AJHS.
Asian Journal of Home Science
Volume **9** | Issue 1 | June, 2014 | 336-338

e ISSN-0976-8351 | Open Access - *www.researchjournal.co.in*

Research Note

Mass media exposure and knowledge of female on family life education

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Received: 01.01.2014; **Accepted:** 26.05.2014

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■ **ABSTRACT :** This study was undertaken to expose the mass media exposure such as radio, television, magazines, newspaper and internet to obtain various types of information in Bhiwani district of Haryana. To measure this, a set of questions were formed. Three categories were framed to depict the level of mass media exposure by subtracting high, medium and low achievable mass media scores. Knowledge on family life was further divided into seven major sub-areas *i.e.*, personal hygiene, nutrition and child care, HIV/AIDS, physical and emotional health.

■ **KEY WORDS:** Mass media, Family life, Child care, Emotional health

■ **HOW TO CITE THIS PAPER :** Sangwan, Savita and Anu(2014). Mass media exposure and knowledge of female on family life education. *Asian J. Home Sci.*, **9** (1) : 336-338.

Education is considered as one of the most potent instruments of peaceful social change and also a significant means to develop among individuals ability of self-actualization and self- realisation. Women carry a disproportionate and growing share of economic and domestic responsibility for the family. In the recent past, there has been a remarkable upsurge of interest in the improvement of quality of family life of rural people. Non- availability of time due to involvement of women in agricultural sector is another hindering factor in implementation of the gained knowledge, giving no time for their self and family care (Mathu, 2001). Women in the family play a pivotal role in improving the quality of family life, as they constitute one third of country economically active population. The family welfare programme in India seeks to promote responsible parenthood with two children as the norm, through the voluntary choice of a family planning methods, best suited to the acceptor. Rao and D'souza (2007) revealed that general knowledge and awareness regarding reproductive health among females was inadequate and their attitudes to various issues were also unfavourable.

The study was undertaken in Department of Child Development in I.C college of Home Science. It has been operationalised as the degree to which a respondent was exposed to the mass media such as, radio, television, magazine, newspaper and internet to obtain various types of information (Table 1).

Table 1: Mass media exposure

Categories	Codes
Low (7-14)	1
Medium (15-21)	2
High (22-29)	3

To measure this, a set of questions were framed. The information was quantified by giving weighted scores to different questions. Hence, aggregate scores were obtained. Three categories were framed to depict the level of mass media exposure by subtracting maximum and minimum achievable mass media scores (Table 2).

Table 2: Available health facility

Categories	Codes
Poor (7- 11)	1
Good (12 – 16)	2

Available health facility:

Knowledge on family life was divided into seven major sub areas *i.e.*, personal hygiene, nutrition and health, gender sensitivity, family planning, maternal and child care, HIV/ AIDS, physical and emotional health. The respondents were taken on three point scale *i.e.*, Yes, undecided and No.

Mass media exposure:

Mass media exposure means the degree to which a respondent is exposed to the mass media such as radio T.V, magazine, newspaper and internet for obtaining information related to family life education. Table 1 depicts the respondent's exposure to mass media and it is seen that out of 150 samples, 41.33 per cent respondents of Bhiwani were falling in the medium category of mass media exposure followed by 36.67 per cent who were in low level of mass media exposure.

Available health facilities:

Table 3 further represents the distribution of respondents according to available health facilities and their utilisation in the village. Most of the respondents had poor quality of available health facilities.

Table 3: Mass media exposure and available health facilities (n=150)

Variables	No. and percentage
Mass –media exposure	
Low (7- 14)	55 (36.66)
Medium (15- 21)	62 (41.33)
High (22- 29)	32 (21.33)
Available health facilities	
Poor (7- 11)	84 (56.00)
Good (12-16)	66 (44.00)

Table 3 further reveals that low level of health facilities were available to more than fifty per cent respondents (56.00%) who availed better health facilities in Bhivani district. To conclude, it is evident that most of the respondents had medium to low level of mass media exposure with poor available health facilities. The reason for medium level of mass media exposure may be that still in Haryana culture the women do not sit with their family member specially the male and TV and radio etc. are placed in the room which is a sitting place for males of the house.

Due to dominance of male and in laws, the women are not even allowed to use the health facilities even if they want to use them.

Knowledge of respondents on family life education:

Table 4 indicates the knowledge level of respondents. From the sample, 45.30 per cent respondents were in low category of knowledge on personal hygiene followed by moderate (33.30%) and high (21.30%) category of knowledge.

Table 4 : Knowledge of respondents on family life education (n=150)

Aspect of knowledge	No. and percentage
Personal hygiene	
Low (12-20)	68 (45.30)
Moderate (21- 28)	50 (33.33)
High (29- 36)	32 (21.30)
Nutrition and health	
Low (13- 21)	66 (44.00)
Moderate (22- 30)	49 (32.70)
High (31-39)	35 (23.30)
Gender sensitivity	
Low (10- 16)	68 (45.30)
Moderate (17- 23)	58 (38.70)
High (24- 30)	24 (16.00)
Family planning	
Low (9- 15)	72 (48.00)
Moderate (16- 21)	55 (36.67)
High (22- 27)	23 (15.33)
Maternal and child care	
Low (23-38)	66 (44.00)
Moderate (39- 54)	49 (32.67)
High (55- 69)	35 (23.33)
HIV/AIDS	
Low (8- 13)	60 (40.00)
Moderate (14- 19)	49 (32.67)
High (20- 24)	35 (23.33)
Physical and emotional health	
Low (8- 13)	61 (40.70)
Moderate (14- 19)	48 (32.00)
High (20- 24)	41 (27.30)

Figures in parentheses indicate percentages

Results on knowledge related to nutrition and health education revealed that 44 per cent respondents were in low category followed by 32.70 per cent in moderate category of knowledge and 23.30 per cent respondents in high category in Bhiwani district. Table 4 further depicts data on knowledge about gender sensitivity, family planning and maternal and child care which revealed that 45.30 per cent, 48.00 per cent and 44.00 per cent respondents were in low category, respectively followed by 38.70 per cent, 36.67 per cent and 32.67 per cent, respectively in moderate category and 15.33 per cent, 23.33 per cent and 26.70 per cent, respectively in high category.

Regarding the HIV/AIDS and physical and emotional health of respondents, majority (40%) of the respondents were in the low category followed by moderate (32%) and high (27.30%) in Bhiwani district.

Summary:

Distribution of respondents for the aspects of knowledge revealed that most of the respondents were in low knowledge category on all the aspects of family life education. Further, the results concluded that the respondents in the older age group had poor knowledge on gender sensitivity, family planning, maternal and child care, physical and emotional health, whereas younger age group were comparatively poor in HIV/AIDS and family planning. Kaur and Goyal (2008) in their study showed a definite link between low status of women and deficiencies in the knowledge and utilization of preventing health services. Educational programmes broadcast through electronic media need to emphasize the importance of receiving complete prenatal care service consistently throughout the full course of pregnancy for successful outcome. Electronic mass media to reach low privileged mothers living in rural areas, who are illiterate, who belong to disadvantage SC/ ST group and who are from household with a low standard of living.

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