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Promoting Public Health And Nutrition In Asean Countries:
The Need To Improve The Mass Media

By

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HEALTH EDUCATION NEEDS THE MEDIA

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INTRODUCTION

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

Its goals are:

* to heighten awareness in institutions of the mass media about the important responsibility they have for the health and well-being of their people;

* to initiate a dialogue, building on successful experience to date of participating countries, aimed at 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, with training support for interested countries available through WHO, Unesco and the Asian Mass Communication Research and Information Centre (AMIC).

Part of a new WHO/Unesco/AMIC/International Programme for Development of Communication (IPDC) initiative, the Round Table aims at stimulating a more specific involvement of the mass media in efforts related to providing public information and education for health. It reflects the fact that the public health community, worldwide, now recognizes the critical role to be played by the mass media in getting health messages across to all concerned.
HOW THE MEDIA CAN HELP THE HEALTH MINISTRY

In most countries of the world mass media have become a major force for social change. The media can create awareness of health problems and issues and confer status on new practices and lifestyles conducive to health through the transmission of messages and images interpreting modern reality. Malaysia's former Minister of Health CHONG HUN NYAN, in addressing the Thirty-Sixth World Health Assembly, has commented that "lifestyles are no longer purely conditioned by climate or culture. They are imitated as fast as communications can speed images from one country to another." Consequently, health problems "once thought of as being the sole concern of the industrialized world (e.g., alcoholism, drug abuse, cardiovascular diseases) are now besetting the Third World." The media can be used unwittingly to discourage good health practices as well as promote them.

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 utilize media channels of communication to get their point across. A recent mass media breastfeeding promotion campaign in Brazil (see page 7) was highly successful because Brazil's television stations contributed over a half-million dollars' worth of free air time over a twelve-month period. Approximately half a billion viewers were exposed to health messages designed to reverse a trend away from breastfeeding in urban Brazil. The mass media are uniquely capable of providing this kind of (relatively) low-cost large-scale, quick outreach to vulnerable target groups.

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. Based on past health education experience, it is clear that people skilled in communications 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 expertise (or even the time) to enable them to adequately design and implement communications programs. All too often those skilled in communications have been brought in after basic decisions about communications strategy have been made, and asked to help carry out campaigns that fail to reach their target audience.
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. Several years ago, a newspaper in the Philippines printed remarks, by a leading physician, about the dangers of smoking alongside an advertisement for a leading national cigarette manufacturer. Such "message dissonance" as conveyed through the media, can lead to much confusion in the general public, and can mitigate the impact of media-channeled health education. Many developing countries, especially those whose media are in the public sector, are in a position to coordinate public health policies, minimize message dissonance, and insure the compatibility of media-based health education. Other 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 Asia 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. Several of the ASEAN countries have to contend with urgent public health and nutrition problems. Those countries in the region, who have achieved higher levels of economic development, are now encountering a rising incidence of degenerative diseases such as cancer and heart disease, and lifestyle-related health problems such as alcoholism and drug abuse.

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 disease, 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.

The World Health Organization 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 emphasizes 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 a worthwhile 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 maximize 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 grass roots 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 promoting 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 nutrition 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 analyze this situation, and take actions that will insure a safe source of water in the future.

But even the most effective village health worker needs support. Such support has 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 a 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.

This Round Table launches a major initiative on the part of WHO/UNESCO/IPDC and AMIC 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 the goals of primary health care planners will become that much more difficult to realize.
Included in our working definition of mass media is any organized system of communication capable of transmitting a message simultaneously to large numbers of people. The following institutions can be included within this rubric: broadcast media, i.e., radio and television; print media, i.e., newspapers, magazines, journals, comic books, etc.; direct mail; cinema; billboards.

The significance of mass media as a molder of public opinion in ASEAN countries cannot be overestimated. In the Philippines, for example, 70 percent of all households have radios. In Malaysia, a country with a highly literate population, there are 1,577,000 readers of English language newspapers alone. In Singapore, television ownership is as high as 90% of all households. These figures give some indication of the ability of the media to reach people in ASEAN countries.

Many 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 science. All of these disciplines have key roles to play in the development of public health communications strategies and mass media campaigns, and the challenge lies in finding an institutional mix appropriate to each country's socio-political framework.

SOME CASE EXAMPLES

Historically, the mass media most commonly have served as a public relations arm of public health. Ministries of Health and other medical institutions have transmitted information about activities, programs, 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.

During the past decade, however, there has been a growing, 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 the field, establishes a set of objectives, creates 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 measurable level, such a systematic approach involves 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, behavior and health status changes in the target audience; the development and pre-testing by media professionals of materials that effectively communicate these 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 the face-to-face education efforts of primary health-care workers. Mass media alone have 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 behaviors and health and nutritional status.

Village health workers can provide one-to-one training in new skills and behaviors 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 the overall impact of the educational effort.

The following short case examples from Asia and other areas of the world highlight recent experience gained in public health mass media communications:

* A recent Ministry of Health project in Indonesia succeeded in demonstrating that on a fairly large scale, education alone—without the provision of food supplements—could improve the nutritional status of a target group. The project relied on carefully constructed messages, designed to promote new nutrition behaviors that had been well tested for their medical soundness as well as their doability and acceptability by the target audience. These messages were transmitted both through radio and through kaders, or volunteer nutrition workers who in this case acted as a channel of communication. The project evaluation, after a fourteen-month implementation period, found that children in the target area grew significantly better after five months of age than children in a control group; and that children in the target area had higher protein and calorie intakes than the control population. The project is a good example of how mass media and face-to-face education can reinforce each other for the good of the target population.
In Honduras and Gambia, systematic campaigns have been underway to teach families how to prepare and administer oral rehydration fluids to treat diarrhoeal disease. Different communications strategies have been developed for each country. For example, the Gambia effort emphasizes a set of color-coded pictorial mixing instructions for its target audience who cannot read. Honduras relies heavily on a combination of printed materials and radio instruction. Both countries have developed systematic training programs for community health workers, who play the essential role of teaching families skills related to oral rehydration therapy (ORT), preparation and use. Results in both countries indicate dramatic increases in awareness and knowledge about ORT. Preliminary results from an epidemiological assessment of the project's impact in Honduras also show a dramatic decline in mortality in the target area.

A leading model for a successful national breastfeeding promotion program is taking place now in South America. There, the Ministry of Health in Brazil, with support from UNICEF and many other public and private sector agencies, is undertaking an unprecedented effort to create a total environment—medical, social, and economic—to reverse a dangerous trend away from breastfeeding.

The Brazil project began with an intensive "inside" media promotional effort by UNICEF to reach policymakers on the need for an all-out campaign. Only after the Ministry of Health and other agencies decided to make a substantial commitment did the program take off.

One reason for the success of the Brazilian campaign has been a series of sixty-second mass media public service messages that promote breastfeeding. The ads, featuring leading Brazilian sports and entertainment personalities, were done at cost by a local advertising agency, CBBA. Brazilian television has to date donated over US$3 million worth of air-time to show the ads frequently over a ten-month period. The television sports have reached an audience of over a half-billion viewers. Early indications are that the trend away from breastfeeding has been reversed in Brazil. In some areas there is now hard data linking improved hospital infant-feeding practices to a reduction in the incidence of infant diarrhoeal diseases, and even in childhood abandonment. A full-scale evaluation is being conducted this year.

Community-based mother support groups have also been organized that provide important interpersonal contact through peer counselling and emotional support to mothers wanting to breastfeed.
Radio listening forums to promote health were used with success in Tanzania in the early nineteen seventies.

In the "MAN IS HEALTH" and "FOOD IS LIFE" campaigns, community-level workers were given the programs scheduled on the radio in advance. They then organized village listening groups, and encouraged them after the broadcast to talk about the topic covered. Any questions that the community-level workers could not answer or explain were sent to a special radio cell. Answers and explanations were provided in programs that followed, indicating the name of the village and the name of the person requesting clarification. "MAN IS HEALTH" reached two million people and led to significant changes in Tanzanian health practices at an estimated cost of 1 to 4 shillings per participant.

In North America the United States National High Blood Pressure Education Program stresses a systematic communications approach to public health promotion, and utilizes an extremely comprehensive network of communications channels to get its point across. Its target audience is a national population of aware hypertensives—people who know or have at some time been told that they have high blood pressure. The program relies on a multi-faceted education/communication strategy including mass media promotion, professional and patient teaching, and rural and worksite education. Its well established delivery system relies on state high blood pressure committees and private organizations concerned with or directly involved in research or health care delivery in hypertension.

Within the first two to three years of the program there was a decrease from 50 percent to 30 percent of the target population who had hypertension but were unaware of their disease. When the program started it was estimated that of those Americans who were aware that they had hypertension, only 16 percent had their blood pressure under good control.

There has also been a striking correlation between the Program and a decline in stroke deaths. Stroke deaths had been decreasing at a rate of about 1-1.5 percent per year in the 1960s. Since the inception of the High Blood Pressure Education Program in 1972, stroke deaths have declined at the remarkable rate of over 5 percent per year, so that during the 1970s the mortality rate for strokes fell by 40 percent.
What all of these recent projects have in common are the following:

(1) They all stress education as the major intervening factor. Some stress preventive care, some treatment, some the promotion of new health and nutrition technologies; but all of them seek to transmit information, specifically designed to change the knowledge, attitudes, practices and eventually health status of the target audience. 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 communications, and social science.

(3) Health education management is a critical component in these successful case examples. Sophisticated management becomes necessary to coordinate an educational strategy that relies on many channels of communication and insures 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, such as those mentioned above, there are others that have failed to reach their goals.

This is especially true in situations when 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.

An evaluation of a Government of Jamaica/World Bank supported breastfeeding promotion campaign was critical of the project's inability to insure the timely delivery of messages and materials and the coordination of channels of communication that were designed to reinforce one another. A Tunisian communications effort designed to improve the dietary practices of the poor, failed because it promoted foods that only upper-income families could afford. However, health educators and communications specialists have learned from these mistakes, and today we are seeing more and more examples of the mass media being effectively used to promote public health.
SOME FINAL THOUGHTS

There are very real limitations on what media can do. For example, mass media messages can't be individualized to accommodate personal problems; 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 behaviors, are lacking. It is impossible to promote the washing of hands if there's no water and no soap.

It has been proven quite often that mass media alone usually does little more than create awareness about a problem.

However, mass media when combined with face-to-face education are a potent weapon for changing people's health-related knowledge, attitudes, behaviors and status. Considering the magnitude of health problems faced by most developing countries, and the importance of the media as a molder of public opinion, it is safe to say that the need for increased mass media promotion of public health goals is quite 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 behavioral 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 Brunei, Indonesia, Malaysia, Philippines, Singapore, and Thailand.
REFERENCES


Note About Author

Ronald C. Israel, Senior Associate for Development, Education Development Center, Newton, Massachusetts, U.S.A., is Director of the USAID-supported International Nutrition Communication Service which provides education and communication technical assistance and materials support to nutrition and health projects in developing countries.