.

(b) Expert Consultation,

(c) Observation Method.

ii. Quantitative –The researcher has undertaken content analysis of One Hindi Newspaper

(Dainik Jagran) and One English Newspaper (Times of India),

Time duration: two months.

1.10.3 Universe of the Study

Since the World Health Organization revealed that Hepatitis is newly infecting 10 million population annually, this infection rate is high among youth aged between 15 to 29 years, so students of Lucknow and BBAU Universities has chosen as the population of the study, In terms of education and information these are considered as more aware than the rest of the society, In order to study the media role and strategy, the researcher has selected two daily newspapers (one English and one Hindi) from print media based on circulation.

Respondents Profile	Male	Female	Total
Graduation	53	38	91
Post Graduation	169	109	278
Ph.D	22	9	31
Total	244	156	400

1.10.4 Unit of the Study: University students

1.10.5 Sampling Technique

In order to collect samples from both the universities, the researcher has used the sampling techniques such as systematic and purposive for (a) Collecting the required data and information related to the research study. Therefore, as per the (b) Sampling method, two universities have been selected and few disciplines namely mass communication and management from Social Science, and Mathematics and Physics from Science were selected, by administering purposive sampling method.

Out of the total population size of 4001 university students, consisting of both the universities, the researcher has taken 10 percent of total population as sample administering systematic sampling method (probability sampling). From the total population every 10th unit of the population is selected as representative sample through adapting systematic sampling methodology.

Systematic Sampling Formula for

$$\text{Interval (i)} = \frac{N}{n} = \frac{4001}{400} = 10.01$$

N= total population size

n= representative sample

For selecting the specific disciplines among the available departments, the researcher has administered purposive sampling, using the purposive sampling (Non-Probability Sampling) method. The researcher has selected Mass Communication and Management Departments from Social Sciences and Mathematics and Physics from Science discipline.

1.10.6 Sample size: 200 from Babasaheb Bhimrao Ambedkar Central University and 200 from Lucknow University selected as sample.

1.10.7 Instrument

The samples of the universe are only literate; therefore, the interview schedule was used to collect the primary data. The interview schedule is planned with closed ended questionnaire. The respondents were asked to select an answer from the list provided by the researcher.

1.11. Variables

1.11.1 Independent variable

Gender

- 1) Male
- 2) Female

1.11.2 Level of Respondents Education

- a) Graduation
- b) Post-Graduation
- c) Ph.D.

1.11.3 Dependent Variables

- a) Awareness of Hepatitis
- b) Knowledge of Hepatitis

- c) Role of media in Hepatitis awareness
- d) Government and NGO Indicatives- Role of media.

1.11.4 Research Methods used

In order to examine and study the above mentioned objectives and research questions, the researcher both primary and secondary research methods used for collecting the intended data and information.

1.11.5 Primary Research Methods

Qualitative - Survey Method

Tools of Survey Method:

- (a) A well-structured interview schedule.
- (b) Observation method

Quantitative - Content analysis, the researcher has under taken content analysis for analyzing the content of one Hindi newspaper (Dainik Jagran) and One English newspaper (Times of India), Time duration: two months (July and August 2017)

1.11.6 Secondary Research Methods

Research Papers, Research Thesis, Health Periodicals, Health Communication Journals, Health Communication Books, and research abstract.

1.11.7 Statistical Techniques used

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS), a widely used package by researchers for quantitative analysis.

- a. Pearson's Chi Square test (X^2) method has been used to analyse the comparative data.
- b. Classification Tabulation Method.
- c. Percentile method.

1.11.8 Experts Consultation

In order to evaluate the accuracy of the information received from the respondents the researcher has consulted the following experts during the period of the study.

- i. Dr. Amit Goel (Gastroenterologist)

Sanjay Gandhi Postgraduate Institute of Medical Science (SGPGI). Lucknow. Uttar Pradesh.

- ii. Dr. Rakesh Agarwal (Gastroenterologist)

Sanjay Gandhi Postgraduate Institute of Medical Science (SGPGI). Lucknow. Uttar Pradesh.

1.12 Chapters Division

Chapter I: Introduction to the study

Chapter II: Review of the literature.

Chapter III: Hepatitis: Historical Background, Emergence and Counter Applications.

Chapter IV: Role of Print Media in Promoting Awareness and Reducing Stigma Related to Hepatitis.

Chapter V: Role of Governmental and Non-Governmental Organizations in Creating Hepatitis Awareness.

Chapter VI: Data Analysis and Interpretation.

Chapter VII: Summary, Conclusions and Recommendations.

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CHAPTER - II

REVIEW OF LITERATURE

2.1 Introduction

Chapter two deals with the related literature reviewed by the researcher duly for the purpose of study. Much has been written and published on information needs and information seeking behaviour of users of health information. Health, being a multi-faceted idea, implies different meanings to different people depending on the context of its use. For example “health” in the context of doctors, nurses and other medical professionals implies “diseases or illness”. From the general public’s view, it refers to an overall physical and mental well-being. There has been an enormous growth of literature on various facets of health and dissemination of information about viral hepatitis from different communications channels at the national and international level. The research related to the topic in the Indian setting is very limited. An attempt has been made to collect and review the literature on the subject and related to it. For this purpose, following sources viz., Emerald Insight, Taylor & Francis, Springer Link, Web of Science, J-Gate, PubMed, Google Scholar, Google, databases of Oxford University Press, Cambridge University Press, were searched and identified articles related to the topic of research. Besides, a retrospective search was also carried out using Library and Information Science Abstracts (LISA), PsycINFO and ERIC database. All efforts were made to collect the full-text of most of the relevant articles on the subject, and where the full-texts were not available, the informative abstracts were used. Some of the keywords used for searching on the topic were viral hepatitis, youth, perception, awareness, knowledge; health information needs, information seeking, use of mass media- TV, Radio, Newspapers, Magazines, reference to health and health information. Appropriate search strategies keeping in view the requirements of a particular database were formulated to find the relevant literature.

2.2 Use of Mass Media for Health Promotion

Mass media supports to inform and educate the general public on various health concerns and provide health information that may produce healthy living among people. The mass media perform several important functions in society. These include the provision of information, entertainment, articulating and creating the meaning of information, setting agendas for individual and social discourse and influencing behaviour. Over the years, mass media have been a major component of human society. The information, education and entertainment uses of mass media, in particular, necessitate the coverage of a wide range of human endeavours and subject areas. The topics cover health, politics, education, sports, science and technology, environment, arts and culture, business and economy, life and style and religion (Bello, 2015). ¹The widespread use of mass media has had a profound influence on societies across the world. Access and exposure to these different kinds of media have enabled people not only to obtain information but share this information more than ever before. As a result, modern societies are becoming increasingly more dynamic, complex, less isolated and more interconnected (Niekerk, 2012).

K.Radha (2011) has explained good health for all in the 21st century as targeted by WHO health is a vital indicator of human development. In present days, diseases create challenges to human society. Health awareness promotes the people to prevent them from life threatening diseases. In urban areas people are highly aware about challenged diseases, but in rural areas lack of medical facilities and unawareness may be considered as the main causes of diseases. Hence, the media is one of the communicator to all the rural people through various ways of health awareness. If health awareness is increased, then definitely they can work more effectively and may contribute in rural development. So, the media is very important to educate the rural people about health awareness for our bright future It

¹ Bello, S. M. (2015). Newspaper coverage of health issues in Nigeria: the frequency of reporting malaria, HIV/AIDS and polio and the effect of seeking health information on the health behaviours of newspaper readers.

highlights the impact of mass media on health awareness among the rural mass. This study covers the rural people in Omalur Taluk.

Mass media is now frequently used for health education as it is largely influential and accessible, and plays an important role in changing attitudes and behaviour of the people. It has been observed that young people perceive commercials and media as the most reliable sources of health information. With the growing number of Hepatitis patients in India it has become vital to develop further understanding of this issue among adolescents and educate them about this disease, as they will be responsible for the health and wellbeing of their families. The in-school adolescents can at least be easily accessed for raising awareness regarding health issues; importance, symptoms and cures.

Ramachandran and Dharmalingam (1993, 1976) had given the importance of health education and mentioned that the basis of any education was communication. Health education was education about health and was greatly concerned with the dissemination of information for creating awareness and developing attitude and changing behaviour for maintenance of good health. For people to understand and appreciate ideas, messages, methods, etc., with proper reasoning, the communication should be simple, clear, brief and crisp. They stressed the use of suitable and objective audio visual aids for any health education effort because the aids provide not only a comfortable diversion but help in focusing attention on the essentials and giving the eye and ear a greater role in perception.

Bertrand and others (2006) mentioned that mass media interventions were any programmes or other planned efforts that disseminate messages to produce awareness or behaviour change

among an intended population through channels that reached a broad audience.² These channels include radio, television (TV), video, print and the Internet, and could take different forms such as radio variety shows, songs, spots, soap operas, music videos, films, pamphlets, billboards, posters and interactive web sites. On one hand, there were broadcast interventions, which included radio and/or TV, thus having the potential to reach a national audience, and small media (e.g. posters, pamphlets, audio programming, dramas and puppet shows) with more local reach. The latter tended to be face-to-face, interactive and community-based, with greater involvement of local stakeholders.

According to Pye (1963), it was the pressure of communication, which brought the downfall of traditional societies. Mass media channels, such as television, radio and movies could be used effectively to remove illiteracy, to control population, to increase production, and to advocate health practices. Further he showed that the press and radio can have a profound influence in changing the ways of the people only if they were fully supported by the informal, social channels of communications which were intimately related to basic social processes.

Diane Levin Zamiri (2011) analysed that increasing media use among adolescents and its significant influence on health behavior warrants in-depth understanding of their response to media content. This study developed the concept and tested a model of Media Health Literacy (MHL), examined its association with personal/socio-demographic determinants and reported sources of health information, while analyzing its role in promoting empowerment and health behavior (cigarette/water-pipe smoking, nutritional/dieting habits, physical/sedentary activity, safety/injury behaviors and sexual behavior). The school-based

² Bertrand, J. T., O'Reilly, K., Denison, J., Anhang, R., & Sweat, M. (2006). Systematic review of the effectiveness of mass communication programs to change HIV/AIDS-related behaviors in developing countries. *Health education research*, 21(4), 567-597.

study included a representative sample of 1316 Israeli adolescents, grades 7, 9 and 11, using qualitative and quantitative instruments to develop the new measure the findings suggest that as a determinant of adolescent health behavior, MHL identifies groups at risk and may provide a basis for health promotion among youth.

Inga-Britt Lindblad (1994) in ‘Mass Communication and Health Promotion: The Power of The Media and Public Opinion’ reveals that community-based preventive programs in Sweden in the field of cardiovascular diseases and diabetes was greatly reported in the news by the Swedish mass media. The study asserts that media focuses specifically to an individual standpoint concerning health habits of people in Sweden.³

Ronald E Rice (2012) found that health communication campaigns are purposive attempts to raise awareness, improve knowledge about, or influence behavior related to, health issues in large audiences within a specified time period using an organized set of communication activities and featuring an array of mediated messages in multiple channels generally to produce non-commercial benefits to individuals and society⁴. *Health interventions* are typically more narrowly focused on specific programs or tools designed to achieve more individual-level goals, typically without mass media support, though some campaigns are referred to as interventions. Campaigns use a wide variety of media technologies (TV, mobile phone, computer, video game console, radio, etc.), media formats (soap operas, text messages, games, social games, virtual worlds, web sites), and environments (home, school, work, play, waiting rooms) to encourage people to improve their health behavior.

³ Brannstrom, I., & Lindblad, I. B. (1994). Mass communication and health promotion: The power of the media and public opinion. *Health communication*, 6(1), 21-36.

⁴ Atkin, C. K., & Rice, R. E. (2012). Advances in public communication campaigns. *The international encyclopedia of media studies*.

A literature review which was conducted to know the impact of the mass media on public Information drive effectiveness and suggests approaches to successful information campaigns. Campaign strategists should choose message sources that were considered credible by the intended audience. Choice of the channel depends on the configuration of source, message, and target audience factors, but television is superior for most purposes. Further, the role of pre-campaign audience analysis and pilot testing of alternative sources, appeals, and styles should be considered. The best method for assuring maximum response was pre-testing with small samples of the intended audience (Atkin & Wallack, 1990).

(YANOVITZKY & STRYKER, 2001) express that communication campaigns attempt to change or initiate attitudes and behaviours. Mass media messages often have significant impact on personal and public health. According to the study, it is revealed that a health communication campaigns for AIDS awareness resulted in an increase in the use of condoms. Mass media have served as essential components in a number of important health communication campaigns in recent years. The goal of the media health communication campaign is to present specific messages, designed by health and communication experts, which have intentional, positive health related effects on audiences. It has been found that food and health commercials may have positive and negative effects, depending upon the nutritional value of the food advertised.

2.3 Mass Media and Danger of Hepatitis

Convincing people to agree to healthy manners and behaviors of policymakers as well as Government to initiate and change practices in support of better health has never been an easy task, especially in a one world separated in race, culture, language and belief but connected in health issues. The need therefore for health communication cannot be overstated. Health communication is one of the many strata of communication discipline with

the objective of bridging the information gap in the society. Recognizing its imperativeness, (Clancy, quoted in Krisberg, 2004) described health communication as the “the main currency of healthcare in the 21st century”. More specifically, the Centers for Disease Control and Prevention (CDC) sees health communication as “the study and use of communication strategies to inform and influence individual and community decisions that enhance health”.⁵

Key words such as; “influencing individuals or communities” (Freimuth, Linnan, & Potter, 2000, p. 337, Freimuth, Linnan, & Potter, 2000, p. 338), “informing”(CDC, 2001; U.S. Department of Health and Human Services, 2005),“motivating target audiences,” “exchanging information,” and “changing behaviors”(Clift & Freimuth, 1995, p. 68) are some of the characteristics attached to health communication.

The central function of the mass media in the achievement of “The Global Health Sector Strategy on Viral Hepatitis 2016 – 2021” as launched by the World Health Organisation cannot be over stressed. The new vision is poised towards ending the viral hepatitis disease and the achievement of the 2030 health agenda of the Sustainable Development Goal (SDG).⁶

The strategy according to World Health Organisation has the vision of “a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment; eliminating viral hepatitis as a major public health threat by 2030; reducing the incidence of chronic hepatitis infection from the current 6–10 million cases of chronic infection to 0.9 million infections by 2030, and to reduce the

⁵ U.S. Department of Health and Human Services, 2005.

⁶ World Health Organization. (2016). *Global health sector strategy on viral hepatitis 2016-2021. Towards ending viral hepatitis* (No. WHO/HIV/2016.06). World Health Organization.

annual deaths from chronic hepatitis from 1.4 million to less than 0.5 million by 2030. Achieving these targets will require a radical change in the hepatitis response, and will mean that hepatitis is elevated to a higher priority in public health responses”.⁷

“Strategic direction 1 – Information for focused action: developing a strong strategic information system to understand viral hepatitis epidemics and focus the response” (WHO, 2016, p. 7).

The first directional goal as developed by the World Health Body confirms the nucleus function of the media. The media has great power to direct thoughts towards societal issues including health. This is related to the position of Cohen (1963) having revised the Agenda setting theory of McCombs and Shaw that “the media may not be successful much of the time in telling people what to think, but it is stunningly successful in telling readers what to think about”.

Lasswell (1960) delegated to the mass media three major roles for the society within which they operate: surveillance, correlation, and transmission of cultural heritage from one generation to the next. In the context of this study, the media has a critical function beaming its searchlight in the health sector for adequate dispensation of the right information to both citizens and policy maker. In addition, Bryant and Thompson (2002) have suggested that news coverage of health matters takes on substantial implication, that has the potential to affect and influence the sense of understanding of an average citizens on the one hand and powerful policy makers on the other hand.

⁷ (WHO, 2016, p. 7)

Newspaper has been proven to be a veritable and credible medium of health information to keep away from health risks and to live a more healthy life style ⁸(Atkin & Wallack, 1990; Kreps & Thornton, 1992; Dutta- Bergman, 2004). This justifies Oyero (2010) submission that the print media functions in development process by ensuring persuasion, motivation, providing learning materials and appropriate development information for educated members of the society.

Similarly, (Euphemia & Oluwakemi, 2017) assessed the seroprevalence of hepatitis B surface antigen (HBsAg) and associated risk factors among students of a secondary school in Jagindi Tasha, Kaduna State, Nigeria. 190 students were screened and sera samples obtained were separated and analyzed for HBsAg with a commercially available Enzyme Linked Immunosorbent Assay (ELISA)-based kit (Dialab). Structured questionnaire was used to obtain Information for risk factors. The study revealed that some of the samples screened, were sero-positive. Subjects aged 13-15 years recorded 6.8% positivity male subjects had 25.5% transfusion were 32.0% among male subjects compared to 30.0% in females (0.113). The findings furthered showed that alcoholic consumption, the predominant lifestyle of the youth sin this community was 20.0% among male subjects as compared to none in females. Unfortunately, the prevalence of HBV appeared high among the studied population. The authors suggested that public awareness on the virus be accorded urgent attention, while vaccination programme be improved in the community

(Odimayo, Nwadioha, & Utoo, 2015), examined the level of awareness of Hepatitis B viral infection among subset of Markurdi community in Benue State in Nigeria. A cross sectional design was adopted using the members of Benue State University (BSU) community in Markurdi as the population of study. Questionnaires were distributed among the population

⁸ Atkin & Wallack, 1990; Kreps & Thornton, 1992; Dutta- Bergman, 2004

of study as an instrument for data collection. 728 were used for the study. The study revealed that the respondents were aware of hepatitis B virus infection and that it can be transmitted from infected mother to child during delivery, through sexual contact with infected partner, through use of HBV infected blood product and use of needle contaminated with HBV. Majority of the respondents knew that HBV is not transmitted through dirty toilet, drinking contaminated water or hugging infected individuals. The authors concluded that there were significant awareness on hepatitis B virus infection and its transmission among study population; however, some misconceptions which can result in stigmatization of HBV infected individuals existed, and later recommended the strengthening of ongoing health educational programme on HBV in the environment.

A survey on 160 school going adolescent (14-19 years) about Hepatitis B found that only 52% of them had comprehensive and correct knowledge symptoms, causes, measures for prevention of Hepatitis B. Their major source of knowledge were parents (57%), television (56%), newspaper and books (31%), doctors (30%), teachers and peers (29%). (Ali & Ameer, 2010)

Monzeal-Bistgani and Shahrjerdi (2014) conducted a study on the influence of incorrect customs of lifestyle on Hepatitis disease and infection transmission. The study indicated that some incorrect customs serve as predictive factors that aided infection transmission among persons. Some of these innocent customs were history of making shallow incisions on the auricle and the exchanging of blood of individuals during childhood. The study concludes that it has become important that scholars and health experts pay special attention to implementation in such situation for hepatitis B prevention in the population: effort on increasing the knowledge in the general population.

Adult patients (410) were randomly selected from primary care clinic in Poland to assess the prevalence of Hepatitis B infection and knowledge of hepatitis B. 45.6% were not aware of the potential asymptomatic course of hepatitis B infection, 41.2% about chronic Hepatitis B treatment and the major source of hepatitis B knowledge were media and medical staff. (Maria *et al.*, 2015)

While on the other hand, many people are not aware of the existence of the prevalence of hepatitis B virus even among students, a study by Dahlstrom and Viberg (2013), revealed the gaps of knowledge that existed among university students, and the knowledge of HBV transmission revealing that blood products and other body fluid is low. According to (Ndako *et al.*, 2011), Transfusion of blood/blood products is a very significant route of HBV; in other word, and Hepatitis B virus can be transmitted through blood product from an infected person to an unaffected person.

Hepatitis B infection among health care professionals can be prevented by vaccination, increasing awareness. From the observation of study with newly admitted medical students in India, it was found that most of the students had little knowledge about disease, mode of transmission and prevention. Nearly 40% of students were unimmunized mainly due to lack of awareness and motivation. (Santosh, V.S & Shrinivas, 2015) India has approximately HBV carrier rate of 3.0% with a high prevalence rate in the tribal population. With a population of more than 1.30 billion, India has more than 37 million HBV carriers and contributes to large proportion to the worldwide pool of HBV carriers. (Pankaj, 2014)

The study by Taylor et al (2005) revealed that people have heard of hepatitis B and had been tested for HBV. The knowledge of the infection was generally good, with about three quarters knowing the different ways of transmission. Knowledge on the transmission mode of hepatitis B is known to be from infected mother to child during delivery, through sexual contact with infected partner, through the use of HBV infected blood product and use of needle contaminated with HBV⁹, finding showed that the knowledge on modes of transmission of hepatitis B was high concerning sharing needles and childbirth, moderate concerning sharing toothbrushes and low concerning unprotected sex. Majority of the participants thought incorrectly about other possible ways of transmission, and food or respiratory droplets could transmit the disease.

2.4 Newspaper and Magazine for Hepatitis Awareness

Newspapers are potential communication resources as they often report health issues in a more comprehensive way. Precisely, for this, the reason individuals, families and organizations use health information in newspapers to meet their crucial health needs. They are primary sources from which individuals learn about hepatitis risks and other health related matters.¹⁰ Because of diverse media sources, today people have increasing opportunities to choose which media and aspects of media they will attend to and which they decide to learn from various media sources available for learning about health (Brown & Witherspoon, 2002). The dissemination of information on various health issues by newspapers make people, particularly literate, to seek health information from newspapers. According to Catalán Matamoros, Axelsson and Strid (2007), argued that the dissemination

⁹ Odimayo, Nwadioha and Utoo, (2012), Nguyen et. al (2010)

¹⁰ Catalán Matamoros, Axelsson and Strid (2007)

of health information through newspapers be a very effective way of reaching the general public.

Gasher et al., (2007) assert that health has a prominent topic in Canadian daily newspaper reportage. On a daily basis, Canadian newspapers report health-related stories on subjects such as a breakthrough in medical research, a study on the quality of drinking water, or government spending on the health care system. Research also shows that modern Americans seek information about health information from a variety of media sources and the primary sources for individual Americans who self-identify as health-conscious and health-oriented include print publications (Dutta-Bergman, 2004).

In Sweden, described as a nation of newspaper and magazine readers (Roberts & Bachen, 1981), newspapers were regarded as the most believable news media and noted for conveying health news and scientific findings more completely than television or radio and more quickly than the magazines.

Analyze the space related to health found in the Swedish newspapers and to discuss what readers consume about health. Three major Swedish newspapers selected during one month—Svenska Dagbladet, Dagens Nyheter, and Göteborgs-Posten. Health Content used to be published within the first pages (median in page 13, the main mode in 4). Journalists wrote 81.3% of all contents, and writers used sources of information in 73,6%. Most common topics were about cancer, alcohol, euthanasia and sick leave at work. “Svenska Dagbladet” is the newspaper publishing more HC and also has more specialized health writers. Different sources were used in the contents like health professionals, professors, and politicians (Catalán Matamoros et al., 2007).

Bello, (2015) in the thesis examined the coverage of health issues by Nigerian newspapers, emphasizing the level of attention given to HIV/AIDS, malaria, polio, and the northern region. The study further examined the relationship between dissemination of health information by Nigerian newspapers and the health behaviors of newspaper readers and the challenges encountered by health reporters in the field of health reporting in Nigeria. Findings suggest that Nigerian newspapers appear to give outstanding attention to other issues which, as noted by health reporters interviewed, include politics and economy, over health issues. The study also showed that dissemination of health information by Nigerian newspapers correlates with an improvement in the health behaviors of newspaper readers in the country.

2.5 Radio for Hepatitis Awareness

The process of active and passive gathering of health information through a complex network of sources have become a vital process initiated by people, to achieve good health, elude health threats, avoid illness, and when necessary, navigate diagnosis, prognosis, and treatment on the way to recovery. Garcia-Cosvalente, Wood, & Obregon, (2010) carried out a study in four different areas of Peru during the period November 2006 through January 2007 to determine health information seeking behavior of urban and rural Peruvians. Urban Peruvians were more inclined to get the advantage of the Internet for acquiring health information. While, rural Peruvians still largely prefer radio as a source of health information.

TV/radio was the more reliable media sources among participants. To obtain accurate information on health, feel more confident, consider health responsibility for self and their families, and raise community awareness, it was found useful to give emphasis on viral hepatitis awareness promotion in televisions and radio. They have a broad range of audiences

and dissemination of health-related public spots in these programs in county-wide (Yilmazel et al., 2013).

Radio broadcasting for health by Skuse, Butler, Power and Woods (2004) provided an overview of the role radio broadcasting in promotion for better health for poor people. It was conceptualized in the global context efforts needs to be put lessen the burden of disease and illness on poor individuals and advocates a people-centered and rights-based approach to health communications that emphasize working with poor communities to gain an understanding of the full range of epidemiological, behavioural and risk taking factors that drive diseases like viral hepatitis and ill health (Skuse et al., 2004).

2.6 Television for Hepatitis Awareness

TV was the most popular source of health information for middle-aged adults. The most frequently mentioned sources of health information were TV specials, news stories, magazines, news articles, publications, medical books, and physicians. The conclusions indicate that persons disseminating health information should target their efforts through printed materials, TV, and informal networks (Connell & Crawford, 1988). Health information seekers in Iran were passive information seekers rather than active ones and most shared sources for seeking health information were “TV” and “discussions with others”.

¹¹People in society are not merely passive recipients of media information and messages. They respond to content provided by the media based on their personal backgrounds, interests, the level of education and interpersonal relationships. People indicated that they obtained most of their health information from written materials, television, and informal network members, in that order, with a small difference between rural and urban respondents.

¹¹ Gavgani, Qeisari, & Jafarabadi, 2013

The amount of information received from TV declined with age, particularly for urban dwellers. The youngest and oldest groups said receiving the most health information from printed materials. TV was the most common source of health information for middle-aged adults.

Elkamel (1995) reviewed the evidence of the impact which television generally, and drama series, in particular, had on health beliefs, attitudes, and behaviors. There is a meaningful relationship between education level and use of the internet for obtaining health information among age, job and “discussions with family, relatives or close friends” for receiving health information (Gavgani et al., 2013).

Knowing the reasons behind individual differences in health information behavior was essential for the further development of tailored information services that could assist people with managing their health and lifestyle in a more positive way. Use of media for health purposes as well as their health needs not only improve knowledge on this population subgroup but also provide direction for action and social change about health issues within this group. About how people use media products to meet their needs and interests vary and health information can be transmitted through different means and instigated by various intentions of the health information-seeker.

2.7 Movies for Hepatitis Awareness

Tve is a registered charity founded by United Nations Environment Programme, WWF-UK, and central television in 1984. The aim of this program is to make people think, inform and spark debates and inspire change regarding environment and health. **Tve** works with filmmakers and partners worldwide to make and distribute films that put the health and

environment and sustainability on global agenda. From aspiring filmmakers documenting the victims of hepatitis disease to bring the awareness around the world. **Tve** films are broadcast to viewers around the world, screened to audiences ranging from policymakers to rickshaw drivers, viewed online worldwide. **Tve** films are being used in many educational institutes in India to spread awareness about viral hepatitis among the students.

Gilead Science's GFAC (Gilead Filipino American Community) and GAIN (Gilead Asian Interest Network) held a free screening of the "Be About It" hepatitis B documentary (37 min) and offered FREE hepatitis B screening. This inspiring film profiles two Bay Area fathers and their battle against hepatitis B - a potentially deadly disease impacting the Asian American and Asian Pacific Islander community. SF Hep B Free-Bay Area provided hepatitis B education and screenings after the showing of the film.

2.8 Internet for Hepatitis Awareness

The rise of electronic texts has led to fundamental changes in the way information is communicated, retrieved and disseminated, as well as in the way people approach the task of reading and writing and the way people become media literate, in future (Pailliotet & Mosenthal, 2000). The media serve as the technological and informational instruments like the Internet through which interactivity and communication processes in the modern world take place, and the commercialization of the media have created the outlets that send out the messages via various mass media sources to which people increasingly have access. The Internet gives easy and anonymous access to information on health and medicines. Rains (2007) examined the use of the WWW to seek health information in a contemporary information-media situation. Draws from uses and gratifications theory and the modeling of health information seeking, perceptions of traditional sources of information were used to

predict use of the Web to utilize for health information and perceptions of information obtained from searches. Further, utilizing the uncertainty management theory, a study was conducted to propose one technical answer for how persons use the World Wide Web to obtain health information which helped for the better understanding of the implications of the Web for information seeking. The results offer evidence that respondents who used the Web to search for cancer information were amply able than were respondents who did not request information to achieve a level of uncertainty commensurate with the degree of uncertainty they desired (Rains, 2014).

Calabretta (2002) discussed the issues of health care information in the electronic age. It includes the influence of the internet on the lifestyle of Americans including health conditions. They are using the Internet in growing numbers for their health related information. Gray, Klein, Cantrill and Noyce (2002) explored the school student perceptions of the internet as a health information source in the United Kingdom. For example, less than one-third of the students had looked for health information online. They used online to find information about a family member's illness as their health concerns. Most of them used a search engine for their query. They determined the success rate by their skill at evaluating the search results that they received. Suggested opportunities for educational interventions through schools and pharmacies to help young adults to optimize their usage of the Internet for health information¹².

Urban People are more likely to take advantage of the Internet as a means of acquiring health information¹³. Besides, people were more apt to seek health-related information online if they or their close family or friends have a chronic disease situation (Feng & Xie, 2015). Nicola J.,

¹² Gray et al., 2002

¹³ Garcia-Cosvalente et al., 2010

Klein, Cantrill and Noyce (2002) explored the qualitative study of adolescents' use of the Internet for information about health and medicine. They explained if the Internet can be truly valuable during acute illness episodes and the interplay of active and passive information seeking challenges.

Ayers & Kronenfeld (2007) described the relationship between chronic disease and retrieving health information from the Internet and changing health behavior among United States population. They found that the Internet use was not merely because of the presence chronic illness, but rather by the number of chronic conditions. Further, "the more often a person uses the Internet as a source of health information, the more likely results in the change in their health behavior". Patricia E. Gallagher (1999) critically examined the criteria for evaluation of health information available on the Internet, websites, based on their domain, and on their publisher. Edejer (2000) has given the account of the potential advancements in information and communication technologies to disseminate health information. Further, states that the "Information and communication technologies had not been harnessed systematically to improve the health of the populations in developing countries."

Dutta-Bergman, (2003), in the study 'Health Communication on the Web: The Role of Web Users Motivation and Information Completeness' suggested in their study that complete health information has stronger effect on attitude towards the information than incomplete health information, regardless of participants' motivation. The participants receiving complete health information showed greater behavioral intention than those receiving incomplete information. Information completeness is regarded as the most important information criterion in patients' decision making. Therefore, this study considers the

perceived completeness of information, that is, the degree to which users perceive information obtained from different sources as complete, as potential mediator

Wagner, Bundorf, Singer and Baker (2005) studied the digital divide in US population and use of health information on the internet. They surveyed 12,878 individuals 21 years of age and older on the research panel regarding the utilization of the Internet for health in 2001-02. Those who got Internet access for the first time by joining the panel utilized the Internet for health. Though access helped to explain the digital divide, most people provided with free access do not use the Internet for health information. Marshall and Williams (2006) explored health information literacy of consumers by evaluation of the nature and characteristic of health information on the Internet and in printed formats. Participants lack confidence in their skill to select quality health information and relied on pre-selection by authoritative sources.

Diviani, van den Putte, Giani, and van Weert (2015) examined the relationship between low health literacy and (a) people's capacity to evaluate; (b) perception of quality; (c) trust in online health information including the use of evaluation guidelines for online health information. Yilmazel, Akbulut and Duman (2013) conducted a descriptive study to determine the role of media sources for seeking health information by women. Internet was the most preferred media sources of health information, and TV/radio was the more reliable media sources among students. students' Internet use in the context of seeking health information. Despite an increasing number of international students in the USA, there was a dearth of study on the health information seeking behavior of international students. Zhang, Sun and Xie (2015) carried a systematic review of indicators, criteria, tools, and to obtain an understanding of how the quality of online health information for consumers on the web suggests for further research to examine the quality of user-generated content and to examine

possibilities offered by emerging new media that can promote the consumer evaluation of health information.

2.9 Social Media for Hepatitis Awareness

For those seeking health information on the Internet and—more specifically through social media—the advent of digital media offers new opportunities for health information-seeking and discussion¹⁴. The Internet as a new communicative medium—along with the dawning of subsequent technologies—has changed people’s relationships with regard to information, creating a robust social life more and more focused on health information¹⁵. Researchers have suggested that the demand for seeking health information is more closely related to the social aspects of doing so, rather than for information-seeking, leading many users to enjoy serious and satisfying contact within virtual communities¹⁶.

A study by **M.Vinayaga-Pavan, D.C.K.Koh. V.Morgan, V.S.Wong (2013)**. Suggested that the majority of viral hepatitis patients would welcome the use of social media as part of their illness management. There are already some social media sites that have been setup for these patient groups. Increasing the awareness of these sites and further research investigating the integration of social media into the current management of both these patient groups is needed.

The online conversation about health is being driven forward by two forces: the availability of social tools and motivation, especially among people living with chronic conditions, to connect with each other (Fox, 2011). In a study of using Web 2.0 technologies for health communication, Eysenbach (2008) found that using the Internet for health information facilitates five primary functions, including: social networking, participation, apomediation

¹⁴ Dobransky & Hargittai, 2012

¹⁵ Fox, 2011; Stavrositu & Sundar, 2012

¹⁶ Gibbons et al., 2011

(i.e., ability to go “directly to the source” for information instead of relying on a gatekeeper such as a doctor or other health professional), openness, and collaboration, within and between user groups. For users this can fill an “information void” and enhance coping abilities and a person’s self-efficacy, affecting their health-related decisions (Morahan-Martin, 2004).

In addition to diverse activities on the website, *Hope Health Club* plays an important role in social networks such as Instagram, Telegram, and a mobile application with more than 30 000 subscribers. All these try to raise public awareness by making friendly connection and an opportunity for their subscribers to ask specialists their questions. Furthermore, holding attractive contests such as drawing and illustration, photography, and book reading with the theme of hepatitis elimination has been considered as another successful and undeniable step in attracting community’s attention to this global movement.

A study by (Bisht et al., 2012) and Tina M Murray on “Virtual Communities as a Health Information Source: Examining Factors that Suggest Individuals use of Social Media for Health Communication’ Findings suggest that, consistent with the theory of planned behavior, attitude was found to be a significant predictor of using social media to seek out health information, participate in health communication, and make health-related decisions. However, subjective norm and perceived behavioral control failed to show as significant predictors of health communication via social media. Implications of these results of the study for health communication via social media and recommendations for future health communication strategies were also discussed.

2.10 Theoretical Review

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB) is a theory which looks at how behaviors are changed through influencing intention. TPB suggests that planned behaviors are determined by behavioral intentions which are largely influenced by an individual's attitude toward a behavior, the subjective norms encasing the execution of the behavior, and the individual's perception of their control over the behavior¹⁷. Ajzen's (1991) theory includes vitally important constructs for behavior change and is a widely used behavioral prediction theory. TPB demonstrates a social-psychological approach to understanding and predicting the determinants of health behavior (see Figure 1).

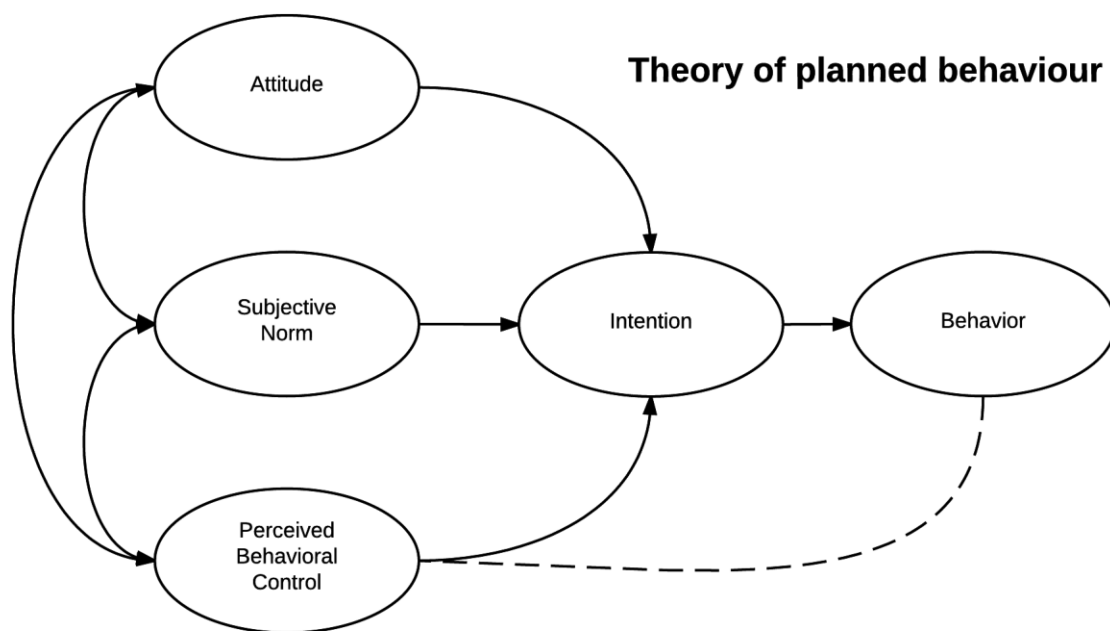


Figure 2.1: Ajzens Theory of Planned Behaviour (TPB)

Source: Ajzen (1991)

¹⁷ Ajzen, 1988; 1991; 2002; Ajzen & Fishbein, 2005; Ajzen & Manstead, 2007

The TPB has helped understand health behaviors ranging from donating blood to participation in viral hepatitis screenings¹⁸. Moreover, this theory has been widely applied to various health problems in numerous settings, such as smoking cessation via Internet intervention (Etter, 2005), investigating the motivational capabilities of breast cancer websites¹⁹, etc.

A study by Andrew. J.Kang. Kang J-y title: Social Media use by Viral Hepatitis Patients and Potential Application for Healthcare, found that out of 180 participated patients in the study 72.1% of the viral hepatitis patients used one or more social networking site, Facebook was the most popular site. 33.8% of the viral hepatitis patients used social media for support with their illness. 72.9% of the viral hepatitis patients said they would be happy with some form of social media interaction by health care professionals. 72.1% of the viral hepatitis patients were in favour of a specific social media website for their disease.

¹⁸ Amponsah-Afuwape, Myers, & Newman, 2002

¹⁹ Whitten, Smith, Munday, & LaPlante, 2008

Health Belief Model

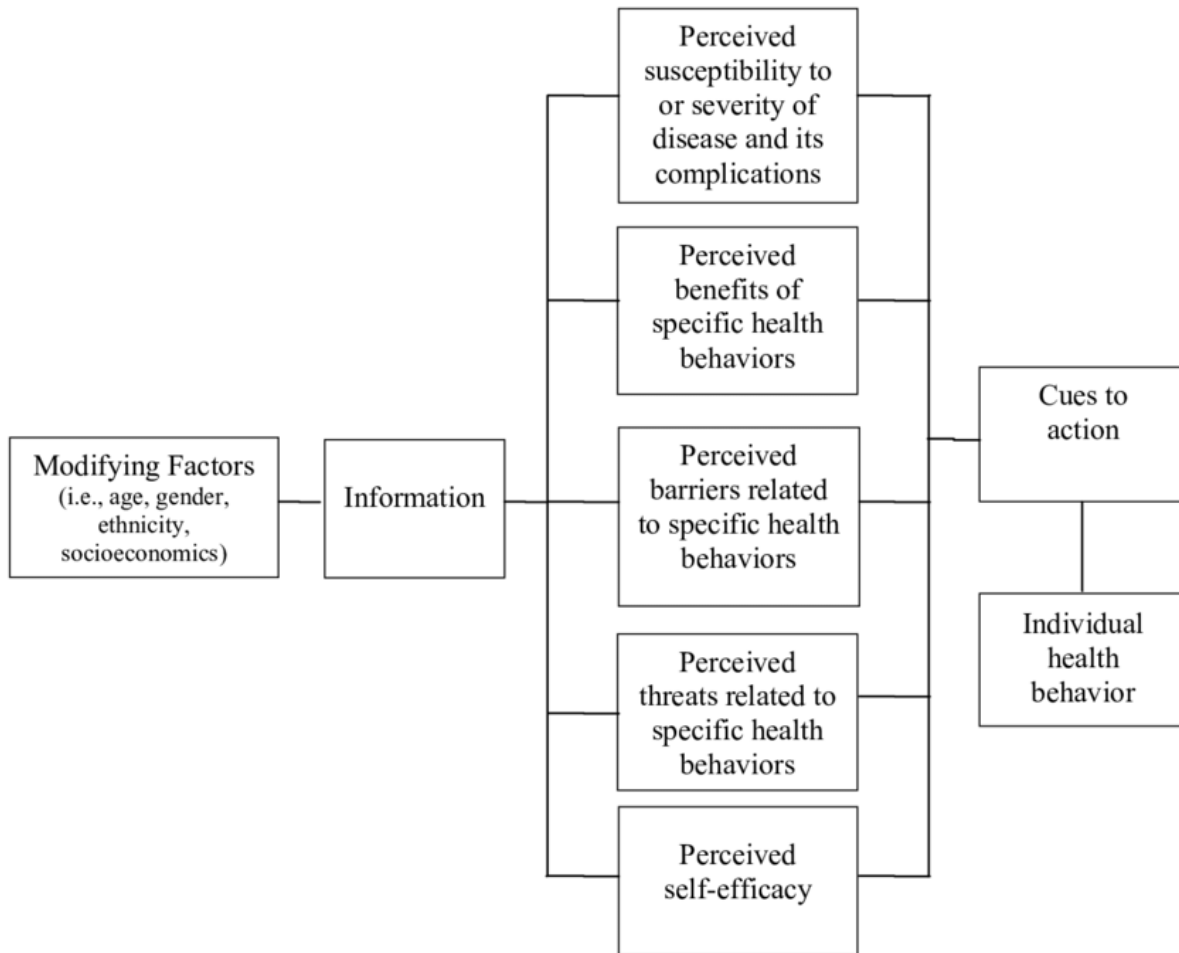


Figure: 2.2: Health Belief Model, Source: Hochbaum (1958)

This study is anchored on the Health Belief Model to understand the nature and danger of Hepatitis disease in India. The Health Belief Model (HBM) is largely the most regularly used theory in health education and health promotion²⁰.

The Health Belief Model (HBM) is a model of psychology which explains and predicts health behavior. This is achieved through a critical focus on the attitude and belief of individuals. The core concept of the original HBM according to Hochbaum, (1958), is that health behavior determined by personal beliefs or perceptions about a disease and the strategies

²⁰ Glanz, Rimer, & Lewis, 2002; National Cancer Institute [NCI], 2003

existing to decrease its occurrence. Such strategies that determines the perception is the media. The action and inactions of the people towards Hepatitis disease therefore is largely determined by a modifying factor such as the extent of information and quality of such made available by the media. In other words, the mass media can create awareness and knowledge about the danger of Hepatitis disease to positively influence the behavior and beliefs of individuals in the Indian society. Furthermore, the mass media can serve as a pivotal health communication vehicle to influence behaviours of individuals to engage in practices that prevent and curb the growing incidences of the disease.

Government of India launched “Fit India” campaign under health promotion initiatives which was based on HBM and SCT (Georgiadis, 2013). The “Fit India” campaign was designed to promote physical fitness among Indian citizens. The campaign released a series of Print, TV, Radio and outdoor public service advertisements to influence and motivate public for behaviour change. The campaign was popular among Indian students and was successful to educate viewers how to prevent childhood obesity. The study found that “Fit India” was successful in engaging Indian citizens in fitness and weight loss activities. To check utility of HBM, Adeokun et al. (2013) examined the five components of HBM using multivariate analysis. These components are perceived severity, perceived susceptibility, perceived benefits, self-efficacy and cue to action. They found that only three out of five components are strong predictors of HIV/AIDS related sexual behaviour change such as intention towards risk reduction changes and use of condoms. The study suggests that the major HBM predictors of behavioural changes in Ibadan, South West Nigeria were perception of self-efficacy, perception of risk infection, knowledge of People Living with HIV/AIDS (PLHAs) and exposure to HIV/AIDS prevention campaigns. Thus, perception of self-efficacy,

perception of susceptibility and cues to action, i.e., mass media campaigns, were the critical HBM components affecting behavioral change of the targeted groups.

2.11 Chapter Summary

There has been an enormous growth of literature on various facets of health and dissemination of information about viral hepatitis from different communications channels at the national and international level. The research related to the topic in the Indian setting is very limited. An attempt has been made to collect and review the literature on the subject and related to it. Not many research efforts have taken place with regard to the role of media in spreading hepatitis awareness among youth in India. Most studies concentrated on the effects or impact of media on health. Perhaps this is one of the pioneering studies that attempts to find out the hepatitis awareness through media focused in the selected district of Uttar Pradesh. It has also focused on the relations between government and NGOs in the hepatitis awareness context of selected district of Uttar Pradesh. And the study is likely to promote further efforts in this area. It is not only an effort in hepatitis awareness by media, but also in terms of other areas of health education.

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CHAPTER-3

HEPATITIS: HISTORICAL BACKGROUND, EMERGENCE AND COUNTER APPLICATIONS

3.1 Introduction

Chapter three deals with the historical background information and emergence of hepatitis disease. “The real wealth of a nation is its population”, this is a common saying in Economics. In other words to say, the different resources that a country may possess, like minerals, forests, etc, are not the real wealth; but, healthy, able-bodied, educated and skilled population is its real wealth. Health of the Nation is the health of the people and not just their survival. WHO defines health as “a complete state of physical, mental, social and spiritual wellbeing and not merely an absence of disease or deformity”. But unfortunately the population had to face many instances exacerbation in the history of mankind, devastating or crippling the large masses, one such is Viral Hepatitis.

The pandemic nature of the hepatitis disease in India is fast getting out of control. Reports from the National Centre for Disease Control (NCDC) revealed that one in every ten Indian citizens is infected with the disease which is deadlier than Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS); more so, carriers of this disease are largely oblivious of its existence and its consequences¹. Hepatitis infection is widely referred to as a silent killer because many carriers do not realize they are carrying the virus, even to the extent of 10 years². Blumberg (2002) submits that hepatitis records a large mortality both from acute infection and chronic disease conditions and is positioned among the ten top killer diseases.

¹ Tripurari Kumar. Akash Srivatsava 2013

² Seef, 1999; Libbus & Phillips, 2009

Beyond being a national issue, the hepatitis disease has become a global concern as the World Health Organisation (WHO) observes that over 400 million people are currently living with the disease. WHO further estimated death rates from hepatitis related diseases is up to 1.4 million per year, which is similar to HIV and tuberculosis (World Health Organisation Report, 2016). The goal 3.0 of the Sustainable Development Goals (SDGs) as set by the United Nations General Assembly on the 25th of December, 2015, which is to ensure Healthy lives and promote well-being for all ages by the year 2030. More specifically, the goal is set with the objective of putting an end to the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases as well as combat hepatitis, water-borne diseases and other communicable diseases (WHO, 2016).

Nugent (2006) notes that there are more youth in the world now than ever before, and they are concentrated in developing countries to which India belongs. The population of Indian youths (15–35 years) according to the 2011 census report of the India's youth population is 600 million. The transmission nature of hepatitis disease therefore, cannot be divorced from the experimentation and exploration characteristic of youths. The success or failure of any development program is largely directly and indirectly tied to the functionality of youth. The National Youth policy and strategic plan of India (2011) recognises the foundational nucleus of youth to the growth and development of any society. The policy observes that embedded in dreams and hopes of the youth, a nation finds her motivation and on their energies, she builds her vitality and purpose.

The day-to-day exposure of youth to numerous health challenges, especially the silent killer hepatitis, therefore necessitates an urgent need to examine the awareness and knowledge

level of the viral disease among youths in relations to media coverage of same. Scholars such as (Mowlana, 2000; Okorie, 2011; Oso, 2012; Okorie, Oyesomi, Oyero, Olatunji, & Soola, 2014) have the same opinion that there is an underlying relationship between the mass media and the society. In view of the fact that the mass media are transmitter of messages from sources to receivers, they owe society, principally the youth in this context. The media have the responsibility of generating awareness and knowledge about hepatitis deadly disease. It is this type of thinking that made Okorie et al., (2014) to assert that the definite and probable roles of the mass media have long been acknowledged and recognized to have the capability of enlightening heterogeneous audiences about diseases such as hepatitis. Thus, the mass media serve as a crucial purveyor of health information in any modern society.

From the foregoing, the silent but prevalent nature of the hepatitis disease now calls for greater concern across borders of human ecology. Despite the global burden of the viral disease, little emphasis has been placed both as a health and a development issue³. There is therefore a need to align with the recently launched “Global Health Sector Strategy on Viral Hepatitis”, a plan developed to engender a quick and effective achievement of the 2030 Agenda for Sustainable Development. The strategy focuses on eliminating the infectious viruses of Hepatitis. This study therefore, seeks to find out the media coverage of Viral Hepatitis Disease in correlation with the awareness and knowledge level of the disease among Tertiary Institution students in Uttar Pradesh State.

³ World Health Organisation Report, 2016

3.2. Hepatitis: A Brief Historical Background

Hepato means "liver" and tropic means "having affinity for". These are the viruses that replicate in the liver. Hepatitis is the disease most harmful to what early Mesopotamian civilizations deemed the seat of life - the liver. Viral hepatitis is a global health problem and is responsible for both acute and chronic infections, resulting in considerable morbidity and mortality. Hippocrates (460-375 BC) gave the first description of the clinical features of epidemics of jaundice. Initially it was thought that epidemic jaundice was catarrhal means cold and fatigue in origin. Bamberger (1855) and Virchow (1865) supported this concept. It was postulated that the initial lesion was gastroduodenitis followed by spread of catarrh to the epithelium of the bile ducts, thereby producing an obstructive jaundice. However in 1943, Dible performed needle biopsies of the liver on patients with epidemic jaundice and proposed hepatocellular damage or "hepatitis" as the underlying cause of epidemic jaundice defeating the earlier proposed concept. Krugman et al by doing transmission studies at the Willowbrook State School in New York, where viral hepatitis was an epidemic disease distinguished infectious hepatitis from serum hepatitis. This was a major breakthrough in the study of viral hepatitis.

In 1947, viral hepatitis was classified into two types: Viral Hepatitis A, or infectious hepatitis, and Viral Hepatitis B, or Serum hepatitis. By 1963, research concerning hepatitis finally paid off. In 1965, Baruch Blumberg discovered the Australia antigen (later known to be Hepatitis B surface antigen, or HBsAg) in the blood of aborigines. This subsequently led to the discovery of hepatitis B virus. While analysing the stool extracts of hepatitis A patients by immune electron microscopy, Feinstone and Purcell (1973) visualized hepatitis A virus particles (Feinstone et al., 1973). The first indications of an existence of another human

hepatitis virus came when Alter et al in 1975, reported that approximately 90% of post-transfusion hepatitis was not related to HAV or HBV (Alter et al., 1975). This gave the concept of non-A, non-B hepatitis. Subsequently hepatitis C virus was identified from post-transfusion non-A, non-B hepatitis in 1989 by Choo's group and they developed serological test for its diagnosis. While all these major discoveries of hepatitis viruses were occurring, the status of epidemic jaundice remained ignored. A number of epidemiological shifts had occurred to the epidemic jaundice over the 100 years since it had been described. Epidemics had limited to regions of the developing world with low socio-economic status, bad sanitation and unsafe water supplies.

During the winter of 1955-56, one of the worst outbreaks of acute viral hepatitis, affecting 29,000 people, followed an incident of sewage contamination of drinking water in New Delhi, India. Although it was originally considered to be an epidemic of hepatitis A, retrospective testing of stored sera from these patients suggested that a novel infectious agent was responsible for the epidemic. In 1983, Dr. Mikhail Balayan was investigating an outbreak of non-A, non-B hepatitis in a central Asian part of the Soviet Union. Because of lack of refrigeration he could not carry the samples to his laboratory in Moscow for further studies. So Dr. Balayan injected the fecal suspension of infected patients, went back to Moscow, and waited. On falling ill a few weeks later, he started collecting and analyzing his own stool samples. In these he found a new virus that produced liver injury in laboratory animals and could be seen by electron microscopy. Since he already had antibodies to HAV, and these were not reactive to this new virus, he showed that this virus that looked quite like HAV is different from it (Balayan et al., 1983).

Subsequently, in 1990, Gregory Reyes and his colleagues at Genelabs Inc. cloned and sequenced the genome of the virus in collaboration with Daniel Bradley and colleagues from the Centres for Disease Control and Prevention (CDC), USA. The virus was renamed hepatitis E virus (Reyes et al., 1990).

This disease, which was initially described from the Indian subcontinent, was first called enteric non-A, non-B hepatitis (ET-NANBH). Since the early 1990s, following the identification and sequencing of its aetiological agent, the disease became known as hepatitis E and its agent as hepatitis E virus (HEV)⁴. The 'E' may stand for 'enteric' (in the gut), 'endemic' or 'epidemic', all of which are features that adequately describe the epidemiology of HEV (Jameel, 1999). Epidemics of jaundice in Indian subcontinent were reported on regular intervals, involved hundreds and thousands of people with considerable morbidity and mortality.

Hepatitis implies injury to the liver characterized by the presence of inflammatory cells in the tissue of the organ. The name is from ancient Greek *hepar*, meaning *liver*, and suffix *-itis*, meaning *inflammation*. Hepatitis can be caused by diseases that primarily attack the liver cells. The condition can be self-limiting (acute), healing on its own, or can progress to scarring of the liver (chronic). The most common causes of viral hepatitis are the five unrelated hepatotropic viruses- Hepatitis A virus (HAV), Hepatitis B virus (HBV), Hepatitis C virus (HCV), Hepatitis D virus (HDV), and Hepatitis E virus (HEV). Hepatitis can also be due to toxins, alcohol, drugs, other infections like adenovirus, cytomegalovirus, EpsteinBarr virus, metabolic disorders or from autoimmune processes. Among these, viral hepatitis is the major cause of acute and chronic hepatitis worldwide. Globally over 500 million are chronic

⁴ Kabrane-Lazizi et al., 1999a; Krawczynski, 1993

carriers of hepatitis Band C and account for over 2 million deaths per year (WHO/HBV and HCV). The term viral hepatitis is used for several clinically similar, yet etiologically and epidemiologically distinct diseases caused by one of the five distinct.

3.3 Hepatitis Types (Centre for Disease Control and Prevention 2017)

Hepatitis A is highly contagious, but rarely deadly liver disease caused by infection with the hepatitis A virus (HAV). Pischke and Wedemeyer (2016) described the HAV as a global infection, occurring either sporadically or in epidemic outbreaks, with an approximate 1.4 million cases yearly. Out of this, the developing nations are said to have the largest share. The virus is said to be spread through the ingestion of fecal matter (waste product), even in microscopic amounts from contact with objects, food, drinks stool from an infected person. CDC (2015), in its report further identified some ways to contract Hepatitis A to include: (a) non or improper hands wash after toilet usage (b) changing diapers or cleaning up the stool of an infected person (c) Sexual engagement with an infected person

Hepatitis B- One third of the global population has blood evidence of hepatitis B virus (HBV) (Mohr, Boesecke and Wasmuth 2016). Studies have revealed HBV to be more common in developing nations to the tune of 8 % as a result of sex, age and economic factors⁵. Burnett, Francois and Kew (2005) stated that Sub-Saharan Africa has a high endemicity, and more than 50 million people were affected by the disease.

Hepatitis C- Hepatitis C (HCV) is most commonly spread by exposure to contaminated blood or needles. In the submission of WHO (2015), an estimate of 130 – 150 million

⁵ Odusanya Alufohai, Menrice, Wells, Weil and Ahohkhai 2005; Akikor and Erhabor, 2007

representing 2% - 2.5% of the world's population are chronically infected with the hepatitis C virus (HCV). Chronic HCV infection is normally a slow but continuous silent killer with minor or no symptoms after infection for many years (Golla et al., 2004). Eighty-five percent of patients with HCV will develop chronic hepatitis (Wisnomand Siegel, 2003). Boesecke and Wasmuth (2016) identified the following has some of the transmission means of HCV: injection drug use, blood transfusion, sex with an intravenous drug use, cut with a bloody object, piercing and immunoglobulin injection

Hepatitis D- Hepatitis D Virus uses the HBV surface substance as a viral cover (Golla et al 2004), consequently patients with HDV are dually affected with HBV. The spread of HDV can occur via infected blood and is primarily seen in people who use intravenous drugs and hemophiliacs. HDV which currently has no effective antiviral treatment has approximation of 15 million people across the World chronically co-infected with HBV (WHO 2016). The transmission mode of HDV is mostly through sexual activities (Hall 2007). In some settings however, the increase of hepatitis D prevalence has been seen in persons who inject drugs or as a result of migration from areas where HDV is endemic (WHO 2016).

Hepatitis E- Hepatitis E is a condition of liver inflammation which occurs as a result of hepatitis E virus (HEV) Pischke and Wedemeye (2016). Every year, according to WHO (2016) there are an estimated 20 million HEV infections worldwide, resulting to an estimated 3.3 million symptomatic cases of hepatitis E. Approximately, 56,000 people are said to be dying yearly of HEV globally. Just like hepatitis A, HEV is a self-limiting, transmitted disease however more severe and easily transmitted (Pischke, 2013). HEV has been considered to be a travel-associated, acute, self-limiting liver disease that only causes fulminant hepatic failure in specific, high-risk.

3.4 Major Health Problems of Hepatitis

Viral hepatitis with various forms of acute and chronic liver disease is with potential and ultimately fatal causing a public health problem worldwide. (Cui *et al.*, 2002)

The frequent occurrence of persistent infection may lead to liver cirrhosis and cancer of the liver. (Lee *et al.*, 2004) Although Hepatitis B is an ancient disease, most of our knowledge of its epidemiology, prevention, pathogenesis, natural history and treatment were made in the last 30 years. (Tibbs & Smith, 2003)

3.5 Risk Factors of Hepatitis Virus

Heavy alcohol consumption significantly increases the risk of hepatocellular carcinoma in HBV related cirrhotic patients. Elevated baseline serum HBV DNA is a strong predictor of hepatocellular carcinoma and antiviral nucleotide analogues therapy reduce the incidence of hepatocellular carcinoma in cirrhotic patient with Hepatitis Virus infection (Chih *et al.*, 2013). Cigarette smoking is a potential risk factor for the initiation of hepatocellular carcinoma, partially through interaction with Hepatitis Virus. For smokers, continued smoking postoperatively might accelerate tumor reoccurrence and patient death (Xu-Feng *et al.*, 2014).

Saliva of people with Hepatitis B can contain Hepatitis B virus, but in very low concentration compared with blood. Injection of infected saliva can spread the virus, so bite injuries increase the risk of the disease.⁶

⁶ Canadian Centre for Occupational Health and Safety, 2017

Dental treatment can be included among the risk factors of Hepatitis Virus infection. This is more important in developing countries where the rate of hepatitis infected individuals is higher (Mahboobi *et al.*, 2013).

Health care workers, staff and inmates of prisons and residential institutions are recognized as high-risk groups for Hepatitis B because of their exposure to blood and body fluids. Patients with renal failure, cancer and organ transplant are also group at risk factor.⁷

The prevalence of Hepatitis Virus infection is higher in some countries Taiwan, Singapore and Hong Kong about 15%.⁸

3.6 Transmission of Hepatitis Virus

Percutaneous exposure to blood, sexual transmission and peri-natal transmission are account for the majority of cases of HBV infections in human (Wang *et al.*, 2002).

3.6.1 Peri-natal Transmission

Transmission from mother to neonate may occur through contact with maternal blood and other infectious fluid during labour and rarely through breast milk and placental transmission. In high carriage rate areas, HBV infection is acquired by passage from mother to infant. The infection is usually not via the umbilical vein, but from the mother at the time of birth and during close contact afterward. The risk of transmission increases as term approaches and is grater in acute than in chronic carriers. (Villamil, 2003) Peri-natal transmission is more common in Asia than in Africa because HBsAg positive women in Asia have higher level of circulating HBV DNA than women in Africa and the exposed babies tend to become HBsAg positive by 3 months after birth. (Zhang, 2004)

⁷ Sherlock & Dooley, 2002

⁸ Carretero & Herraiz, 2004

3.6.2 Sexual Contact

Hepatitis Virus -DNA has been detected in seminal fluid, vaginal secretion and saliva suggesting that these fluids are more likely to be infectious. Studies in patients attending in clinics for sexually transmitted disease have been demonstrated a link between promiscuous sexual activity and the risk of Hepatitis B infection and in terms of population risk, sexual transmission represents the most important route of transmission in the developed world. (Ferraro *et al.*, 2003)

In recent years, changes in sexual practice among the homosexual community, prompted by health concern over the human immune deficiency virus, have slowed the spread of Hepatitis Virus among this population. (Giannini *et al.*, 2003)

3.6.3 Blood and Blood Products

Post transfusion Hepatitis B continues to be the most common cause of HBV infection. Screening of the donor units for HBsAg by ELISA does not exclude all blood unit infectious for HBV (Mark, 2003). Blood transfusion continues to cause Hepatitis B in countries where donor blood is not screened for HBsAg. Transmission is more likely with blood from paid donors than from volunteer blood. (Lin and Kirchner, 2004)

3.6.4 Parenteral Drug Abuse

Parenteral drug abusers develop hepatitis from using shared, unsterile equipments. The mortality may be very high in this group. Liver biopsy may be show, in addition to acute or chronic hepatitis, foreign material such as chalk, injected with elicited drug. (Rivero *et al.*, 2002)

3.6.5 Opportunities for Parenteral Infection

Opportunities for parenteral infection include the use of unsterile instrument for dental treatment, ear piercing, subcutaneous injections and tattooing. Parenteral drug abusers develop hepatitis from using shared, unsterile equipment.⁹

3.7 Acute Hepatitis Infection

The incubation period ranges 2-20 weeks. The onset is usually insidious beginning with non-specific gastrointestinal symptoms including: anorexia, malaise, nausea, vomiting and flu like symptoms of cough, headache. Rarely, acute hepatitis damages the liver so badly it can no longer function. The life threatening condition is called “Fulminate Hepatitis”. Patients with this hepatitis are at high risk of developing bleeding problem and coma resulting from the failure of the liver and may require liver transplantation.¹⁰

3.8 Chronic Hepatitis Infection

Chronic Hepatitis Virus infection is usually found predominantly in males. Males are six times more likely to carriers than females. Chronicity will follow an unresolved acute attack. The attack may be mild and the patient with an explosive onset and deep jaundice usually recovers completely (Buti *et al.*, 2002).

The patients may be virtually symptom free with only biochemical evidence of continued activity, and simply complain of fatigue and being generally unwell. Diagnosis may be even made in a symptom free patient after a routine medical check-up or at the time of blood donation (Candotti *et al.*, 2004).

⁹ Sherlock & Dooley, 2002

¹⁰ Mary D. Nettleman, 2015

Chronic Hepatitis Virus is often a silent disease. Symptoms do not correlate with the severity of liver damage. Apparently, stable patients with chronic Hepatitis Virus disease may have a clinical relapse. Many patients with chronic HBV infection evolving over many years with established liver cirrhosis, with jaundice, portal hypertension. Cirrhosis is clinically silent in many cases. Development of hepatic cirrhosis in a patient with chronic HBV infection could be suspected if the patient has mild pyrexia, palmer erythema or lower limb edema (Guillevin *et al.*, 2004).

3.9 Risk of Chronic Disease (World Health Organization 2017)

The likelihood that infection becomes chronic depends upon the age at which a person becomes infected. Children less than 6 years of age who become infected with the hepatitis B are the most likely to develop chronic infections.

In infants and children

- I. 80-90% of infants infected during first year of life develop chronic infections and
- II. 30-50% of children infected before the age of 6 years develop chronic infections in adults
- III. Less than 5% of otherwise healthy persons who are infected as adults will develop chronic infection and
- IV. 20-30% of adults who are chronically infected will develop liver cirrhosis and liver cancer

3.9.1 Diagnosis (Centre for Disease Control and Prevention, 2017)

Diagnosis is based on clinical, laboratory and epidemiologic findings. Hepatitis Virus infection cannot be differentiated alone based on the clinical symptoms and definitive diagnosis depends on the results of serologic testing. Serologic markers of Hepatitis Virus infection may vary depending on whether the infection is acute or chronic. HBsAg is the most commonly used test for diagnosing acute HBV infection or detecting carriers. HBsAg can be detected as early as 1 to 2 weeks and as late as 11 to 12 weeks after exposure to HBV when sensitive assays are used. The presence of HBsAg indicates that a person is infectious, regardless of whether the infection is chronic or acute.

3.9.2 Medical Treatment (World Health Organization, 2017)

There is no specific treatment for acute hepatitis. Therefore, care is aimed at maintaining adequate nutritional balance including fluid replacement lost from vomiting and diarrhea.

Oral antiviral agents are used in the treatment of chronic hepatitis that slow progression of liver cirrhosis, cancer and improve long-term survival. WHO recommends Tenofovir and Entecavir because they suppress the hepatitis B virus and rarely lead to drug resistant compared to other drugs. In most people, however, the treatment does not cure hepatitis B infection, but suppresses the replication of the virus. Therefore, most people who start hepatitis B treatment must continue it for life.

There is no limited access to diagnosis and treatment of hepatitis B in many resource-constrained settings. In 2015, of the 257 million people living with HBV infection, 9% (22 million) knew their diagnosis. Of those diagnosed, the global treatment coverage was only 8% (1.7 million). Many people are diagnosed only when they have already advanced liver disease. Among the long-term complication of HBV infections, cirrhosis and hepatocellular

carcinoma cause a large disease burden. Liver cancer progresses rapidly and since treatment options are limited, the outcome is in general poor. In low-income settings, most people with liver cancer die within few months of diagnosis. In high-income countries, surgery and chemotherapy can prolong life for up to a few years. Liver transplantation is sometimes used in people with cirrhosis in high income countries, with varying success.

3.9.3 Prevention (World Health Organization, 2017)

The hepatitis B vaccine is the mainstay of hepatitis B prevention. WHO recommends that all infants should receive hepatitis B vaccine as soon as possible after birth, within 24 hours. The birth dose should be followed by 2 or 3 doses to complete the primary series. In most cases, 1 of the following 2 options is considered appropriate:

- I. A 3-dose schedule of hepatitis B vaccine, with the first dose (monovalent) being given at birth and the second and third (monovalent and combined vaccine) given at the same time as the first and third doses of diphtheria, tetanus- (DIP) vaccine or
- II. A 4-dose schedule where a monovalent birth dose is followed by three monovalent or combined vaccine doses, usually given with other routine infant vaccine.

The complete vaccine series induces protective antibody level in more than 95% of infants, children and young adults. Protection lasts at least 20 years and is probably life-long. Thus, WHO does not recommend booster vaccination in persons who have completed the 3 dose vaccination schedule.

All children and adolescents younger than 18 years old and not previously vaccinated should receive the vaccine if they live in countries where there is low or intermediate endemicity. In those settings, it is possible that more people in high risk groups may acquire the infection and they should also be vaccinated. They include:

- I. People who frequently require blood and blood products, dialysis patients
- II. People interned in prisons
- III. People who inject drugs
- IV. Household and sexual contact of people with HBV infection
- V. People with multiple sexual partner
- VI. Healthcare workers who may be exposed to blood and blood products through their work

The vaccine has excellent record of safety and effectiveness. Since 1982, over 1 billion doses of Hepatitis B vaccine have been used worldwide. In 2015, global coverage with the third dose of hepatitis B vaccine reached 84% and global coverage with the birth dose of hepatitis B vaccine was 39%. WHO also organizes world Hepatitis day on July 28 every year to increase awareness and understanding of viral hepatitis.

3.10 Global Overview of Hepatitis

Hepatitis A and E usually cause acute hepatitis. They are transmitted mostly through exposure to contaminated food and water or through personal contact with an infected person. WHO estimates that worldwide, hepatitis A caused approximately 11 000 deaths in 2015 (accounting for 0.8% of the mortality from viral hepatitis).

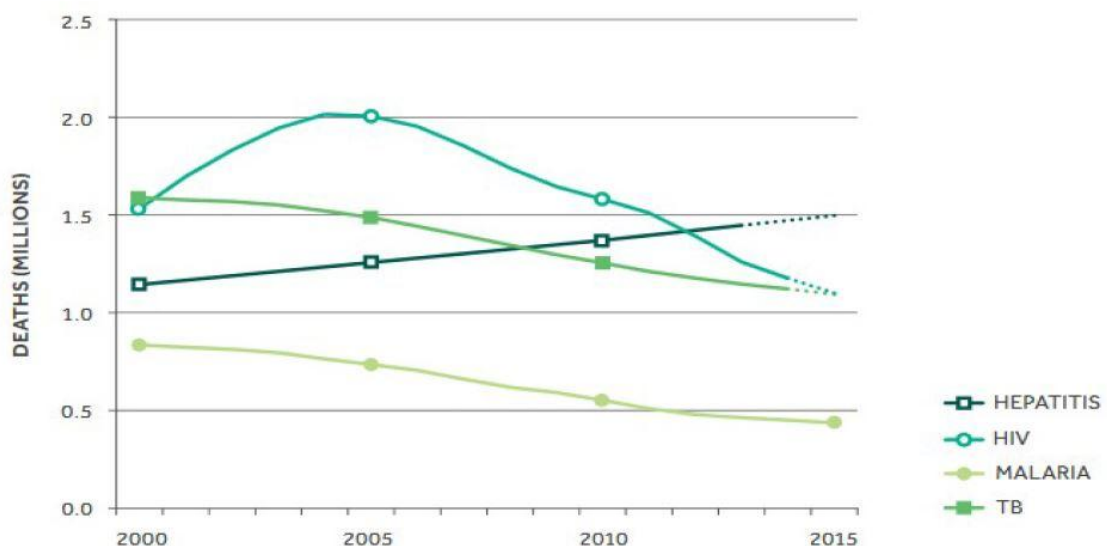
There are an estimated 20 million HEV infections worldwide, leading to an estimated 3.3 million symptomatic cases of acute hepatitis E. WHO estimates that hepatitis E caused approximately 44 000 deaths in 2015 (accounting for 3.3% of the mortality due to viral hepatitis)

Hepatitis B and C are transmitted by unsafe injection practices& through contaminated syringes and needles, infected blood and blood products, sexual transmission, from infected

mother to child. Globally in 2015, an estimated 257 million people were living with chronic HBV infection, and 71 million people with chronic HCV infection. Among the 36.7 million persons living with HIV in 2015, an estimated 2.7 million had chronic HBV infection and 2.3 million had been infected with HCV. Liver diseases are a major cause of morbidity and mortality among those living with HIV and co-infected with viral hepatitis.

In the submission of Golla, Epstein, and Cabay (2004), Hepatitis Virus majorly occurs through the infectious and non-infectious means. On the one hand, alcohol, prescription medications, and drug abuse are predominant non-infectious causes, while viruses and bacteria are key infectious causal factors. On the other hand, they noted that viruses and bacteria are important infectious causes of Hepatitis. The viral Hepatitis disease has being classified into 6 distinct types namely A, B, C, D, E and G with different modes of transmission, affecting different people.

Global Burden of Major Diseases



Source: Global Burden of Disease and WHO/UNAIDS (2016)

Figure: 3.1

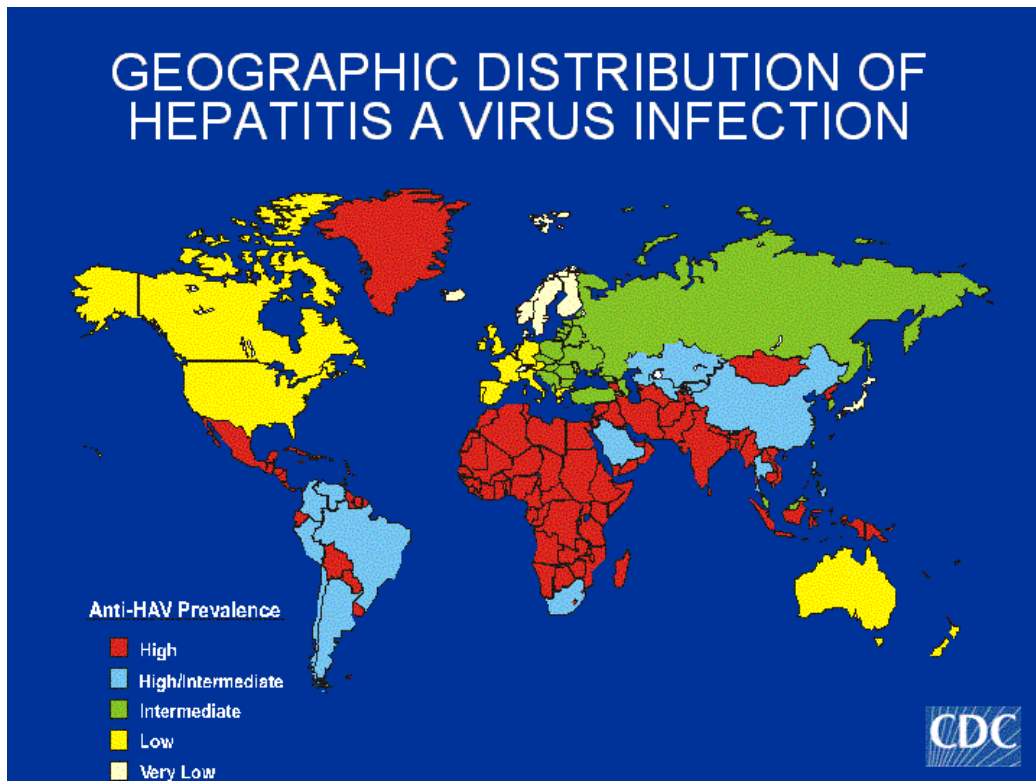


Figure: 3.2 Geographic Distribution of Hepatitis A Virus Infection in the world by CDC

Source: Centre for Disease Control and Prevention, 2017

3.11 Hepatitis in Indian Scenario

Viral hepatitis is increasingly being recognized as a public health problem in India.

HAV and HEV are important causes of acute viral hepatitis and acute liver failure (ALF).

Due to paucity of data, the exact burden of disease for the country is not established.

However, available literature indicates a wide range and suggests that HAV is responsible for 10-30% of acute hepatitis and 5-15% of acute liver failure cases in India. It is further reported that HEV 10-40% of acute hepatitis and 15-45% of acute liver failure.

Based on the prevalence of Hepatitis B surface antigen, different areas of the world are classified as high ($\geq 8\%$), intermediate (2-7%) or low HBV endemicity. India falls under the category of intermediate endemicity zone (average of 4%). Hepatitis B surface antigen

(HBsAg) positivity in the general population ranges from 1.1% to 12.2%, with an average prevalence of 3-4%. Anti-Hepatitis C virus (HCV) antibody prevalence in the general population is estimated to be between 0.09-15%. Since India has one-fifth of the world's population, it accounts for a large proportion of the worldwide HBV burden. India harbours 10-15% of the entire pool of HBV carriers of the world. It has been estimated that India has around 40 million HBV carriers. About 15-25% of HBsAg carriers are likely to suffer from cirrhosis and liver cancer and may die prematurely. Anti-Hepatitis C virus (HCV) antibody prevalence in the general population is estimated to be between 0.09- 15%. Based on some regional level studies, it is estimated that there are 6-12 million people with Hepatitis C in India. Chronic HBV infection accounts for 40-50% of hepatocellular carcinoma (HCC) and 20-30% cases of cirrhosis and chronic HCV infection accounts for 12-32% of HCC and 12-20% of cirrhosis in the country. Recently, a meta-analysis of studies on hepatitis C prevalence was undertaken by SGPGI, Lucknow. The study documented the pooled prevalence of Hepatitis C amongst various sub populations.

3.12 Hepatitis in Uttar Pradesh

Lucknow is the capital of Uttar Pradesh and has poor health and social indices. Around 2%-3% of the population in and around Lucknow is believed to be HBsAg positive. With a populous of over 200 million, Uttar Pradesh is India's most populous state. It has the second highest maternal mortality rate among Indian states and the poorest immunization practices.

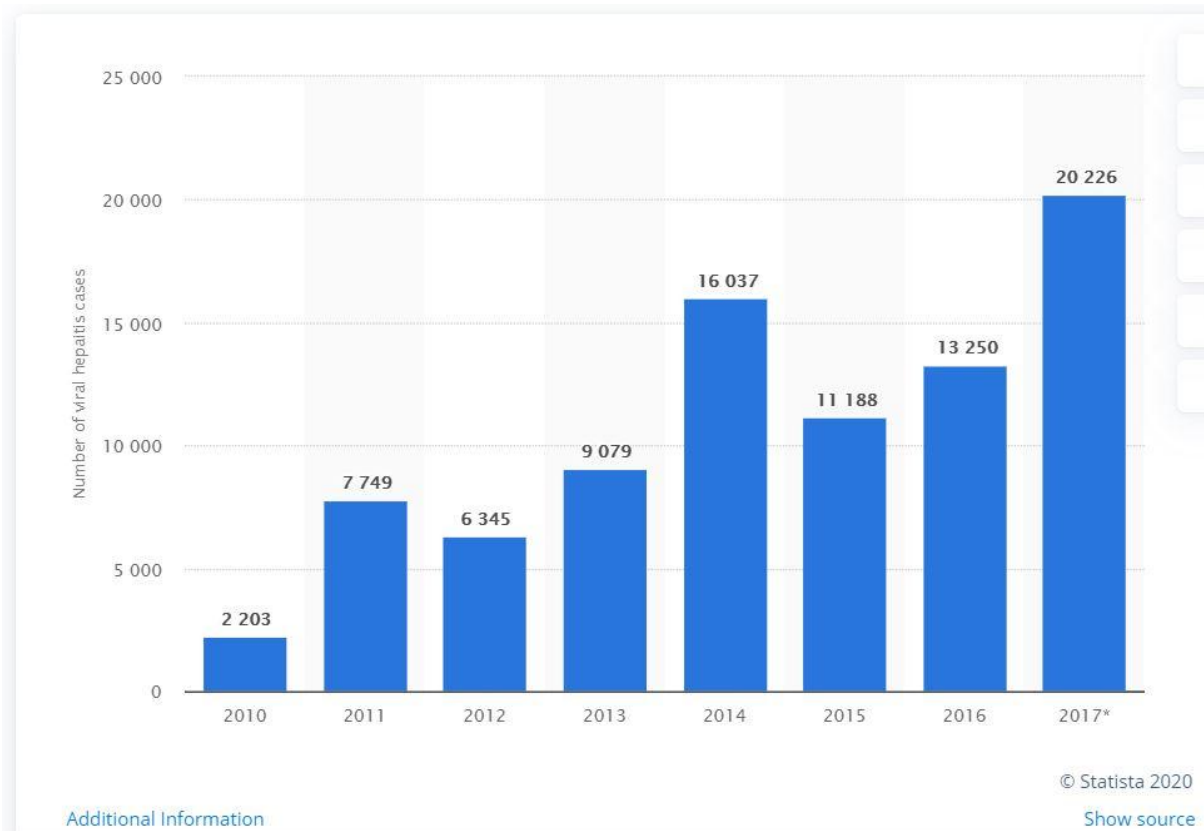


Figure: 3.3 Number of Viral Hepatitis cases across Uttar Pradesh in India 2010-2017 published by Sanika Diwanji 2019

This statistic illustrates the number of viral hepatitis cases across Uttar Pradesh in India from 2010 to 2017. The number of viral hepatitis cases across Uttar Pradesh in 2017 amounted to approximately 20,226, up from about 11,188 viral hepatitis cases in 2015.

3.13 Vulnerability of Youths to Hepatitis Disease

The vulnerability level of youths to contracting hepatitis cannot be overstated as a result of the high risk factors of the disease and the eccentric behavioral patterns of youth. Although there are numerous definitions of youth, however the United Nation Youth Agenda (2004) describes people between the age range of 15 and 24 years of age as youths. These set of people constitute 18% of the World Population with over 1.2 billion people. The energetic sense of a youth is further depicted in the definition of Ibezim et al. (2010) that a youth is a

stage in one's life when one is agile, energetic, determined and adventurous in experimenting different perspective of life.

The strength of youths if not efficiently utilized makes for high susceptibility to health risk. This is seen in the data presented by the World Health Organisation that yearly, 2.6 million young people dies (W.H.O, 2011). Among the causal factors of these deaths includes; unintended injuries and violence, mental and neurological conditions, nutrition, alcohol and illicit drug use (W.H.O, 2011).

The high risk factors attributable to hepatitis on the one hand and the vulnerability of youth on the other hand therefore explain the need for the mass media to effectively and strategically provide hepatitis information in order for tertiary institution students as examined in this study be knowledgeable and informed.

3.14 Chapter Summary

Chapter three discussed the historical background information and emergence of hepatitis disease. This chapter also emphasised the various types of hepatitis and their transmission. The researcher tried to found out the current situation of viral hepatitis in local and global through available secondary research. From the foregoing, the silent but prevalent nature of the hepatitis disease now calls for greater concern across borders of human ecology. Despite the global burden of the viral disease, little emphasis has been placed both as a health and a development issue. There is therefore a need to align with the recently launched “Global Health Sector Strategy on Viral Hepatitis”, a plan developed to engender a quick and effective achievement of the 2030 Agenda for Sustainable Development. The strategy focuses on eliminating the infectious viruses of Hepatitis. This study therefore, seeks to find out the media coverage of Viral Hepatitis Disease in correlation with the awareness and knowledge level of the disease among Tertiary Institution students in Uttar Pradesh State.

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CHAPTER- IV

ROLE OF PRINT MEDIA IN PROMOTING HEPATITIS AWARENESS AMONG THE YOUTH OF LUCKNOW. UTTAR PRADESH.

4.1 Introduction

Chapter four deals how mass media has been proven to be a veritable and credible medium of health information to keep away from health risks and to live a healthier life style. This chapter also deals with the coverage of viral hepatitis news in print media of Lucknow. Being available in all language and accessible to all communities, newspapers enjoy a wide readership throughout the world and represent a time-honoured means of disseminating printed word information. They can contribute maximally to health education of people by publishing articles on diverse issues such as hygiene, immunization, sanitation, population control, environmental pollution control, communicable disease control, deficiency disease control, accident control, reproductive health, maternal health, child health, adolescent health, geriatric health, industrial health, mental health, and healthy life style.

Global daily circulation of newspaper was 536 million having a readership of 2.3 billion in 2017. This was 20% more than the internet users worldwide. In the age of internet, still newspapers represent 8% of total media consumption time. Globally, there is a major diversity between developed and developing countries representation of health-related articles in print media. Newspapers from advanced countries have predominant focus on clinical trials, issues of global health, health policy, and laws.

In India, registered newspapers were 1,18,239 and Hindi language newspapers were leading the race followed by English and other regional languages. There is an extreme scarcity of scientific studies evaluating the coverage and content of health-related articles in national as

well as regional newspapers. However, limited evidence has suggested that prime focus was on health and nutrition message, health communication, health news, etc.

No study has been done in Lucknow regarding coverage of viral hepatitis news in print media of Lucknow. We also do not know, how often and what type of hepatitis disease related articles are published in the daily newspaper of Lucknow. Hence, this study was done to determine the coverage and document the type of hepatitis related articles in local newspapers of Lucknow.

4.2 Mass Media and Danger of Hepatitis

Convincing people to agree to healthy manners and behaviors of policymakers as well as Government to initiate and change practices in support of better health has never been an easy task, especially in a one world separated in race, culture, language and belief but connected in health issues. The need therefore for health communication cannot be overstated. Health communication is one of the many strata of communication discipline with the objective of bridging the information gap in the society. Recognizing its imperativeness, described health communication as the “the main currency of healthcare in the 21st century”.¹ More specifically, the Centers for Disease Control and Prevention (CDC) sees health communication as “the study and use of communication strategies to inform and influence individual and community decisions that enhance health”.²

Key words such as; “influencing individuals or communities”,³ “informing”(CDC, 2001; U.S. Department of Health and Human Services, 2005), “motivating target audiences,” “exchanging information,” and “changing behaviors”(Clift & Freimuth, 1995, p. 68) are some of the characteristics attached to health communication.

¹ Clancy, quoted in Krisberg, 2004

² U.S. Department of Health and Human Services, 2005

³ Freimuth, Linnan, & Potter, 2000, p. 337, Freimuth, Linnan, & Potter, 2000, p. 338

The central function of the mass media in the achievement of “The Global Health Sector Strategy on Viral Hepatitis 2016 – 2021” as launched by the World Health Organization cannot be over stressed. The new vision is poised towards ending the viral hepatitis disease and the achievement of the 2030 health agenda of the Sustainable Development Goal (SDG).

The strategy according to World Health Organization has the vision of “a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment; eliminating viral hepatitis as a major public health threat by 2030; reducing the incidence of chronic hepatitis infection from the current 6–10 million cases of chronic infection to 0.9 million infections by 2030, and to reduce the annual deaths from chronic hepatitis from 1.4 million to less than 0.5 million by 2030. Achieving these targets will require a radical change in the hepatitis response, and will mean that hepatitis is elevated to a higher priority in public health responses”.⁴

“Strategic direction 1 – Information for focused action: developing a strong strategic information system to understand viral hepatitis epidemics and focus the response” (WHO, 2016, p. 7).

The first directional goal as developed by the World Health Body confirms the nucleus function of the media. The media has great power to direct thoughts towards societal issues including health. This is related to the position of Cohen (1963) having revised the Agenda setting theory of McCombs and Shaw that “the media may not be successful much of the time in telling people what to think, but it is stunningly successful in telling readers what to think about” .

⁴ WHO, 2016, p. 7

Lasswell (1960) delegated to the mass media three major roles for the society within which they operate: surveillance, correlation, and transmission of cultural heritage from one generation to the next. In the context of this study, the media has a critical function beaming its searchlight in the health sector for adequate dispensation of the right information to both citizens and policy maker. In addition, Bryant and Thompson (2002) have suggested that news coverage of health matters takes on substantial implication, that has the potential to affect and influence the sense of understanding of an average citizens on the one hand and powerful policy makers on the other hand.

Newspaper has been proven to be a veritable and credible medium of health information to keep away from health risks and to live a healthier life style.⁵ This justifies Oyero (2010) submission that the print media functions in development process by ensuring persuasion, motivation, providing learning materials and appropriate development information for educated members of the society.

4.3 Stigma and Viral Hepatitis

Stigma is a process where a person is negatively judged and devalued because of a particular characteristic. Judgments are interpersonal but can also involve self-judgements or media portrayals- all of which may create discriminatory behaviour.

Unfortunately, Viral Hepatitis is stigmatized, largely due to ignorance about the disease. One reason for the stigma is because hepatitis is potentially infectious. However, viral hepatitis isn't transmitted as easily as some think. It isn't passed by hugging, kissing or drinking out of the same glass. Generally, there has to be blood to blood contact with an infected person in order to get hepatitis. Nevertheless, people may be fearful that they can catch hepatitis from

⁵ Atkin & Wallack, 1990; Kreps & Thornton, 1992; Dutta- Bergman, 2004

you. In some communities, people with hepatitis don't disclose their status because they are afraid of being shunned. Fear and ignorance have cost people their jobs, friendships and relationships.

Another aspect of stigma relates to hepatitis association with injection drug use. People and societies often lack compassion and understanding about injection drug use. Former injection drug users may feel haunted by their past and want to avoid this label. Active injection drug users carry the burden of having two stigmatized disease, addiction and hepatitis.

Stigma may also affect those who have never used injection drugs. Misinformed people sometimes assume that all people with hepatitis have injection drugs, despite the many ways hepatitis may be acquired. Those without a history of drug use do not want to be labelled as injection drug users.

The potentially damaging effect of stigma are described in stigma: Hepatitis C and Drug abuse, by Astone- Twerell, Strauss, and Munoz-Plaza. Some effects of stigma are “reduced self-esteem, diminished mental health, less access to medical care, and fear of disclosing a positive status.” Fear of disclosure may lead to reduced social support and reluctance by medical providers to care for hepatitis positive patients. In particular, injections drug users have trouble accessing medical care and other human services. For some, the stigma hurts more than hepatitis itself. However, although it may be hard to avoid stigma, there are ways to cope with it. Here are some suggestions.

Take action (<https://www.hepmag.com/blog/get-help-heart-disease>). Make use of social media and other tools to change the political and social climates. Call or send letters, emails, tweets

and faxes to legislators, policymakers and other agencies. May is hepatitis awareness month, and an especially good time to get involved.

Challenge stereotypes. If you do not like how media and markers portray people with hepatitis, let them know.

Educate yourself (<https://www.hepmag.com/tag/hepatitis-b>) and others. Inaccurate information can perpetuate stereotypes.

Get support (<https://forums.hepmag.com/>). It helps to hang out with others who share similar experiences.

Join a patient advocacy group(<https://www.hepmag.com/blogs>) or local hepatitis task force.

Take part in bringing about change.

Confront stigma, even if you think that one person cant make a difference. As Margaret Mead said, “Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.”

4.4 Coverage of Viral Hepatitis News in Print Media of Lucknow

Today our Newspapers are not newspapers or views papers they are Ad papers because today’s newspapers are covered with 60-70% advertisements. This is demand of the market and their Company policy. They ignore the Social Consciences of the common people and fill their pockets.

Everyone believes in healthy family- happy family. In our country 30 % of the population lives in below poverty line, they earn only 20 rupees per day for their livelihood, how can be imagine that they live healthy and happy life. Every year Central and State government allotted a good amount to the heath sector or related scheme but the outcome is always not up to the mark and dissatisfactory.

What are the loop holes and where we have failed to achieve the target of health related issues? Through this research study the researcher tries to find out the reason of these problems. The purpose of this study is to examine and analyze the Lucknow newspaper editions that whether they are properly covered and communicated the Viral Hepatitis related news or not. The researcher also investigate how they covered the government health related scheme and in what manner.

In order to calculate the coverage of the Viral Hepatitis news (in newspaper the researcher observed one Hindi daily and one English daily newspaper (Dainik Jagran, and TOI) for 2 months on regular basis. To achieve the objective the researcher took the help of content analysis method. The universe of the study comprised all the news items and articles appeared during two months that are from July-01st, 2017 to August 30 2017. In the two dailies (Dainik Jagran, and TOI). The probability sampling was adopted to choose the sample. The method of purposive sampling was used in the study.

4.5 Content Analysis of Selected Newspaper

Q.1 Number of Hepatitis news published in selected newspapers of Lucknow

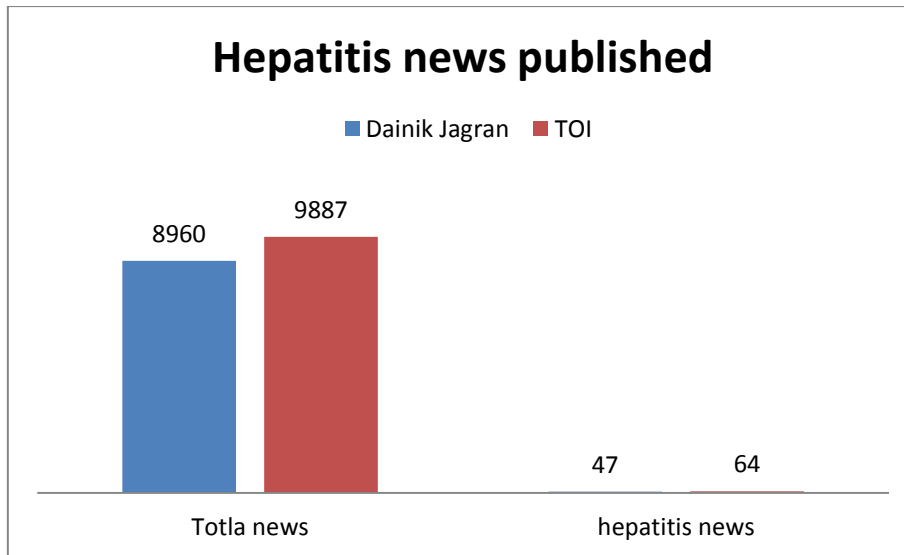


Figure: 4.1

S.no.	Newspaper	Duration	Total news	News related to viral hepatitis	Percentage
1.	Dainik Jagran	May to June 2017 (61 days)	8960	47	0.52
2.	Times of India	May to June 2017 (61 days)	9887	64	0.64

Table: 4.1

According to the table shown above, the Dainik Jagran newspaper has published 8960 news items in their Lucknow edition in sixty one days, whereas Times of India newspaper has published 9887 news items. Dainik Jagaran Newspaper has covered 47 news items related to viral hepatitis in two months which is 0.52% of the total published news, whereas TOI published 64 news items related viral hepatitis which is 0.64% of the total published news.

Q.2 Column priority given to viral hepatitis news in the newspaper

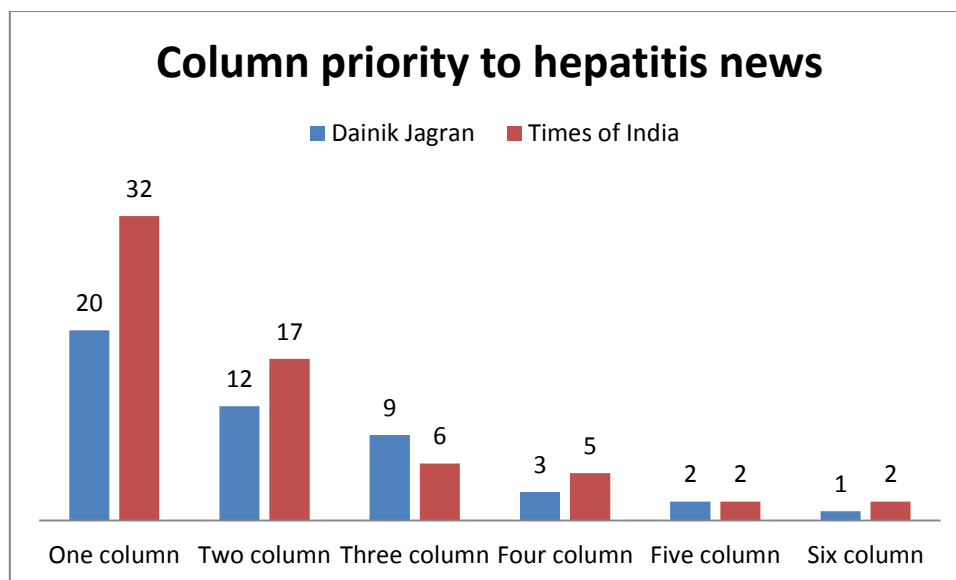


Figure: 4.2

Newspaper	One column	Two column	Three column	Four column	Five column	Six column	Total hepatitis news
Dainik Jagran	20	12	9	3	2	1	47
Times of India	32	17	6	5	2	2	64

Table: 4.2

According to the table shown below, it is clear that Dainik Jagran Newspaper has covered 47 news items related to viral hepatitis in two months in which 20 items are of one column news, 12 are two column, 9 are three column, 3 are four column news, 2 are five column and 1 items are six column news. Whereas 64 news items related to viral hepatitis has been published by the Time of India in which 32 items are of one column news, 17 are two column, 6 are three column, 5 are four column news, 2 are five column and 2 items are six column news.

Q.3: Source of news related to viral hepatitis.

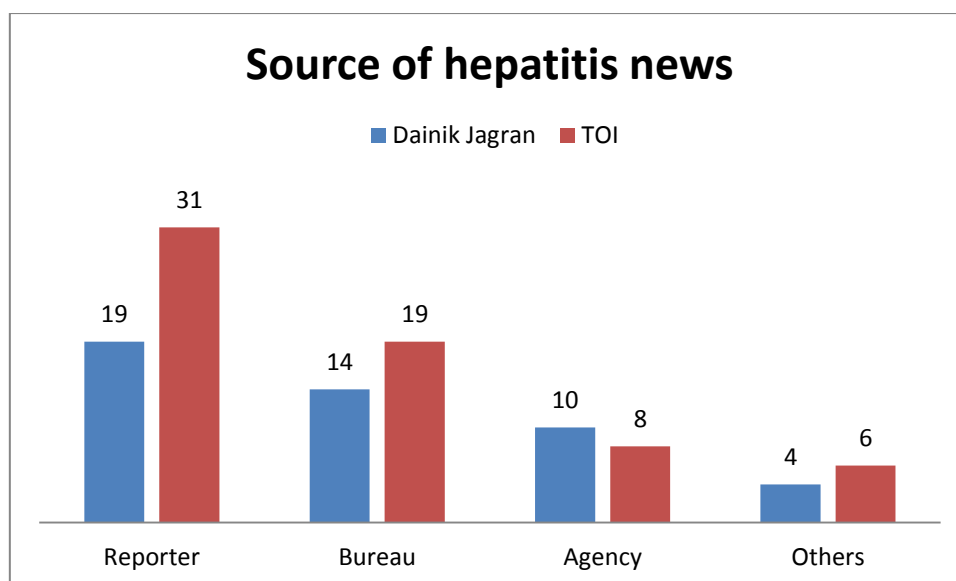


Figure: 4.3

Newspaper	Reporter	Bureau	Agency	Others	Total Viral Hepatitis news
Dainik Jagran	19	14	10	4	47
TOI	31	19	8	6	64

Table: 4.3

As per the source of Dainik Jagran newspaper Viral Hepatitis related news is concerned in total 47 news items, 19 items were covered by the reporters and 14 news items were related to Bureau and only 10 news were supplied by the different news agency and 4 items by others. In Times of India newspaper out of 67 news items, 31 items were covered by the reporters and 19 news items were related to Bureau, 8 news items were supplied by the different news agencies and 6 news items by others. It is also clear with the Bar Chart given below

Q.4 Hepatitis news with pictures in newspaper

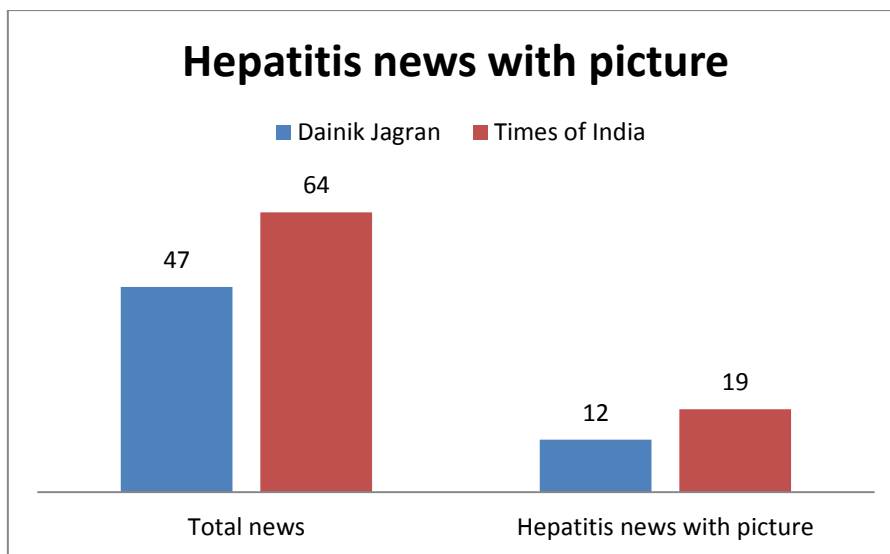


Figure: 4.4

Newspaper	Total news	Hepatitis news with picture
Dainik Jagran	47	12
Times of India	64	19

Table: 4.4

According to the table shown above, in total 47 viral hepatitis news items of Dainik Jagran , 12 hepatitis news items has been published with pictures. Whereas 21 news items with picture has been published in Times of India. It is also clear with the Bar Chart given below.

Q.5 Editorial on viral hepatitis news in newspaper

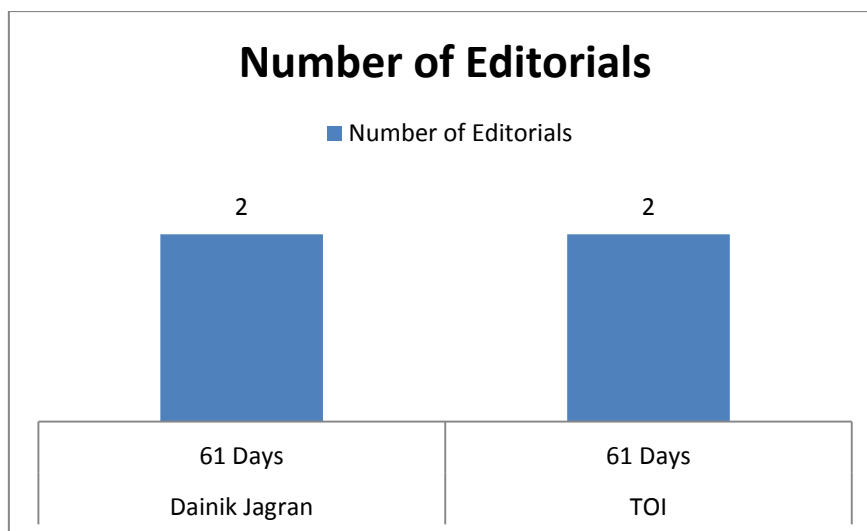


Figure: 4.5

Newspaper	Duration	Number of Editorials
Dainik Jagran	61 Days	2
TOI	61 Days	2

Table: 4.5

According to the table shown above, in total 47 viral hepatitis news of Dainik Jagran, only two hepatitis related editorials has been published in two month. Whereas only 2 hepatitis editorial has been published in Times of India also.

Q.6 Full page articles/feature on health news in newspaper

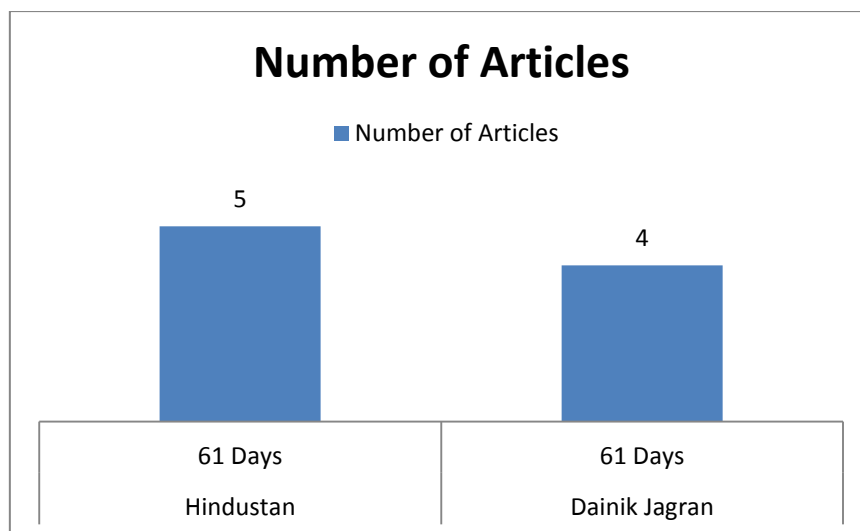


Figure: 4.6

Newspaper	Duration	Number of Articles
Hindustan	61 Days	5
Dainik Jagran	61 Days	4

Table.: 4.6

According to the table shown above, in total 47 viral hepatitis news of Dainik Jagran, only five hepatitis related articles has been published in two months. Whereas only 4 articles has been published in Dainik Jagran .

4.6 Chapter Summary

The above research study reveals that the information related to Viral Hepatitis are not properly covered by the Print Media. The coverage rate of health news in Print Media of Lucknow is very less in Dainik Jagran in comparison with Times of India. Hepatitis news hardly appears in newspapers and few news item reported in inner pages of the newspaper by the reporters. This is very shocking for all of us that the maximum news published in newspapers are not related to health development; it is only concerned with accidents, events, crime and political development in villages.

The development of villagers is always a burning issue for everyone. Print Media specially the newspaper could be one of the important tool to communicate the development information among the villagers but here the scenario is totally different. The two leading newspaper of Lucknow are failed to cover the hepatitis related news. They published only 2-3 % news in their papers. It means that they are totally busy with the commercial news. This is very disappointing that only 8 to 10 % of the news item has been reported by the reporter of the respected newspapers.

Media is the bridge in between the government and the common people, it means that Media should convey the information (as it is) to the concerned people of the society. But here the Print Media of Lucknow failed to convey the relevant health news to the common people of Lucknow.

When we compare the Times of India with Dainik Jagran in terms of viral hepatitis news coverage we found that Times of India newspaper has covered more hepatitis related news in comparison to Dainik Jagran newspaper. Times of India has published 4.05% hepatitis news in his newspaper whereas Dainik Jagran has published only 0.4% hepatitis news during two month that is July and August. It is also clear from the above mentioned table 4.1 and figure

4.1. It is very much clear for the research that both the paper are totally unable to publish editorials, features and article related to hepatitis news in their respective newspapers. They published only 2 editorials each and one article each in their newspapers respectively during the research study.

4.7 Recommendations

1. It is recommended that the maximum health related news item should be published in the newspapers of Lucknow.
2. The research based articles and editorials should be published in Hindi newspapers on regular interval.
3. The health assignment should be given to the reporters to cover the development story by the newspapers organisations and news agencies.
4. The planning and schemes of the government agencies should be published in a very easy and familiar language with pictures.
5. Regional and National level workshop and training programs should be organised by the government organisation and NGO's and media organisation and institutions for the journalist.
6. As we all know that the health communication is very important for the rural development hence it is required that the journalist should know how to develop and write health stories. This is the duty of media organisation, educational intuitional, NGO's and government agencies that they organise health communication workshops and training program for the media person.
7. To motivate the reporters by their superior to work on social and health beat in rural and urban area.

8. Government agencies, NGO's and private sectors should organize the interactive sessions of Medical Practitioners in local area.

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 - Vidhura Research Journal
 - Human Communication Research Journal

CHAPTER – V

ROLE OF GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS IN CREATING HEPATITIS AWARENESS

5.1 Introduction

Chapter five explains the role of governmental and non-governmental organizations in creating hepatitis awareness through various awareness programmes and campaigns. India is committed to progressively move towards elimination of viral hepatitis B and C and control other virus induced hepatitis. This is in line with global commitment towards achieving Sustainable development goal (SDG) goal 3; target 3.3 which aims to “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases” The Government of India is a signatory to the resolution 69.22 endorsed in the WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021 at 69th WHA towards ending viral hepatitis by 2030.

5.2 National Viral Hepatitis Control Program

In India, the estimated burden of viral hepatitis is very high as mentioned in the section on the magnitude of the problem, necessitating focus on prevention and control measures of hepatitis to mitigate the morbidity and mortality due to hepatitis. There are several components that are existing in the different programs of Government of India like UIP, Swachh Bharat Mission, safety of blood and blood products, safe drinking water and sanitation that are directly or indirectly related to the prevention of viral hepatitis.

Currently, some states are providing treatment and care for patients with hepatitis C with the newer class of directly acting anti-viral drugs that are safe, effective and easy to administer with high cure rates. Some healthcare facilities are also providing antiviral treatment for chronic Hepatitis B infection/disease.

Unsafe injection practices during health care remain a risk and have potential to transmit the HBV and HCV infection. RUP/AD syringes offer a critical intervention that India has agreed

to. It is to be noted that India manufactures RUPs/ADs for injection in therapeutic care and this offers new opportunity to address unsafe injection.

India is also committed to achieve the SDGs. The SDG 3.3 aims to “...Combat viral hepatitis”. The government of India is a signatory to the resolution 69.22 endorsed in the WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021 at 69th WHA towards ending Viral hepatitis by 2030.

5.3 Existing Government Programmes in India to prevent Viral Hepatitis



Figure: 5.1

Source: Ministry of Health and Family Welfare

At present multiple activities are being carried out for prevention and control of viral hepatitis under various divisions in the Ministry of Health & Family Welfare (MoHFW), as follows:

Swachh Bharat Mission

Safe Drinking Water and Sanitation Programme

Provision of sanitary toilets to every household

Smart City with good sewage system

River water pollution control

Hygiene and sanitation in the municipal area

Biomedical waste management

Immunization

Injection safety and infection control

Safety of blood and blood products

Harm reduction in key populations (through NACP)

Surveillance of Viral Hepatitis

5.4 Prevention of Viral Hepatitis

5.4.1 Universal Immunization Program

Hepatitis B vaccine was universalised nationwide in 2011. The UIP schedule recommends hepatitis B birth dose to all infants within 24 hours, followed by three doses at 6, 10 and 14 weeks to complete the schedule.

The hepatitis-B birth dose coverage among the total live births was 45% in 2015 and 60% in 2016. Missed opportunity is about 40% which need to be addressed. The coverage amongst institutional deliveries for Hepatitis -B birth dose was reported to be 76.36% as of December 2017.

5.4.2 National AIDS Control Program (NACP)

There are certain population groups like recipients of multiple blood / blood products transfusion, patients on hemodialysis, PWID, MSM, female sex workers, sexual partners of infected people, prisoners etc which are at a higher vulnerability to get infection with hepatitis B and hepatitis C.

The NVHMU will coordinate with NACP for surveillance of hepatitis in key populations, establishing linkages for testing and care for hepatitis C infected PLHIV and vaccination of

the vulnerable population. The SVHMU will coordinate in a similar manner with the state machinery for executing the same.

5.4.3 Safety of Blood and Blood Products

HBV and HCV can be transmitted through contaminated blood and blood products and hence the need for strengthening blood safety. Ensuring availability of safe blood and blood products is one of the critical interventions for reducing transmission. One of the way to ensure safety of blood & blood products is by increasing voluntary blood donations (100%). Blood Banks are regulated by an Act of parliament namely “The Drugs and Cosmetics Act (1940)” and the regulations therein. As per the requirements of the Act, it is mandatory to screen every unit of blood for HBV and HCV along with other transfusion transmitted infections (TTIs) before transfusion, in all licensed blood banks. Screening for HCV was made mandatory and introduced in 2001 across blood banks in India.

5.4.4 Harm Reduction in Key Populations

Targeted Interventions (TI) for key and bridge populations has been the core prevention strategy under NACP in India. Key population include female sex workers (FSW), men who have sex with men (MSM), transgender (TG)& people who inject drugs (PWID), while bridge populations include migrants & truckers.

TIs are implemented as NGO/CBO-led peer outreach model to provide a package of prevention services including behavioural change communication, condom promotion, prevention and management of sexually transmitted infections (STI), community mobilization and enabling environment, and linkages to HIV testing, care, support & treatment. Needle syringe exchange program and opioid substitution therapy are provided for prevention of HIV among PWID. Since the mode of transmission of Hepatitis B and Hepatitis C are largely similar to HIV/ AIDS, NVHMU and SVHMU will coordinate with NACP for including prevention/management of hepatitis B and C in the package of prevention services for the key and bridge population.

In addition to the key populations under NACP, there are other focus groups that need to be attended to under the NVHCP. These focus groups include close first degree relatives and

family members of infected person: mother, siblings, spouse and children. The other populations for both hepatitis B and C include those who have received blood or blood products specially before implementation of hepatitis C testing at a large scale in India; i.e. before 2001, recipients of multiple blood transfusion, person exposed to unsafe injection practices by informal health care providers, etc . Identification of hot spots of hepatitis B and C should also be one of the priorities of the NVHCU.

5.4.5 Injection Safety and Infection Control

Unsafe health care practices by health care providers/ traditional healers/ quacks pose a major challenge and risk for transmission of HBV and HCV. There are gaps in implementation of bio-medical waste management rules, leading to sharps injuries and increased risk of infections.

National Viral Hepatitis Management Unit (NVHMU) and State Viral Hepatitis Management Unit (SVHMU) will integrate with the national and state regulatory bodies to strengthen the infection prevention and control practices in healthcare settings (public and private), including in laboratories, dental clinics, endoscopy clinics and haemodialysis units etc. Coordinate with the Pradhan Mantri National Dialysis Program for making special emphasis on the component of injection safety and infection control in their program module. NVHMU&SVHMU will also coordinate with the regulatory body towards effective roll-out of re-use prevention (RUP) syringes, addressing prescriber practices and community preference for injections while respecting the socio-cultural practices like tattooing, religious ceremonies (e.g.mundans), ear/body piercing etc. States need to identify CBOs/NGOs and incentivise them for training on prevention of HAV and HEV during mass religious activities; and mundan ceremonies and community barbers for HBV and HCV. NVHMU and SVHMU will coordinate with the Ministry of Environment & Forestry and pollution control board (at national and state level) for capacity building for effective implementation of the bio-medical waste management rules.

5.4.6 National Programme for Surveillance of Viral Hepatitis

The initiative will integrate with the National Program for Surveillance of Viral Hepatitis such that the sentinel sites for surveillance are collocated and function with MTC. This will ensure that all those found positive in surveillance can be linked for further testing and treatment.

The initiative will undertake surveillance of acute, chronic hepatitis as well as their sequel over the next three years. It will also have estimates for the disease burden for Hepatitis B and C in the country.

5.4.7 Swachh Bharat Mission - Urban & Rural

Swachh Bharat Mission, an initiative of Ministry of Housing and Urban Affairs, Government of India in urban areas has the objective of improving the sanitation by eliminating open defecation, eradicating manual scavenging, managing municipal solid waste through modern and scientific techniques, generating awareness about sanitation especially in context of viral hepatitis A and E (relating to contamination of water and food), and effecting behaviour change regarding healthy sanitation practices will play a vital role in achieving the objective of preventing and controlling viral hepatitis especially in context of hepatitis A and hepatitis E which are largely spread through faecal oral route and their prevalence can certainly be reduced significantly by efforts towards improved sanitation. NVHMU and SVHMU will therefore establish linkages with Swachh Bharat Mission through meetings and consultations with the officials of Ministry of Housing and Urban Affairs at the national and state level so as to achieve the objectives of the mission and indirectly help reduce the burden of hepatitis A and E. NVHMU and SVHMU will also work towards ensuring training of each facility towards cleanliness and environmental hygiene.

5.4.8 Ministry of Drinking Water and Sanitation

NVHMU and SVHMU will also establish linkages with the Ministry of Drinking Water and Sanitation for strategizing towards provision of clean drinking water and sanitation. This will further help in reducing the burden of Hepatitis A and E. Advocate for and communicate the

importance of safe water, hygiene and sanitation and improve access to safe sanitation facilities. Educate the public on safe disposal of human faeces.

5.4.9 Food Safety and Standard Authority of India (FSSAI)

Ensure inter-sectoral collaboration with FSSAI for access to safe food through enforcement mechanisms at national, state and district levels. To promote and advocate for safe food to reduce the burden of hepatitis A & E amongst general population and food business operators.

5.4.10 National Rural Health Mission (NRHM)

The National Rural Health Mission (NRHM) was launched by the Honourable Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups. NRHM seeks to provide equitable, affordable and quality health care to the rural population, especially the vulnerable groups. Under the NRHM, the Empowered Action Group (EAG) States as well as North Eastern States, Jammu and Kashmir and Himachal Pradesh have been given special focus. The thrust of the mission is on establishing a fully functional, community owned, decentralized health delivery system with inter-sectoral convergence at all levels, to ensure simultaneous action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality. Institutional integration within the fragmented health sector was expected to provide a focus on outcomes, measured against Indian Public Health Standards for all health facilities.

5.4.11 National Urban Health Mission (NUHM)

The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) has been approved by the Cabinet on 1st May 2013.

NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation,

school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development.

5.5 Non-governmental Organizations in Viral Hepatitis Awareness



Figure: 5.2

5.5.1 HOPE

Health Oriented Programmes and Education (HOPE) is a Lucknow based organization. It has a multi-pronged approach to viral hepatitis creating awareness amongst school students, the general community, and health care providers. The organization also works with those infected with viral hepatitis, developing a patient network to provide psychological, social and financial support to patients where possible.

The HOPE Initiative was formed in 2004 when a group of professionals joined hands to promote health in the community targeting students as the harbingers of change. The core team of professionals consisted of people from medical, legal, educational and social spheres. Initially for HOPE the inroad into making positive changes was low scale and was confined

to schools in the city of Lucknow. Among the early funding that enabled HOPE to develop a working base came from WHO and UNICEF. However, one of the major and long-term supports that HOPE received was from the BMS Foundation in 2008.

www.hope.org.in

5.5.2 RANN Foundation

Rann India Foundation is a non-profit organisation is creating awareness about Hepatitis-B in rural areas. They have covered several villages aiming to educate the masses about measures to control Hepatitis A and B. Rann foundation main focuses on developing the potential of women and girls to drive long-lasting equitable changes deeply focusing on SDGs mainly 3.3 aims to combat Viral Hepatitis by 2030.

www.rannfoundation.org

An educational strategy to increase the knowledge of viral hepatitis among the general population and promote a healthy lifestyle among persons who are newly diagnosed or living with chronic viral hepatitis includes targeted outreach to populations at risk. It can raise awareness of viral hepatitis as a health concern, increase knowledge regarding the benefits of prevention and care, and encourage populations to seek and accept preventive and protective interventions such as vaccination, testing, care and treatment. Accessing medical care will also provide opportunities to educate at risk groups about preventive and protective measures.

5.5.3 Bristol Myers Squibb Foundation

Since 2007, Bristol-Myers Squibb Foundations Delivering Hope initiative has supported community based efforts to rid India of viral hepatitis infections through activities such as education and awareness programs among various sections of the community, encouraging testing and vaccination, subsidizing vaccinations and continuing to build capacity for health care providers.

www.bms.com

5.5.4 Liver Foundation of West Bengal

Liver Foundation West Bengal aims to enhance the quality of life and reduce the burden of liver disease in India through prevention, education, advocacy, improved care and promotion of concepts in public health. The organization works with rural health care providers, schools, patients infected with Hepatitis B and C, and have also set up a state-of-the-art laboratory to provide low cost screening and diagnostic facilities for liver related diseases. www.loverfoundation.in

5.5.5 United Way Of Mumbai

The organization's mission is to spearhead & create definitive, long term and large scale sustainable change in key action areas of children & education, women's empowerment, civic issues & capacity building of Non Profits; to impact the social fabric of the country by building synergies between the Corporate and the Development sector of India. United Way of Mumbai is working to reduce the risk of infectious diseases, including Hepatitis B among different sections of underprivileged populations living in F-North municipal ward of Mumbai city through focussed medical interventions and extensive community education. www.unitedwaymumbai.org

5.5.6 AmeriCares India

AmeriCares India Foundation is leading a demonstration project at Jagjivan Ram Railway Hospital in Mumbai Central, aimed at preventing the spread of Hepatitis and other viruses through the development of health worker safety and risk minimization. The program works towards its objective by focusing on staff immunization; the availability and proper utility of personal protective equipment and safety-oriented supplies; the reduction of needle-stick injuries; maximizing full course of post-exposure prophylaxis; raising awareness through educational materials and a regular lecture series; and standardizing effective training modules for proper health worker safety promotion.

www.americaresindia.org

5.5.7 All India Institute of Diabetes and Research

Experts in the field of diabetes care and research, AIIDR aims to expand their expertise to the area of hepatitis. Under this programme, they seek to improve access to diagnostic and preventive services for Hepatitis B in rural areas of Gujarat, specifically in the districts of Sabarkantha and Mehsana. Their focus populations will include pregnant mothers, health professionals, general community, and high risk groups.

www.swasthyaindia.com

5.5.8 MAMTA

In order to address the issues of Hepatitis B and C, MAMTA initiated "Prevention and Early Management of Viral Hepatitis (B & C) intervention in states of Manipur and Chandigarh in India. This intervention aims to reduce transmission of viral hepatitis B and/or C and improve care of the patients through prevention and early management of the disease based on the focused intervention strategies. MAMTA has also designed a signature model for testing in North-Eastern states under same initiative.

www.mamta-himc.org

5.5.9 Hepatitis Free India

HepFree India is an initiative of Kalavati Rajnikant Kanakia (KRK) Foundation. The overall objective of the initiative is to engage members of the general population through different avenues to increase awareness about Chronic Hepatitis B & C and to encourage active participation in the prevention, diagnosis, transmission and treatment of Chronic Viral Hepatitis.

www.kanakiahealthcare.com

Since one of the main causes of viral hepatitis is related to lack of awareness about the routes through which these diseases can be transmitted, the effective role of non-governmental organizations (NGOs) like World Hepatitis Alliance in raising public awareness about viral hepatitis, changing policy and taking action to find those unaware of their diseases is undeniable. Therefore, in line with the global movement to eliminate Viral Hepatitis by the year 2030,

In addition to diverse activities on the website, *Hope Health Club* plays an important role in social networks such as Instagram, Telegram, and a mobile application with more than 30 000 subscribers. All these try to raise public awareness by making friendly connection and an opportunity for their subscribers to ask specialists their questions. Furthermore, holding attractive contests such as drawing and illustration, photography, and book reading with the theme of hepatitis elimination has been considered as another successful and undeniable step in attracting community's attention to this global movement.⁵

Finally, among this foundation's activities, the election of 15 Health Ambassadors among prominent faces like actors, directors, doctors, athletes and those who care about health issue is noteworthy. These ambassadors attempt to motivate people to avoid risky behaviors which endanger their health.

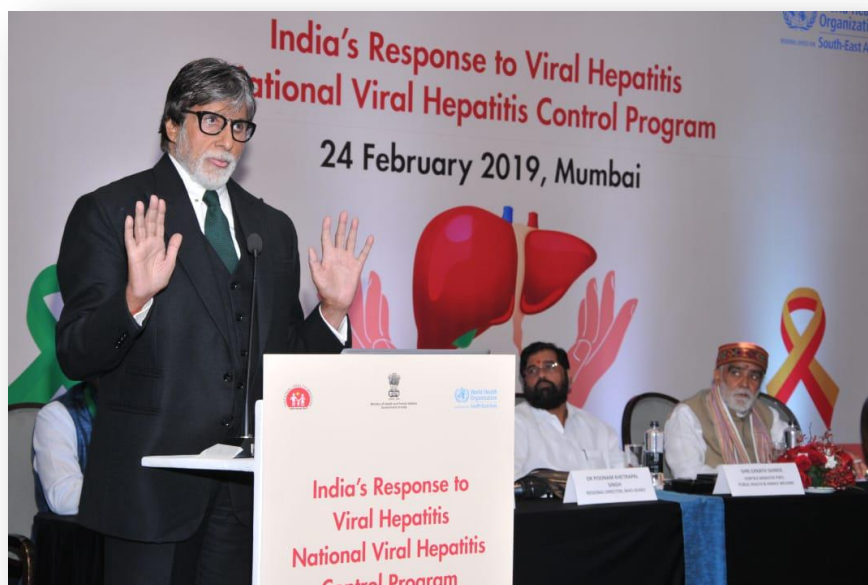


Figure: 5.3

WHO appointed Bollywood actor Amitabh Bachchan as Goodwill Ambassador for awareness of Viral Hepatitis.

5.6 Challenges

Viral Hepatitis elimination is not a public health priority in many countries due to competing health priorities, opportunity costs and limited health budgets. A lack of awareness and prioritization among policymakers is often caused by inadequate data and weak surveillance systems. This is often compounded by a lack of awareness in the general population and at-risk communities, who as a consequence do not demand action by their government. This reduces the country's capacity to prioritize resource allocation and finance actions toward national Viral Hepatitis elimination, a non-virtuous circle. Low awareness means the true national economic impact of Viral Hepatitis is substantially underestimated, including healthcare costs, reduced quality of life, workforce participation and productivity.

Many global donors, including The Global Fund to Fight AIDS, Tuberculosis and Malaria and the Bill & Melinda Gates Foundation do not currently fund viral hepatitis activities, other than on a limited scale, for persons co-infected with HIV. Limited investment in global public goods to date has stagnated innovation and development of new, low-cost, simple technologies (medicines, diagnostics, vaccines), which could be used globally to support national viral hepatitis elimination plans and implementation efforts.

There is also a lack of awareness around the effectiveness of prevention and treatment for Viral Hepatitis. A survey of eight countries conducted by YouGov,¹⁰⁷ an international internet-based market research and data analytics organization, found that around one in five respondents were unaware that hepatitis B can be prevented by vaccination, while more than 40 percent of respondents were unaware that hepatitis C can be cured

5.7 Chapter Summary

Chapter five explained the role of governmental and non-governmental organizations in creating hepatitis awareness through various awareness programmes and campaigns. This tried to explain how India is committed to progressively move towards elimination of viral hepatitis virus. This is in line with global commitment towards achieving Sustainable development goal (SDG) goal 3; target 3.3 which aims to “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases” The Government of India is a signatory to the

resolution 69.22 endorsed in the WHO Global Health Sector Strategy on Viral Hepatitis 2016-2021 at 69th WHA towards ending viral hepatitis by 2030. This chapter also discussed various challenges facing by third world countries towards elimination of viral hepatitis.

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CHAPTER-VI

DATA ANALYSIS AND INTERPRETATION

6.1 Introduction

This chapter presents and analyses the data related to the study in detail. The data is presented in chart and tabular form followed by the detailed analysis. The data presentation is done in such a way that it will comprehensively present and analyse the data in the holistic perspective of the study. The data related to the role of media in spreading viral hepatitis awareness among the youth is presented for their details analysis and to summarize the findings.

The factors such as age, educational background, income levels of family, the newspaper reading habits, television watching habits, movie watching habits, radio listening habits, Internet using habit, and social media using habits were also taken into consideration to find out if they have any impact on the creation of awareness on viral hepatitis issues highlighted by the newspapers, television, radio, movies, Internet and social media.

The data also establishes association between variables of: age, sex, income levels, and educational levels with factors such as reading newspapers, listening radio, watching television, watching movies, using internet and using social media for finding of useful issues, need for more relevant issues, and proactive campaigns by the media and their impact. The data is also presented in graphical form for clearer understanding.

SECTION - A

SOCIO DEMOGRAPHIC PROFILE

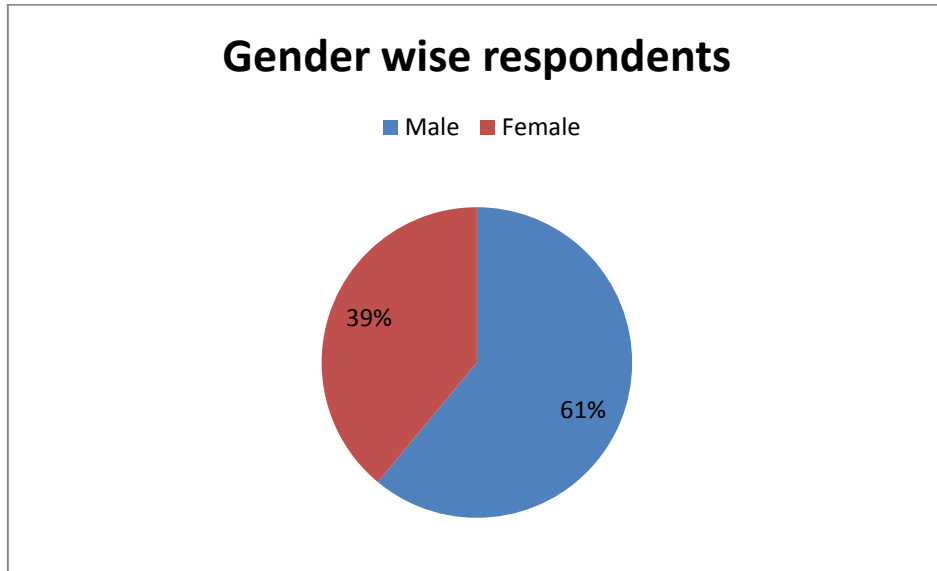


Figure: 6.1

Gender	Frequency	Percentage
Male	244	61%
Female	156	39%
Total	400	100%

Table: A.01

Students from Graduation, Post-Graduation and Research Scholar were chosen for the study because the age group of these students were the appropriate target group suitable for this study. The gender wise breakup of the respondents in the above table (A.01) shows that the majority of the respondents 61% of them were male. While a total of 156 respondents constituting 39% of them were female respectively.

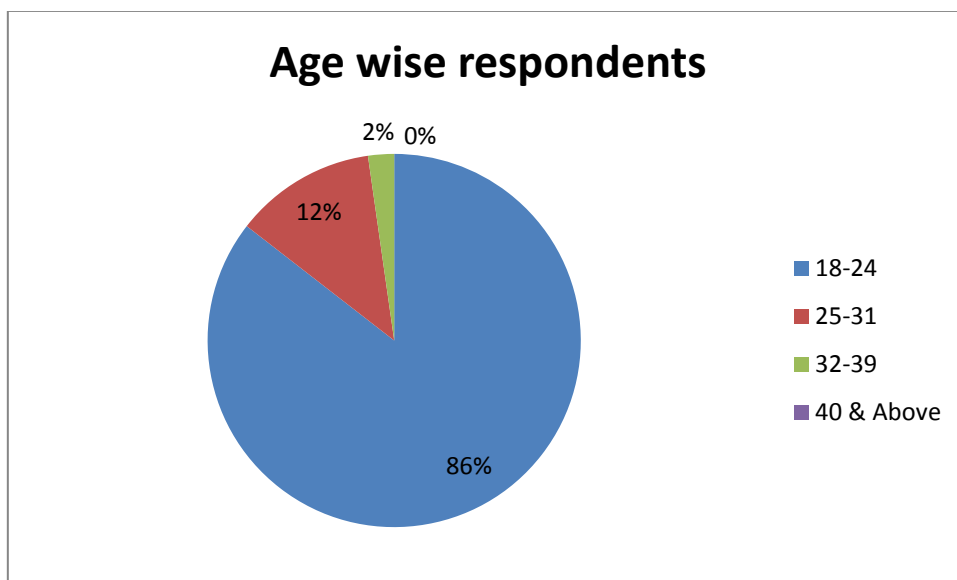


Figure: 6.2

Age	Frequency	Percent
18-24	342	85.5
25-31	49	12.3
32-39	9	2.3
40 & Above	0	0
Total	400	100

Table: A.02

Out of the total 400 respondents, an overwhelming majority of the respondents were in the age group of 18 to 24 years (85.5 percent). The above Table (A.02) shows that there were 97.8 percent of the respondents from the 18 to 31 years age category followed by 2 percent in the age group of 32 and above years.

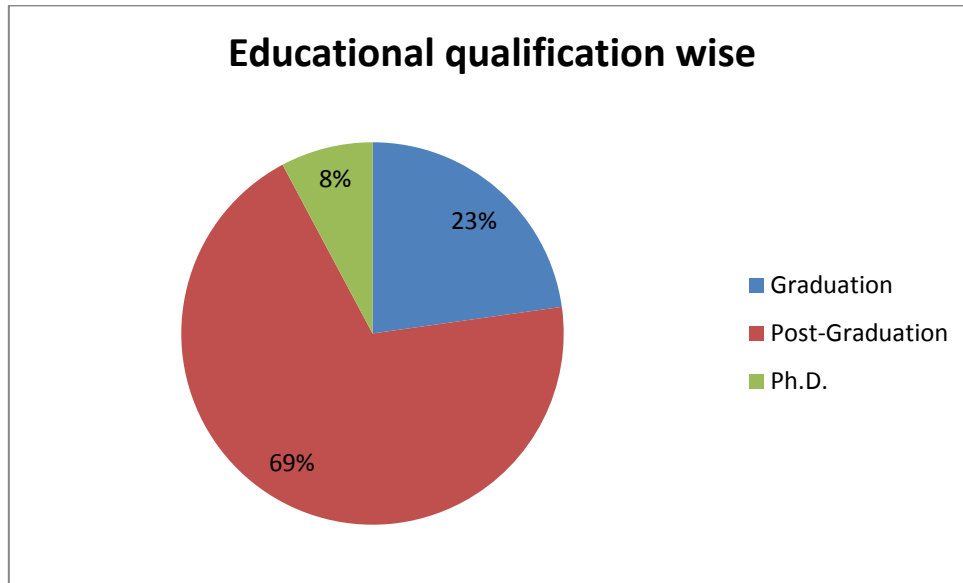


Figure: 6.3

Education	Frequency	Percent
Graduation	91	22.8
Post-Graduation	278	69.5
Ph.D.	31	7.8
Total	400	100.0

Table: A.03

The educational qualifications-wise breakup of the respondents showed that 69.5% of the respondents were studying Post-Graduation, followed by 22.8 percent of the respondents studying graduation. The above Table (A.03) shows that the respondents studying Post-Graduation and above constitute 77.3 %. The Table shows that a great majority of the respondents were in higher education.

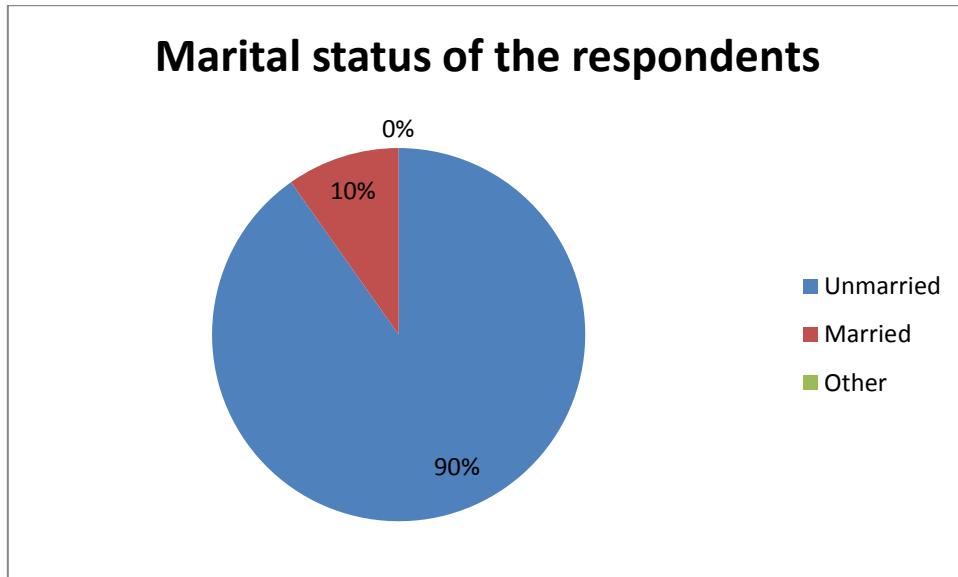


Figure: 6.4

Marital status	Frequency	Percent
Unmarried	361	90.3
Married	39	9.8
Other	0	0
Total	400	100.0

Table: A.04

The above table (A.04) shows the breakdown of the respondent's educational qualification wise. The data shows that majority of the respondents 361 respondents consists of 90.3% of them were unmarried followed by 39 respondents consists of 9.8 of them were married.

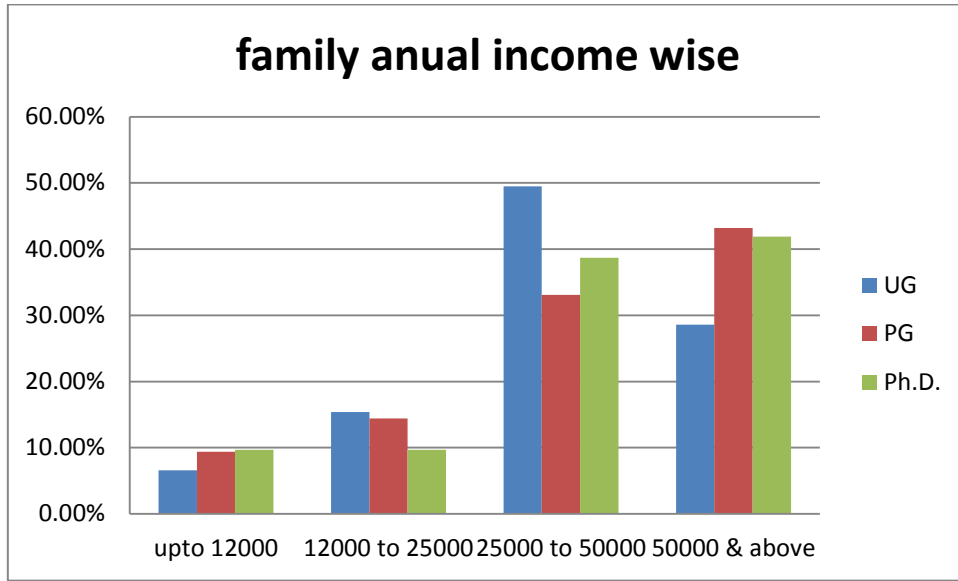


Figure: 6.5

Income	Graduation	Post-Graduation	Ph.D.	Total
upto 12000	6.6%	9.4%	9.7%	8.8%
12000 to 25000	15.4%	14.4%	9.7%	14.2%
25000 to 50000	49.5%	33.1%	38.7%	37.2%
50000 & above	28.6%	43.2%	41.9%	39.8%
Total	100.0%	100.0%	100.0%	100.0%

Table: A.05

Income-wise breakup of the respondents shown in the above table (A.05) explains that majority of the respondents family income was between Rs 12,000 to 50,000 per month and they constitute 51.4 percent. They were followed by those earning Rs 50,000 and above and they constitute 39.8 percent of the respondents. Among those who were earning less than Rs 12,000 per month were little over 8.8 percent of the total respondents. The table presents good representation to different income groups of people. The table also shows that the majority of the respondents who are in higher education are from the above Rs 25,000 family income group and they constitute 77% of the respondents.

SECTION – B

Media Exposure

Qestion.1. Do you own/subscribe any media at home?

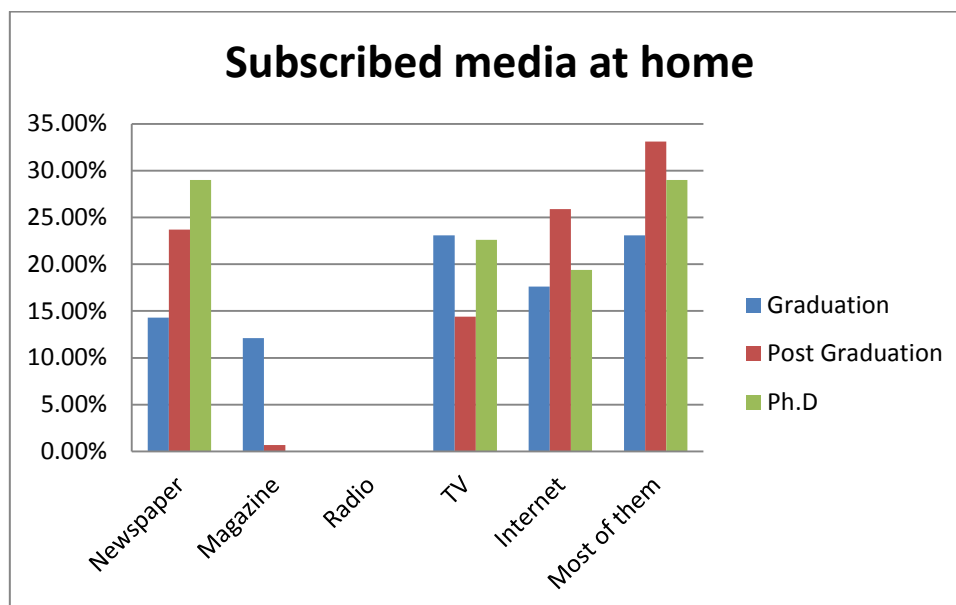


Figure: 6.6

Subscribed media	Graduation	Post-Graduation	Ph.D.	Total
Newspaper	14.3%	23.7%	29.0%	22.0%
Magazine	12.1%	0.7%	0.0%	3.2%
Radio	0.0%	0.0%	0.0%	0.0%
TV	23.1%	14.4%	22.6%	17.0%
Internet	17.6%	25.9%	19.4%	23.5%
Most of them	23.1%	33.1%	29.0%	30.5%
other	9.9%	2.2%	0.0%	3.8%

Table: B.01

Subscribed media at home and education wise breakup of the respondents shown in the above table (B.01). The table explains that the majority of the respondents 30.5 percent have more than two media outlet subscription at their home, followed by internet 23.5 percent and newspaper 22 percent. The table also shows that none of the respondents have radio

subscription at their home. Educations wise breakup of the respondents who subscribed media at home shows that majority of them have subscribed more than two media outlets.

Question.2 How often do you read newspaper?

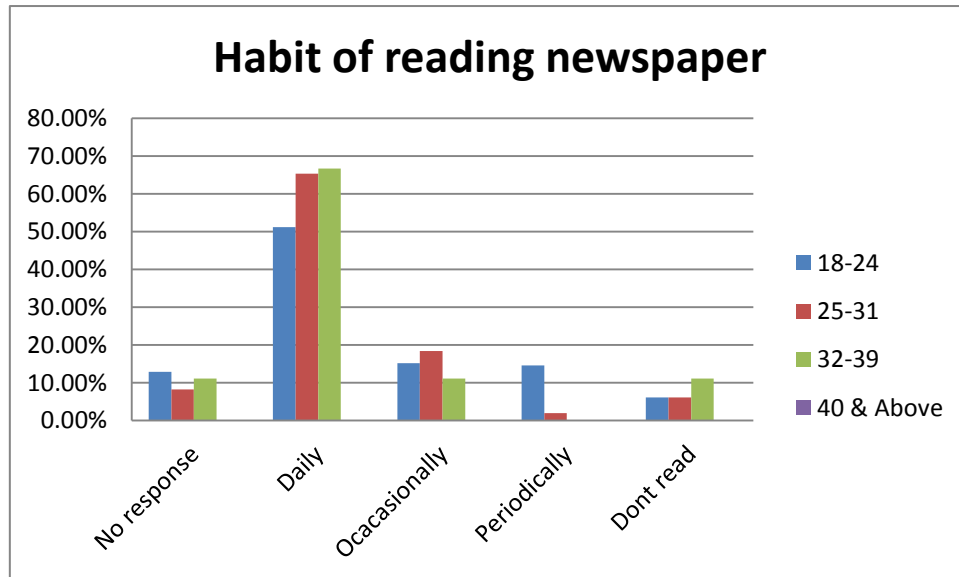


Figure: 6.7

Habit of reading newspaper	18-24	25-31	32-39	40 & Above	Total
No response	12.9%	8.2%	11.1%	0.0%	12.2%
Daily	51.2%	65.3%	66.7%	0.0%	53.2%
Occasionally	15.2%	18.4%	11.1%	0.0%	15.5%
Periodically	14.6%	2.0%	0.0%	0.0%	12.8%
Don't read	6.1%	6.1%	11.1%	0.0%	6.2%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table.B.02

Out of over 400 respondents an overwhelming majority of the respondents 53.2 percent had the habit of reading newspaper daily. Among the age groups, age between 32-40 were majority of the respondents who read newspaper daily. Interestingly the data shows that the habit of reading newspaper among age group 18-25 is lesser than the age group of 32-40. It can be seen from the data in table (B.02) that the habit of reading newspaper among the youth is declining.

Question.3 Type of newspaper do you read?

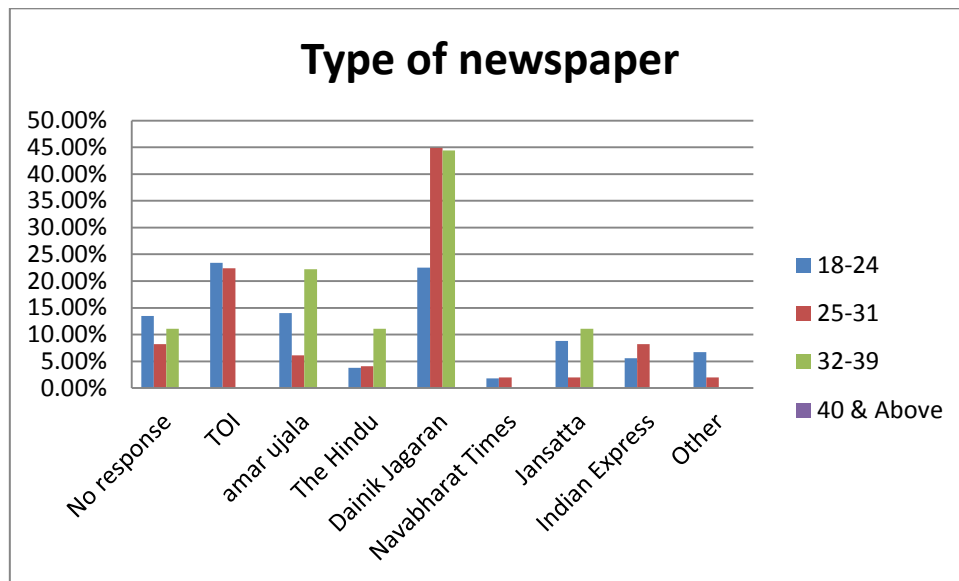


Figure: 6.8

Type of newspaper	18-24	25-31	32-39	40 & Above	Total
No Response	13.5%	8.2%	11.1%	0.0%	12.8%
TOI	23.4%	22.4%	0.0%	0.0%	22.8%
Amar Ujala	14.0%	6.1%	22.2%	0.0%	13.2%
The Hindu	3.8%	4.1%	11.1%	0.0%	4.0%
Dainik Jagaran	22.5%	44.9%	42.4%	0.0%	23.8%
Navabharat Times	1.8%	2.0%	0.0%	0.0%	1.8%
Jansatta	8.8%	2.0%	11.1%	0.0%	8.0%
Indian Express	5.6%	8.2%	0.0%	0.0%	5.8%
Other	6.7%	2.0%	0.0%	0.0%	6.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.03

The above table (B.03) shows that majority of the respondents 25.8 per cent read Dainik Jagaran, which is Hindi daily newspaper. Followed by 22.8 percent of the respondents who read Times of India, which is English daily newspaper. Among the age groups, age group 18-24 read English newspaper more than compare other age groups. Thus, it is clear that among the youth habit of reading English daily is increasing.

Question.4 which parts of newspaper do you read mostly?

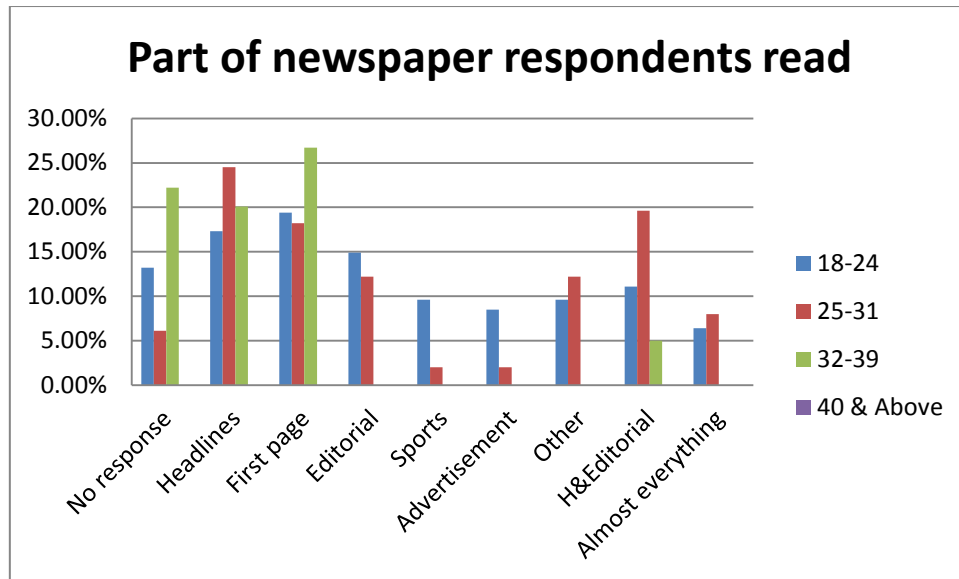


Figure: 6.9

Part of newspaper	18-24	25-31	32-39	40 & Above	Total
No response	13.2%	6.1%	22.2%	0.0%	12.5%
Headlines	17.3%	24.5%	11.1%	0.0%	18.0%
First page	9.4%	8.2%	66.7%	0.0%	10.5%
Editorial	14.9%	12.2%	0.0%	0.0%	14.2%
Sports	9.6%	2.0%	0.0%	0.0%	8.5%
Advertisement	8.5%	2.0%	0.0%	0.0%	7.5%
Other	9.6%	12.2%	0.0%	0.0%	9.8%
H & Editorial	11.1%	30.6%	0.0%	0.0%	13.2%
Almost everything	6.4%	2.0%	0.0%	0.0%	5.8%

Table: B.04

The table above (B.04) illustrates that the majority of the respondents 18 percent of them read headlines of the newspaper; followed by 14.2 percent them read editorial of the newspaper. The above table (B.04) showed that an overwhelming majority of the respondents among the age group 18-24 read sports section of newspaper. The majority of the respondents among all age groups 25-31 read 55.1 percent read headlines and Editorial as well.

Question.5. Do you read Sunday Supplementary?

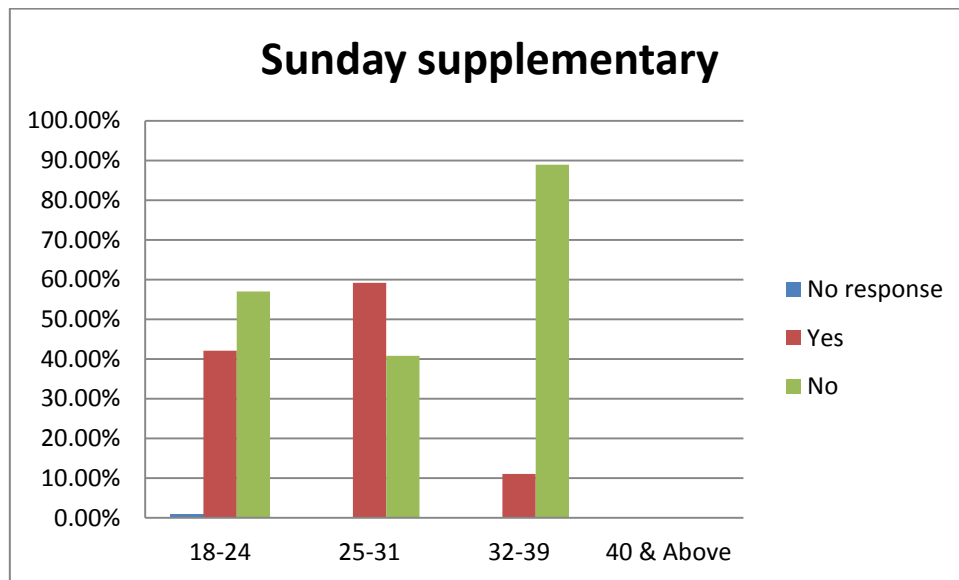


Figure: 6.10

Sunday Supplementary	18-24	25-31	32-39	40 & Above	Total
No response	0.9%	0.0%	0.0%	0.0%	0.8%
Yes	42.1%	59.2%	11.1%	0.0%	43.5%
No	57.0%	40.8%	88.9%	0.0%	55.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.05

As can be seen in the table above (B.05) the majority of the respondents 55.8 percent don't read Sunday Supplementary. Whereas only 43.5 percent read Sunday supplementary. Among the age groups, age group 18-24 majority of the respondents 57 percent said they don't read Sunday Supplementary compare to age group 24-31 40.8 percent, age group 32-39 majority of the respondents don't read Sunday Supplementary at all. Based on the data it is clear that reading habit of Sunday Supplementary among the youth is declining.

MAGAZINE

Question.6 Do you read Magazine?

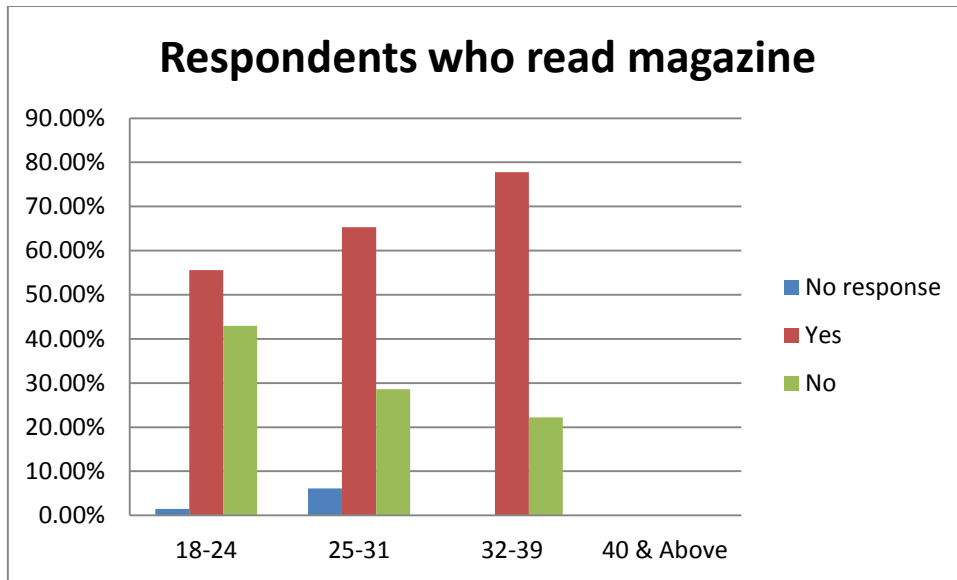


Figure: 6.11

Magazine	18-24	25-31	32-39	40 & Above	Total
No response	1.5%	6.1%	0.0%	0.0%	2.0%
Yes	55.6%	65.3%	77.8%	0.0%	57.2%
No	43.0%	28.6%	22.2%	0.0%	40.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.06

The above table (B.06) shows breakdown of the respondents who read magazine. The data shows that almost half the respondents 42.8 percent don't read the magazine. Among the age groups, age group 18-24 reading magazine 55.6 percent which is lesser than that of age group between 32-39 (77.8 percent). It is apparent from the table that the number of students who read magazine is declining.

Question.7 Which language magazine do you read the most?

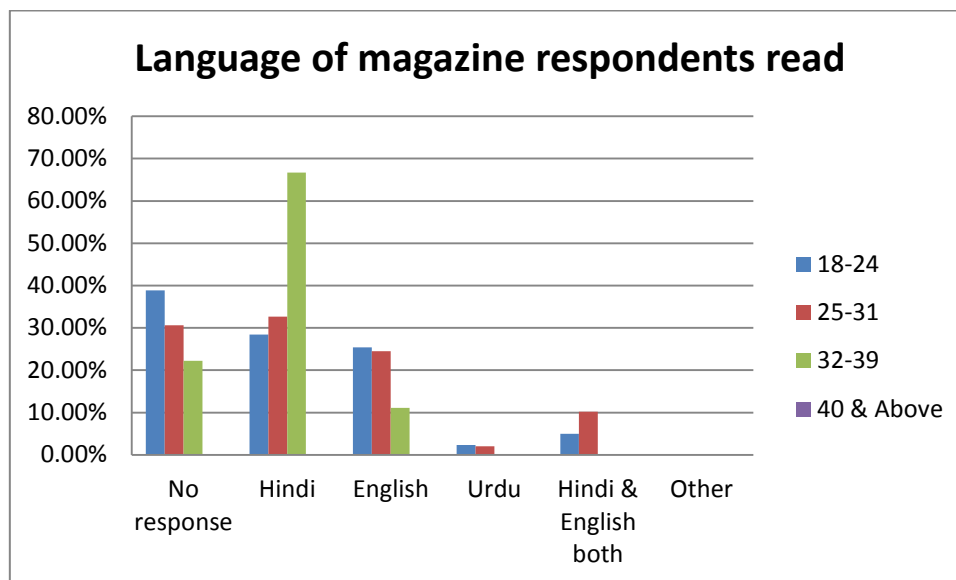


Figure: 6.12

Language of Magazine	18-24	25-31	32-39	40 & Above	Total
No response	38.9%	30.6%	22.2%	0.0%	37.5%
Hindi	28.4%	32.7%	66.7%	0.0%	29.8%
English	25.4%	24.5%	11.1%	0.0%	25.0%
Urdu	2.3%	2.0%	0.0%	0.0%	2.2%
Hindi & English both	5.0%	10.2%	0.0%	0.0%	5.5%
Other	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.07

The table above (B.07) shows the breakdown of the respondents who read magazine of a specific language. The data shows that among the respondents who read only Hindi magazine were 28.9 percent, followed by 25 percent who read only English magazine. Interestingly data shows that students who read English magazine is increasing. Among the age groups, age group 18-24 were reading more of English magazine compare to other age groups.

Question.08 Which Magazines do you read the most?

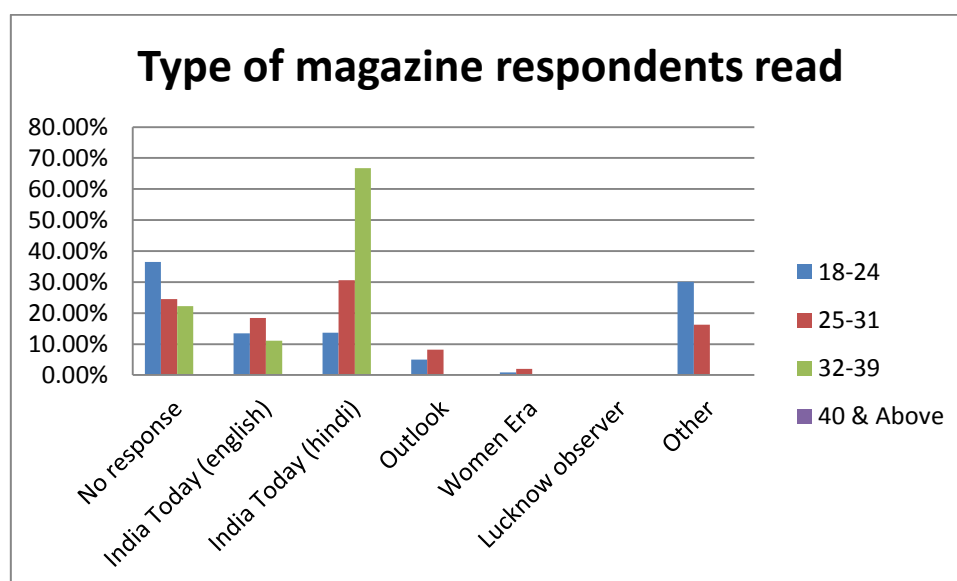


Figure: 6.13

Type of Magazine	18-24	25-31	32-39	40 & Above	Total
No response	36.5%	24.5%	22.2%	0.0%	34.8%
India Today (English)	13.5%	18.4%	11.1%	0.0%	14.0%
India Today (Hindi)	13.7%	30.6%	66.7%	0.0%	17.0%
Outlook	5.0%	8.2%	0.0%	0.0%	5.2%
Women Era	0.9%	2.0%	0.0%	0.0%	1.0%
Lucknow observer	0.3%	0.0%	0.0%	0.0%	0.2%
Other	30.1%	16.3%	0.0%	0.0%	27.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.08

The above table (B.08) indicates that the majority of the respondents 17 percent are reading India Today (Hindi) magazine, followed by 14 percent of the respondents who were reading India Today (English) magazine. Based on the above table (B.08) also clear that readers are being divided not only based on content but also based on language. Among the age groups it is clear that age group 18-24 were reading different language magazines compared the other age groups.

Question.9. Do you read any health related Magazines?

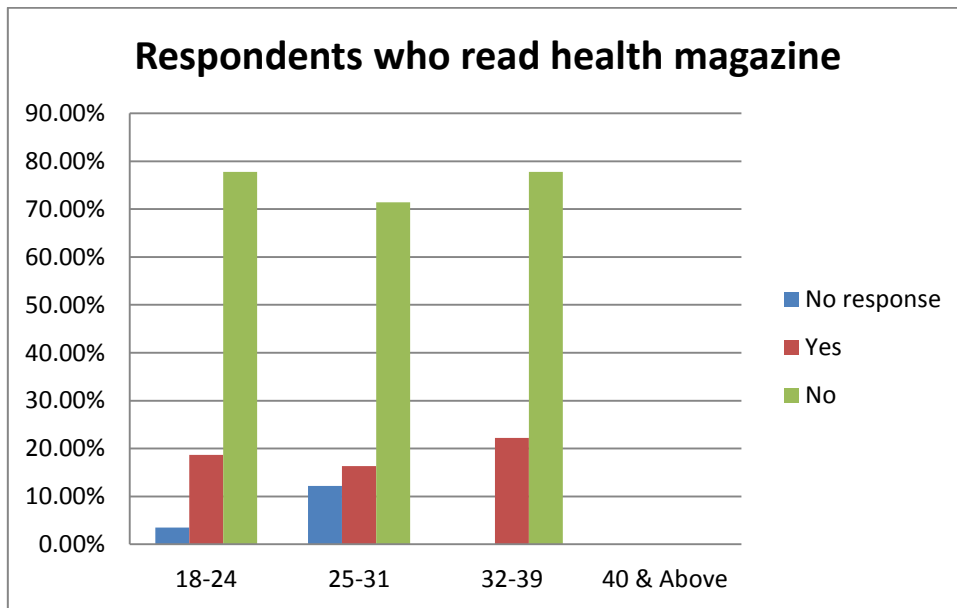


Figure: 6.14

Magazine	18-24	25-31	32-39	40 & Above	Total
No response	3.5%	12.2%	0.0%	0.0%	4.5%
Yes	18.7%	16.3%	22.2%	0.0%	18.5%
No	77.8%	71.4%	77.8%	0.0%	77.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.09

From the table (B.09) above shows that the majority of the respondents 77 percent don't read health Magazine followed by 18.5 percent of the respondents who read health magazine. Among the age groups, age group 18-24 respondents 18.7 were reading health magazine which is lesser than other age groups.

Question. 10 Do you listen to the Radio?

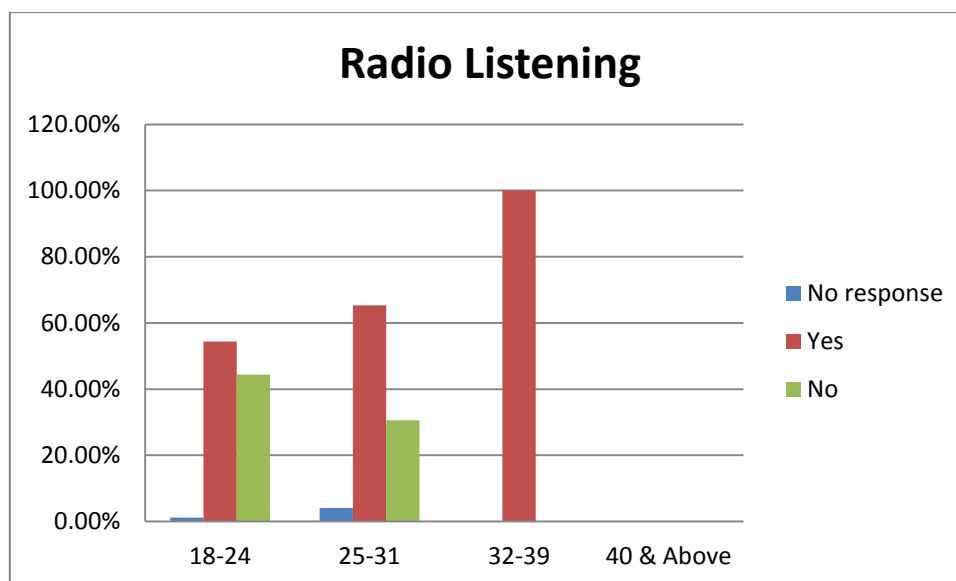


Figure: 6.15

Radio Listening	18-24	25-31	32-39	40 & Above	Total
No response	1.2%	4.1%	0.0%	0.0%	1.5%
Yes	54.4%	65.3%	100.0%	0.0%	56.8%
No	44.4%	30.6%	0.0%	0.0%	41.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.10

The above table (B.10) shows the breakdown of the respondents who listen to the Radio. The data shows that 56.8 percent of the respondents were listening to the Radio and 43.3 percent of the respondents were not listening to the radio. Among the age groups, age group 18-24 listen to the radio lesser than other age groups.

Question.11 When do you listen to Radio?

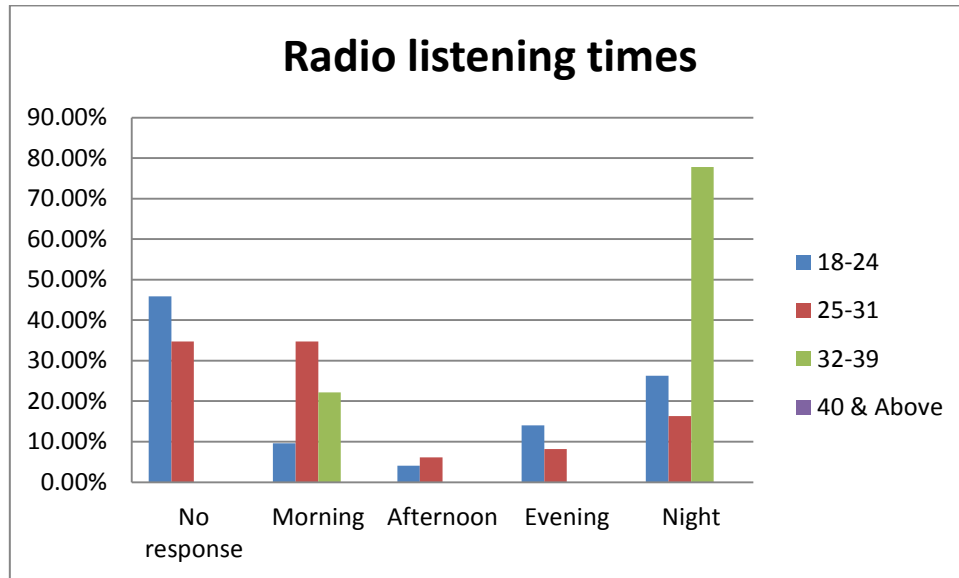


Figure: 6.16

Radio Listening time	18-24	25-31	32-39	40 & Above	Total
No response	45.9%	34.7%	0.0%	0.0%	43.5%
Morning	9.6%	34.7%	22.2%	0.0%	13.0%
Afternoon	4.1%	6.1%	0.0%	0.0%	4.2%
Evening	14.0%	8.2%	0.0%	0.0%	13.0%
Night	26.3%	16.3%	77.8%	0.0%	26.2%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.11

The above table (B.11) shows the breakdown of the timings of the respondents who listen to the Radio, the majority of the respondents 26.2 percent said night time, followed by 13 percent of the respondents said Morning and 13 percent of the respondents said Evening. Among the age groups, age group 18-24 were listening to the radio almost all times according to their convenience. Among the age group 32 to above majority of them are listening at night.

Question.12.What type of programme do you listen to on the Radio most?

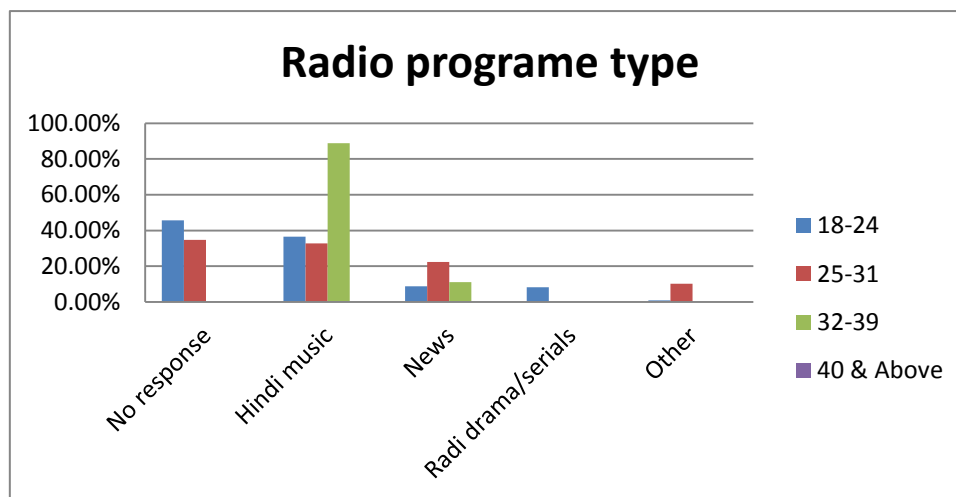


Figure: 6.17

Radio programme type	18-24	25-31	32-39	40 & Above	Total
No response	45.6%	34.7%	0.0%	0.0%	43.2%
Hindi music	31.9%	14.3%	11.1%	0.0%	29.2%
Bhojpuri music	4.7%	38.4%	57.8%	0.0%	8.0%
News	8.8%	22.4%	11.1%	0.0%	10.5%
Radio drama/serials	8.2%	0.0%	0.0%	0.0%	7.0%
Other	0.9%	10.2%	0.0%	0.0%	2.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.12

The above table (B.12) shows the breakdown of the respondents who listen to the various radio programmes. The data shows that the majority of the respondents 29.2 percent listening to the Hindi music followed by 10.5 percent were listening to the News on Radio. Among the age groups, age group 18-24 majority of the respondents 31.9 percent were listening to the Hindi music on Radio.

Question.13.Which channel do you prefer the most on Radio?

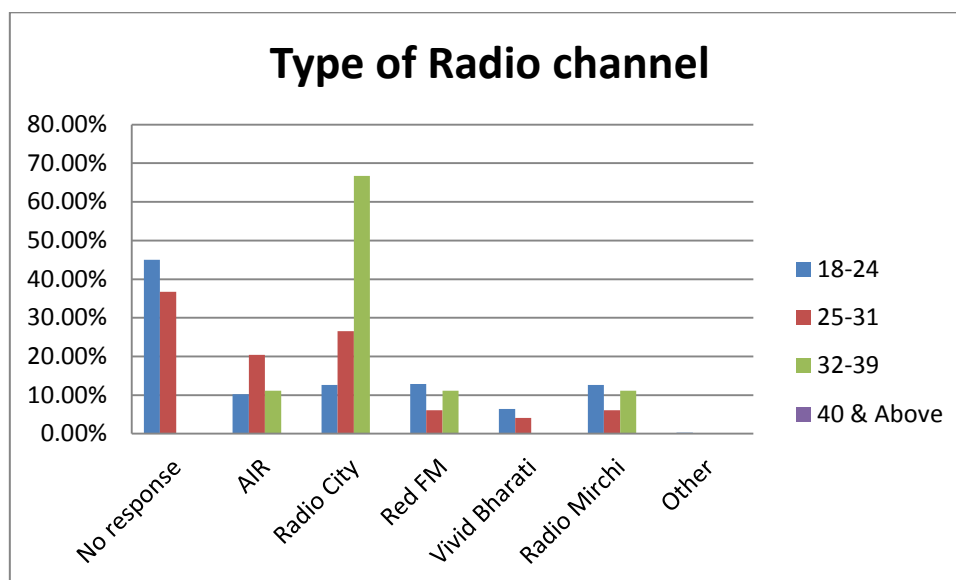


Figure: 6.18

Type of Radio channel	18-24	25-31	32-39	40 & Above	Total
No response	45.0%	36.7%	0.0%	0.0%	43.0%
AIR	10.2%	20.4%	11.1%	0.0%	11.5%
Radio City	12.6%	26.5%	66.7%	0.0%	15.5%
Red FM	12.9%	6.1%	11.1%	0.0%	12.0%
Vivid Bharati	6.4%	4.1%	0.0%	0.0%	6.0%
Radio Mirchi	12.6%	6.1%	11.1%	0.0%	11.8%
Other	0.3%	0.0%	0.0%	0.0%	0.2%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.13

The above table (B.13) shows breakdown of the respondents who listen to the different radio stations. The data depicts that the major of the respondents 15.5 percent were listening to Radio City followed by 12 percent of the respondents were listening to Red FM. Among the age groups, age group 18-24 majority of the respondents 12 percent were listening to Red FM, followed by Radio City 12.6 percent and Radio Mirchi 12.6 percent.

TELEVISION

Question.14 Do you watch television?

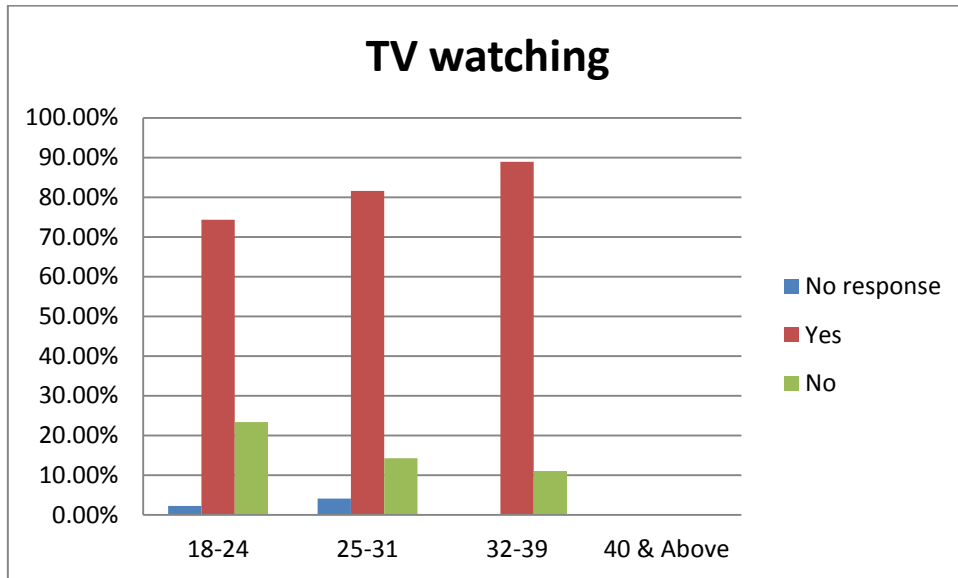


Figure: 6.19

TV watching	18-24	25-31	32-39	40 & Above	Total
No response	2.3%	4.1%	0.0%	0.0%	2.5%
Yes	74.3%	81.6%	88.9%	0.0%	75.5%
No	23.4%	14.3%	11.1%	0.0%	22.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.14

The above table (B.14) shows the breakdown of the respondents who watch television. The data shows that a good majority of the respondents 75.5 percent watch television and 22 percent don't watch television. Among the age groups, age group 18-24 respondents 74.3 percent watch television that is lesser than that of age 32 and above which is 88.9 percent.

Question.15 What time do you watch the television most?

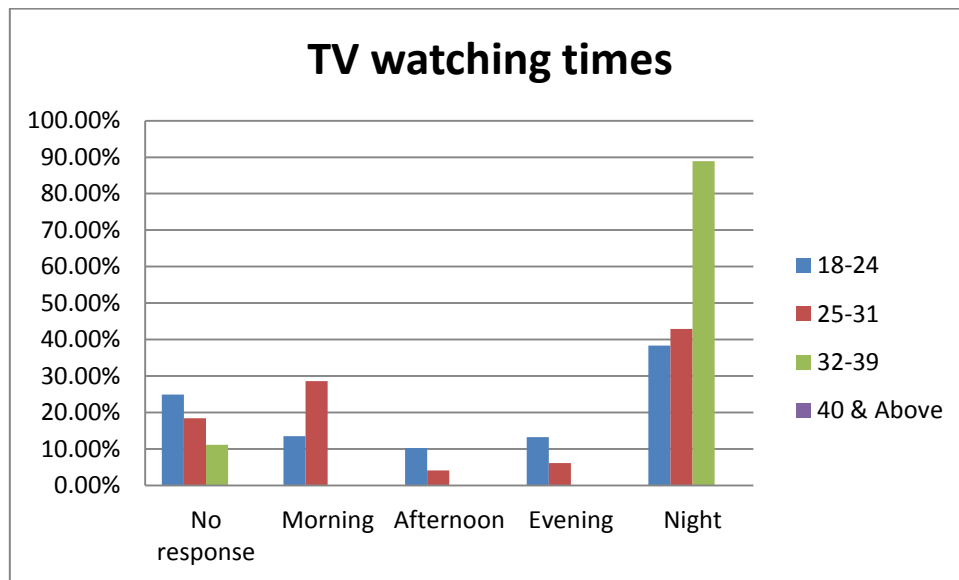


Figure: 6.20

TV watching time	18-24	25-31	32-39	40 & Above	Total
No response	24.9%	18.4%	11.1%	0.0%	23.8%
Morning	13.5%	28.6%	0.0%	0.0%	15.0%
Afternoon	10.2%	4.1%	0.0%	0.0%	9.2%
Evening	13.2%	6.1%	0.0%	0.0%	12.0%
Night	38.3%	42.9%	88.9%	0.0%	40.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.15

The above table (B.15) depicts that the timings of the respondents who watch television. Among those who watch television an overwhelming majority of the respondents 40 percent watch television at Night time followed by 15 percent of the respondents who watch television in the Morning time. Among the age groups, age group between 18-24 watch almost all possible times, whereas in the age group 32 and above watch only at Night time. Thus majority of the students are watching television at Night time.

Question.16 Which programme do you watch on television the most?

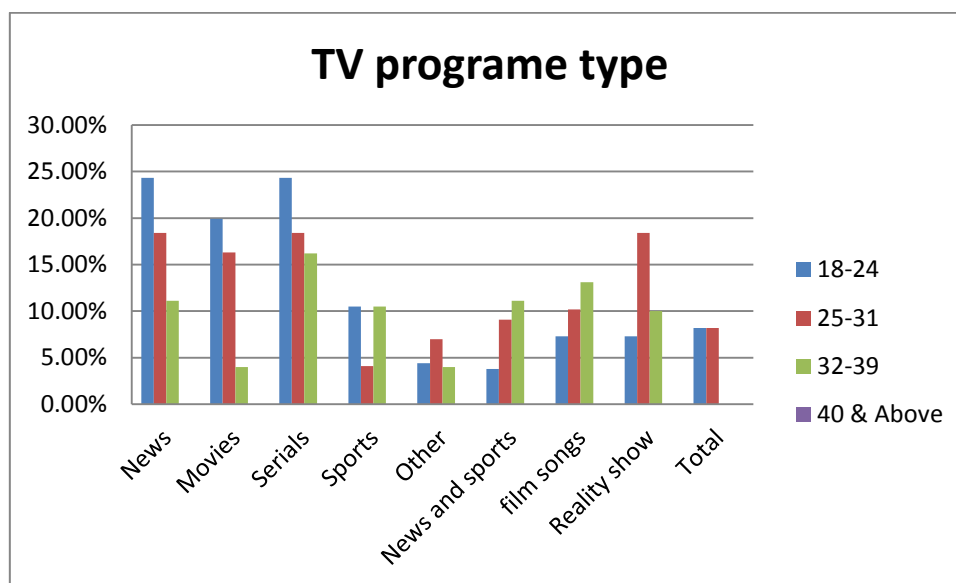


Figure: 6.21

TV programme type	18-24	25-31	32-39	40 & Above	Total
No respondents	24.3%	18.4%	11.1%	0.0%	23.2%
News	19.9%	16.3%	0.0%	0.0%	19.0%
Movies	14.3%	18.4%	66.7%	0.0%	16.0%
Serials	10.5%	4.1%	0.0%	0.0%	9.5%
Sports	4.4%	2.0%	0.0%	0.0%	4.0%
Other	3.8%	4.1%	11.1%	0.0%	4.0%
News and sports	7.3%	10.2%	11.1%	0.0%	7.8%
film songs	7.3%	18.4%	0.0%	0.0%	8.5%
Reality show	8.2%	8.2%	0.0%	0.0%	8.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.16

The above table (B.16) illustrates the television programme wise breakup of the respondents. Among those who watch television a majority of the respondents 19 percent of them were watching News followed by 16 percent of the respondents were watching Movies. Among the age groups, age group of 18-24 majority of them believed to be watching almost all the programmes. Whereas age group 25 and above majority of them were also watching Movies.

Question.17 Which channel do you prefer the most on television?

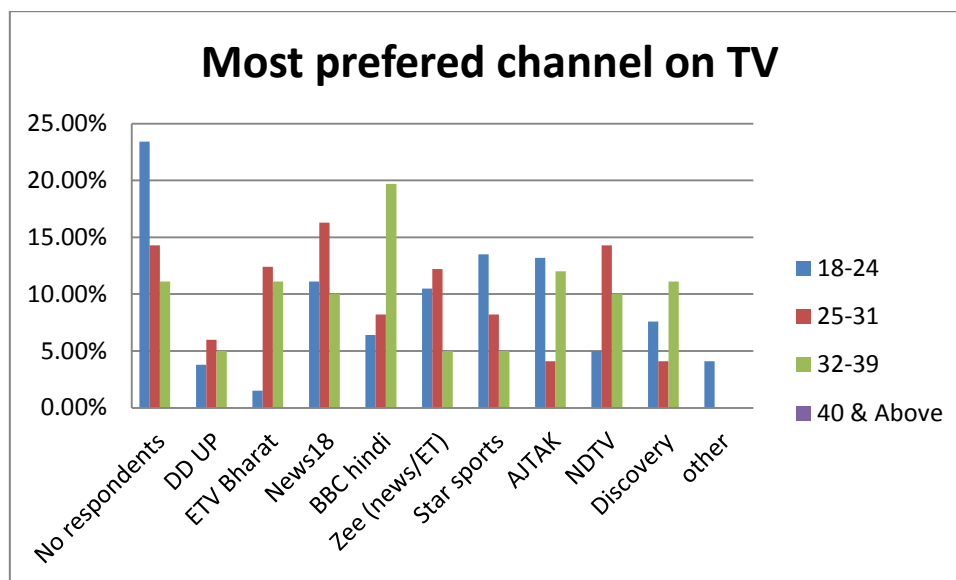


Figure: 6.22

Most preferred channel on TV	18-24	25-31	32-39	40 & Above	Total
No respondents	23.4%	14.3%	11.1%	0.0%	22.0%
DD UP	3.8%	0.0%	0.0%	0.0%	3.2%
ETV Bharat	1.5%	18.4%	11.1%	0.0%	3.8%
News18	11.1%	16.3%	0.0%	0.0%	11.5%
BBC hindi	6.4%	8.2%	66.7%	0.0%	8.0%
Zee (news/ET)	10.5%	12.2%	0.0%	0.0%	10.5%
Star sports	13.5%	8.2%	0.0%	0.0%	12.5%
AJTAK	13.2%	4.1%	0.0%	0.0%	11.8%
NDTV	5.0%	14.3%	0.0%	0.0%	6.0%
Discovery	7.6%	4.1%	11.1%	0.0%	7.2%
other	4.1%	0.0%	0.0%	0.0%	3.5%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.17

The above table (B.17) illustrates the television channel wise breakup of the respondents. The data shows that the majority of the respondents 12.5 were believed to be watching Star Sports channel followed by 11.8 percent of the respondents were watching AJTAK news channel. Among the age groups, age group 18-24 majority of them were watching ZEE television channel.

Question.18 Do you watch exclusive health television channel?

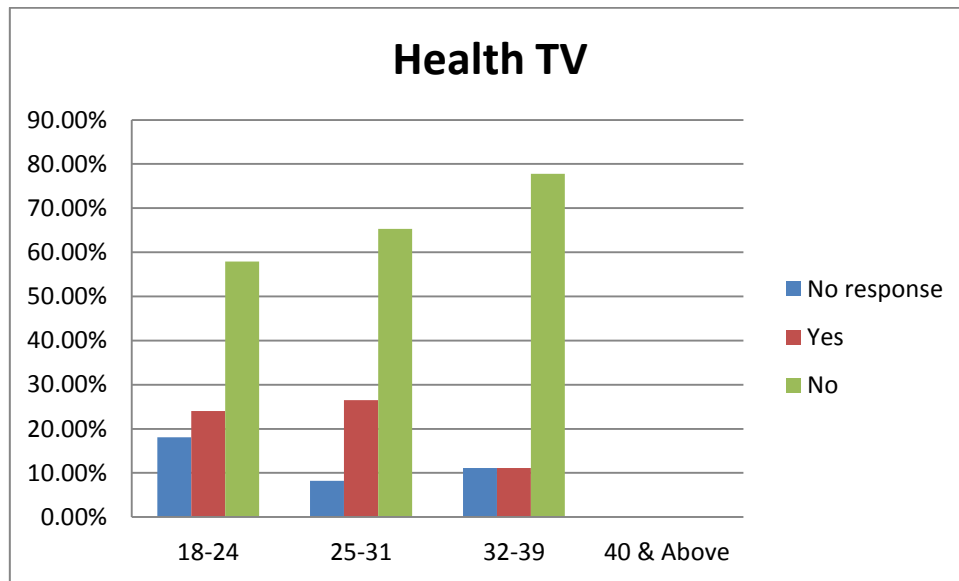


Figure: 6.23

Health TV	18-24	25-31	32-39	40 & Above	Total
No response	18.1%	8.2%	11.1%	0.0%	16.8%
Yes	24.0%	26.5%	11.1%	0.0%	24.0%
No	57.9%	65.3%	77.8%	0.0%	59.2%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.18

The above table (B.18) shows that the breakup of the respondents who watch exclusive health television. The data shows that majority of the respondents 59.2 percent don't watch health television channel. Only 24 percent of the respondents were watching health television channel. Among the age groups, age group of 18-24, 25 percent were watching health television channel. Among the age groups, age group of 25-31 26.5 percent were watching television channel. Age group 32 and above were watching less compare to other age groups. Thus, it indicates that young people were more concern about their health.

MOVIES

Question.19 Do you watch movies?

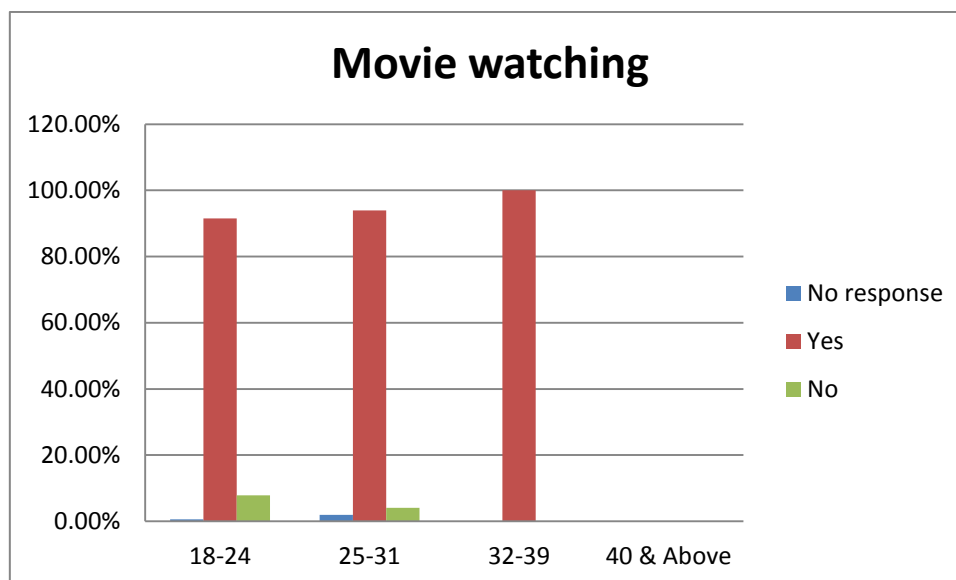


Figure: 6.24

Movie watching	18-24	25-31	32-39	40 & Above	Total
No response	0.6%	2.0%	0.0%	0.0%	0.8%
Yes	91.5%	93.9%	100.0%	0.0%	92.0%
No	7.9%	4.1%	0.0%	0.0%	7.2%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.19

The above table (B.19) shows that the breakup of the respondents who watch movies.

The data illustrates that an overwhelming majority of the respondents 92 percent do watch movies and 7.2 per cent of the respondents don't watch movies. Whereas 0.8 percent of the respondents have not given any response.

Question.20 Where do you watch the movies most?

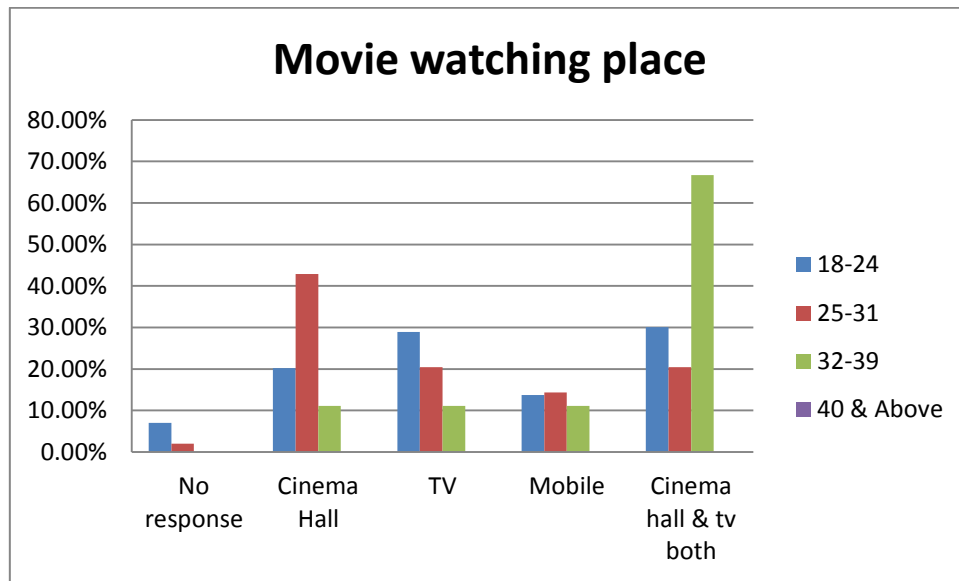


Figure: 6.25

Movie watching place	18-24	25-31	32-39	40 & Above	Total
No response	7.0%	2.0%	0.0%	0.0%	6.2%
Cinema Hall	20.2%	42.9%	11.1%	0.0%	22.8%
TV	28.9%	20.4%	11.1%	0.0%	27.5%
Mobile	14.7%	13.3%	11.1%	0.0%	13.8%
Cinema hall & tv both	30.1%	20.4%	66.7%	0.0%	29.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.20

The above table (B.20) shows the breakup of respondents who watch movies at different places. An overwhelming majority of the respondents 29.8 percent watch movies exclusively on television. Whereas 22.8 percent of the respondents watch movies exclusively in cinema hall. It is apparent from the table that respondents who watch movies on mobile is increasing among the age group 18-24 compare to other age groups.

INTERNET

Question.21 Do you use internet?

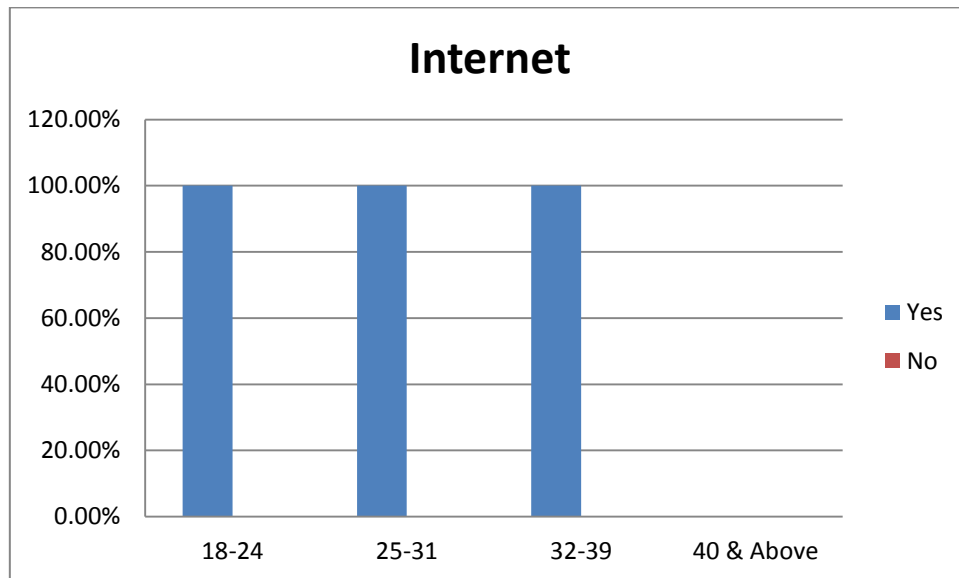


Figure: 6.26

Internet access	18-24	25-31	32-39	40 & Above	Total
Yes	100.0%	100.0%	100.0%	0.0%	100.0%
No	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.21

The above table (B.21) shows breakup of the respondents who access internet in their day today life. Interestingly 100 per cent of the respondents are accessing the internet in their daily life. Thus, internet access can be said as basic necessity for students.

Question.22 How much time do you use internet in a day?

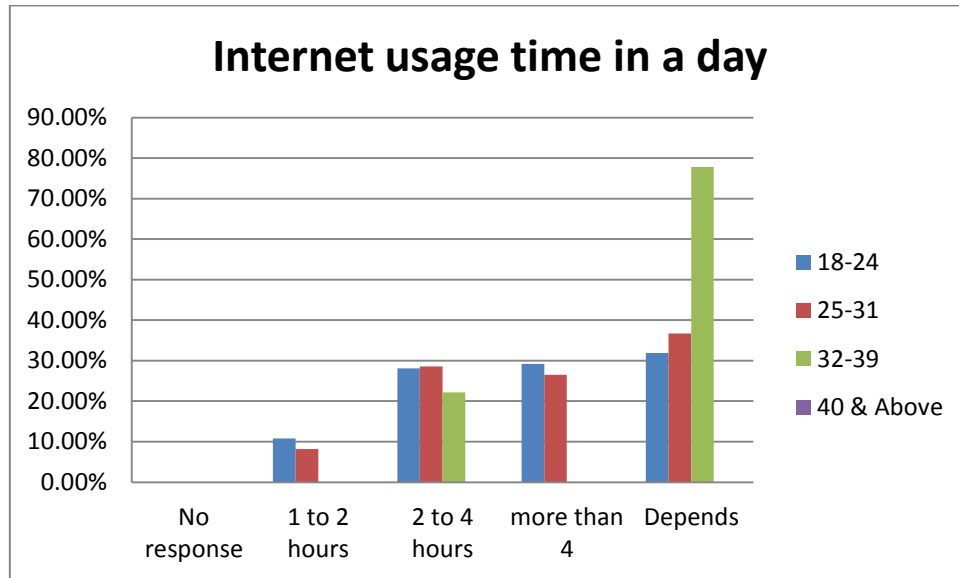


Figure: 6.27

Internet usage time	18-24	25-31	32-39	40 & Above	Total
No response	0.0%	0.0%	0.0%	0.0%	0.0%
1 to 2 hours	10.8%	8.2%	0.0%	0.0%	10.2%
2 to 4 hours	28.1%	28.6%	22.2%	0.0%	28.0%
more than 4	29.2%	26.5%	0.0%	0.0%	28.2%
Depends	31.9%	36.7%	77.8%	0.0%	33.5%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.22

The above table (B.22) presents the breakdown of the internet usage time. The data shows that an overwhelming majority of the respondents 56.2 percent use internet more than 2 hours followed by 33.5 percent respondents who said it depends based on their need and necessity. Among the age groups, age group 18-24 is spending more time on internet compare to others.

Question.23 Do you use social media?

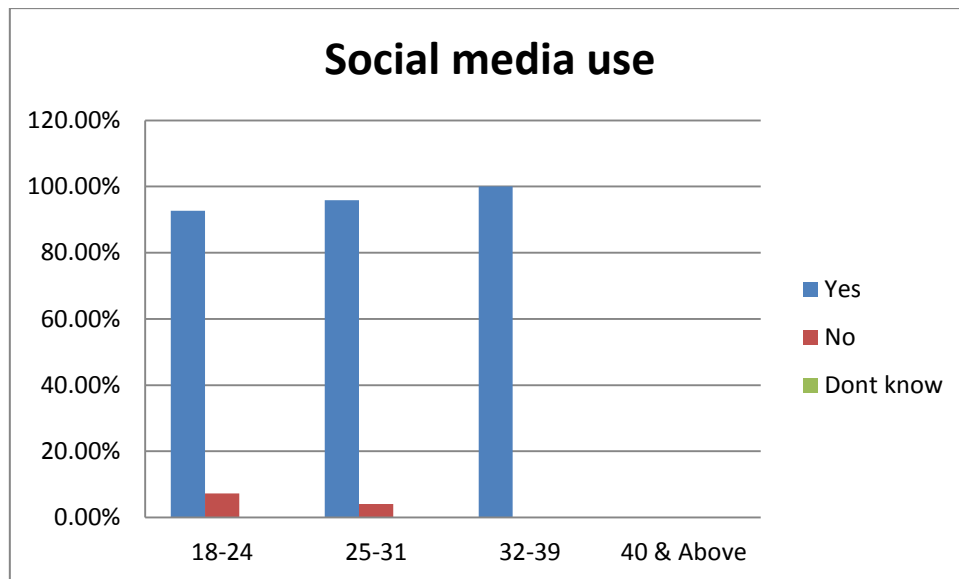


Figure: 6.28

Social media use	18-24	25-31	32-39	40 & Above	Total
Yes	100%	95.9%	92.7%	0.0%	93.2%
No	0.3%	4.1%	7.0%	0.0%	6.8%
No response	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.23

The above table (B.23) shows that breakdown of the respondents who use social media.

The data clearly shows that an overwhelming majority of the respondents 93.2 percent use social media followed by 6.8 percent of the respondents who don't use social media. Among age groups, age group 18-24 use 100 percent compare to age group 32 and above (92.7%).

Thus it can be said that use of social media is more among youth.

Question.24 Which social media application do you use the most?

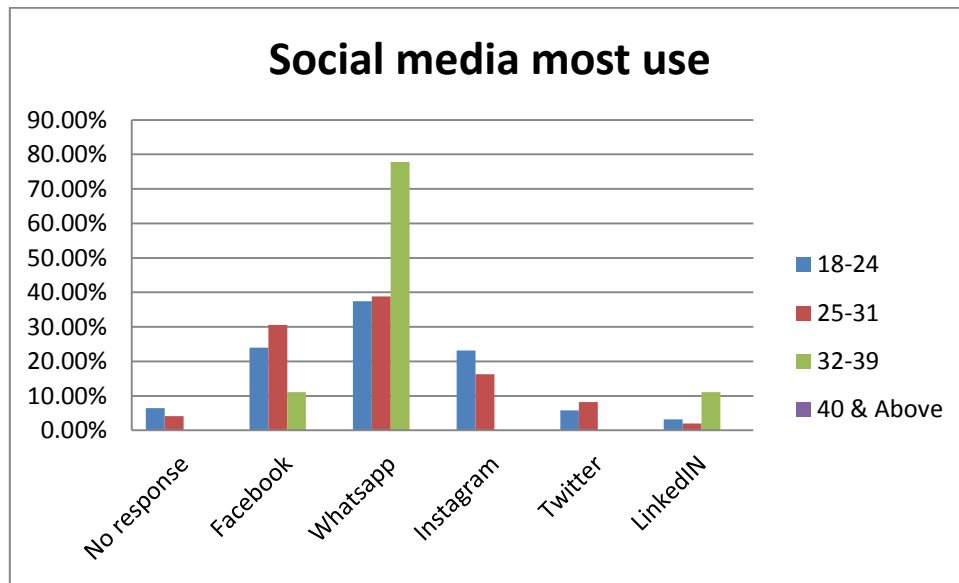


Figure: 6.29

Social media most use	18-24	25-31	32-39	40 & Above	Total
No response	6.4%	4.1%	0.0%	0.0%	6.0%
Facebook	24.0%	30.6%	11.1%	0.0%	24.5%
Whatsapp	37.4%	38.8%	77.8%	0.0%	38.5%
Instagram	23.1%	16.3%	0.0%	0.0%	21.8%
Twitter	5.8%	8.2%	0.0%	0.0%	6.0%
LinkedIn	3.2%	2.0%	11.1%	0.0%	3.2%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.24

The above table (B.24) shows the breakdown of the respondents that they most used social media application. The data shows that the majority of the respondents 38.5 percent use WhatsApp followed by 24.5 percent respondents who use Facebook. Among the age groups, age group 18-24 are using most of the social media application. Age group 25-31 are most of them using interactive social media application. Whereas as the age group 32 and above are using profession social media applications like LinkedIn along with interactive social media applications.

Question.25 Which of the following according to you should be the desired objective of the media?

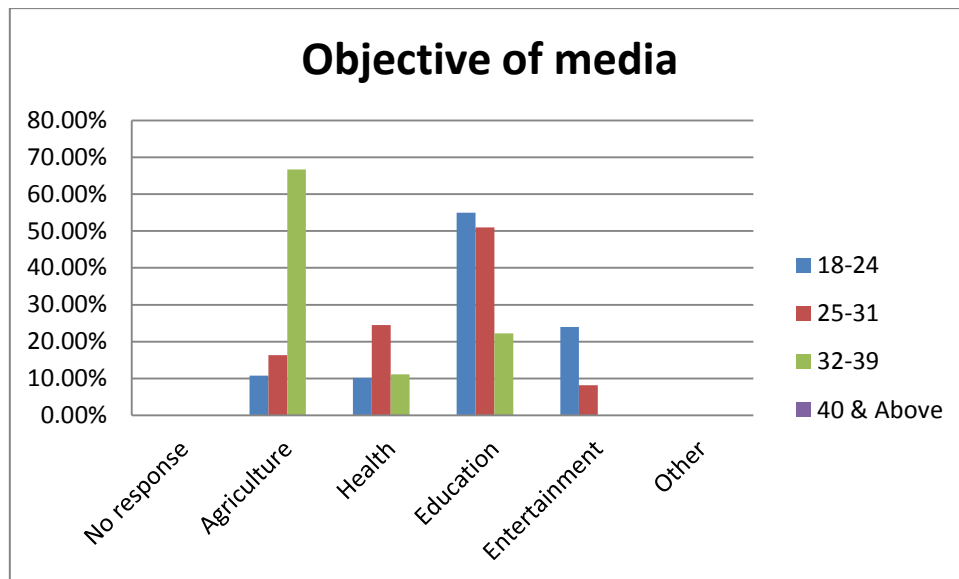


Figure: 6.30

Objective of media	18-24	25-31	32-39	40 & Above	Total
No response	0.0%	0.0%	0.0%	0.0%	0.0%
Agriculture	10.8%	16.3%	66.7%	0.0%	12.8%
Health	10.2%	24.5%	11.1%	0.0%	12.0%
Education	55.0%	51.0%	22.2%	0.0%	53.8%
Entertainment	24.0%	8.2%	0.0%	0.0%	21.5%
Other	0.0%	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.25

The above table (B.25) shows the breakdown of the response on objective of media. The data clearly shows that majority of the respondents 65.8 percent believed Education and Health, followed by 21.5 percent believed Entertainment and 12.8 percent believed Agriculture. Among the age groups, age group 18-24 majority of them believed objective of the media should be Education as well as Entertainment.

Question.26 How useful is Media in your healthy life?

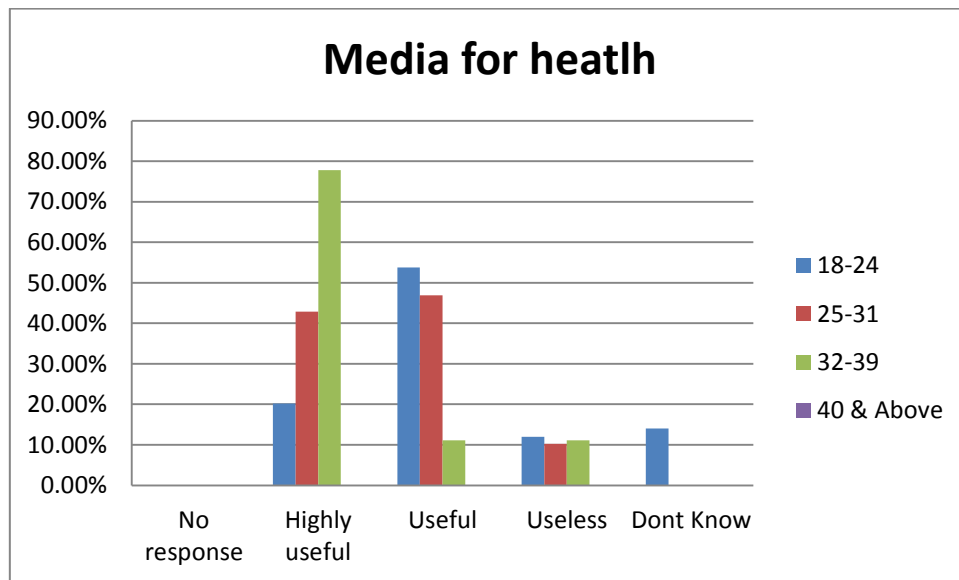


Figure: 6.31

Media for health	18-24	25-31	32-39	40 & Above	Total
No response	0.0%	0.0%	0.0%	0.0%	0.0%
Highly useful	20.2%	42.9%	77.8%	0.0%	24.2%
Useful	53.8%	46.9%	11.1%	0.0%	52.0%
Useless	12.0%	10.2%	11.1%	0.0%	11.8%
Dont Know	14.0%	0.0%	0.0%	0.0%	12.0%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.26

The above table (B.26) shows the breakup of the response how media useful for healthy life. The data clearly says that majority of the respondents 76 percent said media is useful for their healthy life followed by 12 percent believed they are not sure whether it is useful or not. Among the age groups, age group 18-24 majority of them 74 percent believed media is very useful for their healthy life. Thus, media can be said as basic necessity for the human healthy life.

Question.27 Do you think media acts as a mouthpiece of ministry of health?

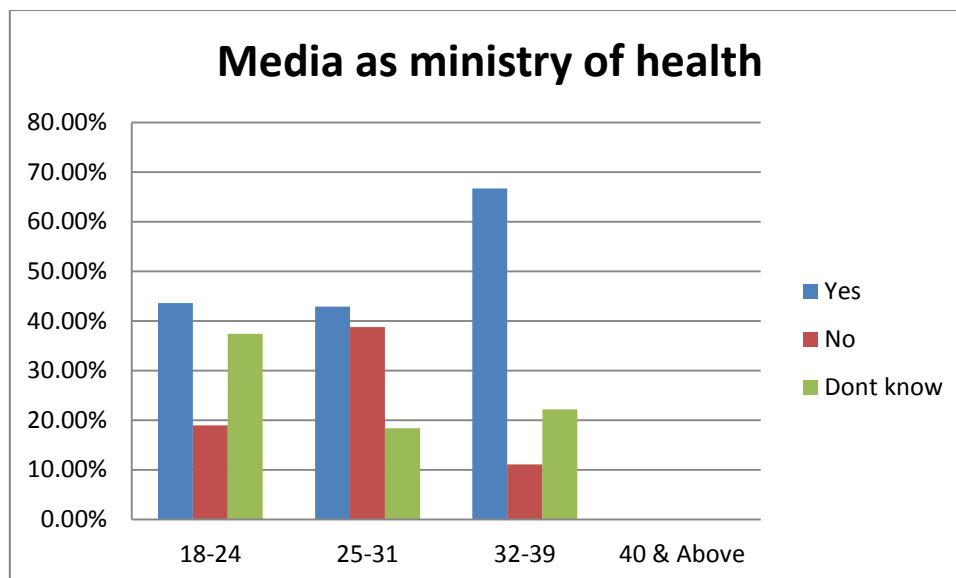


Figure: 6.32

Media as ministry of health	18-24	25-32	32-39	40 & Above	Total
Yes	43.6%	42.9%	66.7%	0.0%	44.0%
No	19.0%	38.8%	11.1%	0.0%	21.2%
Dont know	37.4%	18.4%	22.2%	0.0%	34.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.27

The above table (B.27) depicts breakdown of the response regarding media acts as a mouthpiece of ministry of health. The data shows majority of the respondents 44 percent believed as media acts as mouthpiece of ministry of health, 34.8 percent said they were not sure. 22.2 percent gave a negative response.

Question.28 From where you get the information about government programmes?

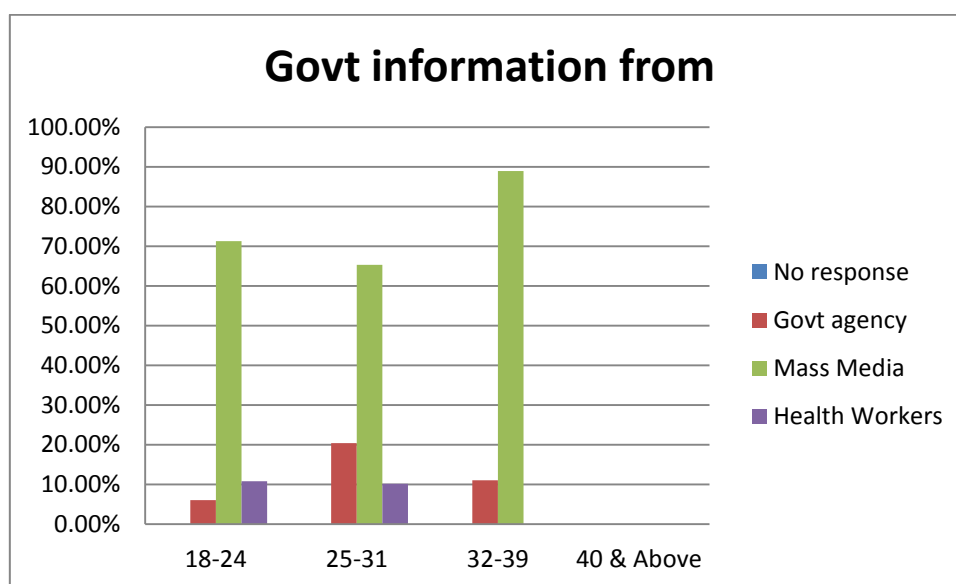


Figure: 6.33

Govt info from	18-24	25-31	32-39	40 & Above	Total
No response	0.0%	0.0%	0.0%	0.0%	0.0%
Govt agency	6.1%	20.4%	11.1%	0.0%	8.0%
Mass Media	71.3%	65.3%	88.9%	0.0%	71.0%
Health Workers	10.8%	10.2%	0.0%	0.0%	10.5%
Other	11.7%	4.1%	0.0%	0.0%	10.5%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.28

The above table (B.28) shows the breakdown of the respondents regarding source of government programmes. The data clearly shows that majority of the respondents 71 percent of them are getting government information through Mass media followed by 10.5 percent respondents are getting through Health Workers and 8 percent from Government agencies respectively.

Question.29 Have you modified your information usability through the knowledge of these health related programmes by media?

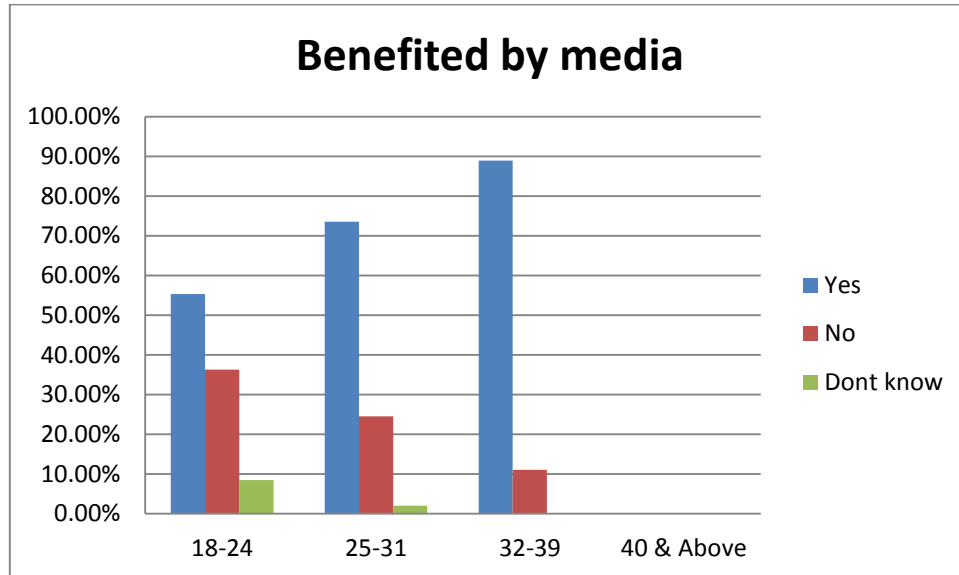


Figure: 6.34

Benefited by media	18-24	25-31	32-39	40 & Above	Total
Yes	55.3%	73.5%	88.9%	0.0%	58.2%
No	36.3%	24.5%	11.1%	0.0%	34.2%
Dont know	8.5%	2.0%	0.0%	0.0%	7.5%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.29

The above table (B.29) shows the breakdown of the respondents who got benefited by media. The data presents majority of the respondents 58.2 percent said they got benefited by media followed by 34.2 percent said they were not benefited by media. Interestingly 7.5 percent of the respondents said they were not sure whether they benefited by media or not.

Question.30 By watching health related programmes in mass media what kind of changes happen?

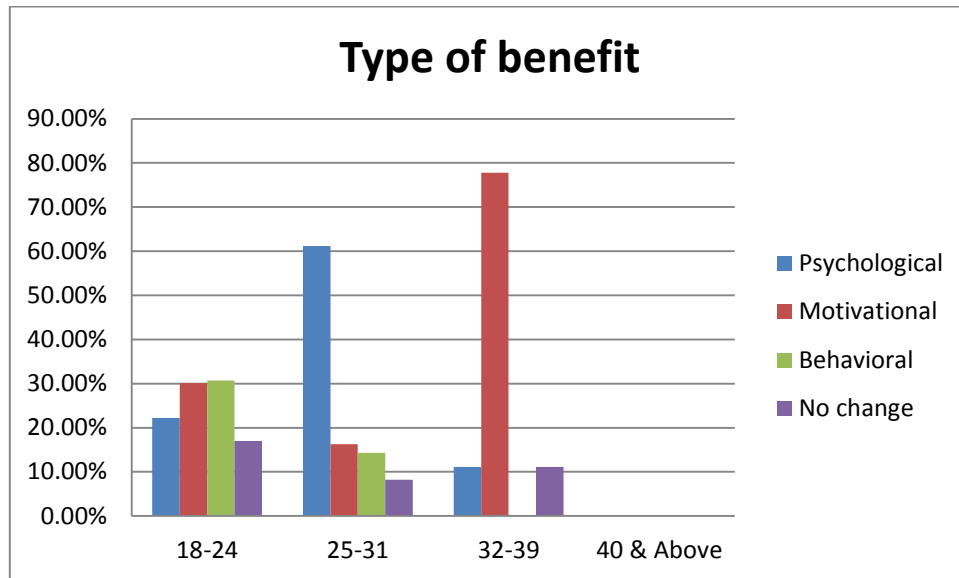


Figure: 6.35

Type of benefit	18-24	25-31	32-39	40 & Above	Total
Psychological	22.2%	61.2%	11.1%	0.0%	26.8%
Motivational	30.1%	16.3%	77.8%	0.0%	29.5%
Behavioural	30.7%	14.3%	0.0%	0.0%	28.0%
No change	17.0%	8.2%	11.1%	0.0%	15.8%
Total	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.30

The above table (B.30) shows the breakdown of the respondents who benefited from media. The data shows that 29.8 percent of the respondents said motivational change followed 28 percent of the respondents said behavioural change and 26.8 percent said psychological change happened because of media. Thus, it can be said that media has very important role in human life.

Question.31 What aspect of health programmes on your channel need improvement?

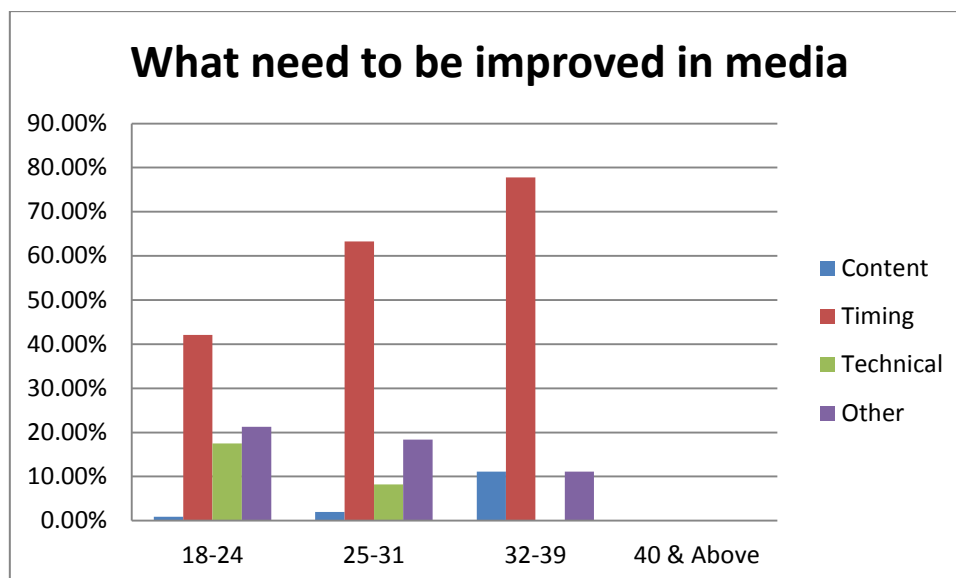


Figure: 6.36

Need to be improved	18-24	25-31	32-39	40 & Above	Total
Content	10.9%	2.0%	11.1%	0.0%	11.2%
Timing	42.1%	63.3%	77.8%	0.0%	45.5%
Technical	7.5%	8.2%	0.0%	0.0%	6.0%
Other	21.3%	18.4%	11.1%	0.0%	20.8%
Total	18.1%	8.2%	0.0%	0.0%	16.5%
	100.0%	100.0%	100.0%	0.0%	100.0%

Table: B.31

The above table (B.31) shows the breakdown of the respondents regarding things that need to be improved on health programmes on television channel. The majority of the respondents 45.5 percent believed timings of the programmes need to be improved and 11.2 percent of the respondents believed content needs to be improved. Interestingly 20.8 percent of the respondents believed other things.

As we discussed earlier our target is divided into three groups i.e. Graduation, Post Graduate and Research Scholars which is further divided into male and female students. In this question the respondents have multiple choices to tick

While studying the role of media about Viral Hepatitis the researcher found that majority of the male Graduate students get their best knowledge about Viral Hepatitis from TV, followed by Newspaper, very less percent of them said friends and government agencies, (Table B.14, Table B.15)

In the case of female Graduate students, the researcher found that majority of the respondents got their knowledge about Viral Hepatitis from TV, followed by Internet and Newspaper, few said from friends and government agencies.

When researcher try to find out which media gave them the best knowledge about viral hepatitis, researcher found that majority of the male Post Graduate students get their best knowledge about Viral Hepatitis from Newspaper followed by TV, very less percent of the respondents said from friends and government agencies.

In the case of female Post Graduate students the researcher found majority of them got their knowledge about Viral Hepatitis from TV followed by Newspaper, few from friends and government agencies.

Similarly in the case of male Research Scholars, an overwhelming majority of them derived from TV followed by Newspaper as their best form of media to understand or know about Viral Hepatitis,

In the case of female Research Scholars the researcher found that, majority of them got their knowledge about Viral Hepatitis from friends and government agencies followed by Newspaper,

After analysing the data we find that TV, Newspaper, Internet, Banner and Hoardings are best mediums for providing best knowledge of Viral Hepatitis. From the statistical analysis, the researcher found that calculated value of Chi square (X^2) for TV is 3.8, 10.8 for Newspaper, 8.5 for Internet, 0.37 for Radio, 0.23 for Magazine and 0.50 for others. The highest value of Chi square (X^2) is 10.8 for Newspaper which is greater than the tabulated value which is 6.99 at 2df (degree of freedom) and at 5% level of significance. Therefore we can say that Newspaper and Internet is the best media considered by the respondents for getting useful information regarding Viral Hepatitis.

SECTION – C

Hepatitis Awareness Profile

In this section of the statistical analysis we deal with kind of awareness level that the respondents have for Hepatitis. It involves all the basic questions that were asked in order to touch upon the rudimentary cognizance people have for Hepatitis.

Question.01. Is Hepatitis communicable disease?

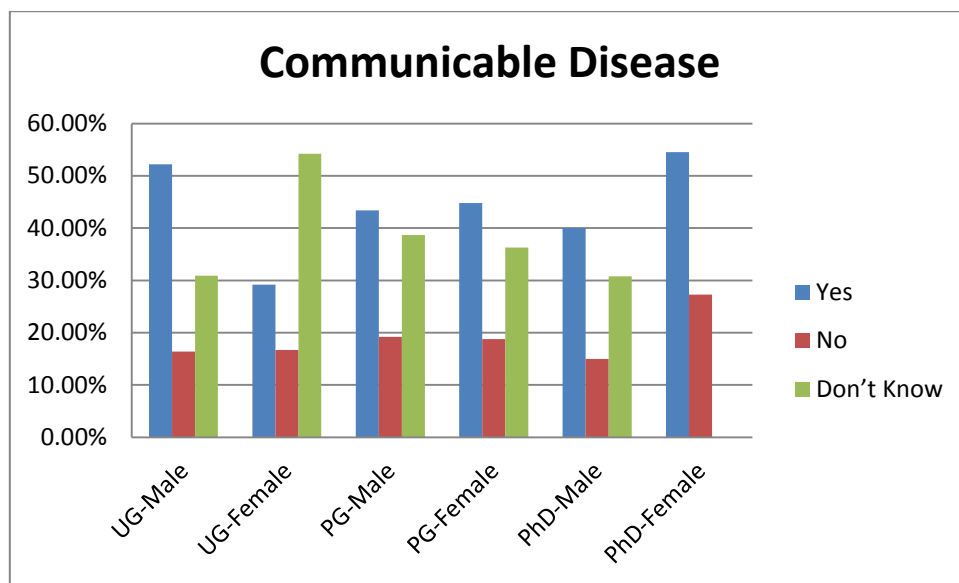


Figure: 6.37

Communicable	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	52.2%	29.2%	43.4%	44.8%	40.0%	54.5%	45.4%	42.7%
No	16.4%	16.7%	19.2%	18.8%	15.0%	27.3%	18.2%	19.1%
Dont know	31.3%	54.2%	37.4%	36.5%	45.0%	18.2%	36.4%	38.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.01

Figure.51 represents the stats of responses to a very elementary question i.e. about the contagiousness of hepatitis. Here it can be noted that almost equal percentage of male and female, 45.4% and 42.7% respectively, believe that hepatitis is a communicable disease.

Again, the two other options, ‘No’ and ‘Don’t know’ also got almost the same percentage of response from both the genders.

It is to be noted here that under-graduation female students are mostly unaware of hepatitis being contagious. Just 29.2% believe that it can be spread from a person to other while more than half of them had no idea about it.

H₀: Respondents who believe hepatitis is not a communicable disease don’t have significant awareness about hepatitis.

H₁: Respondents who believe hepatitis is a communicable disease have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	2.10	4	0.717

The Chi Square (X^2) result reveals that the p value is 0.717 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents don’t have a significant awareness about hepatitis. ($X^2 (4) = 0.717, p(0.05)$)

Question.2 Do you think hepatitis can be spread through washing, changing clothes of someone who has infected?

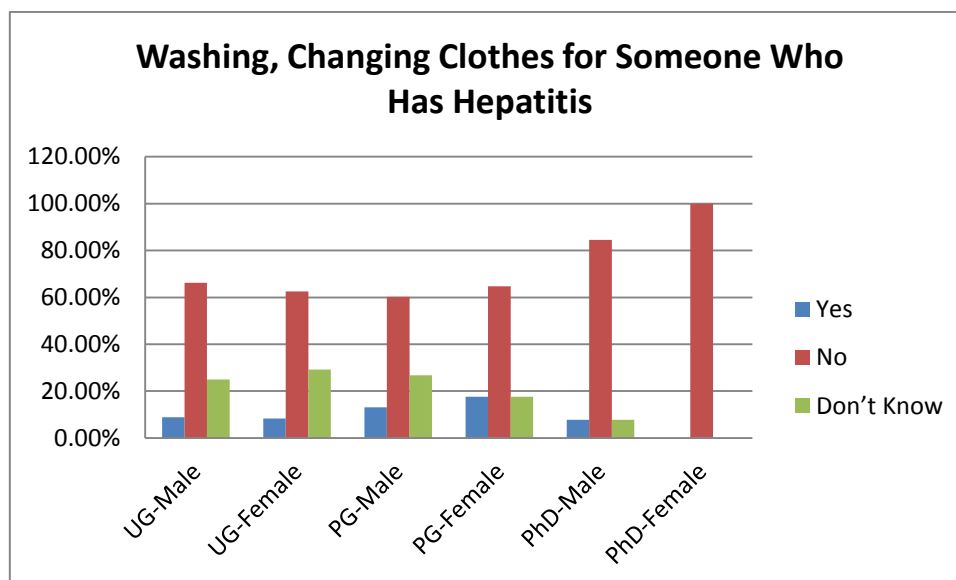


Figure: 6.38

Cloths	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	8.8%	8.3%	13.1%	17.6%	7.7%	0.0%	11.8%	15.6%
No	66.2%	62.5%	60.2%	64.7%	84.6%	100.0%	62.9%	64.8%
Dont know	25.0%	29.2%	26.7%	17.6%	7.7%	0.0%	25.4%	19.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.02

Figure.52 represents a very response to a very important question – If hepatitis can be spread through washing and changing clothes of the infected person. Most of the respondents responded negatively to the question. 62% of the male respondents and 64% of the female respondents identify that hepatitis is not spread through clothes (changing and washing) of the infected person. Interestingly, 100% of the female PhD scholars opine that hepatitis transmission has nothing to do with changing clothes of the infected person.

H₀: Respondents who believe hepatitis cannot spread by washing and changing clothes of infected person have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis cannot spread by washing and changing clothes of infected person do not have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	2.66	4	0.040

The Chi Square (X^2) result reveals that the p value is 0.040 which is less than the 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents have a significant awareness about hepatitis. ($X^2 (4) = 0.040, p(0.05)$)

Question.3 Do you think hepatitis can be spread from one to another through eating or drinking from the same plates or cups with infected person?

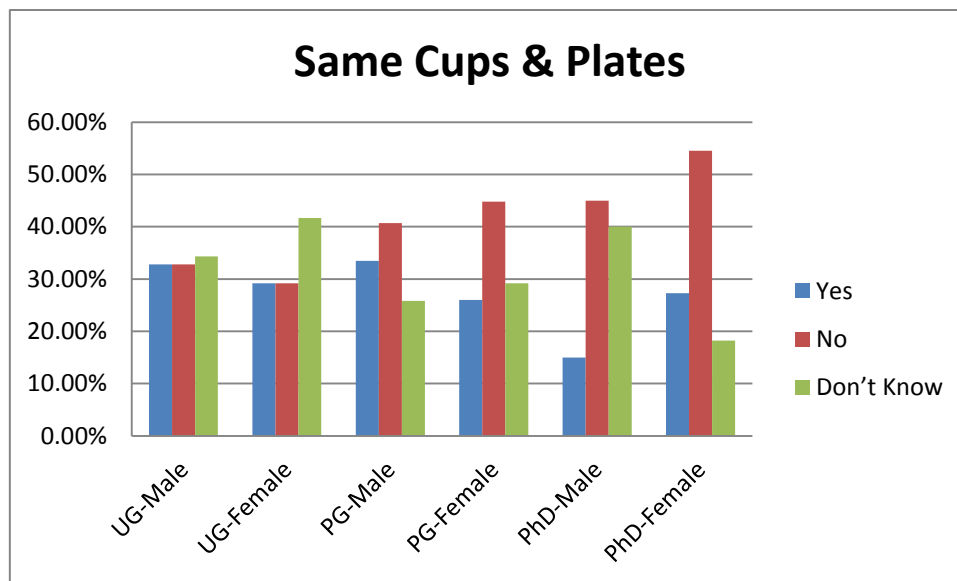


Figure: 6.39

Same cups&plates	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	32.8%	29.2%	33.5%	26.0%	15.0%	27.3%	32.0%	26.7%
No	32.8%	29.2%	40.7%	44.8%	45.0%	54.5%	39.0%	42.7%
Dont know	34.3%	41.7%	25.8%	29.2%	40.0%	18.2%	29.0%	30.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.03

In figure.53, it can be seen that red bar, which denotes 'No', is pretty much standing out. The question asked was if hepatitis can be spread by sharing utensils, and most of the responses were negative to the question. 39% of the male respondents and 42.7% of the female respondents contend that hepatitis is not spread through sharing cups and plates with the infected person. Education wise most of the Graduation students said Yes and most of the Ph.D students said No. the response of the Post-Graduation students moderate.

H₀: Respondents who believe hepatitis cannot spread by sharing same cups and utensils do have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread by sharing same cups and utensils do not have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	2.451	4	0.653

The Chi Square (X^2) result reveals that the p value is 0.653 which is more than 0.05 level of significance. Therefore, we can accept the alternative hypothesis which is respondents have a significant awareness about hepatitis. ($X^2 (4) = 0.653, p(0.05)$)

Question.4 Do you think hepatitis can be spread through shaking hands, hugging, and living in the same house with infected person?

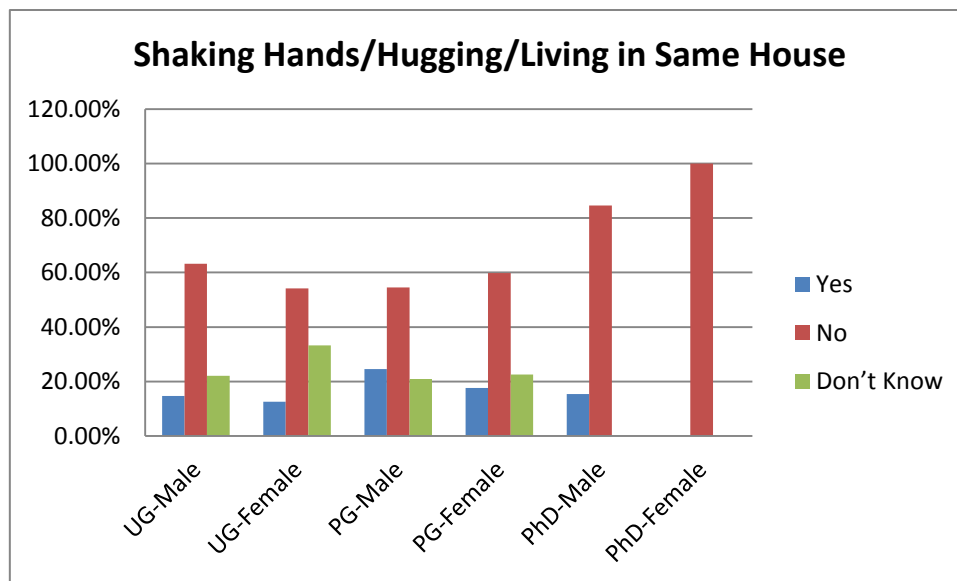


Figure: 6.40

Shaking Hands	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	14.7%	12.5%	24.6%	17.6%	15.4%	0.0%	21.7%	16.4%
No	63.2%	54.2%	54.5%	59.8%	84.6%	100.0%	58.1%	59.4%
Dont know	22.1%	33.3%	20.9%	22.5%	0.0%	0.0%	20.2%	24.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.04

The most common misconception about the spread of a disease is often believed to be by touch. A disease, specially a deadly one, is often mistaken to be spread by just hugging and shaking hands. Many times, the family persons of the infected person also come under radar of surveillance by society. That is why this question becomes the most important question of all the questions related to hepatitis spread. Figure.54 illustrates responses to the question. It is good to see that the red bar (denoting 'No') stands out. 58.1 of total male respondents and 59.4% of total female respondents hold that hepatitis cannot be spread by touching or living with the person.

Again, the right side of the graph has a standing alone red bar which denotes that all the female PhD scholar contest that hepatitis is not at all communicate by touching or living with the person.

H₀: Respondents who believe hepatitis cannot spread by shaking hands and hugging do have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread by shaking hands and hugging do not have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	3.024	4	0.554

The Chi Square (X^2) result reveals that the p value is 0.554 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents have a significant awareness about hepatitis. ($X^2 (4) = 0.554, p(0.05)$)

Question. 5 Do you think hepatitis can be spread through kissing with infected person?

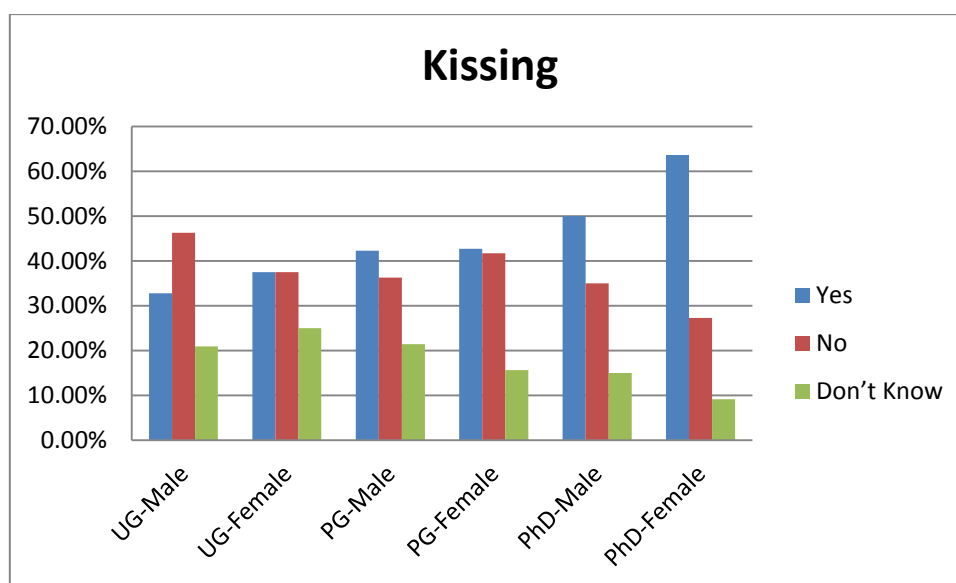


Figure: 6.41

Kissing	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	32.8%	37.5%	42.3%	42.7%	50.0%	63.6%	40.5%	43.5%
No	46.3%	37.5%	36.3%	41.7%	35.0%	27.3%	38.7%	39.7%
Dont know	20.9%	25.0%	21.4%	15.6%	15.0%	9.1%	20.8%	16.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.05

The above table (C.05) shows that breakdown of the respondents regarding transmission of hepatitis virus through kissing. To the question, response came divided. 40.5% of the male and 43.5% of the female responded positively to the question. Also, equal proportion of respondents, i.e. 38.7% of male and 39.7% of female responded negatively. Again, figure.55 has bigger blue bar on the right side of the graph. Most of the female PhD scholars responded positively to the question.

H₀: Respondents who believe hepatitis cannot spread by kissing do not have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread by kissing have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	11.621	4	0.020

The Chi Square (X^2) result reveals that the p value is 0.020 which is less than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant awareness about hepatitis. ($X^2 (4) = 0.020, p(0.05)$)

Question.6 Do you think hepatitis can be spread through sex with infected person?

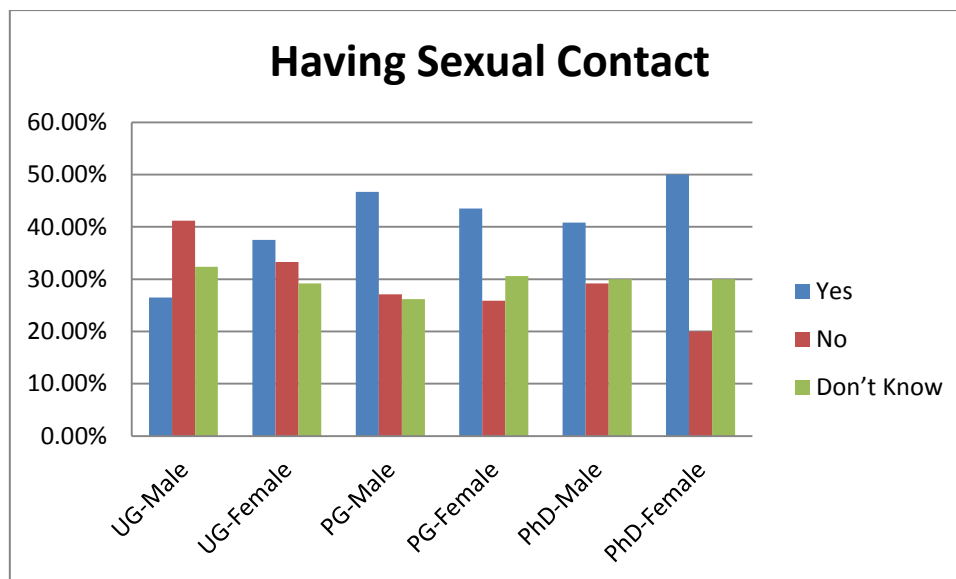


Figure: 6.42

SEX	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	26.50%	37.50%	46.70%	43.50%	40.80%	50.00%	26.50%	25.8%
No	41.20%	33.30%	27.10%	25.90%	29.20%	20.00%	41.20%	51.6%
Don't know	32.40%	29.20%	26.20%	30.60%	30.00%	30.00%	32.40%	22.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.06

In figure.56 we can see that the blue bar (denoting 'yes'), is taller among all the respondents except for under-graduation male students. Most of these male respondents opine that hepatitis cannot be spread through sexual contact. Blue bar, denoting female PhD scholars, with 50% positive response is the tallest among all.

H₀: Respondents who believe hepatitis cannot spread through sex do not have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread through sex have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	6.099	4	0.192

The Chi Square (X^2) result reveals that the p value is 0.192 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant awareness about hepatitis. ($X^2 (4) = 0.192, p(0.05)$)

Question.7 Do you think hepatitis can be spread through sharing needles while injecting drugs?

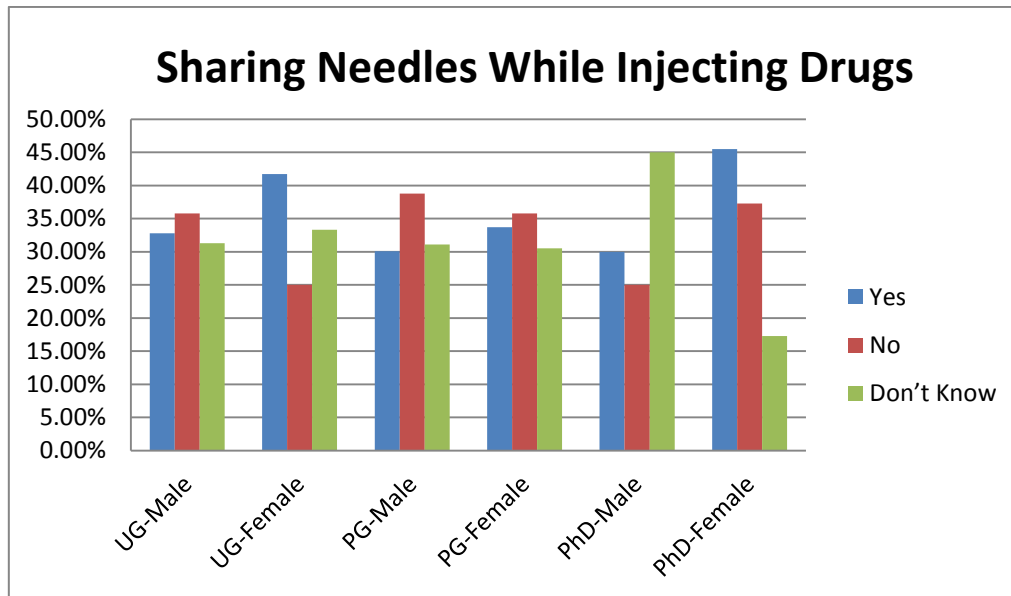


Figure: 6.43

Syringe	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	32.8%	41.7%	30.1%	33.7%	30.0%	45.5%	30.7%	36.2%
No	35.8%	25.0%	38.8%	35.8%	25.0%	37.3%	37.0%	33.1%
Dont know	31.3%	33.3%	31.1%	30.5%	45.0%	17.3%	32.2%	30.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.07

Figure57 has a very interesting representation of responses to the question of hepatitis being spread through sharing needles while injecting drugs. The right side of the graph denoting both male and female PhD scholars show a complete contrast. Blue bar, denoting ‘yes’, is tallest (45.5%), in the section denoted by the female scholars while the green bar, denoting ‘don’t know’, is the tallest (45%) in the male scholars’ section. In total, 36.2% of the female respondents and 30.7% of the male respondents responded positively to the question.

H₀: Respondents who believe hepatitis cannot spread through sharing needles while injecting drugs do not have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread through sharing needles while injecting drugs have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	3.474	4	0.482

The Chi Square (X^2) result reveals that the p value is 0.482 which is more than the 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant awareness about hepatitis. ($X^2 (4) = 0.482, p(0.05)$)

Question.8 Do you think hepatitis can be spread through breastfeeding with infected mother?

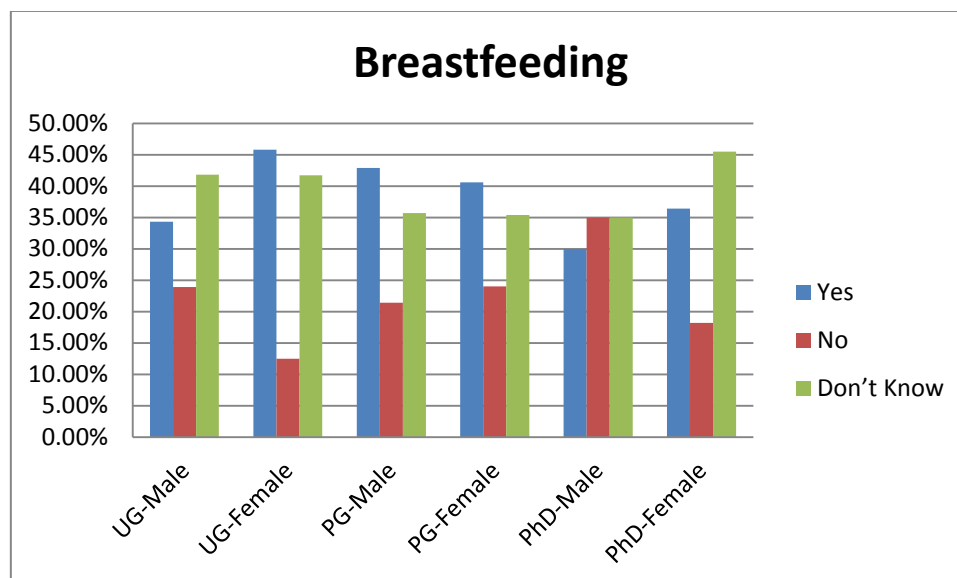


Figure: 6.44

Breastfeeding	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	34.3%	45.8%	42.9%	40.6%	30.0%	36.4%	39.8%	41.2%
No	23.9%	12.5%	21.4%	24.0%	35.0%	18.2%	23.0%	21.4%
Don't know	41.8%	41.7%	35.7%	35.4%	35.0%	45.5%	37.2%	37.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.08

Figure.58 shows the breakdown of the respondents regarding transmission of hepatitis virus through breastfeeding with infected mother. It has the mixed responses to the question of contagiousness through breastfeeding. 39.8% of the total male respondents believe that hepatitis is spread through breastfeeding while 41% of the female respondents also believe so. When it came to not knowing anything about transmission through breastfeeding, we got almost the exact same response from both male and female respondents – 37.2% and 37.4% respectively.

H₀: Respondents who believe hepatitis cannot spread through breastfeeding do not have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread through breastfeeding have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	7.363	4	0.118

The Chi Square (X^2) result reveals that the p value is 0.118 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant awareness about hepatitis. ($X^2 (4) = 0.118, p(0.05)$)

Question.9 Do you think hepatitis can be spread from mother to child during pregnancy?

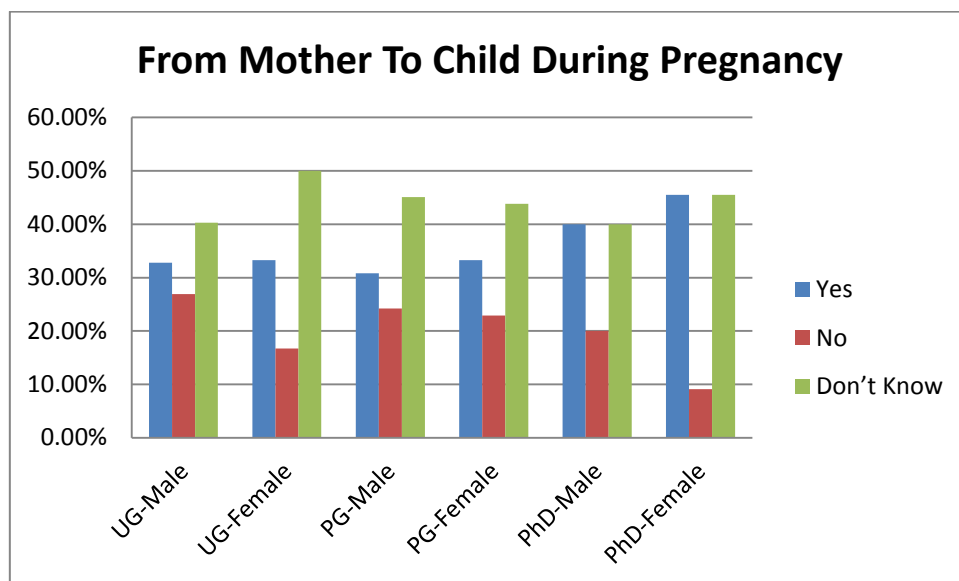


Figure: 6.45

Pregnancy	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	32.8%	33.3%	30.8%	33.3%	40.0%	45.5%	32.0%	34.4%
No	26.9%	16.7%	24.2%	22.9%	20.0%	9.1%	24.5%	20.6%
Dont know	40.3%	50.0%	45.1%	43.8%	40.0%	45.5%	43.5%	45.0%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.09

Does hepatitis spread from mother to child during pregnancy? Figure.59 has responses to the question. 32% of the male respondents and 34.4% of respondents opine that yes it can be transmitted from mother to child during pregnancy while 24.5% of the male respondents and 20.6% of the female students do not think so. However, it can be seen in the graph that green bar (denoting ‘don’t know’) is the tallest among all the responses. 43.5% of the total male respondents and 45% of the total female respondents have no idea about it.

H₀: Respondents who believe hepatitis cannot spread from mother to child do not have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread from mother to child have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	3.677	4	0.451

The Chi Square (X^2) result reveals that the p value is 0.451 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant awareness about hepatitis. ($X^2 (4) = 0.451, p(0.05)$)

Question.10 Do you think hepatitis can be spread through mosquito bite?

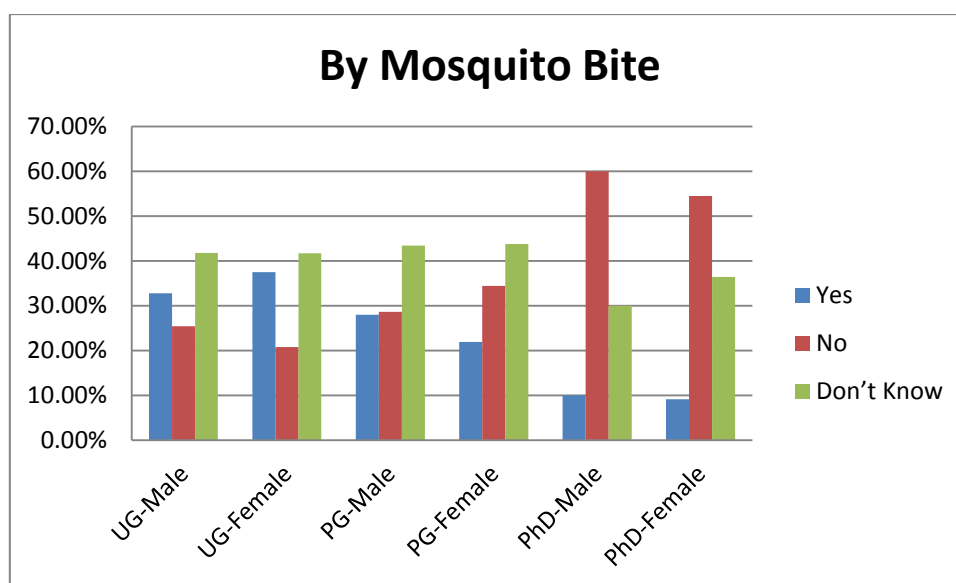


Figure: 6.46

Mosquito bite	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	32.8%	37.5%	28.0%	21.9%	10.0%	9.1%	27.9%	23.7%
No	25.4%	20.8%	28.6%	34.4%	60.0%	54.5%	30.1%	33.6%
Dont know	41.8%	41.7%	43.4%	43.8%	30.0%	36.4%	42.0%	42.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table.C.10

Figure.60 shows the breakdown of the respondents who believe hepatitis can spread through mosquito bite. It has two taller red bars on the right side of the graph. It means that most of the PhD scholars, both male (60%) and female (54.5%), contest that hepatitis is not spread by mosquito bite. While most of the UG and PG students, both male and female, majority of them 'don't know' about it.

H₀: Respondents who believe hepatitis cannot spread by mosquito bite do not have a significant awareness about hepatitis.

H₁: Respondents who believe hepatitis can spread by mosquito bite have a significant awareness about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	2.876	4	0.579

The Chi Square (X^2) result reveals that the p value is 0.579 which is more than the 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant awareness about hepatitis. ($X^2 (4) = 0.579, p(0.05)$)

SECTION – D

Viral Hepatitis Knowledge Profile

Moving on to the knowledge about viral hepatitis, this profile tries to find some basic knowledge of the respondents through some questions asked in the manner of Yes, No and Don't know.

Question.01 Hepatitis means to you?

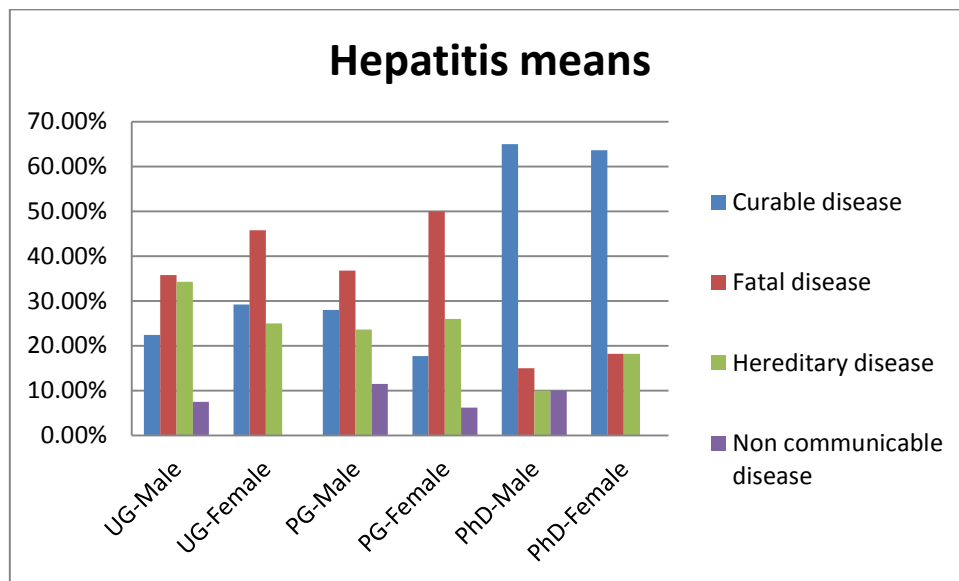


Figure: 6.47

Hepatitis means	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Curable disease	22.4%	29.2%	28.0%	17.7%	65.0%	63.6%	29.4%	23.7%
Fatal disease	35.8%	45.8%	36.8%	50.0%	15.0%	18.2%	34.9%	46.6%
Hereditary disease	34.3%	25.0%	23.6%	26.0%	10.0%	18.2%	25.3%	25.2%
Non communicable disease	7.5%	0.0%	11.5%	6.2%	10.0%	0.0%	10.4%	4.6%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.01

The above table (D.01) shows breakdown of respondents what they think about viral hepatitis. The majority of the respondents 46.6 percent believed viral hepatitis as a fatal

disease, followed by 25.2 percent believed it is a hereditary disease. Education wise majority of the post-graduation respondents believed it's a fatal disease. Gender wise majority of the female respondents believed fatal disease.

Question.02. How old were you when you first heard about Hepatitis?

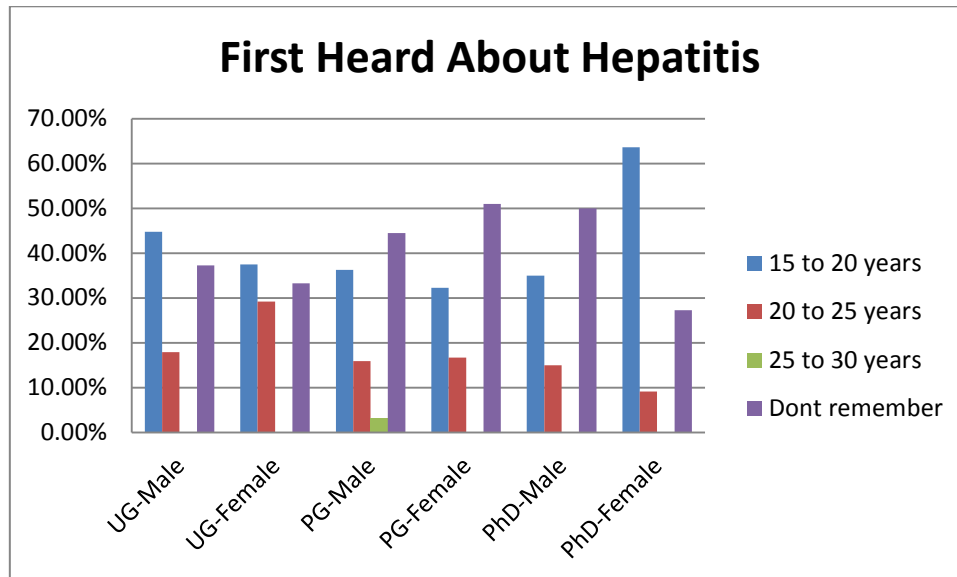


Figure: 6.48

First heard	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
15 to 20 years	44.8%	37.5%	36.3%	32.3%	35.0%	63.6%	38.3%	35.9%
20 to 25 years	17.9%	29.2%	15.9%	16.7%	15.0%	9.1%	16.4%	18.3%
25 to 30 years	0.0%	0.0%	3.3%	0.0%	0.0%	0.0%	2.2%	0.0%
Don't remember	37.3%	33.3%	44.5%	51.0%	50.0%	27.3%	43.1%	45.8%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.02

The above table (D.02) shows the breakdown of the respondents regarding when they first heard about hepatitis. According to the data majority of them 45.8 percent said they don't remember when they first heard but among those who remembered the majority of the respondents were age between 15-20 years old.

Question.03 Common symptoms of hepatitis?

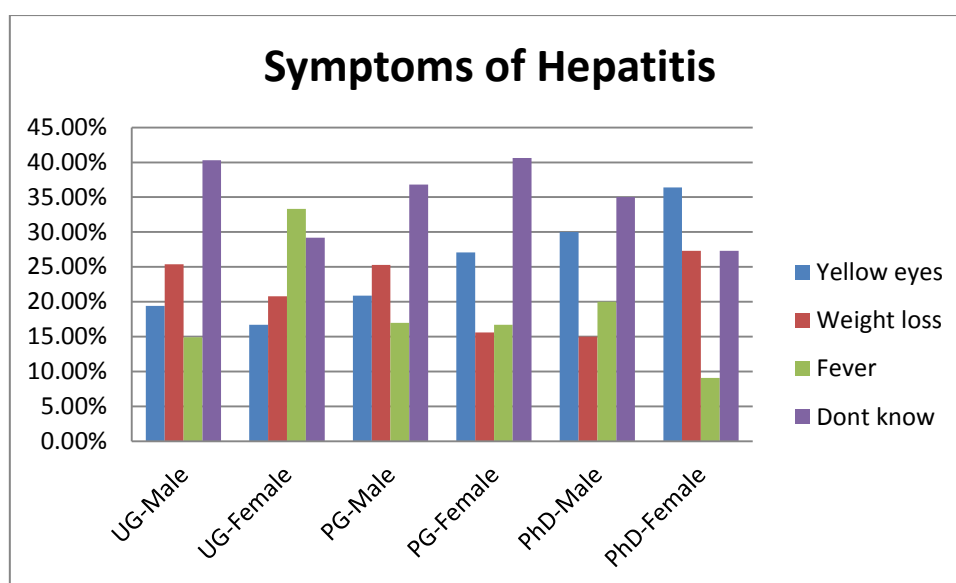


Figure: 6.49

Symptoms of Hepatitis	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yellow eyes	19.4%	16.7%	20.9%	27.1%	30.0%	36.4%	21.2%	26.0%
Weight loss	25.4%	20.8%	25.3%	15.6%	15.0%	27.3%	24.5%	17.6%
Fever	14.9%	33.3%	17.0%	16.7%	20.0%	9.1%	16.7%	19.1%
Dont know	40.3%	29.2%	36.8%	40.6%	35.0%	27.3%	37.5%	37.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.03

The above table (D.03) shows the breakdown of the hepatitis symptoms that respondents believe. The graph above clearly depicts that majority of the respondents don't know the symptoms of hepatitis. Education wise majority of the PG students believed Weight loss is the symptom hepatitis, whereas majority of the Ph.D. scholars believed Yellow eyes is the symptoms of hepatitis. Among the gender wise who knew the symptoms of hepatitis majority of the majority of Male students believed Weight followed by majority of the female believed Yellow eyes. Thus, it can be said that respondents were not well aware of symptoms of hepatitis.

Question.04 Are there any differences between Hepatitis A,B,C,D,E and F ?

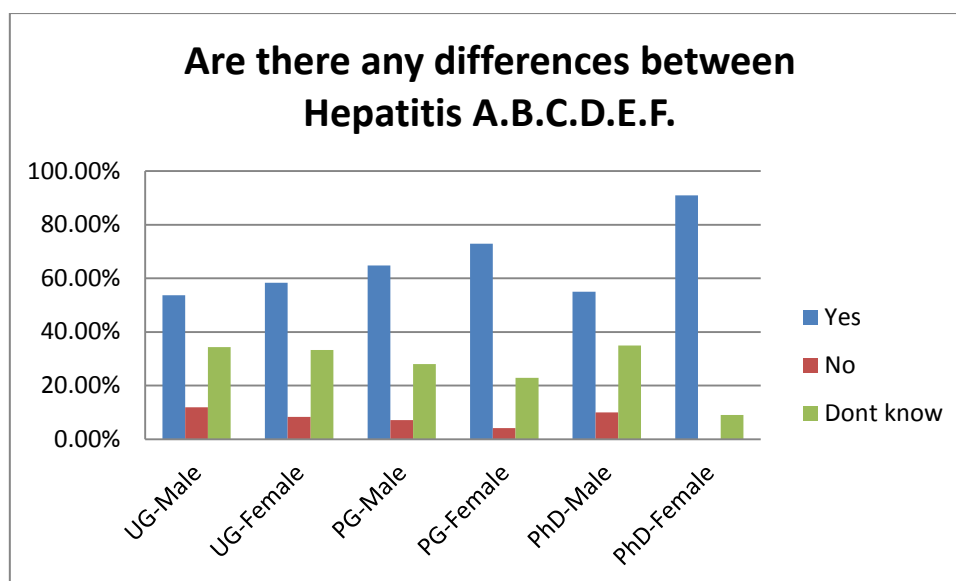


Figure.6.50

Differences in A.B.C.D.E.F	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	53.7%	58.3%	64.8%	72.9%	55.0%	90.9%	61.3%	71.8%
No	11.9%	8.3%	7.1%	4.2%	10.0%	0.0%	8.6%	4.6%
Dont know	34.3%	33.3%	28.0%	22.9%	35.0%	9.1%	30.1%	23.7%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.04

The above table (D.04) shows the breakdown of the respondent's opinion on the different types of hepatitis. The data shows that majority of the respondents 61.3 percent male and 71.8 percent female believed there is difference between hepatitis A.B.C.D.E. and F. Interestingly majority of the Graduate students said they don't know the difference between different types of hepatitis. Among the gender wise more of female believed there is different compare to male.

H₀: Respondents who believe there is no difference between hepatitis A.B.C.D.E. and F do not have a significant knowledge about hepatitis.

H₁: Respondents who believe there is difference between hepatitis A.B.C.D.E. and F have a significant knowledge about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	5.575	4	0.233

The Chi Square (X^2) result reveals that the p value is 0.233 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant knowledge about hepatitis. ($X^2 (4) = 0.233, p(0.05)$)

Question.05 Are there any ways to protect from the infectious Hepatitis?

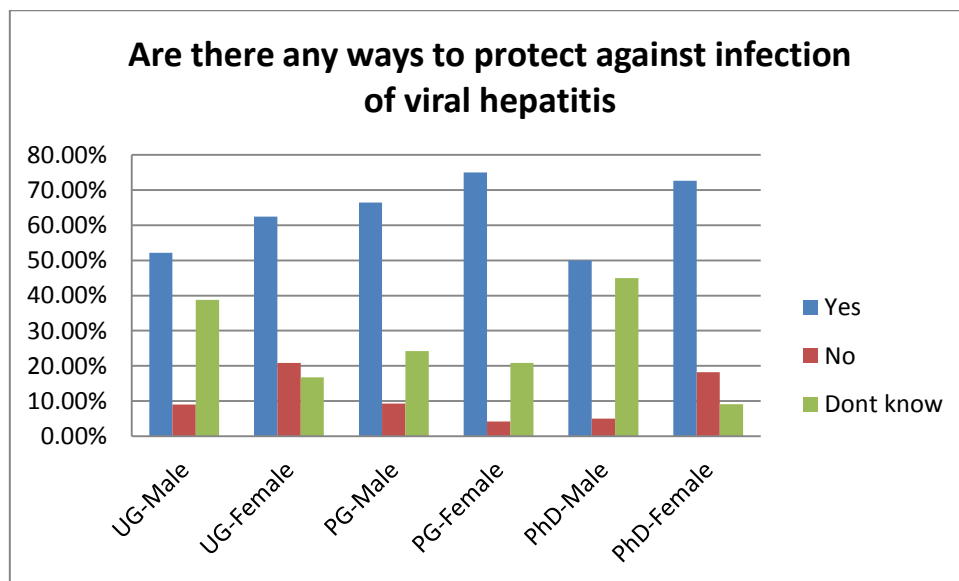


Figure: 6.51

Protection	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	52.2%	62.5%	66.5%	75.0%	50.0%	72.7%	61.7%	72.5%
No	9.0%	20.8%	9.3%	4.2%	5.0%	18.2%	8.9%	8.4%
Dont know	38.8%	16.7%	24.2%	20.8%	45.0%	9.1%	29.4%	19.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.05

The above table (D.05) shows the breakdown of the respondents regarding knowledge of protection available for viral hepatitis. The data shows majority of the respondents believed that they can be protected from viral hepatitis. Among those who knew the protection from viral hepatitis female 72.5 per cent aware compare to 61.7 per cent male. Education wise, Graduation students were less aware than other educational groups. Interestingly almost half of the respondents 29.4 per male and 19.1 per cent female don't have knowledge about hepatitis protection.

H₀: Respondents who believe there are no ways to protect from hepatitis do not have a significant knowledge about hepatitis.

H₁: Respondents who believe there are ways to protect from hepatitis have a significant knowledge about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	7.227	4	0.124

The Chi Square (X^2) result reveals that the p value is 0.124 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant knowledge about hepatitis. ($X^2 (4) = 0.124, p(0.05)$)

Question.06 Are there any ways to prevent Hepatitis?

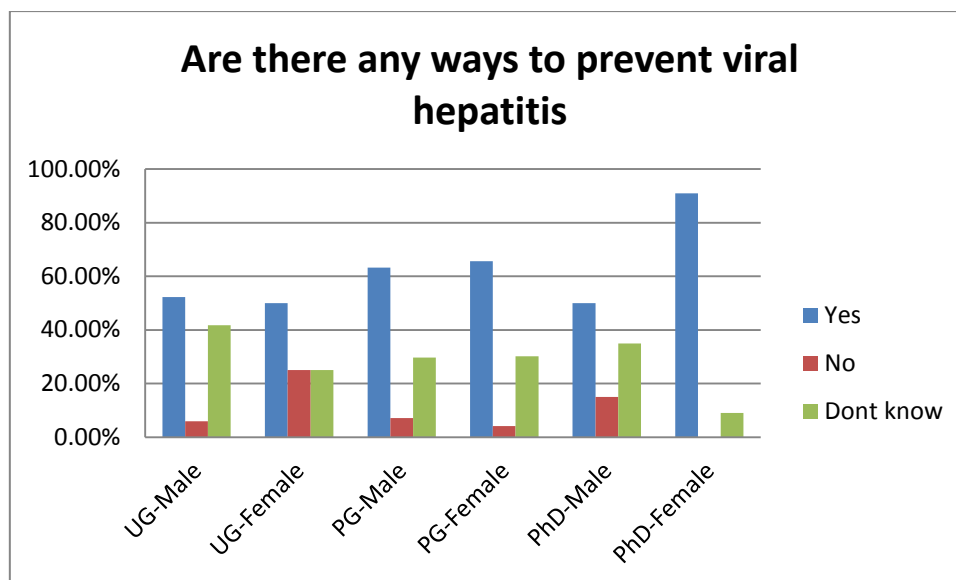


Figure: 6.52

Prevention	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	52.2%	50.0%	63.2%	65.6%	50.0%	90.9%	59.5%	64.9%
No	6.0%	25.0%	7.1%	4.2%	15.0%	0.0%	7.4%	7.6%
Don't know	41.8%	25.0%	29.7%	30.2%	35.0%	9.1%	33.1%	27.5%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.06

The above table (D.06) shows the breakdown of the respondents regarding knowledge of prevention of viral hepatitis. The data above shows that among male only 69.5 percent were aware about prevention of viral hepatitis followed by 33.1 percent male don't know. Among female 64.9 percent were aware about prevention of viral hepatitis followed by 27.5 percent don't know. Among educational groups respondents who are studying Ph.D. are more aware about prevention of viral hepatitis than the Graduation students.

H₀: Respondents who believe there are no ways to prevent hepatitis do not have a significant knowledge about hepatitis.

H₁: Respondents who believe there are ways to prevent hepatitis have a significant knowledge about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	5.713	4	0.222

The Chi Square (X^2) result reveals that the p value is 0.222 which is more than 0.05 level of significance. Therefore, we can accept the null hypothesis which is respondents do not have a significant knowledge about hepatitis. ($X^2 (4) = 0.222, p(0.05)$)

Question.07. Are there enough medical treatment to cure Hepatitis?

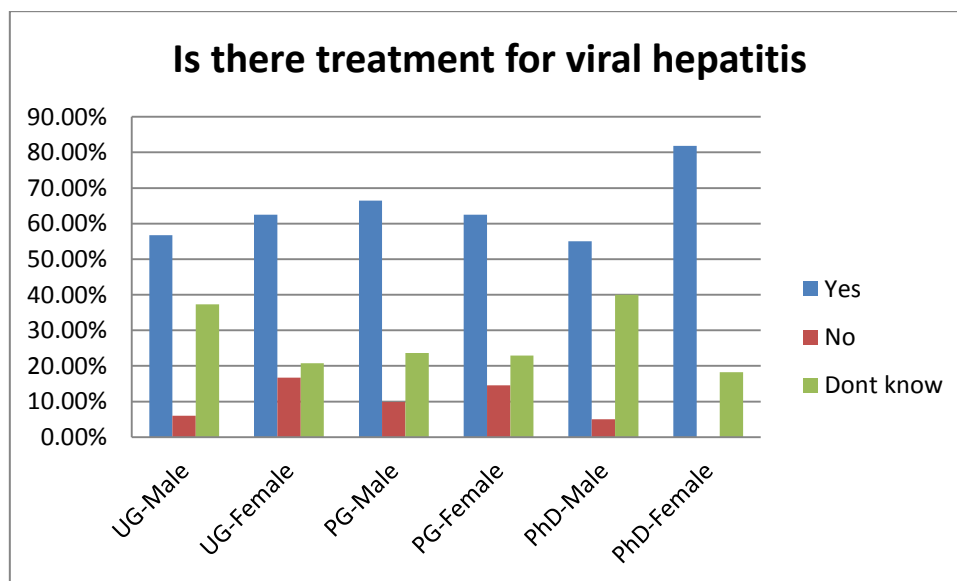


Figure: 6.53

Treatment	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	56.7%	62.5%	66.5%	62.5%	55.0%	81.8%	63.2%	64.1%
No	6.0%	16.7%	9.9%	14.6%	5.0%	0.0%	8.6%	13.7%
Don't know	37.3%	20.8%	23.6%	22.9%	40.0%	18.2%	28.3%	22.1%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.07

The above table (D.07) shows the breakdown of the respondents regarding their knowledge about treatment for viral hepatitis. The data shows that only around 64 percent of the respondents believed there is treatment for viral hepatitis, among the male respondents 8.6 percent believed there is No treatment and 28.3 percent said they Don't know. Among female respondents 13.7 percent believed there is No treatment and 22.1 percent said they Don't Know. The data shows that Graduation students were less aware compare to other educational groups.

H₀: Respondents who believe there is no treatment for hepatitis do not have a significant knowledge about hepatitis.

H₁: Respondents who believe there is treatment for hepatitis have a significant knowledge about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	5.489	4	0.241

The Chi Square (X^2) result reveals that the p value is 0.241 which is more than 0.05 level of significance. Therefore, we accept the null hypothesis which is respondents do not have a significant knowledge about hepatitis. ($X^2 (4) = 0.241, p(0.05)$)

Qestion.08. Do you think you have enough information to prevent from Hepatitis?

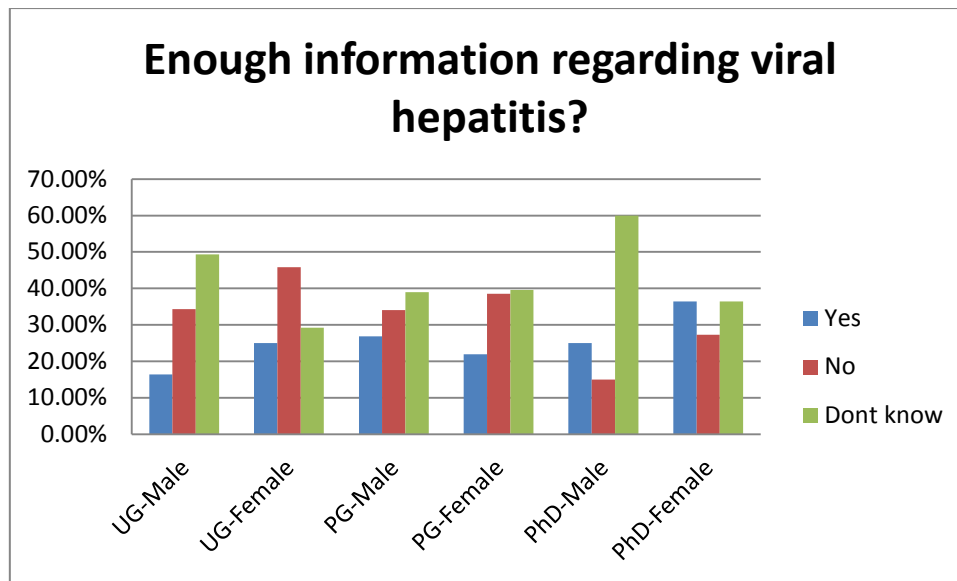


Figure: 6.54

Well awared	Graduation		Post-Graduation		Ph.D.		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
Yes	16.4%	25.0%	26.9%	21.9%	25.0%	36.4%	24.2%	23.7%
No	34.3%	45.8%	34.1%	38.5%	15.0%	27.3%	32.7%	38.9%
Don't know	49.3%	29.2%	39.0%	39.6%	60.0%	36.4%	43.1%	37.4%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table: D.08

The above table (D.08) shows that majority of the respondents were not well aware about viral hepatitis. Among the gender 24.2 percent male respondents said Yes followed by 32.7 percent said No and 43.1 percent said they Don't Know. Among female respondents 23.7 percent said Yes followed by 38.9 percent said No and 37.4 percent said they Don't Know. Among educational groups Graduation respondents were less aware compare to other groups. Thus, it can be said that male respondents were less aware compare to female respondents.

H₀: Respondents who believe they do not have enough information regarding hepatitis do not have a significant knowledge about hepatitis.

H₁: Respondents who believe they have enough information regarding hepatitis have a significant knowledge about hepatitis.

	Value	Degrees of freedom	Probability Value
Pearson Chi-Square Tests	5.163	4	0.271

The Chi Square (X^2) result reveals that the p value is 0.271 which is more than 0.05 level of significance. Therefore, we accept the null hypothesis which is respondents do not have a significant knowledge about hepatitis. ($X^2 (4) = 0.271, p(0.05)$)

Chapter Summary

From the above statistical analysis and review, the present study tries to study demographic profile, media awareness, knowledge and beliefs about viral hepatitis among students of Graduation, Post Graduate and Research Scholar in an inclusive manner and positive evidences have been noticed. Taking into account all the phases of analysis, the targeted students of Babasaheb Bhimrao Ambedkar Central University and University of Lucknow, students do not have a significant knowledge of viral hepatitis. Additional efforts are needed to make them fully aware of the ways through which they can prevent themselves.

It can be seen in the fact that majority of the students have gained their knowledge from the basic media sources like TV, newspaper and Internet. Although there is a decline in listenership of the radio, but with the coming of FM channels, the access to radio is simple, you can listen even through a mobile. Mobile plays an important role in keeping loads of information available at hand. Most of the students got their share of information through it. TV on the other hand plays equally important part in spreading awareness and the students of the targeted groups get the fair share of their information from the previously called 'idiot box'.

An enquiry was also made on how and at what age they first came to know about the viral hepatitis. The results shows that among those who knew majority of them had said newspaper as their first source of information, and those who heard about viral hepatitis for the first time are at the age between 15 to 20 years old.

Most of the students don't have a basic awareness that viral hepatitis cannot be spread by eating and drinking in the same plates and cups. They also show their intent of good knowledge about contracting of viral hepatitis by shaking hands, hugging or living in the same house. This was also same in the case of washing or changing clothes for a person who is already infected with viral hepatitis,

There was slight pushover when they are asked about whether kissing can be a cause of viral hepatitis. Most of the students deny the fact, but some of them agree that kissing can be the probable act through which one can get infected. Unprotected sexual contact is the main cause of infection as stated by most of the students but some of them don't have any clue about it.

One of the fact which is clear to the student that through breastfeeding, a baby cannot get infected through her mother. The results show very mixed reactions from the students. Some have clear thought but vast parts of them are in a state of doubt. As we have discussed earlier most of the students have good knowledge but they are not sure about the modes of viral hepatitis transmission, most of them said that a baby get infected during pregnancy but a fair amount of students think it is not and some are in dilemma.

As we have discussed in the last paragraph, some of the facts created a sense of confusion in the minds of the students, transmission of viral hepatitis virus through mosquito bite received mixed response, although majority said that mosquito can't spread viral hepatitis, but few thinks that it can be possible.

Difference between hepatitis A.B.C.D.E. and F is clear to the majority of students, but a number of students do not have any idea about it. Means they should be informed through basic education in their syllabus. The students are sure of ways through which one can protect her/himself from infection. When they are asked that, is there any possible cure apart from medicines exists for viral hepatitis, a large number of respondents have no idea about it.

The question of getting rightful amount of information regarding viral hepatitis throws some mixed reactions from the students of the targeted population. Students from the Post Graduation thinks that they have sufficient information specially females. Some are very thoughtful as they say they do not acquire much information and some are in a very serious state of doubt, whether the information they have is enough or not.

Although the study is not based on a very large sample, the analytical results will open more windows for policy initiation. The students need to have timely and precise information which is appropriate to their age from the danger of getting caught in the web of viral hepatitis. A surging need is felt to make them fully aware so that they can talk freely to the parents or may be to their teachers. Others factors like the severity of the disease, the risk involved and an open atmosphere where they can share their part of information.

The analysis finds that the mass media reach and exposure is not affected by the age and sex of the respondents. There is no relationship between first source of information and subsequent viral hepatitis awareness. In this case the best source of information happens to be newspaper in maximum\ number of cases. However, a definite relationship has been found between recall of messages in newspaper and TV and the viral hepatitis profile. It clearly shows that consistent messages by newspaper and TV do have some retention in the minds of the respondents.

The media profile also revealed certain interesting factors. Radio listenership is very low in comparison to where audience for TV are reasonably high. Media profile of the selected target group as such is quite high. This implies that there is lot of scope for mass media to use its potential.

Definite relationship had been found between the media profile and the viral hepatitis awareness profile. Keeping in mind these findings, messages can be designed for different groups. TV message and movie messages hold special significance as they have shown highest recall in this study to give education about viral hepatitis prevention, the administration of the university or the academic council can introduce syllabus

Pertaining to this topic in their initial semester, different associations of students and teachers should actively take part in promoting awareness of viral hepatitis. Bodies like student's union organise time to time workshops and camps for changing the attitude and behaviour towards viral hepatitis. There is urgent need to change the attitude and behaviour of the students, which can only be possible through giving rightful information.

CHAPTER - VII

SUMMARY, CONCLUSION AND RECOMMENDATIONS

7.1 Introduction

In this chapter, the final results of the study are presented in the form of findings and conclusions. The main findings of the study in relation to the set objectives of the research study were presented in a brief summary. The conclusions will also be drawn from the findings and thus giving a clear picture about the crux of the study's outcome. Suggestions are also made at the end of the chapter based on the finding and conclusions. This research work also throws a flood of light on the health conscious level of people and reveals the role being played by various media to inform and educate public about viral hepatitis disease. It is quite evident that mass media plays a decisive role in spreading awareness rapidly. Though everybody is expected to be conscious about one's health yet the young and educated people were found to be more careful and concerned about their health.

7.2 Summary

There has been an enormous growth of literature on various facets of health and dissemination of information about viral hepatitis from different communications channels at the national and international level. The research related to the topic in the Indian setting is very limited. An attempt has been made to collect and review the literature on the subject and related to it. Not many research efforts have taken place with regard to the role of media in spreading hepatitis awareness among youth in India. Most studies concentrated on the effects or impact of media on health. Perhaps this is one of the pioneering studies that attempts to find out the hepatitis awareness through media focused in the selected district of Uttar

Pradesh. It has also focused on the relations between government and NGOs in the hepatitis awareness context of selected district of Uttar Pradesh. And the study is likely to promote further efforts in this area. It is not only an effort in hepatitis awareness by media, but also in terms of other areas of health education.

Chapter three discussed the historical background information and emergence of hepatitis disease. This chapter also emphasised the various types of hepatitis and their transmission. The researcher tried to find out the current situation of viral hepatitis in local and global through available secondary research. From the foregoing, the silent but prevalent nature of the hepatitis disease now calls for greater concern across borders of human ecology. Despite the global burden of the viral disease, little emphasis has been placed both as a health and a development issue. There is therefore a need to align with the recently launched “Global Health Sector Strategy on Viral Hepatitis”, a plan developed to engender a quick and effective achievement of the 2030 Agenda for Sustainable Development. The strategy focuses on eliminating the infectious viruses of Hepatitis. This study therefore, seeks to find out the media coverage of Viral Hepatitis Disease in correlation with the awareness and knowledge level of the disease among Tertiary Institution students in Uttar Pradesh State.

The chapter four revealed that the information related to Viral Hepatitis are not properly covered by the Print Media. The coverage rate of health news in Print Media of Lucknow is very less in Dainik Jagran in comparison with Times of India. Hepatitis news is hardly appears in newspapers and few news items reported in inner pages of the newspaper by the reporters. This is very shocking for all of us that the maximum news published in newspapers are not related to health development; it is only concerned with accidents, events, crime and political development in villages.

The development of villagers is always a burning issue for everyone. Print Media specially the newspaper could be one of the important tool to communicate the development

information among the villagers but here the scenario is totally different. The two leading newspaper of Lucknow are failed to cover the hepatitis related news. They published only 2-3 % news in their papers. It means that they are totally busy with the commercial news. This is very disappointed that only 8 to 10 % of the news item has been reported by the reporter of the respected newspapers.

Media is the bridge in between the government and the common people, it means that Media should convey the information (as it is) to the concerned people of the society. But here the Print Media of Lucknow is fail to convey the relevant health news to the common people of Lucknow.

When we compare the Times of India with Dainik Jagran in terms of viral hepatitis news coverage we found that Times of India newspaper has covered more hepatitis related news in comparison to Dainik Jagran newspaper. Times of India has published 4.05% hepatitis news in his newspaper whereas Dainik Jagran has published only 0.4% hepatitis news during two month that July and August. It is also clear from the above mentioned table 4.1 and figure 4.1. It is very much clear for the research that both the paper are totally unable to publish editorials, features and article related to hepatitis news in their respective newspapers. They published only 2 editorials each and one article each in their newspapers respectively during the research study.

Chapter five explained the role of governmental and non-governmental organizations in creating hepatitis awareness through various awareness programmes and campaigns. This tried to explain how India is committed to progressively move towards elimination of viral hepatitis virus. This is in line with global commitment towards achieving Sustainable development goal (SDG) goal 3; target 3.3 which aims to “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water borne diseases and other communicable diseases” The Government of India is a signatory to the resolution 69.22 endorsed in the WHO Global Health Sector Strategy on Viral Hepatitis

2016-2021 at 69th WHA towards ending viral hepatitis by 2030. This chapter also discussed various challenges facing by third world countries towards elimination of viral hepatitis.

FINDINGS

SECTION – A

7.3. Socio Economic profile of the respondents as follows

- i. The data has been gathered from Babasaheb Bhimrao Ambedkar Central University and University of Lucknow in Lucknow city of Uttar Pradesh. A total number of 400 respondents were taken as sample of the study and 400 respondents were interviewed through survey schedule by the researcher.
- ii. Most of respondents (85.5 per cent) belong to the age group of 18 to 24 years old followed by 14.6 per cent respondents belong to the age group of 32 and above years.
- iii. Majority of the respondents are male (61 per cent) and female (39 per cent) are.
- iv. Most of the respondents (90.3 per cent) are unmarried, while only 9.8 per cent are married.
- v. Educational qualification of the most of the respondents (69.5 per cent) pursuing post-graduation, followed by 22.8 per cent pursuing graduation and only 7.8 per cent pursuing Ph.D.
- vi. Regarding monthly family income of the respondents, majority of the respondents family belong to medium income group (12000-50000), followed by 39.8 per cent of respondents family income is upper income group (50000 and above PM) and 8.8 per cent of respondents belong to Low income group (upto 12000 PM). Thus, the data indicates that majority of the respondents family belong to medium income group.

SECTION -B

7.4 Media Seeking Habits of Youth

7.4.1 Subscription/access of media at home

Regarding access to mass media by the respondents at home, the data the study found that majority of the respondents (23.5 percent) subscribed Internet at home, 22 percent subscribed newspaper at home, 17 percent subscribed Television at home, and 3.2 percent subscribed magazine at home, interestingly no one has exclusive Radio subscription at home.

7.4.2 Newspaper read

In case of habit of reading newspapers, the study found that majority of the respondents (53.2 percent) read newspaper daily. 15.5 percent of the respondents read newspaper occasionally. Among the age groups, age group 18-24 respondents 51.2 percent read newspaper daily, age group 25-31 respondents 63.3 percent read newspaper daily and age group 32-40 respondents 66.7 percent read newspaper daily. Thus it can be said that habit of reading newspaper daily among the youth is declining.

7.4.3 Type of Newspaper read

As far as type of newspaper is concerned, all the respondents have reported to read Hindi newspaper mainly as study area is Hindi dominated. The study found that among the all age groups Dainik Jagaran (25.8 percent) read by majority of the respondents followed by Times of India (22.8 percent). Among the age groups, age group 18-24 majority of the respondents read Times of India, age group 25-31 majority of respondents read Dainik Jagaran, age group 32 and above majority of the respondents read Dainik Jagaran.

7.4.4 Part of Newspaper respondents read

As far as the part of newspaper is concerned, majority of the newspaper readers have reported to read Headlines (18 percent), followed by a good number of readers take part interest in

Editorial (14.2 percent) of the newspaper. First page (10.5 percent). Among the age groups, age group 18-24 majority of the respondents read Headline (17.3 percent), age group 25-31 majority of the respondents read Headlines and Editorial both (30.6 percent), age group 32-39 majority of the respondents read First page (66.7 percent).

7.4.5 Sunday Supplementary

The study found that among all age groups majority of the respondents (55.8 percent) do not have a habit of reading Sunday Supplementary

7.4.6 Magazine read

In case of reading magazine, the study found that almost 40.8 percent of the respondents do not have a habit of reading magazine. Among age groups, age group 18-24 read (55.6) less compare to age group 32-39 (77.8). It indicates that habit of reading magazine is declining among youth.

7.4.7 Type of Magazines read

As far as type of magazine reading is concerned, the study found that reader of India Today (Hindi) is highest (17 percent), followed by India Today (English) (14 percent). Among all age groups, age group 18-24 read India Today(Hindi) 13.7 percent, while age group 25-31 read 30.6 percent and age group 32-29 read 66.7 percent. Among the age groups it's clear that age group 18-24 were reading different language magazines compared the other age groups.

7.4.8 Language of Magazine Reading Habit

As far as language of magazine reading is concerned, majority of the respondents 29.8 percent of the respondents read Hindi language magazine followed by 25 percent who read English language magazine, while 5.5 percent read both language magazines based on availability, and 2.2 percent of the respondents read Urdu language magazine.

7.4.9 Health Magazine Reading Habit

The study found that only 18.5 percent of the respondents read health magazine, while 77 percent of the respondents do not read health magazine. Among age groups, age group 32-39 read (22.2 percent) more than other groups.

7.4.10 Radio Listening Habit

Regarding habit of Radio listening, the study found that number of people who listen to Radio is very low. Respondents who listen to radio are only 56.8 percent. Among the age groups, age group 18-24 listen to radio 54.4 percent which is very less compare to age group 32 and above (100 percent). The data shows that almost half of the respondents 42.3 percent are not listening Radio.

Majority of the respondents (26.2 percent) have preferred night time for radio listening, followed by 13 percent in the morning and 13 percent in the evening. Most of the respondents (29.2 percent) are listening to Hindi music followed by (10.5 percent) News.

7.4.11 Radio Channel Preferred

As far as the type of radio channel listening is concerned, the study found that majority of the respondents 15.5 percent were listening to Radio City followed by 12 percent of the respondents were listening to Red FM. Among the age groups, age group 18-24 majority of the respondents 12 percent were listening to Red FM, followed by Radio City 12.6 percent and Radio Mirchi 12.6 percent.

7.4.12 Television watching

The study found that a good majority of the respondents 75.5 percent watch television and 22 percent were don't watch television. Among the age groups, age group 18-24 respondents 74.3 percent watch television that is lesser than that of age 32 and above which is 88.9 percent.

As per the television watching timings concerned, an overwhelming majority of the respondents 40 percent watch television at night time followed by 15 percent of the respondents who watch television in the morning time. Among the age groups, age group between 18-24 watch almost all possible times, whereas in the age group 32 and above watch only at night time. Thus, it is found that majority of the students are watching television at night time.

7.4.13 Programme and Channel preferred on TV watching

As far as the programme type is concerned, majority of the respondents 19 per cent of them were watching News followed by 16 per cent of the respondents were watching Movies. Among the age groups, age group of 18-24 majority of them believed to be watching almost all the programmes. Whereas age group 25 and above majority of them were also watching Movies.

The study found that the majority of the respondents 12.5 percent believed to be watching Star Sports channel followed by 11.8 percent of the respondents were watching AJTAK news channel. Among the age groups, age group 18-24 majority of them were watching ZEE television channel.

The study found that majority of the respondents 59.2 percent don't watch health television channel. Only 24 percent of the respondents were watching health television channel. Among the age groups, age group of 18-24, 25 percent were watching health channel by age group 25-31 26.5 percent were watching television channel. Age group 32 and above were watching less compare to other age groups. Thus, it indicates that young people were more concern about their health.

7.4.14 Habit of watching movies

As far as per the watching movies is concerned, an overwhelming majority of the respondents 92 per cent do watch movies and 7.2 per cent of the respondents don't watch movies.

As per the movie watching place is concerned, the study found that majority of the respondents 29.8 percent watch movies exclusively on television. Whereas, 22.8 percent of the respondents were watching movies exclusively in Cinema Hall. It is apparent from the data that respondents who watch movies on mobile is increasing among the age group 18-24 compare to other age groups.

7.4.15 Internet access

As per the internet access is concerned, the study found that 100 percent of the respondents are accessing the internet in their daily life. Thus, internet access can be said as basic necessity for students.

7.4.16 Social media use

The study clearly shows that an overwhelming majority of the respondents 93.2 percent use social media followed by 6.8 percent of the respondents who don't use social media. Among age groups, age group 18-24 use social media 100 percent compare to age group 32 and above (92.7%). Thus it can be said that use of social media is more among youth.

7.4.17 Objective of Media should be

As per the objective of media is concerned, the study found that majority of the respondents 65.8 percent believed Education and Health, followed by 21.5 percent believed Entertainment and 12.8 percent believed Agriculture. Among the age groups, age group 18-24 majority of them believed objective of the media should be Education.

7.4.18 Media for Health

The study found that majority of the respondents 76 percent said media is useful for their healthy life followed by 12 percent believed they are not sure whether it is useful or not. Among the age groups, age group 18-24 majority of them 74 percent believed media is very useful for their healthy life. Thus, media can be said as basic necessity for the human healthy life.

7.4.19 Media as Mouth Piece for the Ministry of Health

The study found that majority of the respondents 44 percent believed as media acts as mouthpiece of ministry of health, 34.8 percent said they were not sure. 22.2 percent gave a negative response.

7.4.20 Gov't Information

As per the source of government information, the study found that majority of the respondents 71 percent of them are getting government information through Mass media followed by 10.5 percent respondents are getting through Health Workers and 8 percent from Government agencies respectively.

7.4.21 Benefited by Media

The study found that majority of the respondents 58.2 percent said they got benefited by media followed by 34.2 percent said they were not benefited by media. Interestingly 7.5 percent of the respondents said they were not sure whether they benefited by media or not.

7.4.22 Type of change

As per the type of benefit concerned, the study found that 29.8 percent of the respondents said motivational change followed 28 percent of the respondents said behavioural change and 26.8 percent said psychological change happened because of media. Thus, it can be said that media has very important role in human life.

7.4.23 Need to improve in media

The study found that majority of the respondents 45.5 percent believed timings of the programmes need to be improved and 11.2 percent of the respondents believed content needs to be improved. Interestingly 20.8 percent of the respondents believed other things.

SECTION-C

7.5 Hepatitis Awareness Profile

7.5.1 Communicable disease

The study found that majority of respondents almost equal percentage of male and female, 45.4% and 42.7% respectively, believed that hepatitis is a communicable disease. It is to be noted here that under-graduation female students are mostly unaware of hepatitis being contagious. Just 29.2% believe that it can be spread from a person to other while more than half of them had no idea about it.

7.5.2 Spread through washing and changing clothes

Most of the respondents responded negatively to the question. 62% of the male respondents and 64% of the female respondents found that hepatitis is not spread through clothes (changing and washing) of the infected person. Interestingly, 100% of the female PhD scholars opine that hepatitis transmission has nothing to do with changing clothes of the infected person. Thus study found that respondents have a significant awareness about spread of viral hepatitis by washing and changing clothes from infected person.

7.5.3 Spread by sharing same cups and plates

The study found that most of the responses were negative to the question. 39% of the male respondents and 42.7% of the female respondents contend that hepatitis is not spread through sharing cups and plates with the infected person. Thus respondents have a significant awareness regarding spread of viral hepatitis by sharing same cups and plates with infected person.

7.5.4 Spread through shaking hands, hugging, and living in same house with infected person

The study found that, 58.1% of total male respondents and 59.4% of total female respondents hold that hepatitis cannot be spread by touching or living with the person who is infected. The data also revealed that all the female PhD scholar contest that hepatitis is not at all communicable by touching or living with the person who is infected. Thus the respondents have a significant awareness on spread of viral hepatitis through shaking hands, hugging, and living in same house with infected person.

7.5.5 Spread by kissing

The study found that, 40.5% of the male and 43.5% of the female responded positively to the question. Also, equal proportion of respondents, i.e. 38.7% of male and 39.7% of female responded negatively. Again, most of the female PhD scholars responded positively to the question. Thus it can be said that respondents do not have a significant awareness regarding spread of viral hepatitis through kissing.

7.5.6 Spread through sexual contact

The study found that, most of the male respondents opine that hepatitis cannot be spread through sexual contact, but most of the female PhD scholars, with 50% believed that it can be spread through sexual contact. Results clearly showed that respondents do not have a significant awareness regarding spread of viral hepatitis through sex.

7.5.7 Spread through syringe while injecting drugs

The study found that majority of the female students (36.2 %) believed hepatitis can be spread through syringe while injecting drugs with infected person. Among education wise, majority of graduation male students (32.8 %) believed it can be spread through sharing

syringe while injecting drugs. The results clearly showed that respondents do not have a significant awareness spread of viral hepatitis through syringe.

7.5.8 Spread through breastfeeding

The study found that 39.8% of the total male respondents believed that hepatitis is spread through breastfeeding while 41% of the female respondents also believed so. When it came to not knowing anything about transmission through breastfeeding, we got almost the exact same response from both male and female respondents – 37.2% and 37.4% respectively. Thus study concludes that respondents do not have a significant awareness about viral hepatitis.

7.5.9 From mother to child during pregnancy

The study found that 32% of the male respondents and 34.4% of respondents believed it can be transmitted from mother to child during pregnancy while 24.5% of the male respondents and 20.6% of the female students do not think so. 43.5% of the total male respondents and 45% of the total female respondents have no idea about it. Thus data concludes that respondents do not have a significant awareness about viral hepatitis.

7.5.10 Spread through mosquito bite

The study found that most of the PhD scholars both male (60%) and female (54.5%), believed that hepatitis is not spread by mosquito bite. While most of the UG and PG students, both male and female, ‘don’t know’ about it. Thus the results clearly showed that respondents do not have a significant awareness regarding spread of viral hepatitis through mosquito bite.

SECTION –D

7.6 Viral Hepatitis Knowledge Profile

The researcher under section-D has outlined the respondent's depth of knowledge and information pertaining to viral hepatitis, these are summarised as follows

7.6.1 Hepatitis means to the respondents

The study found that majority of the respondents 46.6 percent believed viral hepatitis as a fatal disease, followed by 25.2 per cent believed it is a hereditary disease. Education wise majority of the post-graduation respondents believed it's a fatal disease. Gender wise majority of the female respondents believed fatal disease. The data showed that the respondents have a significant knowledge about viral hepatitis.

7.6.2 First heard hepatitis at the age of

The study found that majority of them 45.8 percent said they don't remember when they first heard but among those who remembered the majority of the respondents were age between 15-20 years old.

7.6.3 Common symptoms of hepatitis

The study clearly depicts that majority of the respondents don't know the symptoms of hepatitis. Education wise majority of the PG students believed Weight loss is the symptom of hepatitis, whereas majority of the Ph.D. scholars believed Yellow eyes is the symptoms of hepatitis. Among the gender wise who knew the symptoms of hepatitis majority of the Male students believed Weight followed by majority of the female believed Yellow eyes. Thus, it can be said that respondents do not have a significant knowledge about symptoms of hepatitis.

7.6.4 Difference between hepatitis A.B.C.D.E and F

The study found that majority of the respondents 61.3 percent male and 71.8 percent believed there is difference between hepatitis A.B.C.D.E. and F. Interestingly majority of the Graduate

students said they don't know the difference between different types of hepatitis. Thus, it can be said that respondents do not have a significant knowledge about types of hepatitis.

7.6.5 Protection against viral hepatitis

The study found that majority of the respondents believed that they can be protected from viral hepatitis. Among those who knew the availability of protection against viral hepatitis female 72.5 percent aware compare to 61.7 percent male. Education wise, Graduation students were less aware than other educational groups. Interestingly almost half of the respondents 29.4 percent male and 19.1 percent female don't have knowledge about hepatitis protection. Thus respondents do not have a significant knowledge about protection of viral hepatitis.

7.6.6 Prevention of viral hepatitis

The study found that among male only 69.5 percent were aware about prevention of viral hepatitis followed by 33.1 percent male don't know. Among female 64.9 percent were aware about prevention of viral hepatitis followed by 27.5 percent don't know. Among educational groups respondents who are studying Ph.D. are more aware about prevention of viral hepatitis than the Graduation students. Thus the study concludes that respondents do not have a significant knowledge about prevention of viral hepatitis.

7.6.7 Treatment for viral hepatitis

The study found that around 64 percent of the respondents believed there is treatment for viral hepatitis, among the male respondents 8.6 percent believed there is No treatment and 28.3 percent said they Don't know. Among female respondents 13.7 percent believed there is No treatment and 22.1 percent said they Don't Know. The data shows that Graduation students were less aware compare to other educational groups. Thus it can be said respondents do not have a significant knowledge about treatment for viral hepatitis.

7.6.8 Enough information regarding viral hepatitis

The study found that among gender 24.2 percent male respondents said Yes followed by 32.7 percent said No and 43.1 percent said they Don't Know. Among female respondents 23.7 percent said Yes followed by 38.9 percent said No and 37.4 percent said they Don't Know. Among educational groups Graduation respondents were less aware compare to other groups. Thus, it can be said that male respondents have less knowledge compare to female respondents regarding information about viral hepatitis.

7.7 Conclusion

To conclude, the study has established that the print media has not lived up to its responsibility of informing and educating Indians on the endemic nature of the viral hepatitis disease, with just 111 stories published by two national and widely read newspapers in two months. The respondents expressed that, they had little knowledge of nature, contractive avenues, symptoms, and consequences of the disease as well as the need to be tested and vaccinated against the disease.

The posture of the newspapers in paying little attention to the viral hepatitis issue, therefore, reduces the hope of attaining of Goal 3 of the Sustainable Development as enunciated by the United Nations General Assembly to engender healthy lives, and promote wellbeing for all ages by 2030.

The significant relationship between health and media cannot be overstated as both deal with living things and one cannot be isolated from the other. The Indian media, therefore, needs to bring public health issues such as viral hepatitis to the front burner by setting the right agenda

as well as infusing more interpretive schema by way of images, stereotypes, and messages in their health reports. The media in India also need to urgently align with the Health Belief Model by positively affecting the perception of the people living a sensitive and conscious life against the viral Hepatitis Disease

The role of the media in achieving the “Global Health Sector Strategy on Viral Hepatitis 2016-2021, towards ending Viral Hepatitis” is very imperative. It is not therefore surprising that in the first item under the five strategic direction to achieving this objective is “Information for focused action: developing a strong strategic information system to understand viral hepatitis epidemics and focus the response” The Indian media as a development agency, therefore, has a responsibility to aligning with the vision of the World Health Organisation which India is a signatory to.

7.8 Examination of Research Objectives

Objective No. 1. To study the extent of media coverage given to Hepatitis disease by selected newspapers in Lucknow

In chapter 4 content analysis of selected newspaper revealed that the information related to Viral Hepatitis are not properly covered by the Print Media. The coverage rate of health news in Print Media of Lucknow is very less in Dainik Jagran in comparison with Times of India (Table 4.1, Figure 4.1). Hepatitis news is hardly appears in newspapers and few news item reported in inner pages of the newspaper by the reporters. This is very shocking for all of us that the maximum news published in newspapers are not related to health development; it is only concerned with accidents, events, crime and political development in villages.

When we compare the Times of India with Dainik Jagran in terms of viral hepatitis news coverage we found that Times of India newspaper has covered more hepatitis related news in

comparison to Dainik Jagran newspaper (Table 4.1, Figure 4.1). Times of India has published 4.05% hepatitis news in his newspaper whereas Dainik Jagran has published only 0.4% hepatitis news during two months July and August. It is very much clear for the research that both the paper are totally unable to publish editorials (Table 4.5, Figure 4.5), features and article related to hepatitis news in their respective newspapers. They published only 2 editorials each and one article each in their newspapers respectively during the research study.

Objective No.II. To find out the awareness level of students in Lucknow University and Babasaheb Bhimrao Ambedkar Central University about Hepatitis disease.

Table C.1, Figure 6.37 and Table C.2, Figure 6.38 revealed that respondents do not have significant awareness about viral hepatitis disease. The researcher has used statistical techniques to get accurate results by applying Chi Square test, the results were quite clear that students of Lucknow University and Babasaheb Bhimrao Ambedkar Central University do not have a significant awareness about viral hepatitis disease. ($X^2(4) = 0.717, p(0.05)$)

Objective No.III. To find out the media preferences of the selected target group for getting information about Hepatitis.

From the statistical analysis the researcher found that calculated value of Chi square (X^2) for TV is 3.8, 10.8 for Newspaper, 8.5 for Internet, 0.37 for Radio, 0.23 for Magazine and 0.50 for others. The highest value of Chi square (X^2) is 10.8 for Newspaper which is greater than the tabulated value which is 6.99 at 2df (degree of freedom) and at 5% level of significance. Therefore we can say that Newspaper and Internet is the best media considered by the respondents for getting useful information regarding Viral Hepatitis.

Objective No.IV. To study the role of various mass media for Hepatitis awareness with respect to gender.

While studying the role of media about Viral Hepatitis the researcher found that majority of the male Graduate students get their best knowledge about Viral Hepatitis from TV, followed by Newspaper, very less percent of them said friends and government agencies, (Table B.14, Table B.15)

In the case of female Graduate students, the researcher found that majority of the respondents got their knowledge about Viral Hepatitis from TV, followed by Internet and Newspaper, few said from friends and government agencies.

When researcher try to find out which media gave them the best knowledge about viral hepatitis, researcher found that majority of the male Post Graduate students get their best knowledge about Viral Hepatitis from Newspaper followed by TV, very less percent of the respondents said from friends and government agencies.

In the case of female Post Graduate students the researcher found majority of them got their knowledge about Viral Hepatitis from TV followed by Newspaper, few from friends and government agencies.

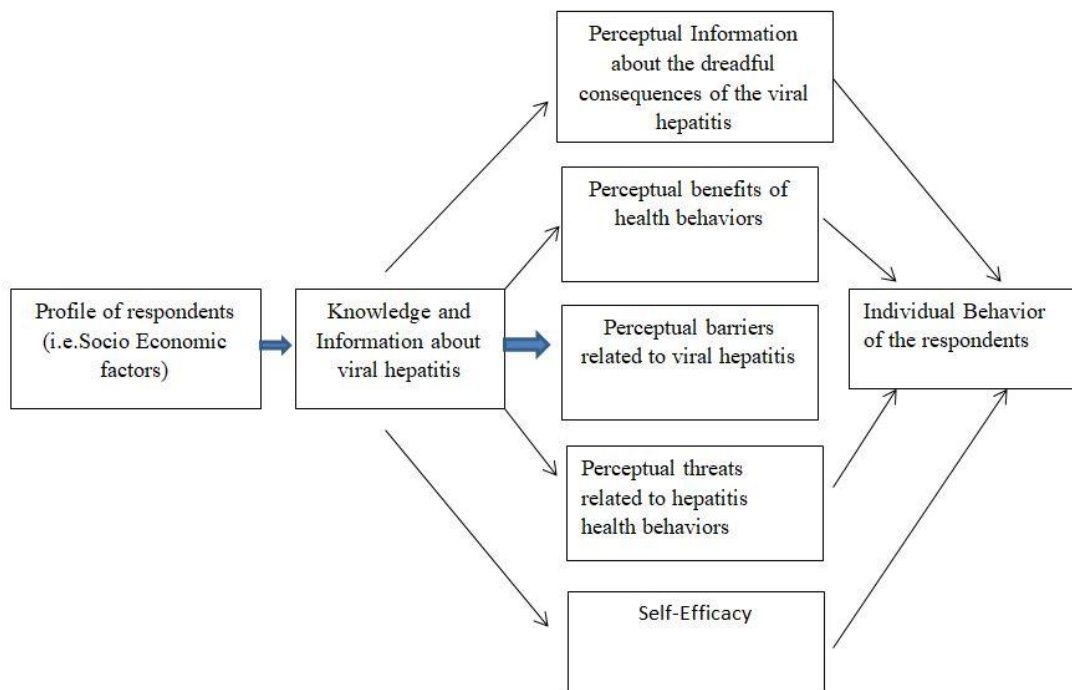
Similarly in the case of male Research Scholars, an overwhelming majority of them derived from TV followed by Newspaper as their best form of media to understand or know about Viral Hepatitis,

In the case of female Research Scholars the researcher found that, majority of them got their knowledge about Viral Hepatitis from friends and government agencies followed by Newspaper,

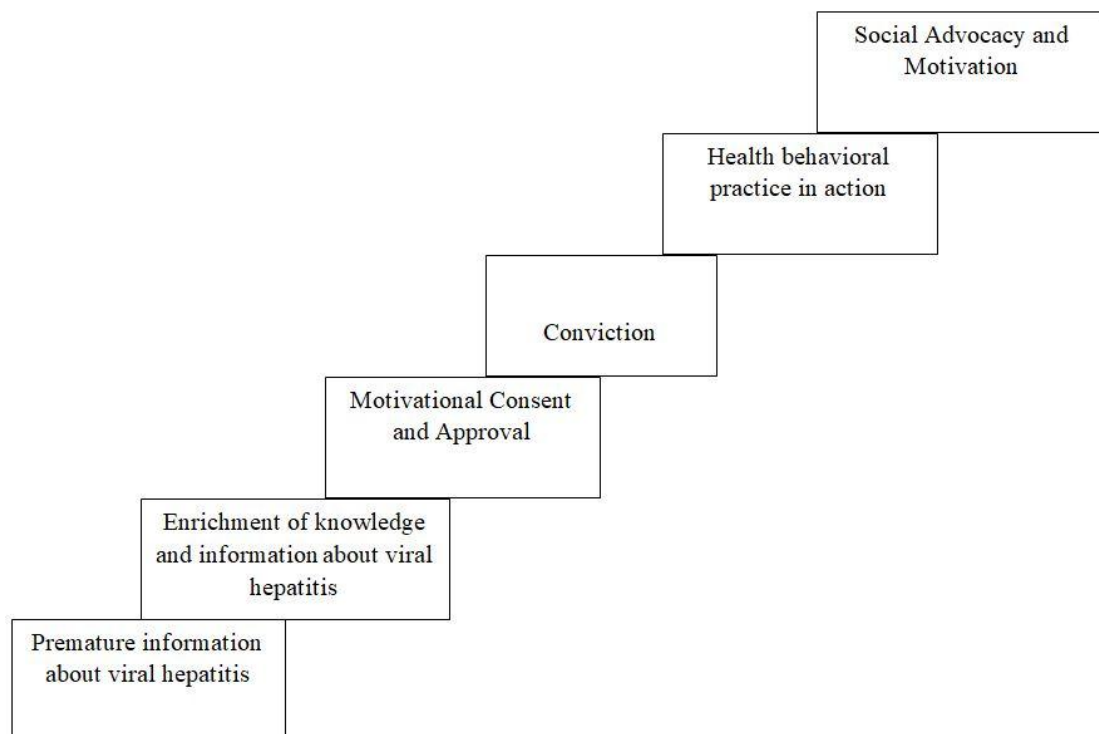
Objective No.V. To design a suitable media strategy for creating awareness about viral hepatitis among the youth of Lucknow.

The objective of the research study to design a suitable media strategy for creating hepatitis awareness is observed through the following four health communication models. The models were designed on the basis of the data and information collected from the first hand sources. The researcher has designed the following media strategy models for the effective penetration of the viral hepatitis messages. The model designed by the researcher in creating awareness about the viral hepatitis among the youth of Lucknow are as follows:

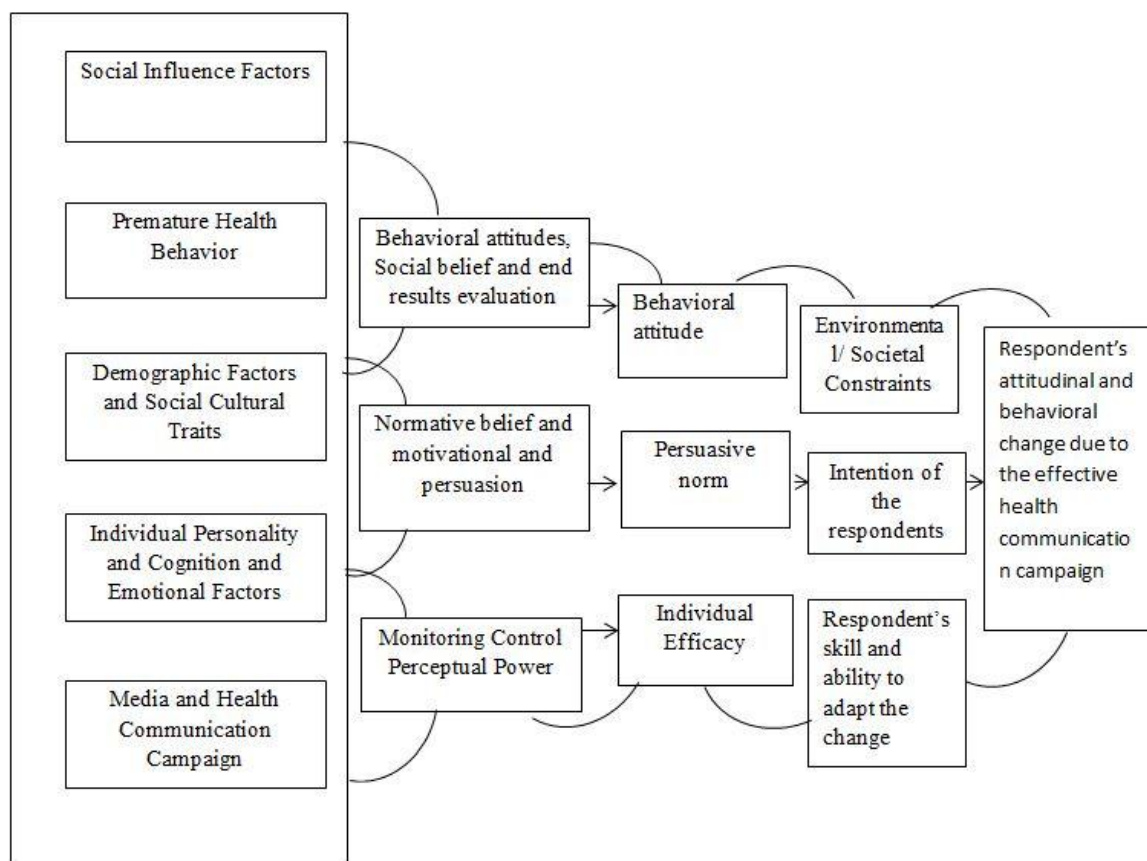
Model. 1. Health Communication Model to understand the nature of Viral Hepatitis disease in India.



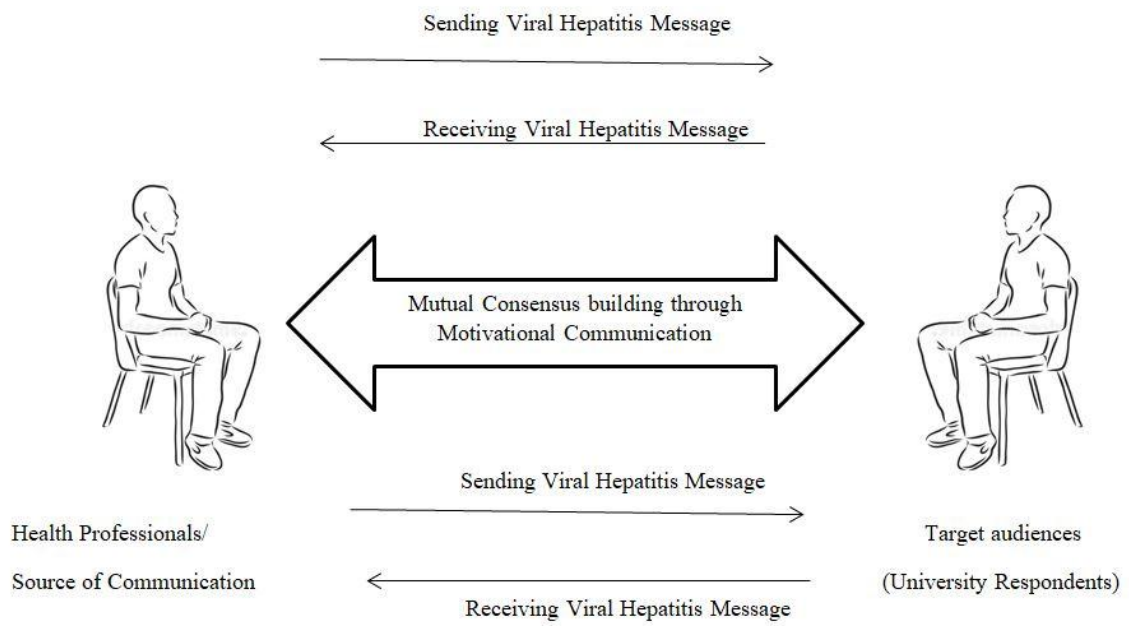
Model.2. Effective Health Communication Model



Model.3. Health Communication Behaviour Change Model.



Model.4. Viral Hepatitis Message Communication Model.



7.9 Examination of Research Questions

- i. *What is the extent of coverage given to Hepatitis disease by selected newspaper in Lucknow?*

Content analysis of selected newspaper revealed that the information related to Viral Hepatitis are not properly covered by the Print Media. The coverage rate of health news in Print Media of Lucknow is very less in Dainik Jagran in comparison with Times of India (Table 4.1, Figure 4.1). Hepatitis news is hardly appears in newspapers and few news item reported in inner pages of the newspaper by the reporters. This is very shocking for all of us that the maximum news published in newspapers are not related to health development; it is only concerned with accidents, events, crime and political development in villages.

When we compare the Times of India with Dainik Jagran in terms of viral hepatitis news coverage we found that Times of India newspaper has covered more hepatitis related news in comparison to Dainik Jagran newspaper (Table 4.1, Figure 4.1). Times of India has published 4.05% hepatitis news in his newspaper whereas Dainik Jagran has published only 0.4% hepatitis news during two months July and August. It is very much clear for the research that both the paper are totally unable to publish editorials (Table 4.5, Figure 4.5), features and article related to hepatitis news in their respective newspapers. They published only 2 editorials each and one article each in their newspapers respectively during the research study.

ii. *What is the awareness level of university students in Lucknow city about the Hepatitis disease?*

Table C.1, Figure 6.37 and Table C.2, Figure 6.38 revealed that respondents do not have significant awareness about viral hepatitis disease.

iii. *What is the knowledge level of university students in Lucknow city about Hepatitis disease?*

Table D.04, Figure 6.50 and Table D.05 and Figure 6.51 revealed that respondents do not have significant knowledge about viral hepatitis disease.

iv. *Which media is the best awareness driver to Hepatitis?*

Table B.21, Figure 6.26 and Table B.23, Figure 6.28 revealed that Internet and Social Media are the best awareness drivers for viral hepatitis disease among the youth.

v. *Does mass media health campaign contain powerful effects on citizens?*

Table B.26, Figure 6.31 and Table B.27, Figure 6.32 revealed that respondents strongly believed that mass media contain powerful effects on citizen and highly useful for ministry of health to create awareness about viral hepatitis among the youth.

vi. *Does media awareness has any effect on their health?*

Table B.29, Figure 6.34 and Table B.30, Figure 6.35 revealed that respondents have positive effect in behavioural change, motivational and psychological change in their life.

- vii. How to devise an effective media strategy for creating Hepatitis awareness?

On the basis of data and information collected from primary source, the researcher has successfully devised an effective media communication strategy by means of designing a suitable health communication models.

7.10 Recommendations

- i. Hepatitis must be made a part of the curriculum at all entry levels in the university.
- ii. Different associations like the student's union should organise camps promoting awareness about hepatitis on the campus.
- iii. Documentaries and short films should be screened regularly for students on hepatitis awareness.
- iv. Banners and hoardings should be put up at common points like canteens and entry points of all halls of residences of boys and girls.
- v. As the media, especially the print media, plays a vital role in creating awareness among the masses on various social issues that plague our society, there is every need for them to be ever vigilant and ever ready to take up proactive campaigns against all such major social evils.
- vi. The print media with its in-depth analysis, investigative reporting and holistic presentation of the social evils in a sustained manner can generate public conscience against such evils. The generation of awareness and awakening of public conscience are pivotal for a fight against social evils by the people at mass level.
- vii. In view of the immense potential and crucial role of the print media in motivating people to fight against social evils, it is important that further studies need to be carried out at bigger level at the national level too. Bigger sample size, wider

geographical area and institutional-supported research will throw more light into the useful aspects of the media role.

- viii. The research area offers good scope for future studies from different angles to explore the role of media in the fight against social evils and ensure the equitable and egalitarian society where the no social evil hampers the growth of anybody.
- ix. The unprecedented media boom being witnessed in India and the emergence of new media and social networking sites and their achieving immense popularity within a short span of time have also offer a great scope for research in combating social evils in the country.

7.11 Limitation of the study and delimitation of the study:

The present study has several limitations that need to be taken into account when considering the study and its contribution. However, some of these limitations can be seen as fruitful avenues for future research under the same theme.

- i. First limitation was the age of participants and their qualification
- ii. The analysis of the awareness level of people about the viral hepatitis is limited to visually perfect without dumb and deaf peoples.
- iii. Due to time and money constraint the context of this research study is two institutions of Lucknow district.
- iv. During my study, I have identified that there are considerable differences respondent within Lucknow. Therefore it is very hard to identify common features of respondent when analyzing awareness level of the respondent.
- v. There are hundreds of newspapers being published daily in Lucknow. So due to time limit, it is not possible to analyse the content of all newspapers. So the researcher has taken only two newspapers based on circulation.

- vi. Delimitation in this study was the length of the research data collection period of two months. This delimitation allowed proper data collection in all phases in the context of viral hepatitis awareness. This period of data collection may not reflect all of the possible variations of the hepatitis disease awareness.
- vii. Another delimitation of this research was the size of the group participants. There were only 400 students. Since the sample size is small, it would not be realistic to generalize this study to other populations

7.12 Future Extension of the Study

Despite the best of intention and effort made by the researcher the research study is leaving some space for future extension of the research work.

To make the research study little more broader in its application, the researcher recommends future extension in terms of increasing the sample size, the scope of the study, including more newspapers and expert consultation in its ambit.

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lxxiii. WEBSITES:

<https://www.census2011.co.in>

Section B

Media Profile

1. Do you own/subscribe any media at home? *(tick all the applicable options)*

- a. Newspaper b. Magazine c. Radio
d. TV d. Internet e. Other

2. Do you read Newspaper? 1. Yes 2. No (skip to Q no.3)

a. How often you read Newspaper?

1. Daily 2. Occasionally 3. Periodically 4. Other..

c. Which newspaper do you read?

Times of India		Hindustan Hindi		Sahafat (Urdu)	
Amar Ujala		Economic Times		The Pioneer	
The Hindu		Hindustan Times		Asian age	
Dainik Jagaran		Indian Express		Financial Express	
Navabharat Times		Jansatta		Any other	

e. Which part of newspaper do you read mostly? (Tick all applicable options)

News		Features		Health	
Headlines		Advertisements		Entertainment	
First page news		Editorial		Cartoons	
Supplementary		Letters to the editor		Matrimonial	
Sports		Horoscope		Any other	

3. Do you read Sunday Supplementary? 1. Yes 2. No (Skip to Q No.4)

a. If Yes, Which part of Sunday supplement do you read mostly?

1. Cover Story of Supplement 2. Story/Novel 3. Entertainment 4. Other

4. Do you read health supplements of local newspapers?

1. Yes 2. No (Skip to Q No.5)

a. If Yes, please mention the name of newspaper?

5. Do you read any Magazine? 1. Yes 2. No

a. If Yes, which language magazine do you prefer?

1. Hindi 2. English 3. Urdu 4. Other

b. Which Magazines do you read?

Kindly give order of preference (1 for most preferred item, 2 for next and so on)

India Today (English)		Filmfare		Readers Digest
Femina		Sport world		Adabi Risala
Outlook		Saras Salil		Lucknow Observer
India Today (Hindi)		Vogue India		GulBun
Week		Women era		Any other

7. Do you read any health related Magazines? 1. Yes 2. No (Skip to Q.8)

a. If Yes, which health magazine do you read? (*Tick applicable options*)

1. Health (English) 2. Men Health 3. Women Health 4. Other

8. Do you listen to the Radio? 1. Yes 2. No (Skip to Q:10)

a. If Yes, when do you listen to radio and for how much time?

Mention numbers of minutes in corresponding boxes (Inputs in Minutes) (In case you do not listen Radio in specific session fill 0,0,0 in the corresponding boxes)

Session	Time
Morning	
Afternoon	
Evening 5 to 8PM	
Night Time 8PM and above	
Total number of radio listening	

9. a. Which programmes do you listen to on radio

Kindly give order of preference (1 for most preferred item, 2 for next and so on)

Hindi film music		Youth programme	
Bhojpuri music		Film based programme	
Health programme		News	
Radio Drama/ Serials		Any other	

b. Which channel do you prefer the most?

Kindly give order of preference (1 for most preferred item, 2 for next and so on)

Akashawani (AIR)		Red FM	
Radi city		Radio Mirchi	
Vivid Bharati		Any other	

10. Do you watch T.V? 1. Yes 2. No (Skip to Q.13)

a. If Yes, when do you watch the Television and for how much time?

Mention numbers of minutes in corresponding boxes (Inputs in Minutes) (In case you do not listen Radio in specific session fill 0,0,0 in the corresponding boxes)

Session	Time
Morning	
Afternoon	
Evening 5 to 8PM	
Night 8 PM and above	
Total number of minutes of TV watching	

11. a. Which programmes do you watch on TV?

Kindly give order of preference (1 for most preferred item, 2 for next and so on)

Film songs		Talk shows	
Serials		Interviews	
Movies		News	
Sports		Any other (please specify)	
Reality Shows			

b. Which Channel do you prefer?

Kindly give order of preference (1 for most preferred item, 2 for next and so on)

National Network DD UP		Sony		NDTV	
ETV Bharat		Zee TV		Zee Cinema	
News18		Star Sports		National Geography	
BBC Hindi		Star plus		Discovery channel	
News India		Zee Sports		Local cable news	
Headlines		Aaj Tak		Any other	

12. Do you watch any health related programmes on TV? 1. Yes 2. No (Skip to Q.13)

a. If Yes, which health related programme do you watch?

Kindly give order of preference (1 for most preferred item, 2 for next and so on)

1. Talk show with Doctor (Doordarsan)
2. 'Doctor On line'
3. Health Bulletin
4. Any other

13. Do you watch films? 1. Yes 2. No (Skip to Q.15)

14. Where do you prefer to watch films? 1. Videos 2. Cinema Hall 3. TV 4. Other

15. Do you access internet? 1. Yes 2. No (Skip to Q.17)

16. How much time do you use internet in a day?

- a. 1 to 2 hours b. 3 to 4 hours c. More than 4 hours d. Depends

17. Which of the following according to you should be the desired objective of the media?

- a. Agriculture b. Health c. Education d. Employment

18. Do you use social media?

- a. Yes b. No

19. If Yes how much times do you spend on social media in a day?

- a. 1 to 2 hours b. 3 to 4 hours c. more than 4 hours d. Depends.

20. Which social media application do you use the most for your health related queries?

- a. YouTube b. Twitter c. Facebook d. Other

21. How useful is Media in your healthy life?

- a. Highly useful b. Useful c. useless d. Don't know

22. Do you think Media acts as a mouthpiece of ministry of health?

- a. Yes b. No c. Don't know

23. From where you get the information about government programmes?

- a. Gov't agency b. Mass Media c. Health workers d. Other

24. Do you think health related information in media would make a positive change among the youth?

- a. Yes b. No c. Don't know

25. Have you modified your information usability through the knowledge of these health related programmes by media?

- a. Yes b. No c. Never

26. By watching health related programmes in mass media what kind of changes happen?

- a. Psychological b. Motivational change c. Behavioral change d. No change

27. What aspects of health programmes on your channel need improvement?

- a. Content b. Timing c. Technical d. Any other

Section C

Hepatitis Awareness Profile

1. Hepatitis means.....

- | | |
|-----------------------|--|
| a. Curable disease. | b. Fatal disease |
| c. Hereditary disease | d. Non communicable dangerous disease. |

2. In what ways do you think Hepatitis is spread from one to another?

a. Eating or drinking from the same plate and cups?

Yes	No	Don't know
-----	----	------------

b. Shaking hands/hugging/living in the same house

Yes	No	Don't know
-----	----	------------

c. Washing, changing clothes of someone who has Hepatitis?

Yes	No	Don't know
-----	----	------------

d. Kissing?

Yes	No	Don't know
-----	----	------------

e. Having sexual contact?

Yes	No	Don't know
-----	----	------------

f. Sharing syringe while injecting drugs?

Yes	No	Don't know
-----	----	------------

g. Breastfeeding?

Yes	No	Don't know
-----	----	------------

h. From mother to child during pregnancy or delivery?

Yes	No	Don't know
-----	----	------------

i. By mosquitoes' bite?

Yes	No	Don't know
-----	----	------------

Section D

Hepatitis knowledge profile

1. How old were you when you first heard about Hepatitis?
a. 15ys b. 20-25 yrs c. 25-30 d. don't remember

2. Are there any differences between Hepatitis A, B,C,D,E,F?
Yes No Don't know

3. Common symptoms of Hepatitis?
a. Yellow eyes b. Weight loss c. Fever d. don't know

4. Are there any ways to protect from the infectious Hepatitis?
Yes No Don't know

5. Are there any ways to prevent Hepatitis?
Yes No Don't know

6. Are there enough medical treatment to cure Hepatitis?
Yes No Don't know

7. Do you think you have enough information to prevent from Hepatitis?
Yes No Don't know

THANK YOU VERY MUCH