

## UPE & UNICEF Media Orientation Workshop for Journalists - An Analysis of Feedback

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### **Abstract**

*Communication is part and parcel of development. Information is a pre-condition for development. Media should help articulate the grievances and local problems of the marginalized classes. The broad aim of media should be to give greater participatory role to the neglected and marginalized people. Unfortunately, this hasn't happened. In this direction it becomes imperative for the journalists to understand the importance of public health and schemes launched by the government so as to improve the standard of living.*

*Media being one the most important tools of disseminating information, it is vital that the public is informed through media about Public Health Schemes. However this agenda cannot be achieved unless the journalists themselves are exposed and informed about Public Health Schemes and made to understand the importance and gravity of covering such issues. In this context, a workshop was organised to orient Journalists of Bijapur, Bagalkot and Belgaum districts to enhance their level of participation in media coverage of social issues like maternal and child health. Media and journalist more so, whose, sole consideration of news value depends on commercial factors should be sensitized towards social agenda. It is in this direction that workshop like this will come as savoir.*

**Key Words:** *Maternal and Child Health, Journalists, Writing and Reporting Skills, Government Health Schemes.*

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## INTRODUCTION

### Media and Development

The vastly changed media scenario calls for breaking media stereotype in promoting development. The economic reform has resulted in the democratization of media facilitating media reach and access never witnessed in the history of humanily. Media have broken walls between government and public. Media convergence has the immense potential to create media, i.e. media with concern for development to provide alternative to commercial mainstream media. Today there are several initiatives to provide alternative media tools to realize the goals of development.

There is need to address the current tension between media and development. Initiatives to examine the role of media in development and the application of communication as potential means of solving the problems of development have helped us understand the process of media intervention in development. These studies have assumed significance for the fact that they aim to show how media can play the role of a catalyst in the society where poverty and unequal political power influence the lives of the common people.

It is evident from past experiences in India, that decentralized community media are crucial for sustainable economic and social development. One of the achievements of post liberalization era is the emergence of highly interactive new media that could be harnessed to deal with the problems of development. New media tools democratize the media and create space in the community for the poor and impoverished at the grassroots. These new media endeavours have the potential to

overcome the inadequacies of the early attempts to harness media for development. Many experiments in the past have proved beyond doubt that non-commercial information requires exclusive participatory channels of communication.

The earlier policy of reaching people for pro social needs through mainstream media consisting of public service broadcasting and commercial-broadcasting channels has been done away with. It is evident that these conventional channels which are rich in quantity and quality cannot bring about sustainable development. Today one can count on new media and social media to reach the voiceless, oppressed and those living below the poverty line and bring them under the umbrella of development.

Today the unique concept of interactive communication technology can overcome the technological obsolescence as it is compatible for media convergence. It has the potential to become a unique tool for imparting continuing education and training with greater degree of flexibility.

In the post liberalization era, the market forces have compelled the de-linking of media such as radio and TV from state control. The privatization of electronic media and the rapid changes in communication technology has brought about the emergence of participatory communication and the intervention of media in community development. When radio and television were in the formative years, specific need based programmes on agriculture for example would be decided and produced by the experts from the apex body for education, research and extension education in the field of agriculture and the Indian Council of Agricultural Research in New Delhi. In the later years this practice was gradually discarded and the mandarins of *Akashvani* and *Doordarshan*- the public service broadcasters, became the decision-makers of the special interest programmes. Today technology has come to the rescue of the intended beneficiaries of such programmes by allowing experts to have a better say in the content of the programmes. The communication revolution has resulted in decentralization of media and facilitated its application to cater to specific needs and demands of the people.

However, development cannot be isolated from politics as political agenda of a party in power determines the social agenda of the government. Therefore, development is also a political issue and needs the participation of politicians. Arnold J.Toynbee said that ‘the twentieth century will be chiefly remembered in future centuries not as an age of political conflicts or technical inventions, but as an age in which human society dared to think of the welfare of the whole human race as a practical objective’. In the era of new media, there is need for political will to harness media for development of poor and oppressed.

### **Health Communication**

Health communication is not mere dissemination of information to target people with a purpose of bringing behavioural change, but should be regarded as a dialogue requiring more feedback and sustained communication. Health communication is an experience and it therefore should be linked to people or facilities that create the environment for change and facilitate implementation of the program. People who receive the message must have an opportunity to perform and participate in the program to cause behavioural change. Sustained Media campaigns should create demand for health information. It also helps people to demand for better health facilities and access to government health programs. The success of health programs also motivates media to increase its coverage despite secondary priority.

Media should not set short term goals. High coverage leads to high rate of implementation is the premise on which health officials work. But depending only on media coverage and expecting it to give immediate results within a short span of time will lead to the failure of health communication. Media complements the use of volunteers, nurses, doctors, health educators, *anganwadi* workers and NGOs who meet the beneficiaries and personally communicate the health information. Studies have endorsed the success of health programs supported by media intervention owing to high rate of coverage. The problem with government health educators is they suffer from poor image and public especially in rural areas avoid them as they consider them to be rude, insensitive, corrupt and inefficient. Therefore, mass media intervention is necessary in training the trainers to reach the beneficiaries and win their confidence. Media should help improve the image of the educators so that more people approach them for counselling or treatment. Media portrayal of image of educators assumes importance as it is capable of motivating or demotivating people seeking assistance.

Health communication is continuous and therefore requires sustained media coverage. Media coverage is not one time intervention. It becomes meaningful only if it is part of a sustained campaign. One of the attributes of a campaign is, it's continuous and consists of different stages but never ends.

Mass media shy away from contacting research institutions presuming that they are far from reality and their experiments are not practical and relevant to the society. However, it is high time that mass media should constantly in contact with research institutions to bridge the gap between public and research programs.

### **Theme: Maternal and Child Health**

Journalism is a powerful tool that empowers individuals, helps in building stronger communities and elevates awareness on issues relating to development. Though media has taken a front seat in delivering information on all avenues of the society it is sometimes overshadowed by more news on politics, crime and sports. Development does not just mean economic or political stability alone. But, many other factors like Health, Education, Literacy etc., also form a major part in the overall advancement of the society.

Journalists being the eyes and ears of the society it becomes very vital in transmitting the message and sensitizing journalists on developmental issues which are often overlooked or under represented. Once the journalists are sensitised it becomes easy to percolate the same information to the public through the media. One such development issue is Maternal and Child Health which is one of the most important criteria to measure Human Development. As far as health is concerned, despite availability of health information on government schemes they do not find place in the media. It has been observed that though maternal and child health is the most basic and vital issue it has been neglected and not given priority in the media coverage.

However, on scrutiny it is found that most of the health related articles in media focus on life style diseases like diabetes, stress etc., focusing more on urban lifestyle. Chronic diseases like cancer, HIV etc., also find priority in the print media. It is a fact that mainstream media hardly focuses attention on public health programmes and the privileges given by the government to the poor to achieve a better health status especially in the rural areas.

Media should disseminate simple health related skills to common man. For example Maternal Mortality Rate (MMR) can easily be controlled by taking a few simple steps like providing iron and folic acid substitutes for pregnant women and the need to have hygienic conditions for delivery to avoid infections. Similarly awareness about how to reduce IMR - Infant Mortality Rate by providing a clean and hygienic atmosphere for the new born, educating the mothers on breast feeding, use of ORS packages can be created by the media. This initiative will help rural women for long in completely controlling the IMR and MMR. In this direction it becomes imperative for the journalists to understand the various issues of public health and also different schemes launched by the government improve the health of women and children.

### **Schemes by Government of India**

Under the National Rural Health Mission, many programs have been launched by the Government of India to reduce MMR & IMR.

1. *Janani Suraksha Yojana (JSY)*, Integrated Management of Neo-natal and Childhood Illness (IMINCI) and *Navjaat Shishu Suraksha Karyakaram (NSSK)*, Newborn care corners (NBCC) Special New Born Care Units (SNCUs) at District Hospitals and New Born Stabilization Units (NBSUs) at First Referral Units for the care of sick newborn have been launched. Along with the above initiatives iron and folic acid supplement-ation to pregnant and lactating women for prevention and treatment of anaemia is also provided.
2. Home Based Newborn Care (HBNC) through ASHA has been initiated to improve new born care practices at the community level and for early detection and referral of sick new born babies. *Janani Shishu Suraksha Karyakaram (JSSK)* has been launched to eliminate out of pocket expense for pregnant women delivering in public health institutions and sick newborns accessing public health institutions for treatment till 30 days after birth.
3. Management of Malnutrition particularly Severe Acute Malnutrition (SAM) by establishing Nutritional Rehabilitation Centres (NRCs) have been launched. Universal Immunization Program (UIP) against seven diseases for all children is also supported by the Government of

India which provides vaccines, syringes, cold chain equipments and provision of operational costs.

## **Schemes Launched by Government of Karnataka**

Some of the schemes in line with the central government already launched by Government of Karnataka to aid Maternal and Child health are:

- 1. JANANI SURAKSHA YOJANA-** Helping the poor pregnant women after delivery *Janani Suraksha scheme* is continuation of the previous delivery allowance scheme of the Central Government. The objective is to give financial assistance to the poor pregnant women during delivery. Under this scheme pregnant women belonging to Below Poverty Line - BPL families and SC, ST families will get an assistance of Rs. 500 if delivered at home, Rs. 600 for urban institutional delivery, Rs. 700 for delivery in health centres in rural areas and Rs. 1500 for caesarian delivery. This benefit is available if delivered in recognized private health institutions other than government hospitals also.
- 2. PRASOOTI ARAIKE –** Care for the pregnant: *Prasooti Araike* scheme was introduced in six “C Category districts of Gulbarga, Bidar, Raichur, Koppal, Bijapur and Bagalkot for the benefit of pregnant women belonging to BPL SC and ST families. This has now been extended to all BPL pregnant women of all the districts.
- 3. MADILU -** Caring for the mother and the child, *Madilu* scheme was started by the government to provide post natal care for the mother and the child. The objective of this scheme is to encourage poor pregnant women to deliver in health centres and hospitals in order to considerably reduce maternal and infant mortality in the state. Under this scheme a kit containing mosquito curtain, bed sheet, blanket, bathing soap, washing soap for mother and baby, sanitary pads, comb, coconut oil, towel, tooth paste and toothbrush, bed spread, rubber sheet for the baby, bed sheet for baby, diaper, baby vest, sweater, cap and socks for baby are provided.

4. **THAYI BHAGYA Scheme** - is a Public-Private Partnership in maternal health care. This revolutionary scheme provides totally free service for the pregnant women belonging to BPL families registered in private hospitals.
  
5. **AROGYA KAVACH** - Karnataka launched *Arogya kavacha*, the free ambulance service also for the commonman.
  
6. **Universal Immunization Programme:** The Karnataka government has implemented Universal Immunization Programme (UIP). The vaccine has been administered by the private practitioners in India for over a decade now. The vaccine, which prevents killer diseases in children like diphtheria, pertussis, tetanus, hepatitis-B and Influenza-B, has been incorporated into UIP in Karnataka from March 17, 2013. The vaccine will now be a single injection providing protection against Hib diseases and will replace earlier used DPT and hepatitis-B injections.

**Table - 1**

**State Factsheet : Andhra Pradesh and Karnataka**

**A. Demographic and Economic**

No.	Indicator	Andhra Pradesh	Karnataka	India	Source
1	Population (million)	84.7	61.1	1210.2	Census 2011
	Population (Male) - in million	42.5	31.0	623.7	
	Population (Female) in million	42.1	30.0	586.5	
2	Child Population (0-6) years in million	8.6 (10.2%)	6.8 (11.2%)	158 (13.1%)	
3	Sex ratio (females per 1000 males)	993	968	940	
4	Child sex ratio (girls per 1000 boys)	939	943	914	
5	SC Population (%)	16.4	17.1	16.6	Census 2011
6	ST Population (%)	7	7	8.6	
7	Birth rate (per 1000 population)	17.5 (R-17.9, U-16.6)	18.5 (R-19.4, U 16.9)	21.6 (R-23.1, U-17.4)	
8	Death rate (per 100 population)	7.4 (R-8.4, U-5.1)	7.1 (R-8.1, U-5.3)	7.0 (R-7.6, U-5.6)	SRS 2013
9	Natural growth rate (per 1000 population)	10 (R-9, U-11)	11.7 (R-12, U-12)	15 (R-16, U-12)	
10	Literacy rate of population aged 7+(%)	68 (M-76, F-60)	76 (M-83, F-68)	74 (M-82, F-66)	Census 2011
11	Population below the poverty line (%) - Tendulkar Methodology	9.2 (R-10.96, U-5.81)  (78.78 lakhs)	20.9 (R-24.54, U-15.25)  (129.76 lakhs)	21.9 (R-25.70, U-13.70)  (2,697.83 lakhs)	Planning Commission, GoI 2011-12
12	Per Capita net domestic product	71,480	68,374	60,603	Economic

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at current price (Rs.)				Survey 2012-13
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*Andhra Pradesh and Karnataka : Last modified on 8 Jan. 2014*

**Table - 2**  
**B. Child and Maternal Health**

No.	Indicator	Andhra Pradesh	Karnataka	India	Source
1	Neonatal Mortality Rate	27	23	29	SRS 2012
2	Infant Mortality Rate (IMR) per 1000 live births	41 (R-46, U-30)	32 (R-36, U-25)	42 (R-46, U-28)	SRS 2012
	IMR - Male	40	30	41	
	IMR - Female	43	34	44	
3	Under 5 mortality Rate (Total) (per 1000 live births)	43	37	52	SRS 2012
4	Maternal Mortality Ratio (per 1,00,000 live births)	110	144	178	SRS 2010-12
5	Children fully immunized (12-23 months) (%)	68	78	61	Coverage Evaluation
6	Vitamin A1 <sup>st</sup> of children 12-23 months(%)	84	86	64	Survey 2009
7	Children 12-23 months - measles vaccine	90	90	74	
8	Mothers who three and more antenatal visits for their last birth (%)	97	91	69	
9	Mothers who had full antenatal check-up	46	40	27	
10	Institutional births (%)	94	86	73	
11	Skilled birth attendance (delivery by doctor, ANM/LHV/Nurse)	96	88	76	
12	ORT or increased fluids for diarrhea (among children <2 year of age who had diarrhea in preceding 2 weeks	88	91	83	NACO Factsheet 2012, HSS 2011
13)	Adult HIV prevalence Total	0.9%	0.6%	0.3%	
	Male	1.1%	0.8%	0.4%	
	Female	0.7%	0.5%	0.3%	
	Pregnant Women	0.8%	0.7%	N.A.	

*Andhra Pradesh and Karnataka : Last modified on 8 Jan. 2014*

The profile of the districts covered by the media orientation workshop:

## **Bijapur**

The city of Bijapur is the headquarters of the district, and is located 530 km northwest of Bangalore. Bijapur is well known for the great monuments of historical importance built during the *Adil Shahi* dynasty. Bijapur has five taluks namely Bijapur, Muddebihal, Indi, Sindgi and Bagewadi. The HDI for the district for the year 2011 is 0.630 with the life expectancy index of 0.669, education index of 0.702, gender index of 0.619 and income index at 0.520. Other statistics related to the Bijapur District are as follows:

**Table - 3**

Population	2,177,331
Male population	1,111,022
Female population	1,066,309
Literacy rate	67.15
Male literacy rate	77.21
Female literacy rate	56.72
Sex ratio	960
Child sex ratio	931
MMR	36
IMR	21.74
HDI rank	0.589

Demography of Bijapur District

*Source: Census 2011*

**Bagalkot**

With re-organization of the Bijapur district in 1997, the new Bagalkot district came into existence on 50th year of India's independence. The bifurcated Bagalkot district consists of six C.D. blocks namely Badami, Bagalkot, Bilagi, Hunugund, Jamakhandi and Mudhol. The district is located in the northern part of Karnataka. Historically it is the home land of great *chaluksya* dynasty. Aihole is place described as the laboratory for architecture rather university of Indian architecture. Badami is famous internationally for caves carved in monolithic single stone in the period of *Immadi Pulakeshi-I* along with historical famous temples of Pattadakal, *Mahakuteshwar* temple in *Mahakuta*, *Shivayogmandir* and *Banashankari* temple in Badami. Mudhol is the birth place of great poet "*Ranna*". Some Important statistics related to Bagalkot are as follows;

**Table - 4**

Population	1,889,752
Male population	950,111
Female population	939,641
Literacy rate	68.82
Male literacy rate	79.23
Female literacy rate	58.40
Sex ratio	989
Child sex ratio	935
MMR	07
IMR	28
HDI rank	0.591

#### Demography of Bagalkot district

*Source: Census 2011*

According to HDI, MMR is comparatively lower than Bijapur district and IMR too is lower but has better literacy rate among males and females and scores high in overall rate of literacy.

#### **Belgaum**

The city of Belgaum is the district headquarters in North Karnataka. According to the 2011 Census of India, it has a population of 4.7 million of which 24.03% live in urban areas, making it the second most populous district in Karnataka (out of 30), after Bangalore. The district has an area of 13,415 square kms, and is bounded on the west and north by Maharashtra state, on the northeast by Bijapur district, on the east by Bagalkot district, on the southeast by Gadag district, on the south by Dharwad district and Uttara Kannada district and on the southwest by the state of Goa. Belgaum is the Divisional Headquarters of North Karnataka. The ancient name of the town of Belgaum is Venugrama, meaning bamboo village. The most ancient place in the district is Halsi; and this, according to inscriptions on copper plates discovered in its neighbourhood, was once the capital of a dynasty of nine *Kadamba* kings. Kittur in Belgaum district is a place of historical importance. Rani Chennamma of Kittur (1778–1829) is known for her resistance to British rule.

Belgaum distinguishes itself in North Karnataka with high rate of literacy including heavily literate males and better literate females. Sex ratio is better than Bagalkot and Bijapur but IMR is higher than the other two districts. The gender ratio illustrates unsatisfactory tilt in favour of male children.

**Table – 5**

Population	4,779,661
Male population	2,423,063
Female population	2,356,598
Literacy rate	73.48
Male literacy rate	82.20
Female literacy rate	64.58
Sex ratio	973
Child sex ratio	934
MMR	14
IMR	35
HDI rank	0.648

#### Demography of Belgaum

*Source: Census 2011*

From the details of the above tables on the profile of all the three districts, it is evident that IMR and MMR in all the three districts are still high and steps need to be taken to reduce them to improve the Mother and Child health. Belgaum has a better HDI rank than Bagalkot and Bijapur districts. Of the three districts, Bijapur has the lowest HDI rank. Gender ratio is highest in Bagalkot than Belgaum. There are 989 girls for every 1000 boys which is highest in Northern Karnataka.

#### OBJECTIVES OF THE WORKSHOP

1. To impart education and training on the new trends in health communication.
2. To sensitise journalists to increase the coverage of news on public health.
3. To strengthen journalists' understanding and perception of child rights and child health.

4. To impart skills of writing news reports in print and electronic media.
5. To provide guidelines for journalists to write on maternal and child health.

## **METHODOLOGY**

Undoubtedly the success of any scheme requires that the stakeholders should be aware of the privileges made available to them by the government so as to effectively utilise them. Media being one the most important tools of disseminating information, it is vital that the public is informed through media about Public Health Schemes. However this agenda cannot be achieved unless the journalists themselves are exposed and informed about Public Health Schemes and made to understand the importance and gravity of covering such issues. A close look at the above schemes reveal that all the materials required for maintaining child and maternal health are provided by the government. But the sorry state is that the beneficiaries do not avail the kit as they are ignorant about it and many times it is misappropriated by the officials who in fact are responsible for the management of these kits. At least awareness among the public can help them to demand the privileges given to them and hence there is need for a proper implementation of the schemes launched by the government.

In this context, a workshop was organised to orient Journalists of Bijapur, Bagalkot and Belgaum districts to enhance their level of participation in media coverage of social issues like maternal and child health. The workshop was attended by over 100 participants among whom a sample of 67 journalists were chosen for the study.

The workshop was jointly organized by the UGC's University With Potential for Excellence Project of the Univeristy of Mysore and the UNICEF. It was held at the Karnatka State Women's University, Bijapur, Karnataka, as the focus was Maternal and Child Health.

Survey method of research was used in the current study to understand the impact of the workshop on the participants. A well designed questionnaire was administered. The questionnaire consisted of 19 questions comprising two parts. Part A focused on Socio Demographic and Economic profile of the participants and Part-B focused on information related to the effectiveness of the workshop. The participants of the workshop are journalists working in print and electronic media. The participants totalling 100 formed the population of this study. A sample of 67 respondents was selected through simple random sampling for the study.

## ANALYSIS AND DISCUSSION

### SDE – Socio Demographic and Economic Profile Male and Female ratio and marital status

**Table 6**

Sl.No.	Gender	f	Percentage
1	Male	66	98.50
2	Female	01	1.49

*Showing Male and Female Ratio*

In the media orientation workshop out of 67 respondents 66 were males and only one was female indicating that male presence is high in media which is also indicative of the fact that, the female participation in media especially in northern Karnataka districts of Bijapur, Balgalkot and Belgaum is negligible. Among these respondents 80.59% of them are married and 19.4% are single.

### Age

**Table 7**

Sl No.	Age (In Years)	f	Percentage
1	20-25	6	8.95%
2	26-35	25	37.31%
3	36 >	36	53.73%

*Showing the Age Distribution*

It is seen from the above table that most of the journalists i.e 53.73% of them are above 36 years of age and 37.31% are of 26-35 years. Only 8.9% are young in the age group of 20-25 years. Since majority of them are above 36 years it becomes imperative to organise a workshop so as to educate them in the recent trends in journalism as their chances of going back to college for education and training are bleak.

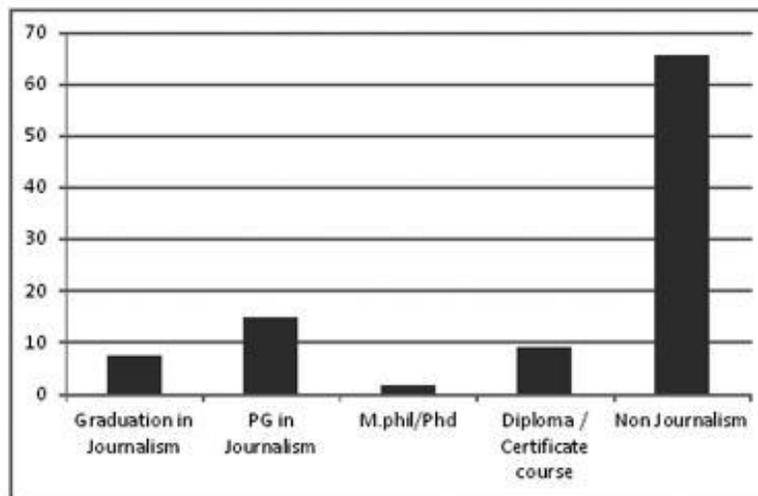
## Education

**Table-8**

Sl no.	Education	f	Percentage
1	Graduation in Journalism	05	7.46
2	PG in Journalism	10	14.92
3	M-Phil / Phd	01	1.49
4	Diploma / Certificate course	06	8.95
5	Others	45	65.67

*Showing Educational Qualification*

**Graph-1**



*Showing the Educational Qualification*

Journalism education is not compulsory to take up a job in media. However, a total of 28.85% have education with journalism back-ground. Among them 7.46% are graduates and 14.92% are post graduates and interestingly 1.49% of the participants have doctoral degree in journalism. 8.95% of participants hold diploma / certificate course in journalism. But the alarming fact is that, more than 65% of the journalists do not hold any degree in journalism and have been in the field reporting for years. This also indicates that those who have writing skill, good interpretation, knowledge, ideology and interest in news coverage can be a part of journalism without a formal degree in Journalism. But,

the participants who are already in the field for many years belong to the age group Of 40-50 years and hence do not have a formal degree in journalism. However, it is the recent trend where professional degrees like journalism are sought after.

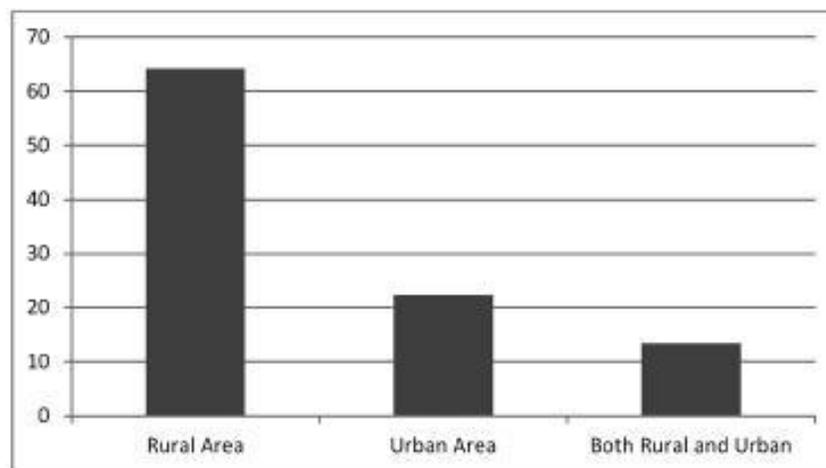
### Place of Education

Table 9

Sl no.	Place of Education	f	Percentage
1.	Rural Area	43	64.17
2.	Urban Area	15	22.38
3.	Both Rural and Urban	09	13.43

*Showing the Place of Primary and Secondary Education*

### Graph 2



*Showing the Background of Education*

The study shows that most of the journalists who attended the workshop are from rural areas. In fact, more than 60% have received their education from rural areas and only few from urban centres indicating that unlike other fields, journalism accepts people from all background especially with rural background. It is also appropriate to have people from rural background as reporting on rural issues with their proximity will influence covering the issues effectively. More so in relation to issues related to the vulnerable class of women and children.

### Impact of Workshop

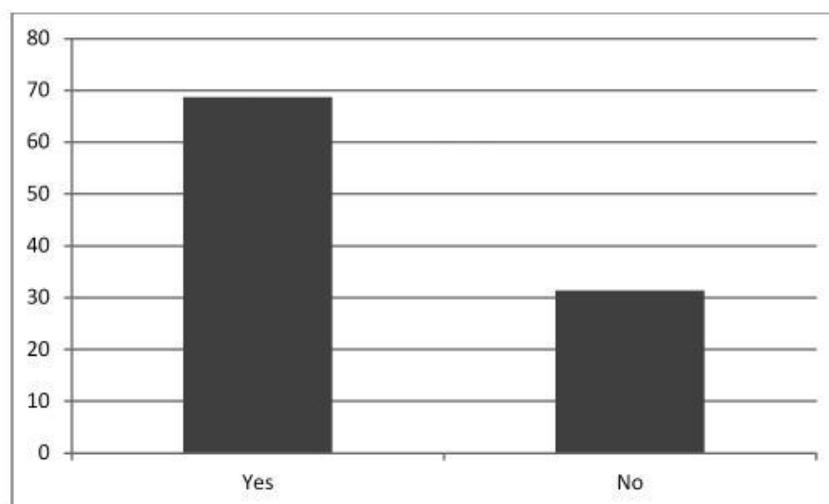
#### Participation in Similar Workshop

**Table 10**

Sl no.	Experience of Participating in Similar Workshop	f	Percentage
1	Yes	46	68.65
2	No	21	31.34

*Showing the Participation in Similar Workshop*

**Graph 3**



*Showing the Participation in Similiar Workshop*

68.65% of the respondents have earlier participated in similar workshops organized by the Journalists Association and Media Academy. However 31.34% of the participants have not participated in any workshop or any orientation programmes. So journalist’s orientation workshops are absolutely necessary to improve their writing skills and knowledge.

### **Professional Experience**

The participants of the workshop have had a minimum of 2 years and a maximum of 30 years of experience in media. Some journalists also have served as an editor of local newspaper. Many journalists have worked in local as well as state and national newspapers. Journalists with an experience of nearly 1 to 10 years in radio and electronic media too participated in the workshop. However, very few journalists are from the background of new media indicating that new media

impact on journalists in this part of the state is low. This is suggestive of the fact that new media penetration is more of a urban phenomenon as compared with rural areas.

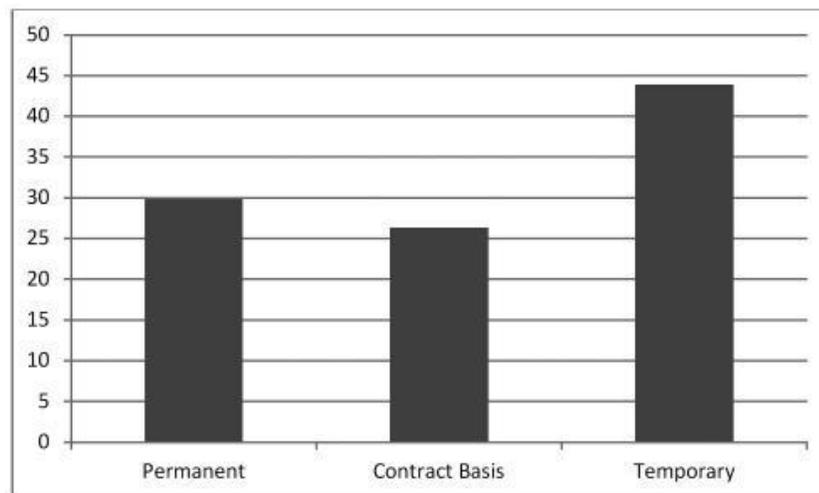
**Professional Status**

**Table 11**

Sl No.	Professional Status	f	Percentage
1	Permanent	17	29.82
2	Contract Basis	15	26.31
3	Temporary	25	43.85
	Total	67	100

*Showing the Professional Status*

**Graph 4**



*Showing the Professional Status*

Most of the journalist respondents are working on temporary basis and only 29.82% are on permanent basis. It is alarming to note that in a profession like journalism which is the heart and soul of the society many are on contract or temporary job making the profession more vulnerable to exploitation by the management. A permanent job will enable journalists to do justice to the profession and work without fear or favour.

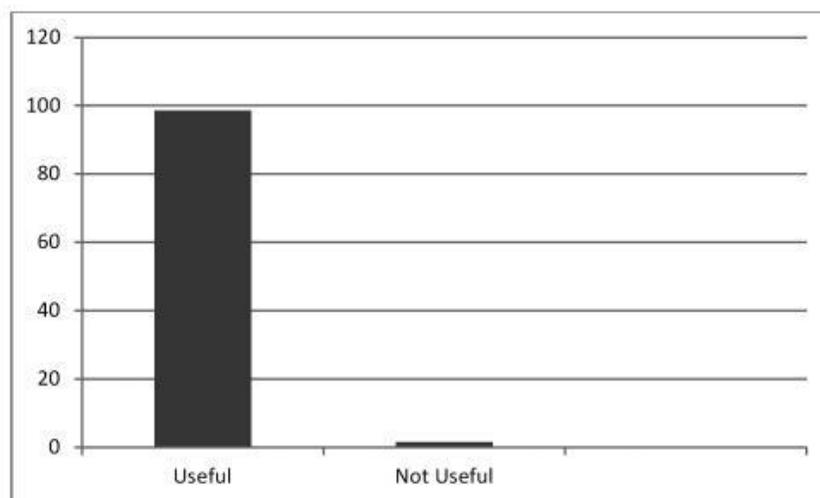
**Effectiveness**

**Table 12**

Opinion	f	Percentage
Useful	66	98.50
Not Useful	1	1.49

*Showing the Effectiveness*

**Graph 5:**



*Showing the Effectiveness*

Among the respondents an overwhelming majority of them opined that information provided in the workshop was useful and only one participant opined that it was not helpful. However, an overall of 98.5% of the respondents were satisfied with the information provided in the workshop which illustrates that the workshop had an impact on almost all the participants.

### **Impact of the Workshop**

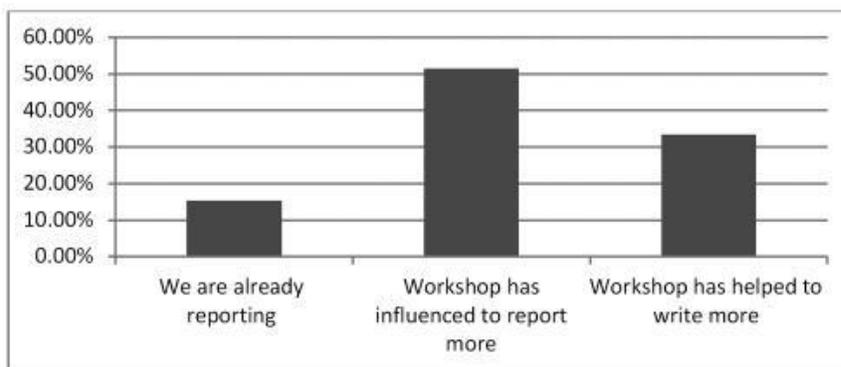
**Table 13**

Sl.No.	Impact	f	Percentage
1	We are already reporting	11	16.41
2	This workshop has influenced us to		

	report more	37	55.22
3	Helped to write more innovatively after this workshop	24	35.82

*Showing the Impact*

**Graph 6**



*Showing the Impact*

More than 50% of the respondents said that this workshop influenced them to report more on development issues. However, 35.82% of the participants said that they will be more innovative and shall try to write in a new way after the exposure to new information in the workshop. Only 16.41% participants felt that they are already reporting in the expected way implying that they know the techniques.

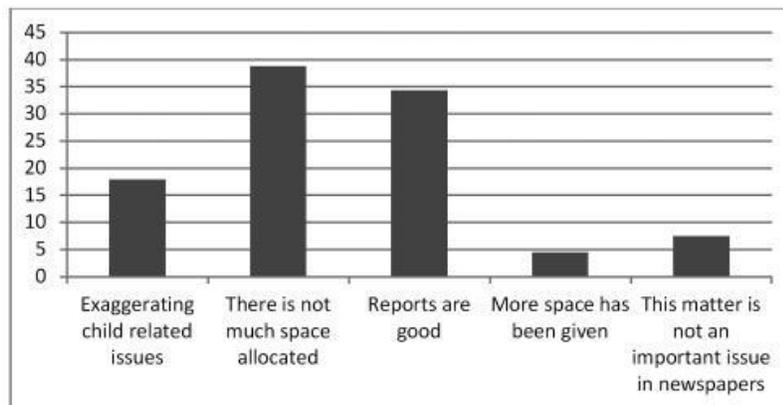
### **Media Stance with regard to Maternal and Child Health**

**Table 14**

SL NO	Media Perspective	f	Percentage
1	Exaggerating child related issues	12	17.91
2	There is not much space allocated	26	38.80
3	Reports are coming out well	23	34.32
4	More space has been given	03	4.47
5	This matter is not important in newspaper	05	7.45

*Showing the Media Stance with regard to Maternal and Child Health*

**Graph 7**



*Showing the Media Stance on Maternal and Child Health*

With respect to media intervention in promoting maternal and child health, most of the respondents said that by and large there is not much space dedicated in newspapers. However, 34.33% opined that reports related to child issue are good and 17.91% said that they are exaggerating children related news. Only 4.47% opined that sufficient space has been given and 7.45% also felt that comparatively this is not an important news in the newspaper.

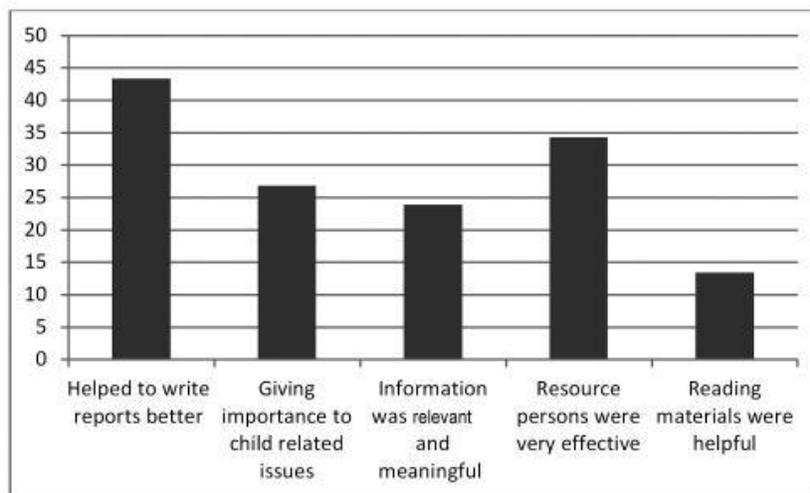
**Benefits of Workshop**

**Table 15**

SL.NO	Benefits of workshop	f	Percentage
1	Helped to write reports better	29	43.28
2	Gave importance to child related issues	18	26.82
3	Information was relevant and meaningful	16	23.84
4	Lectures by resource persons were very effective	23	34.27
5	Reading materials were helpful	09	13.41

*Showing the Benefits of Workshop*

**Graph 8**



*Showing the Benefits of Workshop*

Majority i.e. 43.28% said that the workshop helped them in writing reports and 23 % said that the lectures organized in the workshop are very helpful and effective. 26% of them felt that the workshop focussed on maternal and child health. However only 18% said that the workshop influenced them to give more importance to child related issues and 13% opined that reading materials provided are helpful. A large number of participants must have faced time constraint and many couldn't go through them in detail as the material was distributed on the day of the workshop.

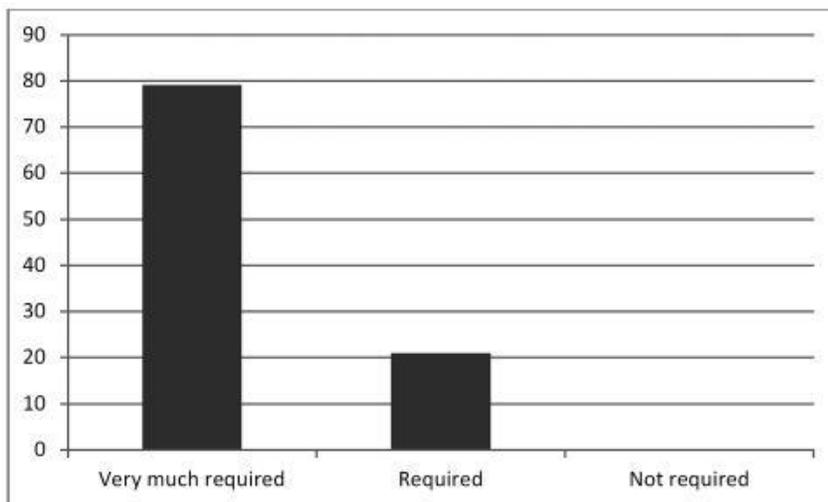
**Need of Workshops**

**Table 16**

Opinion	f	Percentage
Very much required	53	79.10
Required	14	20.89
Not required	00	00

*Showing the Need of Workshops*

**Graph 9**



*Showing the Need of Workshops*

Majority of the respondents i.e., 79.1% of them opined that workshops are very much needed followed by 20.89% saying they are needed. It is worthy to note that none of them opined that there is no need for such workshops. As all participants are active in their field and hardly find time to evaluate their work they felt the experience rewarding. Workshops like these will help not only to evaluate them but also gives a different point of view to write on socially relevant issues.

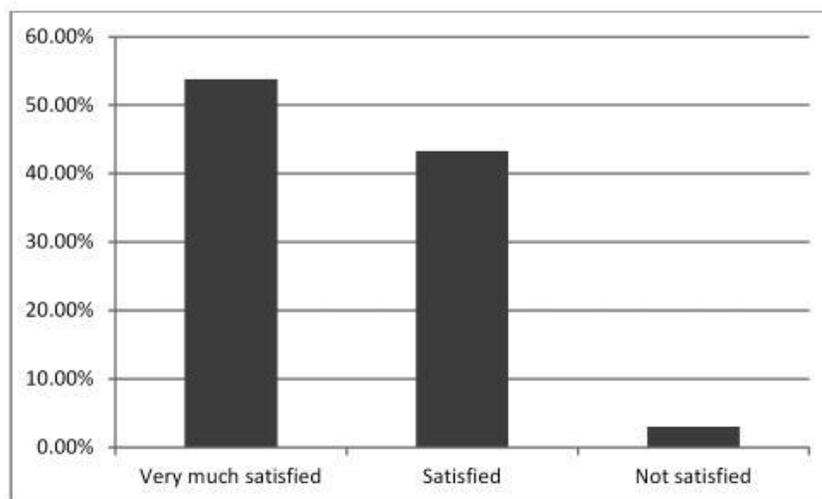
**Overall Opinion**

**Table 17**

Opinion	f	Percentage
Very satisfied	36	53.73%
Satisfied	29	43.28%
Not satisfied	02	02.98%

*Showing the Satisfaction Level*

**Graph 10**



*Showing the Satisfaction Level*

Nearly 53% and 43.28% of the respondents said that they are highly satisfied and satisfied respectively with the workshop. However only 2% of them were not satisfied with the workshop. An overall 87% of the participants were satisfied with the workshop.

## **CONCLUSION**

Majority the participants felt that the workshop was very helpful. The workshop has influenced the journalists to report more. Though the journalists expressed that the articles on child related issues are good most of them said that there is not much space allocated in the media for these issues. The workshop has helped the journalists to write reports in a better way. The content of the workshop was very satisfactory. Since majority of the journalists are from rural background and do not have any formal education or training in journalism, the workshop has helped them to write more innovatively, professionally and has oriented them to new trends in health communication.

Communication is part and parcel of development. Information is a pre-condition for development. Media should help articulate the grievances and local problems of the marginalized classes. Unfortunately poverty, health and rural development are not the priority issues of the media. Further media is urban centric and elite and have no social agenda. The fruits of democratization of media are not reaching the people at the grassroots level. The broad aim of media should be to give greater participatory role to the neglected and marginalized people. Unfortunately, this hasn't happened.

It is quite a fact that, women and children comprise vulnerable populations in terms of health and are gravely affected by the impact of economic inequalities through multi-dimensional outlet. Urban areas are believed to have better socioeconomic and maternal and child health indicators than rural areas. Therefore, the objective of this workshop in sensitizing the journalists in covering health issues related to women and children is appropriate in the current situation. It is also true that journalists who are from the rural areas will be able to elicit the desired result by disseminating the information required to its maximum effect.

Media and journalists more so, whose, sole consideration of news value depends on commercial factors should be sensitized towards social agenda. It is in this direction that workshop like this will come as savoir.

This type of workshop also helps the journalists who are from non media background. As seen in the above analysis most of the journalists have no formal background and have been in this field for many years. Workshop like these which are addressed by professionals, the ones who are and who have been part of the media with the same background will help them to address the issues more professionally and the less trained will learn the shades of journalistic writings. Overall, the workshop was successful with more and more

participants being vocal about their views. This kind of initiatives will definitely help in bringing the journalists together and make them understand the gravity of issues that are so inter connected with development.

*Note: The workshop was jointly organized by the UGC's University with Potential for Excellence Project of the University of Mysore and the UNICEF office for Karnataka and Andhra Pradesh. The workshop was held at the Karnataka State Women's University, Bijapur, Karnataka.*

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