



ADVANCING WOMEN'S HEALTH THROUGH MEDIA. A STUDY OF HEALTH COMMUNICATION AND TRUST AMONG FOUR VILLAGES IN ALIGARH DISTRICT, INDIA

Hiba Farrukh¹ & Yogesh Sharma² & Prof. Afrina Rizvi³

RESEARCH ARTICLE



Author Details:

¹ Research Scholar, Department of Mass Communication, Aligarh Muslim University, Aligarh, India;

² Research Scholar, Department of Mass Communication, Aligarh Muslim University, Aligarh, India;

³ Professor, Department of Mass Communication, Aligarh Muslim University, Aligarh, India

Corresponding Author:

Hiba Farrukh

DOI:

<https://doi.org/10.70096/tssr.250307018>

Abstract

Background: Disparities among rural women in India is a critical issue that requires serious attention. Rural women in India confront a variety of health difficulties, including nutritional deficiencies and limited access to healthcare services. Health communication plays a vital role in addressing this global health issue of women's health. This study explores the role of media in disseminating health information among women in four different villages of Aligarh district. This study examines and compares media trust and health communication sources among women in other rural areas of Aligarh District. Its impact on women's health is analysed by examining the effect of multiple media platforms. **Methods:** This research was drawn from a dataset of 400 women from four different villages of the Aligarh district, which was calculated using Fisher's formula. A cross-sectional quantitative study uses descriptive methods to gather information about their health-seeking behaviour by investigating different sources of health information, health awareness, and the factors influencing their behaviour. **Findings:** Women's health knowledge was increased by media use. The majority of women in these rural areas, 71.5% (269 cases), do not trust traditional media, and 15.5% (62 cases) are unsure about their trust level. Moreover, the primary sources of health information for rural women were ASHA workers (72.25%) and health professionals (98.75%). Interpersonal sources, such as family and friends, were also very prominent. **Conclusions:** This study suggested that the emphasis must be on improving interpersonal communication and providing access to reliable media platforms to improve women's health in rural areas.

Keywords: Health Communication, Women's health, Health awareness, Media trust

Introduction

Disparities among rural women in India is a critical issue that requires serious attention. Rural women in India confront a variety of health difficulties, including nutritional deficiencies and limited access to healthcare services. The lack of professional doctors in rural areas primarily contributes to these inequalities. Another significant hurdle is the lack of healthcare services in rural areas. To address these discrepancies, health communication plays an important role in women's health. Health communication is critical for improving women's health, especially in rural areas of India where inequalities are severe. Health communication helps rural women understand various health issues, preventive action, and available healthcare facilities. (Kwasi et al., 2016). By imparting knowledge and awareness, it enables women to make informed decisions about their health and well-being. Moreover, effective communication tactics also help in the breakdown of cultural taboos and misconceptions about women's health and are beneficial in bridging the healthcare gap among women. Afulani (2020). suggested, "Women who communicate effectively are more likely to prioritize their health and seek medical attention on time."

Significance of the study

Women's health problems are a primary global concern, particularly in developing countries like India, which have received significant attention from international organizations such as UNESCO and WHO. According to WHO (2015), nearly 300,000 women died in 2013 from pregnancy complications, which may have been prevented with better access to healthcare services, whereas limited access to contraception affects around 222 million women globally. Health inequalities among rural women persist as a major global issue, driven by numerous factors, including limited access to reliable health information and insufficient resources. Moreover, addressing gaps in healthcare resources and the lack of skilled medical practitioners in rural areas requires practical health communication approaches to improve women's health outcomes and reduce inequalities in India. Despite these

efforts, there is still a significant gap in research expressly designed for women's health issues, emphasizing the need for continued attention and action in this field. To bridge this gap, health communication plays a vital role. Furthermore, this study adds to the expanding research on health communication and media trust in rural areas. It offers policymakers, healthcare practitioners, and media professionals' valuable insights into developing effective health communication initiatives for rural women.

Objectives

1. To investigate the sources of health information accessed by rural women.
2. To assess the level of trust in various media platforms regarding health information.
3. To analyze the role of media in promoting health awareness among women.

Research Questions

1. What are the sources of health information for rural women in Aligarh District?
2. Which media platforms are most effective in promoting health awareness among women?
3. Are there any differences in trust levels towards specific media sources between different rural areas of Aligarh district?
4. How frequently do rural women access different sources of health information?

Literature Review

Women's Health in Rural India

Women's health in rural India is a significant public health concern, with gaps in access to healthcare services, limited health awareness, and nutritional deficiencies. According to the National Family Health Survey (NFHS-5, 2019-2021), rural women in India have excellent rates of anemia, limited access to reproductive health services, and maternal mortality as compared to women who live in urban areas. These differences have been impacted by socioeconomic factors, Gender inequality, and cultural norms, which often limit women's autonomy in making healthcare decisions. (R Hariharan. 2016). Rural women face various obstacles that affect the quality and accessibility of healthcare services in rural areas, including limited access to healthcare facilities, lack of healthcare professionals, and poor infrastructure. (Arun et al, 2023). This study aims to find practical insights that can narrow the gap in health awareness and access to healthcare by emphasizing the role of media and interpersonal communication.

Role of Media in Disseminating Health Information among Women

Media has evolved as an effective medium for disseminating health information, particularly among underprivileged groups. According to Ouchene et al. (2024), media is recognized as an essential role in transmitting health information to a large audience. They convey crucial messages about disease prevention, treatment options, and recent medical research, which is essential for public health awareness. Moreover, traditional media, including television and radio, plays a significant role in the availability of health information in Saharan Africa, where radio is often the most accessible medium. (Ohaja et al., 2022). Siddique & Kumari (2023) outline a comprehensive strategy for promoting women's health in Ranchi through mass media. The study suggests that employing many media channels, such as television, radio, print, and social media, is essential for effectively distributing health information.

Trust in Media Sources and Effective Health Communication.

Trust is an important aspect in determining the effectiveness of health communication. Myrick & Hendryx (2021) investigate that rural women frequently seek health information from nurses, doctors, and websites, whereas traditional media is rarely their preferred channel for health information. Furthermore, Guite & Hangsing (2019) discovered that the most trusted and preferred source of health information for rural women is the Community Health Centre (CHC), with a strong preference and trust in informal sources such as family members, Traditional Midwives, and friends. Another study suggested that digital media significantly improves rural women's access to maternal health information; despite disparities in access, this research highlights the potential of digital platforms to increase maternal health awareness (Tahira et al., 2024).

According to Otey (2015), effective health communication is crucial for women because it improves patient-provider relationships, increases understanding of health information, and promotes treatment adherence. Removing obstacles to care eventually improves health outcomes and increases satisfaction during medical encounters. Additionally, Pawar & Kakade. (2024), exploring the importance of social media as a platform for health communication also focuses on the gratification women derive from health communication on social media, focusing on socio-demographics, usage patterns, and the sort of health information women find most influential and trustworthy on social media platforms.

Gaps in Literature

While there is a growing amount of research on health communication in rural India, numerous gaps exist. First, most studies concentrate on interpersonal communication or media in isolation, with limited research into how the two interact to affect health outcomes. Second, few researchers have explored trust's role in media sources and its impact on health communication among rural women. Finally, there is a scarcity of region-specific studies that examine the unique challenges and opportunities in areas like Aligarh District, which has different socio-cultural and economic characteristics.

To close these gaps, this study adopts a comprehensive approach that examines both interpersonal communication and media with an emphasis on trust levels and how they affect the health of women health in Aligarh District. As a result, it adds to the more extensive discussion of health communication and provides policymakers and healthcare providers with practical insights.

Methodology

This study aimed to assess and compare media trust and health communication among women in four different rural areas of the Aligarh district. The rural areas that were selected for this study were Panjipur, Nagla Qila, Rafipur Sia, and Manzoor Gadhi. A descriptive analysis was used to gain insights, and data was summarized based on responses collected through a questionnaire.

Study Design

A cross-sectional quantitative study uses descriptive analysis to assess media usage and health communication among women in selected rural areas. This study examines demographic variables, health information sources, general health awareness, and trust in different media platforms.

Population and Sampling

Participants of this study include women aged 16 to 45 years old from four specific areas: Panjipur, Nagla Qila, Rafipur Sia, and Manzoor Gadhi (Jawan Block). To ensure representativeness, women were selected through random sampling from each area. The sample size for this study was based on a dataset of 400 women from the Aligarh district, which was computed using Fisher's formula to ensure an acceptable sample size. The sample included 100 women from each rural area. The research emphasizes data from rural areas, which is supported by the 2011 census, which shows that 66.7% of the Aligarh district population lives in rural areas.

Data was collected through the use of a standardized questionnaire, which consisted of a section that covered the following:

- **Demographics**
Name, age, education level, marital status, income, occupation, religion. Cast and health issues.
- **Health Information Sources**
Sources of health information and their usage frequency.
- **Trust in media**
Participants rated their trust in various media platforms.

To facilitate data collection, the researcher used a door-to-door technique in rural areas, gathering information through face-to-face interactions. Because the rural population of Aligarh district is primarily illiterate, the researcher personally administered the questionnaire, assuring precise and trustworthy rates and reducing the chance of non-response rates.

Data Analysis Techniques

Table 1: Socio – demographics details of study participants

AGE (Panijipur) No of cases	Rural (Rafipur Sia) No of cases	Rural (Manzoor Gadhi)	Rural (Nagla Qila)	Rural	Total	Percentage
16-20	14	17	16	18	65	16.25%
21-25	16	14	12	20	62	15.5%
26-30	18	15	19	13	65	16.25%
31-35	09	11	13	07	40	10%
36-40	10	09	09	10	38	9.5%
41-45	07	12	11	10	40	10%
Above 45	26	22	20	22	90	22.5%
Total	100	100	100	100	400	100.00%

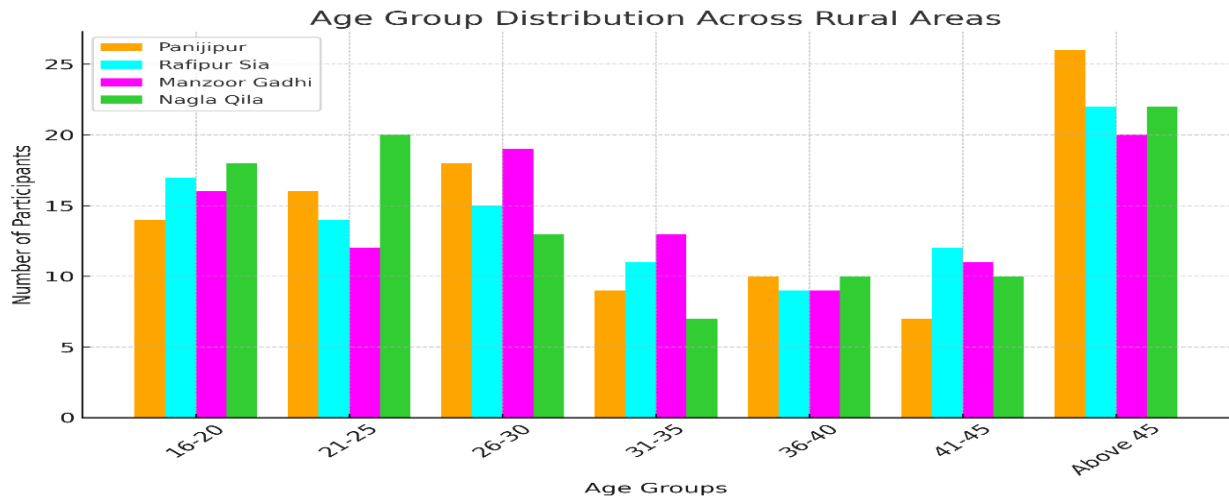


Figure 1: Age group distribution across rural areas

Table 2: Education

Education

Illiterate	198	49.5%
High School	126	31.5%
Graduate	72	18%
Post Graduate	10	2.5%
Doctorate	00	0%
Others	00	0%
Total		

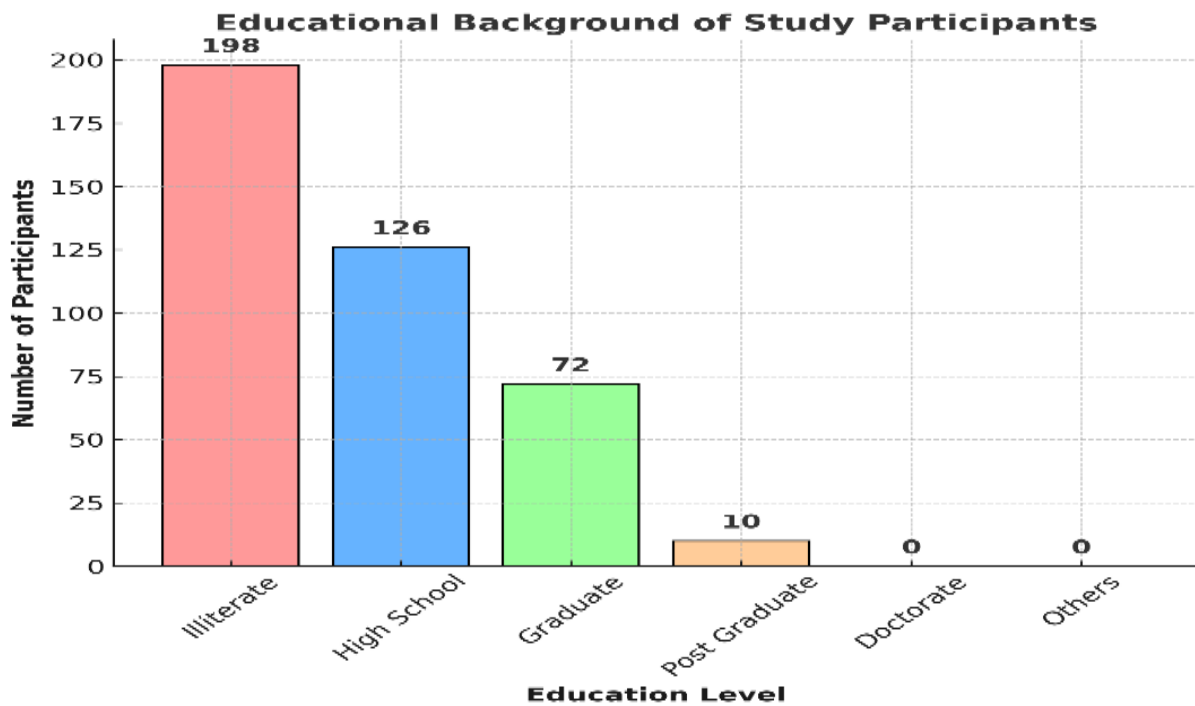


Figure 2: Educational background of study participants

Table 3: Annual Income

Income (Annually)		
Less Than 100000	159	39.7%
100000-200000	175	43.75%
200000-300000	60	15%
More Than 300000	6	1.5%
Total	400	100.00%

Religion		
Hindu	289	72.25%
Muslim	111	27.75%
Total	400	100.00%

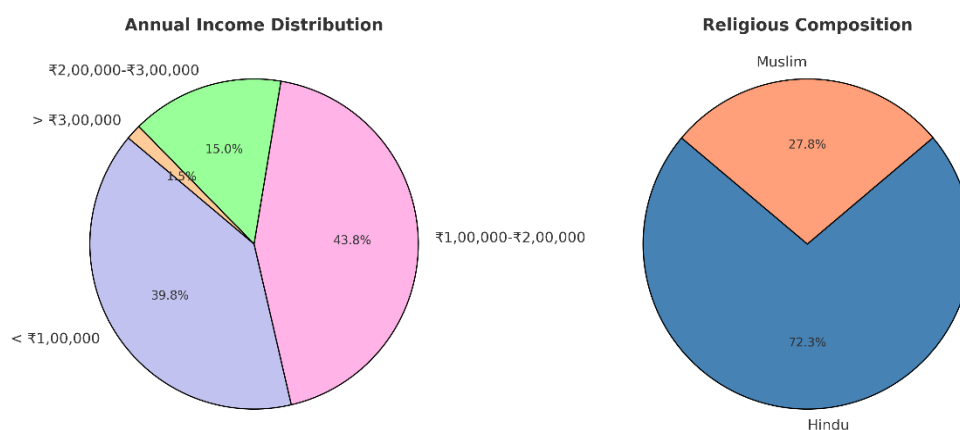


Figure 3: Annual income distribution

Analysis of Socio-demographic data

Age

- The above 45 age group shows the largest percentage of participants (22.5%), indicating that a significant proportion of this study are older women.
- 16-20 and 26-30 age groups are equally distributed (16.25%), showing a balanced representation of young women.
- The least represented group include 36-40 (9.5%), 31-35, and 41-45 (10%), reflecting. Significantly lower participants belong to the middle-aged group.

Education

- The majority of the study participants, which is 198, are illiterate, which is nearly half (49.5%) of the entire sample. This shows that there is a considerable literacy gap among the population in rural areas.
- Women in rural areas show moderate representation in High school, which is 126 (31.5%).
- There is a notable decline after high school, with only 72 women earning a college degree and just 10 out of 400 continuing their education after graduating.

Marital Status

- 264 women among 400 are married, demonstrating that marriage is common at young age in rural areas which is align with cultural norms.

- A significant amount of the population is unmarried, which is 108 (27%).
- Widowed and separated represent 4.75% and 1% significantly.

Income (Annually)

- 159 participants with 39.7%, are belong to lowest income group that is Less Than 100000, suggesting significant proportion faces financial difficulties in rural areas.
- 175 participants belong to the range of 100000-200000 income group, which indicates the largest income in rural areas.

Religion

- The majority of the population is primarily Hindu, with 289 participants (72.25%). Whereas Muslims are a minority with 27.75% (111).

Table 4: Representing the sources of Health Communication

Sources use for health information	Rural	Percentage.
No of cases (400)		
Print Media	05	1.25%
Electronic media	07	1.4%
Social media	147	36.75%
Family Members/Friends/ Neighbor	274	68.5%
Health Professional	395	98.75%
Health worker/ASHA Worker	289	72.25%

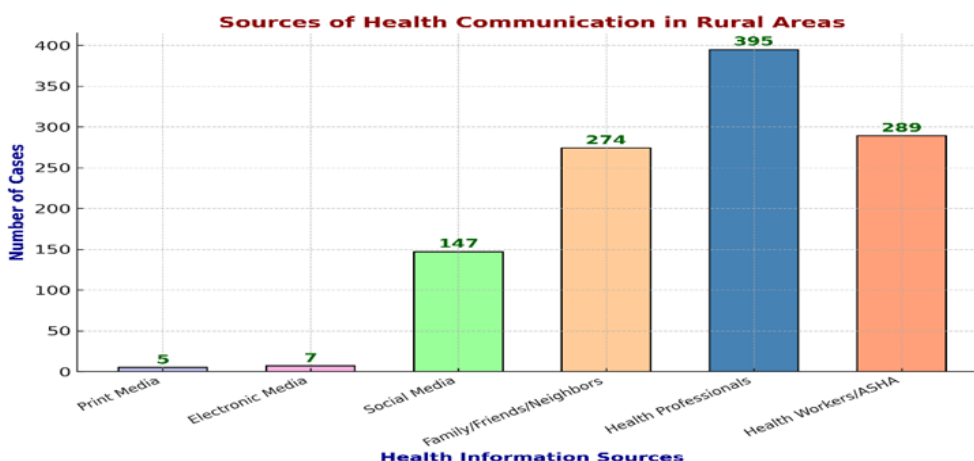


Figure 4: Health communication in rural areas

Analysis of Table

Sources used for Health Communication

- Out of 400, 395 women (98.75%) reportedly rely on health professionals (e.g., doctors, nurses) for health information in rural areas of the Aligarh district.
- Whereas, 274 respondents use health workers/ ASHA works as a key source of health communication.
- 274 participants (68.5%) depend on family, friends, and neighbors, which emphasizes the role of interpersonal communication in rural areas for health awareness.
- 147 women (36.75%) use social media, and only 1.25% and 1.4% show print and electronic media, which indicates limited reach and minimal impact of traditional media in rural areas for health information sources.

Primary sources of health information

- The most dependable and often used source is Health Professionals, which is 217 cases, indicating high reliance on it as the primary source of health information.
- The second most used source is social media, with 103 respondents reflecting the growing significance of digital media platforms in raising health awareness in rural areas.
- ASHA/ Health Workers play a crucial role with 66 cases. Furthermore, Traditional media is not a primary source as we observe its minimal influence, which is only 3 (print media) and 11 cases (electronic media).

Media platform easily accessible by Women

- 298 women (74.5%) reported that no media platform is easily accessible, representing the significant digital divide.

- Social media is the most accessible platform, with 22.5%, and traditional media shows limited accessibility, with 1.75% for electronic and 1.25% for print media.

Table 5: Trust Levels by residence

Do you trust health information more from traditional media?	Yes	No	Not Sure
Rural	69	269	62
Do you think social media provides more up-to-date health info than traditional?	Yes	No	Not Sure
Rural	287	92	21

Analysis of Trust level by residence

Trust in Traditional Media for Health Information

- 269 women did not trust traditional media for accurate health information, whereas only 69 women believe it is trustworthy regarding health awareness, and 62 women are not sure about it.

Social Media for More Up-To-Date Health Information

- The majority of rural women believe social media provides more reliable health information, with 287 agreeing with the statement, 92 not believing it, and 21 not sure about it.

Table 6. Frequency of media usage for health information by residence

General Media Usage						
Rural	Daily	Weekly	Monthly	Rarely	Never	Total
	3	22	16	211	248	400
Internet Usage						
Rural	Very frequently	Frequently	Occasionally	Rarely	Never	Total
	00	5	65	118	212	400
Print Media Usage						
Rural	Daily	Weekly	Monthly	Rarely	Never	Total
	03	02	07	20	368	400
Electronic Usage						
Rural	Daily	Weekly	Monthly	Rarely	Never	Total
	9	13	6	52	320	400
Social media Usage						
Rural	Daily	Weekly	Monthly	Rarely	Never	Total
	5	9	59	104	223	400

Analysis of Frequency of Media Usage for Health Information by Residence

General Media Usage

- 211 respondents, which is 52.75%, rarely use any media whereas 248 women (62%) never use media for information related to their health.
- Only 3 people (0.75%) use media daily for health awareness in rural areas.

Internet Usage

- Internet usage is limited but growing, with 5 people using it frequently and 65 (16.25%) using it occasionally.
- 118 women (29.5%) use it rarely, and 212 (53%) never use the internet for health information.

Print Media Usage

- Print media shows extremely low usage for health information in rural areas of Aligarh District, with only 3 people (0.75%) reading health news daily, and the majority of the respondents, 320 women (80%), never use it for health information.

Electronic Media Usage

- Electronic media is not widely consumed in rural areas, which indicates low daily usage, with 2.25% of the respondents using it daily and 80% of the respondents (320) never using it for health-related information.

Social Media Usage

- Among 400 women, 223 women (55.75%) never used social media, whereas 59 (1.5%) used it monthly and 104 (26%) used it rarely.
- Daily and Weekly shows limited usage with 1.25% and 2.25%. A high no. of respondents belongs to the non-usage category, with 55.5% (223) for health-related information in rural areas of Aligarh District.

Findings

This study demonstrates that health communication has a major effect on women's health awareness in rural areas of Aligarh district. The findings highlight the reliance of women on interpersonal sources rather than traditional or electronic media for health information.

The key findings are

- **Primary Sources of Health Information**

The most credible and easily accessible sources of health information are health professionals (98.75% and ASHA Workers (72.25%). Neighbors and family also play a vital role (68.5%).

- **Trust in Media**

A significant number of women (71.5%) do not trust traditional media, while only 17.25% trust social media for health awareness in Aligarh rural areas.

- **Limited Media Usage**

Around 74.5% of women show that no media platform is easily accessible to them, which indicates a prominent digital divide.

- **Frequency of Media Usage**

62% of women never use any media for health awareness, which represents low media consumption for health-related information. And the most widely used media platform is social media (36.75%). However, print (1.25%) and electronic media (1.4) % have limited influence on rural women.

- **Internet Usage for Health Information**

Most women (53%) never use the internet for health information, and only 16.25% use it occasionally.

Preference for social media Over Traditional: 71.75% of respondents believe social media is more up-to-date than traditional media.

Discussion

This study emphasizes the role of interpersonal communication in rural areas for health awareness. ASHA Workers and Health professionals are shown as the most reliable sources for health information, demonstrating the importance of health communication and community-based healthcare programs in rural areas. Rural women do not trust traditional media, such as print and television, probably because of limited accessibility and misinformation; also, the majority of rural women are illiterate, so they don't know how to read a newspaper. Thus, the study also highlights the need for education-focused interventions to bridge this literacy gap among rural women. Furthermore, the significant dependence on family and friends suggests that health messages are often shared through interpersonal communication, indicating a shift towards interpersonal and digital communication. The preference for social media over traditional media suggests that digital health campaigns can effectively address accessibility barriers among rural women.

Recommendations

- **Strengthening Community-Based Health Communication**

Enhance the role of ASHA and Community health workers in spreading health messages. Regular health campaigns should also address misinformation at the village level.

- **Bridging the Digital Divide**

Increase digital literacy and internet access through government non-profit programs and create more educational-based innovations to bridge the literacy gap. Create health content in local languages specific to rural women.

- **Policy Interventions**

Implement policies to increase access to health information for rural women and establish targeted health campaigns for women.

Conclusion

This study draws attention to the differences in rural women's access to health communication in Aligarh District. Women are more dependent on health professionals and interpersonal communication than media. Lack of trust in traditional media and limited access to internet platforms create barriers to adequate health messages. Addressing these gaps requires a comprehensive approach incorporating interpersonal communication and digital innovations while sustaining credibility and accessibility.

Acknowledgment: No

Author's Contribution: *Hiba Farrukh:* Data Collection, Literature Review, Methodology, Referencing; *Yogesh Sharma:* Analysis & *Prof. Afrina Rizvi:* Drafting.

Funding: No

Declaration: All the authors have given consent for the publication.

Competing Interest: No

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