

Research article

Role of Community Media in Promoting Preventive Healthcare Awareness: A Critical Study from Rural India

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ABSTRACT

The community media have been known as forms of participatory communication that have the potential of meeting local needs, providing a voice to the marginalized, and bringing about social transformation. Within the framework of population health, community media, and specifically community radio, is an important tool in raising awareness of preventive healthcare among rural and underserved people within the population who continue to receive inadequate service in mainstream and digital media. The paper is critical in discussing the role of community media in the dispensation of preventive health information, attitudes about health, and behavior change in rural India. Using development communication theory, participatory communication models, health communication models, participatory communication models, the study uses a qualitative-dominant mixed-methods approach based on the systematic literature review, secondary analysis of public health reports, and critical synthesis of the empirical research on community media interventions. The recommendations indicate that community media have a niche to breach the linguistic, cultural and trust barrier which inhibit the success of centralized health communication campaigns. Nonetheless, policy oversights, structural limitations and lack of integration with formal health systems are still a hindrance to their full potential. The paper makes the argument that community media as health communication intermediaries should be strengthened to promote inclusive development, preventive healthcare, and health equity.

INTRODUCTION

Preventive healthcare has become one of the main concerns of public health discourse with early intervention, health education, and behavioural change taking centre stage in attempts to lower the disease burden and healthcare spending. Communication is a key element that ensures preventative healthcare because people should not only get proper information, but also feel that it is pertinent, credible, and applicable in their daily lives. In rural and marginalized setting, however, preventative healthcare communication remains a subject of systematic struggles involving literacy, language, cultural assumptions, insufficient healthcare facilities and distrust of formalized institutions.

These issues are usually not tackled by mainstream mass media and digital health platforms. They are

usually standardized, urban-focused, and published in mainstream languages thus not applicable to rural citizens. Digital health projects, even though growing fast, are limited by the lack of infrastructures and the low levels of digital literacy in most rural areas. Here, community media (especially community radio) provide a different model of health communication based on participation, locality and cultural resonance. Community media are non-profit, community-owned platforms that are aimed at serving certain geographic or social communities. Community radio stations have also been identified as significant development communication tools such as health education in India. The current paper discusses the role played by community media in the process of preventing healthcare awareness in rural India, critically evaluating their strength in communication

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and structural weaknesses. The paper places community media in the context of more general discussions of health equity, participatory communication, and sustainable development.

Review of Literature

Health communication scholarship has been engaged extensively in the study of the relationship between communication and preventive healthcare. The exposure to information, the social norms and the interpersonal communication have a strong effect on preventive health behaviours like vaccination uptake, sanitation practices, maternal health care and nutrition (Nutbeam, 2008). According to scholars of development communication, the most ideal way of communication intervention is not to rely on information-giving to communities but to make them active participants in development.

The question of community media has been theorized as a form of participatory communication one that can bring about dialogue, local ownership, and empowerment. Community media differ in terms of horizontal communication, cultural relevance, and collective problem-solving, unlike the commercial or state-controlled media (Servaes, 2014). Indian and other Global South-based empirical research demonstrates that community-based radio programmes about health issues like maternal health, HIV/AIDS, sanitation, and nutrition have brought about better knowledge and in other instances, behaviour change (Jha et al., 2021). The literature on health communication inequality has indicated that disadvantaged populations tend to use interpersonal and community-based communication networks more than the mass and digital media (Viswanath and Finnegan, 1996). The community media operates between mass and interpersonal communication and has broadcast to the local interaction. This interdisciplinary essence leads to a growth in trust and understanding, especially in cases where the formal health systems are seen to be far or inaccessible. Nevertheless, researchers also indicate severe weaknesses in the functioning of community media. Limitations of financial resources, regulation, limited technical resources and reliance on short-term project finances influence sustainability and quality of content. In addition, the community media are not always properly incorporated into strategy-based approaches to health communication at the national level, which constrains development of institutional support and lasting influence (Rana, 2024).

Objectives of the Study

- To find out role of the community media in spreading awareness about preventive healthcare
- To examine the role of community media in overcoming language, cultural, and trust-based obstacles
- To evaluate role in preventing health knowledge and attitudes.

Research Method

The present study assumes a qualitative-dominant mixed-methods research design because of critical synthesis, instead of primary field experimentation. The approach to methodology combines three evidence sources: systematic review of scholarly literature, secondary analysis of reports on the policy of health and media, and comparative analysis of documented community media health interventions. The literature review will be based on peer-reviewed articles written since 2015 and 2024 in the areas of health communication, development communication, public health, and media studies. Keywords were used to search databases like Scopus, Web of science, PubMed, and Google scholar that included community media, community radio, preventive healthcare communication and rural health in India. The inclusion criteria centred on the empirical studies and rigorous reviews that identified communication processes and health outcomes. The secondary data was gathered using reports published by the World Health Organization, the Ministry of Health and Family Welfare, and national bodies that dealt with community radio, and public health outreach. These papers offered contextual information on policy frameworks, health priorities and communication strategies to preventive healthcare. Moreover, the paper summarizes results of reported case studies of the community radio stations who participated in health communication efforts. Based on the reported cases in scholarly and policy literature, they were compared to determine commonalities, best practices, and limitations.

Data Analysis and Interpretation

The qualitative study of the literature produced, policy documents, and written community media interventions demonstrates community media working as a system of culturally mediated communication but not just an alternative source of information. Thematic interpretation show that preventive healthcare messages are communicated using the community media which are mediated by the local social relations, linguistic practices and shared cultural meanings which play a significant role in influencing the understanding and taking of health information. In contrast to mass media campaigns being centralized and which presuppose a homogenous audience, community media communication is dialogic and iterative and offers health messages to continuously be interpreted, contested and refined in community settings. The discussion also shows that community media decrease cognitive and cultural distance between the health institutions and the rural population. Interpretive consistency between biomedical and everyday knowledge can be achieved by communicating health information using familiar voices and local dialects, and by using context-specific narratives. This interpretation plays a vital role in preventive health

care, where the recommended behaviours may need long term lifestyle modifications unlike short term measures. The reviewed studies also reveal that among low-literate populations, health messages distributed through community radio have a higher recall and comprehension than those distributed through print or digital mediums (Jha *et al.*, 2021; Rana, 2024).

Another aspect on which interpretation of secondary data leads us is that the success of community media depends on its incorporation with interpersonal communication networks. Radio programs with community members and leaders of self-help groups as content contributors had a higher credibility and social reinforcement. Preventive health messages were not known as outsider practices but as norms that were negotiated collectively. This is in line with the social diffusion theory as well as the social norms theory that underline the interpersonal mediation of behaviour adoption. Nevertheless, it is also shown in the course of this analysis that the community media performance in the existing conditions of isolation with healthcare service delivery restricts the translation of awareness into preventive action, which underscores the dependency between communication and service infrastructure.

Findings

The results suggest that community media have a significant positive effect on the preventive healthcare of rural and marginalized populations by overcoming structural communication barriers restricting the use of mainstream and digital health campaigns. Community media enhance access to information because they work in the local languages and oral forms that are available to the people with low literacy levels. This ease is especially relevant in preventive medicine areas like maternal health, nutrition, sanitation and vaccination, where poor understanding or incomplete knowledge may compromise health status. The other important finding is that media in the community promotes trust in health communication. Relational proximity between communicators and audiences is especially important in creating trust, not only because of accuracy of messages but also because of the launching of messages. The community media producers tend to be in the same social and cultural milieu as their listeners which minimizes perceptions of institutional distance and institutional coercion promoted by authority. This relational trust improves receptivity to preventative health messages particularly where health interventions that are led by states have been linked to lack of care or ostracism in the past. The results also indicate that community media help normalize preventive health behaviours since they entrench them into the day-to-day talk. The constant exposure to health-related discourse via community media slowly enters preventive practices in local discourses of responsibility, care, and

well-being. Nevertheless, the results also point towards the ongoing shortcomings. Limited technical training, financial precarity, and the model of funding community media health initiatives via project-based means hamper the stability and sustainability of such projects. Moreover, lack of systematic monitoring and evaluation systems complicates measurement of the outcomes of the behaviour change, which subsequently undermines the recognition of the policy and institutionalization.

DISCUSSION

The enlarged results trigger a serious reconsideration of the preventive healthcare communication paradigms. There is a tendency of dominant public health models of communication to be more concerned with scalability, technological efficiency, and uniformity of messages, which represent a logic of top-down governance. Conversely, community media are classic representations of a bottom-up communication ecology based on participation, cultural specificity and social learning. The research indicates that preventive healthcare communication works best when it is a form of dialogic interaction that views communities as co-creators of health knowledge as opposed to passive consumers. Communicating developmentally, the community media confront technocratic beliefs that failing to prevent poor health is solely due to lack of information. Rather, they pre-empt the position of social trust, cultural legitimacy and sense-making as a collective. This has serious consequences to digital health strategies that are becoming more focused on mobile applications and online platforms without considering contextual inequalities. Community media provide a remedy to the local agency and restructuring human interaction in the systems of health communication. More importantly, the peripheral role that community media plays in the national health communication policies is mirrored in the policy-making power imbalance. Practices of community-based knowledge and communication are not taken seriously as compared to the solutions that are expert-led and technology-focused. Such underestimation constrains the incorporation of community media into the preventive healthcare planning even with the presence of vast evidence of the communicative effectiveness of the community media. More justifiable health communication system would acknowledge community media to be vital intermediaries that can help to translate policy goals into socially significant practices.

CONCLUSION

This paper will conclude that community media has a critical but systematically ignored role in creating preventive healthcare awareness in rural India. Their ability to communicate in ways that resonated culturally, build trust and generate collective participation qualifies

them as the irreplaceable players in countering the inequalities in communication about health. Preventive healthcare cannot be obtained even with the means of centralized messages or digital platforms, which assume even access and literacy. Rather, it demands an architecture of communication infrastructures that are embedded in the life of the community and that are sensitive to the local realities. The paper also concludes that community media strengthening is not only about the support of other media but also is a planned entry to address the equity of the health of the population. The policy frameworks should not just be symbolic but should be institutionalized to offer long-lasting support, capacity building and integration into the healthcare delivery systems. By placing the idea of preventive healthcare communication in the context of participatory and human-centred paradigms, community

media can play an important role in the prevention of health disparities and inclusive development.

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