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Useful Role Of Media In Prevention Of Mental Handicap

By

V R Pandurangi
INTRODUCTION:
Mental handicap is numerically the most frequent form of handicap—more frequent than blindness, deafness and physical handicap. According to the WHO figure, the world population of retarded persons number between 90 and 130 million. Yet it is a handicap for which so little is being done to prevent and ameliorate.

A Global strategy for the prevention of disablement was formulated in November 1981 towards the close of the International Year of Disabled Persons at Leeds Castle Seminar convened by the British Government (Department of Health and Social Security) by inviting world authorities on the principal disabling diseases—scientists, clinicians, health administrators and Ministers of Health. The outcome of this seminar was the establishment of IMPACT—An International Initiative against avoidable Disablement.

Earlier to the Leeds Castle Seminar, Indian Association for Research in Mental Deficiency (IARMD) arranged the First Asian Regional and Commonwealth Conference on the Scientific Study of Mental Deficiency jointly sponsored by the International Association for the Scientific Study of Mental Deficiency (IASSMD) and the International League of Societies for Mentally Handicapped (ILSMH) at Bangalore (India) in May 1981 coinciding with the International Year of the Disabled Persons. The outcome of the Bangalore Conference was the establishment of the Commonwealth Association for Mental Handicap and Developmental Disabilities (CAKHADD) by a small group of dedicated professionals from both developed and developing Commonwealth Countries. Thus the Commonwealth contributed greatly in prevention of mental handicap (both primary and secondary) to fill the gap and necessary element in the programme of IMPACT and also to co-ordinate with WHO, UNICEF, UNESCO and National Governments who are keenly interested in implementation programme on prevention of mental handicap.

It is extremely important in developing countries where prevention and treatment at the earliest stages of developments are now an alternative to the provision of long term care and rehabilitation.

CAMHADD:
The Association was founded in 1983 whose name has now become the Commonwealth Association for Mental Handicap and Developmental Disabilities (CAMHADD) and its aims and objectives are to foster and support the activities of professional and non-professional workers whose efforts are directed towards the prevention and amelioration of mentally handicapping conditions and developmental disabilities in developing countries. In the furtherance of these aims and objectives the Association will encourage research into such conditions and will assist in the establishment of professional links between workers within different developing and developed countries.
CAMHADD, whose formation has been supported by the Commonwealth Foundation, is one of the newest of the Commonwealth Professional Associations. Like the other Commonwealth Professional Associations, its role and responsibilities are towards the whole Commonwealth.

THE STRATEGY FOR PREVENTION OF MENTAL HANDICAP:

The strategy for prevention of mental handicap which is being taken up by CAMHADD assumes special significance in view of the importance attached to the preventive and promotive aspects in the WHO policy of "Health For All by the Year 2000 AD."

To achieve this goal, CAMHADD will follow the following strategies:

1. **Regional Workshops:** These are to be conducted in different regions on prevention of mental handicap relevant to each region and in which tested models are already available or to be specifically evolved in that region. Each regional workshop should consist of the following four components conducted in series in order to get effective involvement at all levels.

   (a) **Regional Workshops:** These workshops are for a selected group of specialists invited from the region with a view to making practical recommendations for implementation in the region. Senior Administrators and Policy Makers will also be invited.

   (b) **Regional Training Workshops for Trainers in association with the Commonwealth Nurses Federation (CNF) on prevention and management of birth asphyxia.**

   (c) **National and Regional Training Workshops for grassroot workers in association with National Governments, National and Regional Agencies involved.**

   (d) **National and Regional Seminars and Symposia for medical and non-medical personnel to create national and regional awareness and to facilitate dissemination of information.**

2. **Pan Commonwealth-Global Workshop on prevention of mental handicap in developing countries:**

   This workshop will be arranged once in every four years in each region. This will serve as an effective co-ordinating activity to take stock of various regional workshops for effecting desirable changes in preventive strategies.

3. **Development of A Programme jointly with WHO on prevention and management of birth asphyxia.**

   The development of this programme will save more than a million babies every year and of preventing brain damage in another million.

4. **Monitoring and stimulation intervention programmes on child psychosocial development and growth.**

   This is in short, is the basic policy of CAMHADD in the prevention of mental handicap strategies in developing countries.
PROPOSAL FOR ACTION:

The key to the prevention of mental handicap lies in the efficient working and availability of appropriate health services to everybody as reflected in the "Health for All by 2000 AD - WHO policy."

Prevention of mental handicap is one of the major primary health problems in developing countries affecting many children. According to the experts in the field, there are more than 200 known causes of mental handicap of which 50% are preventable. Each year an increasing number of mentally handicapped babies will be born in developing countries unless the highest priority will be given to intensify prevention efforts.

Many millions of children fall victim to the invisible disability of poor mental and physical development, caused by the frequency of illnesses and assaults on their growth during those first two or three years which are most vital for evolution of brain and body. Once that growth opportunity has passed, it can never be caught up again. So poor growth in childhood is the most widespread - though the least noticeable form of disability in the world today. All the main techniques of child survival revolution - oral rehydration therapy, breastfeeding and improved weaning, immunisation and growth monitoring - save lives by protecting growth. They would also save many millions of children from physical and mental handicap.

Since prevention of mental handicap is one of the major primary health problems in developing countries, CAIADD as an Association or Organisation can not contribute much on its own as the measures for prevention involves actions at three levels:

1. Action to be taken by the Health Sector
2. Action at Community level
3. Action at the Government level

Success in carrying out preventive and therapeutic measures should be based on involving the individual. In this case, mother needs to be seen as the centre for prevention programme. It is she who needs to know about normal pregnancy, importance of nutrition and also needs providing home-based maternity record to identify either at risk pregnancy or healthy mother. She should also be provided with simple leaflets on the importance of breast feeding, normal child growth (growth and development monitoring) and value of immunisation. Thus she will be at the highest level in the special knowledge of her children. The empowering of the mother and the building of concentric circles of support around her as shown in figure 1 is therefore only approach which can be realistically hope to bring the benefit of preventing handicapping conditions in children.
As mentioned earlier, CAMHADD as an Association can not contribute much on its own towards prevention of mental handicap programmes. However CAMHADD will approach WHO, UNICEF, UNESCO, IMPACT, National Governments and other International Agencies interested in the area of prevention of mental handicap.

ROLE OF THE MEDIA IN PREVENTION OF MENTAL HANDICAP IN DEVELOPING COUNTRIES

As I said earlier, the success in carrying out preventive and therapeutic measures are based on involving the individual. In this case, mother needs to be seen as the centre for prevention programme. Hence she needs support from her husband, family members, relatives, friends and community care workers. Hence there is a need to create awareness in the community, in the family and also at government level among politicians, administrators and policy makers by using all available channels of information and communications to achieve this goal.

In view of this, Asian Mass Communication Centre (AMIC) Singapore and other agencies/organisations participating at this meeting should help us to create awareness.

I would like to make few suggestions based on "Communicating for Health" as published jointly by UNICEF/WHO.

1. An essential component of the strategy is "education concerning prevailing Health problems and the methods of preventing and controlling them."

   The 20th century has provided formidable communication tools which, when combined with more traditional techniques, can help mobilise governments, communities, families and individuals in the struggle for health, development and self-reliance. And yet, too often, Information, Education and Communication (IEC) constitute a missing link in the health and development process.

2. If target populations are not consulted, informed, educated and mobilised, even the best-designed programmes are doomed to failure or will produce the most meagre results.

3. Communication must be a two-way process. It is not enough for leaders and experts to talk to people about national plans and priorities; they must also learn to listen to people about their concerns, needs and possibilities. This requires that a communications component be built into programmes from the planning stage onward.

4. All those who influence or control the principal channels of communication in all societies must be challenged by the health sector to assist in creating informed community demand for, and participation in, the provision of basic health. Among modern mass media, radio reaches in largest audience in the developing world.

5. As powerful as the mass media are, they can not replace national institutions and community based organisations which serve as channels for information and instruments for social mobilisation and education. Families, schools, work-places, churches, women's groups, social and sports' clubs, festivals and all religious places play a vital role in the process of...
health involvement and empowerment. A vast alliance of all sectors of society, governmental and non-governmental, formal and informal structures, can and must be cemented if our goal of achieving prevention of mental handicap in developing countries.

6. Significant advances have to be made in educational technologies, including participatory methods, for adults and children alike. There should be increasing appreciation of working through the education system and with community organisations, while activating word-of-mouth networks on a massive scale.

7. Communications efforts that use multiple media reach the most people and best reinforce the health message. Experience has shown that information and announcements transmitted through mass media alone and without interpersonal follow up on the grassroots level produce limited, short-lived results. Over-repetition of such isolated messages can even produce negative effects, desensitising the very audience which must be mobilised. Therefore, careful thought must be given to choice of media, ranging from television, radio, billboards, newspapers ads, popular songs, catchy slogans, comic books, street theater, etc., to a mix of these and others.

Attention must also be paid to the best times of a day, the best days of the week and the best placement of the health message to reach particular target audiences, based on knowledge of viewing, listening and leisure-and worktime habits of different socio-economic groups. Clearly, there is no substitute for pre-programme surveys and actual testing of messages on small populations.

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PROPOSALS FOR ACTION

(a) Measures to be taken by the Health Sector
(b) Action at the Community level
(c) Action at the Government level

Fig. 1

A. Providing Information
   Leaflets

B. Support from
   Husband family members
   Friends & relatives
   Awareness
   Public and Political awareness

C. Teaching and Training

D. Specialist Service
   Referral Screening and Intervention

E. Action at the Government level
   NATIONAL POLICY

F. Action by the Health sector and
   at the Community level by
   International government and
   non govt. agencies/organisations

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