(REVIEW ARTICLE)

Dissemination of health communication by using community radio; with special reference to Karnataka State

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Abstract

Community Radio plays a vibrant role in transforming and preserving communities alive. Radio is a powerful tool to mobilize and transfer actions by informing and empowering the people of the community. Community radio, rural radio, cooperative radio, or development radio its proponents feel that radio holds the key that will unite country's linguistics and ethnic diversity and improve the economic disparity and the huge urban-rural divide. It gives voice to the marginalizing sections of the community by facilitating public with opportunity to open up their needs to local government and sometime central government. Radio has its broader reach in remote areas and can reach people of every walk of life. Radio can be used as an effective tool of communication for circulation of health-related messages. This media can be useful for healthcare services, policies where healthcare manpower not able to access or not properly functioning due to lack of transportation facilities especially in rural India. Community radio which is preferably need base of the community followed by their culture dialect. CR can be effectively used to deliver health information to masses and thereby create more awareness within public. To study this specific area both primary and secondary data are used.

Keywords: Community Radio; Health Communication; Health Information; Diversity; Health Awareness

1. Introduction

A popular form of radio is known as community radio (CR), it is run by community in local language with the programs focusing on the issues related to specific community. The whole purpose of community radio is to give voice for voiceless people. Irrespective of gender, caste or class generally a tool for development (AMARC Africa and Panos Southern Africa 1998). Community radio have Three major elements in its row, namely: non-profit, ownership and control by community and participation of community people. Intention of community radio about doing something for community welfare.

Community radio plays an important role in promoting active participation of the deprived rural communities where they can share their opinions, share diversifying knowledge and skills of the marginalized communities of the society. Community radio stations serves in the area of health communication and cultural needs of the marginalized and poor rural communities (Pavarala et al, 2007; Islam, 2002; Ambekar, 2004; Kumar, 2003).

1.1. Health communication

According to WHO, health is defined as- A state of complete physical, mental and social well-being and non merely the absence of disease or infirmity.

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According to Centre for Disease Control and Prevention (CDC) – it is a study and use of communication strategies to inform and influence individual and community decision that enhance health.

For living in a society and gaining a respect towards it is necessary to improve quality of health and health awareness environment. Healthy citizens are necessary for development of the nation. Good health is important factor for every human's happiness and being a good human. Health communication is tool which empowering people with the proper information of health. In every aspect of life, health information is very essential and become much needed produce which is witnesses in the year 2020 due to bad hit of COVID-19. To transform socially, economically and politically influenced society all must know the status of health communication. Information related to health is coined as valuable service that can changes mind and behavior of the individuals thereby bringing change in the society. Information derived from various medium, one among is radio. Particularly in remote areas where mobile network cannot access easily.

2. Review of literature

In a generation of smartphone and ease of technological revolution along with COVID-19 pandemic, many small-scale industries facing a threat of shutdown. Within this employment and local jobs are hard to survive. Even it threatens identity and culture of small community. Media also become commercialized and controlled by powerful bureaucrats and corporate lobby group. They enforce new rules and regulations on media to show only their interest content not community interest stories. This makes poor and marginalized section people cannot access or express their media activities (Dhanaraj, 2010). In this regard community radio helps in developing community to cohesion and solidarity. People participation and community involvement is very much necessary to bring the development as a whole nation (Silvia 1999).

In India, the wave of community radio which is the promising channel to empower the people came late. The Supreme Court's historic ruling on 9.2.1995: 'Airwaves constitute public property and must be utilized for advancing public good…… Airwaves , being public property , it is the duty of the State to see that airwaves are so utilized as to advance the free speech right of the citizens which is served by ensuring plurality and diversity of views , opinions and ideas' give birth a new era of broadcasting in India (Bandyopadhyay, 2007). It strengthens the demand of third tier of broadcasting in India. In the very beginning, only educational institutions are permitted to set up campus community radio stations covering a transmission range of 10-15 km (Aditeshwar, n.d).

Anna FM which was India's first campus community radio station was launched on February 1, 2004, at Anna University. It is maintained by the Educational Multimedia Research Centre (EMRC) and all the programs are produced by Media Science Students at Anna University.

In North Eastern Region of India, Krishna Kanta Handiqui State Open University launched the first community radio on 28th of January, 2009 at 90.4 MHz with an experimental broadcasting from Assam Administrative Staff College, Guwahati, to provide education beyond barriers to reach the unreached of the society. The regular broadcasting of Jnan Taranga, the KKHSOU Community Radio was launched on 20th of November, 2010. The second community radio of the region, 'Radio Luit' of Gauhati University was also started on 1st March, 2011 (Ankuran . D, and Anamika R, n.d.).

3. Methodology

This study containing both primary and secondary data. Virtual interview is conducted through online with selected radio station director, staff and resource person or expert of community radio.

Researcher analyzed data which is available at the various official websites from different institutions, govt. websites which is related to study area. Some of the data collected from peer reviewed journal papers as well.

3.1. Community radio in India

Radio broadcasting was introduced in India by private organisations. The pioneering radio broadcast services launched by the Madras Presidency Club in 1924 ceased to operate in 1927. In that year, a few entrepreneurs launched the Indian Broadcasting Company (IBC) with radio stations at Bombay and Calcutta. When IBC too ceased operations owing to financial problems, India government entered the field by launching Indian Broadcasting Service in 1932. Since then, radio broadcasting was under the control of Indian government until 1995.

What freed radio from government control was the landmark judgment of the Supreme Court of India in 1995 which stated that 'airwaves constitute public property and must be utilized for advancing public good' (Ministry of Information and Broadcasting, 2016). Accordingly, the government started issuing licenses to commercial operators from 1999. However, it took another three years for the state to bring out a policy on community radios.

The first policy that came in 2002 allowed only the well-established educational institutions to set up community radios which were in fact campus radios. Such a discriminatory policy was opposed by community radio activists who demanded a 'more inclusive and cohesive policy' (Kaushal, 2015, p. 89). The sustained struggle by the community radio activists made the government bring about another policy in 2006 to allow NGOs, agricultural research centre's, and registered societies to seek community radio licenses. As of May 2018, 217 community radios were in operation (Ministry of Information and Broadcasting, 2018), though the government in 2007 had promised to start 400 community radios 'in a few years' (Sharma, 2016).

3.2. Demographic and social structure of Karnataka

According to the 2001 census, since 1951 the population of Karnataka has increased two and a half times to 52.73 million. And according to 2011 census Karnataka's Population is from the 2011 Census of India, followed by the percentage increase in population, 2011. Karnataka state 61,130,704, (15.67%).

The growth rate of population for Karnataka in the last decade was 15.67%. The growth rate of population in rural and urban areas was 6.49% and 27.16% respectively. Bangalore District (11.59%) exhibited the highest growth rate in urban population 46.68%. The population of Karnataka forms 5.05 percent of India in 2011.

Karnataka took its present shape in 1956, when the states of Mysore and Coorg (Kodagu) were merged with the Kannada-speaking districts of the former states of Bombay and Hyderabad, and Madras. Mysore state was made up of ten districts, Bangalore, Kolar, Tumkur, Mandya, Mysore, Hassan, Chikmagalur (Kadur), Shimoga and Chitradurga; Bellary had been transferred from Madras state to Mysore in 1953, when the new state of Andhra Pradesh was created out of Madras' northern districts. Kodagu became a district, and Dakshina Kannada (South Kanara) district was transferred from Madras state, North Kanara, Dharwad District, Belgaum District, and Bijapur District from Bombay state, and Bidar, Gulbarga District, and Raichur district from Hyderabad state. In 1989 Bangalore Rural district was split from Bangalore. and in 1997 Bagalkot district split from Bijapur, Chamrajnagar district split from Mysore, Gadag district split from Dharwad, Haveri district split from Dharwad, Koppal district split from Raichur, Udupi district split from Dakshina Kannada, and Davanagere district was created from parts of Bellary, Chitradurga, Dharwad, and Shimoga. During 2008 Bangalore Rural is split into Ramnagar and Kolar devided into Chikballapur. During 2009 Gulbarga is split into Yadgir and in latest Vijayanagara (Hosapete) split from Bellary in 2020 December. *(Source: censusindia.gov.in/2011).*

3.3. Brief profile of community radio in Karnataka

At Present, All India Radio (AIR) with the total of 415 stations across the country covers nearly 92 percent of the country area and serves 99.19 of the total population (All India Radio, 2016). As on 30th September 2015, there are 243 operational private FM Radio Stations and 187 operational Community Radio Stations in India (Telecom Regulatory Authority of India, 2015).

In Karnataka, All India Radio station was started commission on June 8, 1936. A private radio station was set up in Mysore. The Namma Dhwani (Our Voices) of Karnataka is India's first cable CR station. Started in March 2003, it was launched as a partnership effort of the Budikote community, and a couple of NGOs, i.e. MYRADA and VOICES with funding provided by UNESCO. VOICES is devoted to development communication and capacity building support. While, activities relating to broadcast production were done by the Budikote community. The listeners of this CR are primarily illiterate women, who otherwise have little access to information. Over the last few years, a number of capacity building programs have been carried out with the help of NGOs. As of today, Namma Dhwani is a fully functional Community Multimedia Centre, with radio, video, and satellite facilities. It is also completely self-sufficient through locally generated revenue. Namma Dhwani programs not only created awareness among its listeners, but it enhanced the leadership qualities/behavior in women. It has much more impact on women when it comes to creating awareness about health and sanitation, education, savings, food habit and family system, etc. (Singh, Yadav, Dan, and Singh, 2010) and it brought about significant changes in the life of the people in Budikote. Hence, it played a catalytic role in changing the life of the rural people.

3.4. Health services in Karnataka

The Department of Health and Family Welfare Services implements various National and State Health programs of Public Health importance and also provides comprehensive Health Care Services to the people of the State through various types of Health and Medical Institutions. Health care services are provided through the implementation of: Rural Health component of the Minimum Needs Programme, Medical Development programme and Hospital Pharmacy Programme, National 'AIDS' Control Programme, Reproductive Child Health (RCH). Family Welfare and Immunization Programme, National Leprosy Eradication Programme, National Tuberculosis Control Programme, National Programme for Control of Blindness Programme, National Vector Borne Disease Control Programme, National Guinea worm Eradication Programme, Prevention and control of Communicable Diseases like Diarrhoeal diseases, Japanese Encephalitis etc, Health Education and Training Programme, Nutrition Programme - Nutrition Education and Demonstration, National Iodine deficiency Disorder Programme, Laboratory Services and Vaccine Production Units, Education and Environmental Sanitation and Curative Services.

In Karnataka, most of the health services under government sector, with a good number of private hospitals and nursing homes. The state health department is sub-divided into three levels, namely; First, Primary care level which includes Primary Health Sub-Centre (PHSC), Primary Health Care (PHC), and Community Health centre in which essential basic cares are provided; Second, Secondary care level which includes Community Health Centres and District Hospitals that act as referral centres and in which comparatively better services are provided with basic specialist facilities; Lastly, Tertiary care level which comprises State Level Hospital in which specialist and super specialist care is provided. (District Hospital , Sub Centre , Primary Health Centre, Community Health Centre, Taluk Hospital) (karunadu.karnataka.gov.in Health Services, 2019).

Table 1 List of District Health Center's in Karnataka

Sr. No.	District name	Sub district	Facility name
1	Bagalkot	Bagalkot	BAGALKOTE DISTRICT HOSPITAL FRU
2	Bangalore Urban	BBMP	BOWRING LADY CURZON
3	Bangalore Urban	BBMP	ESIC Model Hospital Rajajinagar
4	Bangalore Urban	BBMP	HSIS GOSHIYA
5	Bangalore Urban	BBMP	INDIRANAGAR GENERAL HOSPITAL
6	Bangalore Urban	BBMP	JAYANAGAR GENERAL HOSPITAL
7	Bangalore Urban	BBMP	KC GENERAL HOSPITAL
8	Bangalore Urban	BBMP	VANIVILAS HOSPITAL
9	Bangalore Urban	BBMP	VICTORIA HOSPITAL
10	Belgaum	Belgaum	BELGAUM DISTRICT HOSPITAL
11	Bellary	Bellary	BELLARY DISTRICT HOSPITAL FRU
12	Bellary	Bellary	VIMS Bellary Medical College
13	Bidar	Bidar	BIDAR DISTRICT HOSPITAL
14	Bijapur	Bijapur	BIJAPUR DISTRICT HOSPITAL FRU
15	Chamarajnagar	Chamaraja Nagar	CHAMARAJNAGAR DISTRICT HOSPITAL FRU
16	Chikkaballapur	Chikkaballapur	CHIKKABALLAPUR DISTRICT HOSPITAL FRU
17	Chikmagalur	Chickmagalur	CHICKMAGALUR DISTRICT HOSPITAL FRU
18	Chitradurga	Chitradurga	CHITRADURGA DISTRICT HOSPITAL FRU
19	Dakshina Kannada	Mangalore	LADY GOSHAN HOSPITAL MANGALORE DH FRU
20	Dakshina Kannada	Mangalore	WENLOCK HOSPITAL MANGALORE DH
21	Davanagere	Davangere	DAVANAGERE DISTRICT HOSPITAL

22	Davanagere	Davangere	DAVANGERE WOMEN AND CHILDREN DH FRU
23	Dharwad	Dharwad	DHARWAD DISTRICT HOSPITAL FRU
24	Dharwad	Hubli	HUBLI KIMS DISTRICT HOSPITAL
25	Gadag	Gadag	GADAG DISTRICT HOSPITAL FRU
26	Gulbarga	Gulbarga	GULBARGA DISTRICT HOSPITAL FRU
27	Hassan	Hassan	HASSAN DISTRICT HOSPITAL
28	Haveri	Haveri	HAVERI DISTRICT HOSPITAL FRU
29	Kodagu	Madikeri	KODAGU DISTRICT HOSPITAL FRU
30	Kolar	Kolar	KOLAR DISTRICT HOSPITAL FRU
31	Koppal	Koppal	KOPPAL DISTRICT HOSPITAL FRU
32	Mandya	Mandya	MANDYA DISTRICT HOSPITAL
33	Mysore	Mysore	CHELUVAMBA HOSPITAL MYSORE DH
34	Mysore	Mysore	KR HOSPITAL MYSORE DH
35	Raichur	Raichur	RAICHUR DISTRICT HOSPITAL
36	Ramanagar	Ramanagar	RAMANAGARA DISTRICT HOSPITAL FRU
37	Shimoga	Shikaripura	SHIKARIPURA DH FRU
38	Shimoga	Shimoga	SHIMOGA DISTRICT HOSPITAL
39	Tumkur	Tumkur	TUMKUR DISTRICT HOSPITAL FRU
40	Udupi	Udupi	UDUPI DISTRICT HOSPITAL FRU
41	Uttara Kannada	Karvar	UTTARA KANNADA DISTRICT HOSPITAL FRU
42	Yadgir	Yadgir	YADGIR DISTRICT HOSPITAL FRU

Source: Ministry of Health and Family welfare Services, Government of Karnataka

Table 2 List of CR stations in Karnataka

Sl No	Name of the CR	License owner name
1	Neladani CRS 90.4 FM Community Radio	DivyaJothi Vidya Kendra
2	Namma Naadi 90.4 FM Community Radio	Narayana Hrudayalaya Foundation
3	Namma Dhwani CRS 90.4 FM Community Radio	MYRADA
4	Krishi Community Radio 90.4 FM Community Radio	University Agricultural Science, Dharwad
5	KLE Dhwani 90.4 FM Community Radio	BVB College of Engineering and Technology
6	Janadhwani CRS 90.8 FM Community Radio	Janadhwani
7	Antarvani CRS 90.8 FM Community Radio	Sharnbasaveshwar Vidya Vardhak Sangha
8	Radio Active CR 90.4 FM Community Radio	JGI Group
9	Radio Manipal 90.4 FM Community Radio	Manipal Academy of Higher Education
10	Radio Ninada 90.4 FM Community Radio	SDM College
11	Radio Panchajanya 90.8 FM Community Radio	Vivekananda Vidyavardhaka Sangha
13	Radio Siddhartha 90.8 FM Community Radio	Sri Siddartha Centre for Media Studies
14	Sarathi Jhalak 90.4 FM Community Radio	Sarathi

15	Venudhwani 90.4 FM Community Radio	KLE Academy of Higher Educationalcation and Research
16	Radio Manasa 89.6 Community Radio	University of Mysore, Mysore

20 such radio stations functioning in Dharwad, Bengaluru Rural and Urban, Belagavi, Chikkaballapur, Dakshina Kannada, Davangere, Kalaburagi, Kolar, Mysuru, Udupi and Yadgir.

3.5. Analytical frame significance of community radio for effective health communication in Karnataka

Radio is among the most used sources of information by general public. It is the social watchdog and provider of the news on events happening in the society. The mind and behavior of readers are very much influenced by the information that they get from Radio. Imparting health awareness to the masses is one of the fundamental issues in some backward region in Karnataka.

Against all odds, health awareness should be given to the people who have long been deprived of such basic information and/or amenities in life through the powerful media – radio, particularly community radio by providing health care information to the people. Radio is immediate. As the technology is simpler in Radio, News stories and events can be broadcasted more quickly on radio than in Newspapers or on television. It is easily accessible to everyone. Radio can be tuned in wherever you are. You can easily carry a radio to the fields or listen to it even in a car (Pavaral, 2003: 2166). It is also inclusive that can reach most people including the marginalized, the poor and those illiterates who cannot read or write. Radio which is inexpensive medium and comparatively simple technology is more expedient for illiterate and peasant communities and societies in which oral and folk traditions are characterized (Pavaral, Vinod 2003: 2166). Radio, however the cheapest mass medium it is, is the most powerful medium that can reach large number of people residing in remote area. Radio which is based on oral tradition can be accessed in the remotest area (Silvia, 1999). Radio is the convenient tool for the speedy diffusion of messages on agriculture, health, nutrition, weather and family planning and other social and cultural issues. It can endorse dialogue and debate on the primary issues of community development as well as provide a platform for the expression of community's needs, opinions and aspirations.

Still there are many parts in the state particularly in remote interior areas that do not have proper connectivity with the rest. In such dreadful geographical gaps, making communities aware of the value of health and hygiene is not that quite simple task. Here, the role of community radio to promote public healthcare is highly needed to consider. Through the channel of community radio, information on health care can be effectively delivered to people.

3.6. Suggestions

- In spite of easily accessible media radio messages or stories may find confused. As there it is not easy to get clarification. Stories broadcast only once on air.
- Radio presenters and reporters should take care of their presentation in disseminating health messages. Because people are interested to hear politics, entertainment or sports news not conscious on health care related messages.
- According to public culture, belief, literacy and life style-based approach should made on achieving health care message reach effectively.
- Regarding the content of the health information in broadcast, the words or terms
- used in the given information also attract careful edit. Technical jargon or scientific and medical terms should be avoided as far as possible
- The quality of information needs to be maintained to the extent that people should be excited in awaiting the next episode.

4. Conclusion

This study focuses on insight into understanding the significant need of community radio to promote health awareness among people who are particularly residing remote region where the accessibility of health care infrastructure and health care services is limited. Many people have lost their valuable lives due to lack of proper health care services and timely interventions. To make people aware of health care, community radio can play a crucial role in reaching health awareness to the people. With the good number of proposals of establishing community radio stations in universities and educational institutions and also rural areas, government can broadcast more health care messages to community.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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