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<th>Title</th>
<th>Catalyst to health education through mass media.</th>
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<td>Author(s)</td>
<td>Swamy, Jane.</td>
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<td>Date</td>
<td>1985</td>
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Catalyst To Health Education Through Mass Media

By

Jane Swamy
CATALYST TO HEALTH EDUCATION
THROUGH MASS MEDIA

Paper presented with Video Screenings of
Health Care Messages

at the

WHO - UNESCO - IPDC - AMIC ROUNDTABLE

on

"HEALTH AND THE MASS MEDIA"
Colombo, Sri Lanka
September 11 - 13, 1985

by

JANE SWAMY
Manager, Public Relations,
GLAXO LABORATORIES (INDIA) LTD., BOMBAY

Course Co-ordinator, Diploma in Journalism,
XAVIER INSTITUTE OF COMMUNICATIONS, BOMBAY

FREELANCE Journalist, Scriptwriter & Documentary Producer
Ladies and Gentlemen,

At the outset I would like to thank the organisers and sponsors for permitting me the honour of participation, and the privilege of a continuing education.

The case I am about to present has in a way, grown out of my personal professional experience. As one who has been trained in and has worked in mass media and communications and as one who also teaches the subject I have been distressed by the utter lack of vision and professionalism by mass media practitioners.

The reality in our country is of private profit-oriented though non-professional mass media businesses; and the politically motivated and controlled equally non-professional mass media channels.

In either case, all the news and views fit to print or broadcast or narrowcast are the fashionable causes of the moment - the cosmetics of eye glasses that suit a special face shape; the exotica of heart transplants; and the vital statistics - unverifiable of political or authority achievements.

The unprofessional in both private and public sectors of mass media covers:

(1) The failure to perceive the changing nature and concept of news in a developing environment;

(2) The misuse of financial resource allocations;

(3) Bureaucratic waste of general management resources - time, manpower, materials.

(4) The tendency, with the new technologies available both in print and broadcast media, to confuse the medium for the message and its effectiveness e.g. by 1985, seventy-five per cent of the country will be covered in our developing environment by TV and Chaya Geet; or the miracles of gravure printing will give newspaper owners the profit-edge over competitors. The price of news will be very high indeed.

(5) Lack of accountability that is meaningful, not superficial.
PROJECT BACKGROUND

Let us now look at this case a little more closely. You, ladies and gentlemen are all honourable men. You represent your governments and its agencies; you represent NGO’s (non-government agencies) yet with vastly respected national and international sanction and reputation, some of you represent the mighty Fourth Estate, critically non-touchable and with inherent and well protected rights to free speech and comment; and you represent the great world of academia.

If at one time or another I hadn’t been a member of all these spheres, and I continue in some still, I would not perhaps be allowed to raise my voice in such a forum - because for now I represent that universally tarred black sheep of society - private enterprise. (Hence at this point I would like to thank especially Mr. Vijay Menon of AMIC for my presence here).

It seems to me that the time is opportune, particularly in development matters, to use the management expertise so abundantly available in private enterprise, without strings attached. This is feasible and possible as my case study demonstrates, for development. True, the danger exists of exploitation, the cardinal sin credited to private enterprise. Yet as mentioned earlier other agencies have ably demonstrated their capacity for cupidity and failure. Let us just proceed with the assumption that all of us are truly committed to development and in this forum, with the professional approach to the use of mass media for child health.

PROJECT HISTORY AND OBJECTIVE

Going back to 1977, our particular enterprise applied the principles of M.B.O. - Management by Objectives to the field of national development in which we had a long-standing business interest and an outstanding service record - the field of Health. We chose however, to limit our activity in order to maximise effectiveness. The result has been a pioneering, pilot project which at this point is showing signs of great promise and potential.

Our main aim emerged as Public Health Education. Our decision was to work with Government Health Authorities, and naturally we began with the Bombay Municipal Corporation and Maharashtra State because that is where our headquarters is located.

As our programme has continued we have tended to work around our own major establishments - such as in Aligarh, U.P. in order to fall back on the support of our own resources and our acquaintance with local authorities.
Our primary target audience and we hope beneficiaries have been the nation's most underprivileged and deprived - Women and Children.

Our secondary audience includes social workers, para-medical personnel, voluntary health and development agencies, and training institutions.

Our tertiary audience has actually grown out of the programme and includes units of private enterprise with similar development commitments.

Our programme priorities have focussed, after deliberate indentification on national health policy priorities, viz:

(1) Nutrition
(2) Water Supply and Sanitation
(3) Immunisation
(4) Maternal and Child Health

PROGRAMME CONTENT - MASS MEDIA MIX AND MESSAGE

1. Between 1978 and 1980 the design and donation of Standard Health Cards for use in Municipal Health Clinics. Mothers of children under five and clinic staff are able to keep track of immunisation and nutitional needs. (Some 4½ lakh cards have been distributed and there is further demand).

2. Since 1979 and on-going, the production of audio-visuals, slide-sound presentations on the subjects of (1) TB, (2) Immunisation, (3) Blinding Malnutrition, (4) Oral Rehydration, (5) Balanced Diet, (6) Safe Drinking Water, (7) Family Life Education. Under production are (8) Environmental Sanitation and (9) Personal Hygiene. (See Appendix I for titles and content).

3. Since 1981 and on-going this audio-visual programme for illiterate audiences has been complemented by a public service advertising programme for literate audiences.

4. Finally, we have accepted as a formal commitment the training in mass communications for social work of social work students at an academic institution affiliated to Bombay University.

In all these programmes the message emphasizes Self-care, Prevention and Media awareness.
CONTRIBUTION

The contribution has been management and mass media expertise including financial and manpower resources.

In the first instance careful objective setting and planning has been followed by resource allocation; implementation and evaluation.

The financial outlay has been relatively small, about Rs.15 lakhs to Rs.25 lakhs - more if you consider manpower utilisation.

Media expertise has covered appropriate channel selection; appropriate multi-language; pre and post evaluation by survey, unsolicited feedback, and actual usage.

CONCLUSION

In conclusion, let us estimate how development and child health have gained.

A process of non-formal education of under-privileged women and children has been initiated, and is on-going. It is evolving satisfactorily.

Having made a professional commitment our enterprise draws satisfaction from being a catalyst. It is our hope, that you the premier and in many cases official representatives of India's under-privileged women and children, will welcome our endeavour and not dismiss it with customary suspicion and non-co-operation. Also, that you will take our pilot further and faster, by using our medium with its preventive and positive health care messages.
Dear............

HEALTH EDUCATION WITH AVs

You probably share an interest with several other individuals or agencies who would like to achieve or promote public health education.

We share your interest and have produced a series of audio-visuals (35 mm slide-sound presentations) which emphasize the message that health care is self-care and prevention is better than cure.

The subjects of the audio-visuals are:
Safe Drinking Water and Hygiene; Immunisation; Oral Rehydration Therapy; Nutrition; Prevention of T. B. and Blinding Malnutrition; and the Function of the Reproductive System (sex education).

The audio-visuals can be screened to educate or train:
* Village and urban slum communities (especially women and children).
* School children.
* Social workers, Para-Medical Personnel.
* Medical, Nursing, Health Personnel.
* Teachers.

Please see the attached sheet for details. We look forward to hearing from you.

Yours Sincerely

Executive
Social Work & Public Affairs

Registered Office: Dr. Annie Besant Road, Bombay 400025.
L-10
GUIDELINES FOR PURCHASE AND SCREENINGS

Produced by Glaxo Public Relations Department, the audio-visuals are distributed by Xavier Institute of Communications, St. Xavier's College, Mahapalika Marg, Bombay-400 001.

Purchase Procedures

1. Place a written order indicating titles and language with:
   The Director (Health Audio-Visuals), Xavier Institute of Communications, St. Xavier's College Mahapalika Marg, Bombay 400 001 (Tel. 261366), with a copy to the Public Relations Department, Glaxo Laboratories (I) Ltd.

2. Cheques may be paid in advance in favour of the Xavier Institute of Communications.

3. The cost is Rs. 325/- per audio-visual (inclusive of colour slides, one sound cassette with signals for change of slides and a written script).
   Postage will be extra at Rs. 10/- by registered parcel and must be included in the amount sent by cheque.

4. Despatch of outstation orders will be within two weeks of receipt of order.

Screenings

1. It is recommended that the audio-visuals be screened by facilitators who can discuss the subject with viewers, to achieve greater effectiveness.

2. If the facilitator prefers he or she may use the written script for an on-the-spot commentary with the slides. The audible synchronised sound tape if used, should be played back on a mono-tape recorder.

Preliminary Screenings

1. Glaxo Public Relations Department will arrange previews of the audio-visuals at their Company's Worli, Bombay premises, by prior request, to enable prospective users to decide about the suitability of these audio-visuals as teaching aids.

2. In the event that Glaxo PR personnel visit locations outside Bombay, they will screen the audio-visuals for groups of between 20 and 30 persons. Arrangements for venue/projection facilities and invitations will need to be undertaken by the interested agency or individual.

Feedback

1. In order to enhance the effectiveness of the audio-visuals, suggestions about the content and production techniques are welcome.

2. Feedback forms are distributed at the time of purchase or screenings and information received when appropriate and relevant, will be incorporated into updated editions of the audio-visuals.

Updated editions

It is intended that the audio-visuals will be updated with visuals and revised sound track, if necessary, every five years. Users will be informed about the availability of the new slides and cassettes.
# PUBLIC HEALTH EDUCATION AUDIO-VISUALS

Produced by Glaxo Laboratories (India) Limited
Dr. Annie Besant Road, Bombay 400 025

PUBLIC RELATIONS DEPARTMENT

<table>
<thead>
<tr>
<th>Title</th>
<th>Sound Cassette with audible signals</th>
<th>Running Time</th>
<th>No. of 35 mm colour slides</th>
<th>Year Produced</th>
<th>Year Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>RUPA'S FIGHT FOR HEALTH —On prevention of T.B.</td>
<td>English Hindi Marathi Gujarati*</td>
<td>20 mins.</td>
<td>74</td>
<td>July 1979</td>
<td></td>
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<tr>
<td>HOME REMEDIES FOR DIARRHOEAS AND FEVERS —Oral Rehydration Therapy</td>
<td>English Hindi Marathi Gujarati*</td>
<td>22 mins.</td>
<td>78</td>
<td>Jan. 1980</td>
<td></td>
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<tr>
<td>YOU CAN'T EAT LIKE A HORSE OR LIKE AN ELEPHANT —Balanced diet for children 10-15</td>
<td>English Hindi Marathi Gujarati*</td>
<td>18 mins.</td>
<td>79</td>
<td>June 1980</td>
<td></td>
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<tr>
<td>YOUR CHILD'S LIFE IN YOUR HANDS —Immunisation against DPT and Polio</td>
<td>English Hindi Marathi Gujarati*</td>
<td>12 mins.</td>
<td>70</td>
<td>May 1982</td>
<td></td>
</tr>
<tr>
<td>LET MY CHILD SEE —On blindness due to malnutrition and Vit. A deficiency</td>
<td>English Hindi Marathi Gujarati*</td>
<td>13 mins.</td>
<td>65</td>
<td>August 1982</td>
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<tr>
<td>HEALTH CARE IS SELF-CARE (I) WATER OF LIFE —About use and misuse of water and relation to diseases</td>
<td>English Hindi Marathi Gujarati*</td>
<td>16 mins.</td>
<td>80</td>
<td>June 1984</td>
<td></td>
</tr>
<tr>
<td>HEALTH CARE IS SELF-CARE (II) WATER FOR HEALTH —Water-borne and water-related diseases and simple preventive measures including ORT.</td>
<td>English Hindi Marathi Gujarati*</td>
<td>9 mins.</td>
<td>53</td>
<td>Oct. 1984</td>
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<td>FAMILY LIFE (I) GROWING UP —Functions of the reproductive system, Sex education for over-fifteens</td>
<td>English Hindi Marathi Gujarati*</td>
<td>12 mins.</td>
<td>56</td>
<td>Nov. 1984</td>
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N.B. All sets available with a written script in language of sound track.
*At present only Gujarati script is available, without sound cassette.

(Please turn over)