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Research Paper

Effectiveness of social advertisements in promoting adoption of selected health and hygiene practices

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■ **ABSTRACT :** The present study was conducted with the objective to assess the effectiveness of social advertisements in promoting adoption of selected health and hygiene practices. The study was conducted in purposively selected two districts of Punjab, India *i.e.* Gurdaspur and Ludhiana. Total eight villages from four selected blocks of selected districts were randomly selected. From each of the selected village 20 rural women were selected randomly. So, in total 160 respondents made a sample for data collection. The most frequently telecasted five government sponsored social advertisements during the month of June, 2017 on *Swach Bharat Abhiyan* (Clean India campaign), use of ORS/Zinc during diarrhoea, pregnancy check-up, immunization and breast feeding were selected after consultation with experts. Data was collected using pre-tested structured interview schedule. The effectiveness of social advertisement was assessed in terms of adoption stages *i.e.* awareness, interest and adoption of health and hygiene practices. The findings revealed that the advertisement of *Swach Bharat Abhiyan* (Clean India campaign) helped 91.25 per cent respondents to adopt the practice of keeping the environment clean. Most of the respondents *i.e.* 83.13 per cent immunized their children below 5 years of age. Majority of the respondents (66.38%) were at adoption stage of exclusive breast feeding of infants for first 6 months. Nearly half of the respondents (48.13%) were at the interest stage of adopting the practice of check-up of pregnant women. Nearly two fifth of respondents (42.50%) were at adoption stage of using ORS/Zinc during diarrhoea. It can be concluded that social advertisement plays a significant role in influencing people to adopt health and hygiene practices. It is suggested that more emphasis should be given to produce good social advertisement on different issues to promote adoption of better and improved health and hygiene practices.

■ **KEY WORDS:** Social advertisement, Adoption stages, Health, Hygiene practices, TV viewing behaviour, Effectiveness

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Health care is one of the most important endeavors of government to improve quality of life of people in the country. The issue of health is important from the view point of an individual as well as a nation. It is rightly stressed that the people of a country should be looked upon as a "Wealth" because wealth exists

only for the sake of people and not *vice- versa*. A country may be rich in resources of all kinds but these cannot be exploited unless her people possess good health. Thus, providing education, professional training or employment opportunities to people is of no use if its people are not possessing good health.

The general public has very little consideration towards health. Kaur (2017) also revealed that majority of the respondents in Ludhiana had low information needs and had passive information seeking behaviour for health and hygiene practices. Knowledge about health is very important to improve and maintain the health of an individual and group and to lead a healthy life. Good hygiene is an important barrier to many infectious diseases. It promotes better health and well-being. To achieve the greatest health benefits, improvements in hygiene should be made concurrently with improvement in water supply and sanitation, and be integrated with other interventions, such as improving nutrition and increasing incomes.

Majority of rural people are unaware of clean and healthy life and good sanitation practices. Education has proved as one of the most suitable instrument for promoting good health habits and sanitary practices. Bibbly (1959) stated that education helps to improve habits of personal hygiene and to impart knowledge about the facts of health. This desirable change in the health habits and sanitary practices of the people can further be facilitated by educating women. Women tends to be the primary health information seekers for their children and other family members, as well as for themselves, thus, they represent the majority of health information seekers.

A large proportion of population around the globe is being informed by mass media. Print, television, radio and new media such as Internet are the most popular media. Television occupies a special status amongst the mass media, because of its potential to communicate to the sense organs *i.e.* eyes and ears simultaneously. Television which has become a part and parcel of our life today is greatly used for educating, informing and entertaining the masses.

Television advertising is a form of communication used very commonly by various companies for marketing their products. It is used to encourage, persuade, or manipulate an audience (viewers, readers or listeners; sometimes a specific group) to continue or take some new action. Social advertisement is another dimension of TV advertisement. It includes some form of development communication. It plays a key role in the development of nation. Social advertisements educate people in order to improve their living standards, to fight with social evils, health hazards, economic problems, natural calamities towards formation of sound, healthy and happy society/nation/ country.

Keeping in mind, the important role played by social advertisements in health, the present study was conducted with the objective to assess the effectiveness of social advertisement in promoting adoption of selected health and hygiene practices.

■ RESEARCH METHODS

The study was conducted in the state of Punjab, India. Two districts of Punjab namely Gurdaspur and Ludhiana were selected purposively keeping in mind the development aspects of both the districts. Two blocks from each of the selected districts were selected randomly. From each of the selected blocks, two villages were selected randomly. From each of the selected village 20 rural women were selected randomly. So, in total from eight selected villages, there were 160 respondents for data collection. All Government sponsored social advertisements pertaining to health and hygiene practices telecasted on TV channels during the month of June, 2017 were recorded in a selected week. The most frequently telecasted five social advertisements on *Swach Bharat Abhiyan*, use of ORS/Zinc during diarrhoea, pregnancy check-up, immunization and breast feeding were then selected after consultation with experts. Data was collected using pre-tested structured interview schedule. The effectiveness of social advertisement was assessed using self developed inventory seeking dichotomous response as yes or no. According to the responses, the position of respondents at different adoption stages *i.e.* awareness, interest and adoption of health and hygiene practices was assessed. The collected data was compiled and analyzed using statistical techniques of SPSS software.

■ RESEARCH FINDINGS AND DISCUSSION

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Table 1 : Distribution of respondents according to their personal and economic profile (n=160)

Characteristics	Districts					
	Ludhiana (n_1=80)		Gurdaspur (n_2=80)		Total	
	f	%	f	%	f	%
Age (Years)						
19-24	7	8.75	16	20.00	23	14.38
25-30	37	46.25	35	43.75	72	45.00
31-37	36	45.00	29	36.25	65	40.63
Education						
Illiterate	5	6.25	4	5.00	9	5.63
Can read and write only	1	1.25	5	6.25	6	3.75
Primary level	1	1.25	0	0.00	1	0.63
Middle level	15	18.75	7	8.75	22	13.75
Matriculation	17	21.25	34	42.50	51	31.88
Higher secondary	18	22.50	19	23.75	37	23.13
Graduation	21	26.25	10	12.50	31	19.38
Diploma / Certificate Course	1	1.25	0	0.00	1	0.63
Post Graduate and above	1	1.25	1	1.25	2	1.25
Marital Status						
Married	77	96.25	78	97.50	155	96.88
Unmarried	0	0.00	1	1.25	1	0.63
Widowed	3	3.75	1	1.25	4	2.50
Family type						
Nuclear	39	48.75	34	42.50	73	45.63
Joint	41	51.25	46	57.50	87	54.38
Family Size (Number of family members)						
Small ($\leq$ 4)	29	36.25	28	35.00	57	35.63
Medium (5-8)	36	45.00	41	51.25	77	48.13
Large (>8)	15	18.75	11	13.75	26	16.25
Caste						
General	42	52.50	40	50.00	82	51.25
Scheduled Caste /Scheduled Tribe	28	35.00	27	33.75	55	34.38
Backward Caste	8	10.00	13	16.25	21	13.13
Other Backward Caste	2	2.50	0	0.00	2	1.25
Operational land holding (acres)						
Marginal <2.5	34	42.50	40	50.00	74	46.25
Small 2.5-5	4	5.00	14	17.50	18	11.25
Semi Medium 5-10	18	22.50	14	17.50	32	20.00
Medium 10-25	24	30.00	12	15.00	36	22.50
Occupation						
Housewife	48	60.00	56	70.00	104	65.00
Agricultural labour	8	10.00	3	3.75	11	6.88
Service	17	21.25	12	15.00	29	18.13
Business	6	7.50	9	11.25	15	9.38
Farming	1	1.25	0	0.00	1	0.63
Family Occupation						
Agriculture labour	18	22.50	22	27.50	40	25.00
Service	39	48.75	36	45.00	75	46.88
Business	7	8.75	11	13.75	18	11.25
Farming	16	20.00	11	13.75	27	16.88
Annual family income (Rs.)						
30000-187000	66	82.50	61	76.25	127	79.38
187001-343000	11	13.75	19	23.75	30	18.75
343001-500000	3	3.75	0	0.00	3	1.88

Personal and economic profile of respondents:

The researches have proved that personal and economic characteristics of the individuals influence their attitudes, values and practices. The information regarding personal and economic characteristics of selected respondents which include age, education, material status, family type, family size, caste, operational land holding, occupation, family occupation and annual income of the respondents has been tabulated in Table 1. The findings revealed that similar percentage of respondents belonged to the age group of 25-30 years (45.00%) and 31-37 years (40.63%) whereas a large proportion (31.88%) of the respondents were matriculate followed by higher secondary (23.13%). Almost all the respondents were married. An equal number of respondents of Ludhiana districts had nuclear and joint families whereas majority of respondents (57.50%) of Gurdaspur had joint families.

Nearly half of the respondents of both the districts (48.13%) had medium family size having 5-8 members and belonged to general caste (51.25%). A large proportion of the selected respondents (46.25%) had marginal land holding *i.e.* less than 2.5 acres wherein Gurdaspur respondents had comparatively smaller land holdings than Ludhiana respondents.

Majority of the respondents (65.00%) were housewives with comparatively higher percentage of Ludhiana women engaged in jobs outside home than Gurdaspur women. A large proportion (46.88%) belonged to service class families. Most of the selected respondents had annual income between Rs. 30,000/- to Rs. 1,87,000/-

Access to mass media:

Access to mass media was measured in terms of access to various print and electronic media. Data given in Fig. 1 indicate that all the respondents had access to television followed by 67.50 respondents who subscribed news papers. Although access to newspaper was not similar in both the districts, subscription to newspaper was higher in Gurdaspur (72.50%) as compared to Ludhiana (62.5%).

Nearly half of the respondents (48.13%) read books. Forty per cent of the respondents had access to internet. Access to internet was found higher in Ludhiana (50.00%) as compared to Gurdaspur (30.00%). More than one fourth of the respondents (28.13%) had radio

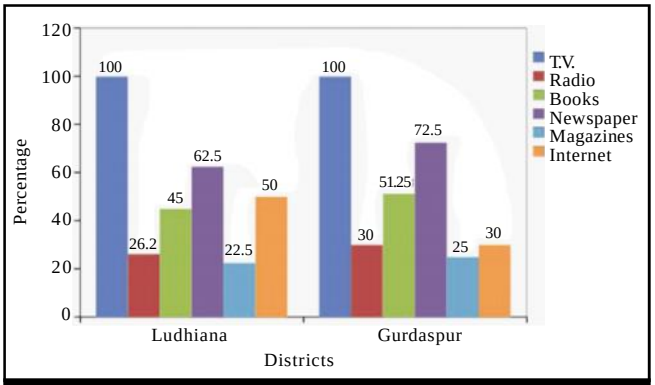

Fig. 1 : Graphical representation of respondents according to their access to mass media

followed by 23.75 per cent respondents who subscribed magazines. It can be concluded that television, newspaper and internet were the major mass media accessed by rural women. The findings are in line with the studies conducted by Jamal *et al.* (2015) and Kaur (2017).

Level of exposure to mass media:

To measure the level of exposure to mass media the total score for each of the respondent was calculated by counting total number of print and electronic media accessed by each of the respondents. The obtained scores were categorized in to three categories low (1-2), medium (3-4) and high (5-6) using category interval method. The data given in Fig. 2 shows that nearly two fifth of the respondents (40.63%) of both the districts had low level of mass media exposure followed by medium (38.75%) and high level (20.63%).

It can be concluded that majority of the respondents

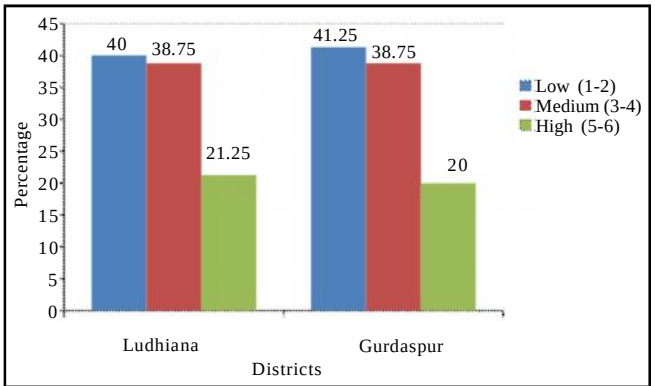

Fig. 2 : Graphical representation of respondents according to their level of exposure to mass media

had medium to low level of exposure to mass media. Studies of Singla (1992); Singh (1994); Ghosh (2004) and Chakrabarati (2012) reported that level of mass media exposure is positively correlated with viewing behaviour, level of living standard and utilization of health care system.

TV viewing behaviour towards social advertisement:

The data given in the Fig. 3 reveals the television viewing behaviour of the respondents towards social advertisement. Majority of the respondents (71.88%) had moderate T.V. viewing behaviour followed by 20.63 per cent respondents who had good T.V. viewing behaviour and only 7.50 per cent of the respondents had poor T.V. viewing behaviour.

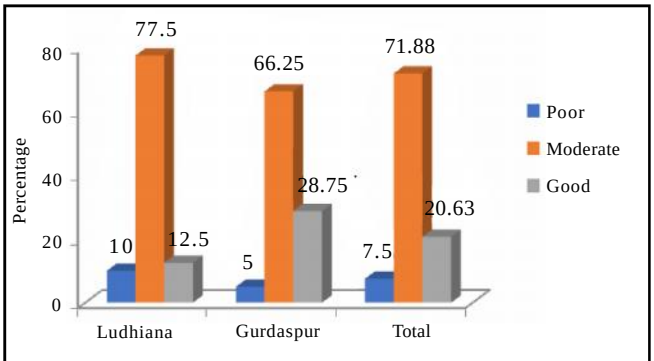

Fig. 3 : Graphical representation of respondents according to TV viewing behaviour towards social advertisements

Effectiveness of social advertisement in promoting adoption of health and hygiene practices by rural women:

It is the influence of social advertisements in adoption of selected health and hygiene practices in respect to different adoption stages *i.e.* creating awareness, arousing interest and adopting the selected practices. The effectiveness of social advertisements was measured in terms of respondents' position at different stages of adoption after frequent viewing of selected advertisements (*Swach Bharat Abhiyan*, use of ORS/ Zinc during diarrhoea, pregnancy check-up, immunization and breast feeding).

The data presented in Table 2 revealed that most of respondents of both the districts (91.25%) were at the adoption stage of keeping the environment clean. It may be due to a lot of efforts done by the Government for changing the behaviour of people towards keeping the environment clean.

Nearly one third (36.88%) of the respondents were at adoption stage in terms of getting the pregnant women checked whereas nearly half of the respondents (48.13%) were at interest stage followed by 15.00 per

Table 2 : Distribution of respondents according to perceived adoption stages of health and hygiene practices (n=160)

Health and hygiene practices	Adoption stages	Ludhiana n_1=80		Gurdaspur n_2=80		Total	
Keep environment Clean	Awareness (1-2)	1	1.25	0	0.00	1	0.63
	Interest (3-4)	8	10.00	5	6.25	13	8.13
	Adoption (5-6)	71	88.75	75	93.75	146	91.25
Use of ORS/Zinc during	Awareness (1-4)	9	11.25	19	23.75	28	17.50
diarrhoea	Interest (5-7)	38	47.50	26	32.50	64	40.00
	Adoption (8-11)	33	41.25	35	43.75	68	42.50
Check up of pregnant	Awareness (1-2)	11	13.75	13	16.25	24	15.00
women	Interest (3-4)	39	48.75	38	47.50	77	48.13
	Adoption (5-6)	30	37.50	29	36.25	59	36.88
Immunization of children	Awareness (1-2)	1	1.25	4	5.00	5	3.13
below 5 years of age	Interest(3-4)	11	13.75	11	13.75	22	13.75
	Adoption (5-6)	68	85.00	65	81.25	133	83.13
Exclusive Breast feeding	Awareness (1-2)	2	2.50	6	7.50	8	5.00
for 1st 6 months	Interest (3-4)	19	23.75	26	32.50	45	28.13
	Adoption (5-6)	59	73.75	48	60.00	107	66.88

Figure in parentheses shows score range

Table 3 : Relationship between TV viewing behaviour for social advertisement and its effectiveness (n=160)

Health and Hygiene Practices	Viewing behaviour		
	Ludhiana r	Gurdaspur R	Overall R
Keep environment Clean	0.10	0.14	0.013
Use of ORS/Zinc during diarrhea	0.17	0.07	0.107
Check up of pregnant women	0.25*	0.38*	0.302*
Immunization of children below 5 years of age	0.09	0.04	0.049
Exclusive Breast feeding for 1st 6 months	0.22*	0.07	0.115
Overall	0.29*	0.18	0.216*

*indicates significance of value at P=0.05 level of significances

cent at awareness stage. The social advertisement on pregnancy check up has made respondents interested in getting the free check up done of pregnant women. Most of the respondents (83.13%) adopted the practice of getting the children below five years of age immunized followed by 13.75 per cent respondents at awareness stage. It was further revealed that majority of the respondent (66.88%) adopted the practice of exclusive breast feeding for first six months. Comparatively more respondents of Ludhiana district (73.75%) adopted the practice than the respondents of Gurdaspur district (60.00%). More than one fourth of the respondents were at interest stage (28.13%) followed by only five per cent respondents at awareness stage.

It can be concluded that most of the respondents adopted the practices of keeping the environment clean and immunizing their children below five years of age. More efforts are needed to make people adopt the practices of exclusive breast feeding for first six months, check up of pregnant women and use of ORS/Zinc during diarrhoea.

Television viewing behaviour for social advertisement and its effectiveness:

To study the relationship between TV viewing behaviour for social advertisement and its effectiveness, the correlation co-efficient was worked out. Table 3 depicts the correlation co-efficient for each of the selected health and hygiene practices. It revealed that overall TV viewing behaviour for social advertisement had a significant positive relationship with effectiveness of social advertisement in promoting adoption of health and hygiene practices.

It further revealed that TV viewing behaviour for social advertisement was positively and significantly correlated with the effectiveness of social advertisement in promoting check up of pregnant women. TV viewing behaviour of Ludhiana respondents also had positive and significant correlation with adoption of exclusive breast feeding in 1st six months. A positive non-significant relationship was found between TV viewing behaviour and adoption of selected health and hygiene practices like keeping the environment clean, use of ORS/Zinc during diarrhea, immunizing children below five years of age and exclusive breast feeding in 1st six months.

Conclusion:

It can be concluded that most of respondents adopted the practices of keeping the environment clean and immunizing their children below five years of age. Although majority of the respondents are in the interest stage of adoption of other health and hygiene practices, more efforts are needed to make people adopt the practices of exclusive breast feeding for six months, checkup of pregnant women and use of ORS/Zinc during diarrhea.

A significant relationship was found between TV viewing behaviour for social advertisement and the adoption of health and hygiene practices. It can be concluded that social advertisement can play a significant role in changing the behaviour of people. It is suggested that more emphasis should be given to produce good social advertisement on different issues to promote adoption of better and improved health and hygiene practices.

Compliance with Ethical Standards:

– We hereby declare that we have no conflict of interest

– No experiment was conducted on animal or human during the conduct of research.

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