Chapter Six

CONCLUSION AND RECOMMENDATIONS
6.0 Media's Role in "Health For All"

The mass media will have to play a crucial role in ensuring Health for All by 2000. To this end, the media's main role would be to carry health messages to individuals in order to promote health behaviour among them. However, the desired change in health behaviour is not always easy to bring about. This is so, because, each person's behaviour depends upon various factors like his knowledge, beliefs, customs, traditions, culture and so on. Some of the traditions and customs practised over the centuries may be good for health. But some are also injurious, for example, in some communities, mother's milk is not given to the new born for the first two or three days which is scientifically proved to be an injurious practice. We need to identify those behaviours which are injurious to health those and which are not. By changing or modifying their behaviour, these individuals can solve and prevent many of their own problems. Health education thus encourages behaviour that promotes health, prevents illness, cures diseases and facilitates rehabilitation.
6.1 How mass media can promote health and ill-health

There have been in recent past, major advances in areas like nutrition, aetiology (causation) and diagnosis of diseases which, if exploited, could help in reducing a great amount of illness and disease in societies. There is a link between the message of preventive medicine and health education of which the more common examples are the links between smoking and cancer, heart and respiratory diseases, the more effective treatment of certain types of cancer if detected early and the importance of exercise in promoting health. The mass media have been a focus of attention because preventive medicine and health education require - an informed and co-operative public for maximum success, to reach vast number of people and to reach the healthy who do not have direct contact with medicine.

Similarly, mass media can also be used for promoting ill-health - if consumer products advertised are bad for health - for example, cigarettes, sweets, chocolates, alcohol and pan masala some of which were also identified in this study. Another way in which mass media can promote ill-health is to neglect to publicise information which demonstrates the health risks attached to certain products. Although it is well known that the media in the west went to great lengths to present research on smoking in a bad light, ultimately the battle to educate the public has been won by the media as most people in the west now
believe the health dangers of smoking. The media’s role in preventing persuasive messages reaching the public is well illustrated by this example (Cirino, 1973).

In a novel experiment, Nowack (1972) studied the attitudes and behaviour of a Swedish population in order to assess the effects of a TV programme on dental hygiene. Most of the effects were small and he found that the more light hearted, entertaining version of the programme had greatest promise as a means of increasing knowledge about dental hygiene for the less educated viewer. This experiment shows that one cannot be too optimistic about the powers of the media in health education. Thus, one may find that, even professionally produced programmes broadcast at a peak viewing time do not necessarily achieve dramatic effects.

However, a more intensive approach known as the community health programme approach used by Maccoby & Farquhar (1975) in their study proved to be very successful in helping people change their coronary heart disease producing behaviours of 3 selected communities. It included an eight month media campaign together with the intensive treatment of individuals at risk in one of these. They used 40 TV spots, a number of radio spots and plenty of printed items such as doctor’s columns, dietary columns in newspapers, a basic information booklet - which were all mailed directly to the residents. The campaign proved to be effective. Information about bad foods increased and cholesterol
levels related to heart disease improved. Thus the combination of mass media and 'intensive treatment' brought about healthy attitudes and behaviour in this study. The media and the community may thus interact to deal effectively with health issues. Mass media are claimed by Verbrugge (1978) to 'nourish interpersonal contacts', increasing acceptors' ability to influence others. Mass media may not figure directly as an important source of information, advice or influence in acceptance.
6.2 Why mass media fail to improve attitudes and practices

It is easy to point to the lack of public awareness of health information which has been disseminated through the mass media as evidence of the ineffectiveness of the media as a means of educating and informing the public. However, one must note that human minds cannot soak up every scrap of information offered to them. The print and audio-visual media provide information when they are scheduled and not when the audience necessarily needs it. Consequently, there may be a big gap between the audience's need for information at any one time and what the mass media provide. This fact was observed in the present study where frequent occurrence of a disease in the family prompted the women to seek relevant information through the mass media, and expressed a desire to see or read about the required information.

Also, it is difficult for the mass media to repeat material over and over again until mastery is achieved. Limited repetition may suit the advantaged, or intelligent learner but may not suit the slower learner. Thus the mass media cannot be geared to individual learning needs using present technologies.
6.3 How to use mass media more effectively for delivering health messages

According to WHO (1983), about 30 percent of pregnant women among the poorer sections in India are reported to suffer from anaemia. Also, nearly 63 per cent of children below three years suffer from anaemia. A National Prevention Programme advises expectant mothers to take a combination of iron and folic acid tablets during the last 100 days of pregnancy and include green leafy vegetables in their daily diet. The average Indian diet is found to be not only insufficient in calories but also unbalanced. The analysis of the health situation, the typologies of programmes available at public and private sectors for solving health related problems in this country indicates the fact that we have still not perfected communication technologies for delivering health related messages to the weaker sections of the society.

Hence, an expert committee of WHO (1983), has advocated 'new approaches to health education' and it felt that 'the reorientation of the educational approach to health must aim at increasing individual and community capabilities for involvement and self-reliance in health and to promote healthy behaviours, particularly regarding family health, nutrition, environmental health, healthy life-styles, disease prevention and control.'

Some of the relevant suggestions in the new approach are:

1. Understanding the health culture of the community - there are
a variety of ideas and beliefs pertaining to health in various social groups, which guide in their perception of their own health problems. As Mutatkar (1965) has observed, those health related customs and practices which have a scientific basis can be promoted and others can be changed or substituted by better ones. The underlying assumption is that "socio-cultural factors and beliefs are not necessarily obstacles to development, in fact they can be points of departure for development" (WHO 1983).

N.S. Deodhar & Arole (1978) have provided useful examples of the positive beliefs and practices in the Indian society that can be used in a meaningful way to promote positive health which can be used through audio-visual media.

2. Using local media and traditional practitioners for health care - in order to achieve community self-reliance, it is felt that there is a need to use the indigenous practitioners and health personnel for providing health education - for eg. mid-wives or dais, vaids and hakims. Thus indigenous values, practices and professionals must be appreciated and encouraged in health.

Extending this idea to audio-visual media, it is necessary that the health messages and programmes are prepared by people belonging to the specific culture. Hence what is required is 'area specific' messages, aimed at a particular audience, keeping in view their specific needs and problems of health.
In this context, it is worth quoting an experiment conducted by UNICEF in several villages of U.P., Bihar and M.P. in the year 1985. Convinced that 'effectiveness' of health programme depended mainly on the cultural context and the mode of communication used, UNICEF experimented with several traditional media forms for spreading health messages. Health messages were woven into different forms of traditional media like - folk drama, street plays, puppet plays - all of which proved to be successful although a little costly in terms of money and talent. However, their final experiment in the village Gola near Lucknow proved to be the most successful, which was entirely community based - developed in the villager's own natural unadulterated style and along the line of the community itself with which it could easily identify (Sandal V.; 1989).

These traditional media formats can be used by the audio-visual media also with equal success. As suggested by the above mentioned experiment messages given through folk media can prove to be both accommodating and change-producing, as folk media reflect social values and social behaviour which are considered acceptable by the society. They are also flexible and adaptive and can establish a close rapport with the audience.

In order to use the traditional media format in the audio-visual media, what is required is area specific programmes based on the health needs of different sections of populations, using local
talent, customs and practices, and combining education with entertainment. In this way the audio-visual media could be used with better results even for the population in the remote villages.

For this purpose, local broadcasting stations and TV production centres should aim at making specific and need-based programmes for a limited target population, for making the audiovisual media more relevant in different regions of the country.

At present, the audio-visual media transmits uniform health messages all over the country in different languages.

Research findings in other developing countries (UNESCO, 1975) show that certain points must be kept in mind by the producers for using the audio-visual media more effectively. They are as follows:

a] Getting information of the target audience - their listening and viewing habits, their educational level, interests, needs, caste, religion etc.

b] Selecting appropriate matter or content, professionals such as script writers and other production staff.

c] What type of programmes must be produced - The producer must decide on the basis of suggestions from local representatives what format of presentation could be used for different messages - the drama, straight talk, technical presentations, documentaries, folk songs, puppet shows and involving other forms of local communication. The idea is to
make the message as attractive as possible, at the same time originating from the local culture of the target group for more acceptability.

d] Care must also be taken to use the "right content at the right level" for the various segments of audience. This can be ascertained by pretesting or immediate post-testing of the programmes, or by setting up of some kind of feedback system. The audience research cell in Doordarshan Delhi takes up such periodical studies to find out the viewing habits, opinions and interests of the target population. However, more intensive research among the rural population could suggest better ideas for effective communication of messages.

e] Duration of the campaign or messages to be broadcast or telecast - It depends on the assessment of the situation and the efficiency of the messages and the need for its continuation, or until the message is accepted and adopted by the target population. However, some messages like those of family welfare and public health need to be reinforced periodically, and may be continued for a longer duration.
6.4 How to make the messages more effective

Several techniques have been tried in the developed countries to make the messages more meaningful and acceptable to the audience, such as the 'Radio farm forum', where the farmers discussed the content of the programme after listening to it. It was observed that such participation in a discussion leads to better understanding of the content and consequently a greater retention. For this purpose, local opinion leaders must be motivated to take the lead and organise informal discussions on the health messages being broadcast - in a way forming rural 'teleforums'.

Other necessary conditions for making the messages more effective are:

a] Audience must be exposed to the communication,

b] Majority of the audience must interpret or perceive correctly, what attitude or action the communicator is asking of them and why

c] The audience must remember or retain the gist of the message as immediate action is not always possible (UNESCO, 1972).

The effectiveness of the programme on the audio-visual media will also depend on other factors such as the characteristics of the audience, media relevance, the content and its relevance, presentation etc. It is
also true that at any given time and under any given conditions there will be differences within audiences. Motivation and intellectual ability are the other important factors which determine whether an individual pays attention to the communication, whether he absorbs and understands the content and also whether he accepts the message and is willing to act upon it.

During the course of her study, this researcher also found that a majority of the respondents (more than 70%) have heard most of the health spots being broadcast on the radio & TV. The radio talks however, were not heard by many. Several respondents also expressed a desire to see and hear more health related programmes - especially on topics like every day health care, home remedies for common ailments, recipes for nutritious meals, tips for infant care, prevention of diseases, information on different medical systems and available cures for different ailments.

Some amount of attitude change was also observed among some of the middle class respondents, especially with regard to taking preventive and promotive health measures like boiling water for drinking, increased intake of green leafy vegetables, raw salads, sprouts, eggs and milk in their diet - after watching these health spots.

Choosing the proper ‘media mix’ can be another important factor for efficient delivering of health messages. Depending on the audience
profile of a regional population, the producers of a health programme should choose an appropriate media mix ranging from the modern to the traditional media for example radio, TV and video, folk song and drama, puppetry, story telling as well as printed media. The attitudes of the people towards a particular health issue are also important since these affect their adoption of the interventions/practices advocated. Very often, folk media involve community participation and it is this interpersonal communication that brings home the message. In most rural areas, interpersonal communication is the largest vehicle for information-dissemination.

Other important factors to be considered for making health messages more effective include obtaining data on information needs, current practices and preferences of the target audience for determining the contents of TV/Radio programmes. The speed of information should be slow and repetition and rest intervals are useful and aid understanding.

Another interesting factors' which has been noted by the UNESCO report (1981) is regarding the 'media image'. The nature of a message and the image of media should be as far as possible, supportive to each other. Some hold the print media to be better for information and knowledge than radio and television especially for a literate audience. But within the print itself there are so many periodicals and magazines which have their distinctive image. Attributes like reliability, regularity,
popularity, objectives, readability, format of presentation, availability of these must also be considered.

In this study for example, a special annual issue in Marathi namely 'Shatayushi' was found to have a distinctive image of totally health oriented magazine which was found to be very reliable, interesting and dependable.

However, in general the print media in India devotes very little space for health matters in daily newspapers. The commonly observed items on health in the press are - news items, such as celebration of various day such as world health day, leprosy day or reports about seminars, conferences of health professionals and research reports. The print media also tends to highlight issues such as invitro-fertilisation because these are in line with the dominant prevailing social norms such as that of pressurising women to bear babies. Presenting anything else would disturb the system and the 'status quo'. Hence there is a need to change such attitudes on the part of the media producers/owners.

Literary and journalistic reports about the impact of mass media (mainly TV), on society have highlighted the adverse effects on culture, social institutions, political action and consumer behaviour. Survey of the available literature shows that earlier empirical studies by social scientists report no direct and immediate effect. Later ones (in the eighties) show that there are some effects on some persons under
some conditions. In the opinion of Kamlesh Mahajan (1990), the available techniques of empirical social science research such as content analysis, social surveys, experiments would have to be specially devised for studying the long-term and indirect impact of television.

The situation arising out of the interaction between the intention of the senders of communication and wishes of communicators would have to be carefully analysed for pinpointing the impact of TV on society. We can say that impact of TV or any other medium depends on how it is used by those who control it and how much is its credibility with users. It is also true that while the media can contribute to certain problem areas, there are no issues which can be addressed solely by mass communication.

Looking towards the future, one can speculate about a mass media system which promotes ill-health more actively and effectively than at present, one can equally imagine a mass-communication system which meticulously teaches good health practices, and aids in preventive medicine. There is little doubt that a mass media system designed around the needs of medicine and health could do some good. The temptation to look to the mass media to solve problems which affect the masses can be overwhelming, but careful evaluation and costing is needed. Finally, it would be paradoxical if the effectiveness of medical treatments were carefully researched while the worth of health education through the media merely assumed.
Based on health behaviour models given by various scholars such as Suchman (1967), Polgar (1962) Beals (1976), Cockerham (1978), the following model for health education through mass-media has been developed (Figure 1) which shows the actual process of health education and the various linkages of different factors responsible for it.

A general health education model is one that contains a combination of inputs and interventions designed to predispose, enable and reinforce voluntary adaptations of behaviour, conducive to health.

**FIGURE 1**

A MODEL FOR HEALTH EDUCATION THROUGH MASS MEDIA

<table>
<thead>
<tr>
<th>Exposure to mass media 'Inputs' (Content)</th>
<th>Predisposing factors</th>
<th>Enabling factors</th>
<th>Reinforcing factors</th>
<th>Quality of Health</th>
<th>Behaviour Practices</th>
</tr>
</thead>
</table>

This model places utmost importance on the behaviour and practices necessary for achieving good health as an outcome. These also include preventive and promotive practices along with the curative practices.

The mass media inputs namely - the health education material or
content being disseminated through different agencies (audio visual and print media), will first of all influence the predisposing factors enabling factors and reinforcing factors i.e. these inputs or content will penetrate the largest groups or individuals only if all three factors are found to be positive. Predisposing factors are those which include the need, risk or threat an individual/group faces to his/their health. Enabling factors are the individual's effects and ability in terms of physical, economic, psychological readiness for taking desired and suggested action. Reinforcing factors include support from other channels of communication or outside factors which help the individual to take necessary and appropriate health action.
6.5 Recommendations

At present the mass media seem to be interested in what interested doctors - and hence items like maternal and child health, sanitation, safe drinking water did not get priority, on the media because the doctor saw under nutrition, or malnutrition as diseases to be treated with drugs, vitamins and high protein drinks, which get publicised through the mass media. Looking at the present situation, the following recommendations can be made regarding the use of audio-visual media for disseminating health information to the masses.

1) There is a strong need to bring some kind of legislation in advertising especially on television regarding the so-called health giving foods, vitamin, baby foods. There is also a need to curtail ads regarding harmful products like tobacco, panmasala, soft drinks. On the other hand, creating awareness of health hazards should be the media's major role.

2) There is an urgent need for the media to have in-house specialists or advisors on health issues who could give these issues the kind of consistent coverage and analysis that media currently gave only to politics.

3) It is also recommended that radio and television should move away from the stereotyped interviews with specialists and bring more variety into health programmes by having issue-based features, visual sequences wherever possible, health quizzes, discussion and talk-shows with lay persons. The media must
also involve itself more seriously in disseminating health information by showing debates on health issues. There is also a need to correlate scientific data, for example nutrition, to social and economic realities in the country such as minimum wages.

4] In the field of health care, patients’ rights have hardly been discussed in the Indian media and little has been said of how exactly an injured patient could seek compensation, legally or otherwise.

5] It is necessary to work out low-cost technologies with involvement of local health personnel and local resources. Issues should be prioritiesed and the approach must be shifted to community-health - knowledge and skills from that of medical-patient-disease and drugs approach.

6] Recently, the delegation of responsibility for primary health care (PHC) has been shifted to the panchayat which has brought health system closer to the people and also has made it more accountable to them. To provide relevant information on health and drugs to the general public is the main responsibility of the PHC - which has been identified as the important key to achieve health for all.

The community must be given this information if a productive contact between health care services and the people is to be established. For example, relevant information on childhood illnesses and their management should cover information about
when a cough or cold is becoming a serious illness. They should also know if low cost drugs are available in hospitals and clinics to treat the more serious infections. Similarly, tips on treatment of diarrhoea should include the relevant knowledge required for its management at home.

Such information can be communicated effectively only by the coming together of different specialists from different fields into a group. This may include health and consumer activists, general medical practitioners and specialists in different fields, and media persons including newspaper editors, journalists, persons working in radio and television, folk artists and other individuals interested in such voluntary work.

This group can then work out media campaigns on national, state levels depending on the needs of each area. A ‘media blitz’ can be planned and also arrange for regular and continuous flow of appropriate health messages through various media forms.

7] A mixing of different media forms should be attempted to create greater impact and reach among the people.

8] The audio-visual media could be optimally utilised to provide positive health messages especially to the illiterate and semiliterate in order to create awareness about the issues involved.

9] There should be a national broadcasting policy which could
provide for a fixed, regular air time devoted to health issues. While, the current use of public air time for health information programmes should be critically monitored and wherever possible, the impact of such programmes should also be evaluated with suggestions for improvements.

10] Video documentaries, spots and slides should be produced for the purposes of public education, training and awareness sessions. These can be screened through the public media and mobile health units.

11] Contacts with local opinion leaders and celebrities should be established and broadened to facilitate the delivery of health related messages, which are objective and scientifically true, through the media.

12] Audio-visual programmes with emphasis on current health issues should be readily made available to students at the tertiary levels and also for the purpose of continuing education among the health professionals.

13] With regard to print media, investigative reporting by national journalists should be encouraged - they should investigate happenings that are detrimental to public health.

14] Pilot experiments can be carried out to evaluate the use of posters in selected public places - such as hospitals, clinics, schools, markets, bus-stops, stations. Newspaper vendors can be used to circulate pamphlets and leaflets with health messages.
6.6 Suggestions for future research

Some important topics that need to be researched are:

1) Studies of the production process - it is important to know how media producers see their role and also information on their values, attitudes, aims and intentions should be studied.

2) Influence of different forms of presentation of different programmes on current affairs, health issues, social and political issues.

3) How many programmes should be there for women and health and what types of programmes are needed, and how to make them participate in programmes of their concern.

4) To ask questions about the potential of the media-for example, about how they could be used in broadening or developing taste, improving consumer awareness and increasing social participation.

5) Examine the health problems and health care patterns from the viewpoint of society, the community and the patients or individuals.

6) In radio and television, a researcher can find out whether two minutes of time for a health message is more effective at the beginning, end or mid point of a programme.
Several research problems namely, how long the messages should be, which is the best programme to go with it, and what is a better source for presenting it can be studied.