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Seminar on Media and Child/Family Health
Singapore, February 20-22, 1989

WORKING GROUPS

A. Problems of the Handicapped:
   Dr. V.R. Pandurangi
   Ms. Judith Pang
   Puan Aishah Ali
   Ms. Meera Rao
   Mr. Arturo Borjal
   Mr. P.R. Menon

Sponsored by:
The International Children's Centre (ICC), Paris
The International Union of Family Organisations (UFO), Paris

Organised by:
The Asian Mass Communication Research and Information Centre (AMIC), Singapore
GROUP A

The role of the media in highlighting the problems of the handicapped

1. There must be an appropriate term to describe the handicapped and media should be familiarised with these terms when they make their reports.

Since words like deaf, dump, blind and mentally retarded usually have a negative connotation, they should be termed as impairment, disability or handicapped.

2. To establish rapport between Government Organisations (G.O) and Non-government Organisation (NGO) and media plactition for easy dissemination of information.

3. These organisations should have dynamic, creative and efficient coordinators or PROs who could liaise more effectively:

(a) Feeding proper information, which are readable and in a manner acceptable to the press.

(b) To identify and provide "stories" that can bring about positive attitudinal changes towards the disabled. For example, highlighting success stories of the disabled like the talented artists, and academic achievements of disabled, among others.

(c) Utilise columns in newspapers which highlight to the problems of the handicapped. E.G. Columns like womans page, medical, youth, etc.

(d) Exploit identify and media opprotunities for the purpose of highlighting the problems of the disabled.

4. Should always involve a media practitioner in the conceptualising planning, implementation of projects concerning disabled.

5. Whenever there is a National, International, or regional conference or seminar on the disabled, a leading media practitioner should always be invited to be an active participant.

6. There should be an effort to change attitude towards the disabled. They should not be objects of ridicule, on TV and films. Instead they should be portrayed realistically Government or or any other agencies should not encourage the portrayal of disabled persons on TV & films in a manner that make them objects of ridicule.
7. **Accessibility.**
   Mass media should impress upon the government on the importance of legislation aimed at providing a barrier-free environment for the disabled particularly in air & land transportation, and accessibility in buildings & sidewalks. e.g ramps.

8. **Employment opportunities.**
   Mass media has an important role in generating employment opportunities for the qualified disabled.

9. Similarly, media should also stress the importance of highlighting the successful efforts of the disabled at sheltered workshops.

10. There must be public education on special needs and care for the disabled. Police, motorists, bus drivers and the general public should be the target. Government media should make use all available channels of communication for this public education campaigns.

11. **Prevention**
    As media is a strong tool in achieving prevention of disabilities at :-

    (a) family level
    (b) community level
    (c) government level
    They must be utilised fully.

    * * * * * *
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WORKING GROUPS

B. Child Health Education & the Role of the Media:
   Mrs. Zuleika Rachman Masjihur
   Mrs. Aurora Silayan-Go
   Ms. Siva Arulanandam
   Ms. Irene Pates
   Mr. Jack Glattbach
   Ms. Maya Najoan

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The International Union of Family Organisations (IUFO), Paris

Organised by:
The Asian Mass Communication Research and Information Centre (AMIC), Singapore
Recommendations

1. Child and family health education/communication should have higher priority in public and private sector health services.

   Governments should adopt policies which reflect the importance of education and communication in securing healthy populations.

2. Senior health service managers should be expected to take the same responsibility for management of communication as their private sector peers.

3. Improved health education/communication requires a pragmatic partnership between media and medicine, which can be facilitated by the following:

   (a) "getting to know you" programmes (briefings, workshops, study visits, parties, etc.) should be initiated by media and/or medical staff, in non-conflictual circumstances: education/professional institutions can be useful "go-betweens" in facilitating this process.

   (b) "mutual help" should be emphasised: health people can make media people better informed, journalists can help doctors communicate.

   (c) doctors need some training in mass communication: "media manner" may be as important as bedside manner.

   (d) government health services should provide a minimum "core" information service to all media (mortality/morbidity, availability of services, budgets?), and should also seek professional help to improve the quality of many government information materials.

   (e) pragmatic and manageable evaluation should be a part of all health education/communication activities, but particularly for pilot, innovative programmes (often done by NGOs).

   (f) good media reporting of health services should be recognised (by both media and government) as a valuable, effective monitoring service providing essential feedback for health service managers.

4. Apart from the mass media, traditional and folk media should receive greater attention as effective channels to community audiences.
MATERNAL MORTALITY: THE EDUCATIVE ROLE OF THE MEDIA

In defining their term of reference, the group agreed to adopt the WHO definition of maternal mortality which states that "a maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy (irrespective of the duration and site of the pregnancy) from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes."

Likewise, the group noted the similar definition provided in the paper of Dr. Audrey Tan of the Ministry of Health, Singapore.

The group also noted the factors contributing to maternal mortality cited in Dr. Tan's paper and said that they result in a lack of proper management of ante-natal, delivery and post-natal care. The group articulated the need for adequate health education on pre-natal, hospital or home delivery, and post-partum maternal and child care.

The group felt, however, that pregnant mothers should not be the only target of health education on maternal and child health. They felt that both males and females should be targeted with MCH messages. They categorised these targets as follows:

1. pre-marriage groups like adolescents and young adults who should be provided adequate education on general health, nutrition and sex (The group noted that adolescent pregnancies contribute to maternal morbidity.);

2. pre-pregnant women who should be informed, educated and motivated on proper nutrition and immunisation practices, particularly during pregnancy;

3. pregnant and newly-delivered mothers who should be reached with health education on ante-natal and delivery care;

4. post-delivery mothers who should be provided supportive education on post-partum care; and

5. husbands and men who should be provided with education on MCH to ensure that they encourage women to practice good pre-natal, delivery and post-partum care, and who should be motivated to become more considerate and responsible towards women particularly during pregnancy.
3. the health sector consulting the media in planning, designing and producing media campaign materials to ensure correct choice of medium and maximum media effect, as well as involving the media in planning and implementing health projects with media components; and

4. the media responding to the need of the health sector to disseminate their messages, through reasonable allocation of more space/time in their outlets.

Recommendations

1. The health sector should initiate a dialogue between health service providers and media policy-makers and practitioners, at all levels, to establish rapport and build a working relationship.

2. The media sector should welcome and seek active involvement in health programmes and projects so that it can share in the responsibility of planning and implementing the IEC components of such programmes and projects. It is part of media's social responsibility to promote health and other societal concerns.

3. The health sector should initiate training on health reporting for the media, in collaboration with appropriate journalism and communication training institutions. The health sector can provide the technical inputs; the training institutions can develop the curricula and supervise the skills development training; the media can ensure the participation of their health beat reporters/journalists in this training exercise as well as monitor the utilisation of the training in the actual reporting of health news and information.

4. The media sector should exert efforts to increase audience interest in health matters through more interesting, creatively-written/packaged health news and information.

5. Both the health and media sectors should ensure that adequate research is incorporated in designing and implementing health cum media programmes and projects to ensure culturally acceptable, easily understood, highly motivational and effective media messages and materials.

Group C Members:

Ms. Titie Said Sadikum
Mr. Jose Abcede
Dr. Gilbert Bukenya
Mr. Ralph Iriarte
Dr. Victor Valbuena

3
The group acknowledged that the media has a very significant role in promoting maternal and child health. However, the group felt that the media should be regarded not only as an educative tool. The media can inform, instruct, motivate and facilitate health-related behaviour; the media can act as a means of social control on health matters.

In terms of maternal health, the media can do the following:

1. inform and educate target audiences on the availability of health/medical services promoting maternal health;

2. instruct pregnant women on what they can do in their own homes to ensure a smooth and trouble-free pregnancy;

3. inform target audiences on the various risks of pregnancy and maternal mortality and how to avoid them;

4. inform couples on how to prepare for delivery, whether in the home or in the hospital/maternity clinic;

5. highlight the need for the immunisation of women to lower the risks of maternal mortality;

6. inform, educate and motivate target audiences on sex education, birth spacing and family planning as means of lowering maternal mortality; and

7. influence target audiences and their communities to become active participants in maternal and child health programmes and activities.

The group recognised the fact that for the media to perform these roles effectively, there must be a good working relationship between the health services and the media. This relationship should be one where each of the parties are aware of their complementary responsibilities — the health workers providing complete, understandable information required for an adequate media report, and the media reporting creatively, yes, but also truthfully and in the right context. In short, health and medical workers as credible and cooperative sources of news and information, and media as responsible reporter/disseminator of these news and information. The group underscored the need for a strong health services and media partnership. This partnership may be illustrated by the following:

1. health services personnel providing periodic but comprehensive orientation on maternal mortality data and related subjects in order to equip media personnel with a more thorough understanding of the subject matter;

2. health services personnel transforming very technical health data relating to maternal mortality, into more understandable and acceptable form and language so as to be readily usable by the media;
WORKING GROUPS

Working Group D: Effect of the Media on Children, Youth and Families: Cultural, Social and Psychological Aspects

Composed of:  
Dr. Paul Vesin (France)  
Mr. Wagiono (Indonesia)  
Dr. Gan Chong-Ying (Malaysia)  
Ms. Niramon Prudtatorn (Thailand)  
Ms. Aurora Silayan-Go (Philippines) - Rapporteur.

The group initially discussed their observations of the relationship of media and health programmes in their respective countries. Having given their observations, the group arrived at a consensus on certain assumptions on the basis of which recommendations were formulated. It was agreed upon that the negative impact of TV as a medium should:

Assumptions:

1. That Media (e.g. TV programmes, section editors, journalists, health beat reporters) are probably not aware or do not realise the damaging effect on young people and even adults, of media programmes and selective news sensationalization. Television was cited as a major force or culprit.

2. That media workers indeed need more comprehensive, accurate and deeper understanding of the health issues related to children, young adults and the family.
3. That programme people have the responsibility to have a consensus on what is the objective/s of their information-education campaign. Thereafter, they should be clear on what messages they want to give to the public; as well as be very clear on who their target audience is.

4. The group recognises that currently, there are individuals and agencies (both government and non-government's) which are producing programmes and materials with positive impact.

5. That health is defined as more than physical and includes mental, emotional and social aspects.

Recommendations:

1. Programme people should learn the discipline of defining clearly their programme messages, the effect they want to create as a select target audience. In this way, the appropriate media could be utilized given a particular market segment -- whether on radio, TV, print or magazine.

2. Programme people should learn how the media industry operates; to know who to contact; to know what is "newsworthy" and in fact "make news". Intersectoral linkages should be strengthened such as the Ministry of Health, Ministry of Information, Ministry of Education as well as other non-governmental agencies working on health for women and children. As an example, the linkages between
the Ministries of Health and Education could be the development of health education materials for the school curriculum. Also, teachers should be trained on priority health information to pass on to children.

4. Research on the "effect of media on children, youth and families" should be encouraged and supported for each of the Asean countries considering that each region has conditions particular to the area.

5. Each country should explore the utilization of an organisation (if this exists to serve the purpose) or the formulation of a new body -- a council/committee to serve as an action group with the following functions:

* To evaluate and monitor the adverse effects of mass media, television in particular.

* To encourage the conduct of research to arrive at valid information on the positive and negative impact of certain programs.

* To increase the awareness of key workers in the mass media industry with regard to the negative impact being created.

* To facilitate the provision of correct and comprehensive health impression to media people.
6. It is recommended that existing individuals and groups whether government's on non-government's, which are producing programmes and materials with positive value for the young should be encouraged and supported.

7. Finally, it is recommended that the Asean countries meet regularly to share plans, visions and experiences.

* * *