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HEALTH AND MEDIA:
Forging a partnership in the public interest

BACKGROUND PAPER
for a Round Table Discussion:
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SPONSORED BY:
World Health Organisation (WHO)
United Nations Educational, Scientific and Cultural Organisation (UNESCO)
International Programme for Development of Communication (IPDC)
Asian Mass Communication Research and Information Centre (AMIC)
INTRODUCTION

This Round Table brings together media and public health decision-makers at the policy level from South Asian countries.

Its goals are:

- to heighten awareness in institutions of the mass media on the catalytic role they can play in promoting the health and well-being of their people;
- to initiate a dialogue, building on successful experience to date of participating countries, aimed at finding ways and means of strengthening institutional relationships between decision-makers in media and public health; and
- to plan a series of new public health/mass media projects that will be implemented at the national level for interested countries with training support from WHO, UNESCO and the Asian Mass Communication Research and Information Centre (AMIC).

Part of a new WHO/UNESCO/IPDC/AMIC initiative, the Round Table aims at stimulating a more specific involvement of the mass media in efforts to provide public information and education for health. It reflects the fact that the public health community, worldwide, now recognises the critical role to be played by the mass media in getting health messages across to the vast masses of people in the developing countries.
HOW THE MEDIA CAN HELP THE HEALTH MINISTRY

In most countries the mass media have become a major force in social change.

The media can create awareness of public health problems and issues by focusing on them and confer status on new practices and lifestyles conducive to health through the transmission of messages and images interpreting modern reality. Lifestyles are no longer purely conditioned by climate or culture. They are initiated as fast as communications can spend images from one country or another. The role of the other determinants of health behaviour: economic, social, political and environment, cannot however be overlooked.

In Asia we have a unique phenomenon: lifestyles change but certain traditional values remain the same. For instance, a young girl could wear jeans and also the traditional tika on her forehead; she may go to a co-educational college and even date but would most probably agree to a match arranged by her parents. Through television and the amazingly widespread reach of video, young people in Asia today can immediately be influenced by good as well as bad health practices (e.g. smoking, alcoholism, drug abuse). The media can be used unwittingly to discourage good health practices as well as promote them. Media today is like the proverbial fire: a good servant but a cruel master. The media as a result of rapid advances in communications has a special role and responsibility in this age of shrinking boundaries and keen susceptibilities to provide the right influence and direction.

Mass media channels of communication can be an important vehicle for educating people about how they can improve their health.

Consequently, it is incumbent upon public health educators to work with communications professionals, and learn how to utilise media channels of communication effectively to get their message across.

The Protein Foods Association of India some years ago discovered through a Marketing Research study, that even educated mothers had an appalling lack of knowledge about nutrition and particularly of the value of protein as a result of the traditionally low-protein food habits prevalent in the country.

Working with advertising professionals, the Protein Foods Association, ran an emotive educational campaign, which made mothers sit up and think:

"By the time your baby is born, he is nine months old already"

"When your child is five years old, his brain is almost full-grown"
"Mother Nature cannot give your baby all the nutrition he needs ... but you, Mother, can."

These campaigns with supportive informative copy of the value of protein in a child's diet - signing off with "Protein is Life" - had an almost overnight impact on mothers and the coupon offering a free booklet on the subject, pulled nearly a hundred thousand responses.

Let's take another example. Mass Communication was used in Pakistan in 1983-84 to increase awareness of the need to get children innoculated against the six major diseases: tetanus, whooping cough, diarrhoea, polio, diphtheria and measles. 60 and 30-second television spots, were sponsored by the Ministry of Health. As a result six million children were immunised.

A follow-up to this project was a campaign to remind parents to bring children back for the complete 3-dose process of inoculation. It had been noted that there was a significant decline in the number of children who returned for the second and third doses the lack of which rendered the initial dose ineffective. The print media in Pakistan provided support by publishing small box announcements free, reminding readers that the 3-dose programme must be completed for the inoculation to be meaningful. Wherever possible voluntary workers went door-to-door, specially in rural areas, to persuade parents to take their children to the nearest inoculation centre. Mass and interpersonal communication worked together for greater impact.

The media offer the public health community more than simply access to air-time and newspaper space. They are also a source of the communications expertise needed to design large-scale health promotion campaigns and to transmit technical information about health to the public.

This is especially true if professional advertising and marketing skills and practices are brought to bear in the development of mass media messages and materials (as in the cases cited above). Based on past health education experience, it is clear that people skilled in communication must be substantially involved in the design and implementation of communication components of public health efforts. Many health education projects have often suffered from a lack of sufficient communications know-how. Most health professionals lack either sufficient training or practical experience (or even the time) to enable them to adequately design and implement communications programmes. All too often those skilled in communications are brought in after basic decisions about the communications strategy have been made, and asked to help to carry out campaigns that fail to reach their target audience. However, communications professionals, we believe, would be only too willing to come in at the earliest stage and thus make a more meaningful contribution to a public service campaign.
This Round Table marks the second phase of a major initiative on the part of WHO/UNESCO/IPDC to increase the involvement of the mass media in health education efforts in developing countries.

The mass media represent one of the most cost-effective ways for modern nations to promote important changes in health-related knowledge, attitudes and norms among vulnerable population groups. Without the active support of the mass media, it is perhaps safe to say that the goals of primary health care planners will become that much more difficult to realise.

Included in our working definition of mass media in any organised system of communication capable of transmitting a message simultaneously to large numbers of people. The following institutions can be included within this: broadcast media: radio and television; print media: newspapers, magazines, journals; direct mail; cinema (including temporary and touring cinemas); outdoor media: hoardings, wall paintings, bus panels; unconventional media: these are being increasingly used to reach the rural population. They include promotions and campaigns at fairs and festivals, van demonstrations, etc.

The significance of mass media as a moulder of public opinion in South Asian countries cannot be over-estimated. In Bangladesh, for instance, during the five-year period from 1979 to 1984, the number of periodicals has almost doubled, while radio and TV set ownership has increased by 464% and 525% respectively. In Nepal and Sri Lanka the five-year growth in radio ownership was 120% and 123% respectively. The number of television sets in Pakistan has gone up by 55% and in India by 190%.

Most of the countries represented at this Round Table have prior operational experience in mass media health promotion activity. The task before us is to build on that experience and develop a systematic working alliance between policy-makers in the mass media and the Ministry of Health that will provide greater sanction and support for efforts at the operational level.

In each concerned country an institutional linkage needs to be made involving media professionals, public health and nutrition experts and those in related fields of communications, education and social sciences. All of these disciplines have key roles to play in the development of public health communication strategies and mass media campaigns and the challenge lies in finding an institutional mix appropriate to each country's socio-political framework.

SOME EXAMPLES

Historically, the mass media most commonly have served as a public relations arm of public health. Ministers of Health and other medical institutions have transmitted information about activities, programmes or research they are currently undertaking through print and broadcast media. On the other side of the coin, journalists and broadcasters often do informational and/or investigative reporting about particular public health and nutritional problems.
A recent mass breastfeeding promotion campaign, run successfully in Brazil ("six months that are worth a lifetime") could well be adopted in South Asia where there is an increasing awareness of the value of breastfeeding and where under public pressure baby foods are now being advertised as "next best to mother's milk". (In some countries, legislation aims at banning pictures of babies on baby food packs, relegating them to the status of commodities rather than brands). The mass media, often Government-controlled, are uniquely capable of providing low-cost, large-scale and quick reach to vulnerable target groups.

It is not that the public health sectors alone will benefit from forging a closer relationship with the media; the latter too stands to derive advantages from a mutual relationship.

Finally, the media can reflect the degree of compatibility between Government policies related to health promotion and those related to other spheres of life - e.g. industrial development, tourism, human resources, etc.

Many developing countries are in a position to coordinate public health policies, minimise message dissonance (for instance, by running a cigarette advertisement alongside an editorial on the dangers of smoking) and ensure the compatibility of media-based health education. In certain countries, for instance, advertising cigarettes is banned on television and liquor in all organised media (press, cinema, television and radio).

Where such codes and regulations do not exist, nations must rely on persuasion and voluntary adherence by private media institutions to the norms established by government health policy.

THE PROBLEM AND THE STRATEGY

Countries in South Asia continue to face high infant mortality rates, widespread prevalence of diarrhoeal disease, infant and young child malnutrition, respiratory infections, measles, polio, malaria, tetanus and other infectious diseases. The incidence of blindness related directly to malnutrition is also high in these countries. Several South Asian countries have to contend with urgent public health and nutrition problems. Those segments of the population who have achieved higher levels of economic development are now beginning to encounter a rising incidence of degenerative diseases such as cancer and heart diseases and lifestyle-related health problems, such as alcoholism and drug abuse. The incidence of such disease is bound to increase.

While specific epidemiological patterns vary from country to country, the crux of the problem in most countries remains how to treat and prevent illnesses related to communicable diseases nutrition and lifestyle. Demographically speaking, the major target groups are low-income populations, particularly mothers and children, who do not have
access to adequate health care. And even where health care may be available, prejudice and ignorance, often prevent them from getting help in time. (Women patients often remain seriously ill, and in some cases have even been allowed to die, because social prejudices do not permit them to be examined by a male doctor).

The World Health Organisation in 1977 adopted "Health for all by the year 2000" and then at Alma Ata the primary health care approach as the key to attaining this goal. "Health for all" emphasises the conviction of WHO member states that national and international health services should be "for all" and not just for some. It implies that health care is an essential national investment, not only in terms of its benefits to individual well-being, but also because of its contribution to social and economic development. To maximise national growth, all people need access to essential health services that will enable them to lead socially and economically productive lives.

Since 1977, the work of WHO has been increasingly geared to helping member states prepare and implement their primary health care strategies to achieve health for all. In most countries, this strategy has been aimed at promoting the participation of local communities in the process of identifying and finding solutions for their health problems. The assumption behind this approach is that grassroots participation in health care planning will in turn facilitate the ability of communities to be more self-reliant in relation to their primary health care needs.

A second approach, aimed at providing increased local self-reliance in health, has focused on the development of the primary health care worker. Member states, especially in the developing world, have been encouraged to provide village-level workers with training in essential community level health care services. As the public health experts at this Round Table understand an effective village-level health care worker should be able to give vaccinations, provide paramedical maternal and child health care, advise on sound nutritional practices, treat simple burns, accidents and wounds, and know how to administer medicines that treat common communicable diseases such as diarrhoea.

The village health worker also serves as a combination health educator and facilitator in getting the community to look at its own health problems and find appropriate solutions. If, for example, diarrhoeal disease in the community is being transmitted by a contaminated well, the village health workers can help the community analyse this situation and take action that will ensure a safe source of water in the future.

But even the most effective village health worker needs support. Such support has to come from a health care delivery system that provides the health worker with essential medical supplies and from doctors and nurses who can supervise and monitor quality of performance. In addition, the primary health care worker needs support from other channels of communication that inform the values of developing country society. What has yet to happen on a large scale is the provision of reinforcement for village level health workers through broadcast, print and other institutions of the mass media.
During the past decade, however, there has grown a significant global core of experience involving a more systematic approach to mass media promotion of public health and nutrition. In its most basic form, such an approach involves a public information campaign where an institution on the basis of past experience and knowledge of his field, established a set of objectives, create a set of messages and materials deemed appropriate for the support of these objectives and transmits these messages through available channels of communication. On a more measureable level, such a systematic approach involves a new baseline epidemiological, ethnographic and communications investigations of the target population; the use of market research techniques for the design of messages that promote knowledge, attitude, behaviour and health status changes in the target audience; the development and pre-testing by media professionals of materials that effectively communicate their messages; and a rigorous evaluation to test the effectiveness of the educational effort.

Such a systematic approach to public health communications and the use of mass media has proven particularly effective when it is coordinated with face-to-face education efforts of primary health-care workers. Mass media alone has proven to be of value in raising people's awareness and knowledge about a problem, and in helping to create a climate of environmental support for new attitudes; but mass media, in combination with interpersonal communications, have demonstrably proven to be effective in changing not only awareness and attitudes but also behaviour and health nutritional status.

Village health workers can provide one-to-one training in new skills and behaviour promoted by the mass media. Primary health-care workers can also be an effective mass channel of communication by delivering in person the same messages that a target community reads in print or listens to over the radio, thus increasing over-all impact of the educational effort.

A number of Health and Media projects were developed at the first Round Table in Singapore. They are being implemented in the ASEAN countries today and show how the public health authorities can use mass media for more effectively communicating health messages. Details of the individual projects are given in the Annexe.

What all these projects have in common are the following:

1. They all stress education as the major intervening factor. All of them seek to transmit information, specifically designed to change the knowledge, attitudes, practices and eventually the health status of the target audience. The communications strategy thus becomes critical in terms of the design and delivery of educational messages about health.

2. The approach to education is comprehensive and systematic, and relies on a complex of methodologies, drawn from the fields of modern marketing, advertising, mass media communication and social science.
3. Health education management is a critical component in these examples. Sophisticated management becomes necessary to coordinate an educational strategy that relies on many channels of communication and ensures timely and effective delivery of educational messages and back-up support services.

No one is suggesting that the mass media will be a panacea. For every successful project, there are others that have failed to reach their goals. This is especially true in situations where media-based health promotion occurs without programmatic services or interpersonal communication. In such instances "a fireworks syndrome" happens, an analogy with a display of attractive fireworks which fizzle out after a few seconds in a darkened sky.

SOME FINAL THOUGHTS

There are very real limitations on what media can do. For example, mass media messages cannot be individualised (particularly in Asian countries where a multiplicity of languages and cultures within the country compound the problem); possibilities for interaction and feedback with the media are limited, and the most effective mass media messages in the world have little impact if essential resources, needed to support new behaviour, are lacking. It is impossible to promote the washing of hands if there is no water or soap!

It has proven quite often that mass media alone usually does little more than create awareness about a problem. But then creating awareness is half the battle won.

However, mass media when combined with face-to-face education are a potent weapon for changing people's health-related knowledge, attitudes, behaviour and status. Considering the magnitude of health problems, and the importance of the media as a moulder of public opinion, it is safe to say that the need for increased mass media promotion of public health goal, is urgent. Specifically, the public health community in developing countries could greatly benefit from:

- greater institutional collaboration with the media for the development and implementation of mass media campaigns that promote national public health and nutrition objectives;
- access to low-cost broadcast time, print space, cinema and other forms of mass media for the distribution of messages;
- access to the communications expertise of the media (and of commercial advertising) for the design of messages and development of materials;
- intensified broadcast and print media health coverage that will result in more effective dissemination of technical medical information;
training that will enable health educators to have the skills to make better use of the media to promote health-related knowledge, attitude and behavioural change in target communities.

This Round Table offers us possibilities to explore these and other ways in which the expertise of the mass media can be put to work to promote "Health for all by the year 2000" in the countries of South Asia.
ANNEXE

HEALTH AND MEDIA PROJECTS IN ASEAN
INDONESIA

"Intensification of Rural Health Education Through the Media"

Objectives

long-term: to lower the infant mortality rate

short-term: to increase the coverage of immunization among pre-school children and pregnant women

Status

The project being undertaken by the Department of Health in cooperation with the Department of Information is based on a recently launched rural newspaper scheme and involves (a) the collection of baseline data on 1,000 villages in West Sumatra and Java; (b) the training of health educators; (c) conducting immunization promotion campaigns through the rural press in 1,000 villages.

The collection of baseline data on the sample population has been completed. A workshop bringing together health educators and information/media personnel from the two main target areas and five other provinces to be covered in the next phase, has helped to develop a suitable communication package based on a study of audience needs.

Recent, the Secretary-General of the Ministry of Health has stated that the Department plans to extend the rural health education scheme to 10 more provinces in 1985/86, for which the required budgetary provisions have been made.

PHILIPPINES

"School-on-the-Air" Educational Programme for Promoting Improved Nutritional Behaviour"

Objectives

long-term: to reduce/eradicate malnutrition

short-term: to encourage families to be self-sufficient in food:

- to encourage/promote correct breastfeeding practices
- to influence mother's behaviour relative to supplementary feeding
- to assist Barangay health workers (BHW's) to identify malnutrition, manage and make referrals on malnutrition
Status

The project, which received formal approval by the Ministry of Health, aims to make use of mass media to create awareness and stimulate desired action. It involves the organisation of listening and discussion groups for 1,200 households in the province of Bulacan. A "School-on-the-Air" will be broadcasted weekly for six months out of a local station and support print will be designed and distributed to target households to support the programmes. The Barangay health workers will be trained to closely monitor the programme. Baseline data on the target population has been collected. The training of Barangay health workers and the development/production of print material and radio programmes is in progress. The National Media Production Centre is assisting in the production and pre-testing of media materials. The "School-on-the-Air" programme will be implemented from July to December 1985.

The Ministry of Health has confirmed its commitment to extend the project beyond its current pilot phase and is making the budgetary allocations for this extension.

(3) THAILAND

"Promotion of Health and Nutrition Through More Effective Use of the Media"

Objectives

long-term: to make systematic use of the media for the promotion of improved nutrition and health

short-term: to identify and implement a mechanism for promoting collaboration between health and media sectors

- to recommend a policy framework required for promoting effective health and nutrition communication
- to identify roles of various collaborating agencies and to strengthen steps already underway to rationalize health and nutrition education resources in different agencies and units within them
- to motivate policy-makers to be more supportive of health and nutrition education

Status

This ambitious project, designed to strengthen and upgrade health communication, aims to develop an effective network of health communication covering both government and private sectors. The project makes use of available technical and human resources and reinforces the current health policy which provides strong support to health communication activities.
This project is planned as part of the national health plan and covers a range of activities over a two year period (September 1984 to August 1986). It gives high priority to mothers and children.

A workshop of health experts and journalists was held jointly with the Press Development Institute of Thailand, followed by a meeting of senior-level policy-makers in late 1984. Two more workshops have been organised for health/media personnel in 1985. In the next phase, four regional workshops will be organised and training in health-oriented media production will be imparted to selected personnel.

(4) SINGAPORE

"Public Education Campaign to Promote Improved Health Behaviour"

Objectives

**long-term**: to reduce the incidence of cardio-vascular disease

**short-term**: to reduce by 10% the overall rate of cigarette smoking

- to increase by 10% the proportion of the population having a balanced diet
- to reduce the incidence of hypertension
- to introduce/promote programmes of stress management and physical fitness

Status

The project focuses on training in three areas:

1. better use of the mass media in health promotion
2. research and evaluation in mass communications
3. video production and scripting

The Government of Singapore has allocated US$100,000 for equipment and studio facilities for the Ministry of Health. The training programme held in May 1985 has provided personnel of the Training and Health Education Department with the skills necessary to use the video for public education.

(5) MALAYSIA

"Promoting Improved Maternal and Young Child Nutritional Behaviour"
Objectives

long-term: to reduce infant mortality and morbidity due to diarrhoea

short-term: to improve maternal nutrition during pregnancy and lactation

- to encourage/promote breastfeeding for at least six months
- to introduce appropriate complementary foods to infants
- to identify signs of diarrhoea, manage and refer appropriately cases of diarrhoea.

Status

This project focuses on the training of health personnel in media utilization. Formal proposals for a public education campaign have been approved by the Ministry Health. The training schedule is being implemented.