

**The Role Of Broadcast Media In Promoting Health
And Nutrition In The Philippines**

By

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What role does broadcast media play in the promotion of health and nutrition in the Philippines? Before we tackle the question, let us see if health conditions in the country have improved. According to the health indicators, (Transparency 1) over a 19-year period from 1965 to 1984, growth rate has gone down from 3.2 to 2.4 percent; likewise crude death rate from 9.5 to 7.65 percent; infant mortality from 81.5 to 58 per thousand; maternal mortality from 2.0 to .81 percent. Life expectancy is up from 58.05 to 62.8 years. If not as dramatically as one would wish, health conditions in the country have indeed improved. We in media would like to think that we have helped some in bringing this about, in making readers, viewers and listeners, as the case may be, aware of health problems and what they can do about them.

We will briefly note some of the uses made of media in the implementation of health and health related programs: population control for instance where much use was made of broadcast media to make people aware that there was a population bomb ticking away; that the way to defuse the bomb was to change attitudes that were initially against any form of birth control, internalize the small family concept, adopt a reliable family planning method. Radio was the favorite medium for population messages because of its wide reach. The main audiences were farmer and fisher couples living in the rural areas (they comprise 75% of the population) and no population program could appreciably lower the growth rate that did not try to reach them. What medium to use but radio since, firstly, the areas they live in are characterized by a dearth of newspapers and magazines, and secondly illiteracy is rampant. Our rural population is a transistor owning populace and this dates back to the days of the late President Magsaysay who believed in the potency of media to mold men's minds and caused the distribution of transistor radios (along with liberty wells) to the rural areas. These were one-station radios, still better than no radio at all for people who have no other means of communicating with the world beyond their fences.

The well-read columnist Teodoro Valencia only very recently wrote (Daily Express, Je 16, 1984): In the months and probably years ahead, radio will be the mainstay in any information drive to acquaint our people with what is going on...Newspapers are becoming far too expensive for our masses. Television is mostly for people who can afford it. On the other hand, one battery may be enough for one to be able to listen to radio programs.

Mr. Valencia was only two decades or so late...radio has been the medium for the masses. Newspapers have been read only in urban centers.

A survey conducted by the Commission on Population in the province of Cotabato in Mindanao confirms that listening to the radio is a "markedly prevalent activity among the people". Of the respondents, 97%, including 15% who do not own sets, said they regularly listen to radio. While more than half devote less than 4.5 hours per day to radio-listening, the rest spend from 4.5 hours to 12 hours a day with their sets. Favored time for listening is 8-12 a.m., 4-8 a.m. and 1-5 p.m. Types of radio programs listened to were news (81%), music (79%) and

drama (74%). Among drama fans, popular formats are romance/sob stories and comedy. Serious/educational types drew only 35% of respondents.

The Philippine Nutrition Program, launched in 1974, has also made wide use of broadcast media in disseminating its messages; likewise immunization, breastfeeding, drug addiction, cleanliness and environmental sanitation, smoking, care of the heart and prevention of cardio-vascular diseases, cancer, dental health, and what have you. Formats used range from the 15-second plug to 30-minute dramas. The jingle is widely favored. Short, it can easily fit in during station breaks; if the melody is particularly good, the stations do not mind playing a jingle over and over. A country beautification and cleanliness drive launched shortly after martial law was declared in 1972 made people happy to clean up their yards and forget they had to anyway or they would have to pay a fine for unkempt surroundings.

For a sample of a broadcast-intensive communication program, we will give you the nutrition component of the KABSACA pilot project in Iloilo province. The KABSACA is a World Bank-funded project to test methods of increasing agri-

cultural productivity in rain-fed areas. A nutrition component was attached on to solve problems of anemia, parasitism and diarrhea prevalent in the area. (T2) The information campaign was launched in 1981 with radio spot announcements and a jingle, each of one minute duration aired 6-8 times daily over seven stations. These were meant to saturate the area and get people thinking and talking KABSACA. Fifteen-minute radio dramas aired weekly and a "school-on-the-air" gave more messages and instructions on the prevention and care of parasitism, anemia and diarrhea. When the "school-on-the-air" ended, the slot was taken up by a program called "Nutrition sa Kabsaka", a magazine type program that included interviews, lectures, instructions and newsbits.

One of the first media materials produced for the breast-feeding program launched in 1983 was a jingle that tells mothers that their milk compares with nothing else in nutrients and antibodies that Baby needs. This is being aired nationwide by a number of stations on free airtime, to the chagrin of the milk formula manufacturers who never got so much media time - not for nothing anyway.

Let us zero in on Primary Health Care, the umbrella health program that, with the signing of the Alma Ata declaration in 1977, was adopted as the broad strategy to achieve health for all by the year 2000, by the Philippines and by over a hundred other signatory-nations. The Ministry of Health fully realized the important role media could play in disseminating information on primary health care--a program that needed much explaining about because it was a difficult concept to grasp, it did not even lend itself to translation into the vernacular and it was a people-based program. If people were expected to participate they would have to be told what it was all about and persuaded that this was not something governments thought about so that they (the governments) would be spending less on hospitals and medicines for the people (and most likely spending the money too on armaments).

Orientation seminars and workshops were held for media representatives. These were followed up with "media updates" to keep media members abreast of new developments as well as to sustain their interest in and support of the program. The ministry also entered into collaborative efforts with media agencies and groups. One of these was with a private advertising outfit that conceptualized what has been called the "AKO

campaign". Its implementation was handled by a commercial radio-television network. Termed an "innovative approach", the campaign used commercial advertising and marketing methods. It centered around the concept of AKO, which is the Pilipino word for "I" or self and is also the acronym for ANG KATAWANG OKEY--the body okay. Plugs ran simultaneously in print, radio and television. Popular movie and television personalities were used to deliver the messages for the first phase of the campaign. The second phase--presuming that the catch phrase "AKO, ANG KATAWANG OKEY" had caught on and would be on everybody's lips as synonymous to primary health care--would then center on giving more explicit messages: immunization of infants, breastfeeding, prevention and treatment of communicable diseases, family planning. No thorough evaluation of the campaign has yet been conducted and this early one could not definitely state that the drive was a huge success but preliminary surveys conducted by the ministry indicate that it did get some people thinking of health as a personal responsibility.

The ministry likewise engaged the services of the National Media Production Center, a government agency, in the development of broadcast materials, principally plugs (also done in 35 and 16mm films) for dissemination through theaters, audiovisual vans and radio and television. A 15-minute instructional documentary in vtr was produced and has served for orientation and training purposes, besides being initially aired over government television channel and currently over video sets used by regional offices as medium of dissemination.

The government television and radio network currently runs a gamut of programs either devoted purely to health or including health topics among other subjects of interest to the family. (T3, 4, 5).

All radio and television stations, whether private or government owned are members of the "Kapisanan ng mga Brod-kasters sa Pilipinas" or KBP. The organization has for its main objective the promotion and protection of the interests of the industry. It sets policies and standards for the guidance of members and serves as the self-regulatory body for broadcast media. The organization has also made it easier for

agencies with development programs to deal with the broadcast media and get their programs. There is no need to deal with the stations individually--a formidable task considering that there are over 200 radio stations. (T6) The cooperation of the stations can be requested through the KBP directorate which evaluates the request. If meritorious of support, copies of the material are distributed to the stations. The stations may or may not run the material, but as a rule the majority of them do. One of the policies adopted by the KBP and adhered to by all is that all member stations are to broadcast at least 30 seconds of Public Service Assistance or development messages per clock-hour. The KBP has set penalties for noncompliance and these range from P10 to P1,000 per clock-hour. To encourage use of development materials, stations get tax credits for every minute of development material used. These credits are applied on taxes due on importation of equipment. The smaller stations that are hard put for capital and usually only make do with old equipment do not invest in imported equipment, therefore do not avail themselves of such benefit. The networks, however, and the bigger stations do.

What has been the impact of broadcast media on the promotion of health and nutrition? The problem here is how to evaluate the impact of each medium used and thus be able to state the contribution of radio or television to the total effort. Information campaigns are usually multi-media in approach with the media generally supporting the interpersonal component of the campaign. We do know that radio can reach the most number of people at the lowest cost and therefore find it indispensable in the conduct of IEC. (T7) The following table shows the extent of ownership of radio and television sets by household throughout the country:

Table: 1983 Radio and TV Ownership

Total Population	:	51.8 million
Total Households	:	9.3
Households with radio	:	6.7 (72%)
Households with TV	:	3.3 (35%)

Guidelines issued by the Commission on Population on content and presentation of messages for the Philippine Population Program state: Radio is relatively inexpensive and can create awareness at the least cost. Being a medium which appeals primarily to the sense of hearing, radio can transcend illiteracy levels. However, the PPP believes that it is difficult to directly ascribe to radio alone actual behavioral changes, since these are more within the scope of interpersonal communication. Radio is also not a proper medium to disseminate complex or technical information or instructions.

A study to see if this shortcoming of radio can be overcome has been conducted by the University of the Philippines in Los Banos in its pilot project on the use of radio in a distance learning system for small farmers. An attempt to "weave mediated teaching activities into the fabric of interpersonal communication structures in farming communities" was made. Dr. Nora Quebral, the program coordinator, says that tentative evidence was supplied that radio, especially if reinforced by other modes of teaching, is capable of initiating and continuing learning among rural adults outside the classroom.

While television ownership is not yet so widespread, it is a growing medium and the 3.3% of total households which own sets are in urban areas. But here conditions such as overcrowding, slums, unemployment, urban tensions, prevalence of certain types of diseases and life-style related disorders give rise to the need for a specific type of health information. Television has been used to disseminate relevant information particularly on problems concerning drug addiction, the prevention of heart and circulation related diseases, the danger of smoking, alcoholism etc.

An evaluation of media strategies conducted by the Food and Nutrition Council points to "radio as a potent medium in relaying development messages to the desired audiences". The same institution in a study on radio-print synchronization and participation in "nutrition-on-the-air" states that of five major sources of information, radio ranked foremost compared to tv, magazines, comics and movies (in that order). The study tried to determine how two vehicles of information would fare being used separately and being used in synchronization in the dissemination of information.

Lessons on nutrition were broadcast over a government station and during the same period printed in a vernacular magazine of wide circulation. As one would probably expect, effectivity increased when the two vehicles -- radio and print -- were used to support each other. A significantly greater proportion of respondents both listened to the broadcast lessons and read the printed releases than either only listened or read.

We can appreciate the help broadcast media can give to the health worker who has to cover a large area and handle a variety of health services all in a given day. On top of all she is expected to carry on the ministry's grassroots information program on the person-to-person level.

As the accompanying graph will show, (T8), one rural health midwife covers a catchment area of a population of 5000. That could mean 2 or 3 barangays or villages not necessarily just across the road from each other. The distances can be such as to discourage more frequent home visits by the health worker.

A KAP monitoring survey done on the Kabsaka Nutrition Program showed that more people had heard about it from radio than from the health worker. This holds for most other programs as well. The population office has lately shown some concern over the performance of its outreach workers and may restructure its field network.

Theoretically, the person-to-person approach is the more effective way of transferring information. However, the Philippine experience seems to be that there are nearly never enough field workers to go around, their logistic support is poor, their training is not sufficient and monitoring their performance can be a problem. Very often an extension worker is left much to himself out in the bundok and gets to see his supervisor rarely. Checking his reports gets done too far in between.

The lack of personnel has prompted the ministry of health to train volunteer barangay health workers or BHWs. At present there is one per 77 households. The goal is a ratio of one to twenty households. Information that the people receive through the mass media certainly helps these BHWs in their communication functions. Media-beamed messages give legitimacy or "standing" to the information. It increases the credibility of the health worker, reenforces person-to-person communication.

What are some of the problems that we encounter in the use of broadcast for the promotion of development programs? One problem concerns the fact radio and tv are considered entertainment media principally and straight educational programs will compete poorly for listenership with commercial programs. How to make a program both instructional and entertaining is a real challenge to the development communicator.

Getting a good time slot for material that will be aired for free is another poser.

Paying for airtime may be beyond most budgets for developmental projects. When you get free airtime, your plug usually gets aired irregularly, with no definite time slot. (In the population program, we entered into an agreement with the station to allow it to sell commercials during the breaks in the airing of a drama on the family planning theme. Since the station got revenue for it, the drama went on a definite time slot.)

Lack of motivation or commitment on the part of media management and staff is another problem that confronts the development worker who would enlist the help of media. The orientation and the commitment should start from the top.

The study conducted in Cotabato referred to earlier, advises: the material should be broadcast during favored listening hours; scripts should be upgraded through appropriate training of writers in theater scriptwriting, craftsmanship and Filipino culture and psychology; trite and ineffective story lines should be avoided; listenership may be broadened by translating scripts into languages spoken in a given area; news programs which, survey data suggest, can better reach categories of listeners that are not as adequately reached by radio drama programs, should be made use of.

An attempt to use television through a drama series in Zamboanga teaches us the following lessons: the production should be professional; the audience demands no less or they will turn their sets on to other channels; (or probably take up knitting); adequate publicity must precede the airing of the series or you could lose listeners who do not turn on their sets to your series for the simple reason that they do not know about it.

Since use of broadcast media involves spending precious money every single penny of which counts, careful planning must be undertaken to get optimum results. The radio drama series studied in Cotabato was aired from 5 to 5:30 p.m. Since there

is television in the area -- a local one and two stations in nearby Cagayan de Oro, all three of which begin their airing at 5 p.m., audiences shift from listening to radio to watching tv. As a result the potential audience for the series was not reached, something that could have been avoided with more careful planning.

A quiz show, sponsored jointly by the Commission on Population, the Ministry of Education and the Population Center Foundation, telecast nationwide through domestic satellite, simulcast over 14 provincial radio stations and replayed over one, got very poor listenership because "some, were not yet home at the time of the broadcast, they were busy with home chores or had been watching various programs in the other channels".

Dr. John Batten of the International Institute for Rural Reconstruction at a workshop on utilization of radio for community development, advises: while radio is a powerful tool among a wide audience, we must be careful of not attempting to apply broadcasts suitable for particular audiences on a wide scale...radio is a support to human and rural development which should be linked into existing programs of government and private agencies in order to maximize the use of existing local resources.

Edith Colliver of Asia Foundation, speaking at the same workshop: Radio programs can raise consciousness but not in themselves provide the answers. Well targeted, radio can be a powerful stimulus to discussion and informed action.

An interview with personnel of government stations revealed the following as perceived training needs: production skills: conceptualization, scriptwriting, directing, camera work, editing, scoring, hardware technology, evaluation, professionalism, human relations, understating of the broadcasters, roles, discipline, teambuilding; subject matter. A tall order apparently but if training the media man will result in more support from them then hitherto obtained, it would be worth it.

In a nutshell, we can say that broadcast media in the Philippines have played and continue playing an invaluable role in raising people's awareness of health problems, giving information on what they can do to keep fit, where they can go for health services, taking a load off the shoulders of health workers in the field by supporting them in their IEC functions. In general, broadcast media make more people health-conscious at the least cost.

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