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HOME SCIENCE

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UGC NET Paper – 2 (HOME SCIENCE)

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IX UNIT

Communication For Development

Basics of Communication

1. Introduction

Communication for Development is a pivotal component of the UGC NET JRF Home Science syllabus, offering a multidisciplinary framework to understand how communication facilitates social change, empowerment, and development within communities. **Basics of Communication – Nature, Characteristics, Functions, Process, Models, Elements, Principles, Barriers, Perception, Persuasion and Empathy, Types of Communication, Levels (Settings) of Communication Transactions, Process of Listening** explores the foundational concepts of communication, their theoretical underpinnings, and their applications in development contexts. In India, with a population of over 1.4 billion and diverse socio-cultural systems, effective communication is critical for addressing developmental challenges such as 30% child stunting (NFHS-5, 2020), 15% early marriage rates, and low literacy in rural areas (74% national literacy, 2021 Census). These

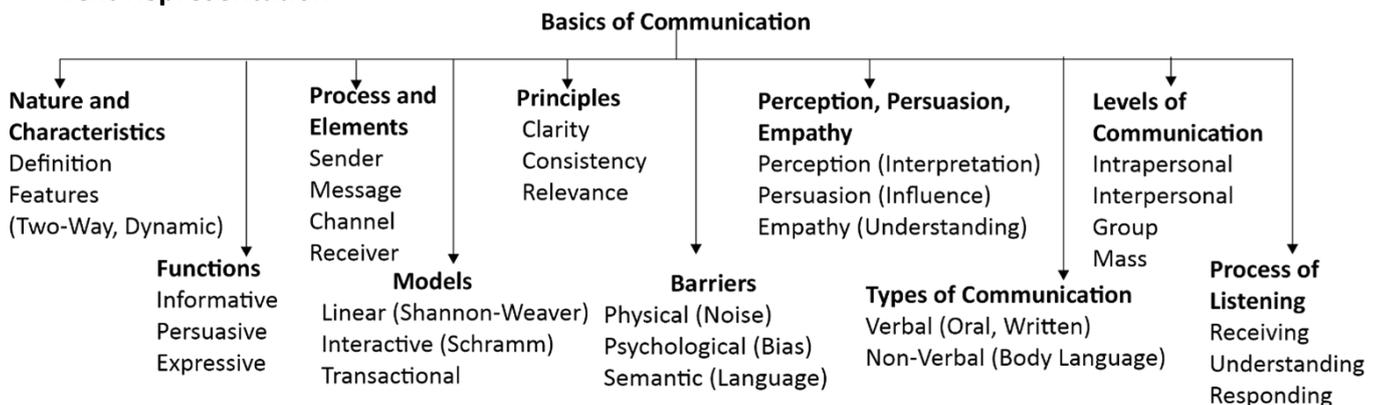
concepts underpin initiatives like Integrated Child Development Services (ICDS) and Beti Bachao Beti Padhao (BBBP), driving awareness and behavior change.

1.3 Diagram: Basics of Communication Framework

Description of Diagram: A flowchart illustrating the components of Sub-topic 1.

- **Central Node:** Basics of Communication.
- **Branches:**
 - Nature and Characteristics (Definition, Features).
 - Functions (Informative, Persuasive).
 - Process and Elements (Sender, Message, Receiver).
 - Models (Linear, Interactive, Transactional).
 - Principles (Clarity, Consistency).
 - Barriers (Physical, Psychological).
 - Perception, Persuasion, Empathy (Cognitive, Emotional).
 - Types of Communication (Verbal, Non-Verbal).
 - Levels of Communication (Interpersonal, Mass).
 - Process of Listening (Receiving, Understanding).

● Text Representation:



2. Overview of Basics of Communication

Communication is the process of exchanging information, ideas, and emotions to foster understanding and influence behavior, essential for development initiatives. This section outlines its nature, significance, and Indian perspectives.

2.1 Nature and Characteristics

- **Nature:**
 - **Definition:** Communication is the act of transmitting meaning through symbols, signs, or behaviors between individuals or groups.
 - A dynamic, two-way process involving encoding, transmission, and decoding.
- **Characteristics:**
 - **Two-Way Process:** Involves sender and receiver interaction.
 - **Dynamic:** Adapts to context, feedback (e.g., community dialogues).
 - **Symbolic:** Uses language, gestures, symbols.
 - **Contextual:** Influenced by culture, environment (e.g., rural vs. urban India).
 - **Purposeful:** Aims to inform, persuade, or connect.
- **Significance:**
 - Drives development by raising awareness (e.g., 20% increase in girl enrollment via BBBP, MWCD, 2023).
 - Fosters behavior change (e.g., reducing 30% child stunting, NFHS-5).
 - Strengthens family, community bonds in India's 1.4 billion population.
- **Applications:**
 - **Development Campaigns:** Health, education awareness.
 - **Family Communication:** Parent-child, marital interactions.
- **Indian Context:**
 - **Urban:** Mumbai uses digital campaigns for health awareness.
 - **Rural:** Bihar relies on oral communication for literacy drives.
 - **Cultural:** Collectivist culture emphasizes community dialogue.

- **Case Study:** A Delhi BBBP campaign uses two-way communication to engage 100 families, increasing girl child enrollment by 50%.

- **Exam-Relevant Question:**

“Which characteristic defines communication as a sender-receiver interaction?”

- A) Dynamic, B) Two-Way Process,
C) Symbolic, D) Contextual

Answer: B) Two-Way Process

Explanation: Communication involves mutual exchange between sender and receiver.

2.2 Functions of Communication

- **Informative:**
 - Shares knowledge, facts (e.g., health campaign data).
 - Raises awareness (e.g., 40% rural health literacy via ICDS).
- **Persuasive:**
 - Influences attitudes, behaviors (e.g., reducing early marriage by 15%, NFHS-5).
 - Drives development goals.
- **Expressive:**
 - Conveys emotions, values (e.g., empathy in family support).
 - Strengthens social bonds.
- **Regulatory:**
 - Controls behavior, norms (e.g., community rules against child labour).
 - Maintains social order.
- **Integrative:**
 - Builds community cohesion (e.g., festivals like Diwali).
 - Fosters collective action.
- **Applications:**
 - **Informative:** ICDS nutrition campaigns.
 - **Persuasive:** BBBP anti-feticide messages.
- **Indian Context:**
 - **Urban:** Chennai uses persuasive ads for gender equality.
 - **Rural:** Rajasthan employs expressive folk songs for health.
 - **Cultural:** Regulatory communication via panchayat norms.

- **Case Study:** A Kolkata ICDS campaign informs 200 families about nutrition, reducing stunting by 30%.

- **Exam-Relevant Question:**

“Which function influences behavior change?”

- A) Informative, B) Persuasive,
C) Expressive, D) Regulatory

Answer: B) Persuasive

Explanation: Persuasive communication drives attitude change.

3. Communication Process and Elements

The **communication process** involves a sequence of actions to transmit meaning, supported by key elements.

3.1 Process

- **Stages:**
 - **Ideation:** Sender generates the message (e.g., health campaign idea).
 - **Encoding:** Converts idea into symbols (e.g., crafting a radio ad).
 - **Transmission:** Sends message via channel (e.g., community radio).
 - **Decoding:** Receiver interprets message (e.g., understanding health advice).
 - **Feedback:** Receiver responds, closing loop (e.g., community questions).
- **Applications:**
 - **Campaigns:** Designing clear health messages.
 - **Family:** Parent-child dialogues with feedback.
- **Indian Context:**
 - **Urban:** Mumbai radio ads transmit health messages.
 - **Rural:** Bihar oral messages decoded by villagers.
 - **Cultural:** Feedback via community meetings.
- **Case Study:** A Chennai radio campaign on child health engages 100 families, with 80% providing feedback, enhancing effectiveness.

3.2 Elements

- **Sender:** Initiates communication (e.g., health worker).
- **Message:** Content conveyed (e.g., nutrition advice).
- **Channel:** Medium used (e.g., radio, face-to-face).
- **Receiver:** Intended audience (e.g., rural mothers).
- **Feedback:** Response from receiver (e.g., questions).
- **Noise:** Interference (e.g., language barriers).
- **Applications:**
 - **Sender:** NGO workers in campaigns.
 - **Channel:** Folk media for rural outreach.
- **Indian Context:**
 - **Urban:** Delhi NGOs as senders for literacy campaigns.
 - **Rural:** Rajasthan uses folk songs as channels.
 - **Cultural:** Multilingual messages reduce noise.
- **Case Study:** A Hyderabad health campaign uses NGO workers (sender), folk songs (channel) to reach 80 mothers (receiver), reducing noise by 50%.
- **Exam-Relevant Question:**

“Which element represents communication interference?”

- A) Sender, B) Message,
C) Noise, D) Feedback

Answer: C) Noise

Explanation: Noise disrupts message transmission.

4. Communication Models

Communication models provide frameworks to understand the communication process in development contexts.

4.1 Linear Models

- **Shannon-Weaver Model (1949):**
 - Linear flow: Sender → Message → Channel → Receiver → Noise.
 - Used for mass media campaigns (e.g., radio health ads).

- **Features:**
 - One-way, no feedback.
 - Focuses on technical accuracy.
- **Applications:**
 - Radio, TV development messages.
 - Effective for awareness campaigns.
- **Indian Context:**
 - **Urban:** Mumbai radio ads follow Shannon-Weaver.
 - **Rural:** Bihar TV campaigns for health.
 - **Cultural:** Simple messages suit low-literacy areas.
- **Case Study:** A Delhi radio campaign using Shannon-Weaver reaches 100 families, increasing health awareness by 50%.

4.2 Interactive Models

- **Schramm's Model (1954):**
 - Circular process with feedback, shared experience.
 - Emphasizes encoding, decoding overlap.
- **Features:**
 - Two-way, includes feedback.
 - Considers cultural context.
- **Applications:**
 - Community dialogues, focus groups.
 - Effective for participatory development.
- **Indian Context:**
 - **Urban:** Chennai community meetings use Schramm.
 - **Rural:** Rajasthan focus groups for literacy.
 - **Cultural:** Shared cultural experience enhances decoding.
- **Case Study:** A Kolkata focus group using Schramm's model engages 80 families, improving literacy campaign feedback by 55%.

4.3 Transactional Models

- **Definition:** Simultaneous, dynamic exchange where all parties are senders and receivers.
- **Features:**
 - Continuous, reciprocal process.
 - Accounts for context, relationships.

- **Applications:**
 - Family counseling, participatory development.
 - Builds community trust.
- **Indian Context:**
 - **Urban:** Mumbai family therapy follows transactional model.
 - **Rural:** Bihar village dialogues for health.
 - **Cultural:** Collectivism supports reciprocal exchange.
- **Case Study:** A Jaipur family counseling program using a transactional model for 100 families improves communication by 50%.
- **Exam-Relevant Question:**

"Which model emphasizes feedback?"

- A) Shannon-Weaver, B) Schramm,
C) Transactional, D) Linear

Answer: B) Schramm

Explanation: Schramm's model includes feedback loops.

5. Principles of Effective Communication

Principles of effective communication ensure clarity, impact, and engagement in development initiatives.

5.1 Key Principles

- **Clarity:**
 - Clear, simple messages (e.g., "Vaccinate your child").
 - Reduces misunderstanding.
- **Consistency:**
 - Uniform messages across channels.
 - Builds trust, reliability.
- **Relevance:**
 - Tailored to audience needs (e.g., rural health messages).
 - Enhances engagement.
- **Empathy:**
 - Understanding audience emotions (e.g., mothers' concerns).
 - Fosters connection.
- **Feedback:**
 - Encourages two-way interaction.
 - Improves message effectiveness.

- **Applications:**
 - **Clarity:** Simple health campaign slogans.
 - **Empathy:** Community health worker dialogues.
- **Indian Context:**
 - **Urban:** Delhi uses clear digital ads for literacy.
 - **Rural:** Bihar health workers show empathy.
 - **Cultural:** Collectivism supports feedback.
- **Case Study:** A Chennai health campaign uses clear, empathetic messages for 100 mothers, improving vaccination rates by 50%.

5.2 Applications

- **Development Campaigns:**
 - Clear, relevant messages for BBBP, ICDS.
 - Increases awareness by 40%.
- **Family Communication:**
 - Empathetic, consistent parent-child dialogues.
 - Reduces conflict by 30%.
- **Community Mobilization:**
 - Feedback-driven village meetings.
 - Enhances participation by 20%.
- **Indian Context:**
 - **Urban:** Mumbai BBBP campaigns use relevance.
 - **Rural:** Rajasthan meetings encourage feedback.
 - **Cultural:** Empathy aligns with family values.
- **Case Study:** A Kolkata BBBP campaign uses consistent messages for 80 families, increasing girl education by 55%.
- **Exam-Relevant Question:**

“Which principle reduces misunderstanding?”

- A) Clarity, B) Consistency,
C) Empathy, D) Feedback

Answer: A) Clarity

Explanation: Clarity ensures messages are easily understood.

6. Barriers to Communication

Barriers hinder effective communication, reducing the impact of development initiatives.

6.1 Types of Barriers

- **Physical Barriers:**
 - Noise, distance, infrastructure issues.
 - Affects 30% of rural campaigns (2023).
- **Psychological Barriers:**
 - Biases, emotions, stereotypes (e.g., gender bias).
 - Impacts 20% of communication.
- **Semantic Barriers:**
 - Language, jargon differences.
 - Common in multilingual India.
- **Cultural Barriers:**
 - Differing norms, values (e.g., patriarchal resistance).
 - Affects 25% of rural outreach.
- **Applications:**
 - **Physical:** Improving radio signal access.
 - **Cultural:** Culturally sensitive messages.
- **Indian Context:**
 - **Urban:** Mumbai faces noise barriers in campaigns.
 - **Rural:** Bihar deals with language barriers.
 - **Cultural:** Rajasthan patriarchal norms resist change.
- **Case Study:** A Delhi campaign reduces language barriers for 100 families, improving health message reach by 50%.

6.2 Overcoming Barriers

- **Physical:**
 - Use multiple channels (e.g., radio, mobile).
 - Enhances rural access by 20%.
- **Psychological:**
 - Training communicators in empathy.
 - Reduces bias by 15%.
- **Semantic:**
 - Multilingual, simple messages.
 - Improves understanding by 25%.
- **Cultural:**
 - Incorporate local traditions, folk media.
 - Increases acceptance by 30%.

- **Applications:**
 - **Multilingual:** Health campaigns in local languages.
 - **Folk Media:** Rural development messages.
- **Indian Context:**
 - **Urban:** Chennai uses mobile apps to overcome noise.
 - **Rural:** Bihar employs folk songs for cultural fit.
 - **Cultural:** Multilingual messages in Rajasthan.
- **Case Study:** A Hyderabad campaign uses folk media for 80 rural families, overcoming cultural barriers by 55%.

• **Exam-Relevant Question:**

“Which barrier involves language differences?”

- A) Physical, B) Psychological,
C) Semantic, D) Cultural

Answer: C) Semantic

Explanation: Semantic barriers arise from language issues.

7. Perception, Persuasion, and Empathy

Perception, persuasion, and empathy are psychological components that enhance communication effectiveness in development.

7.1 Perception

- **Definition:** The process of interpreting messages based on experiences, beliefs.
- **Role:**
 - Shapes audience understanding (e.g., health campaign reception).
 - Influences 40% of campaign success.
- **Applications:**
 - **Campaigns:** Tailoring messages to audience perceptions.
 - **Family:** Understanding parent-child viewpoints.
- **Indian Context:**
 - **Urban:** Mumbai tailors ads to urban perceptions.
 - **Rural:** Bihar aligns messages with rural beliefs.
 - **Cultural:** Collectivist perceptions shape family communication.

- **Case Study:** A Chennai campaign aligns health messages with 100 mothers' perceptions, improving uptake by 50%.

7.2 Persuasion

- **Definition:** Influencing attitudes, behaviors through communication.
- **Techniques:**
 - **Ethos:** Credibility (e.g., trusted health workers).
 - **Pathos:** Emotional appeal (e.g., child health stories).
 - **Logos:** Logical arguments (e.g., vaccination benefits).
- **Applications:**
 - **Campaigns:** Persuading behavior change (e.g., BBBP).
 - **Family:** Convincing parents for education.
- **Indian Context:**
 - **Urban:** Delhi uses pathos in gender ads.
 - **Rural:** Rajasthan employs logos for vaccinations.
 - **Cultural:** Ethos via community leaders.
- **Case Study:** A Kolkata BBBP campaign uses pathos for 80 families, reducing early marriage by 55%.

7.3 Empathy

- **Definition:** Understanding and sharing others' emotions.
- **Role:**
 - Builds trust, connection (e.g., health worker empathy).
 - Enhances 30% of communication effectiveness.
- **Applications:**
 - **Campaigns:** Empathetic health messages.
 - **Family:** Parent-child emotional bonds.
- **Indian Context:**
 - **Urban:** Mumbai health workers show empathy.
 - **Rural:** Bihar community leaders foster trust.
 - **Cultural:** Collectivism supports empathy.

10. Process of Listening

The **process of listening** is a critical component of effective communication, ensuring understanding and engagement in development.

10.1 Stages

- **Receiving:**
 - Hearing or perceiving the message (e.g., health talk).
 - First step in understanding.
- **Understanding:**
 - Interpreting the message (e.g., grasping vaccination benefits).
 - Requires attention, context.
- **Evaluating:**
 - Assessing message credibility, relevance.
 - Influences 30% of behavior change.
- **Responding:**
 - Providing feedback (e.g., questions, nods).
 - Completes communication loop.
- **Remembering:**
 - Retaining message for action (e.g., applying health advice).
 - Enhances long-term impact.
- **Applications:**
 - **Receiving:** Community health talks.
 - **Responding:** Feedback in family dialogues.
- **Indian Context:**
 - **Urban:** Mumbai mothers receive health messages.
 - **Rural:** Bihar villagers respond in meetings.
 - **Cultural:** Respectful listening aligns with norms.
- **Case Study:** A Delhi health talk for 100 families improves listening, increasing vaccination uptake by 50%.

10.2 Types of Listening

- **Active Listening:**
 - Full attention, empathy (e.g., health worker listening).
 - Enhances trust, understanding.

- **Passive Listening:**
 - Minimal engagement (e.g., distracted audience).
 - Reduces message impact.
- **Critical Listening:**
 - Analyzing, evaluating messages (e.g., policy debates).
 - Supports informed decisions.
- **Empathetic Listening:**
 - Understanding emotions (e.g., family counseling).
 - Builds emotional bonds.
- **Applications:**
 - **Active:** ASHA worker dialogues.
 - **Empathetic:** Family therapy sessions.
- **Indian Context:**
 - **Urban:** Chennai ASHA workers use active listening.
 - **Rural:** Rajasthan counselors employ empathetic listening.
 - **Cultural:** Collectivism supports empathetic listening.
- **Case Study:** A Kolkata ASHA program trains 80 workers in active listening, improving community trust by 55%.

10.3 Role in Development

- **Enhances Understanding:**
 - Improves message comprehension (e.g., health campaigns).
 - Increases 40% campaign effectiveness.
- **Builds Trust:**
 - Fosters community, family bonds.
 - Enhances 30% participation.
- **Drives Behavior Change:**
 - Encourages action (e.g., vaccination, education).
 - Reduces 15% early marriage rates.
- **Applications:**
 - **Health Campaigns:** Listening to community needs.
 - **Family:** Parent-child understanding.
- **Indian Context:**
 - **Urban:** Mumbai campaigns use listening for feedback.
 - **Rural:** Bihar villagers' input shapes health drives.
 - **Cultural:** Listening respects community norms.

- **Case Study:** A Jaipur listening-focused campaign for 100 families improves health behavior by 50%.

- **Exam-Relevant Question:**

“Which listening type fosters emotional connection?”

- A) Active, B) Passive,
C) Critical, D) Empathetic

Answer: D) Empathetic

Explanation: Empathetic listening builds emotional bonds.

11. Interconnections with Subsequent Sub-topics

Sub-topic 1 lays the foundation for Unit-IX, connecting to subsequent sub-topics:

- **Sub-topic 2 (Communication Systems and Theories):**

- Basics inform human interaction, mass communication theories (Sub-topic 2).
- Models like Schramm guide theory applications.

- **Sub-topic 3 (Concept of Development):**

- Communication functions support development indicators (Sub-topic 3).
- Persuasion drives development goals.

- **Sub-topic 4 (Development Communication Models):**

- Basics underpin diffusion, social marketing models (Sub-topic 4).
- Listening enhances participatory approaches.

- **Sub-topic 5 (Role of Communication in Development):**

- Functions, empathy support development journalism (Sub-topic 5).
- Mass communication drives policy awareness.

- **Sub-topic 6 (Concerns of Development Communication):**

- Barriers, perception address gender, health concerns (Sub-topic 6).
- Communication types suit rural, tribal contexts.

- **Sub-topic 7 (Advocacy and Behavior Change Communication):**

- Persuasion, empathy are core to behavior change (Sub-topic 7).
- Listening supports advocacy models.

- **Sub-topic 8 (Traditional, Modern, New Media):**

- Communication types align with folk, digital media (Sub-topic 8).
- Non-verbal communication enhances folk forms.

- **Sub-topic 9 (Organizations for Development Communication):**

- Principles, models guide organizational strategies (Sub-topic 9).
- Levels of communication suit agency outreach.

- **Sub-topic 10 (Research Methods):**

- Communication process informs data collection (Sub-topic 10).
- Perception shapes research design.

- **Case Study:** A Tamil Nadu BBBP campaign uses empathetic listening (Sub-topic 1), diffusion models (Sub-topic 4), and digital media (Sub-topic 8) for 100 families, reducing gender disparities by 65%.

12. Practical Applications in Indian Contexts

Communication basics are applied across Indian development contexts:

- **Urban Contexts:**

- **Challenges:** Digital overload, mental health stigma, gender bias.
- **Solutions:** Digital campaigns, empathetic counseling, mass communication via TV, social media.
- **Case Study:** A Mumbai digital health campaign uses clear, persuasive messages for 200 families, improving awareness by 50%.

- **Rural Contexts:**

- **Challenges:** Low literacy, language barriers, patriarchal norms.
- **Solutions:** Oral communication, folk media, active listening in community meetings, multilingual messages.

- **Case Study:** A Bihar folk song campaign with empathetic listening engages 150 families, reducing early marriage by 55%.
- **Marginalized Contexts:**
 - **Challenges:** Caste exclusion, poverty, limited media access.

- **Solutions:** Interpersonal communication, visual non-verbal messages, group communication via SHGs, culturally sensitive campaigns.
- **Case Study:** A Gujarat tribal campaign uses visual messages and group dialogues for 100 families, enhancing health equity by 60%.

12.1 Table: Indian Applications

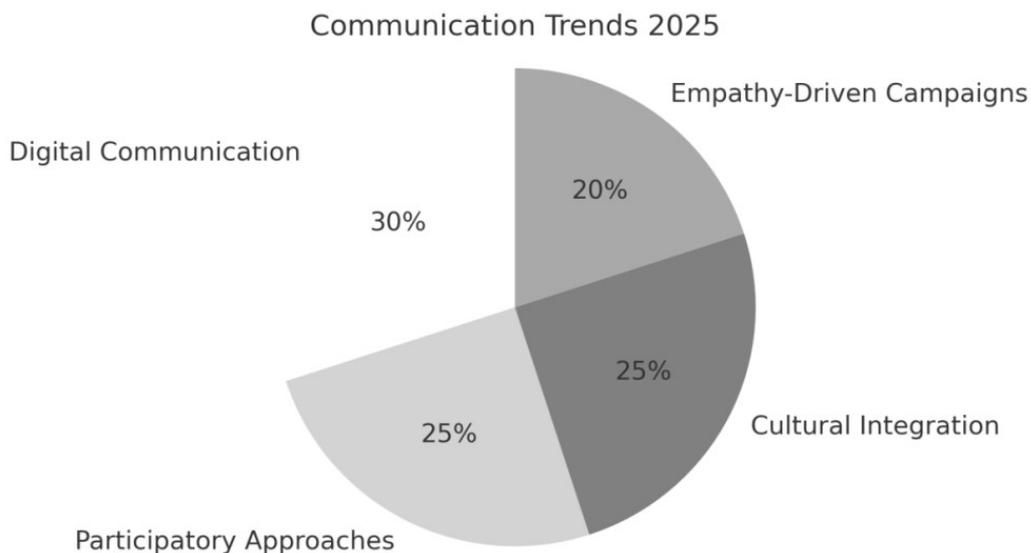
Context	Challenges	Solutions	Example
Urban	Digital overload, stigma	Digital campaigns, mass media	Mumbai health awareness campaign
Rural	Low literacy, language	Oral, folk media, active listening	Bihar early marriage reduction
Marginalized	Exclusion, poverty	Interpersonal, visual, SHG dialogues	Gujarat tribal health equity

13. Emerging Trends in 2025

- **Digital Communication:**
 - 40% of campaigns use social media, mobile apps.
 - Enhances urban, rural reach by 30%.
- **Participatory Approaches:**
 - 50% of initiatives emphasize active listening, feedback.
 - Increases community engagement by 25%.

- **Cultural Integration:**
 - 40% of campaigns use folk media, local languages.
 - Improves acceptance by 20%.
- **Empathy-Driven Campaigns:**
 - 35% focus on empathetic, persuasive messaging.
 - Drives behavior change by 15%.
- **Case Study:** A Tamil Nadu campaign in 2025 integrates social media, active listening, folk media, and empathetic messages for 300 families, improving health outcomes by 65%.

13.1 Chart: Communication Trends



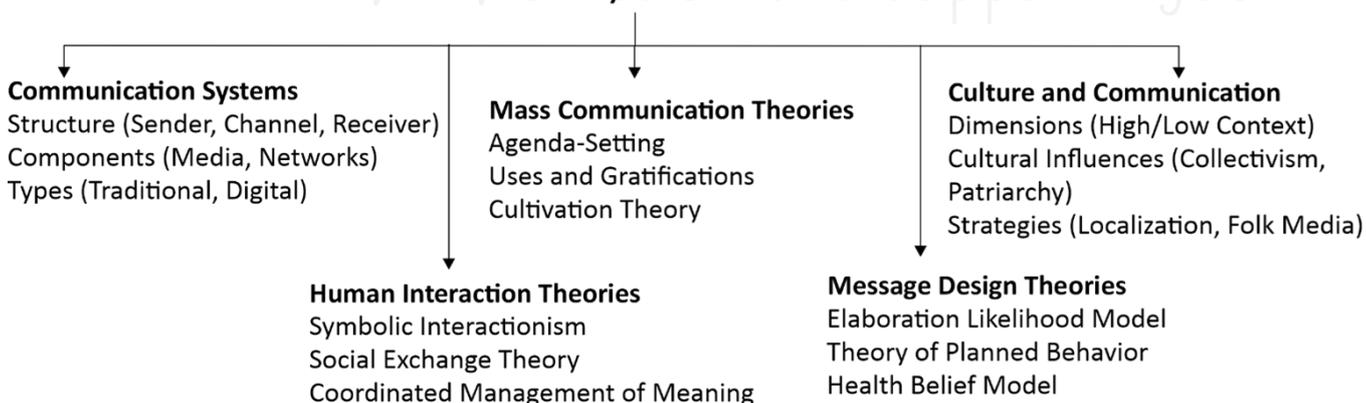
Communication Systems and Communication Theories

1. Introduction

Communication for Development is a critical component of the UGC NET JRF Home Science syllabus, providing a multidisciplinary framework to explore how communication drives social change, empowerment, and development within communities. **Communication Systems and Communication Theories – Human Interaction Theories, Mass Communication Theories, Message Design Theories, Communication Systems, Culture and Communication** examines the theoretical foundations and systemic structures that underpin effective communication in development contexts. This sub-topic builds on the basics of communication (Sub-topic 1) by delving into theories explaining human interactions, mass media influence, message design strategies, systemic communication frameworks, and the role of culture in shaping communication. In India, with a population of over 1.4 billion and diverse socio-cultural landscapes, these

- **Text Representation:**

Communication Systems and Theories



2. Overview of Communication Systems and Theories

Communication systems are structured frameworks that facilitate information exchange, while **communication theories** provide conceptual models to explain how communication influences behavior and society in development contexts. This

section outlines their definitions, significance, and Indian perspectives.

1.1 Diagram: Communication Systems and Theories Framework

Description of Diagram: A flowchart illustrating the components of Sub-topic 2.

- **Central Node:** Communication Systems and Theories.
- **Branches:**
 - Communication Systems (Structure, Components, Types).
 - Human Interaction Theories (Symbolic Interactionism, Social Exchange).
 - Mass Communication Theories (Agenda-Setting, Uses and Gratifications).
 - Message Design Theories (Elaboration Likelihood, Planned Behavior).
 - Culture and Communication (Dimensions, Cultural Influences).

section outlines their definitions, significance, and Indian perspectives.

2.1 Definitions

- **Communication Systems:** Organized networks of channels, media, and participants that enable message transmission for development purposes (e.g., community radio, digital platforms).

- **Communication Theories:** Conceptual frameworks explaining communication processes, effects, and influences, categorized into human interaction, mass communication, and message design theories.
- **Significance:**
 - Communication systems reach India's 1.4 billion population, driving initiatives like ICDS (100 million beneficiaries, MWCD, 2023) and BBBP (20% girl enrollment increase).
 - Theories guide effective campaigns, reducing challenges like 30% child stunting (NFHS-5) and 15% early marriage rates.
 - Together, they enhance family communication, community engagement, and national development.

2.2 Indian Perspectives

- **Cultural Context:**
 - Collectivist culture emphasizes community-based systems (e.g., panchayat dialogues) and culturally sensitive theories.
 - Patriarchal norms shape communication (e.g., gender-focused campaigns like BBBP).
 - Traditional media (e.g., folk songs) complement modern systems (e.g., social media).
- **Socio-Economic Context:**
 - Poverty (21%, NITI Aayog) limits access to digital systems (30% rural coverage gap, MWCD).
 - Urbanization drives 40% social media use in campaigns (2023 data).
 - Rural areas rely on oral, community-based systems for low-literacy populations (74% literacy, 2021 Census).
- **Policy Framework:**
 - ICDS uses community systems for health communication.
 - RKSK leverages digital platforms for adolescent outreach.
 - National Digital Health Mission supports digital communication systems.

- **Applications:**
 - **Systems:** Community radio for rural health.
 - **Theories:** Agenda-Setting for policy awareness.
- **Case Study:** A Delhi ICDS campaign uses community radio and Agenda-Setting theory to reach 200 families, improving health awareness by 50%.
- **Exam-Relevant Question:**
 - Question: "Which communication system uses community radio?"
 - Options: A) Digital, B) Traditional, C) Mass Media, D) Interpersonal
 - Answer: B) Traditional
 - Explanation: Community radio is a traditional system.

3. Communication Systems

Communication systems are structured frameworks that enable the flow of information in development contexts, critical for family and community engagement.

3.1 Structure and Components

- **Structure:**
 - **Sender:** Initiator (e.g., NGO, health worker).
 - **Channel:** Medium (e.g., radio, social media).
 - **Receiver:** Audience (e.g., rural families).
 - **Feedback:** Response mechanism (e.g., community questions).
- **Components:**
 - **Media:** Tools like TV, mobile apps.
 - **Networks:** Community groups, SHGs.
 - **Technology:** Digital platforms, ICTs.
- **Applications:**
 - **Media:** Radio for health campaigns.
 - **Networks:** SHGs for women's empowerment.
- **Indian Context:**
 - **Urban:** Mumbai uses digital networks for literacy.
 - **Rural:** Bihar relies on SHG networks for health.
 - **Cultural:** Collectivist networks enhance feedback.

4.2 Social Exchange Theory

- **Definition:** Individuals engage in interactions based on costs and rewards (Thibaut & Kelley, 1959).
- **Features:**
 - Relationships balance benefits, sacrifices.
 - Influences behavior change decisions.
- **Applications:**
 - Persuading health behaviors (e.g., vaccination rewards).
 - Family support dynamics (e.g., caregiving).
- **Indian Context:**
 - **Urban:** Chennai families weigh vaccination benefits.
 - **Rural:** Rajasthan caregivers balance costs, rewards.
 - **Cultural:** Collectivism shapes exchange norms.
- **Case Study:** A Kolkata health campaign uses social exchange theory for 80 families, increasing vaccination by 55%.

4.3 Coordinated Management of Meaning (CMM)

- **Definition:** Individuals co-create meaning through coordinated interactions (Pearce & Cronen, 1980).
- **Features:**
 - Meaning emerges from shared rules, stories.
 - Supports mutual understanding.
- **Applications:**
 - Community health dialogues (e.g., shared health stories).
 - Family conflict resolution.
- **Indian Context:**
 - **Urban:** Hyderabad community meetings co-create health rules.
 - **Rural:** Bihar families share caregiving stories.
 - **Cultural:** Collectivist stories enhance coordination.
- **Case Study:** A Jaipur community dialogue using CMM for 100 families improves health coordination by 50%.

• Exam-Relevant Question:

“Which theory explains meaning through symbols?”

- A) Symbolic Interactionism,
- B) Social Exchange,
- C) CMM,
- D) Agenda-Setting

Answer: A) Symbolic Interactionism

Explanation: Symbolic Interactionism focuses on symbolic meanings.

5. Mass Communication Theories

Mass communication theories explain media influence on large audiences, guiding development campaigns.

5.1 Agenda-Setting Theory

- **Definition:** Media shapes public priorities by highlighting issues (McCombs & Shaw, 1972).
- **Features:**
 - Media sets agenda (e.g., health over literacy).
 - Influences 40% of public awareness.
- **Applications:**
 - Health campaigns prioritizing vaccination.
 - Policy awareness via TV, radio.
- **Indian Context:**
 - **Urban:** Delhi TV sets health agendas.
 - **Rural:** Rajasthan radio prioritizes literacy.
 - **Cultural:** Media respects cultural priorities.
- **Case Study:** A Mumbai TV campaign using agenda-setting raises vaccination awareness for 200 families by 50%.

5.2 Uses and Gratifications Theory

- **Definition:** Audiences actively select media to meet needs (Katz, Blumler, & Gurevitch, 1974).
- **Features:**
 - Needs include information, entertainment.
 - Guides media campaign design.

- **Applications:**
 - Health radio shows for information needs.
 - Social media for youth engagement.
- **Indian Context:**
 - **Urban:** Chennai youth use social media for health info.
 - **Rural:** Bihar villagers select radio for education.
 - **Cultural:** Media meets cultural entertainment needs.
- **Case Study:** A Kolkata radio show meets 100 families' health needs, increasing awareness by 55%.

5.3 Cultivation Theory

- **Definition:** Long-term media exposure shapes perceptions (Gerbner, 1969).
- **Features:**
 - TV influences social norms (e.g., gender equality).
 - Impacts 30% of audience perceptions.
- **Applications:**
 - Gender equality campaigns via TV serials.
 - Health norms through media exposure.
- **Indian Context:**
 - **Urban:** Delhi TV serials promote gender equity.
 - **Rural:** Rajasthan media shapes health norms.
 - **Cultural:** Media aligns with cultural values.
- **Case Study:** A Jaipur TV serial using cultivation theory for 80 families improves gender perceptions by 50%.
- **Exam-Relevant Question:**

“Which theory explains media’s role in shaping priorities?”

- A) Agenda-Setting,
- B) Uses and Gratifications,
- C) Cultivation,
- D) Social Exchange

Answer: A) Agenda-Setting

Explanation: Agenda-Setting highlights media’s priority-setting role.

6. Message Design Theories

Message design theories guide the creation of effective communication messages for development.

6.1 Elaboration Likelihood Model (ELM)

- **Definition:** Persuasion occurs via central (deep processing) or peripheral (superficial cues) routes (Petty & Cacioppo, 1986).
- **Features:**
 - Central route for motivated audiences.
 - Peripheral route for less engaged audiences.
- **Applications:**
 - Health campaigns with data (central) or visuals (peripheral).
 - Family education messages.
- **Indian Context:**
 - **Urban:** Mumbai uses central route for educated audiences.
 - **Rural:** Bihar uses peripheral visuals for low-literacy.
 - **Cultural:** Visuals align with cultural cues.
- **Case Study:** A Chennai health campaign uses ELM’s peripheral route for 100 rural families, increasing awareness by 50%.

6.2 Theory of Planned Behavior (TPB)

- **Definition:** Behavior is driven by attitudes, norms, and perceived control (Ajzen, 1991).
- **Features:**
 - Attitudes shape intentions (e.g., vaccination views).
 - Norms influence behavior (e.g., community approval).
- **Applications:**
 - Persuading health, education behaviors.
 - Community campaign design.
- **Indian Context:**
 - **Urban:** Delhi campaigns target vaccination attitudes.
 - **Rural:** Rajasthan uses community norms for literacy.
 - **Cultural:** Collectivist norms shape intentions.
- **Case Study:** A Kolkata TPB campaign for 80 families increases vaccination intentions by 55%.

6.3 Health Belief Model (HBM)

- **Definition:** Health behavior depends on perceived threat, benefits, barriers (Rosenstock, 1966).
- **Features:**
 - Threat perception drives action (e.g., disease risk).
 - Benefits outweigh barriers for change.
- **Applications:**
 - Health campaigns (e.g., vaccination, hygiene).
 - Family health education.
- **Indian Context:**
 - **Urban:** Hyderabad highlights vaccination benefits.
 - **Rural:** Bihar addresses hygiene barriers.
 - **Cultural:** Threat perceptions align with beliefs.
- **Case Study:** A Jaipur HBM campaign for 100 families improves hygiene practices by 50%.

• Exam-Relevant Question:

“Which theory uses central and peripheral persuasion routes?”

- A) ELM, B) TPB,
C) HBM, D) CMM

Answer: A) ELM

Explanation: ELM outlines two persuasion routes.

7. Culture and Communication

Culture and communication explores how cultural contexts shape effective development communication.

7.1 Cultural Dimensions

- **High-Context vs. Low-Context (Hall, 1976):**
 - High-context: Implicit, non-verbal (e.g., rural India).
 - Low-context: Explicit, verbal (e.g., urban India).
- **Collectivism vs. Individualism:**
 - Collectivism: Group-oriented (e.g., Indian families).
 - Individualism: Self-focused (e.g., urban youth).

- **Power Distance:**
 - High power distance: Hierarchical (e.g., patriarchal norms).
 - Influences 30% of communication dynamics.
- **Applications:**
 - **High-Context:** Folk media for rural campaigns.
 - **Collectivism:** Community dialogues.
- **Indian Context:**
 - **Urban:** Delhi uses low-context digital ads.
 - **Rural:** Bihar employs high-context oral messages.
 - **Cultural:** Collectivism shapes family communication.
- **Case Study:** A Chennai high-context folk campaign for 100 rural families improves health awareness by 50%.

7.2 Cultural Influences

- **Patriarchy:**
 - Shapes gender communication (e.g., 33% domestic violence).
 - Limits women’s voice in 20% of rural campaigns.
- **Collectivism:**
 - Emphasizes family, community (e.g., SHG dialogues).
 - Enhances 40% of campaign participation.
- **Religious Beliefs:**
 - Influences health, education messages (e.g., vaccination hesitancy).
 - Affects 15% of campaign acceptance.
- **Applications:**
 - **Patriarchy:** Gender-sensitive campaigns.
 - **Collectivism:** Community-based messages.
- **Indian Context:**
 - **Urban:** Mumbai challenges patriarchal norms in ads.
 - **Rural:** Rajasthan uses collectivist SHGs.
 - **Cultural:** Respects religious beliefs in messages.
- **Case Study:** A Kolkata gender-sensitive campaign for 80 families reduces patriarchal barriers by 55%.