

Factors Effecting Economics Of Public Service Advertising Of Health Care Service Sector In Tripura, India

Dr. Dhananjoy Datta

Coordinator & Associate Professor, Faculty of Management Studies, ICFAI University, Tripura, Kamalghat, Sadar, Tripura West, Tripura, India

Dr. Prasenjit Pal

Assistant Professor (SS), Department of Extension and Social Sciences, College of Fisheries, Central Agricultural University (I), Lembucherra, Tripura

Abstract: Public service advertising related to health care service sector like Dengue, Women health, Smoking, Swine Flu, HIV / AIDS, Don't drink and drive, Anti-Alcohol, Cancer, Polio, Typhoid, Thalassemia, Drinking and smoking, Family Planning, Malaria, Iodine salt, Immunization for kids in government hospital etc. regularly carried out by the Government. To promote these philanthropic causes government spends lot of money every year. Hence, in this context this study is an attempt to examine the factors effecting economics of public service advertising of health care service sector in Tripura, India. This study is mainly based on the primary and secondary data. Percentage analysis through table, pie-chart, bar diagram, Chi square (χ^2) test, Phi, Cramer's V Value, Kaiser-Meyer-Olkin (KMO) test (0.919), the Barlett's Sphericity test and exploratory factor analysis were applied. However, from the whole analysis of the study it can be strongly conclude that the factors effecting economics of public service advertising of health care service sector in Tripura, India is very strong and effective. It is also observed that the study have provided positive outcome and further expansion of field study frequently basis may give more effective and efficient social wellbeing's.

Keywords: Public, Health, Advertising, Effect and Economics.

I. INTRODUCTION

By and large Indian healthcare Industry projected to increase to US\$ 280 billion by 2020, having a composite annual growth rate of 22.9 per cent. Healthcare service sector in India provide service in the area like, hospitals, nursing homes, diagnostics centers and pharmaceuticals which comprises of 65 per cent of the total market. There is a important opportunities for improving healthcare related services taking into consideration that healthcare related expenditure as a percentage of Gross Domestic Product (GDP) is increasing. In India, approximately 70 per cent of the population staying in rural areas, which is an emerging segment for health care service and potential demand, may arise. In context to that the Government also promotes important health care service sector related public awareness campaign are Dengue, Women health, Smoking, Swine Flu, HIV / AIDS, Don't drink and drive, Anti-Alcohol, Cancer, Polio, Typhoid, Thalassemia, Drinking and smoking, Family

Planning, Malaria, Iodine salt, Immunization for kids in government Hospital etc. Since the nineteenth century, advertising like outdoors advertising, electronic advertising and print advertising have continued to compete as a top communication channel. State Government and Central Government spends huge amount of money for promoting the social issues related to the health care service sector in India and the objective of the research work is to examine the factors effecting economics of public service advertising of health care service sector in Tripura, India. Therefore, in this regard there is an attempt to know some earlier research contribution happened in this area to understand the literature for the economics of public service advertising of health care service sector from the secondary sources which may make the Public Service Advertising related Health Care Service Sector more effective and successful.

Alves,T.,L., Poplavska, E., Mezinska,S., Kulikovska,L.,S., Andersone,L., Mantel-Teeuwisse,A.,K., Mintzes,B. (2018) report clarifies that the disease public

awareness campaign in Latvian media was low with international and European benchmark. This result increases apprehension about the kind of information being shared with the people through media and recommended that not to share incomplete or misleading information. Macpherson, L., M., D., (2018) article gives a general idea about the effectiveness of the activities carried out to increase cancer awareness and highlights the application of mass media for health related behavioral amendment. Further, it was found out that very much work is necessary to understand what information needs to add in the public awareness campaign to make them more effective and result oriented. Mydin, H., H., Ampikaipakan, S., Shayaa, S., Partridge, M., R., (2018) found that uses of social media are rapidly increasing as a technique to spread and communicate information on different diseases (asthma) to raise public awareness but the impact or effect of social media and online campaign is not widely known. The study report concludes that a strategic communication strategy including online and social media can rapidly increase the awareness among the public (Countries where asthma is not known and widely discuss). Yom-Tov, E. et al. (2018) research work on the effectiveness of public health advertisements to promote health: a randomized-controlled trial on 794,000 participants shows that organizations that use these sophisticated instruments to promote unhealthy products potentially may offer to pay a higher price for something than someone else. This research work also shows randomized-controlled trials (RCTs) is the ways to measure and improve the effectiveness of online public health interventions. Helsper, C., W., Janssen, M., P., Essen, G., A., V., Croes, E., A., Veen, C., D., Wit, A., G., D., & Wit, N., J., D., (2017) Study concluded that in a countrywide Hepatitis C virus (HCV) public awareness campaign, the intervention focusing on people who inject drugs (PWID) was effective and cost-effective. Further, interference focusing danger grouping population in general demonstrate only modest effect and can be considered less cost-effective. Lange, S., Vollmer, S., (2017) works recommend that economic development will not mechanically guide to progress of population health. Supplementary resources are also useful, but it mainly issues how they are allocated and how they are employ. In this context, there is a significant responsibility for public health department to make sure that supplementary resources make throughout economic growth are used in such a manner that most benefits reaches and touches the population health. Seymour, J., (2017) works suggest that a detailed public service awareness campaign or advertising for complete ranges of palliative care should be prepared on transparent and shared values basis with full cooperation of mass media targeting different ages, cultures, religious and spiritual point of view. Viljoen, E. W. et al. (2017) study indicated that mass media campaigns are a successful instrument to use as element of an approach to decrease optional use of salt in the midst of the population involving other techniques. In this context, survey involving different concerned community is also applied to increase the awareness among the respondents. Buykx, P., Li, J., Gavens, L., Hooper, L., Lovatt, M., Matos, E., G., D., Meier, P., & Holmes, J. (2016) research works shows that there is a low awareness related to the association among alcohol consumption and

cancer, specifically breast cancer. The study was focused on 2100 sample respondents using logistic regression to explore the relationship between alcohol and cancer related risk considering demographic profile, alcohol uses and other geographic variables and it was suggested that people's awareness can be increased by public service social marketing. Chandra, A., Sarkar, S., Adinarayanan, S., & Balajee, K. L., (2016) research works clarifies that the single way to control the palliative is to create mass awareness among the people concerned and increasing society contribution. In this regard, public service health awareness campaign should consist of parody, distribution of pamphlet, presentation of poster, visiting door-to-door information for creating awareness and general interface with palliative group in the rural community. Thakur, J., S., Prinja, S., Jeet, G., & Bhatnagar, N. (2016) concluded that cancer awareness and early on recognition campaign was capable to display practically to huge population. It was pointed out that the high economic cost of the campaign put an important load on public health system and on other program also. But creating awareness and early detection approach take up in the campaign appears to be effective with context to the fact that structural reviewing of the campaign does not takes place in India and in lots of developing nations. Devianbarasi, R., Mathivanan, M. (2015) article indicates that the non-commercial advertisements were attracting the attention of the viewers and were able to make aware about the advertisement message. This research works also mentioned that non-commercial advertisements should be more informative which may guide the viewers properly and at the same time it should not mislead or confuse the viewers. Foo, C Y., Lim, K K., Sivasampu, S., Dahian, K B., & Goh, P P. (2015) study inspect the activities dissimilarity of public ophthalmology service in public health care service in Malaysia, predicted the prospective productivity benefits and examined a number of issues that might clarify the degree of difference of performance and suggested that same kind of performance measurement should be followed and executed for all kind of healthcare services in our country for ensuring sustainable health care system. Hill, M. D., & Hayes, M. (2015) case study method based report suggested that a difference can be made among: i) awareness and attention and ii) awareness and knowledge for getting effective result as because awareness is a general aim of public service healthcare awareness campaign. Further recommended that public awareness campaign should focus on accurate cause related message and moreover campaign should look beyond merely gathering attention and generating common awareness. Laghari, T., M., Memon, A., A., Mustufa, M., A., Memon, A., W., Aishwani, M., K., Otho, M., S., (2015) works shows that awareness of intended respondents related to dengue specific indications and effectiveness of precautionary actions stays very low. Hence, it was advice to review the present awareness related activities at public level with appropriate significance to improve overall effect of precautionary aspect as it was also found from the study that the main source of information regarding dengue awareness was electronic media. In 2015, A research paper on Increasing the power of public awareness campaign clearly mentioned that the European Brain Council had emphasize on the large number of campaigners involvement to increase public

service awareness and campaign to change the people exaggerated by neurological disorders. Bazzo, S., Marini, F., & Black, D. (2014) result shows that public awareness campaign or advertising have come out as an efficient and effective technique to improve or enhance the knowledge of the risk of drinking during pregnancy. It was also found that through awareness campaign behavioral changes are possible to a large extent. Howe, C., Obgenova, O., & Milner-Gulland, E. J. (2012) carried out interview with 250 respondents to know the effectiveness of media for awareness campaign and very strongly concluded that public service awareness campaigns can be an effective and efficient tool for developing the attitudes towards cause or conversation, if it is structurally based on socio-demographics and cultural conditions of the target respondents. Wakefield M. A. et al. (2010) performed a study on Use of mass media campaigns to change health behavior and the study reveals that mass media campaigns can result positive changes or prevent negative changes in health-related behaviors across large scale populations related to use of tobacco, alcohol, and other drugs, heart disease risk factors, sex-related behaviors, road safety, cancer screening and prevention, child survival, and organ or blood donation.

RESEARCH GAPS: It can be seen from the review of literatures related to the factors effecting economics of public service advertising of health care service sector in Tripura, India, that no study has been conducted on these aspects in the state of Tripura. Hence, present study having in depth of the factors effecting economics of public service advertising of health care service sector in Tripura, India state perspectives covering various aspects of the factors effecting economics of public service advertising of health care service sector in Tripura, India is very significant for sustainable development of inequities in health outcomes.

OBJECTIVE OF THE STUDY: The research works is an attempt to examine the factors effecting economics of public service advertising of health care service sector in Tripura, India.

METHODOLOGY: This study is mainly based on the primary and secondary data. Primary data collected through pre-tested questionnaire with sample size 240 covering all districts in Tripura and secondary data collected from the various sources like Published report, Web Articles, Journals and research report etc. Comparative study for this research have been done through the assessment of existing research report, articles related to the literature for the factors influencing observational experience public service advertising of health care service sector. Percentage analysis through table, pie-chart, bar diagram, Chi square (χ^2) test, Phi, Cramer's V Value, Kaiser-Meyer-Olkin (KMO) test (0.919), the Barlett's Sphericity test and exploratory factor analysis were applied to test the research hypothesis with the help of SPSS.

II. FORMULATION OF HYPOTHESES

Based on the objectives of thesis, the main hypotheses were formulated to know the association between overall health care service sector related public service advertising

observation experiences and general socio-economic characteristics of respondents in the study area.

There is relationship between general socio-economic characteristics of respondents and overall health care service sector related public service advertising observation experiences in the study area (are associated).

RESEARCH QUESTIONS: The research questions for the research works are as follows:

What factors effects economics of public service advertising of health care service sector in Tripura, India?

III. RESULTS AND DISCUSSION DETAILS

This part mainly deals with the socio economic profile of the 240 sample respondents from all districts in Tripura, India. It is based on the analysis of field level study data collected in the year 2017 and 2018. As stated earlier, all districts in Tripura, India namely West Tripura district, Siphahijala district, Dhalai district, North Tripura district, Gomati district, Khowai district, Unakoti district, and South Tripura district were selected for the study. The Table 1 specifies that, most of the respondents were male married (37.1%) and unmarried (33.3%). The percentage of the female married and female unmarried was 15.4 percent and 12.9 percent respectively. The percentage of the Transgender and Widow was 0.4 percent each.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Female - Married	37	15.4	15.4	15.4
	Female - Unmarried	31	12.9	12.9	28.3
	Male	1	.4	.4	28.8
	Male - Married	89	37.1	37.1	65.8
	Male - Unmarried	80	33.3	33.3	99.2
	Transgender	1	.4	.4	99.6
	Widow	1	.4	.4	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 1: Gender of the Respondents

The Table 2 specifies that, most of the respondents covered in the research work were young respondents between 18 to 30 years age group (44.6 %), followed by middle aged between 31 to 50 years age group were 35.4 percent. The percentage of Old (Above 51 years) respondents engaged in survey was reasonably very less (20.0 %). From the Table 3, it reveals that nearly 34.6% of the respondents had received educated up to graduation level. 32.5 percent of the respondents had received Post graduation level education. 17.5 percent of the respondents had received Undergraduate level education. 9.6 percent of the respondents had received High school (11 to 12) level education. 2.9 percent of the respondents had received Secondary/ Middle school (6 to 10) level education. 2.1 percent of the respondents had received Doctorate level education. 0.8 percent of the respondents had received Primary school (Up to 5) level education. In total, practically 69.2 percent of the respondents had received graduation and above level of education out of the total 240

respondents. From the Table 4, it was observed that all caste presence in sample size were competitive in nature like General caste percent were 37.9 followed by Other backward caste 25.0 %, the scheduled caste 22.1 % and scheduled tribe presence were 15.0 per cent. From the survey, it was found that 47.9 percent of the respondents belonged Nuclear (Up to 4 family members) family structure. The percentage of respondents living in Joint family (Above 4 members) were 33.8 percent, Married couple (02 Person) family size were 9.6 percent and Single (01 Person) family size were 8.8 percent. Out of the total 240 sample size, it was found that 22.5 percent respondents were salaried from State Government, 20.8 percent respondents were students of different colleges and universities in Tripura, 19.3 percent respondents were self-employed covering profession like private tutor, farmer, business men etc., 18.3 percent respondents were salaried persons with private companies, 7.5 percent respondents were retired persons from different organizations, 5.1 percent respondents were educated house wife, 4.5 percent respondents were salaried with different Central Government organizations, 1.2 percent respondents were educated unemployed. The same can be noticed from the Table 6. In all the district of Tripura e.g. West Tripura district, Sipahijala district, Dhalai district, North Tripura district, Gomati district, Khowai district, Unakoti district, and South Tripura district from the total sample size of 240, it was found that 49.6 percent respondents were married, 45.8 percent respondents were single, 3.3 percent respondents were widow, 1.3 percent respondents were divorce. The same can be observed from the Table 7. The data presented in Table 8 on resident location of the respondents shows that nearly 52.1 percent of respondents stay in rural areas, 30.0 percent of respondents stay in urban areas, 17.9 percent of respondents stay in Semi Urban areas. Overall, 47.5 percent of the respondents have medium (5 to 10 years) Public service advertising observation experiences related to advertising on health care service sector, 32.5 percent of the respondents have below five 5 years (low) of Public service advertising observation experiences related to advertising on health care service sector and 20.0 percent of the respondents have high (11 Years and above) Public service advertising observation experiences related to advertising on health care service sector which is negligible and exceptionally less throughout the whole survey areas from the total 240 sample size (Table 9).

	Frequency	Percent	Valid Percent	Cumulative Percent
Middle (31 to 50 years)	85	35.4	35.4	35.4
Old (Above 51 years)	48	20.0	20.0	55.4
Young (18 to 30 years)	107	44.6	44.6	100.0
Total	240	100.0	100.0	

Source: Field Survey

Table 2: Age of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Doctorate	5	2.1	2.1
	Graduate	83	34.6	36.7
	High school (11 to 12)	23	9.6	46.3

MA. political science	1	.4	.4	46.7
Postgraduate	77	32.1	32.1	78.8
Primary school (Up to 5)	2	.8	.8	79.6
Secondary/ Middle school (6 to 10)	7	2.9	2.9	82.5
Undergraduate	42	17.5	17.5	100.0
Total	240	100.0	100.0	

Source: Field Survey

Table 3: Education or Literacy Status of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	General caste	91	37.9	37.9
	Other Backward Caste	60	25.0	62.9
	Schedule Caste	53	22.1	85.0
	Scheduled Tribe	36	15.0	100.0
	Total	240	100.0	100.0

Source: Field Survey

Table 4: Category /Caste of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Joint (Above 4)	81	33.8	33.8
	Married couple (02 Person)	23	9.6	43.3
	Nuclear (Up to 4)	115	47.9	91.3
	Single (01 Person)	21	8.8	100.0
	Total	240	100.0	100.0

Source: Field Survey

Table 5: Family Size / Structure of the Respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Business	1	.4	.4
	Farmer	2	.8	1.3
	Home maker	2	.8	2.1
	House wife	3	1.3	3.3
	House Wife	4	1.7	5.0
	Housewife	3	1.3	6.3
	NHM	1	.4	6.7
	NHM Contractual	1	.4	7.1
	Pensioner	1	.4	7.5
	Private tutor	1	.4	7.9
	Public	1	.4	8.3
	Retired Person	17	7.1	15.4
	Salaried - Central Government	8	3.3	18.8

	Salaried - Private	44	18.3	18.3	37.1
	Salaried - State Government	54	22.5	22.5	59.6
	Self-employed	44	18.3	18.3	77.9
	Student	50	20.8	20.8	98.8
	Un employed	1	.4	.4	99.2
	Unemployed	2	.8	.8	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 6: Occupational status or Type of Job of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Divorced	3	1.3	1.3	1.3
	In a Relationship	1	.4	.4	1.7
	Married	119	49.6	49.6	51.3
	Single	109	45.4	45.4	96.7
	Widow	8	3.3	3.3	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 7: Marital Status of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Rural	125	52.1	52.1	52.1
	Semi Urban	43	17.9	17.9	70.0
	Urban	72	30.0	30.0	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 8: Resident Location of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High (11 Years and above)	48	20.0	20.0	20.0
	Low (<5 Years)	78	32.5	32.5	52.5
	Medium (5 to 10 Years)	114	47.5	47.5	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 9: Public service advertising observation experiences related to advertising on Health care service sector of the Respondents

In health care service sector related public service advertisement telecasted in television observation experiences throughout the all study areas respondents have Medium (5 to 10 Years) observation experiences which is 42.9 percent, Low (<5 Years) observation experiences of health care service sector related public service advertisement telecasted in television is 32.5 percent and High (11 Years and above) observation experiences of health care service sector related public service advertisement telecasted in television is 24.6 percent (Table 10).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High (11 Years and above)	59	24.6	24.6	24.6
	Low (<5 Years)	78	32.5	32.5	57.1
	Medium (5 to 10 Years)	103	42.9	42.9	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 10: Health care service sector related public service advertisement telecasted in television observation experiences of the Respondents

In health care service sector related public service advertising published in the print media observation experiences throughout the all study areas respondents have Medium (5 to 10 Years) observation experiences which is 43.8 percent, Low (<5 Years) observation experiences of health care service sector related public service advertising published in the print media is 35.4 percent and High (11 Years and above) observation experiences of health care service sector related public service advertising published in the print media is 20.8 percent (Table 11).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High (11 Years and above)	50	20.8	20.8	20.8
	Low (<5 Years)	85	35.4	35.4	56.3
	Medium (5 to 10 Years)	105	43.8	43.8	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 11: Health care service sector related public service advertising published in the print media observation experiences of the Respondents

In health care service sector related public service advertising given in outdoor media observation experiences throughout the all study areas respondents have Medium (5 to 10 Years) observation experiences which is 45.4 percent, Low (<5 Years) observation experiences of health care service sector related public service advertising given in outdoor media is 34.2 percent and High (11 Years and above) observation experiences of health care service sector related public service advertising given in outdoor media is 20.4 percent (Table 12). In case of respondents family monthly income in all the study areas majority was falling in Medium (10,000 above-25,000 monthly family income) income group which is 45.9percent, High (25,000 above monthly family income) income group is 27.5 percent and Low (Up to 10,000 monthly family income) income group is 26.6 percent only. The same can be seen in Table 13.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High (11 Years and above)	49	20.4	20.4	20.4
	Low (<5 Years)	82	34.2	34.2	54.6

	Medium (5 to 10 Years)	109	45.4	45.4	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 12: Health care service sector related public service advertising given in outdoor media observation experiences of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	High (25,000 above)	66	27.5	27.5	27.5
	Low (Up to 10,000)	64	26.6	26.6	54.1
	Medium (10,000 above-25,000)	110	45.8	45.8	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 13: Family Monthly Income of the Respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Landless 0 hectare	34	14.2	14.2	14.2
	Large Above 2 hectare	26	10.8	10.8	25.0
	Medium 2 hectare	69	28.8	28.8	53.8
	Small 1 hectare	111	46.3	46.3	100.0
	Total	240	100.0	100.0	

Source: Field Survey

Table 14: Land Ownership in Area of the Respondents

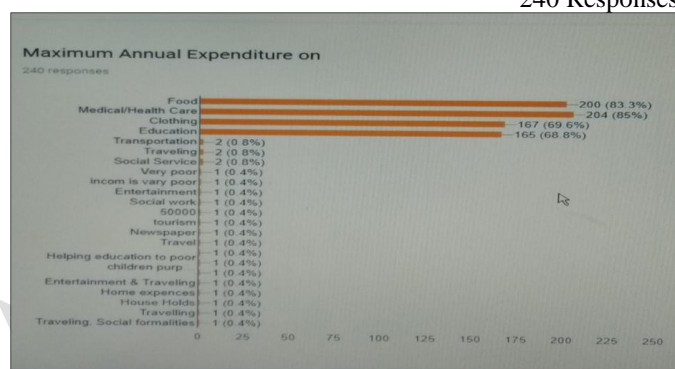
Majority (46.3 percent) of the respondents from all district in Tripura owned Small (1 hectare) land. Per cent of respondents holding medium size land (2 hectare) was 28.80 per cent, Landless (0 hectare) respondents percentage was 14.2 and Large (Above 2 hectare) landholdings respondents percentage was 10.8 per cent. From the Table 15, it appears that 46.3 percent of the respondents were holding both movable property and immovable property. 38.7 percent of the respondents were holding only Immovable Property. 13.8 percent of the respondents were holding only Movable Property but one interesting findings was that 1.2 percent of the respondents indicates that they were having nothing as movable property and immovable property. From the Figure 16 on maximum annual expenditure, it very clearly emerge that the respondents maximum expenditure takes places on medical or health care issues which was 85 percent. 83.3 percent expenditure takes places for food purpose, 69.6 percent expenditure takes places for clothing and 68.8 percent expenditure takes places for education. Apart from these expenditures, 2.00 percent expenditure takes places on transportation, travelling and social service etc. Again 1.00 percent expenditure takes places on expenditure headings like tourism, newspaper, household items, helping poor for education etc. But it was observed that maximum annual expenditure takes places medical or health care issues.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Both	111	46.3	46.3	46.3
	Immovable Property	92	38.3	38.3	84.6
	Movable Property	33	13.8	13.8	98.3
	No	1	.4	.4	98.8
	Nothing	1	.4	.4	99.2
	NOTHING	1	.4	.4	99.6
	We don't have any movable property	1	.4	.4	100.0
Total	240	100.0	100.0		

Source: Field Survey

Table 15: Types of Property Holding of the Respondents

240 Responses



Source: Field Survey

Figure 26: Maximum Annual Expenditure on

IV. HYPOTHESES ANALYSIS

The important demographic profile and socio-economic characteristics data of the 240 respondents from all eight districts which were corresponding to Gender of the respondents, Age of the respondents, Education or Literacy Status, Occupational status or Type of Job, Family Monthly income, Land Ownership in Area and Types of Property Holding were cross-tabulated [Chi square (χ^2) with the main nature of observation of Public service advertising observation experiences of the respondents related to advertising on Health care service sector. For this purpose, Chi square (χ^2) tests of independence were used. These tests establish whether two or more attributes are associated or not. The calculated value of Chi square (χ^2) was compared at 5% (0.05) level of significance. If the p value is less than the alpha value (0.05) then null hypotheses is rejected i.e. the attributes are associated or related but if the p value is greater than the alpha value (0.05) then alternative hypothesis is accepted i.e. the attributes are not associated or related. The phi coefficient ranges from 0 to 1 with smaller relationships being closer to 0 and larger relationships being closer to 1. Like the phi coefficient, Cramér's V statistic ranges from 0 to 1, with higher values indicating larger strengths of associations, or effect sizes. Hence, Phi & Cramer's V were calculated to know

the effectiveness, as the research objective is to examine the effectiveness of public service advertising related to advertising on health care service sector. Table 16 depicts that all the selected demographic profile and socio-economic characteristics like Gender of the respondents, Age of the respondents, Education or Literacy Status, Occupational status or Type of Job, Family Monthly income, Land Ownership in Area and Types of Property Holding are significantly related or associated with Public service advertising observation experiences of the respondents related to advertising on Health care service sector. From the Table 16, it also appears that the strengths of associations or effect or Influence sizes are very strong, strong and positive.

Sl. No.	Socio-economic characteristics	P-Value	5% (0.05) level of significance Ho is	Phi & Cramer's V Value	Status of Effectiveness/ Influence
1	Gender of the respondents	0.000	Rejected	.398 & .282	Strong and Positive Influence
2	Age of the respondents	0.000	Rejected	.603 & .426	Very Strong and Positive Influence
3	Education or Literacy Status	0.001	Rejected	.386 & .273	Strong and Positive Influence
4	Occupational status or Type of Job	0.000	Rejected	.568 & .401	Very Strong and Positive Influence
5	Family Monthly income	0.046	Rejected	.256 & .181	Positive Influence
6	Land Ownership in Area	0.000	Rejected	.343 & .243	Strong and Positive Influence
7	Types of Property Holding	0.000	Rejected	.422 & .298	Strong and Positive Influence

Source: Field Survey

Table 16: Important Socio-economic characteristics of the respondents from the study areas were Cross-tabulated [Chi square (χ^2) tests] with Public service advertising observation experiences of the respondents related to advertising on Health care service sector and calculation of Phi & Cramer's V to measure the effect of Influence:

The main factors consider for the study are Awareness level Increases due to Public Service Advertisement related to healthcare service sector through the Electronic, Print and Outdoor Media, Watch public service or public awareness advertisement or campaign related to healthcare service sector through the Electronic, Print and Outdoor Media, Electronic, Print and Outdoor Media Delivers more public service or public awareness advertisement or campaign related to healthcare service sector, Give Attempt to follow public service or public awareness advertisement or campaign related to healthcare service sector, Recall the public service or public awareness advertisement or campaign related to healthcare service sector, Public service or public awareness advertisement or campaign related to healthcare service sector can influence the cause of the massage, Quality, Output and Reach are good of the public service or public awareness advertisement or campaign related to healthcare service sector dubbed from other language to Bengali, Presently publicized public service or public awareness advertisement or campaign

related to healthcare service sector are easily understandable by general public, Interested and good production, Celebrity used in the publicized ad/program are more prominent than the awareness content in the presently public service or public awareness advertisement or campaign related to healthcare service sector, Presently publicized public service or public awareness advertise mentor campaign related to healthcare service sector are effective, Reacted on Presently publicized public service or public awareness advertisement or campaign related to healthcare service sector, Public service or public awareness advertisement or campaign related to healthcare service sector are represented in really good manner, Reduction in Consumption habits takes place due to Public service or public awareness advertising or campaign related to healthcare service sector and make you to be more moral and loyal, Public service or public awareness advertising or campaign related to healthcare service sector, you thought were poorly designed and/or placed, Overall reach ability are good of the recent government sponsored health care service sector related public service advertising among public, Health care service sector related public service advertisement can influence positively, Health care service sector related public service advertisement is effective in pursuing the message made for public cause, Health care service sector related public service advertising given in outdoor media is effective, Health care service sector related public service advertising published in the print media is effective, Health care service sector related public service advertisements telecasted in television are result oriented and Overall Public service advertising related to Health care service sector is result oriented. Here, an exploratory factor analysis was carried out representing by Table 17 to determine the factor structure of the scale. The Statistical analysis was carried out with the help of SPSS-16. Both the Kaiser-Meyer-Olkin (KMO) test (0.919) and the Barlett's Sphericity test indicated that the data is highly relevant for factor analysis (table 2). An exploratory factor analysis of the correlation matrix using a principal component analysis with varimax rotation was conducted to determine the factor structure. Out of 24 items, 24 items were included in 3 factors and as the factor coefficient loading were 0.40 of the recommended value (Tabachnick, B.G. and Fidell, L.S., 2013; Comrey, A. L., and Lee, H. B., 1992), were retained. Therefore, the final scale consists of 24 items spread over 3 factors.

Factor	Effectiveness	Public awareness	Different media coverage
Questions / Items	5,6,10,11,12,14,17,18,20,21,22,23,24	7,8,9,13,15,16,19	1,2,3,4
Total No. of Questions / Items	13	7	4

Table 17: Factor Analysis, KMO and Bartlett's Test (Factor wise questions / items)

Factor 1 explained 40.83% variance and 13 questions were loaded under it. As all these 13 questions relate to the effectiveness, the factor associated to them was named as 'Effectiveness'. Factor 2 explained 12.08% variance and 7 questions were loaded under it. Since these 7 questions relate to public awareness on Public Awareness Advertisement or Campaign related to Healthcare Service Sector, the factor

relates to them was named as 'Public Awareness'. Factor 3 explained 4.72% variance and is composed of 4 questions. As these 4 questions are centralized in a common factor associated to various types of benefits of various media coverage and their experiences on public regarding health care, so named as "media coverage".

V. CONCLUSION

Overall, 47.5 percent of the respondents have medium (5 to 10 years) Public service advertising observation experiences related to advertising on health care service sector, 32.5 percent of the respondents have below five 5 years (low) of Public service advertising observation experiences related to advertising on health care service sector and 20.0 percent of the respondents have high (11 Years and above) Public service advertising observation experiences related to advertising on health care service sector which is negligible and exceptionally less throughout the whole survey areas from the total 240 sample size. Table 16 depicts that all the selected demographic profile and socio-economic characteristics like Gender of the respondents, Age of the respondents, Education or Literacy Status, Occupational status or Type of Job, Family Monthly income, Land Ownership in Area and Types of Property Holding are significantly related or associated with Public service advertising observation experiences of the respondents related to advertising on Health care service sector. From the Table 16, it also appears that the strengths of associations or effect or Influence sizes are very strong, strong and positive. From factor analysis, variables were emerged as the prognostic factors that could affect economics of public service advertising of health care service sector significantly. The result of factor analysis is presented in Table 17 that shows the factors effecting economics of public service advertising of health care service sector in Tripura, India is creating effect among people. Hence, from the whole analysis of the study it can be strongly conclude that the factors effecting economics of public service advertising of health care service sector is effective and it is observed that the study have provided positive outcome and further expansion of field study frequently basis may give more effective and efficient social wellbeing's.

APPENDICES – II: LIST OF TABLES

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.919
Bartlett's Test of Sphericity	Approx. Chi-Square 3366.440
	df 276
	Sig. .000

Table 2: Results of KMO and Bartlett's Test

	Initial	Extraction
VAR00001	1.000	.837
VAR00002	1.000	.801
VAR00003	1.000	.762
VAR00004	1.000	.777
VAR00005	1.000	.569
VAR00006	1.000	.588
VAR00007	1.000	.481
VAR00008	1.000	.504
VAR00009	1.000	.485

VAR00010	1.000	.491
VAR00011	1.000	.486
VAR00012	1.000	.490
VAR00013	1.000	.491
VAR00014	1.000	.564
VAR00015	1.000	.539
VAR00016	1.000	.403
VAR00017	1.000	.386
VAR00018	1.000	.491
VAR00019	1.000	.444
VAR00020	1.000	.601
VAR00021	1.000	.682
VAR00022	1.000	.618
VAR00023	1.000	.682
VAR00024	1.000	.660

Extraction Method: Principal Component Analysis.

Table 3: Results of Communalities

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	9.799	40.831	40.831	9.799	40.831	40.831	6.326	26.357	26.357
2	2.900	12.085	52.916	2.900	12.085	52.916	4.194	17.476	43.833
3	1.132	4.719	57.634	1.132	4.719	57.634	3.312	13.801	57.634
4	.967	4.030	61.664						
5	.954	3.973	65.638						
6	.856	3.566	69.204						
7	.749	3.120	72.324						
8	.732	3.049	75.373						
9	.659	2.746	78.120						
10	.583	2.431	80.551						
11	.526	2.191	82.741						
12	.491	2.045	84.786						
13	.460	1.918	86.704						
14	.442	1.842	88.547						
15	.400	1.666	90.212						
16	.373	1.553	91.765						
17	.342	1.426	93.191						
18	.311	1.294	94.486						
19	.290	1.210	95.695						
20	.249	1.037	96.732						
21	.239	.998	97.729						
22	.221	.919	98.648						
23	.174	.725	99.373						

24	.150	.627	100.00					
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Extraction Method: Principal Component Analysis.

Table 4: Results of Total Variance Explained

	Component		
	1	2	3
VAR00001	.105	.098	.903
VAR00002	.106	.128	.879
VAR00003	.090	.048	.867
VAR00004	.062	.094	.874
VAR00005	.621	.404	.141
VAR00006	.599	.455	.150
VAR00007	.413	.551	.087
VAR00008	.417	.575	-.003
VAR00009	.359	.595	.050
VAR00010	.520	.445	.149
VAR00011	.531	.449	.052
VAR00012	.518	.450	.138
VAR00013	.159	.679	.072
VAR00014	.555	.502	.060
VAR00015	.124	.716	.106
VAR00016	.366	.473	.213
VAR00017	.517	.338	.067
VAR00018	.661	.226	.055
VAR00019	.356	.561	.052
VAR00020	.714	.295	.064
VAR00021	.780	.237	.129
VAR00022	.767	.172	.016
VAR00023	.799	.191	.082
VAR00024	.770	.244	.085

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

Table 5: Results of Rotated Component Matrix^a

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