INFLUENTIAL MEDIA IN SUMMER SEASONAL DISEASES: A CASE STUDY OF BUNER

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Abstract

Communication mechanism is the way people are educated so it becomes more effective if it suits the audience. The present study addresses the issue in communication about awareness in summer seasonal diseases and to find out the most effective sources of information in summer seasonal diseases in District Buner. The study is quantitative in nature and data has been collected using a questionnaire from 500 respondents. Respondents were asked different questions regarding their demographic status, knowledge about seasonal diseases and the effective sources of information. The results disclosed that majority of the population of the area have a very limited monthly income and low literacy rate. The seasonal diseases like Malaria, Dengue, Typhoid, Skin and Asthma are very common in summer and winter. The study was also aimed to find the places where respondents can get appropriate awareness about seasonal diseases, use of precautionary measures, and importance of the government in seasonal diseases and to measure the behavioural change in respondents after the campaigns. It has been found that social media and friends & relatives were effective sources of information for summer in district Buner. The study concludes that government should focus on outdoor, social media and peers for the awareness and information for the people instead of mainstream media to create awareness among the masses and to cope with seasonal diseases as the results of cross tabulations and correlations tested revealed. Since the universe of the study was district Buner, therefore it is also a recommendation for the policy makers and researchers to conduct such studies in other parts of the province and country as well.

Keywords: Effective source of information, Seasonal Diseases, District Buner, KP.

INTRODUCTION

Media has the power to change the attitude and behaviour of the public towards an issue, problems and diseases. But what kind of media is most effective for people. It depends on the situation, people, places and areas. It is a fact that seasonal diseases are affecting people of the people all over the world with low and high effects. It depends on the information flow in the area. This research has been carried out to find out the effective source of information in remote area of District Buner, Khyber Pakhtunkhwa, Pakistan. The researchers selected this area because it is very remote area of the province.

The existing health education program about seasonal diseases has been promoted by mass media, which represent health-related programs to a large number of audiences, to alter the human behaviour toward seasonal diseases, Flora Maibach & Maccoby, (1989) the encouraging audience, to write, call and participate in the campaign. This is considered the most important and general role to promote healthy activities, which is more helpful for people. Social media can directly support disease management by creating online spaces where patients can interact with clinicians and share experiences with other patients. The worldwide prevalence of mobile phones makes them a powerful

platform for providing individualized health care delivered at the patient's convenience. To deliver messages about health care and the epidemic of disease, Giustini, Ali, Fraser & Boulos, (2018). Social media have a great influence on people's behaviour. The social networking and social media guide people for life betterment and provide a platform for intricate and discuses social issues and seasonal diseases and prevention of diseases. The positive, measurable effect of SM in the delivery of health services and the program is lacking and the quality of papers is modest. However, our SR provides a starting point for future research and in identifying effective uses of social media. The social media also health provides a relationship between patients and changing people's behavior about health-related issues (Giustini, Ali, Fraser & Boulos, 2018).

Illness and diseases are correlated conceptions, human beings go through from illness, and the disease has been diagnosed by the doctor and treats the patients. The sickness is happening of disconnection condition which understands the part of work, Tikkinen, Leinonen, Guyatt, Ebrahim, & Järvinen, (2012). The diagnosed diseases show disorders in the structure and function of the human body. The synthesis of symptoms and signs can point out disease, a situation related to illness or function disorder correlated to a particular starting point. The seasonal diseases also have a great impact on human beings' behavior and their daily life.

McNeill (1976), in a past time, the behavior of human beings has been complicatedly connected with *the expansion of epidemic diseases. In seasonal disease, human behavior has a great impact on the* epidemic. Although the response of human behavior in the proliferation of diseases has regularly communicated through conversation, in comparison there has a slight methodical analysis into their character, the impact of people attitude matter in spreading of seasonal disease (Riley 2003, Nishiura 2007), the change of people's behaviors is been continuously cited in the explanation of epidemic information to interpret position in the transference assess.

According to scholars, the information and news about seasonal diseases on which humans take action which alters the behavior of people in that manner which shows a connection for the expansion of seasonal disease (London & Yorke 1973) that is accessible to all humans being. For instance, every kind of news which is published by media channels, newspapers, websites and TV channels, to provide information about public health and seasonal diseases. Some scholar said that the information and knowledge about seasonal diseases are being taken through geospatial and social neighbourhood and relatives. For instance, the information spread among communities through word of mouth, the evolution of widespread presence of the seasonal diseases among local population and connections (London, & Yorke, 973).

SUMMER SEASONAL DISEASES

The heavy rains and flood permit the creation of pool which provides a favorable environment for mosquito’s proliferation, which is considered a communicator of summer seasonal diseases such as malaria, dengue, and Diarrhea. The cold germ skin state has been happened by summer moisture, which bases on fungal diseases, dryness also creates ways for allergy and asthma, due to which asthma’s patients suffer more in summer. The mucosal disease has been increased by moisture so that other summer season diseases are asthma and inflammation which happens regularly in the summer (Turabián, & Gutiérrez, 1996).

DENGUE

The arising outbreak diseases such as dengue, the dynamic of population and environment change development construct a situation for the expansion of geographic pathogens within innocent people. In time of 2013, in north eastern Khyber Pakhtunkhwa and Punjab in Pakistan, a second largest outbreak of dengue happened, set up the area as a surface focused on the epidemic of seasonal dengue (Wesolowski, Qureshi, Boni, Sundsøy, Johansson, Rasheed, & Buckee, 2015).

To develop observation apparatus and facilities of health for the dengue epidemic, this can drastically decrease the mortality and morbidity connected by outbreak and permit to those who make policies to pot areas which have specifically bring cases, to control dengue. The model of epidemiology of dengue transference has uncertain inherent, specifically in the context of a huge reservoir of asymptomatic and diverse spreading of stereotypes of virus, Wesolowski, Qureshi, Boni, Sundsøy, Johansson, Rasheed, & Buckee,(2015). That influences the capacity evaluates the population and its vulnerable detail ratio correctly. Recently in Pakistan, the program for vector control started at the interim in the season of monsoon constantly all over the country.

DIARRHEA

The different pattern of seasonal diarrhea happens in several geographical regions. Within the mild atmosphere, diarrhea which is happening through bacteria takes place regularly in time of summer season, while growing diarrhea (Ahmed, Farheen, Muzaffar, & Mattoo, 2008), especially caused through rotavirus which is on top in time of winter season. in humid regions, diarrhea which takes place due to rotavirus happens annual, the frequency of diarrhea intense in time of cool and drier months, while bacterial diarrhea disease becomes intense in time of rainy, summer season. The occurrence of perseverance diarrhea disease escort a similar pattern of seasonal watery acute diarrhea. In moderate climate, bacterial diarrhea happened regularly in time of summer season, in humid regions diarrhea by rotavirus happened all-time in the year, bacterial diarrhea become on peak during rainy and warmer summer season (Ahmed, Farheen, Muzaffar, & Mattoo, 2008).

ASTHMA

The asthma is not the well-known seasonal disease which classified through an immediate expansion of people number with the indication of allergic acute asthma which escorts a thunderstorm. The high allergens airborne like a grain of pollen and spores of fungal become essential (Bellomo, Holmes, Gigliotti, Treloar, Suphioglu, Singh & Knox, 1992), without from thunderstorm. In late spring and before summer, the thunderstorm asthma happened, when the pollen of grass season largely conforms to the activity of thunderstorm. “A commonly cited explanation is that changes in pressure, temperature or humidly associated with thunderstorms cause the rupture of whole pollen grains, releasing small allergenic fragments that can travel beyond the pharynx to the small airways, with cold down-drafts or outflows from the thunderstorm helping to concentrate these allergenic fragments at ground-level”.

Although in areas where asthma happens, it’s better to accept that comprehend of providing elements which would help health services of local areas in asthmatic and planning people to execute their situation, (Bellomo, Holmes, Gigliotti, Treloar, Suphioglu, Singh & Knox, 1992). Asthma is diverse syndrome that has several separate irregular elements, clinical and incaution phantoms. Behind the cycle of seasonal diseases, the most significant forecast of asthma acceptance ration which was the effects the main point connected with tropic; and the ratio of asthma was on high level after the tropic phase.

EFFECT OF ENVIRONMENT ON SEASONAL DISEASES

According to these scholars Altizer, Dobson, Hosseini, Hudson, Pascual & Rohani (2006), on the influence of pathogens, the driver of environment can impact vector population dynamic or host vulnerability to infection. In straight infection transference, environmental circumstances are considered a high-level operator of circulation in epidemic, cholera and cold cough transference is considered an observable instance. However, the condition of climate take part directly is sometimes indirectly communicated diseases.

An unstable and warm climate is taking part in improving the capacity to diver the emergence of world, redistribution, and the resurgence of epidemic diseases (McMichael et al., 1996). The Most

ordinary epidemic diseases, especially those which communicated through insects, are hugely considered sensitive toward climate differences. The influence of major changes occurred in a climate such as intense weather affects host, pathogen, and transference of human being epidemic diseases.

It is considered not the expensive way of exposure, to provide information about their health to people and have the capability to cover a large section of the population, especially those people who face a hurdle to get access by conventional approaches. For example, news media promote a campaign which bases on communication to bring social change and impact the behavior of people and aware them of a seasonal disease outbreak (Collinson, Khan, & Heffernan, 2015).

The mass media play a great role in dengue, asthma and seasonal diseases to bring awareness and provide cautions messages about diseases. The coverage of mass media and programs on health-related issues shows disease prevalence and disease transmission which can impact the behavior of people and also decreased the ratio of their connect is formulated. The education and understanding by mass media play a crucial part to reduce the spreading of epidemic diseases (Collinson, Khan, & Heffernan, 2015) while the influence of mass media reporting can't be ignored in educational campaign related to public health, through mass media help to present the seasonal outbreak of diseases and educate people for that.

LITERATURE REVIEW

Wilder-Smith, Cohn, Lloyd, Tozan, & Brownstein, (2016) explore that internet references to dengue in Sri Lanka were examined and it was found that digital media coverage of dengue was higher than that of influenza and malaria. It was found that digital media's coverage of diseases reflects national epidemiological trends, both annual and seasonal variations, and act as a surveillance system to warn beforehand and increase situation awareness among the masses.

De Choudhury, Counts, & Horvitz, (2013) found that depression is a serious and widespread public health challenge, the use of social media as a potential lens for understanding depression levels in masses was examined. Traditional survey techniques can be complemented by social media data in order to provide detailed measurements over time while expanding sample sizes. A large amount of data having Twitter posts of individuals suffering from clinical depression was presented and this developed a probabilistic model trained on this data to determine if social media posts real signs of depression. The model makes use of signals of social activity, emotions, and language used in the Twitter posts. A social media depression index may be introduced while using that model to characterize levels of depression in masses. Patterns of depression by geography, demography, and season provided by that measure confirmed the findings and correlate with statistics that were reported by the Centre for Disease Control and Prevention (CDC).

Permanasari, Rambli, & Dominic, (2011) found that the annual disease incident can be predicted by using a model derived from six forecasting methods, namely linear regression, moving average, decomposition, Holt-Winter's, ARIMA, and artificial neural network (ANN), and the model meets the requirement of time series with seasonality pattern and downward trend. The forecasting performance was compared and it was found that ARIMA model was the most appropriate model because it smaller error than other models.

Pruss-Ustun, Vickers, Haefliger, & Bertollini, (2011) said that continuous exposure to many chemicals through air, water, food, or other media and products causes health impacts that have been well assessed. However, not much is known about the total disease burden associated with chemicals. This is significant to be understood for large policy actions and priorities. The known burden associated with selected chemicals and their mixtures, main data gaps, and their linkages with public health policy is reviewed in this article. A systematic review of the literature on global burden of ailments estimations from chemicals was conducted, and levels of global diseases due to chemicals were estimated using standard methodology of the Global Burden of Disease. Results: In

total, 4.9 million deaths (8.3% of total) and 86 million Disability-Adjusted Life Years (DALYs) (5.7% of total) were attributed to exposure and managing of particular chemicals in 2004. The largest contributors comprise of indoor smoke from solid fuel use, outdoor air pollution, and second-hand smoke, with 2.0, 1.2 and 0.6 million deaths every year respectively. In this regard, ccupational particulates, chemicals involved in acute poisoning, and pesticides involved in self-poisonings, at 375,000, 240,000 and 186,000 deaths every year respectively, follow these. Conclusions: The known burden as a result of chemicals is significant. This data supports management in systems having a role to play in decreasing human exposure to poisonous chemicals. These quantities present only a few chemicals for which data is available. Thus, they are probably an underrating of the actual burden. Due to incomplete data, chemicals with known health effects including dioxins, cadmium, mercury as well as chronic exposure to pesticides could not be incorporated in this study. As public health campaigns are known to be effective in managing chemicals and limiting their impacts, they should be carried out at national and international levels.

Dandabathula et al., (2019) found that frequent abnormal passage of loose watery stools and reduction of body fluids which leads to dehydration in known as diarrhea. Such kind of disease lasts for about 3 to 7 days or sometimes may last to 10 to 14 days. Weather and climate has also an important role in such type of diseases. Objectives of the study were to analyze the seasonal variation of acute diarrheal disease (ADD) outbreak in India. Weekly (ADD) outbreaks data were analyzed from 2010 to 2018 from the Directorate General of Health Services. The result of the study revealed that ADD outbreak is more in the month of May in which summer is on peak and predominantly maximum during the month of July when monsoon prevails.

Lee, (2019) explored that dengue fever is one of the global infectious disease and the endemic of the disease is in tropical and subtropical regions. More than 390 million people are infecting by the disease. It is the second infectious disease in Taiwan. World Health Organization classified dengue fever as infection and acute illness, dengue shock syndrome and classic dengue fever in 1997. The study revealed that vaccination can be helpful for the patients of dengue fever but still there no vaccine in some areas of the world. The study suggested that clean environment and control vector mosquito can also decrease the number of dengue patients.

Umair (2017) said that asthma, pneumonia, bronchitis and influenza are the most common respiratory diseases in Pakistan. As Pakistan is one of the most populated country in the world so the spreading of the diseases can affect a large number of people. Such conditions make it difficult to control the health safety measurements in the country epically in pandemics. Pollution and poor cleanness level are also one of the main hurdles to control in disease in the country.

Anwar et al., (2019) said that dengue is a viral disease and has spread in almost all the regions of the world. Such disease can be transmitted from one person to another by the biting of female mosquitos named Aedes albopictus and Aedes aegypti. Aim of the study is to find out problems of dengue during the prevalence in Mardan in 2017. Dengue infected patients from different parts of the Mardan were admitted in Mardan Medical Complex and cured in an isolated ward. 302 patients were found positive for the viral disease. In which 208 were male while 94 were female. Ratio of the infected people had more from the age 15 to 35. The study revealed that the infection of dengue virus is lesser in Mardan as compare to other parts of the KPK in the year 2017. The study also found the ratio of male patients were higher as compared to female patients in the recent outbreak.

According to the news.com (2020) communicable diseases like malaria, dengue fever, viral hepatitis, typhoid and tuberculosis were on the peak in the year 2019 and such diseases are caused by virus, fungi, bacteria and parasites. In 2019, about 52000 dengue fever were confirmed in Pakistan which took 100 lives of the patients in the country. Dengue fever set a new record in Peshawar, Islamabad, Rawalpindi and Karachi.

According to indexmundi.com (2019) malaria is a disease which can be caused by the bite of a female mosquito named Anopheles. Parasites attack the red blood cells which cause fever, anemia and even death of a person due to the damage of human organs by stopping the blood supply to the

brain. In Saharan Africa this disease takes lives of approximately 1.5 to 2.5 million people in a single year.

Abbas et al., (2019) found that dengue fever is a viral infection and is one of the major concerns for health authorities around the globe and mostly in tropical countries. The descriptive statistics and trend analysis are employed to find out the impact of climatic variables in dengue fever epidemics during the period of January 2001 to December 2016. Result of the study found that dengue fever was on the peak in the month of September, October and November and were considered as the seasonal months of dengue outbreaks.

OBJECTIVES OF THE STUDY

- To assess the public awareness about summer seasonal disease in district Buner of KP
- To search out the barriers in the way of information dissemination process
- To measure the level of understating about summer seasonal diseases
- To discover the most effective tool of information for public in seasonal diseases

HYPOTHESES

H1. There is a strong relationship between disease understudying and educational level of residents of district Buner

H2. Awareness level regarding seasonal disease of Married couples is better than single

THEORETICAL FRAMEWORK

Two-Steps Flow of Communication Theory is a media effect theory propounded by Scholars Paul Lazasfield, Berelson and Hazal Gaudet in 1940. This Theory stated that media do not have affect directly on people, but the message of media goes through the process of opinion leader/s to effect on people, further presumes that the information from the mass media, which comes from the media sources goes or flows to opinion leader, he then interprets, assimilate and modify that message accordingly and send it to the community or through opinion leader the public of the community receive the intended message of mass media (Katz,1957). The two steps flow theory further presumes that the mass media message is not very powerful to affect people itself directly but poses that people are more impressed by opinion leader, whom they interact and rely on. As per the statement of the theory that the opinion leaders take up information, which comes from mass media, and closely read and interpret it and then descriptively forward/kick around it onto the people. Thus, strong believer of people on opinion leaders draw their attention to trust on (Harik, 1971).

Opinion leaders and the people whom they are influencing if belong to the same or alike society; opinion leader will be more interested in the particular sphere in which he is influential. It has also been founded that opinion leader despite of frequently exposure to the mass media, are most likely affected by other people than mass media (Robinson, 1976). As a matter of fact, social interaction among or between the public of society help in the process of spreading of communication and information in society to affect favourably and unfavourably on the attitudes and behaviours of people. In such a way opinion leader are more influential in messages spreading in public than direct from media. So, this two steps theory stress on the role is playing by the Opinion Leaders in information transmission, advice and opinion (Stansberry, 2012).

RESEARCH METHODOLOGY

Mishra, & Alok(2017) defined research methodology as an approach in which systematically the research problems are solved. According to the researchers this is a scientific approach used by researchers for conducting research. Quantitative approach for this research was more appropriate to search out effective sources of information in seasonal diseases at District Buner.Groves, Fowler, Couper, Lepkowski, Singer & Tourangeau (2011) stated that survey method is a technique which is used to study status of phenomena which the researcher is going to explore.

The current study is based on survey research design because to search out the beliefs, view point and underrating of the respondents regarding the issue. Elayeh, Butanji, & Albsoul-Younes, (2016) conducted the study, "Knowledge, awareness and practices towards seasonal influenza and its vaccine: implications for future vaccination campaigns in Jordan" in which the researcher's universe of the study was Amman because it was the capital and largest city of Jordan.

The researchers collected data from 500 respondents through simple random sampling technique from district Buner Residents, because of data collection from the whole population is impossible. Besides, this sample method gives the opportunity to researcher of equal chance of participation in the data collection. Adam &Hassan, (n.d), defined population as that it is a large group of objects or individuals, from which the information is collected to examine the problem/issue. As studying the whole universe needs a lot of time, money and resources so the population is result is generalized for the whole universe. Masadeh, Alzoubi, Al-Azzam, Al-Agedi, Abu Rashid, & Mukattash, (2014) conducted a research on in Jordan on Public awareness concerning children vaccination, in which researcher selected 506 samples out of 605 means the response rate was 83%. Their samples were mothers having 1 to 3 children.

The researchers in this study was used questionnaire as tool for data collection because to collect more accurate data and to find out the agreement and disagreements of the respondent about the issue. Barr, (1953) defined Questionnaire is a tool used for data collection and it is a systematic composition of questions that are filled out by samples of population to collect the desired information. Abu-rish, Elayeh, Mousa, Butanji, & Albsoul-Younes, (2016) in their study, "Knowledge, awareness and practices towards seasonal influenza and its vaccine: implications for future vaccination campaigns in Jordan" developed a questionnaire after reviewing surveys in the literature. The researchers structured the questionnaire in such a way that it comprised four sections; in which first section was demographic section, second one was knowledge about the influenzas, third one was practice of having influenza vaccine and fourth section was assessment of attitude towards influenza. That questionnaire was distributed among the samples to collect the data desired. In the present study the researchers applied correlation tests for the hypotheses results.

RESULTS AND FINDINGS

Table.1. Gender of the Respondents

Variables	F	%
Male	266	53.2
Female	234	46.8
Total	500	100.0

Table 1 shows that 53.2% of the respondents who responded to the queries are male, while 46.8% of them were female.

Table .2.Educational level of the respondents

Variables	Frequency	%
Illiterate	155	31.0
Literate	180	36.0
SSC	98	19.6
HSSC	61	12.2
Graduate	6	1.2
Total	500	100.0

Table 2 illustrates the education level of the respondents. 36% of them were literate, 31% were illiterate, 19.6% of them having Matric, 12.2% of them intermediate and only 01.2% of them were graduates.

Table .3. Marital Status

Variables	Frequency	%
Unmarried	207	41.4
Married	293	58.6
Total	500	100.0

Table 3 is about the marital status of the respondents, 58.6% of our respondents were married while 41.4% of them were unmarried.

H1: There is a strong relationship between disease understudying and educational level of residents of district Buner.

Table.1. Association between disease understudying and educational level of residents of district Buner

Correlations

			Disease understanding	Education
Spearman's rho	Disease understanding	Correlation Coefficient	1.000	.023
		Sig. (2-tailed)	.	.606
		N	499	499
	Education	Correlation Coefficient	.023	1.000
		Sig. (2-tailed)	.606	.
		N	500	500

Correlation test was applied to find out association between education level and understanding of disease, showed that there is no relationship as (n=500), p=.60 which is larger than .05. It means that the proportion of low level of education is not significantly different from the high level understanding of disease. There is no association between education level and understating of chest infection. The statistical results of table 5.62 didn't support the hypotheses.

H2: Awareness level regarding seasonal disease of Married couples are better than single.
Table .2. ***Association between Awareness level regarding seasonal disease and marital status***

Correlations

			Disease Understating	marital status
Spearman's rho	Disease Understating	Correlation Coefficient	1.000	.036*
		Sig. (2-tailed)	.	.001
		N	499	499
	marital status	Correlation Coefficient	.036*	1.000
		Sig. (2-tailed)	. .001	.
		N	500	500

*. Correlation is significant at the 0.05 level (2-tailed).

Correlation test was applied for the association between marital status and understanding of disease, demonstrated that there is a relationship as (n=500), p=.001 which is less than .05. It

means that the proportion of the awareness of married is significantly related with level understanding of disease then single. The findings of applied test supported the hypothesis.

DISCUSSION

The study proved that people with lowest level of education are not aware of the seasonal diseases. When the respondents were questioned about reasons of unawareness regarding summer diseases, 29.8% of them answered that illiteracy is the main reason of unawareness in summer diseases, while 11.6% of them answered that illiteracy is the basic reason of unawareness in winter diseases. Marital status of the respondents was also asked, 293 out of 500 (58.6%) were married while 207 out of 500 (41.4%) were unmarried. Awareness level regarding seasonal disease of Married couples was better than singles.

DIARRHEA

The most common summer disease among the respondents was Diarrhea. According to the respondents, 38% of the suffered from Diarrhea in the summer. 51.2% respondents answered that Diarrhea is a bacterial disease while 48.8% answered that it is viral. As per as the information about Causes, Prevention and treatment are concerned, 25% of them responded that they got information from friends/relatives, 24% of them responded in the favor of social media, 20% of them responded got from radio, 15% of them from TV, 07% of them from Newspaper and banners/posters respectively while 03% of the respondents got information from teachers.

DENGUE FEVER

The second most common among the summer diseases was Dengue fever. In the last few years dengue has spread in the area very rapidly. 25.6% of the respondents suffered from Dengue in the summer. When asked about spreading of Dengue, 38% of the respondents responded that dengue fever is a disease which caused by mosquitoes, 37% of them responded that dengue is bacterial disease while 24% of them responded that dengue is a viral disease. Majority of the respondents known after test that they are suffering from Dengue. 23% of the respondents got information about causes, prevention and treatments of dengue from social media, 20% of them got information from friends/relatives, 18% of them from radio, 17% of them from TV, 13% of the respondents from banners/posters, 06% of them from teachers while 05% of the respondents got information from newspaper.

MALARIA

The third most common summer disease is Malaria, 16.2% respondents suffered from Malaria in the summer. 52% of the respondents were of the view that malaria is a bacterial disease while 48 % of them answered that malaria is a bacterial diseases. Majority of the respondents who responded to the queries are known through test when they suffered from malaria. When asked about the effective source of information about causes, prevention and treatments of malaria for the respondents, 28% of them responded about social media, 20% of them responded about radio and TV respectively, 25% of them responded that they got information from friends/relatives, 05% of them responded about banners while only 0.2% of the respondents got information from teachers.

TYPHOID

Fourth summer diseases which affected most of the respondents is Typhoid. 52% ofthe respondents responded that typhoid fever is a bacterial disease, while 48%of them responded that typhoid is a viral disease. 41 % respondents know after clinical examination while 30% known after test that they are suffering from Typhoid. For 21% respondent's TV is effective source of information in typhoid, 20% got information about causes, prevention and treatments of typhoid from radio and for 19% Social media is the most effective tool.

SKIN DISEASES

According to 5.8% of the respondents, they suffered from skin diseases in summer. 41% of the respondents responded that skin disease spreads from virus, 32% of them responded that skin disease spread from dirty water while 27% of them responded that it spreads from germs. Dry skin, change in color of skin, and rashes on skin are common symptoms of skin diseases according to respondents. When questioned about effective tool of information regarding skin diseases, 28% of the respondents got information about causes, prevention and treatments of skin diseases from friends/relatives, 26% of them got information from social media, 17% of them from Radio, 12% of the respondents from TV.

From the above figures, it is concluded that for overall 24% respondent's social media is the most effective source of information while for 23% of the respondents, friends and relatives are the most effective source of information in summer seasonal diseases. 29% respondents got appropriate awareness from hospitals, 28% at Masjid while 23% obtained appropriate awareness at Hujra.

CONCLUSION

The study has been conducted to find out effective sources of information in seasonal diseases in District Buner. For this purpose, a questionnaire was designed containing 61 questions about Gender, Marital status, Educational level, Monthly income of the respondents. The seasonal diseases were divided into two major types i.e. summer and winter seasonal diseases.

According to the survey, most of the people believed that social media and friends/relatives are the most effective source of information for the awareness and behavioral change of masses. As well as t is also concluded that most appropriate awareness places regarding seasonal diseases are Masjid, Hospital and Hujra. It is a fact that in Pashtoon community Masjid and Hujra (Guest house) are the places where people frequently gather and discuss their day-to-day issues and problems of the area. On the other hand, social Media use is very common nowadays among the masses because of easy access and instant massages regarding everyday problems. So, for that it is also effective source of information in seasonal diseases in the area It is also an opinion that for socialization there are five factors or sources required including Parents, Friends, Schools, Religion and Media.

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