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Health And Media: An Indian Experience

By

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HEALTH AND MEDIA
-- An Indian Experience

Paper by

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HEALTH AND MEDIA

An Indian Experience

V.K. Sharma

By instinct, all human beings have an in-born desire to stay healthy. Nobody wants to fall sick. That is why it is generally felt that the messenger of good health or the doctor gets higher weightage in all societies.

But unfortunately, this vital component has always got a raw deal in the order of priorities. A sizeable chunk of budgetary allocations have been going to arms and other unproductive areas and health has all along got merely a lip service, though this happens to be the paramount area of the quality of life. Upon this depends the very survival of the human species.

Like other socio-economic disparities, there has also been discrimination on health front. In our societies major health facilities have remained concentrated in towns and big cities. Every new hospital or medical college proposed to be opened, happened to be located in cities. Our rural populations have thus remained deprived of even elementary health care facilities. In most of Asian countries the whole bias is towards hospital-based and cure-oriented services. The vast majority of our people living in the side and remote areas remained deprived of their right to better health care.
Since a few decades, the developing countries like ours, have been paying attention to correct these imbalances. After the Alma-Ata Declaration in 1978, and setting the goal of achieving Health For All by 2000 A.D., efforts to provide primary health care even to the people living at the farthest end in the country were initiated.

India launched a Rural Health Scheme on 2nd October, 1977, the birth anniversary of Mahatma Gandhi - the father of the nation. Under this scheme was introduced a Village Health Guide who was stipulated to be the man from the very community whom he was to serve. He was selected by the community itself. The Village Health Guide is intended to be the health educator, the dispenser of medicine for minor ailments and a referral person for guiding the more sick to a bigger hospital where appropriate health facilities were available. He is imparted short-term orientation in elements of health. And, thus a beginning is being made towards bringing about a health revolution in the country.

The introduction of the rural health scheme or the village health guide is comparatively a recent development, dating back only eight years. The effort to bring about an awareness about the advantages of living in a clean and healthy surroundings and imparting specific knowledge to people about various diseases began immediately after independence through the use of mass media designed and developed in consonance with the demands of the obtaining realities. A Central Health Education Bureau set up in the year 1957, is saddled with the task of disseminating information, education to help motivate the people towards adopting a positive attitudes towards healthier way of life. It also imparts the necessary to in-service training, varied categories of health personnel. Similar Health Education
Bureaux are also functioning in the States and Union Territories, which employ various media to reach the people and spread knowledge and awareness about the spread of diseases and enlighten the people about the hazards in turning a deaf ear to the preventive aspects of health.

These efforts have not proved in vain. There has been a sizeable improvement in controlling the communicable diseases. The infant mortality rates have registered a decline from 140 per 1000 live births in 1975 to 114 in 1980. And the life expectancy has increased from 40 years in the 1951-61 decade to 56 in the year 1984. We have a long way to go in this field as yet. All means are, therefore, being employed to make progress in this field.

Over the years, with scientific advancement, the media itself has undergone a tremendous change transforming its very complexion. Nevertheless, the basic things remain. The media means imparting and sharing of ideas with one another with the intent of changing the behaviour of the person who receives the message through the media employed. What we should remember is that it is not merely a transference of information but a process of bringing about a change in a desired direction to achieve a pre-determined goal.

It is well known that when a person performs an action out of his own volition, there is always an urge or a desire which impells him to do so. This is called 'motivation for action', by the media experts. To motivate a person implies stimulating such factors within him or suggesting motives which would induce him to act.
In a media communications programme calculated to help people to take a certain type of diet or to avail of the immunisation or inoculation facilities from a primary health centre, the objective is to bring about a change in the life styles of the target people. Everybody looks forward to this objective not taking into consideration the inherent limitations of media. Unfortunately, people tend to gauge the success of the media communication programme from the extent to which the new practice has been followed and adopted by the people.

Bringing about the desired action has two pre-requisites, the first one being the knowledge, about the existence of the problem, and the second the methods of solution. It is possible that when a person has an appreciation of the problem, his attitudes tend to become favourable towards accepting the solution. This is all the more relevant in health programmes. Diseases strike in certain environmental conditions. When education is imparted that mosquitoes spread Malaria and accumulation of water breeds mosquitoes the target audience are likely to pay heed to the message since they are themselves interested in not to fall a prey to Malaria. Therefore, communication programmes have to be oriented to developing favourable attitudes towards the solution. There is generally a wide gulf between the appreciation of the problem and the actual practice. Media is generally at tenterhooks to narrow this gulf. This gulf can be narrowed or even bridged only when a person is strongly motivated. Motivation is something intrinsic, something within the emotional make up of the person and has to be aroused. Unless this is done the person does not choose to act. It is something like the proverbial horse being taken to the pond of water but not succeeding in making him drink, unless
the horse wants to drink. Therefore, the strong inner urge or desire or motivation is the crux of the problem in organising a communications programme for carrying the message of positive health to the target people.

The media communication programme for health education in India initially comprised educational work in a face-to-face situation undertaken by the health workers based at the primary health centres; production and distribution of large number of folders and pamphlets on the why and how to common and communicable diseases; provision of proto-type exhibits for States; production of suitable film strips for imparting effective and meaningful education on health matters for display in rural and urban areas, occasional radio broadcasts and newspaper articles in supplemented by efforts of voluntary organisations/selected areas of the country. The arrival of T.V. net-work has changed the very complexion of the whole endeavour. The message of sanitation, healthy surroundings, potable drinking water, water-borne diseases, cleanliness, dangers of dehyderation, nutritional food, various aspects of maternal and child health care, utility of immunisation to ward off health hazards, advantages of breast feeding,symptoms of various ailments and the need to consult a doctor over and above home-cures are woven into regular programmes. A feature entirely devoted to health is broadcast every week in which, with the help of visuals and displays, common questions are answered by a doctor. These programmes have gained immense popularity.

T.V. and feature films, have been found to be quite effective. Feature films, documentaries, and quickies are regularly produced and shown. Feature films and documentaries highlight the correlation of environment and healthy living.
Quickies, many a time, are in the form of animated cartoons which treat the subject in a humorous way and yet bring out the seriousness of the situation and leave a message with the audience. There are about 12,000 cinema houses in the commercial circuit/the country with over 10 million viewers a day. This is over and above 257 field publicity units which organise roughly 75,000 film shows a year, about 75,000 drama programmes and an equal number of oral communication programmes directly exposing over 70 million audience for all development programmes.

Teaching aids such as flash cards, flip charts, flannelgraphs, film scripts, etc. etc. are also produced in large number for use by the health personnel in their community education endeavours. Workers who use these tools are also imparted training in the correct and most effective way of using them.

Integrated Programme

An ideal situation would be when face to face approaches and media communication can complement each other in an integrated programme to create awareness, to convey information, to stimulate social action, to develop attitudes and to motivate people to action. There are many ways in which the mutually complementary roles of these two forms of communication can be used to the best advantage of the health education programmes. Radio and T.V. Programmes having effective message content can be promoted for community viewing by providing community listening/viewing sets in the presence of one's social groups. But, surely, this will look an over simplification both of the medium and the problem of complex nature. More than one exposure may be necessary before the desired action can take place in
the given community to get sufficiently aware about the health hazards of numerous practices and the actual adoption of the desired way of life.

Such procedures can be adopted with newspapers too. But, low level of literacy, especially amongst the target people becomes an inhibiting factor in full utilisation of the print medium though it has been used with advantage at several places. A researcher poffenberger, observed in the mid sixties that the high credence attributed to stories in newspapers in his Gujarat study resulted into negative impact on the target audience. Whereas Brajesh Bhatia, D.C. Dubey and A.K. Devgan observed a positive process in their direct mail study of Alwar District in the State of Rajasthan in India. According to them, when specially printed material was sent to people in a village, the illiterate persons had the curiosity to find out what was contained in the printed papers they had received from the government. They got a literate man to read them. This was followed by a discussion among the persons. B.L. Raina, Robert Blake and Gene Wiess confirmed this observation in a much larger study in Meerut District of Uttar Pradesh in India.

Based on similar thesis, a wide-ranging mass mailing project was put on ground in India in the year 1968 to inform, educate and stimulate public opinion throughout the length and breadth of the country towards adoption of small families as a way of life and to promote the maternal and child health programme. The audience list comprises 1.2 million addresses of doctors, journalists, legislators, panchayat functionaries, opinion leaders, and varied categories of professionals, researchers, training centres and block and periphery level groups. The unit writes, prints and mails printed literature including a variety of display material and periodicals on various subjects to specific categories. An
evaluation study conducted after 7–8 years of the initiation of the scheme showed the material was getting encouraging response. An obvious pitfall of the system is the frequent changes in the audience list and the difficulty and element of error in collecting and compiling addresses, on which the entire scheme is based.

Thus a crucial point in the media communication programme is the content carried by mass media and that utilised by the field worker in his discussions with local leaders and the people at large. If the message has to be meaningful it has to be based on what people think and feel about the health facilities and they are always receptive to the ways of improving their own health status once they are convinced that the intention was genuine.

**Persuasion, Not Indoctorination**

Whatever be our media of communication for the health message, our battle is already half won by the mere fact that as said earlier, everybody is interested in achieving a healthy life. But, the best way to inculcate it is by helping the people to achieve it gradually by themselves. Truth achieved is more beautiful than truth imparted. Similarly progress achieved is much more rewarding and durable than progress imposed. Persuasion should not mean indoctorination. It should not smack of pressurisation. The person to be persuaded should get the feeling that he realises the importance of what we are talking to him about. He should be encouraged to achieve what we are offering to him and while doing so the media and extension personnel must always remember what they are offering to the people actually belongs to them.