

Public information and communication for HFA 2000 in Thailand

Nuansri Thewtong.

1984

Nuansri T. (1984). Public information and communication for HFA 2000 in Thailand. In AMIC-WHO-UNESCO-IPDC Roundtable on Health Education Needs the Media : Singapore, Jun 20-22, 1984. Singapore: Asian Mass Communication Research & Information Centre.

<https://hdl.handle.net/10356/85941>

**Public Information And Communication
For HFA/2000 In Thailand**

By

Nuansri Thewtong

Muan Sri Therothong

Public Information and Communication
for HFA/2000 in Thailand

INTRODUCTION

In 1977 the Ministry of Public Health launched the Primary Health Care Programme with the objectives of expanding coverage of health services, utilizing community resources and participation, promoting dissemination of health information to the local people, making basic health services available, accessible and acceptable to the people and decreasing malpractice, especially in drug consumption, among the rural population. Many experimental projects based on the primary health care approach were implemented before this and the appropriate model for training village health volunteers and communicators was tested, reshaped and applied in actual training.

In March 1979 the Thai Cabinet approved the principle of Primary Health Care as a National health Development Policy and supported the allocation of resources and administrative reorientation to ensure the success of primary health care and health for all by the year 2000. The Ministry of Public Health set up the Office of the Primary Health Care Development Board within the Ministry for coordinating, organizing and supporting activities related to the project. A series of meetings/seminars on primary health care and health for all have been conducted to promote the concept along with social preparation. Up to the present, the village health volunteers and communicators constitute the largest cadre of community health workers, numbering in hundreds of thousands.

It is felt that in proceeding towards health for all, an effective public information and communication program is highly essential. The conventional approach in IE & C (information, education

- 2 -

and communication) placed a strong emphasis on health education and public information projects generated by technical divisions and departments i.e. the Health Education Division, the Nutrition Division, the Family Planning Division, the Communicable Diseases Control Division, etc. The media used by these technical agencies ranged from printed materials, posters, slides, radio and TV programs, press release and conferences, movies, video, newspaper articles, mobile motivation units to other group educational activities and interpersonal communication. This multimedia approach does have limitations in that it was often planned by health personnel who did not have adequate orientation and experience in the field of public information. In addition, the media were often planned with the objective and target of each agency in mind without adequate reference to the common goal of health for all. However, at the close of the 4th Five-year Plan in 1981, much efforts had been made to improve the health education and public information activities which were more community-based than organizational-based particularly in utilizing the local people and the village health communicators in information dissemination. The system of integrated public information program which were based upon intersectoral collaborations was also applied. Evidence of success has been observed in the area of MCH and family planning and nutrition.

- 5 -

CURRENT PUBLIC INFORMATION AND COMMUNICATION PROGRAMS FOR HFA/2000

Since the beginning of the 5th Five-Year Plan (1982-1986), the Ministry of Public Health has emphasized community-based health education through strengthening the role of village health communicators (each communicator's responsibility covers 10 - 15 households). Basic minimum needs approach was used to indicate status of health, education and agriculture: ^{and personal security} In addition, the year 1984 was designated as the National Primary Health Care Year with specific plans for monthly campaigns for PHC components. The multi-media approach was also applied but with careful consideration and pretesting so that they would reach the target groups.

In an effort to improve the health information, education and communication activities, the Ministry of Public Health has appointed a task force, known as "Public Information Operational Support Group," since October 1983 to undertake development activities in this particular field.

At the outset, a situational analysis survey was made by this support group through a questionnaire and general investigation of the content and approach of the mass-media in disseminating news on health problems, needs and other related matters.

Findings from the survey and the general investigation illustrated the following conditions:

1. IE & C themes as formulated by the Ministry are not really addressing the real needs of the people i.e. press releases are often written in too technical a manner and reflect organizational needs and problems rather than community needs;

- 4 -

2. The mass-media are more effective and provocative than the Ministry in reflecting the concern and needs of the people. The Ministry's role in public information is often defensive whenever news unfavourable to the organization appear in the mass media. Frequently it loses the initiative to present the problems to the public in the more correct light.
3. There is a wealth of information floating around, but the capability of identifying the right information to be disseminated seems to be dispersed among those involved e.g. health related departments and divisions, individual researchers in the universities, specialists from public and private hospitals, politicians, etc. These sources sometimes release information which may create confusion or misleading. This may call for a need for establishing a network focussing on health information dissemination.
4. The relationship between the mass media and PR officials of the Ministry may not be close enough and there is no appropriate mechanism for effective two-way communication.

Realizing the problems and shortfalls in health information activities, media specialists have been invited by the Ministry to constitute a "think tank" or as advisors for PR policy formulation and planning. The first meeting of the think tank was held in April 1984. In following up the resolutions made during the meeting, the Ministry of Public Health appointed the Public Relations Policy Advisory Board in May 1984. Currently efforts are being made to improve PR

- 5 -

activities, beginning with systematic planning of IE & C programme for health development of different target groups. Major approaches and media used for each target group according to their perception of problems and needs may be summarized as follows:

Target group	approaches & media used
rural population	<p><i>Public address</i></p> <ul style="list-style-type: none"> - village loudspeaker system - newspaper coverage particularly in matters relating to drug utilization, food and environmental health - radio programmes, movies - posters and easy-reading materials i.e. self-learning package
urban population	<ul style="list-style-type: none"> - newspaper coverage as above - special articles on sunday papers or journals - special lecture. talk in institutions or-public places - exhibition, campaign - TV, radio, movies, video
mass media	<ul style="list-style-type: none"> - press conference - press tour - press release - meeting/seminar - posters & printed materials

- 6 -

Target group	approaches & media used
policy makers and technocrats	<ul style="list-style-type: none"> - meeting/seminar - orientation/training - special articles in technical or professional journals - printed materials - village tour

There are other specific target groups which are not spelled out here. The approaches and media used for each group should be planned according to their perceptions and needs in health.

For the future, key issues of IE & C for health for all may be based upon village-based self-managed health development particularly in the area of nutrition, MCH and family planning, sanitation, drug cooperative and other similar activities which will upgrade the level of living of the rural population to reach the basic minimum needs. In stead of using media specialists, the people themselves will undertake the role of communicators. The role of the government officials ^{and the media} will be that of the supporters. One of the most urgent need is to develop media and materials to be used by the people and for the people which should differ from those materials currently produced and disseminated.

No. matter what strategy is employed. the role of mass media in health promotion deserves closer examination and should be strengthened and reinforced in the light of the new orientation in the roles of the society pertaining to primary health care and health for all strategies.

THAILAND

PRIMARY HEALTH CARE (PHC)

Primary health care concept generally connotes the provision of basic health services for the people and by the people within their own community through application of appropriate technologies with relevant support from all levels of government health care delivery system. In principle, PHC should be effectively integrated in the overall community development activities.

CAMPAIGN FOR THE NATIONAL PHC YEAR (1984)

The Ministry of Public Health has designated the year 1984 as the National Primary Health Care Year in an effort to promote the concept of "health by the people" through active community participation in solving their own health problems, with the ultimate goal of achieving self reliance in health development. (During the PHC Year resources from 4 major sectors representing the Ministry of Agriculture, Interior, Education and Public Health including the private sector will be collectively mobilized for PHC activities as indicated in the objectives of the PHC Year.) During the PHC year the following strategies shall be applied:-

- 1) Collectively mobilize resources available from all sectors - government (budget from 4 ministries, namely Agriculture, Interior, Education and Public Health) public and private for implementing PHC activities listed in the calendar,
- 2) Integrate public and private activities by having a shared containing plan of action,
- 3) Keep maintaining interest and awareness of the people on PHC through all forms of public media.

-3-

SPECIFIC TARGETS OF THE CAMPAIGN

1. People in the target villages have the right knowledge, attitude and fully participate in at least 5 PHC elements:
 - village drug cooperatives
 - MCH and family planning
 - Nutrition
 - Water supply and sanitation
 - Immunization
2. Government agencies particularly the 4 major sectors (Agriculture, Education, Interior and Public Health)
3. NGO's at all levels i.e. Tambon Council, Lion International Club, Parliamentary members, etc. support PHC activities;
4. Organizations which collaborate rural development activities at all level give stronger emphasis on integrated rural development projects;
5. Increase mobilization of local resources for PHC development;
6. Both the government and private sector fully support village development funds.

EXPECTED OUTCOMES

1. People in 45,000 villages have right knowledge and attitudes in PHC with particular reference to the 5 elements which are to be promoted.

4.....

-5-

Additional budget needed for the campaign in the National
PHC Year is thus \$ 50,000,000, which is to be mobilized from the
public and private sectors, NGO's, interested individuals, and
also from external sources.
