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Media's Role in Shaping Women's Health Behaviors: A Comparative Study in Mysuru and Chamarajanagar Districts of Karnataka

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ABSTRACT

Media and communication are fundamental to shaping public health outcomes, especially in diverse and populous countries like India where disparities in healthcare access and information persist. This study examines the forms and effectiveness of media used for health communication among women in the Chamarajanagar and Mysuru districts of Karnataka, India. Drawing on primary data from 300 respondents, the research explores how traditional platforms alongside digital channels influence health knowledge, attitudes, and behavioral change. The findings reveal a marked shift towards digital media, with platforms like YouTube and WhatsApp emerging as primary sources of health information, particularly among younger and more digitally literate women. These channels are especially important for maternal and child health, where timely and accurate information can significantly impact health outcomes.

The study underscores the importance of integrating digital innovation with proven community engagement strategies to bridge information gaps, empower women, and promote sustainable behavioral change. The findings reveal that effective health communication not only bridges knowledge gaps and promotes preventive behaviors but also empowers women to make informed decisions, supporting India's progress toward Sustainable Development Goal 3 (Good Health and Well-being). This research highlights the need for multifaceted, context-specific interventions. Ultimately, leveraging both digital and traditional media, tailored to local needs, is essential for achieving equitable health outcomes and advancing public health in India's diverse regions.

Introduction

Effective health communication is essential for improving public health outcomes, particularly in countries like India where disparities in healthcare access and information persist across diverse populations. Traditional doctor-patient interactions, while foundational, are often insufficient for reaching marginalized groups, especially women in rural and tribal regions (Kumar & Singh, 2022). The rapid expansion of digital media such as social platforms and mobile messaging has transformed the dissemination of health information, offering both opportunities and challenges for public health communication (Patel et al., 2023).

In rural districts like Chamarajanagar and Mysuru, women frequently depend on community health workers, self-help groups, and local influencers for health information, underscoring the need for tailored, community-based communication strategies (Sharma, 2021). These approaches are particularly vital for maternal and child health, where timely and accurate information can significantly affect outcomes (World Health Organization [WHO], 2020). However, the effectiveness of digital media hinges on the credibility of information and the ability of users to critically evaluate health messages, often requiring validation from healthcare professionals (Patel et al., 2023).

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India's commitment to the United Nations Sustainable Development Goals (SDGs), specifically SDG 3, Good Health and Well-being highlights the importance of robust health communication systems in promoting well-being for all (United Nations, 2015). Achieving SDG 3 necessitates not only expanding healthcare services but also engaging communities through strategic communication and education to drive sustainable behavioral change (Kumar & Singh, 2022). Integrating digital innovation with proven community engagement models can bridge information gaps, empower women, and accelerate progress toward national and global health targets.

Guided by the World Health Organization's Strategic Communications Framework, which prioritizes actionable, accessible, and credible health messaging (WHO, 2018), this study underscores the need for tailored media strategies to bridge health disparities. By leveraging diverse media platforms. The research highlights their potential to enhance health literacy, promote preventive behaviors, and empower women to make informed health decisions, thus advancing SDG 3 and SDG 5 objectives. By analyzing both opportunities and barriers in current communication practices, this research aims to inform evidence-based interventions that can promote equitable health outcomes in India and similar contexts.

Review of Literature

Health communication in India has leveraged mass media, digital platforms, and community-based strategies to promote public health, but the effectiveness and reach of these interventions remain uneven. Mass media campaigns, such as those studied by Singh (2002), have proven effective in raising awareness about issues like AIDS among adolescents, while Sharma, Nath, et al. (2009) found that tuberculosis control programs using television and print media improved knowledge but highlighted the need for tailored messaging to address stigma and reach diverse groups. Suresh (2011) emphasized that evidence-based communication enhances the impact of health promotion, with data-driven campaigns showing better outcomes in behavior change.

However, interventions among marginalized women in rural West Bengal (Ghosh & Saha, 2013) revealed that while awareness increased, actual health-seeking behaviors were inconsistent, pointing to persistent barriers such as social norms and trust in health systems. The transition from MDGs to SDGs, particularly SDG 3 (Good Health and Well-being), has intensified the focus on equity, but significant inter-district disparities persist, especially in high-focus states (Shah, 2016).

Media influence extends beyond health awareness to shape social perceptions, as seen in Heidersheidt's (2019) work on beauty standards, and the need for credible, quality health journalism remains critical (Sharma, Pathak, et al., 2020). The digital era has improved health literacy in urban and semi-urban areas (Singh & Subhash Kumar, 2020), yet rural women often depend on interpersonal channels. Recent studies (Patki & Iyer, 2022; Dutt, Godfrey, et al., 2022; Block, Hauer, et al., 2022) highlight the growing role of social media and integrated communication, but also emphasize the importance of combining digital and interpersonal approaches for effective behavior change.

Despite these advances, there is a clear research gap regarding how women in rural areas of Chamarajanagar and Mysuru access and act on health information from various media sources, and how these processes contribute to SDG 3. Understanding this intersection is crucial for designing interventions that bridge persistent divides and foster sustainable health improvements.

Methodology

The methodology for this study is crafted to thoroughly assess the impact of media interventions on health communication and behavioural change among women in Chamarajanagar and Mysuru districts. Primary data was collected via structured surveys and questionnaires, providing direct insights from participants. Secondary data from scholarly articles, websites, and magazines will contextualize and support the primary findings.

The central research questions include:

1. Which media do women in Chamarajanagar and Mysuru use most for health information?
2. How does media consumption affect women's health knowledge and behaviour?
3. What challenges impede behaviour change based on media information?
4. How effective are media campaigns in promoting health-related behaviour change among women?

Objective of the study

- To find the level and purpose of consumption of health information obtained using media.
- To understand whether media contributes to the health knowledge in making informed decision
- To analyse the influence of media in bringing behaviour change among women in Mysuru and Chamarajanagar districts.

Hypothesis

H_0

There is no significant difference in the influence of media on behaviour change among the different groups of women in Mysuru and Chamarajanagar districts.

H_1

There is a significant difference in the influence of media on behaviour change among the different groups of women in Mysuru and Chamarajanagar districts.

Research Design

This descriptive study adopts a quantitative approach, utilizing structured questionnaires to collect primary

data from women residing in both urban and rural taluks of Mysuru and Chamarajanagar. The questionnaire is designed to capture demographic details, patterns of media usage, and specific information relevant to the research objectives

The study employs a non-probability convenience sampling method, encompassing women who are students, housewives, young professionals, and other residents within the age group of 18 to 24 years from the selected districts. In total, the research includes 300 respondents: 150 each from Mysuru and Chamarajanagar (Table 1), ensuring representation from both urban and rural areas. A pilot study was conducted to test the Validity, feasibility, time, cost, risk, and adverse events involved in a research project.

Data Analysis

Reliability analysis is essential to ensure that measurement tool used in this research ie the questionnaire with the items (questions) are consistent and reliable and that results are precise and more stable. This is statistical index that is used to evaluate the internal consistency of the assessment. High reliability reflects high consistent results which indicates that data is dependable for research purposes. A reliability coefficient of .70 or higher is considered "acceptable" in social science research. The alpha coefficient for present study for 115 items is .859 (Table 2), suggesting that the items have relatively high internal consistency.

As seen from the table 3, the study achieved an even district-wise distribution, with 50% of respondents each from Mysuru and Chamarajanagar, and an equal split between urban and rural residences. The majority of participants were aged 18–24 (40.7%), followed by 25–34 (24.7%) and 35–44 (20.7%), indicating a predominantly young sample. Educational attainment was highest at the high school (26%) and pre-university (24.3%) levels, with 20.3% holding postgraduate degrees and only 2.3% having doctorates. Students (42.3%) and housewives (39.3%) dominated the occupational profile, while teachers, farmers, and others made up the remainder. Most respondents belonged to the middle-income group (71.3%), with lower (22.3%), higher (3.3%), and economically vulnerable segments (3%) also represented. This diverse demographic mix provides a robust foundation for analysing media's influence on health communication and behavioural change among women in both urban and rural contexts.

Table 1: Sampling area table

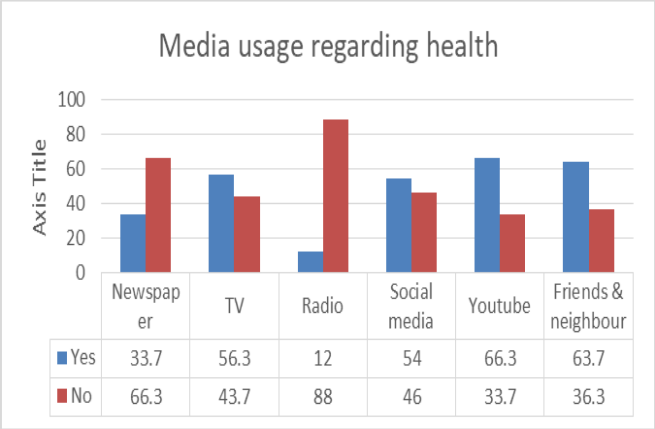
District Name	*Taluk Name*
Mysuru	Mysuru
	Nanjangud
Chamarajanagar	Chamarajanagar
	Gundlupete

Table 2: Reliability Statistics

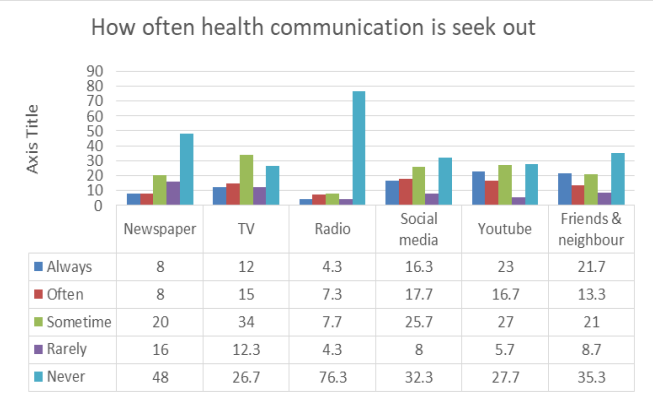
Cronbach's Alpha	*N of Items*
.859	115

Table 3: Demographic Profile of Respondents (N = 300)

Demographic Variable	*Category*	*Frequency*	*Percentage (%)*
District	Mysuru	150	50.0
	Chamarajanagar	150	50.0
Residence	Urban	150	50.0
	Rural	150	50.0
Age Group	18–24	122	40.7
	25–34	74	24.7
	35–44	62	20.7
	45–54	27	9.0
	55 and above	15	5.0
Education	Illiterate	20	6.7
	Primary	16	5.3
	High School	78	26.0
	Pre-University	73	24.3
	Undergraduate	45	15.0
	Postgraduate	61	20.3
	Doctoral	7	2.3
Occupation	Student	127	42.3
	Housewife	118	39.3
	Teacher	31	10.3
	Farmer	6	2.0
	Others	18	6.0
Income Group	MIG	214	71.3
	LIG	67	22.3
	HIG	10	3.3
	EWS	9	3.0

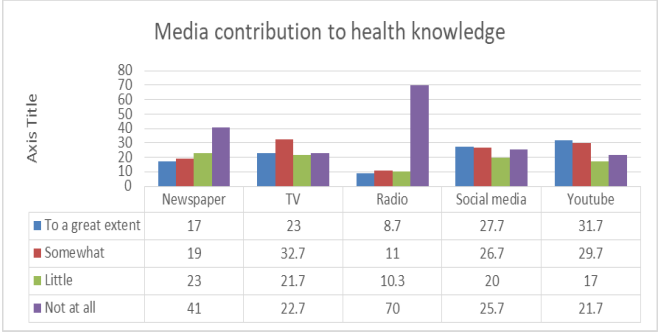


Graph 1: Media Use for health information



	Newspaper	TV	Radio	Social media	Youtube	Friends & neighbour
Always	8	12	4.3	16.3	23	21.7
Often	8	15	7.3	17.7	16.7	13.3
Sometime	20	34	7.7	25.7	27	21
Rarely	16	12.3	4.3	8	5.7	8.7
Never	48	26.7	76.3	32.3	27.7	35.3

Graph 2: Frequency of Media use for Health Communication



	Newspaper	TV	Radio	Social media	Youtube
To a great extent	17	23	8.7	27.7	31.7
Somewhat	19	32.7	11	26.7	29.7
Little	23	21.7	10.3	20	17
Not at all	41	22.7	70	25.7	21.7

Graph 3: Contribution of Media in information dissemination

The data from graph 1 shows a strong preference for digital and interpersonal sources when seeking health information. YouTube is the top choice, used by 66.3% of respondents, followed closely by friends and neighbours at 63.7%. Television (56.3%) and social media (54%) are also significant sources. In contrast, only 33.7% use newspapers and just 12% rely on radio for health information. Overall, digital platforms and personal networks far outweigh traditional media as sources for health-related information.

The data on the frequency of media usage for health information from graph 2 reveals varied engagement levels across different sources. YouTube shows the highest engagement, with 23% of respondents using it always, 16.7% often, 27% sometimes, 5.7% rarely, and 27.7% never. Friends and neighbours are also a highly engaged source, with 21.7% always consulting them, 13.3% often, 21% sometimes, 8.7% rarely, and 35.3% never. Social media is frequently used, with 16.3% always, 17.7% often, 25.7% sometimes, 8% rarely, and 32.3% never turning to it for health information. Television follows, with 12% of respondents always using it, 15% often, 34% sometimes, 12.3% rarely, and 26.7% never. Newspapers have lower engagement, with 8% always, 8% often, 20% sometimes, 16% rarely, and 48% never using them for health information. Radio is the least utilized, with only 4.3% always, 7.3% often, 7.7% sometimes, 4.3% rarely, and a significant 76.3% never using it for health information. This data highlights a preference for digital platforms and interpersonal sources over traditional media when it comes to seeking health information.

The analysis of media coverage on various health topics (Table 4) reveals differing frequencies of coverage. Healthy lifestyle is covered most frequently, with 40.3% reporting very frequent coverage, 28.7% occasionally, 16.7% rarely, and 14.3% never. Menstrual hygiene also receives substantial coverage, with 31.7% reporting very frequent, 35% occasionally, 19.3% rarely, and 14% never. News about hospitals is similarly well-covered, with 29.3% very frequent, 36.3% occasionally, 17% rarely, and 17.3% never. Obesity & weight loss issues follow with 27.3% very frequent, 25.7% occasionally, 18% rarely, and 29% never.

Table 4: Health information covered in media as per respondents

Media Coverage on	*Very frequent*	*Occasionally*	*rarely*	*Never*
Menstrual hygiene	31.7	35	19.3	14
Pregnancy	19.3	34.7	19	27
Healthy lifestyle	40.3	28.7	16.7	14.3
Mental Illness	21	31.3	26	21.7
Stress & anxiety	23	29.3	24.7	23
Cancer	17.7	31.3	20.7	30.3
Obesity & weight loss issue	27.3	25.7	18	29
Health insurance	22.7	33	18.7	25.7
Illness in women & child	27.7	28	20.7	23.7
Religious stand on health	22	24.7	20.3	33
News about hospital	29.3	36.3	17	17.3
New research in medical field	25	31.3	17.7	26

Table 5: Change in Behaviour Due to Media

Change in Behaviour	*To a great extent*	*Somewhat*	***Little***	***Not at all***	***Never***
Received info on health and lifestyle	25.7	33.7	26.7	3.7	10.3
Campaign encourages for regular screening	20.3	37.7	26.3	4.7	11.0
Influence physical habits	20.0	31.0	32.0	5.3	11.7
Addressing mental health issue	16.7	30.7	30.7	11.0	11.0
Influence health related issue	19.3	26.3	30.7	7.7	16.0
Change in health-related behaviour	20.3	27.0	26.7	10.0	16.0
Question doctor based on info from media	16.3	30.3	25.0	12.0	16.3
Easier for women to seek medical health	20.0	34.0	22.3	10.0	13.7
Create space to discuss on health issues	20.7	31.7	22.0	10.3	15.3
Reduced in unhealthy behaviour	19.0	31.3	27.0	9.0	13.7

Table 6: Kruskal-Wallis Test Statistics on influence of media on behaviour change.

Variable	*District*	*N*	*Mean Rank*	*df*	*Asymp. Sig.*
Received information on health and lifestyle	Mysuru	150	163.57	1	.007
	Chamarajanagar	150	137.43		
Media campaign encourage women for regular sceenings	Mysuru	150	159.88	1	.051
	Chamarajanagar	150	141.12		
Media campaign influence physical habits	Mysuru	150	165.49	1	.002
	Chamarajanagar	150	135.51		
Media addressing mental health issue among women	Mysuru	150	162.22	1	.015
	Chamarajanagar	150	138.78		
Media influence health related decisions	Mysuru	150	154.54	1	.406
	Chamarajanagar	150	146.46		
Changed health related behaviour based on info from media	Mysuru	150	157.35	1	.160
	Chamarajanagar	150	143.65		
Doubted doctors based on info found through media	Mysuru	150	164.59	1	.004
	Chamarajanagar	150	136.41		
Media making it easy for women to seek help	Mysuru	150	152.95	1	.613
	Chamarajanagar	150	148.05		
Media making it easy for women to openly discuss	Mysuru	150	157.26	1	.165
	Chamarajanagar	150	143.74		
Media reducing unhealthy behaviours	Mysuru	150	158.96	1	.081
	Chamarajanagar	150	142.04		

Illness in women & children and mental illness both show moderate coverage, with 27.7% and 21% very frequent, respectively, and varying levels of occasional to never coverage. Stress & anxiety and new research in the medical field have comparable coverage patterns, with 23% and 25% very frequent, respectively. Health insurance and religious stands on health are covered less frequently, with 22.7% and 22% very frequent, respectively. Pregnancy and cancer are less frequently covered compared to other topics, with 19.3% and 17.7% very frequent, respectively. This data highlights that while some health topics receive extensive media coverage, others are less frequently addressed.

The data from the graph 3 reveals that YouTube and social media have the strongest influence on health behaviors, with 31.7% and 27.7% of respondents, respectively, saying these platforms impact them to a great extent. Television is moderately influential, while newspapers and radio

have the least impact 41% and 70% of respondents, respectively, report no influence from these traditional sources. This underscores the greater perceived impact of digital platforms over traditional media.

Receiving health and lifestyle information drives the most change, with 25.7% of respondents reporting a great extent of impact and 33.7% somewhat. Campaigns for regular screening are also effective (20.3% great extent, 37.7% somewhat). Creating spaces for health discussions (20.7% great extent, 31.7% somewhat) and easier access to medical help (20% great extent, 34% somewhat) show meaningful influence. In contrast, areas like addressing mental health (16.7% great extent, 30.7% somewhat) and questioning doctors based on media (16.3% great extent, 30.3% somewhat) see more mixed results, with 11–16.3% reporting no change. Reducing unhealthy behavior is reported by 19% to a great extent and 31.3% somewhat, but 13.7% never see a change. Overall, accessible information and supportive campaigns are the strongest drivers of positive health behavior change as seen through data from table 5.

H_0

There is no significant difference in the influence of media on behaviour change among the different groups of women in Mysuru and Chamarajanagar districts.

H_1

There is a significant difference in the influence of media on behaviour change among the different groups of women in Mysuru and Chamarajanagar districts.

The Kruskal-Wallis test (Table 6) revealed significant differences in how media influences health and lifestyle choices among women in Mysuru and Chamarajanagar districts, leading to the rejection of the null hypothesis (H_0) and acceptance of the alternative hypothesis (H_1). Mysuru women showed significantly higher mean ranks in key areas, such as receiving health and lifestyle information (163.57 vs. 137.43, p = .007) and being influenced by media campaigns on physical habits (165.49 vs. 135.51, p = .002). They were also more influenced by media on mental health issues (162.22 vs. 138.78, p = .015) and more likely to doubt doctors based on media information (164.59 vs. 136.41, p = .004). These findings underscore the greater impact of media on health perceptions and behaviors among Mysuru women compared to those in Chamarajanagar.

The results indicate that there are significant differences between Mysuru and Chamarajanagar in certain areas of media influence on behavior change among women, such as receiving health and lifestyle information, influencing physical habits, and addressing mental health issues. However, for other areas like health-related decisions, seeking help, and openly discussing issues, no significant differences were found, leading to a partial rejection of the null hypothesis in favor of the alternative hypothesis.

Conclusion

influencing health communication and behavioral change among women in Mysuru and Chamarajanagar districts. Traditional media like newspapers and radio continue to be important for education and news, respectively. However, digital platforms such as YouTube and social media have emerged as dominant sources for health information and entertainment, reflecting changing media consumption patterns. The findings demonstrate that media effectively raises health awareness and promotes positive behavior changes, including improved sanitation and health screenings. Nonetheless, sustained behavioral change requires complementary efforts, including community support and accessible healthcare services, to overcome barriers like lack of motivation. Overall, a balanced approach that leverages both traditional and digital media, tailored to local contexts, is essential for advancing women's health in these regions.

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