Chapters 10

Inter-relationship between Education, Communication and Patterns of Health Care

Chapter- 10

In this section, an attempt is made to analyze the relationship between education, communication and patterns of health care among the Barmans of Barak Valley. The level of education has been taken as one of the variables which has bearing on exposure to mass media exposure of a person on the one hand and on the patterns of Health Care on the other. The exposure to mass media communication is measured in terms of frequency of using various mass media namely, radio, television, newspaper, magazines, and mobile phone. The patterns of health care are analysed at two levels: i. In terms of the level of health awareness and ii. In terms of health practices adopted by the respondents. Two patterns of health practice were observed among the respondents-traditional health practices and modern health practices. The data was analysed for two items related practices, namely place of child delivery, Agent/agency who perform the child delivery, The relationship between these variables may now be examined in both the rural and the urban settings, namely Bijoypur village and Silchar town respectively.

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Education and Mass Media Exposure:

On the basis of the level of education, the respondents are classified into five categories: (i) very low level of education; (ii) low level education; (iii) average level of education; (iv) high level of education and (v) very high level of education. Similarly, the respondents are categorized into five level of mass media exposure by using a five point scales. These are: (i) very low level of mass media exposure (ii) low level of mass media exposure (iii) average level of mass media exposure; (iv) high level of mass media exposure and (v) very high level of mass media exposure. The distribution of the respondents is shown below in the Table No: 10.1

Table No 10.1: Education and Mass Media Exposure

Sl. No	Level of Education	Level of Mass Media Exposure					Total & Percentage %
		Very Low (1-5)	Low (6-10)	Average (11-15)	High (16-20)	Very High (21-25)	
1	Very Low (1-5)	{97.1%} 34 (34.04%)	(0.0) 00 (0.0)	{2.9%} 01	(0.0) 00 (0.0)	(0.0) 00 (0.0)	(100.0) 35 (28.0)
2	Low (6-10)	{86.9%} 40 (42.1%)	{10.9%} 5 (31.3%)	{2.17%} 1 (7.1%)	(0.0) 00 (0.0	(0.0) 00 (0.0)	(100.0) 46 (36.8)
3	Medium (11-12)	{58.8%} 20 (20.1%)	{17.7%} 06 (37.5%)	{23.5%} 08 (57.1%)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	(100.0) 34 (27.2)
4	High (Graduation)	(10.0) 01 (1.1)	(50.0) 05 (31.3)	(40.0) 04 (28.6)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	(100.0) 10 (8.0)
5	Very High (Post Graduation)	(0.0) 00 (0.0)	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0
	Total	(76.0%) 95 100.0	(12.8%) 16 100.0	{11.2%} 14 100.0	(0.0) 00 (0.0)	(0.0) 00 (0.0	(100.0) 125 (100.0)

The data show that majority of the respondents (36.8%) have low level of education. While more than one-fourth of the respondents (28.0%) scored very low level of education. Another more than one-fourth (27.2%) of the respondents have medium level of education. The level of mass media exposure is very low in most of the cases (76.0%) but its proportion decreases with an increase in level of education in this category of the respondents. It suggests that with an increase in level of education the exposure to mass media communication also increases but not in a very smooth manner which is reflected from the fact that half of the respondents having high level of education scored low level of mass media exposure and a significant number of respondents with low level of education have very low level of mass media exposure.

Education and Health Awareness:

On the basis of level of education the respondents are classified into five categories: (i) very low (ii) low (iii) medium (iv) High (v) very high. The levels of mass media exposure is categorized into five categories: (i) very low level of heath awareness (ii) low level of heath awareness (iii) average level of heath awareness; (iv) high level of heath awareness and (v) very high level of heath awareness. The relation between

level of education and mass media exposure of the respondents is shown below in the Table No: 10.2

Table No: 10.2 Education and Health Awareness

Sl. No	Level of Education	Level of Health Awareness					Total & Percentage %
		Very Low (1-11)	Low (12-22)	Average (23-33)	High (34-44)	Very High (45-55)	
1	Very Low (1-5)	{6.1%} 02 (50%)	{90.9%} 32 (27.2%)	{3.0%} 01 (9.1%)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	35 (28.0)
2	Low (6-10)	{2.8%} 01 (50%)	{91.5%} 43 (59.1%)	{5.6%} 02 (36.4%)	(0.0) 00 (0.0	(0.0) 00 (0.0)	46 (36.8)
3	Medium (11-12)	01	{78.6%} 32 (10%)	{21.4%} 1 (27.3%)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	34 (27.2)
4	High (Graduation)	(0.0) 00 (0.0	{57.1%} 07 (3.6%)	{42.8%} 03 (27.3%)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	10 (8.0)
5	Very High (Post Graduation)	(0.0) 00 (0.0)	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0)
	Total	04 (3.2%)	114 (88%)	07 (8.8%)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	125 (100)

The data show that majority of the respondents (36.8%) have low level of education. While more than one-fourth of the respondents (28.0%) scored very low level of education. Another more than one-fourth (27.2%) of the respondents have medium level of education. In case of level of health awareness of the respondents majority (88%) of the respondents scored low level of health awareness, while little less than one-tenth of the respondents scored average level of health awareness and a few (3.2%) of the respondents have scored very low level of the respondents. The data indicate that with an increase in the level of education, the level of health awareness also increases.

Mass-Media Exposure and Health Awareness:

On the basis of mass media exposure the respondents are classified into five categories: i) very low level of mass media exposure (ii) low level of mass media exposure (iii) average level of mass media exposure; (iv) high level of mass media exposure and (v) very high level of mass media exposure. Similarly, the respondents

are categorized into five level of health awareness by using five point scale. : (i) very low level of heath awareness (ii) low level of heath awareness (iii) average level of heath awareness; (iv) high level of heath awareness and (v) very high level of heath awareness. The distribution of the respondents is shown below in Table No: 10.3

Table No: 10.3 Mass Media Exposure and Health Awareness

SI. No	Level of Mass Media Exposure	Level of Health Awareness					Total Percentage %
		Very Low (1-11)	Low (12-22)	Average (23-33)	High (34-44)	Very High (45-55)	
1	Very Low (1-5)	{4.2%} 04 (100%)	{92.5%} 87 (76.3%)	{3.2%} 04 (42.8%)	00	00	95 (75.2%)
2	Low (6-10)	00	{93.7%} 15 (13.1%)	{6.2%} 01 (14.3%)	00	00	16 (12.8%)
3	Average (11-15)	00	{80%} 12 (10.5%)	{20%} 02 (42.8%)	00	00	14 (12%)
4	High (16-20)	00	00	00	00	00	00 00
5	Very High (21-25)	00	00	00	00	00	00 00
	Total	04 {3.2%}	114 {91.2%}	07 {5.6%}	00	00	125 100

The data reveal that the level of mass media exposure is very low in most of the cases (76.0%) but its proportion decreases with an increase in level of education in this category of the respondents. In case of level of health awareness of the respondents majority (88%) of the respondents scored low level of health awareness, while little less than one-tenth of the respondents scored average level of health awareness and a few (3.2%) of the respondents have scored very low level of the respondents. The data indicate that with an increase in level of mass media exposure, the level of health awareness also increases.

Level of Education and Place of Child Delivery:

On the basis of the level of education, the respondents are classified into five categories: (i) very low level of education; (ii) low level education; (iii) average level of education; (iv) high level of education and (v) very high level of education. Similarly, on the basis of place of child delivery, they are classified into three

categories: i. at hospital ii. at nursing home and iii. at home. The distribution of the respondents in relation to level of education and place of birth is shown in table no.10.4

Table No: 10.4 Level of Education and Place of Child Delivery

Sl. No	Respondent's Education	Child Birth			Total (%)
		At Home	At Hospital	At Nursing Home	
1	Class I-V (Very Low)	{100%} 09 (37.5%)	--	--	{100%} 09 (18.4%)
2	Class VI-VIII (Low)	{51.7%} 15 (62.5%)	{48.3%} 14 (100%)	--	{100%} 29 (72.5%)
3	Class IX-XII (Average)	--	--	{100%} 02 (100%)	{100%} 02 (5%)
4	Graduate (High)	--	--	--	--
5	Post-Graduate (Very High)	--	--	--	--
	Total	24 (60%)	14 (40%)	02 (5%)	40

The data show that there is a positive relationship between levels of education and the health practices. It reveals that respondents with very low and low level of education still follow traditional way of child delivery, i.e. at home. While those who have average level of education have followed modern health care i.e. in Nursing home.

Here one can see very clearly in what way level of education affects the traditional practice of conducting delivery of Child at home by Hojaijik (mid-wife). The respondents having very low level of education preferred the delivery of child at home. However, among those who have low level of education about half (51.7%) of them preferred perform it at Primary Health Centre (PHC) of the village. While those having medium level of education preferred nursing home for this purpose. It seems that the education is an agent of modernization in this case. With an increase in the level of education the traditional practice of performing child delivery at home is also changed and they either shifted to PHC of nursing home, modern institution for health care.

Level of Education and Agency of Child Delivery:

On the basis of the level of Education they are classified into five categories: (i) very low level of education; (ii) low level education; (iii) average level of education; (iv) high level of education and (v) very high level of education. Similarly, to know who conducted the Child Delivery, they are classified into three categories: i. by P.H.C doctor ii. by doctor and iii. by Hojaijik (Traditional mid-wife). The distribution of the respondents into these categories is shown in the table below 10.5

Table No: 10.5 Level of Education and Agency of Child Delivery

Sl. No	Respondent's Education	Who Conducted the Child Delivery			Total (%)
		Hojaijik	P.H.C Doctor	Doctor	
1	Class I-V (Very Low)	{100%} 09 (37.5%)	--	-	09 (18.4%)
2	Class VI-VIII (Low)	{51.7%} 15 (62.5%)	{48.3%} 14 (100%)-	-	29 (72.5%)
3	Class IX-XII Medium/ (Average)	-	-	{100%} 02 (12.5%)-	02 (5%)
4	Graduate (High)	--	--	--	--
5	Post-Graduate (Very High)	--	--	--	--
	Total	02 (5%)	14 (40%)	24 (60%)	40

The data show that respondents who have very low and low level of education are found still practicing traditional way of child delivery i.e. by Hojaijik but as one moves towards high level of education their preference is changed for the doctor either from PHC doctor or a doctor from Nursing home outside the village owned by private organizations.

Level of Mass-Media Exposure and Place of Child Delivery:

On the basis of the level of mass-media exposure, they are classified into five categories: (i) very low level of mass-media exposure; (ii) low level of mass-media exposure; (iii) average level of mass-media exposure; (iv) high level of mass-media

exposure and (v) very high level of mass-media exposure. To know its relation to the place of Child Delivery, they are classified into three categories: i. at hospital ii. at nursing home and iii. at home. The distribution of the respondents into these categories is shown in table 10.6

Table No: 10.6 Level of Mass-Media Exposure and Place of Child Delivery

Sl. No	Level of Mass Media Exposure	Child Birth			Total (%)
		At Home	At Hospital	At Nursing Home	
1	(Very Low)	{60%} 09 (37.5%)	{40%} 06 (42.9%)	--	15 (37.5%)
2	(Low)	{65.2%} 15 (62.5%)	{34.8%} 08 (58%)	--	23 (57.5%)
3	(Average)	--	--	{100%} 02 (100%)	02 (5%)
4	(High)	--	--	--	--
5	(Very High)	--	--	--	--
	Total	24 (60%)	14 (35%)	02 (5%)	40 (100%)

The data show that majority of the respondent (57.5%) have low level of mass media exposure in the Barman village and a little less than two-fifth (37.5%) of respondents have very low level of mass media exposure and very few (2%) have average level of mass media exposure. Among those who have very low mass media exposure three-fifth (60%) have preferred delivery of child at home in comparison to two-fifth (40%) who preferred it at hospital. Similarly, among those who have low level of mass media exposure about two-third (65.2%) preferred child delivery at home, while remaining one-third (34.8%) preferred it at hospital. On the other hand, those who have average level of mass media exposure decided to go a nursing home in town for the delivery of child. It shows that with an increase in level of mass media exposure, the patterns of agency preferred for child delivery is also changed i.e. from a traditional health care practice to a modern health practice.

Level of Mass-Media Exposure and Agency of Child Delivery:

On the basis of the level of mass-media exposure, they are classified into five categories: (i) very low level of mass-media exposure; (ii) low level of mass-media exposure; (iii) average level of mass-media exposure; (iv) high level of mass-media exposure and (v) very high level of mass-media exposure. To know its relation to who conducted the Child Delivery, they are categorized into three categories: i. P.H.C doctor ii. doctor and iii. Hojaijik. The distribution of the respondents into these categories is shown in table no 10.7

Table No: 10.7 Level of Mass-Media Exposure and Who Conducted the Child Delivery

SI. No	Level of Mass Media Exposure	Who Conducted the Child Delivery			Total (%)
		Hojaijik	P.H.C Doctor	Doctor	
1	(Very Low)	{60%} 09 (37.5%)	{40%} 06 (42.94%)	-	15 (18.4%)
2	(Low)	{65.2%} 15 (13.04%)	{34.8%} 08 (58.1%)	-	24 (72.5%)
3	(Average)	-	--	{100%} 02 (100%)	02 (5%)
4	(High)	-	--	--	--
5	(Very High)	-	--	--	--
	Total	24 (60%)	14 (35%)	02 (5%)	40

The data show that among the respondents with very low and low level of mass media exposure, practice of traditional way of delivering a baby is predominant with 60% and 65.2% respectively. Whereas, respondents with average level of mass media exposure have modern adopted way of delivery a child i.e. in a nursing home outside the village (Silchar)

Level of Health Awareness and Place of Child Delivery:

On the basis of the level of health awareness, the respondents are classified into five categories: (i) very low level of health awareness; (ii) low level of health awareness;

(iii) average level of health awareness; (iv) high level of health awareness and (v) very high level of health awareness. To know its relation to the place of child delivery, they are categorized into three categories: i. at hospital ii. at nursing home and iii. at home. The distribution of the respondents into these categories is shown in the table 10.8

Table No: 10.8 Level of Health Awareness and Place of Child Delivery

Sl. No	Level of Health Awareness	Child Birth			Total (%)
		At Home	At Hospital	At Nursing Home	
1	(Very Low)	{100%} 02 (8.3%)	--	--	{100%} 02 (5%)
2	(Low)	{57.9%} 22 (91.7%)	{36.8%} 14 (100%)	{5.3%} 02 (100%)	{100%} 38 (95.0%)
3	(Average)	--	--	--	--
4	(High)	--	--	--	--
5	(Very High)	--	--	--	--
	Total	24 (60%)	14 (35%)	02 (5%)	40 (100%)

The data show that most of the respondents have low level of health awareness (95%) and remaining (5%) respondents have very low level of health awareness. Those who have very low level of health awareness prefer to deliver the baby at home, while among those who have low level of health awareness, more than (57.9%) preferred traditional way of child delivery i.e. by traditional midwife Hojaijik at their home but as many as 36.8% of the respondents shifted to PHC hospital located in the village itself for this purpose and 5.3% to nursing home in the town. It shows that there is a direct relationship between health awareness and health care practices in the village.

Level of Health Awareness and Agency of Child Delivery:

On the basis of the level of Health Awareness, they are classified into five categories: (i) Very Low Level of Health Awareness; (ii) Low Level of Health Awareness; (iii) Average Level of Health Awareness; (iv) High Level of Health Awareness and (v) Very High Level of Health Awareness. To know its relation who conducted the Child Delivery, they are categorised into three categories: i. At Hospital ii. At Nursing

Home and iii. At Home. The distribution of the respondents into these categories is shown in table no 10.9

Table No: 10.9 Level of Health Awareness and Agency of Child Delivery

Sl. No	Level of Health Awareness	Child Birth			Total (%)
		Hojaijik	P.H.C. Doctor	Doctor	
1	(Very Low)	{100%} 02 (8.3%)	--	--	{100%} 02 (5%)
2	(Low)	{57.9%} 22 (91.7%)	{36.8%} 14 (100%)	{5.3%} 02 (100%)	{100%} 38 (95.0%)
3	(Average)	--	--	--	--
4	(High)	--	--	--	--
5	(Very High)	--	--	--	--
	Total	24 (60%)	14 (40%)	--	40

The data show that the same pattern as observed above in table 10.6 that with an increase in health awareness from very low to low level a significant shift can be observed in the traditional practice of engaging *Hojaijik*, a lady traditionally called for this purpose by the Barmans to modern practice of going to a hospital where it is performed by MBBS doctor of PHC.

Thus the relationship between education, communication and patterns of health care in village Bijoypur can be summarized as follows:

1. that with an increase in level of education the exposure to mass media communication also increases but not in a very smooth manner which is reflected from the fact that half of the respondents having high level of education scored low level of mass media exposure and a significant number of respondents with low level of education have very low level of mass media exposure.

2. that with an increase in the level of education, the level of health awareness also increases.

3. that with an increase in level of mass media exposure, the level of health awareness also increases.

4. there is a positive relationship between levels of education and the health practices. It reveals that respondents with very low and low level of education still follow traditional way of child delivery, i.e. at home. While those who have average level of education have followed modern health care i.e. in Nursing home. Here one can see very clearly in what way level of education affects the traditional practice of conducting delivery of Child at home by Hojaijik (mid-wife). The respondents having very low level of education preferred the delivery of child at home. However, among those who have low level of education about half (51.7%) of them preferred perform it at Primary Health Centre (PHC) of the village. While those having medium level of education preferred nursing home for this purpose. It seems that the education is an agent of modernization in this case. With an increase in the level of education the traditional practice of performing child delivery at home is also changed and they either shifted to PHC of nursing home, modern institution for health care.

5. that respondents who have very low and low level of education are found still practicing traditional way of child delivery i.e. by Hojaijik but as one moves towards high level of education their preference is changed for the doctor either from PHC doctor or a doctor from Nursing home outside the village owned by private organizations.

6. that with an increase in level of mass media exposure, the patterns of agency preferred for child delivery is also changed i.e. from a traditional health care practice to a modern health practice.

7. that among the respondents with very low and low level of mass media exposure, practice of traditional way of delivering a baby is predominant with 60% and 65.2% respectively. Whereas, respondents with average level of mass media exposure have modern adopted way of delivery a child i.e. in a nursing home outside the village (Silchar)

8. that there is a direct relationship between health awareness and health care practices in the village.

9. with an increase in health awareness from very low to low level a significant shift can be observed in the traditional practice of engaging Hojaijik, a lady traditionally called for this purpose by the Barmans to modern practice of going to a hospital where it it performed by MBBS doctor of PHC.

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Education and Mass Media Exposure:

On the basis of the level of Education they are classified into five categories: (i) very low level of education; (ii) low level education; (iii) average level of education; (iv) high level of education and (v) very high level of education. Similarly, the respondents are categorized into five level of Mass Media Exposure by using five point scales, classified into five categories: (i) very low level of mass media exposure (ii) low level of mass media exposure (iii) average level of mass media exposure; (iv) high level of mass media exposure and (v) very high level of mass media exposure. The distribution of the respondents is shown below in the Table No: 10.10

Table No: 10.10 Education and Mass Media Exposure

Sl. No	Level of Education	Level of Mass Media Exposure					Total
		Very Low (1-5)	Low (6-10)	Average (11-15)	High (16-20)	Very High (21-25)	(Percentage) %
1	Very Low (1-5)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	(0.0) 00 (0.0)	0.0 00 (0.0)	(0.0) 00 (0.0)	(0.0) 00 (0.0)
2	Low (6-10)	{58.8%} 10 (27.7%)	{29.4%} 05 (16.1%)	{5.8%} 01 (2.5%)	{5.8%} 01 (11.1%)	(0.0) 00 (0.0)	(100.0) 17 (14.8%)
3	Medium (11-12)	{37.7%} 26 (72.2%)	{27.5%} 19 (61.3%)	{28.9%} 20 (51.3%)	{5.8%} 04 (44.4%)	(0.0) 00 (0.0)	(100.0) 69 (60%)
4	High (Graduation)	(0..0) 00 (00)	{24%} 06 (19.3%)	{60%} 15 (38.5%)	{16%} 04 (44.4%)	(00) 00 (0.0)	(100.0) 25 (21.7%)
5	Very High (Post Graduation)	(0.0) 00 (0.0)	{25%} 01 (3.2%)	{75%} 03 (7.7%)	0.0 00 (0.0)	00 00 (0.0)	(100.0) 04 (3.5%)
	Total	36 (31.3%)	31 (27.0%)	39 (33.9%)	09 (7.8%)	00 (0.0)	115 (100.0)

The data show that majority of the respondents (60.0%) have medium level of education, while a little more than one-fifth of the respondents (21.7%) scored high level of education. A little less than one-seventh (14.8%) of the respondents have low level of education while no respondents have very low level of education. Only a few respondents have very high level of education. The level of mass media exposure is average in majority of the cases (33.9%) followed by those respondents who have very low (31.3%) or low level (27.0%) of mass media exposure. Only a few of them (7.8%) have high media exposure. None of them have very high mass media exposure. The data suggests that with an increase in level of education the exposure to mass media communication also increases but not in a very smooth manner as it is more perpetuated at lower and medium levels. Some of the very highly educated persons have low(25%) or medium(75%) level of mass media exposure. Similarly, among the highly educated persons also low (24%) and medium(60%) level of mass media exposure is observed. On the other hand respondents with low and medium level of education have high media exposure. It suggests that although there seems a positive relationship between level of education and level of mass media exposure but it may also be affected by some other factors in a positive or negative way and may affected level of mass media exposure of a person.

Education and Health Awareness:

In order to analyze the level of Education and its relation to mass media exposure, the respondents has been categorized into eight categories: (i) illiterate; (ii) primary; (iii) secondary; (iv) higher education, and the levels of mass media exposure is categorized into five categories: (i) very low level of heath awareness (ii) low level of heath awareness (iii) average level of heath awareness; (iv) high level of heath awareness and (v) very high level of heath awareness. The distribution of the respondents is shown below in the Table No: 10.11:

Sl. No	Level of Education	Level of Health Awareness					Total (Percentage) %
		Very Low (1-11)	Low (12-22)	Average (23-33)	High (34-44)	Very High (45-55)	
1	Very Low (1-5)	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0	(0.0) 00 (0.0
2	Low (6-10)	(0.0) 00 (0.0	{94.1%} 16 (17.2%)	{5.8%} 01 (4.5%)	(0.0) 00 (0.0	(0.0) 00 (0.0	17 (14.8%)
3	Medium (11-12)	(0.0) 00 (0.0	{85.5%) 59 (63.4%)	{14.5%} 10 (45.4%)	(0.0) 00 (0.0	(0.0) 00 (0.0	69 (60%)
4	High (Graduation)	(0.0) 00 (0.0	{68%} 17 (18.3%)	{32%} 08 (36.4%)	(0.0) 00 (0.0	(0.0) 00 (0.0	25 (21.7%)
5	Very High (Post Graduation)	(0.0) 00 (0.0	{25%} 01 (1.1%)	{75%} 03 (13.6%)	(0.0) 00 (0.0	(0.0) 00 (0.0	04 (3.5%)
	Total	00 (0.0)	93 (80.9%)	22 (19.1%)	00 (0.0)	00 (0.0)	115 (100.0)

The data show that majority of the respondents (60.0%) have medium level of education, while a little more than one-fifth of the respondents (21.7%) scored high level of education. A little less than one-seventh (14.8%) of the respondents have low level of education while no respondents have very low level of education. Only a few respondents have very high level of education. In case of level of health awareness of the respondents majority (80.9%) of the respondents scored low level of health awareness, while little less than one-fifth (19.1%) of the respondents scored average level of health awareness The data indicate that with an increase in the level of education, the level of health awareness also increases to some extent but it becomes stationary at the average level of health awareness in case of urban Barmans.

Mass-Media Exposure and Health Awareness:

On the basis of Mass Media Exposure they are classified into five categories: i) Very Low Level of Mass Media Exposure (ii) Low Level of Mass Media Exposure (iii) Average Level of Mass Media Exposure; (iv) High Level of Mass Media Exposure and (v) Very High Level of Mass Media Exposure. Similarly, the respondents are

categorized into five level of Health Awareness by using Five Point Scale. The distribution of the respondents is shown below in the Table No: 10.12

Table No: 10.12 Mass-Media Exposure and Health Awareness

Sl. No	Level of Mass Media Exposure	Level of Health Awareness					Total (Percentage) %
		Very Low (1-11)	Low (12-22)	Average (23-33)	High (34-44)	Very High (45-55)	
1	Very Low (1-5)	(00) 00 (00	{86.1%} 31 (33.3%)	{13.8%} 05 (22.7%)	(00) 00 (00	(00) 00 (00	36 (31.3%)
2	Low (6-10)	(00) 00 (00	{83.8%} 26 (27.9%)	{16.1%} 05 (22.7%)	(00) 00 (00	(00) 00 (00	31 (26.9%)
3	Average (11-15)	(00) 00 (00	{69.2%} 27 (29.03%)	(30.7%) 12 (54.5%)	(00) 00 (00	(00) 00 (00	39 (33.9%)
4	High (16-20)	(00) 00 (00	{100%} 09 (9.7%)	(00) 00 (00)	(00) 00 (00	(00) 00 (00	09 (7.8%)
5	Very High (21-25)	(00) 00 (00	(00) 00 (00)	(00) 00 (00)	(00) 00 (00	(00) 00 (00	00
	Total	00	93 (80.8%)	22 (19.1%)	00	00	115 (100)

The data reveal that the level of mass media exposure is average in majority of the cases (33.9%) followed by those respondents who have very low (31.3%) or low level (27.0%) of mass media exposure. Only a few of them (7.8%) have high media exposure. None of them have very high mass media exposure. In case of level of health awareness of the respondents majority (80.9%) of the respondents scored low level of health awareness, while little less than one-fifth (19.1%) of the respondents scored average level of health awareness The data indicate that with an increase in mass media exposure, the level of health awareness also increases to some extent but it also becomes stationary at the average level of health awareness in case of urban Barmans.

Level of Education and Place of Child Delivery:

On the basis of the level of education, the respondents are classified into five categories: (i) very low level of education; (ii) low level education; (iii) average level of education; (iv) high level of education and (v) very high level of education. Similarly, on the basis of place of child delivery, they are classified into three

categories: i. at hospital ii. at nursing home and iii. at home. The distribution of the respondents in relation to level of education and place of birth is shown in table no. 10.13

Table No: 10.13 Level of Education and Place of Child Delivery

Sl. No	Respondent's Education	Place of Child Delivery			Total (%)
		At home	Hospital	Nursing Home	
1	Class I-V (Very Low)	--	--	--	--
2	Class VI-VIII (Low)	{5.9%} 01 (14.3%)	{70.6%} 12 (40.6%)	{23.5%} 04 (5.3%)	(100.0) 17 (14..8%)
3	Class IX-XII (Medium)	{8.7%} 06 (85.7%)	{24.6%} 17 (53.1%)	{66.7%} 46 (60.5%)	(100.0) 69 (60%)
4	Graduate (High)	---	{12%} 03 (9.4%)	{88%} 22 (28.9%)	(100.0) 25 (21.7%)
5	Post-Graduate (Very High)	--	--	{100%} 04 (5.3%)	(100.0) 04 (3.5)
	Total	07 (6.1%)	32 (27.8%)	76 (66.1%)	115 (100.0)

The data show that three-fifth (60%) of the respondents have medium level of education, while about one-fifth (21.7%) have high level of education and about one-sixth (15.6%) have low level of education. Among these who have low level of education only few (5.9%) preferred to have child delivery at their home by Hojaijik and among those having medium level of education this is practiced by less than one-tenth (8.7%) respondents. Thus, at the lower and medium level of education there has been mixed trend but more dominant pattern is of preferring child delivery in a modern health institution i.e. Hospital or Nursing Home. In the town as many as 70.6% of the respondents with low level of education went to Hospital for child delivery and a little more than one-fifth (23.5%) preferred it at a nursing home. In case of those respondents with medium level of education a shift can be observed towards private nursing homes (68.1%) in comparison to a little less than one fourth (23.2%) in government hospital. This is further differentiated in case of highly educated respondents where it reaches to 88% for nursing homes in comparison to

just 12% respondents who preferred the child delivery in a government hospital. All the highly educated persons preferred to have delivery of the child in a nursing home. It shows that with an increase in level of education there is not only a significant shift from the traditional health practice of child delivery to modern one, but also a shift from government institution to but also a shift from governmental institution to private nursing homes considered having better facilities and health care in comparison to a government hospital.

Level of Education and Agency of Child Delivery:

On the basis of the level of Education they are classified into five categories: (i) very low level of education; (ii) low level education; (iii) average level of education; (iv) high level of education and (v) very high level of education. Similarly, to know who conducted the Child Delivery, they are classified into two categories: i. by doctor and ii. by Hojaijik (Traditional mid-wife). The distribution of the respondents into these categories is shown in the table no.10.14

Table No: 10.14 Level of Education and Agency of Child Delivery

Sl. No	Respondent's Education	Place of Child Delivery		Total (%)
		Hojaijik	Doctor	
1	Class I-V (Very Low)	-	--	--
2	Class VI-VIII (Low)	{5.9%} 01 (14.3%)	{94.1%} 16 (14.8%)	(100.0) 17 (14.8%)
3	Class IX-XII (Average)	{2.9.7%} 06 (85.7%)	{97.1%} 63 (58.3%)	(100.0) 69 (60%)
4	Graduate (High)	-	(100.0) 25 (23.2%)	(100.0) 25 (21.7%)
5	Post-Graduate (Very High)	--	{100%} 4 (3.7%)	04 (3.5%)
	Total	07 (6.1%)	108 (93.9%)	115 (100.0)

The data reveal that in Silchar town respondents with higher level of education have more modern approach for conducting a child delivery. The respondents with high and very high level of education go either to government Doctor /Private Doctor in the Hospital and Nursing Home for delivering a child. While among the respondents

of lower level of education delivery is performed by the traditional mid-wife known as Hojaijik.

Level of Mass-Media Exposure and Place of Child Delivery:

On the basis of the level of Mass-Media Exposure, respondents are classified into five categories: (i) very low level of mass-media exposure; (ii) low level of mass-media exposure; (iii) average level of mass-media exposure; (iv) high level of mass-media exposure and (v) very high level of mass-media exposure. To know its relationship with the place of child delivery, they are classified into three categories: i. At Hospital ii. At Nursing Home and iii. At Home. The distribution of the respondents into these categories is shown in table no 10.15

Table No: 10.15 Level of Mass-Media Exposure and Place of Child Delivery

Sl. No	Level of Mass Media Exposure	Child Birth			Total (%)
		At Home	At Hospital	At Nursing Home	
1	(Very Low)	{13.9%} 05 (71.4%)	{38.9%} 14 (43.8%)	{47.2%} 17 (22.4%)	(100.0) 36 (31.3%)
2	(Low)	{3.2%} 01 (14.3%)	{25.8%} 08 (25%)	{71.0%} 22 (28.9%)	(100.0) 31 (27.0%)
3	(Average)	{2.5%} 01 (14.3%)	{18.0%} 07 (21.9%)	{79.5%} 31 (40.8%)	(100.0) 39 (33.9%)
4	(High)	--	{33.3%} 03 (9.4%)	{66.7%} 06 (7.9%)	(100.0) 09 (7.8%)
5	(Very High)	--	--	--	--
	Total	07 (6.1%)	32 (27.8%)	76 (66.1%)	115

The data show that the level of mass media exposure is average in majority of the cases (33.9%) followed by those respondents who have very low (31.3%) or low level (27.0%) of mass media exposure. Only a few of them (7.8%) have high media exposure. None of them have very high mass media exposure. As far as the relationship between mass media exposure and a place of child delivery is concerned, the data indicate that among the few (6.1%) of the respondents who preferred the delivery of the child at their home, 71.4% are having very low level of mass media exposure, 14.3% each have low level of mass media exposure and average level of mass media exposure. Thus, it can be said that an increase in the level of mass media exposure has a positive relationship with the decline of traditional practice of child

delivery at home. The alternative modern practice of child delivery at government hospital or private nursing home by a qualified doctor is observed more among those having relatively high media exposure. Among these respondents the tendency of preferring nursing home in comparison to government hospital also increases with an increase in the exposure to mass media communication.

Level of Mass-Media Exposure and Agency of Child Delivery:

On the basis of the level of Mass-Media Exposure, the respondents are classified into five categories: (i) very low level of mass-media exposure; (ii) low level of mass-media exposure; (iii) average level of mass-media exposure; (iv) high level of mass-media exposure and (v) very high level of mass-media exposure. To know its relationship with the agency of child delivery, they are categorized into two categories: i. Doctor ii. Hojaijik. The distribution of the respondents into these categories is shown below in table no 10.16

Table No: 10.16 Level of Mass-Media Exposure and Agency of Child Delivery

Sl. No	Respondent's mass media exposure	Agency of Child Delivery		Total and Percentage (%)
		Hojaijik	Doctor	
1	Very Low	{2.7%} 01 (14.3%)	{97.2%} 35 (32.4%)	(100.0) 36 (29.5%)
2	Low	{3.2%} 01 (14.3%)	{96.7%} 30 (27.8%)	(100.0) 31 (27.8%)
3	Average	{7.7%} 03 (42.8%)	{92.3%} 36 (33.3%)	(100.0) 39 (36.5%)
4	High	(22.2%) 02 (28.6%)	{77.7%} 07 (6.5%)	(100.0) 09 (6.1%)
5	Very High	--	--	--
	Total	07 (6.1%)	108 (93.9%)	115 (100.0)

The data show that respondents there seem no clear relationship between level of mass media exposure and agency of child delivery. Even those respondents having high media exposure also engaged mid-wife (hojaijik) for the purpose of child delivery.

Level of Health Awareness and Place of Child Delivery:

On the basis of the level of Health Awareness, they are classified into five categories: (i) Very Low Level of Health Awareness; (ii) Low Level of Health Awareness; (iii) Average Level of Health Awareness; (iv) High Level of Health Awareness and (v) Very High Level of Health Awareness. To know its relationship with the place of Child Delivery, they are classified into three categories: i. At Hospital ii. At Nursing Home and iii. At Home. The distribution of the respondents into these categories is shown below in table no 10.17

Table No: 10.17 Level of Health Awareness and Place of Child Delivery

Sl. No	Level of Health Awareness	Child Birth			Total (%)
		At Home	At Hospital	At Nursing Home	
1	(Very Low)	--	--	--	--
2	(Low)	{5.4%} 05 (71.4%)	{30.1%} 28 (87.5%)	{64.5%} 60 (78.9%)	(100.0) 93 (80.9%)
3	(Average)	{9.1%} 02 (28.6%)	{18.2%} 04 (12.5%)	{72.7%} 16 (21.05%)	(100.0) 22 (19.1%)
4	(High)				
5	(Very High)	--	--	--	--
	Total	07 (6.1%)	32 (27.8%)	76 (66.1%)	115 (100.0)

The level of health awareness among the respondents either low (80.9%) or average (19.1%). No respondents have very low, high and very high level of health awareness. It shows that among the urban respondents there was some awareness about their health. The data show that those having low level of health awareness only 6.1% of the respondents preferred delivery of child at home. Majority of the respondents preferred delivery of the child either in a government hospital (27.8%) or in private nursing home (66.1%).

Among those who have average level of health awareness only 28.6% preferred delivery of the child at home in comparison to 71.4% of the respondents with lower level of health awareness. However, most of the respondents preferred it at a Nursing home or at government hospital. It shows that with more health

awareness tendency of preferring delivery of child at home not only decreased but also preference between a government hospital and private nursing home is also shifted towards private nursing home.

Level of Health Awareness and Agency of Child Delivery:

On the basis of the level of health awareness, they are classified into five categories: (i) Very Low Level of Health Awareness; (ii) Low Level of Health Awareness; (iii) Average Level of Health Awareness; (iv) High Level of Health Awareness and (v) Very High Level of Health Awareness. To know its relationship with the agency of Child Delivery, they are cclassified into two categories: i. by doctor and ii. By hojaijik at home. The distribution of the respondents into these categories is shown below in table no 10.18

Table No: 10.18 Level of Health Awareness and Agency of Child Delivery

Sl. No	Level of Health Awareness	Child Birth		Total (%)
		Hojaijik	Doctor	
1	(Very Low)	--	--	--
2	(Low)	{5.4%} 05 (71.4%)	{94.6%} 88 (81.5%)	(100.0) 93 (80.9%)
3	(Average)	{9.1%} 02 (28.6%)	{90.9%} 20 (18.5%)	(100.0) 22 (19.1%)
4	(High)	--	--	--
5	(Very High)	--	--	--
	Total	07 (6.1%)	108 (93.9%)	115 (100.0)

The data reveal that there is a positive relationship between the health awareness and the preference for the traditional mid-wife (Hojaijik),or a qualified doctor for the delivery of the child. As the level of health awareness increase there is a shift from the traditional mid-wife to a qualified doctor at government hospital or at a private nursing home.

Thus, the relationship between education, communication and patterns of health care may now be summarized as follows:

1. with an increase in the level of education, the level of health awareness also increases to some extent but it becomes stationary at the average level of health awareness in case of urban Barmans.

2. that with an increase in mass media exposure, the level of health awareness also increases to some extent but it also becomes stationary at the average level of health awareness in case of urban Barmans.

3. that with an increase in level of education there is not only a significant shift from the traditional health practice of child delivery to modern one, but also a shift from government institution to but also a shift from governmental institution to private nursing homes considered having better facilities and health care in comparison to a government hospital.

4. that in Silchar town respondents with higher level of education have more modern approach for conducting a child delivery. The respondents with high and very high level of education go either to government Doctor /Private Doctor in the Hospital and Nursing Home for delivering a child. While among the respondents of lower level of education delivery is performed by the traditional mid-wife known as Hojaijik.

5. that an increase in the level of mass media exposure has a positive relationship with the decline of traditional practice of child delivery at home. The alternative modern practice of child delivery at government hospital or private nursing home by a qualified doctor is observed more among those having relatively high media exposure. Among these respondents the tendency of preferring nursing home in comparison to government hospital also increases with an increase in the exposure to mass media communication.

6. Those respondents there seem no clear relationship between level of mass media exposure and agency of child delivery. Even those respondents having high media exposure also engaged mid-wife (hojaijik) for the purpose of child delivery.

7. Among those who have average level of health awareness only 28.6% preferred delivery of the child at home in comparison to 71.4% of the respondents with lower level of health awareness. However, most of the respondents preferred it at a Nursing home or at government hospital. It shows that with more health awareness tendency of preferring delivery of child at home not only decreased but also preference between a government hospital and private nursing home is also shifted towards private nursing home.

8. that there is a positive relationship between the health awareness and the preference for the traditional mid-wife (Hojaijik),or a qualified doctor for the delivery of the child. As the level of health awareness increase there is a shift from the traditional mid-wife to a qualified doctor at government hospital or at a private nursing home.

Conclusion:

The findings of the study support the hypothesis that there is a positive relationship between the level of education and awareness of health practices both in the rural and urban settings but it is more effective in case of an urban setting rather than in a rural area. The relationship between mass media exposure and health awareness is very clearly established in the present study but has a tendency to influence the health awareness as well as the health practices. The cultural values of tribal society are still very strong both in the rural and urban setting as it is evident that at both the places the practice of engaging the hojaijik for the child delivery is still in practice. The traditional patterns of health care are more prevalent in the village rather than in the town. The level of education and mass media exposure are at the low level in both the settings which is an indicator of underdevelopment of the barman society in Barak valley of Assam.