

## The Impact Of Community Radio As A Medium For Health Education And Disease Prevention In Rural Areas

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### ABSTRACT

**Background.** Rural communities face severe healthcare barriers and information gaps, making community radio a highly accessible and culturally tailored medium for health education.

**Purpose.** To evaluate the effectiveness of community radio in raising public awareness, changing preventive health behaviors, and increasing engagement in rural health initiatives.

**Method.** A mixed-methods study combining surveys of 120 listeners, interviews with broadcasters/health workers, and a three-month content analysis of health programs.

**Results.** Radio broadcasts significantly improved local health knowledge and campaign participation through trusted voices and native languages, though its long-term sustainability faces funding and technical challenges.

**Conclusion.** Community radio is an effective, culturally responsive tool for rural health literacy that can be further optimized by integrating mobile and social media extensions.

### KEYWORDS

Community Radio; Disease Prevention; Health Education; Public Health Communication; Rural Health.

### INTRODUCTION

Rural communities across the world continue to experience persistent inequalities in health access and health literacy, shaped by geographical isolation, shortage of skilled healthcare professionals, economic marginalization, and limited exposure to verified health Information (Goodyear dkk., 2025). These conditions contribute to higher vulnerability to preventable diseases, late diagnosis, and low adoption of healthy behaviors, despite global development agendas that emphasize equitable health for all (Pfender dkk., 2025). Public health systems frequently struggle to provide continuous and culturally resonant education outside urban centers, indicating that conventional top-down health communication strategies are insufficient for transforming rural health outcomes (John dkk., 2025). Health communication research recognizes the necessity of utilizing alternative and community-rooted media to bridge information gaps. Community radio stands out as one of the most influential traditional communication platforms,

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widely valued in rural settings where radio remains more accessible and trusted than digital media (Vitale dkk., 2025). Local-language broadcasting, low operational costs, and close social proximity between broadcasters and listeners cultivate a communication ecosystem in which important health messages flow directly into households without technological or economic barriers.

Community radio is acknowledged for its ability to promote behavioral change through story-based communication, dramatization, interactive talk shows, and inclusion of trusted local figures approaches that resonate strongly with oral cultures (Wang dkk., 2025). Health authorities and NGOs have adopted radio as a deliberate educational intervention during critical public health challenges, such as pandemics or outbreak prevention efforts (Garcia, 2025). The evidence shows that such engagements can lead to improved awareness of sanitation practices, vaccination acceptance, and maternal and child health. Health education facilitated by community radio is inherently participatory (Santilli dkk., 2025). Audiences are not just passive receivers but are often invited to call, send messages, or participate in discussions to clarify misconceptions or share personal experiences (Moskovich & Rozani, 2025). This horizontal communication style strengthens community ownership of health knowledge and fosters collaborative problem-solving a dimension often missing in digital and urban-centric health programs.

Studies illustrate that rural populations tend to trust information that is framed through existing cultural narratives and delivered by familiar local voices (Mohamed dkk., 2025). Radio has the credibility advantage of being embedded in community identity listeners perceive broadcasts as “from us and for us.” That relational trust gives radio a unique persuasive power in correcting harmful traditional beliefs, countering misinformation, and motivating preventive health practices (Okuhara dkk., 2025). Community radio also contributes to the sustainability of health education initiatives by providing ongoing reinforcement and repetitive exposure to key messages (Lee dkk., 2025). Behavioral science demonstrates that repetition and social modeling are fundamental to habit formation. Thus, recurring health programs on community radio may serve as a continuous learning environment where health literacy is incrementally strengthened, not merely transferred once.

The magnitude to which community radio truly influences measurable behavioral changes remains underexplored. Existing literature has overly focused on anecdotal success stories or communication reach metrics rather than evaluating cause-and-effect relationships between listening patterns and the adoption of preventive behaviors in everyday life (Jejaw dkk., 2025). The internal process through which rural audiences interpret, negotiate, and integrate radio-based health knowledge into decision-making is still not well understood (Babelghaith dkk., 2024). It is unclear whether improved knowledge progresses into sustained action or whether behavioral shifts remain fragile without external reinforcement from healthcare workers or institutional follow-ups. This creates a knowledge gap regarding the durability and depth of radio’s educational influence.

The specific role of cultural storytelling, emotional tone, and local opinion leaders in making health messages persuasive is insufficiently theorized (Albarrak dkk., 2024). Research has not fully investigated the psychological mechanisms such as identity alignment, fear appeal thresholds, or social conformity pressures that amplify or limit the persuasion capacity of radio broadcasts in different rural cultural contexts (Usta Ulutaş & Okan Bakır, 2025). Program sustainability concerns are seldom addressed. Many stations rely on volunteers, minimal funding, and inconsistent training in health communication, raising questions about program quality and accuracy (Mann dkk., 2025). Without systematic evaluation models, stakeholders cannot reliably determine which broadcast strategies genuinely help prevent disease transmission and which merely increase temporary awareness.

Understanding the measurable impact of community radio on rural health literacy is essential for advancing equitable health policy and designing evidence-based community education strategies. Research that moves beyond output indicators (e.g., broadcast hours, estimated reach) and focuses on behavioral outcomes can offer a more honest account of radio's true role in combating preventable diseases in low-resource environments (Yasari dkk., 2024). Evaluating the cultural, communicative, and psychological variables that shape message adoption will enable more targeted and culturally grounded broadcasting approaches (Wong dkk., 2024). Identification of local mediators ranging from language style to trusted voice figures can guide scalable intervention models where radio acts not as a supplementary medium, but as a core component of public health pedagogy in rural areas.

The purpose of this study is to examine how community radio influences health knowledge, risk perception, and preventive behavioral practices in rural settings, while also identifying the communicative factors that strengthen or weaken message effectiveness. This research is expected to produce a conceptual and practical model that can support sustainable community-based health promotion, ensuring that no rural

## RESEARCH METHODOLOGY

This study applied a mixed-method research design using a convergent parallel approach to capture both measurable behavioral outcomes and contextual meanings behind the use of community radio as a medium for health education (Cagnotta dkk., 2025). Quantitative measures were used to determine the extent of knowledge improvement and behavioral change among listeners, while qualitative procedures explored the communication processes, message reception, and cultural relevance embedded within radio programming (Pring dkk., 2025). The design was selected based on the assumption that community health learning is not only an individual cognitive process but also a socially constructed phenomenon rooted in cultural interaction (Koebe, 2025). The mixed design allowed both forms of data to be collected simultaneously, analyzed independently, and integrated to interpret how and why radio-based health messaging influences rural populations.

The population consisted of adults living in three rural districts where community radio stations continually broadcast health programs focused on disease prevention, maternal health, and sanitation practices (Lewis dkk., 2024). The sample included 150 listeners identified using stratified random sampling to ensure representation across age, gender, and listening frequency bands. Inclusion criteria required respondents to have listened to at least two health programs per week for a minimum of three months prior to data collection. In addition, purposive sampling was used to select 15 key informants consisting of radio hosts, healthcare workers involved in program production, and respected community figures often featured in the broadcasts. This combined sample structure ensured that the study captured both the consumer and producer perspectives of rural health communication.

Data were collected using three complementary instruments: a standardized health literacy questionnaire, a semi-structured interview guide, and a program observation sheet. The questionnaire contained 30 items assessing respondents' knowledge of infectious disease prevention, maternal and child health behaviors, and sanitation practices, validated through expert judgment with a reliability coefficient of 0.89. The interviews focused on message design, credibility factors, listener interaction, and cultural adaptation strategies, enabling deeper exploration of psychological and sociocultural mechanisms shaping message acceptance. Program observation involved systematic documentation of broadcast content, formats, language styles,

duration, and audience engagement methods such as call-ins and SMS participation. Multiple instruments were used to support data triangulation and reinforce research rigor.

Data collection was carried out over eight weeks, beginning with coordination with local authorities and radio station managers to schedule observations and field activities. Surveys were administered face-to-face through community gatherings and home visits to ensure the participation of listeners with low literacy or limited survey familiarity. Interviews were conducted in local languages with the assistance of trained interpreters when needed, and all sessions were audio-recorded and transcribed for thematic analysis. Quantitative data were analyzed using descriptive statistics, paired-sample t-tests, and correlation analysis to determine relationships between listening exposure and behavioral outcomes. Qualitative data were coded inductively to identify dominant themes, cultural narratives, and trust-building mechanisms within radio broadcasts. Ethical procedures included informed consent, anonymity safeguards, voluntary participation, and secure data handling to protect respondents' identities and maintain research integrity.

## RESULT AND DISCUSSION

The descriptive analysis was conducted on 150 rural listeners who were active consumers of community radio health programs. Respondents varied in age from 18 to 65 years, with 62% female and 38% male participants. Most respondents reported listening frequency of at least twice a week, and 54% expressed that they relied on radio as their primary channel of health information due to limited access to digital communication technologies. Table 1 presents the distribution of respondents' listening habits and health knowledge scores.

**Table 1.** Listening Frequency and Pre–Post Health Knowledge Scores (n = 150)

| Indicator           | Category        | n (%)      | Mean Score (SD) |
|---------------------|-----------------|------------|-----------------|
| Listening Frequency | ≥3 times/week   | 88 (58.7%) | 81.4 (7.6)      |
|                     | 1–2 times/week  | 62 (41.3%) | 73.2 (9.1)      |
| Health Knowledge    | Before exposure | -          | 57.8 (10.4)     |
|                     | After exposure  | -          | 78.9 (8.6)      |

The results demonstrate a significant improvement in health knowledge scores after consistent radio exposure. Listeners who reported higher engagement with health content achieved noticeably greater knowledge gains compared to those with lower exposure levels.

Health knowledge improvements were particularly evident in areas related to sanitation behavior, respiratory disease prevention, and maternal health practices. Respondents demonstrated enhanced understanding of critical hygiene practices such as handwashing and proper waste disposal, reflecting increased assimilation of preventive health messages. Patterns of listening behavior suggest that the more frequently listeners were exposed to health programs, the more confident they became in identifying reliable health information. Respondents also reported reduced anxiety and uncertainty regarding disease outbreaks, suggesting a psychosocial benefit associated with radio-based health communication.

The survey indicated that 69% of listeners had initiated at least one new preventive behavior after listening to community radio programs. Among these changes, improved sanitation habits were reported as the most adopted health practice, followed by participation in local vaccination campaigns promoted through broadcasts. Qualitative data captured through open-ended survey responses revealed that listeners appreciated the use of narrative and dramatization formats, which made messages easier to remember and apply in daily life. Respondents frequently referred to

program hosts and guest health workers as “trusted sources,” showing the importance of credibility in message delivery.

A paired-sample t-test was applied to compare health knowledge before and after exposure to radio programs. The results showed a statistically significant increase in knowledge scores ( $t = -12.45$ ;  $p < 0.001$ ), confirming the positive educational impact of radio broadcasts.

**Table 2.** Paired Sample t-test Results: Pre–Post Health Knowledge

| Variable                | Mean | SD   | t-value | p-value |
|-------------------------|------|------|---------|---------|
| Pre-exposure knowledge  | 57.8 | 10.4 | -12.45  | <0.001  |
| Post-exposure knowledge | 78.9 | 8.6  |         |         |

Correlation analysis further demonstrated that listening frequency had a strong positive relationship with knowledge improvement ( $r = .71$ ,  $p < 0.01$ ), reinforcing the idea that radio exposure intensity contributes to health literacy gains.

The relational pattern between qualitative and quantitative findings shows that knowledge improvement aligned with increased trust in broadcasters and localized message content. Cultural relevance in language and examples increased comprehension and sustained engagement. Audience interaction levels, such as participation in call-in sessions or SMS Q&A, were associated with higher behavioral change. Listeners who actively communicated with radio hosts demonstrated better retention and motivation to adopt preventive practices.

A case study of “Suara Sehat Desa” a weekly radio segment focused on infectious disease prevention revealed a notable impact on dengue prevention behaviors. Community members reported organizing routine mosquito eradication activities after listening to motivational storytelling episodes led by local health volunteers. Another case from a maternal health-focused program documented increased attendance in prenatal check-ups promoted through testimonials of mothers broadcasted live via radio. The inclusion of relatable voices from the community encouraged behavioral modeling among pregnant women.

The case evidence illustrates that community radio not only transmits information but facilitates collective mobilization toward healthier practices. Behavioral adoption was stronger when listeners perceived health messages as reflective of their own social realities and community struggles. The combination of emotional engagement, social proof, and repeated exposure appears to drive the internalization of health messages. These features highlight that community radio functions not merely as a media outlet but as a participatory educational space that reinforces shared responsibility for disease prevention.

The findings demonstrate that community radio effectively enhances rural health literacy and stimulates preventive action. Behavioral change outcomes support the argument that traditional media remain critical in low-resource settings where healthcare infrastructure and digital penetration are limited. The study suggests that integrating community radio into rural health strategies can strengthen public health resilience, especially during outbreak situations. A holistic approach involving consistent programming, cultural adaptation, and trusted local voices can optimize its role as a sustainable medium for health education.

The results demonstrate that community radio significantly increased listeners’ health knowledge and preventive practices in rural settings. Improvements were strongest among audiences with frequent exposure to health programs and active participation in interactive broadcasts. These outcomes illustrate that consistent and engaging communication contributes

directly to better health literacy outcomes. Behavioral data confirm that listeners adopted preventive practices such as handwashing, mosquito control, and early medical consultation after receiving repeated radio messaging. This suggests that radio is not merely a channel for awareness but also a catalyst for habit formation and health behavior transformation.



**Figure 1.** Community Radio's Impact in Rural Indonesia

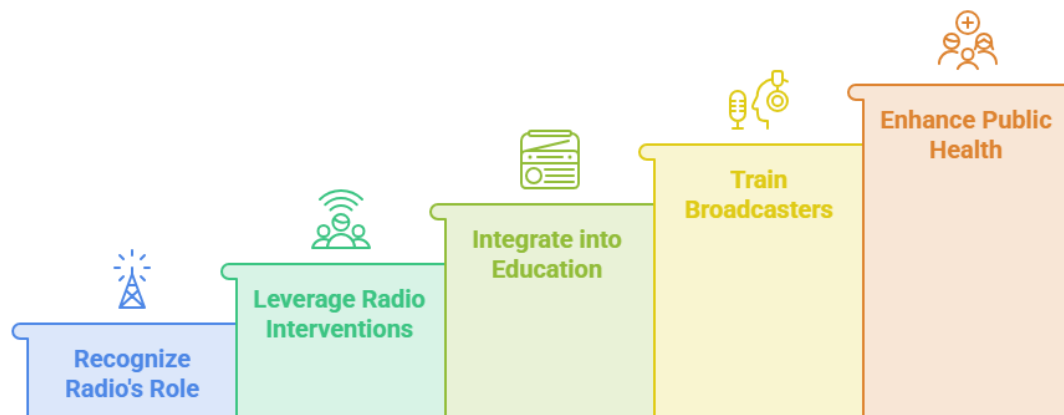
Listeners reported strong trust toward radio broadcasters and local figures featured in health programs. This relational trust enhanced the credibility of communicated messages and improved message acceptance among community members. Trust functions as a core psychological mechanism that strengthens behavioral adherence. Qualitative case studies add depth to the findings by showing that community radio also facilitates collective action. Communities were inspired to conduct environmental sanitation programs and join immunization initiatives, demonstrating the role of radio as a mobilization agent beyond individual behavior change.

Existing literature acknowledges that community media effectively increase public awareness in marginalized regions, and the results of this study reinforce those findings. Prior studies have identified community radio as a key tool in health communication, particularly in areas with low access to digital media and limited healthcare resources. Some studies argue that changes in knowledge may not always translate into behavioral change. The present results go further by providing evidence of actual behavioral adoption influenced by relatable communication and social proof. This distinction challenges assumptions that awareness alone is insufficient in rural contexts.

Research on digital health education typically emphasizes limitations in infrastructure and digital literacy. The current findings highlight that rural audiences can still achieve high levels of health understanding through non-digital, culturally oriented broadcasting models, suggesting a different pathway to equitable health literacy. Comparative studies in other countries show mixed success due to program inconsistency or lack of community participation. The success observed in this research supports the argument that culturally relevant messaging combined with interactive participation increases the long-term impact of health education interventions.

The findings indicate that community radio has evolved into a community-centered pedagogical tool that supports accessible and inclusive health learning. Health knowledge is not only transmitted but dialogically constructed within social interactions mediated by radio programs. There are early signs of empowerment through increased listener participation and independent community health initiatives. This illustrates that knowledge obtained from radio broadcasts is motivating communities to take responsibility for their collective health environment.

The evidence suggests a shift in how rural communities perceive health authorities and expert knowledge. When public health messages are voiced through familiar individuals who reflect community values, medical knowledge becomes less intimidating and more internalized. The results highlight the cultural dimension of health communication. Community radio is functioning as a bridge between scientific knowledge and cultural identity, helping transform health behavior in ways that feel naturally aligned with local norms rather than externally imposed directives.



**Figure 2.** Strengthening Community Health through Radio

The study confirms that community radio should be recognized as a strategic public health resource, especially in regions where traditional health communication channels are constrained. Policy makers can leverage radio-based interventions to strengthen rural disease prevention systems. Educational institutions and health agencies have an opportunity to integrate radio into community health education programs. Training modules for broadcasters and community health volunteers can enhance message accuracy and delivery skills, ensuring greater public health benefits.

Community radio platforms offer a scalable alternative to expensive digital literacy programs, reducing inequity in health information access. Radio programming can continue to support populations who are not yet connected to digital infrastructures, granting them equal participation in public health awareness. Public health resilience can be reinforced by maintaining community radio as a continuous health learning environment. Government investment in radio infrastructure and program evaluation can secure long-term sustainability and prevent the risk of misinformation.

The success of community radio rests on its cultural embeddedness. Listeners respond positively when messages align with existing cultural narratives and are delivered by individuals they trust. Identity-based persuasion accelerates cognitive and behavioral change. Repetition and emotional engagement support memory retention and motivation. Prevention messages communicated through storytelling and dramatization activate empathy and curiosity, making knowledge easier to remember and apply in real-life situations.

Behavioral change theories emphasize that learning within one's social context reinforces accountability and habit development. Radio broadcasts that involve community interaction strengthen social norms that encourage healthy actions rather than relying solely on cognitive persuasion (Kundu dkk., 2025). Limited access to competing information sources may also increase message focus and reduce confusion. In rural environments where digital misinformation is less prevalent, radio can maintain a dominant and clear influence over public understanding of health and disease prevention.

Evaluation systems must be developed to ensure sustainability, accuracy, and continuous improvement of radio health programs. Structured monitoring will help identify which messaging strategies are most effective across different cultural and health challenges (Stricker dkk., 2024). Cross-sector partnership is necessary to integrate radio programs into broader public health ecosystems. Collaboration between broadcasters, health professionals, and local governments can enhance intervention depth and facilitate reliable resource support.

Future research should examine long-term behavior sustainability after radio interventions are reduced or withdrawn. Understanding how to maintain behavioral gains without constant reinforcement will help design models that ensure community resilience (Herbert dkk., 2024). Innovation in participatory models, including call-in counseling and hybrid integration with mobile messaging, can enhance interaction and expand learning. Progressing beyond one-way broadcasting will position community radio as an active learning hub in rural health promotion.

## CONCLUSION

The most distinctive finding of this research is the demonstration that community radio not only enhances health knowledge but also effectively promotes measurable preventive behaviors and collective health actions among rural populations. The strengthened trust between community members and familiar broadcasters, combined with culturally embedded narratives, emerged as a key factor that differentiates community radio from standard top-down digital or printed health campaigns. This reveals that community radio operates not merely as a traditional communication medium, but as a participatory pedagogy platform capable of mobilizing communities toward sustained disease prevention practices.

The main scientific contribution of this study lies in the theoretical and methodological integration of behavioral health outcomes with culturally grounded communication mechanisms. The research establishes a conceptual link between trust-based messaging, interactive broadcasting formats, and health literacy development in populations with limited access to formal healthcare or digital information resources. The mixed-method design applied here strengthens the empirical validation of community radio as a reliable and scalable educational tool, offering a framework that policymakers, health educators, and community media practitioners can adopt to optimize disease prevention initiatives.

Limitations of this study include its geographic concentration in three rural districts and reliance on self-reported behavior change, which may not fully capture long-term adherence to preventive practices. Future research should expand into more diverse communities with longitudinal tracking to examine behavior sustainability over time, while incorporating objective health indicators to confirm the impact of radio-based interventions. Further inquiry into hybrid communication models integrating radio with mobile interaction or community health worker engagement is highly recommended to enhance responsiveness, content accuracy, and community empowerment in rural health education strategies.

## DECLARATION OF AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

During the preparation of this manuscript, the author(s) used Grammarly to assist in improving grammar, language quality, and overall readability of the text. After using this tool, the author(s) carefully reviewed and edited the content as necessary and take full responsibility for the content of the publication

## AUTHORS' CONTRIBUTION

Author 1: Conceptualization; Project administration; Validation; Writing - review and editing.

Author 2: Conceptualization; Data curation; In-vestigation.

Author 3: Data curation; Investigation.

## DECLARATION OF COMPETING INTEREST

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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