<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Status report on use of mass media for public health education in Pakistan.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Rizvi, S. H.</td>
</tr>
<tr>
<td><strong>Date</strong></td>
<td>1985</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10220/1060">http://hdl.handle.net/10220/1060</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td></td>
</tr>
</tbody>
</table>
Status Report On Use Of Mass Media
For Public Health Education In Pakistan

By

S H Rizvi
STATUS REPORT
ON
USE OF MASS MEDIA FOR PUBLIC
HEALTH EDUCATION IN PAKISTAN

By
Mr. S.H. Rizvi,
Joint Secretary,
Ministry of Health, Special
Education & Social Welfare,
Government of Pakistan.

INTRODUCTION.

1. Pakistan comprises of Four Provinces i.e. Punjab, Sind, Baluchistan and North West Frontier Province (Total population 84 million). Analysis of age data of population reveals that 46 percent of the population comprises of under 15 years of age. Thus there is a predominance of the dependent younger age population. The structure of population, determines the relative proportion of special health problems and the need for the organization of health services to tackle these problems. Majority of population (70%) live in rural areas. Literacy rate is 26%. Population growth is 3% which is one of the highest in the world.

2. The health and demographic situation in Pakistan is characterised by a high birth rate, a comparatively low death rate and a consequent rapid growth in Population. The crude death rate is estimated at 12 per 1000. The infant mortality rate of 100 per 1000 live births is still very high. As indicated by the study of the Planning Commission two-third of all deaths are due to infective and parasitic diseases, exclusive of malaria.
3. Reliable data on the incidence of diseases is not available. Hospital statistics provide, however, a fair indication of the pattern of morbidity. Gastro-intestinal and parasitic diseases, respiratory diseases, fevers, diseases of the skins, and malaria account for roughly 72% of reported illness.

4. Malnutrition is a severe problem. Diseases like anemia, goitre, keratomalacia, avitaminoses A, rickets, scurvy, osteomalacia, night-blindness, caloric insufficiency and other nutritional insufficiencies are not uncommon.

5. Environmental health problems include lack of safe water supply, inadequate arrangements of disposal of excreta and refuse, insanitary housing, poor vector control and improper food hygiene.

6. Many development programmes are under-way to improve the economic conditions and raise the standard of living of our people. The relative poor health of the people hinders the progress of these programmes so that a vicious circle of poor health, loss of productivity and low standard of living is established. Thus the economic progress of the country is directly related to the health status of its people.

7. Many health programmes have been launched to overcome the health problems. Primary Health Care Programme is being implemented in order to provide basic health services to the maximum number of people in the shortest possible time, particularly in the rural areas. Accelerated Health Programme is meant to
provide immunisation to 15 million children under 5 years age, prevent deaths by control of diarrhoea through use of ORS and provide one trained TBA in each of the 45000 villages in the country. Other special health programmes include; World Food Programme, Malaria Control Programme, MCH Services, Norcotic Control Programme etc.

2. Place of Health Education in Health Services.

2.1. Health education is an essential component of the health services. The Sixth Five Year Plan (1983-88) published by the Planning Commission, Government of Pakistan, October 1983 emphasise the need of Health Education in the following words:-

Health Education - The challenge of primary health care has brought to light the need for more dynamic health education, based not on teaching people to utilize available resources as passive receivers, but on the fact that individuals, regardless of their level of education are capable of making suitable decisions in respect of their own health, when properly informed and motivated. The Sixth Plan will, therefore incorporate health education as an essential element of health services. It aims at utilizing all educated females and women representatives of local bodies. Pesh Imams will be used as health educators, after short-term training for community education in preventive health programmes. Non-government organizations will be used to the extent it is feasible. An allocation of Rs. 50 million has been made for educative programmes, as a component of preventive health programmes.
Organisation of Health Education Services.

2.2. Federal Level.

The Government of Pakistan keeping in view the importance of the subject, has created a Health Education Cell in the Health Division, which is responsible for:

- Formulation of National Health Education Policy.
- Planning and implementation of Health Education Services.
- Seeking assistance of international agencies for the development of health education programme.
- Strengthening the health education programme of provinces through guidance, material and financial support and coordination.
- Using of mass media for public health education.
- Acting as Health Education Information Centre both at national and international level.
- Producing Health Education training and extension materials.
- Carrying out base-line research.

2.3. Provincial Level.

The Provincial Governments have one Health Education Cell at each Provincial Headquarter. The posts of Health Educators have been created in some medical colleges, public health nursing schools and postgraduate institutions, i.e. College of Community Medicine at Lahore. Posts of Health Educators have been created up to Divisional level nearly in all the provinces. A Department of Health Education has been established in the College of Community Medicine Lahore with one post of Assistant
Professor, one Professor and one health Educator alongwith other support staff. Some of these posts, however, have not yet been filled.

2.4. Pakistan National Health Education Plan.

The Government of Pakistan have been implementing the Pakistan National Health Education Plan which was prepared in collaboration with W.H.O. for the improvement of health education services as integral and central part of all health services. The Plan aims at achieving the main objective of improving the national health through:

2.4.1. Integration of health education at local level and expansion of health education units up to divisional level in the provinces.

2.4.2. Training of workers involved in carrying out health education activities.

2.4.3. Better and more use of mass media to educate public in health matters.

2.4.4. Production and distribution of materials for training of health workers and public health education.

2.4.5. Establishment of research projects on knowledge, attitudes and practice regarding health.
4. Use of Mass Media for Public Health Education.

Increased allocations of funds are being provided for health education. Specific Budget provisions are made every year for use of media for health promotion, particularly in the Accelerated Health Programme, Primary Health Care Project, Anti-Smoking Campaign, Malaria Control Programme, Nutrition Education Programme etc.

4.1. Use of Mass Media for Health Education and Anti-Smoking Campaign.

4.1.1. Along with the other anti-smoking measures being pursued by the Government, a Health Education and Anti-Smoking Campaign has been launched from all possible fronts i.e. through personnels of health and allied departments, radio, television, cinemas, press etc. [An amount of Rs. 2.5 million was spent every year on the campaign from 1981 onward.]

4.1.2. The Objectives of Health Education and Anti-Smoking Campaign are as under:

1. Bring a change in knowledge i.e. smoking is injurious for health.

2. Change in attitude i.e. Smoking is an abnormal behaviour (A bad and harmful habit).

3. Change in behaviour i.e.
   - Stop Smoking.
   - Remain away from smoking.
1.3. Following were the main educational messages:

- Smoking is suicidal.
- Smoking is harmful for health.
- Don't let your dear ones smoke because it's a poison and a killer.
- If you smoke - STOP.
- If you don't smoke "DO NOT START"
- You save your life by not smoking.
- Smoking is not glamorous, adventurous and prestigious.

1.4. Health Education and Anti-smoking Campaign through radio and television.

<table>
<thead>
<tr>
<th>Year</th>
<th>T.V.Spots</th>
<th>Cost</th>
<th>Radio Spots</th>
<th>Programme</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981-82</td>
<td>412</td>
<td>14,09,696</td>
<td>18150</td>
<td>510</td>
<td>8,00,000</td>
</tr>
<tr>
<td>1982-83</td>
<td>239</td>
<td>13,54,623</td>
<td>9000</td>
<td>255</td>
<td>4,00,000</td>
</tr>
<tr>
<td>1983-84</td>
<td>175</td>
<td>9,62,030</td>
<td>8025</td>
<td>225</td>
<td>3,50,000</td>
</tr>
<tr>
<td>1984-85</td>
<td>30</td>
<td>5,71,389</td>
<td>18150</td>
<td>480</td>
<td>8,00,000</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>856</strong></td>
<td><strong>42,97,738</strong></td>
<td><strong>53325</strong></td>
<td><strong>1470</strong></td>
<td><strong>23,50,000</strong></td>
</tr>
</tbody>
</table>

2. Use of Mass Media in Accelerated Health Programme.

The Government of Pakistan has started Accelerated Health Programme. The purpose is to reduce the infant mortality by inoculating 15 million children under 5 years of age, provide better MCH services by training 35000 TBAs and control of diarrhoeal diseases through ORS.

2.1. An intensive health education campaign has been launched, through all communication channels i.e. health staff, radio, T.V, Press, road side bill boards, written materials etc.
### 4.2.2. Following health education materials were produced:

<table>
<thead>
<tr>
<th>Years</th>
<th>Material</th>
<th>Subject</th>
<th>Designed</th>
<th>Printed Produced</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1981-82 Posters</td>
<td>E.P.I</td>
<td>11</td>
<td>1</td>
<td>UNICEF</td>
<td>100,000</td>
</tr>
<tr>
<td>1982-83 Slide-Tape Presentation T.V. Film Spot Messages</td>
<td>&quot;</td>
<td>10</td>
<td>7</td>
<td></td>
<td>35 print Circulated</td>
</tr>
<tr>
<td>1983-84 Posters</td>
<td>E.P.I</td>
<td>10</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td>O.R.S.</td>
<td>5</td>
<td>1 USAID Grant For PHC</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>Flipcharts</td>
<td>O.R.S.</td>
<td>1</td>
<td>1 do -</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>T.V. Spots</td>
<td>E.P.I</td>
<td>7</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>T.V. Spots</td>
<td>O.R.S.</td>
<td>6</td>
<td>3</td>
<td>35 prints made for T.V.</td>
<td></td>
</tr>
</tbody>
</table>

### 4.2.3. Following amounts were spent on Health Education in AHP.

<table>
<thead>
<tr>
<th>Years</th>
<th>Amount Rs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1982-1983</td>
<td>1.807 million</td>
</tr>
<tr>
<td>1983-1984</td>
<td>3.172 million</td>
</tr>
<tr>
<td>1984-1985</td>
<td>7.968 million</td>
</tr>
</tbody>
</table>

### 4.2.4. The Provincial Governments are responsible to undertake the health education programmes. Sufficient Funds for health education in AHP were available with the Provinces and the Government of AJK. The Punjab Health Department recieved generals amounts (30 million rupees) of funds for health education from its government and carried out an intensive promotional campaign through mass media.
4.2.5. Mass Media have been used to the fullest extent to make the Accelerated Health Programme a successful venture. The use of radio and T.V. was started in 1982 with a "Fear Approach" though not considered very effective as compared to the positive approach by the Communication Experts. However, as soon as the telecasting of a film was started, the parents rushed to the hospitals to have their children vaccinated. The rush of parents and kids created a scene in the hospitals. The governments have to establish special squades to cope with the rush. The Punjab Province have made most use of the mass media. Nearly all newspapers have been publishing, a title page daily ad on different health subject since 1982. Bill boards of different sizes can be abundantly seen in all cities and on highways. Posters, stickers and calenders were got printed and widely distributed.

4.3. Mass media has also been used in the Malaria Control Programme, World Food Programme Project, Drug Control and other health services.

5. Evaluation of Mass Media impact.

5.1. No research study per se has been conducted so far to see the impact of different media.

5.2. However the [PHC/AHP] Review jointly conducted by the WHO and Government of Pakistan in 1984, identified "High awareness" about the immunizable diseases, and schedule of immunisation. The Province of the Punjab has immunised more than 80% children
under the age of 5 years. The success of the EPI Programmes have been attributed to the trained health manpower, an effective cold chain system, well established logistic and a very strong health education programme. The health education programme for EPI in Punjab used all channels of communication i.e. media mix. [The other three provinces who laged behind are now following the lead by the Punjab Province.]

3. The use of mass media in Health Education and Anti-smoking Campaign.

3.1. The use of mass media in Health Education and Anti-Smoking Campaign has also not been properly studied. Some small size surveys have shown encouraging results. A drastic change has occurred in smokers attitude and they, at least realize that smoking is injurious to health. Children compel their parents not to smoke, wife to her husband, and parents to their children. Through this campaign, different members of the family, in fact have been converted as "policemen" controlling the smoking habit. However, the momentum for change is to be maintained.

3.2. The achievements made so far in educating the public and combating smoking are not insignificant and deserve appreciation. It does not mean that we have achieved our goal - still a lot remains to be done. On the one hand it has been observed that the momentum of the attack has slackened and on the other hand the cigarette manufacturers have accelerated their promotional campaign and increased their promotional budgets many times. There is an urgent need to use the experiences of other developing countries on the subject.
5.4. The limitation of the impact of mass media can be well imagined in view of the low literacy rate, limited reach of the media and the effectiveness of the messages. In view of these constraints, the Government of Pakistan has used all the channels of communication i.e. the health workers, radio, T.V., cinema houses, bill boards, posters, pamphlets, stickers, news papers, calendars etc.

5.5. I have brought some samples of the newspaper health ads, calendars, stickers, posters etc. The films and video cassettes could not be brought due to custom restrictions.

6. SUMMARY.

- Pakistan Health Education Programme is picking up slowly and steadily.
- Wide use of mass media has been made in Pakistan.
- Some good results have been achieved through use of mass media.
- There is an urgent need to study the impact of different media used in different health programmes.
- The use of mass media has no boundaries so, there is need of coordination of use of mass media for health education, amongst the countries of the region.
7. Future Plans of use of Mass Media in Pakistan.

- Intensive use of mass media has been planned to educate the public in health matters during the remaining period of Sixth Five Year Plan.

- Research studies to evaluate the use of different channels of communication are being planned with the assistance of the WHO and UNICEF. Assistance of AMIC in this regard will be appreciated.

- Efforts are being made to produce low-cost teaching materials (pure visual symbols) without any writing for illiterate people. Collaboration of AMIC in this regard will be most welcomed.

- Training of professional health educators in mass communication is the urgent need. There is also need of development of health manpower in communication. Any assistance in this regard will also be very useful.
For instance, if we observe the TV, can we find anything else of a particular kind? Can we, for example, have a photograph of a person with an anti-Semitic attitude? Many such examples can be quoted, showing that it is not a great need to conceive a 'prefixed relationship' between the two - a theme which is discussed.