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Conference Report

By

Ronald C Israel
CONFERENCE REPORT

"Health Education Needs the Media:
An ASEAN Roundtable"
June 20 - 22, 1984, Singapore

Sponsored by:

World Health Organization (WHO)

United Nations Educational, Scientific, and Cultural Organization (UNESCO)

International Programme for the Development of Communication (IPDC)

Asian Mass Communication Research and Information Centre (AMIC)

By:

Ronald C. Israel
Director
International Programs
Education Development Center, Inc.
U. S. A.
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An appeal to mass media institutions to strengthen their commitments to the solution of urgent public health problems in the ASEAN countries was issued at the conclusion of a three-day meeting between international health and media experts held in Singapore, June 20-22, 1984.

The meeting, called the Roundtable on "Health Education Needs the Media," was unprecedented. It brought together for the first time decision makers from five ASEAN countries--Indonesia, Malaysia, Singapore, Thailand, and the Philippines--in a dialogue about the effective role mass media can play in the promotion of public health.

The meeting was sponsored by the World Health Organization, UNESCO, the International Programme for the Development of Communication (IPDC), and the Asian Mass Communication Research and Information Centre. It was attended by 30 participants from the ASEAN and international organizations.

Participants discussed key issues that currently inhibit the media from being more of an effective force in public health promotion. Concerns were expressed about the lack of adequate public health access to media time and space and media promotions that contradict public health messages (such as the advertising of cigarettes and alcohol).

The participants drafted five country-level proposals that will hopefully be implemented in the ASEAN countries after they will be reviewed and accepted by other public health and media professionals in their respective countries. If accepted locally, the meeting's sponsors are prepared to provide the required technical and financial assistance.
Dr. Jack C.S. Ling, director of information and education of health of WHO, observed that each of the five proposals had identified different health problems. They included harmful lifestyles, infant mortality due to diarrhea, immunization, and malnutrition.

The proposals involved various training programs for health and media personnel and several health education campaigns aimed at both the rural and urban populations.

-30-

For more information contact: Mr. Vijay Menon
Secretary-General, AMIC
39 Newton Road, Singapore 1130
Tel. No. 251-5106/07
Section 2

AGENDA
AGENDA

Wednesday, June 20

8:20 - 8:50 a.m. Registration of Participants
AMIC, 39 Newton Road,
Singapore 1130

9:00 - 9:45 a.m. Session I:
Inaugural
Welcome Remarks:
Mr. Jack C.S. Ling
World Health Organisation

Mr. Sarath Amunugama
International Programme for the
Development of Communication

Dr. Susan van der Vynckt
United Nations Educational, Scientific and Cultural Organization

Mr. Vijay Menon
Asian Mass Communication Research
and Information Centre

Inauguration

Mr. Wan Hussin Zoohri
Parliamentary Secretary for Health
Republic of Singapore

9:45 - 10:15 a.m. Reception

10:15 - 10:45 a.m. Keynote Address:
H.E. Ambassador Narciso Reyes
The Prime Minister's Office
Republic of the Philippines

10:45 - 11:30 a.m. Session II:
Audio Visual Presentation
"Mass Media and the Promotion of
Public Health and Nutrition:
Experiences From Around the
World"

Mr. Ronald C. Israel
Director, International Nutrition
Communication Service
Massachusetts, U.S.A.
11:30 - 1:00 p.m. **Session III:**

Health and Nutrition: Views from Public Health and Nutrition Experts

Malaysia
Singapore
Indonesia
Philippines
Thailand

1:00 - 2:00 p.m. Lunch

2:00 - 2:45 p.m. **Session IV:**

Media and Health: The Indian Experience

Mr. Sylvester daCunha
daCunha Associates
Bombay, India

2:45 - 3:15 p.m. **Session V:**

"Health Promotion Communication Case Studies in Africa and Central America"

Dr. Dennis Foote
Stanford University
Institute for Communications Research
California, U.S.A.

3:15 - 3:45 Break

3:45 - 6:00 p.m. **Session VI:**

Health and Nutrition: Promotion: The View from the Media

Indonesia
Singapore
Malaysia
Thursday, June 21

9:00 - 9:30 a.m.  
Session VII:  
Training Media Personnel in Asia
  
Mr. R. Balakrishnan  
Asia-Pacific Institute for Broadcasting Development  
Kuala Lumpur, Malaysia.

9:30 - 10:30 a.m.  
Continuation of Session VI

10:30 - 11:00 a.m.  
Break

11:00 - 1:00 p.m.  
Session VIII:  
Development of Country Proposals

1:00 - 2:00 p.m.  
Lunch

2:00 - 3:30 p.m.  
Continuation of Session VIII

3:30 - 4:00 p.m.  
Break

4:00 - 6:00 p.m.  
Continuation of Session VIII

Friday, June 22

9:00 - 10:30 a.m.  
Session IX:  
Presentation and Review of Country Proposals

10:30 - 11:00 a.m.  
Break

11:00 - 1:00 p.m.  
Continuation of Session IX

1:00 - 2:00 p.m.  
Lunch

2:00 - 3:45 p.m.  
Session X:  
Identification of Follow-up Action

3:45 - 4:15 p.m.  
Break

4:15 - 5:30 p.m.  
Session XI:  
Closing  
Presentation of Draft Declaration  
Summation  
Closing Remarks
Section 3

ROUNDTABLE EXECUTIVE SUMMARY
From June 20th to June 22nd, 1984, a group of 30 public health experts and media professionals from five ASEAN countries (Indonesia, Malaysia, Philippines, Singapore, and Thailand) together with representatives from the Asian Mass Communication Research and Information Centre (AMIC), UNESCO, WHO, and selected resource specialists, met in Singapore to discuss ways in which the mass media can be involved in the promotion of public health. The Asian Mass Communication Research and Information Centre (AMIC) organized and hosted the meeting. The Roundtable was funded through a new UNESCO (International Program for Development Communications) and WHO initiative entitled "Increasing Institutional Media Capacity to Promote Public Health and Nutrition."

The Roundtable had three goals:

1. to heighten awareness in institutions of the mass media about the important responsibility they have for the health and well-being of their people;
2. 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
3. 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 AMIC.

The three main activities undertaken by participants at the Roundtable were information sharing, proposal development, and the drafting of a Roundtable Appeal. The best way to describe what transpired is in the form of an annotated agenda.

Sponsor's Welcome (Day 1)

The Roundtable was formally opened by Singapore's Health and Culture Parliamentary Secretary, Mr. Wan Hussin Zoohri. Mr. Zoohri challenged participants to understand more fully the process by which people respond to health issues through the mass media. He pointed out that "though the common sense view is that mass media can produce change through persuasion, we must realize that audiences make their own selection and
interpretation of messages, and may not be easily persuaded to give up habits they enjoy."

Representatives of each of the sponsoring organizations—WHO, UNESCO, and AMIC—addressed the participants with welcoming remarks. Mr. Jack Ling, of the World Health Organization, remarked that getting the mass media more involved in health promotion was a goal of WHO’s efforts to promote "Health for All." Mr. Ling cautioned participants that mass media should not be viewed as a health care panacea, but rather one force in an umbrella of services and educational interventions that needed to be mobilized by health care providers.

Sarath Amunugama, Director of the International Programme for the Development of Communication (IPDC) of UNESCO, commented that the Roundtable marks a strengthening of IPDC’s institutional involvement in the ASEAN region. Dr. Susan van der Vynckt, UNESCO Health Education Advisor, spoke of her department’s interest in strengthening the mass media related skills of health educators. Dr. van der Vynckt hoped she would gain new insights into what health educators need to know, from Roundtable to participants.

Vijay Menon, Secretary General of the Asian Mass Communication Research and Information Centre (AMIC) stressed the need to employ the skills and expertise of the communications practitioner and the commercial marketer to help make national health goals acceptable to the people. He remarked that the choice of Singapore as a site for the Roundtable was particularly appropriate. "No communications practitioner," Mr. Menon remarked, "can fail to be impressed with the excellent support provided by the mass media to Singapore’s exceptional campaigns for socially beneficial causes."

Keynote Address (Day 1)

The keynote address was delivered by former ASEAN Secretary General, Ambassador Narciso G. Reyes of the Philippines. Ambassador Reyes, who stayed and participated fully in the Roundtable’s subsequent deliberations, pointed out some constraints to greater mass media involvement in public health promotion efforts. He noted that mass media often are suspicious of government advances, afraid of being unduly influenced, "of compromising its impartiality or jeopardizing its jealously guarded independence."
Ambassador Reyes suggested three major health problem areas in the ASEAN region where the combined resources of the mass media and the Ministries of Health could be applied:

(1) the growing problem of drug addiction among youth, "from which parents, and society as a whole, tend to avert their faces";
(2) the health and nutrition consequences of the massive deforestation now occurring in several ASEAN countries, which results in progressive aridity from soil erosion, the periodic destruction of food crops by uncontrollable floods, and the erosion of dam sites, reservoirs, and other sources of water supply; and
(3) the health issues associated with increased urban congestion, "a problem lying at the doorstep of the mass media whose head office and facilities are usually located in the capital cities."

Country Profiles (Days 1 and 2)

Each participant at the Singapore Roundtable presented a profile of either the public health or the mass media situation in his or her country (short abstracts of these presentations are presented in Appendix B of this Report). The purpose of these presentations was to identify major public health problems each country faced, its experience with using media to solve these problems, national level constraints on the use of media to promote health, and areas where public health and mass media institutional linkages needed strengthening.

Indonesia talked of its efforts to break the vicious cycle of high infant mortality, large families, and consequent scarce resources for health and nutrition and general economic development. The Indonesians are pursuing a simultaneous top down (dissemination of information and training of service providers) and bottom up (involving the community in program design and implementation) approach to health promotion. On the media side, Indonesia's presentation focused on its Village Papers Project, an effort involving 50 private newspaper publishers seeking to open up village level channels of distribution for development-focused rural newspapers.

Malaysia talked of the many public health improvements made by that country since independence in 1957. The crude death rate is down to 5.9, the infant mortality rate is 27 deaths per 1,000 live births, life...
expectancy is 67.1 for males and 72.7 for females. Malaysia is just beginning to make more systematic use of mass media channels for public health promotion purposes. In particular, the Malaysian press feels it has a "social responsibility" to the nation, and has recently on its own initiative undertaken an effective campaign on the harmful effects of drug abuse.

The Philippines has also been making slow but steady progress to overcome public health problems. Philippines has a long history of successfully involving the mass media in public health promotion. IEC efforts have been largely responsible for changing popular attitudes that initially were against any form of birth control. The Philippine Nutrition Program, launched in 1974, also has made extensive use of mass media for various nutrition education campaigns. The Philippines Broadcast Association (KBP) requires all member stations to broadcast at least 30 seconds of Public Service Announcements per clock hour.

Singapore has been so successful in its economic development efforts that it now faces health lifestyle problems similar to those of most industrialized countries, i.e., cardiovascular disease, cancer, drug abuse, smoking, alcoholism, and mental illness. Singapore's Ministry of Health would like to make greater use of mass media, but is constrained by the high cost of media access. Still a number of successful media have occurred since 1968, particularly in the family planning area.

Thailand is attempting to coordinate its health education activities, which heretofore have been dispensed throughout various government and private sector agencies. It has formed a Public Information Operational Support Group to undertake a reorganization of health education efforts. Some of the most interesting work in media is being carried out by Mahidol University's Institute of Nutrition which is pilot testing the use of radio, interactive video, and wireless broadcast in the villages.

Resource Specialist Presentations (Day 1 and 2)

A number of Resource Specialists from the ASEAN region and elsewhere were invited to make presentations at the Roundtable on successful experiences in media-based health promotion.

Ron Israel, from the Education Development Center (EDC) in Boston, Massachusetts, presented a videotape, "The Ministry Needs the Media."
especially commissioned for the Singapore meeting by UNESCO. The video highlighted successful public health mass media campaigns from Brazil, Mexico, Philippines, Singapore, and the U.S. The video became a catalyst for a group discussion of key issues related to public health and media that need to be addressed by decision makers and program planners (see Section 7).

Sylvester daCunha, Managing Director of daCunha Associates, an Indian Advertising Agency, shared the results of his many years of experience as a communications consultant to international public health projects. Mr. daCunha presented a slide-tape presentation of his recent successful efforts to encourage poor families in Bombay to have their children immunized. He made a plea for a new cadre of workers—"health communicators"—who would be trained in skills needed to carry out social marketing campaigns and public health mass media health promotion efforts.

Dr. Dennis Foote, from Stanford University's Institute for Communications Research, spoke of current mass media campaigns in Honduras and Gambia that have focused on the problem of diarrheal disease. Dr. Foote explained how a communications strategy had to be developed for each country, appropriate to national level resources and the target group's knowledge, attitudes, and skills. Consequently, Honduras has relied primarily on radio-based instruction and face-to-face instruction to promote the use of WHC/UNICEF ORT packets; Gambia, on the other hand, has emphasized pictorial instructions and a lottery-based promotional effort to encourage mothers to make home based sugar-salt solutions to treat diarrhea.

Mr. R. Balakrishnan, Director of the Asia-Pacific Institute for Broadcasting Development (AIBD), spoke about the efforts of his institution to train broadcasters in the ASEAN region. He underscored the need to support broadcast training with research and evaluation into both training needs and training impact. He posed a number of interesting issues which AIBD is studying, e.g., "What should be the content/structure of any broadcast training scheme that may be devised?" "Where and when in the life of a broadcaster do you train him/her?" "To what extent should training programs combine coverage of traditional broadcast skills and new-found development support communications broadcast activities?"
Country Project Proposals (Days 2 and 3)

Before leaving the Roundtable, each participating country was asked to develop a pilot project involving mass media in some aspect of national public health promotion. These proposals are presented in their draft form in Section 5 of this Report. It is understood that they will be revised and finalized in consultation with appropriate government and international donor agencies.

The proposals cover a wide range of activities reflecting the varied local circumstances of participating countries. Indonesia wants to undertake a pilot project utilizing village newspapers to support the work of community health workers (kaders) to increase immunization rates. Malaysia is interested in a diarrheal disease prevention campaign that would include elements of breastfeeding promotion, supplementary feeding for infants, personal hygiene, and home-based diarrheal disease treatment. The Philippines is interested in a radio health and nutrition distance education project to support outreach work of Barangay Health Workers. Singapore wants to intensify media efforts aimed at reducing incidence of cardiovascular disease, and Thailand wants to organize a national level conference aimed at a reorganization of health education efforts, currently widely dispersed within both the public and private sector.

Follow-Up (Day 3)

The sponsoring agencies agreed to place administrative focus for follow-up support to country-level projects at AMIC. Such support can take the form of technical assistance or limited funding support for the development of prototype materials. UNESCO's IPDC program hopes to be able to provide AMIC with a small budget to enable it to provide needed assistance to participating countries. In addition, WHO and the International Nutrition Communication Service (INCS) have expressed interest in providing follow-up support, if appropriate.

Singapore Roundtable Appeal (Day 3)

Before leaving, Roundtable participants made a public appeal (see Section 4) to ASEAN colleagues in public health and mass media professions, nongovernment organizations, bilateral and international donor agencies, and the private sector. The appeal called on broadcast and print media institutions in ASEAN countries to strengthen their support of health
education efforts specifically by increasing the quality and quantity of coverage of health issues and the space and time allocated for health education messages. A Press Release, summarizing the Appeal and the results of the Roundtable, was issued to the media on June 22nd.

Summary and Closing Remarks (Day 3)

Jack Ling of the World Health Organization summarized the results of the Roundtable at its final Plenary Session on Day 3. Mr. Ling expressed great personal satisfaction in what the participants had been able to accomplish in so short a time period. His sentiments were reinforced by individual participants from each country, and it was the consensus of the group that the Roundtable had been a successful experience and an initial step in a needed effort to strengthen mass media's role in promoting the public health goals of their countries. The process begun at Singapore now needs to be continued at the national level.
Section 4

ROUNDTABLE APPEAL
WHO-UNESCO-IPDC-AMIC
Roundtable on June 20-22, 1984
"Health Education Needs the Media" Singapore

HEALTH EDUCATION NEEDS THE MEDIA: THE SINGAPORE ROUNDTABLE APPEAL

From June 20th to June 22nd, a group of thirty public health experts and media professionals from five ASEAN countries (Indonesia, Malaysia, Singapore, Thailand, and the Philippines), together with representatives from the Asian Mass Communication Research and Information Centre (AMIC), UNESCO, WHO, and selected resource specialists, met in Singapore to discuss ways in which the mass media can be involved in the promotion of public health.

The following resolutions were agreed upon:

1. Public health institutions in these five ASEAN countries emphasize the critically important role that the mass media can play in promoting public health. Incontrovertible evidence from around the ASEAN region and the world supports our proposition that health education needs the media.

2. Broadcasting and print media institutions in ASEAN countries need to strengthen their support of health education efforts, specifically by increasing the quality and quantity of coverage of health issues and the space and time allocated for health education messages.

3. Meetings should be held on a national level between public health and media decision makers to explore areas of mutual concern and the possibilities for developing mechanisms to strengthen institutional relationships.

4. Public health and mass media institutions in ASEAN countries should initiate training programs aimed at strengthening the ability of each profession to make better use of the resources of the other; that is, public health institutions should increase skills of health educators that will enable them to better utilize the mass media for health promotion purposes, and mass media institutions should increase the training given to broadcasters and journalists on methods of accessing and informing the public about health.

5. Public health and mass media institutions in the ASEAN region should pool their resources and establish a regional public health education materials production and dissemination center. Such a regional institution would produce prototype materials that could be used by health educators in participating countries, as well as identify and disseminate national-level exemplary materials.

We present this appeal to our ASEAN colleagues in the public health and mass media professions, to nongovernment organizations (NGOs), bilateral and international donor agencies, and the private sector, with the hope that our resolutions might be seen by them to be appropriate steps to take in pursuit of the improved health and well-being of all our people.
Section 5

COUNTRY PROJECT PROPOSALS
COUNTRY PROJECT PROPOSALS

Before leaving the Roundtable, each participating country was asked to develop a pilot project involving mass media in some aspect of national health care promotion. These proposals are presented in the draft format in which they were presented at the Roundtable. They will be revised and finalized at the national level in consultation with appropriate government and international donor agencies.
INDONESIA

Intensification of Rural Health Education Through the Media

I. INTRODUCTION

Talking about "health for all" at national level, Indonesia has about 65,000 villages to be developed intensively on matters selected to health.

Public health services and the media in Indonesia are already committed to promote public health and nutrition, in order that by the end of the century, where national development is expected to reach "take-off" momentum, health services would have been enjoyed by all the people, including those who live in the villages. At the same time, health education is expected to produce people with attitude and behavior conducive to good health and good habit.

For this purpose, the mobilization of funds and forces from various governmental and private sources are needed, to increase national media capacity in support of health education throughout the country.

II. PROBLEMS

The current pressing problem in national development is the large size of population, coupled with high growth rate. However, many parents want to have many children, for being apprehensive of the fact that infant mortality is high. According to housewife survey, held in 1980, infant mortality rate is 90 per 1,000 live births, which is caused by:

1. Diarrhea, 24.1%
2. Acute respiratory diseases, 20.2%
3. Tetanus and neonatal diseases, 20.2%

Malnutrition is also recognized as one of the predominant factors affecting child survival.

Considering all those problems, the Department of Health has come to the decision to adopt an Integrated Health, Nutrition, and Family Planning Programme, which consists of five components, namely, nutrition, immunization, oral rehydration therapy, maternal and child health, and family planning.

Among these five components, the immunization needs special attention, because the coverage is very low, especially immunization for Diptheria, Restusssin, and Tetanus (DPT) for children and that for tetanus for pregnant women.

Consequently, we propose immunization campaign to become a pilot project, with children under five and pregnant women as the target group.
III. OBJECTIVES

1. The long-term objective is the lowering of Infant Mortality Rate, within the scope of creating a happy, prosperous, and small-size family.

2. The short-term objective is increasing the coverage of immunization.

IV. METHODOLOGY

The assistant media, both traditional and modern, proved to be useful for carrying health messages to the people, to make them aware of importance of health care for their families.

While radio "Rural Broadcasting" "Air Clinics" and Television "Village to Village Programme" are continued to be utilized to motivate people to participate in various development sectors, including health care sectors, Indonesia proposes a pilot project on the utilization of the existing KMD Village Paper's Project for assisting the Department of Health in the immunization campaign.

Implementation of this pilot project will be undertaken by the Department of Health in cooperation with the Department of Information with the publishers of village papers.

To start with, the pilot project will cover 1,000 villages, and each village will receive thirty copies of village papers every month, which will carry in their specials columns, articles on health care in general, for the duration of one year.

In addition, supplements will be issued, containing information related to immunization campaign.

V. INSTITUTIONAL ARRANGEMENTS

The Department of Health will lead the project with the cooperation of the Department of Information.

The Department of Health will bear the operational cost related to the administration of the pilot project, in which health officers and administrators are involved, and the provision of materials for publications in the village papers and supplement.

The Department of Information will bear the operational cost related to the coordination of project implementation, which involved the publishers and editors of KMD village papers, within the scope of operation envisaged in the budgetary provision of the national KMD project.

VI. RESOURCE REQUIREMENTS

1. News articles and other information on health matters in general and on immunization.
2. The development of special immunization promotional materials which will be distributed to the village leaders and kadies through the village papers network. These materials will be designed by the Health Education Department of the Ministry.

3. To increase the quality and presentation of news, articles and information on health matters, training of the journalists in charge of writing and rewriting messages on health will be necessary.

VII. BUDGET

1. Paper Production
   (a) Normal issues: 12 issues/year, for 1,000 villages, 30 copies each: $36,000.00
   (b) Supplement: 30 x 12 x 1,000 x 8cts = $28,800.00
   $64,800.00

2. Training of Health Journalists
   24 persons, 5 days
   (a) Transport 20 x $250 = US$5,000.00
   (b) Per Diem 20 x $50 = US$1,000.00
   US$6,000.00

VIII. EVALUATION

The Department of Information will observe the implementation of the production and distribution of the KMD village project, while the Department of Health will observe the effect of information carried those village papers to evaluate effectiveness of the project. Immunization rates in the 1,000 pilot villages will be the primary criteria for evaluating the effectiveness of the project.

*******************
PROJECT PROPOSAL - MALAYSIA

Members: Mr. Ahmad Mustapha Hassan
         Mr. Santokh Singh Gill
         Dr. (Mrs.) Joginder Singh

Problem

Mortality and morbidity in infants due to diarrhea

Diarrhea is one of the major causes of death in infants. Contributory factors are:

(1) Poor nutritional status resulting in lowered resistance to diarrhea. Poor nutritional status due to:
   (a) mothers not breastfeeding or not breastfeeding long enough
   (b) improper supplementary feeding practices
   (c) mothers undernourished and do not produce enough milk

(2) Unhygienic practices of infant feeding exposing to infections

(3) Mothers do not realize diarrhea is a health problem of concern, hence do not manage diarrheal cases

Target

Primary: Pregnant and nursing mothers (rural and urban)
Secondary: Advertising agencies

Objectives

Long term: To reduce infant mortality and morbidity due to diarrhea

Short term: (1) For mothers to take balanced diet during pregnancy and lactation
           (2) For mothers to breastfeed their infants for at least six months
           (3) For mothers to provide proper supplementary feeding to infants
           (4) For mothers to adopt hygienic practices during infant feeding to prevent diarrhea
           (5) For mothers to identify signs and symptoms of diarrhea and take approriate measures, i.e., to provide oral rehydration therapy or take the child to clinic, etc.

Methodology

A baseline study will be made to identify current practices in breastfeeding and management of diarrheal diseases. Educational diagnosis will be made based on the behavioral factors contributing to current practices.
Based on the educational diagnosis a comprehensive educational programme will be developed.

Possible channels used will be a combination of mass media and interpersonal communication by health and extension workers.

Radio

Rural oriented programmes

(1) Interview of doctors
(2) Interview of satisfied mothers
(3) Spot announcements
(4) Women's programmes

Television

(1) Spot announcements
(2) Filmlets, trailers
(3) Interviews, talk reviews
(4) Inclusion of health information in all women's, youth, and rural programmes

Press

Regular articles
Photo-stories
Editorials
Interviews
Real life stories

Surveys
Slogans
Magazines
Supplementary

Interpersonal

(1) Health workers - individual and group communication in clinics, community setting, and during home visiting
(2) Extension workers from other agencies, e.g., Home economics - individual and group in community setting
(3) School children will be reached through Educational TV and through school curriculum

Institutional arrangements

Ministry of Health will be the lead agency.

Mechanism

Ministry of Health will arrange for a planning meeting with media personnel. Media personnel will be briefed by health personnel and health people will be briefed by media personnel on campaign.

An information resource centre will be developed at Ministry of Health and will be made accessible to media personnel.
Resource Requirements

Personnel: Health education unit of Ministry of Health will run the project, with participation from Radio and TV Malaysia and Bernama.

Training: Health personnel will need to be trained in media utilization. Health Education Officers and technicians need to be trained in video production.

Materials:
(1) Point materials like pamphlets, posters for the use of health workers will be produced by Ministry of Health.
(2) Slides, videotapes, films need to be produced.

Timeframe

Baseline date - 1 month
Preparation - 3 months
Duration of campaign - 6 weeks
Follow-up/ongoing programme
Evaluation - Baseline
  - Soon after campaign
  - 6 months later

Assistance Needed

Assistance in the production of media material such as slides, videotapes, etc.

(a) Training of Health Education Officers in production of media materials.

(b) Training of Technicians in operation of video cameras, etc.

(c) Provision of videotapes, films, slides, and other materials from ASEAN, relevant to Malaysia problems.
PHILIPPINE PROPOSAL

I. PROBLEMS

Malnutrition as a major health problem has remained as one of the ten leading causes of morbidity and mortality among the vulnerable age groups: infants, preschoolers, pregnant and lactating mothers. The most common form of malnutrition is the protein-calorie malnutrition (PCM) and night blindness/xerophthalmia anemia, and goitre are the common specific nutritional deficiency diseases. Identified underlying causes of malnutrition are the following: non-availability of food, lack of knowledge about nutritional values of foods, food preparation, food preservation and handling, family food distribution and socio-cultural beliefs and practices. These situations are further aggravated by four socio-economic status, poor environmental sanitation, rapid population growth rate, and high incidence of diarrheal and infectious diseases.

Target groups: mothers, food producer, local officials, school authorities, and Barangay Health Workers because they constitute a chain in the production, distribution, and consumption of food.

II. 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 behavior of mothers relative to supplementary feeding.
- enable Barangay Health Workers to identify malnutrition, manage and make referrals on malnutrition.
- to enable local officials to identify land for communal farming.
- to encourage school officials to promote gardening and local officials to provide incentives and reward for successful production. The project hopes to achieve food self-sufficiency in the community and develop home technology.

III. METHODOLOGY

The role of media will be to create awareness and stimulate desired action to achieve the objectives.

The approach will be to strengthen the interpersonal activities of the BHWs in the promotion/ adoption of some health and nutrition practices with the use of radio and print media. BHWs will facilitate the organization of listening/discussion groups within the target area of 20,000 households in the province of Negros Occidental, Region VI. A "school-on-the-air" will be beamed weekly for a year over a local station. Print material to support the school-on-the-air will be distributed to the households. Listening to the programs will be coordinated by the BHWs/and BHS midwives.
Time plan for the project: six months pre-project preparation to include organizing, research, and materials development. One year implementation in the selected site covering at least 100,000 population of 20,000 households with 1,000 BHWs.

IV. INSTITUTIONAL ARRANGEMENTS

MOH - lead agency
NMPC, MEC, NNC - collaborating agencies

V. RESOURCE REQUIREMENTS

Personnel: Representatives from the Ministry of Health, NMPC, MEC, and NNC will form the task force for the project. MOH will provide technical content; NMPC will handle media production.

Staff will consist of:
1. Project Coordinator
1. Co Project Coordinator
2. Provincial Asst. Coordinator
2. Research Assistant
6. Interviewers
2. Consultants
2. Clerical Staff

Training needs: Training of BHWs to facilitate group discussion/dynamics. Orientation of local media, leaders, PHC committees.

Materials: Leaflets, Posters
Radio programmes, plug

Finances: See attached budget.
Outside funding amounting to US$26,290 is required. The Ministry of Health, the National Media Production Center, and other Philippine sources will contribute a counterpart fund of US$14,000. The unit cost per Barangay Health Worker is US$40.29 for a period of 16 months.

VI. EVALUATION

Behavioral changes as determined by a review of existing records and pre- and post-evaluative survey as required.
Estimated Budget:

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<tr>
<th>Staff Honoraria</th>
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<td>1 Provincial Coordinator</td>
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<tr>
<td>1 Assistant Coordinator</td>
<td>2 Researchers</td>
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<td>6 Interviewers</td>
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<td>(Computed on basis of 54 half-hour programs)</td>
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<tr>
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<tr>
<td>Travel</td>
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<td>Training of 1,000 Barangay Health Workers</td>
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<th>Counterpart Funds</th>
<th>US$14,000.00</th>
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<tr>
<td>(MOH, NMPC, and other sources)</td>
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<thead>
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<th>Total Project Cost</th>
<th>US$40,290.00</th>
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</thead>
<tbody>
<tr>
<td>Unit Cost per BHW</td>
<td>US$40.29</td>
</tr>
</tbody>
</table>

***********************
1. **Problem**

1.1 Cardiovascular disease (including haemic heart disease, cerebrovascular disease, hypertensive disease) is the health problem accorded highest priority for health education.

The identification of this as the topmost problem is based on:

i) mortality - haemic heart disease is the top killer and together with cerebrovascular and hypertensive disease accounts for 30% of deaths in Singapore.

ii) health service consumption as evidenced by hospital bed days, hospital discharges, and outpatient attendances.

1.2 **Lifestyle/Behavior**

For purposes of health education, the problem can be considered one of harmful lifestyles, requiring change in the following harmful behavior:

i) smoking

ii) Diet - excessive energy (calories)
   - excessive sugar
   - excessive fat
   - excessive salt
   - insufficient fibre

iii) Sedentary lifestyle/lack of exercise

iv) Lack of relaxation/stress management

1.3 **Target Group**

Behavior is molded in childhood and reinforced at school, work, and by the volumes and attitudes of the family, community, and nation. The total population needs to adopt a healthy lifestyle. Thus, the primary target groups to be reached include:

i) school children

ii) mothers and child-care givers

iii) patients

iv) employees

v) community groups

2. **Objectives**

In view of the nature of the problem, the results will be slow to realize - the full impact will probably only be felt in the next generation.

2.1 **Long Term**

A reduction in the incidence of cardiovascular disease.

2.2 **Short Term**

i) A decline in the overall smoking rate;

ii) An increase in proportion of persons

   - having balanced diets (at least 2 servings of food from each of the 3 food groups daily);
- not adding salt/sauces to their food at the table;
- not eating deep fried food more than twice a week;
- having blood cholesterol levels greater than 200mg/ml;
- being obese.

iii) An increase in the proportion of the population practicing stress management;

iv) An increase in the proportion of the population participating in regular exercise/physical fitness programme (½ hour sessions, three times per week)

v) A decline in
   - the incidence of hypertension;
   - proportion of undetected hypertensives;
   - treatment non-compliance rate;
   - proportion of hypertensives detected and treated late.

3. Methodology

The strategy utilizes both face-to-face communication methods as well as the mass media.

The mass media will be used for creating awareness and agenda setting. It will also augment imparting of knowledge and skills required for behavior change.

The Training and Health Education Department, Ministry of Health will implement the project in collaboration with the SBC in the broadcast media component of the project.

Awareness to this health problem was raised in the 1979 National Health Campaign on "Diseases due to Harmful Lifestyles." It has since been maintained by on-going education mainly using a "harmful behavior" approach through interpersonal communication and mass media methods.

It is felt, however, that health education on this specific problem needs to be intensified and a more instructional approach applied. The proposal is to concentrate on this topic for the next 5 years beginning this year, 1984.

A mass media "campaign" is planned for 1985.

4. Institutional Arrangements

The Training and Health Education Department (THE) Ministry of Health will take the lead in the project. It will input the staff and resources for the entire project with the exception of

i) the broadcast media programmes, productions, and air time which will be SBC's inputs;
ii) training expertise.

5. Resource Requirements

5.1 Personnel: Staff of THE will run the project.
5.2 Training:

1. The THE staff require training in:
   a. mass communication to enable them to better use the mass media for promoting health;
   b. research and evaluation in mass communication;
   c. video production and scripting;
   d. SBC producers require training for better understanding of problems and interpretation of information of health issues, to encourage more productions and programmes on health.

5.3 Materials

A range of materials, including audio-visual aids including videotape productions, print materials for display and distribution, and radio and television programmes/production.

Except for the radio and television programmes productions which will be the responsibility of SBC, THE will produce and disseminate the materials.

6. Evaluation

Evaluation will be done through pro and post project surveys.

The measure of impact will be the extent to which the objectives have been attained.
THAILAND PROPOSAL

PROBLEMS

1. Fragmentation of human and financial resources for health education within health sector.
2. Inadequate collaboration between health and media governmental and nongovernmental sectors.
3. Lack of common goal and understanding on the roles of media in promotion of health and nutrition.
4. Inadequate appreciation of the magnitude of resources needed for effective health education on the part of decision makers who control budget, personnel, etc.
5. Existence still of inappropriate health and nutrition practices in Thai villages.

OBJECTIVES

Long Term: Utilization of the media in the promotion of health and nutrition in Thailand.

Short Term: 1. To identify and implement mechanism for promoting collaboration between health and media sectors.
2. To recommend policy framework required for promoting effective health and nutrition communication.
3. To identify roles of various collaborating agencies.
4. To further strengthen steps already under way to rationalize health and nutrition education resources in different agencies and units within them.
5. To motivate policy makers to be more supportive of health and nutrition education.

METHODS

1. Organize separate one-day workshops for Ministry of Public Health decision makers at the two basic organizational levels, namely,
   a. the Deputy Permanent Secretary, Director Generals, and Deputy Director Generals, and
   b. Directors of various divisions.

   The purpose is to discuss the fragmentation of health education resources within the Ministry as a prelude to developing more effective collaboration with other agencies, especially the media.
2. Organize a workshop for decision makers among the health and media sectors as well as officials from various government and nongovernment agencies responsible for allocation of resources.

The purpose is to agree upon the unified goal and needs for combined effort and to gain their support for subsequent collaboration. Specific priority health and nutrition problems in Thailand will be presented and potential solutions discussed, emphasizing the roles of effective communication in helping the people to solve these problems.

The present level of health education communication activity will be compared with requirement for an effective national programme.

At the conclusion of the workshop, the operational level or media producers will be assigned to handle health subjects.

3. The assigned media producers will be oriented in health and trained in message techniques in particular, with the health and nutrition information. Different media producers may be assigned to separately handle production of media for rural and urban population.

This step may require outside expertise to assist with the training.

4. Orientation of the same group of media producers on new issues of health and nutrition will be done on a continuous basis, so that different issues in health and nutrition could be disseminated. This will maintain interest of the people in health and nutrition programmes.

RESOURCE REQUIREMENTS

Personnel: Ministry of Public Health

Training: Training of media specialist on message techniques. Expertise from outside of the country may be required.

Materials: Printings and probably examples of broadcast media will be used for various meetings elaborated under the methodology. Outside funding is required in these productions.

Evaluation:

1. Number of material produced and disseminated.

2. Random sampling to measure impacts on behavior and practices.
Section 6

FOLLOW-UP STRATEGY
FOLLOW-UP STRATEGY

The sponsoring agencies agreed to place administrative focus for follow-up support to country-level projects at AMIC. Such support can take the form of technical assistance or limited funding support for the development of prototype materials. UNESCO's IPDC program hopes to be able to provide AMIC with a small budget to enable it to provide needed assistance to participating countries. In addition, WHO and the International Nutrition Communication Service (INCS) have expressed interest in providing follow-up support, if appropriate.
Section 7

PRIORITY ISSUES
PRIORITIZE ISSUES

During their two and one-half days of deliberations, participants identified a series of critical issues related to strengthening the contributions that mass media institutions can make to national health education efforts. None of these issues were resolved at the Roundtable, but they are listed in this Report as a basis for starting a dialogue at the national level between public health and mass media decision makers.

Issues Raised:

1. Does the Ministry need the media?
2. Does the media need the Ministry?
3. How does the Ministry need the media?
4. Does the Ministry really know how to make use of the media?
5. Do the media really care about health more than any other development issues?
6. How do we define the mass media?
7. How can the Ministry of Health support the transmission of mass media messages with other health education efforts?
8. How can the Ministry of Health deal with communication policies that contradict basic health promotion messages?
9. Do print media and broadcast media require different promotional strategies?
10. Are target audiences indeed reachable by the mass media?
11. What are the limits of the media in terms of public health promotion?
12. How can the media be combined with other forms of health education efforts?
13. Can the mass media be used to support traditional media communication channels in health education efforts?
14. How can the Ministry of Health use mass media to support health service delivery systems?
15. What mass media formats are most appropriate for health behavior motivation?
16. How can resources be mobilized to gain greater MOH access to the mass media?
17. What elements should be contained in an overall communication policy on health?
Section 8

APPENDICES
WHO-UNESCO-IPDC-AMIC ROUNDTABLE ON "HEALTH EDUCATION NEEDS THE MEDIA"
SINGAPORE, JUNE 20-22, 1984

LIST OF PARTICIPANTS

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1. Drs. Tjuk Atmadi
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   Radio TV Malaysia
   Angkasapuri
   Kuala Lumpur

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AMIC
Mr. Vijay Menon
Secretary-General
Asian Mass Communication Research
and Information Centre

Dr. Harald von Gottberg
Deputy Secretary-General

Mr. Adlai J. Amor
Senior Programme Specialist
ABSTRACTS OF COUNTRY PROFILES

Each participant at the Singapore Roundtable presented a profile of either the public health or the media situation in his or her country. Short abstracts of these profiles follow, put together by the author of this Report. The complete written profiles are housed in the library of the Asian Mass Communication Research and Information Centre (AMIC) in Singapore, for those who are interested.

INDONESIA

Presenters: Dr. Ida Bagus Mantra, Director, Directorate of Health Education, Ministry of Health
Dr. Tjuk Atmadi, Assistant to the Minister of Information
Dr. Dja'far Assegaff, Deputy General Manager, Antara News Agency

The population of Indonesia is now 150,000,000 with a high growth rate of 2.1. Indonesia is a country of 10,000 islands. However, 65% of the total population lives in Java. The infant mortality rate is around 90 per 1,000 live births, but in some provinces the figure is as high as 110. There is a vicious development cycle in Indonesia that makes it difficult to overcome health problems; the fact that infant mortality rates are high stimulates mothers to have more children. Large families constitute a drain on scarce resources, which in turn creates an environment that threatens the health of the people rather than supports it.

To deal with this situation, the Ministry of Health has adopted a fivepoint program strategy: nutrition, immunization, oral rehydration therapy, maternal and child health, and family planning. The strategy is being implemented through both a top down and a bottom up strategy. The top down approach is needed to provide appropriate information and knowledge to the community and to develop appropriate health care attitudes, behaviors, and knowledge among health care providers. The bottom up approach entails community participation in the design, implementation, and evaluation of health care programs. Dr. Mantra believes that mass media should be an important force "for keeping both approaches proceeding properly."

The Ministry of Information in Indonesia has the task of developing and coordinating all government public information activities. It seeks
to focus media attention away from the urban areas and towards the rural villages where 80% of the population live. Indonesia has a radio network covering 75% of its total sea and land area. There are an estimated 25 million radio sets, and 5.5 million televisions in the country. Daily newspapers have a combined circulation of 2,280,633.

One of the more interesting media and development projects in Indonesia is the KMD, or Village Papers Project. KMD stands for "Koran Masuk Desa," or "Newspapers Entering the Villages." There are 50 privately published KMDs spread throughout 26 of Indonesia's 27 Provinces, with a combined circulation of 461,505. The government subsidizes 163,500 copies. The rest are sold on a subscription basis. The KMDs disseminate information about various development projects, including health. Readers' groups in each village with a KMD subscription meet to discuss what to do about issues raised in the paper.

MALAYSIA

Presenters: Dr. (Mrs.) Joginder Singh, Public Health Institute  
Mr. Ahmad Mustapha Hassan, General Manager, BERNAMA News Agency  
Mr. Santokh Singh Gill, Head, Public Affairs Department, Radio TV Malaysia

The public health situation in Malaysia has improved dramatically since independence in 1957. The crude death rate is down to 5.9, the infant mortality rate is at 27 deaths per 1,000 live births, life expectancy for males is 67.1 and for females 72.7. Still problems remain. In 1980 the leading cause of death was cardiovascular disease. Accidents are the leading cause of admission to government hospitals. There is still extensive malnutrition and a high incidence of communicable diseases in some rural areas. A recent study in poverty villages, undertaken by the Institute for Medical Research, found stunting to be prevalent in 43% of preschool-age children. Anemia was widespread among all sections of the community. Recently, there has been an intensified effort to make greater use of the mass media for health promotion purposes. Since August of 1983, the Ministry of Health has organized radio and TV activities on selected health themes. However, air time has been inadequate.

Radio Malaysia, which began broadcasting in 1946, currently transmits programs in 24 languages. Seven million Malaysians (most of the adult population) tunes in to Radio Malaysia daily. Radio programs carry health messages, discussions on diseases, and medical advice on a daily basis. During periods when endemic diseases like cholera and dengue fever are prevalent, radio health messages are given high priority.

Television today is perhaps the most popular mass medium in Malaysia. There is an awareness among health professionals that more should be done to promote health through television. There is a belief that to
be effective health programs on television should be integrated into other program formats, such as entertainment.

The press in Malaysia feels it has "a social responsibility to the nation." For example, a recent newspaper report on the closure of the Cardiac Coronary Unit at the University Hospital in Kuala Lumpur resulted in steps being taken by appropriate authorities to better conditions at the hospital.

A recent survey by the Malaysian Department of Information revealed that the public got their information about the harmful effects of drug abuse mainly from the press. Mr. Hassan hoped that the press would take a more systematic approach to health promotion efforts, and also coordinate efforts with other media and with face-to-face health education workers.

PHILIPPINES

Presenters: Dr. Carmencita Reodica, Officer-in-Charge, National Nutrition Service, Ministry of Health
Mrs. Natividad A. Nuguid, Office of Media Affairs, National Media Production Center

From 1965 to 1984 the Philippines has made slow but steady progress in solving its major public health problems. The growth rate has dropped from 3.2 to 2.4%; the crude death rate from 9.5 to 7.65%; infant mortality from 81.5 to 58 per thousand; and maternal mortality from 2.0 to .81%. Life expectancy is up from 58.05 to 62.8 years.

Mass media has played an important role in these achievements. IEC efforts have been responsible for changing attitudes that initially were against any form of birth control. The Philippine Nutrition Program, launched in 1974, has made extensive use of media for various nutrition education campaigns. The Ministry of Health has utilized media to promote popular participation in the national primary health care program.

All radio and television stations, whether private or government-owned, are members of the "Kapisanan ng mga Brodkasters sa Pilipinas" or KBP. The goal of the KBP is the promotion and protection of the interests of the broadcast industry. The KBP makes it easier for development agencies to deal with the broadcast media and get their programs aired. There is no need to deal with stations individually. The cooperation of all stations can be requested through the KBP Directorate, which reviews the request, and if judged appropriate, disseminates copies of the materials to all affiliates.

The KBP requires all member stations to broadcast at least 30 seconds of Public Service Announcements per clock-hour. Penalties for noncompliance range from P10 to P1,000 per clock-hour. Stations get tax credit as well for every minute of development material used. The credits are applied on taxes due on importation of equipment.
Radio has been judged to be the most important mass medium in the Philippines. A National Food and Nutrition Council study found radio to rank first as a source of popular information about health and nutrition (as compared to TV, magazines, comics, and movies). There are over 200 radio stations in the Philippines; 72% of all households have radios. In contrast, 3.3% of all households, mostly in urban areas, have televisions. Television has been used to disseminate information about urban lifestyle related health problems such as drug addiction, alcoholism, smoking, heart disease, et al.

SINGAPORE

Presenters: Dr. Luisa Lee, Acting Medical Director, Training and Health Education Department, Ministry of Health
Mrs. Chuo-Ng Peck Hian, Health Education Officer, Ministry of Health
Mdm. Jumilah bte Koming, Producer-Presenter, Singapore Broadcasting Corporation
Mr. Albert Tien, President, Institute of Public Relations of Singapore

Singapore's highly successful Family Planning and Population Programme has made use of the mass media since 1972. The Training and Health Education Department of the Ministry of Health has been trying to emulate the success of the family planning program, and since 1968 has coordinated a total of nine national health campaigns. At first, these campaigns were meant simply to raise awareness, but since 1979 health education efforts have tended to focus on behavior change objectives (the current campaign is called "Stop That Spitting Habit").

Singapore is an affluent ASEAN country and shares many of the health problems that afflict western industrialized nations. The top killers in 1983 were cardiovascular diseases, cancer, and diabetes. Other major problems were overnutrition and mental illness.

A number of surveys have been conducted by the Singapore Family Planning and Population Board and the Ministry of Health to find out the impact of various media on health attitudes. In 1973 pamphlets and posters were the leading media. However, from 1977 on, television was the most popular, probably due to increased TV ownership. However, a higher proportion of the university educated segment of the population preferred books and magazines.

Major problems confront health educators who want to use the media in Singapore. Although most radio and TV stations are owned and controlled by the Government, the Ministry of Health must pay commercial rates for air time similar to profit-making commercial organizations. Similarly, the Ministry is charged normal commercial fees for newspaper space. In both broadcast and print media liaison for scheduling features about health education is done on an ad hoc and piecemeal basis. Very often health messages and program content conflict. For example, immediately
following a program on balanced diet and the need to reduce fat and salt intake, a fast food commercial may appear.

THAILAND

Presenters: Dr. Amorn Nondasuta, Permanent Secretary, Ministry of Public Health
Dr. Nuansri Thewtong, Ministry of Public Health
Ms. Pattanee Winicchagoon, Division of Communications, Research Institute of Nutrition, Mahidol University
Mr. Kavi Chongkittavorn, Senior Reporter, The Nation Review

Thailand currently is attempting to systematize the various government departments with health education responsibilities. The Ministry of Public Health has appointed a task force known as "The Public Information Operational Support Group" to undertake this effort. The Group conducted a survey on the use of mass media to disseminate information about health problems. The survey found that Ministry press releases often were written in too technical a manner and did not address the real needs of the people; that the Ministry lacks a focal point for disseminating information about health, and consequently the public often gets confused or misled by existing sources; and that the relationship between the mass media and public relations officials in the Ministry of Health needs to be strengthened. Subsequent to the survey, the Ministry has appointed a Public Relations Policy Advisory Board which currently is trying to improve linkages with the mass media.

The Ministry is also attempting to develop an IEC strategy in support of its efforts in primary health care. 1984 is National Primary Health Care Year in Thailand. The goal of the strategy is to "have people themselves undertake the role of health communicators." There is an urgent need to develop support materials which will facilitate the health communication efforts of village people.

In the past several years Thailand has undertaken several interesting research projects aimed at testing the health promotion effectiveness of various media. In 1981-82 an audio cassette nutrition education program succeeded in changing the knowledge and attitudes of its target audience. Radio and interactive video tape have been used to promote supplementary feeding (1982-83); and an experiment currently is going on to use village wireless broadcast systems for the transmission of health messages. All of these operational research projects have been undertaken by Mahidol University's Institute of Nutrition.
'Some ads limit impact of health campaigns'

Wan Hussin on the role mass media can play in health education

COMPETITION from advertisements promoting unhealthy habits limits the impact of television campaigns promoting healthy habits, health experts were told this morning.

While mass media campaigns were seen as important for health and nutrition, the nature of the media might be responsible for the limited impact of these campaigns, said Mr Wan Hussin Zohri, Parliamentary Secretary for the Ministry of Health.

"While a television programme may attempt to persuade us about the social and personal dangers of drug abuse, numerous television advertisements and programmes persuade us that alcohol is associated with sophisticated lifestyles and that your status in society is dubious if you do not provide certain well-known brands of whisky or brandy etc. when you are entertaining," he said.

Addressing a conference called "Health Education Needs The Media," Mr Wan Hussin said: "It may be argued that the promotion of commercial products through the mass media, especially television, works so well that it must likewise work well for the promotion of health."

The important difference is that commercial advertising is directed at things people want to do, such as keeping up with fashion. "Health promotion, however, is trying to persuade people not to do things they enjoy, such as smoking, or doing things they do not particularly want to do, such as regular exercise," he said.

The conference is being attended by representatives from the World Health Organisation, UNESCO, the International Programme for the Development of Communications (IPDC) and Asian Mass Communication Research and Information Centre.

At the three-day conference, senior-level health and media experts will study the most effective means by which the mass media can be used to promote health for all by the year 2000 in Asean.

Mr Wan Hussin told delegates that while the mass media were the fastest means of relaying the health message, such campaigns might not have the desired effect.

"How much do we know about the way mass media influence people? How can we account for the apparent success or failure of media information campaigns?" he asked.

In the final analysis, he said, audiences made their own choices and could put their own interpretations to the messages.

"Behind the scenes," he said, "there is a battle going on between those who say "messages intended for certain audiences are" and those who say "messages intended for certain audiences are not.""
'Drug abuse warrants project to study problem'

By TSANG SAU YIN

THE WORSENING problem of drug addiction among young people in Asean countries warrants a project to look at drug abuse.

This was suggested by Ambassador Narcisco G Reyes, keynote speaker at the ongoing Round Table meeting on how the media could help promote public health and nutrition in Asean.

The ambassador said that the problem of drug addiction "poses a formidable challenge to health and mass media decision makers".

But a framework for Asean cooperation already exists.

For instance, the Asean foreign ministers adopted a resolution — The Asean Declaration of Principles to Combat the Abuse of Narcotic Drugs — in June 1976, which provided for cooperation in drug research and education and for the exchange of information.

There were also liaison arrangements with the Colombo Plan Bureau, the United Nations and other UN agents.

"What is needed now is to activate and begin implementing these provisions," the ambassador said.

He proposed another project to look at the problem of deforestation and its effect on health and nutrition because soil erosion resulted in progressive acidity, periodic destruction of food crops by uncontrollable floods, and the erosion of dam sites, reservoirs and other water sources.

"The problem is no longer long-term. In the case of at least one Asean country, deforestation will become a critical problem by the turn of the century."

Dr Luisa Lee, Dr Luisa Lee at yesterday's discussion on how the media can be more effectively used for the promotion of better health and nutrition.

Apart from Dr Lee, Mrs Choo-Ng Peck Hiang also represented Singapore at the conference held at AMIC. Both women are from the Training and Health Education Department in the Ministry of Health.

The two Singapore health officers said that the extent of use of the media vary from one health campaign to another.

Contacts also used

SINGAPORE'S national health promotion has always combined planned media campaigns with personal contacts.

This was pointed out by Dr Luisa Lee at yesterday's discussion on how the media can be more effectively used for the promotion of better health and nutrition.

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There should be a periodic frank and friendly exchange of views between government and media, a conference was told yesterday.

"In frank and friendly exchanges of views, important new policies, or major shifts of emphasis in existing ones could be explained," Mr Narciso Reyes, from the Philippines Prime Minister's Office, told the Roundtable Conference on involving the media in health education.

Mr Reyes, delivering the keynote address, said that before government and media could work closely to bring important information to the public, a number of constraints must be considered.

"Governments are usually wary of a free press, which for its part cherishes its traditional role of objective reporter, and whenever necessary, zealous critic and uncompromising fiscaliser of government actions," he said.

"The mass media, on the other hand, are normally suspicious of government advances, afraid of being unduly influenced, of compromising their impartiality or jeopardising their jealously guarded independence."

"Media impact can be a two-edged sword."

The Parliamentary Secretary for Health and Culture, Mr Wan Hussin Zoohri, said in his inaugural speech that the far-reaching impact of newspapers, television and the radio can be seen as a two-edged sword.

He said "it is generally accepted that the mass media is capable of influencing us, persuading us and affecting our opinions, attitudes and behaviour to a great extent."

But Mr Hussin warned that the potential benefits and the constraints in its usage must be balanced carefully when using the mass media in promoting public health and nutrition.

The three-day conference began yesterday at the Asian Mass Communication Research and Information Center (Amic) in Newton Road.
health conference ends
with five solid proposals

The three-day conference on "Health Education Needs the Media" ended yesterday, with five concrete proposals for national health projects.

Growing affluence cited as cause of problems

SINGAPORE'S present health problems reflect the changing lifestyles of an increasingly affluent society.

Dr. Lona Lee, acting medical director of the Training and Health Education department of the Ministry of Health, presented Singapore's project proposal for health education at the conference on "Health Education Needs the Media" yesterday.

The increasing incidence of cardiovascular diseases is symptomatic of an unhealthy lifestyle, Dr. Lee noted. The lack of exercise and obesity in contrast with a diet of too much sugar, fat and salt have made heart disease the top killer in Singapore. Last year, it accounted for one-third of all deaths.

Since the problem reflects a particular style of living, Dr. Lee felt that everyone should be included in the proposed health programme. She is planning a five-year health programme directed at an eventual change in the behaviour and living patterns of Singaporeans.

While the Training and Health Education department is responsible for running the programme, Dr. Lee hopes the Singapore Broadcasting Corporation will help by having more educational health documentaries, aimed at the usual type of 15-second health message aired over the radio during a particular campaign month.

By KANG SI EW KHENG

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Health and the media subject of Asean talks

By BENGTAN

Senior health officials and media professionals from Asean will be discussing how to better educate and inform the public on health matters.

These men and women will be joined by representatives from the World Bank, World Health Organization, United Nations' Educational, Scientific and Cultural Organization (Unesco), and four other international health and communication bodies.

The two-day meeting, which begins today, is being held at the Asian Mass Communication Research and Information Centre (Amic) in Newton Road.

It is designated the Asean Roundtable on "Health education needs the media."

The participants will discuss, present health and nutrition problems, and explore ways to use the mass media to promote health for all by the year 2000 in the six Asean countries.

Following the roundtable talks, each of the Asean countries will start a national project to teach media and health education specialists the techniques of health and nutrition education campaigns.

Each country will hold a second round of workshops to design their own health promotion projects, which will be implemented at a national level.

These Asean projects will be used as guides for the health programmes to be implemented in South Asia, and later South Africa, Latin America and the Caribbean countries.

Sponsored by WHO

This was announced at a press conference at the Amicsecretariat yesterday by Dr. Susan van der Vyuct of Unesco, Mr. Ronald Israel of the International Nutrition Communication Services, Mr. Vijay Menon of Amic, and Mr. Martin Geizen-danner of WHO.

The roundtable meeting will be inaugurated at 9 a.m. by the Parliamentary Secretary for Health, Mr. Wan Hussela Zookhri.

The keynote address will be delivered by Mr. Narciso Reyes from the Prime Minister's office of the Philippines.

The talks are sponsored by WHO, Unesco, Amic, and the International Programme for Development of Communications.
Health drive by government and mass media

Government and the mass media will test their working relationship by jointly organizing a national health campaign. Its success will form the groundwork for a future cooperation to effectively educate and inform the public on health issues.

Two representatives from the Health Ministry proposed at an Asean meeting, held at the Asian Mass Communication Research and Information Centre (Amic) in Newton Road, a joint project against cardiovascular diseases.

If accepted by the ministry, the project may receive technical assistance from the World Health Organization, the International Programme for Development of Communication, Amic and the United Nations Educational, Scientific and Cultural Organization.

The unprecedented meeting brought together for the first time decision makers from public health and mass media institutions in a dialogue about the role media can play in public health promotion.

Singapore was represented by the acting medical director of the ministry's Training and Health Education (THE) department, Dr Lina Lee, the information officer, Mrs Chua-Ng Peck Hsing, and Singapore Broadcasting Corporation producer-presenter, Madam Sumita lie Koning.