



**BLOCK 3**  
**PUBLIC HEALTH AND MEDIA**

Pwani  
THE PEOPLE'S  
UNIVERSITY

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## **BLOCK 3 PUBLIC HEALTH AND MEDIA**

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### **Introduction**

**Unit 11 Introduction to Human Health.** It discusses concept, dimensions and determinants of human health in general. This unit lays the groundwork by examining the essential aspects of individual health, setting the stage for a comprehensive understanding of the broader public health landscape. We commence our exploration with an in-depth look at the fundamentals of human health in this unit.

**Unit 12 Education and Health** It explain health education; Meaning and significance principles of health education, its important content and agencies involved, the Role of communication and strategies in Health Communication.

**Unit 13 Role of Media in Public Health** Care Campaigns finally connects the two fields: Media and health care system. Exploring the dynamic role of media in shaping public health narratives, this unit focuses on the strategic use of digital media in public health care campaigns. From awareness initiatives to behavioral interventions, we analyse the media's influence on promoting health and well-being.

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# UNIT 11 INTRODUCTION TO HUMAN HEALTH

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## 11.0 INTRODUCTION

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Health is a universal phenomenon. Health aims at achieving physical, mental and social well-being. Health brings prosperity and wellness in life. Healthy people contribute to himself, his family and society in terms of personal, social and economic development. In this way, an individual's productivity as well as quality of life improves. It is an indispensable component of life that affects the quality of everyone's lived experience. Health means everyone-achieving his or her potential to enjoy complete physical, mental and social wellbeing. Health is an asset for human development.

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## 11.1 LEARNING OUTCOMES

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After reading this unit, you will be able to

- explain the evolution of health;
- define health and idea of positive health;
- describe the concept of well-being;

- recognize the dimensions and determinants of health; and
- explain the epidemiological triad, natural history of disease and iceberg phenomenon.

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## **11.2 CONCEPT OF HEALTH**

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### **11.2.1 Various Concepts in Evolution of Health**

From the ancient era, health is an important aspect of all cultures and communities. At that time, every community used to adopt their own concept of health. With the advancing years, various concepts of health have been put forward. Concept of health is to be understood by every individual. Health does not mean same for everyone including various professional groups (eg.-biomedical scientists, social science specialists, health administrators, ecologists etc.). Evolution of concept of health has been a dynamic issue that keeps changing from an individual concern to a worldwide social goal and human right. Some concepts of health are-

#### **Supernatural theory of diseases**

Most basic concept of health was “merely absence of disease”. In that era, health and harmony was related to god and cosmos. If any disease occurs in some cultures then people used to blame the individual having curse of God and so, he suffered. The ancient Indian and Greeks literature revealed that disease is simply a disturbance in bodily equilibrium of what they called “humours”. And whenever there arises maladjustment of equilibrium then disease occurs.

#### **Germ theory of disease**

It states that many diseases are caused by micro-organisms. Micro-organisms are those organisms, which cannot be seen by naked eye, always visualized with the help of high power magnification. These used to invade human organisms and other living hosts. Their growth and reproduction within their hosts can cause a disease.

Major limitation of this model was that it was limited to one factor of disease causation, had not mentioned other associated factors.

#### **Biomedical concept**

Around the mid-19<sup>th</sup> century, biomedical model had come. This was the most widely used model by physicians. This model tells that health constitutes the freedom from disease, pain or defect making the normal human condition “healthy”<sup>2</sup>. It focusses on the physical processes as a cause of disease.

Lacunae in this concept is that it has minimized the role of the environmental, social, psychological and cultural determinants of health. It was insufficient to answer some of the major health problems (malnutrition, chronic diseases, accidents, drug abuse, mental illness, environmental pollution, population explosion).

## Ecological concept

Previous model was unable to answer many questions regarding disease causation. According to this concept, health is viewed as a dynamic equilibrium between man and his environment, and disease a maladjustment of the human organism to environment. If this equilibrium disturbs then disease occurs. Major limitation of this model was that it was limited to man and his environment.

## Psychosocial concept-

Many research studies proved that health is not influenced by only individual and his environment but many factors also play a crucial role in disease causation. Thus, health is influenced by social, psychological, cultural, economic and political factors of the people concerned<sup>3</sup>. Therefore, it was realized that health is both a biological and social phenomenon.

## Holistic concept-

Newer researches documents that health cannot be considered as an isolated phenomenon, rather it is the amalgamation of physical, mental, social, economic, political and environmental factors. Therefore, a multidimensional approach should be adopted for maintenance of health.

### 11.2.2 Changing Definition of Health

With changing era, various definition of health has been put forward. The concept of health presents a form of ambiguity because it is multidimensional, complex, and sometimes elusive. Notwithstanding, various scholars, apart from the definition given by the WHO, have defined the concept. Although it is not the first definition of health, the WHO's definition will still be the starting point because it is relatively old and has been central to the debate on the meaning of health.

WHO (1948) *defined health as a state of complete physical, mental, and social well-being, not merely the absence of disease and infirmity*. In recent years, this statement has been amplified to include the ability to lead a “*socially and economically productive life*”<sup>4</sup>.

**Table 11.1- Models for defining health. (Source: Larson 1999, p. 125)<sup>5</sup>**

Medical model	The absence of disease or disability
World health organization (WHO) model	State of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
Wellness model	Health promotion and progress toward higher functioning, energy, comfort, and integration of mind, body, and spirit
Environmental model	Adaptation to physical and social surroundings—a balance free from undue pain, discomfort, or disability

Just as there was a shift from viewing disease as a state to thinking of it as a process, the same shift happened in definitions of health. Again, the WHO played a leading role when it fostered the development of the health promotion movement in the 1980s. This brought in a new conception of health, not as a state, but in dynamic terms of resiliency, in other words, as “a resource for living”. The 1984 WHO revised definition of health defined it as “*the extent to which an individual or group is able to realize aspirations and satisfy needs, and to change or cope with the environment. Health is a resource for everyday life, not the objective of living; it is a positive concept, emphasizing social and personal resources, as well as physical capacities*”<sup>6</sup>. Thus, health referred to the ability to maintain homeostasis and recover from insults. Mental, intellectual, emotional, and social health referred to a person’s ability to handle stress, to acquire skills, to maintain relationships, all of which form resources for resiliency and independent living<sup>7</sup>.

### **11.2.3 Introduction of Positive health**

After several criticism of WHO definition of health, various scientists proposed the concept of positive health. The state of positive health implies the notion of “perfect functioning” of the body and mind. It conceptualizes health **biologically**, as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body; **psychologically**, as a state in which the individual feels a sense of perfect well-being and of mastery over his environment and **socially**, as a state in which the individual’s capacities for participation in the social system are optimal<sup>8</sup>.

Positive health is an ideal goal but in reality, it is very difficult to achieve rather impossible one. Because life is always changing. Thus, in this context, health is described as a potentiality-the ability of an individual or a social group to modify himself or itself continually, in the face of changing conditions of life. Therefore, is a relative concept<sup>9</sup> and health standards vary among cultures, social classes and age-groups.

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## **11.3 DIMENSIONS OF HEALTH**

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As we know that health is a multidimensional unit. Some important dimensions of health are-

**Physical dimension** : The state of physical health implies the notion of “perfect functioning “of the body. It conceptualizes health biologically as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with rest of the body<sup>10</sup>.

Among all other dimensions of health, physical health is the most visible spectrum of health. Some of the most obvious and serious signs that we are unhealthy appear physically. Addressing this dimension is crucial for anyone attempting to sustain overall health and wellness.

**Components of physical health:** Physical health can be achieved by lifestyle changes. Healthy lifestyle can be adopted in following ways-

**Physical activity:** In today's world, physical activity is recommended for all age groups. According to WHO, a 30 minutes of physical activity at least 5 days a week is required for all age groups. Type of physical activity can vary from person to person. It can be mild physical activity like walking, hiking, yoga, meditation etc. or, it can be moderate like brisk walking, cycling, jogging, etc. or, vigorous like muscle strengthening, weight lifting, joining gym. etc.

**Nutrition and diet:** A well-balanced diet should contain carbohydrates, proteins, fats, vitamins, and minerals in adequate amount. Restricting specific nutrients for dieting purpose should only be done under the supervision of a licensed health professional. Fluid, ideally in the form of clean water, should be regularly consumed. Every person should drink at least 6-8 litres of water daily. Meals and snacks should be consumed throughout the day, and portion sizes should be sensible.

**Alcohol and drugs:** Substances that alter mood or other bodily processes should be limited or avoided. Long term use and heavy use can lead to various ill-effects. Those with addictive tendencies or other health risks should consider complete abstinence from these substances.

**Medical self-care:** Basic items, such as bandages, lozenges, and over-the-counter pain-relieving medications, should be easily accessible from home. Long- term coughing, fevers, or other ailments should be addressed through primary care. Emergency treatment should be sought when signs and symptoms are significant or life-threatening.

**Rest and sleep:** While regular activity is essential for physical health, allowing the body to rest is just as important. Spending time relaxing or taking short naps can help rejuvenate the body. Sleep should take place in a quiet, dark environment and should last approximately 7-9 hours. Consistent sleep that is much shorter or longer than this duration, or is low quality, may need to be addressed by a health professional.

### Physical health assessment

To assess physical health, following tests can be done-

- **General assessments** –It includes weight, height, body mass index (BMI), and reflex tests.
- **Disease risk factor** - assessments includes blood pressure, cholesterol, and blood glucose tests.
- **Fitness assessment** - including body composition, flexibility, muscular strength and endurance tests.

**Mental dimension** - Mental health is a *state of balanced state of mind*. If mental health is disturbed then it has effect on behavioral, psychological or biological health also.

**Social dimension** - Social wellbeing simply means interaction between self and his environment. It implies harmony and integration within the individual, between each individual and other members of the society and between individuals and the world in which they live.

**Spiritual dimension** - This dimension is newly introduced into our health system. Spiritual health refers to that part of the individual which reaches out and strives for meaning and purpose in life. It includes integrity, principles and ethics, the purpose in life, commitment to some higher being and belief in concepts that are not subject to “state of the art” explanation”<sup>13</sup>.

**Emotional dimension** - Emotional health relates to “feeling”. It means the extent to which an individual is emotionally stable with self and his surrounding environment.

**Vocational dimension** - It is a part of human existence. When work is fully adapted to human goals, capacities and limitations, work often plays a role in promoting both physical and mental health.

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## 11.4 DETERMINANTS OF HEALTH

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It includes all the related factors such as personal, social, economic and environmental factors that play an essential role in the maintenance of health. As we know that health is multifactorial. The factors which influence health lie both within the individual and externally in the society in which he or she lives. Determinants of health are factors that influence how likely we are to stay healthy or to become ill or injured.



Fig.11.1 Source: Dahlgren and Whitehead,1991.

**Determinants of health fall under following major headings-**

1. Biology and genetics
2. Individual behavior
3. Environmental conditions
4. Social factors
5. Health services
6. Policymaking
7. Others

It is the interrelationships among these factors that determine individual and population health. Because of this, interventions that target multiple determinants of health are most likely to be effective. Determinants of health reach beyond the boundaries of traditional health care and public health sectors; sectors such as education, housing, transportation, agriculture, and environment can be important allies in improving population health.

**Biology and genetics** - The physical and mental traits of every human being are determined at their birth only. At the time of conception, these characters will depend on nature of genes. The genetic make-up is unique in that it cannot be altered after conception. In current era, medical genetics and gene therapy is a new revolution in the medical field. These provide prevention and treatment of a wide spectrum of diseases such as chromosomal anomalies, errors of metabolism, mental retardation, some type of diabetes etc. This field has done tremendous achievements but some areas are still in their nascent stage, that need to be addressed.

Thus, from the genetic stand-point, health may be defined as that “*state of the individual which is based upon the genetic constitution of such genes as correspond to characters that form the serious defect and derangements and to the absence of any aberration in respect of the total amount of chromosome material in the karyotype or stated in positive terms, from the presence in the genetic constitution of the genes that correspond to the normal characterization and to the presence of a normal karyotype*”<sup>15</sup>.

Examples of *biological and genetic social determinants* of health include Age, Sex, HIV status Inherited conditions, such as sickle-cell anemia, hemophilia, and cystic fibrosis or family history.

**Individual behavior** - Individual behavior also plays a crucial role in health outcomes. The term “lifestyle” is rather a diffuse concept often used to denote “the way people live”, reflecting a whole range of social values, attitudes and activities<sup>16</sup>. Lifestyle s are not inborn characteristics of any individual, it is acquired through social interaction with parents, peer groups, friends and siblings and through school and mass media.

Many public health and health care interventions focus on changing individual behaviors such as substance abuse, diet, and physical activity. For example, if an individual quits smoking, his or her risk of developing heart disease is greatly reduced. Positive changes in individual behavior can reduce the rates of chronic disease in this country. In low income countries like India, many unhealthy life styles are prevailing from ancient times such as lack of sanitation, poor nutrition, personal hygiene, elementary human habits, customs and cultural patterns. Adopting healthy lifestyle is a pre-requisite for attainment of positive health that brings prosperity and development of any nation.

Examples of *individual behavior* include Diet, physical activity alcohol, cigarette, and other drug use or Hand washing

**Environmental conditions** - Environment is classified as” internal” and “external”. The internal environment of man pertains to “*each and every*

*component part, every tissue, organ and organ-system and their harmonious functioning within the system*". Internal environment is the domain of internal medicine. The external or macro- environment consists of those things to which man is exposed after conception. It is defined as " *all that which is external to the individual human host*"<sup>17</sup>. It can be divided into physical, biological and psychosocial components, any or all of which can affect the health of man and his susceptibility to illness. Some epidemiologists have used the term "micro-environment" (or domestic environment) to personal environment which includes the individual's way of living and lifestyle eg. Eating habits, smoking, use of drugs etc.

The environmental factors range from housing, water supply, psychosocial stress and family structure through social and economic support systems, to the organization of health and social welfare services in the community.

**Social factors-** Social determinants of health reflect the social factors and physical conditions of the environment in which people are born, live, learn, play, work, and age. Also known as *social and physical determinants* of health, they impact a wide range of health, functioning, and quality-of-life outcomes.

**Examples of social determinants include:**

- Availability of resources to meet daily needs, such as educational and job opportunities, living wages, or healthful foods
- Social norms and attitudes, such as discrimination
- Exposure to crime, violence, and social disorder, such as the presence of trash
- Social support and social interactions
- Exposure to mass media and emerging technologies, such as the Internet or cell phones
- Socioeconomic conditions, such as concentrated poverty
- Quality schools
- Transportation options
- Public safety
- Residential segregation
- Examples of physical determinants include:
  - Natural environment, such as plants, weather, or climate change
  - Built environment, such as buildings or transportation
  - Worksites, schools, and recreational settings
  - Housing, homes, and neighborhoods
  - Exposure to toxic substances and other physical hazards
  - Physical barriers, especially for people with disabilities
  - Aesthetic elements, such as good lighting, trees, or benches

Poor health outcomes are often made worse by the interaction between individuals and their social and physical environment.

**Health services** -The purpose of health services is to improve the health status of the population. Thus, health services should be easily available to all the individuals. Health services is an essential component of social and economic development also. Regarding this, quality of health services also play a vital role in maintenance of health. Both access to health services and the quality of health services can impact health. Healthy People 2020 directly addresses access to health services as a topic area and incorporates quality of health services throughout a number of topic areas.

Lack of accessibility to health services greatly impacts an individual's health status. For example, when individuals do not have health insurance, they are less likely to participate in preventive care and are more likely to delay medical treatment.

Barriers to accessing health services include Lack of availability, Lack of insurance coverage, high cost, etc. These barriers to accessing health services lead to:

- Unmet health needs
- Delays in receiving appropriate care
- Inability to get preventive services
- Hospitalizations that could have been prevented

**Policy making**-Health is also related to the country's political system. For success of any policy or, program, political will and commitment is very essential. Many crucial decisions like resource allocation, manpower policy, choice of technology etc. is to be taken by policymakers. This will make health services available and accessible to different segments of the society. The percentage of GNP on health is a quantitative indicator of political commitment. The WHO has set the target of at least 5 per cent expenditure of each country's GNP on health care. However, India spends about 2 per cent of its GNP on health and family welfare. It is mandatory that the health expenditure should be increased in our country so that the vulnerable population can get accessible, affordable and acceptable health services. If poor health patterns are to be changed, then changes must be made in the entire sociopolitical system in any given community. Social, economic and political actions are required to eliminate health hazards in people's working and living environment.

**Other factors**- Other factors contributed in the human health are various health related systems like food and agriculture, education, social welfare, rural development, gender, ageing of the population.

### Check Your Progress: 1

**Note:** 1) Use the space provided below for your answers.

2) Compare your answers with those given at the end of the unit.

1. What do you understand by health?

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2. What are the physical dimensions of health?  
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## 11.5 CONCEPT OF WELL-BEING

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Wellness refers to diverse and interconnected dimensions of physical, mental, and social well-being that extend beyond the traditional definition of health. It includes choices and activities aimed at achieving physical vitality, mental alacrity, social satisfaction, a sense of accomplishment, and personal fulfillment<sup>19</sup>.

There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. For public health purposes, physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being. Researchers from different disciplines have examined different aspects of well-being that include the following<sup>20-29</sup>:

- Physical well-being.
- Economic well-being.
- Social well-being.
- Development and activity.
- Emotional well-being.
- Psychological well-being.
- Life satisfaction.
- Domain specific satisfaction.
- Engaging activities and work.

The WHO definition of health introduces the concept of “well being” in its definition. Psychologists have pointed out the well being of an individual or group of individuals have objective and subjective components. The objective components relate to such concerns are generally known by the term “standard of living” or “level of living”. The subjective component of well-being is referred to as “quality of life”.

### Standard of life-

Standard of living generally refers to the level of wealth, comfort, material goods and necessities available to a certain socioeconomic class, in a certain

geographic area. An evaluation of standard of living commonly includes the factors such as infrastructure, climate, income level, education, poverty, affordable access to quality health care, economic and political stability. When you think about standard of living, you can think about things that are easy to quantify. We can measure factors like life expectancy, inflation rate and the average number of paid vacation days workers receive each year, for example.

**Level of living**-It consists of nine components:

Health, food consumption, education, occupation and working conditions, housing, social security, clothing, recreation and leisure and human rights.

Level of living depends on the healthy status of an individual. If the individual is healthy, then only they can achieve a higher level of living.

**Quality of life**-Quality of life was defined by WHO as “the condition of life resulting from the combination of the effects of the complete range of factors such as those determining health, happiness(including comfort) .

QOL has a wide range of contexts, including the fields of international development, healthcare, politics and employment. It is important not to mix up the concept of QOL with a more recent growing area of health related QOL (HRQOL). An assessment of HRQOL is effectively an evaluation of QOL and its relationship with health. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. The **Physical Quality of Life Index (PQLI)** is an attempt to measure the quality of life or well-being of a country.

It was developed for the Overseas Development Council in the mid-1970s by Morris David Morris, as one of a number of measures created due to dissatisfaction with the use of GNP as an indicator of development. Morris D. Morris developed “*Physical Quality of Life Index (PQLI)*”. He included three indicators like life expectancy, infant mortality rate and literacy rate. For each indicator he devised a scale which includes the numbers ranging from 1 to 100 where 1 represents the worst performance by any country and 100 is the best performance.

Thus, PQLI consolidates three indicators, viz. infant mortality, life expectancy at age one and literacy. It does not consider per capita GNP, showing thereby that “money is not everything”. For example, the oil-rich countries of Middle East with high per capita incomes have not very high PQLI while on the other hand, Kerala and Sri Lanka have low per capita income with high PQLI.

Thus, essence of PQLI is that it does not measure economic growth, rather it measure the results of social, economic and political policies<sup>31</sup>.

Human development index (HDI)

The Human Development Index (HDI) was developed by the United Nations as a metric to assess the social and economic development levels of countries. Four principal areas of examination are used to rank countries: mean years of schooling, expected years of schooling, life expectancy at birth and gross

national income per capita. This index makes it possible to follow changes in development levels over time and to compare the development levels of different countries<sup>32</sup>.

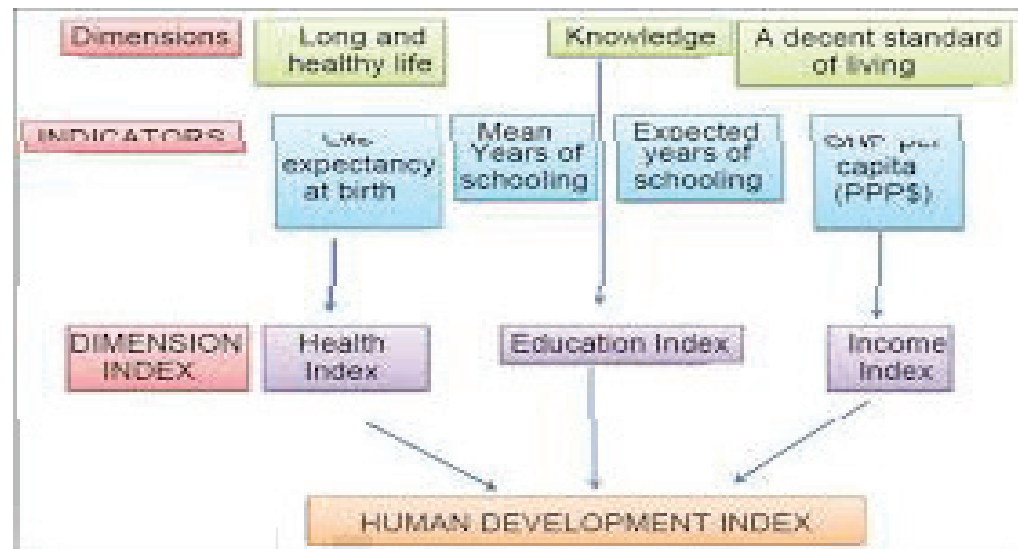


Fig. 11.2

### How is the HDI Measured?

The HDI is essentially a summary measurement of basic achievement levels in fundamental dimensions of human development. The computed HDI of a country is a geometric mean of normalized indexes of each of the life aspects that are examined – knowledge and understanding, a long and healthy life, and an acceptable standard of living. HDI range between 0 to 1. India comes in the medium human development category, ranking at number 130.

The health aspect of the HDI is measured by the life expectancy, as calculated at time of birth, in each country. Education is measured on two levels: the mean years of schooling for residents of a country and the expected years of schooling that a child has at the average age for starting school. The metric chosen to represent standard of living is GNI per capita based on purchasing power parity (PPP), a common metric used to reflect average income.

## 11.6 CONCEPT OF DISEASE AND CAUSATION

The Oxford English Dictionary defines disease as “a condition of the body or organ of the body in which its functions are disrupted or deranged”. From an ecological point of view, disease is defined as “a maladjustment of the human organism to the environment”. From a sociological point of view, disease is considered as a social phenomenon, occurring in all societies and defined and fought in terms of the cultural forces prevalent in the society<sup>33</sup>.

The WHO has given a clear definition of health but not disease. This is because disease has many shades ranging from inapparent infection to severe diseases. There are different terms used for describing spectrum of disease such as disease, illness and sickness. But these all are not synonymous, as Susser has defined these terms as-

- Disease is a physiological/psychological dysfunction;
- Illness is a subjective state of the person who feels aware of not being well;
- Sickness is a state of social dysfunction, i.e. a role that the individual assumes when ill

### Concept of causation

In the ancient era, main cause of disease was considered from empirical causes(eg. bad air).But after Germ theory of diseases, the emphasis had shifted to microbes as the sole cause of disease in 19<sup>th</sup> and the early part of 20<sup>th</sup> century. It revealed that there is one- to-one relationship between causal agent and disease. Thus, the disease model is- Disease agent————— Man—————  
————— Disease.

But later on, many theory such as biomedical theory, ecological theory, psychosocial theory, holistic theory proves that there is not a single agent responsible for etiology of diseases. Therefore, diseases are of multifactorial origin.

### 11.6.1 Epidemiological Triad, Multifactorial Causation, Web of Causation

Basically, epidemiological triad consists of three components-

1. Agent-It is the cause of infection and capability of transmitting infection.
2. Host-A person or other animal, including birds and arthropods, that affords subsistence or lodgment to an infectious agent under natural conditions.
3. Environment-It includes surroundings and conditions external to the human or animal that cause or allow disease transmission.

This triangle is based on the communication disease model and useful in showing the interaction and interdependence of agent, host, environment and time as used in the investigation of disease and epidemics. Later, time was also considered also as one of the component of triad.

### BEING S Theory

BEINGS concept postulates that human diseases and its consequences are caused by a complex interplay of nine different factors. By coining the first letters of these factors the theory is called BEINGS theory. These are

- (1) Biological factors innate in a human being,
- (2) Behavioral factors concerned with individual lifestyles,
- (3) Environmental factors as physical, chemical and biological aspects of environment
- (4) Immunological factors
- (5) Nutritional factors,
- (6) Genetic factors,
- (7) Social factors,

(8) Spiritual factors and

(9) Services factors, related to the various aspects of health care services.

### **Multifactorial causation**

With the advancement of age, diseases were considered to be due to multiple factors. All non-communicable diseases (NCDs) such as Diabetes, hypertension, chronic heart diseases etc occurs due to multiple factors. Keeping multifactorial origin of diseases, an advanced model of the triangle of epidemiology was adopted. This new model includes all facets of the communicable disease model, and to make it more relevant and useful with regard to today's diseases, conditions, disorders, defects, injuries and deaths; it also reflects the cause of current illness and conditions.

### **Web of causation**

This model of disease causation was suggested by MacMohan and Pugh in their book "Epidemiologic Principles and Methods". This model is used for the study of chronic diseases, where disease agent is not known but interaction of multiple factors results in outcome.

The myocardial infarction can occur because of changes in life style, stress, lack of physical activity, obesity and many others.

## **11.6.2 Natural History of Disease**

Natural history of disease refers to the progression of a disease process in an individual over time, in the absence of treatment. For example, untreated infection with HIV causes a spectrum of clinical problems beginning at the time of seroconversion (primary HIV) and terminating with AIDS and usually death. It is now recognized that it may take 10 years or more for AIDS to develop after seroconversion.<sup>(43)</sup> Many, if not most, diseases have a characteristic natural history, although the time frame and specific manifestations of disease may vary from individual to individual and are influenced by preventive and therapeutic measures.

The process begins with the appropriate exposure to or accumulation of factors sufficient for the disease process to begin in a susceptible host. For an infectious disease, the exposure is a microorganism. For cancer, the exposure may be a factor that initiates the process, such as asbestos fibers or components in tobacco smoke (for lung cancer), or one that promotes the process, such as estrogen (for endometrial cancer).

Natural history of disease can also be classified as :

1. **Prepathogenesis phase:** This refers to the period preliminary to the onset of disease in man. The disease agent has not entered man, but the factors which favour its interaction with the human host already exist in the environment. The causative factors of disease may be classified as agent, host and environment.
2. **Pathogenesis phase:** It begins with the entry of the disease "agent" in the susceptible human host.

### 11.6.3 Iceberg of Disease

This concept tells that all diseases in a community is like an iceberg. The floating tip of the iceberg represents what the physician sees in the community i.e. clinical cases. The vast submerged portion of the iceberg represents the hidden mass of disease i.e. latent, inapparent, pre- symptomatic and undiagnosed cases and carriers in the community. The waterline represents the demarcation between apparent and inapparent disease. Most of the chronic diseases like diabetes, hypertension, anemia, malnutrition, mental illnesses are the hidden part of the iceberg thus its detection and control is a challenge to modern techniques in preventive medicine.

#### Check Your Progress: 2

**Note:** 1) Use the space provided below for your answers.

2) Compare your answers with those given at the end of the unit.

1. What do you understand by natural history of disease?

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2. How iceberg phenomenon is related with chronic diseases?

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### 11.7 LET US SUM UP

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From the ancient era, health was described through various concepts and theories. But the most reliable definition given by WHO in 1948 as “Health is a state of complete physical, mental and social well-being, not merely an absence of disease or, infirmity”. Our goal should be to achieve positive health. For maintaining good health, a high quality life is needed. Quality of life can be measured through various indicators like PQLI,HDI, etc. Health is a multidimensional state and all dimensions are equally important for achieving a good health. Various determinants like biological, environmental, social etc. factors play a crucial role in maintenance of heath. For understanding the etiology of any disease, web of causation and natural history should always be considered. All diseases should be discussed in terms of epidemiological triad so that every aspect of disease causation should be covered. Iceberg phenomenon is an important clue in diagnosing modern diseases like diabetes, hypertension, cardiac diseases, mental disorders etc.

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### 11.8 KEY WORDS

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**Chronic Diseases** : Diseases which occur due to long term exposure to a certain chemical or toxic substance.

<b>Etiology</b>	:	Scientific study of the cause of diseases
<b>Community transmission</b>	:	The transmission of an infectious disease with no known contact with the infected person.

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## 11.9 FURTHER READINGS

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- WHO(1979).Health for All,Sr. No.2.
- Ahmed, and Coelho,(1979).Toward a New Definition of Health, Pleum, N.Y.
- WHO(1986).Concepts of Health Behaviour Research, Reg. Health Paper No.13,SEARO,New Delhi.
- Models for defining health.: Larson, 1999; p. 125.
- Park’s Textbook of Preventive and Social Medicine; K.Park: Bhanot publications,24th edition,2016.
- Eberst, R.M.(1984).Jr. School Health,54(3)99-104.
- WHO(1985).Techn. Rep.Ser.,No.714.
- Crew, F.A. E.(1965).Health its Nature and Conservatopn, Pergamon Press, London.
- WHO(1986).Techn. Rep. Ser. No.731.
- Last, J.M.(1983).A Dictionary of epidemiology, Oxford University Press.
- WHO(1978).Alma Ata 1978:Primary Health Care, HFA Sr. No.1.
- Huseyin Naci; John P. A. Ioannidis, (June 11, 2015). “Evaluation of Wellness Determinants and Interventions by Citizen Scientists”. JAMA. 314:  
121. PMID 26068643. doi:10.1001/jama.2015.6160
- Frey BS, Stutzer A. Happiness and economics. Princeton, N.J.: Princeton University Press; 2002.
- Diener E. Subjective well being: the science of happiness and a proposal for a national index. American Psychologist 2000;55(1):34–43.
- Csikszentmihalyi M. Flow: The Psychology of Optimal Experience. New York, NY: Harper Perennial; 1991.
- Kahneman D, Krueger AB, Schkade DA, Schwarz N, Stone AA. A survey method for characterizing daily life: the day reconstruction method. *Science* 2004;306:1776–1780.
- Eid M. Measuring the Immeasurable: Psychometric modeling of subjective well-being data. In: Eid M, Larsen RJ (eds.) *The science of subjective well-being*. New York: Guilford Press; 2008:141–167.
- Kaplan RM, Anderson JP. The quality of well-being scale: Rationale for a single quality of life index. In: SR Walker, R Rosser (Eds.) *Quality of Life: Assessment and Application*. London: MTP Press; 1988:51–77.

- Keyes CLM. The mental health continuum: from languishing to flourishing in life. J Health Soc Res 2002;43(6):207-222.
- UNDP(2011), Human Development Report 2011, Oxford University Press.
- 1.K.Park.Park's Textbook of Preventive and Social Medicine; 2 Bhanot publication; 24<sup>th</sup> edition, 2017.
- 2.J.Kishore. Textbook for health workers and ANMs, Century publication, 2<sup>nd</sup> edition, 2016
- 3.Sunder Lal. Textbook of Community Medicine; Preventive and Social Medicine; 5<sup>th</sup> edition, 2017.

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## **11.10 CHECK YOUR PROGRESS: POSSIBLE ANSWERS**

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### **Check Your Progress: 1**

1. Your answer should include the following points:  
Complete state of physical, mental and emotional well-being.
2. Your answer should include the following points: Exercise, nutrition, physical activity, diet, etc.

### **Check Your Progress: 2**

1. Your answer should include the following points:  
The progression of a disease process in an individual over time, in the absence of treatment
2. Your answer should include the following points:  
Diseases in a community, clinical cases, hidden mass of disease i.e. latent, in apparent, pre-symptomatic and undiagnosed cases and carriers in the community.

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## UNIT 12 EDUCATION AND HEALTH

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## 12.7.5 Sleeper Effect

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## 12.8 Case Studies in Health Education

## 12.8.1 Significance of Health Education Through Certain Mediums

## 12.9 Let Us Sum Up

## 12.10 Keywords

## 12.11 Further Readings

## 12.12 Check Your Progress: Possible Answers

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## 12.0 INTRODUCTION

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Here, you will learn the basic issues of health education, its important content, ways and rationale for strengthening health systems. It becomes more significant in less developed regions with a heavy burden of diseases, high population growth and low life expectancy. This unit will introduce the principles and purpose of health education in terms of interest, participation, motivation etc. How communication is made in health education is elaborated at different levels. Means of communication used for health education are also mentioned in this unit. Content and agencies for the dissemination of health education are elaborated.

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### 12.1 LEARNING OUTCOMES

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After going through this unit, the learner should be able to:

- what are the basic connotations and significance of health education;
- describe the basic principles and levels of health education;
- explain the important content of health education; and
- discuss the role of communication in this process and agencies of health education.

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### 12.2 HEALTH EDUCATION: MEANING, SIGNIFICANCE AND NEED

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#### 12.2.1 Health Education: Concept and Meaning

Health education is a process of bringing desirable behavioural change in the health habits or practices of the people through their own initiative or action. It

should provide people with the learning opportunities so that they could react to them favourably and set a chain reaction for the ultimate adoption of the same. The World Health Organization defined health education as “compris(ing) (of) consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health (WHO: 1998:4)

Health education cannot be done in a vacuum; it has to form an integral part of a health programme or health service, to be developed on a well-informed basis. We must know the reasons behind the behaviour that cause and prevent illness if we want to encourage healthy ways of life and educate people about the same while selecting appropriate educational methods. Our thoughts and feelings which are largely shaped by our knowledge, beliefs, attitudes and values, can help us to decide whether to behave in a particular manner because of the influence of the people who are important to us as we tend to listen to them more attractively than to others. Behaviour of a particular type is also influenced by certain type of resources such as availability of facilities, money, labour, services, skills and so on. Finally, it is the culture in which people are born and brought up that influences the behaviour of illness. Before the introduction of a health education activity, it is necessary to have an understanding of the difficulties encountered by people, identify barriers to and promoters of change so that appropriate behaviour change activities could be built up for a desirable behaviour among them WHO:1984).

### **12.2.2 Significance of Health Education**

Health education aims at altering the behaviour of an individual in a desirable direction, so that people have happier, fuller lives without disease, infirmity or handicap. Health education builds peoples’ knowledge, skills, and positive attitudes about health. Health education teaches about physical, mental, emotional and social health. It motivates people to improve and maintain their health, prevent disease, and reduce risky behaviours.

Health education is an effective tool that helps in improving health of the people. It not only teaches prevention and basic health knowledge but also conditions ideas that re-shape everyday habits of people with unhealthy lifestyles. This type of conditioning not only affects the immediate recipients of such education but also future generations who benefit from improved and ideas about health that will eventually be ingrained through health education.

Moreover, besides physical disease prevention, health education can also provide more aid and help people deal in a healthier way with situations of extreme stress, anxiety, depression or other emotional disturbances to lessen the impact of these sorts of mental and emotional constituents, which can consequently lead to detrimental physical effects.

### **12.2.3 Need for Health Education**

Although it has been mentioned that health education activities should be carried by all the professionals engaged in providing service to the patients and

their relatives, yet the key question whether there should be a health educator in a hospital or not, needs to be answered. There is no doubt that to make health education more effective and meaningful in a formal setting, it is desirable to have a full-time trained health educator. But the anger it envisages is that the other professional staff may not become complacent in their roles so far as health education activities are concerned. They consider it only the responsibility of the health educator to look after health education activities. Nevertheless, it would be desirable to have trained health educators in hospitals. A health educator can be considered to play the role of planner, trainer, communicator, coordinator; and evaluator.

### **Planner**

As a planner, health educator should be able to make a diagnosis of people's beliefs and practices in the context of various diseases; identify some of the socio- cultural barriers and promoters related to the treatment prevention and promotion of diseases; identify resources both internal and external; select suitable health education methods; and organise activities in different places of interaction. In developing a plan of operation, the health educator has to ensure involvement of the hospital administrator, doctors or workers of the hospital and some of the important persons of the community to which the hospital is providing services. This would help him to develop a realistic plan by fixing priorities or phasing the various activities in different hospital situations.

### **Trainer**

As a trainer, a health educator has to develop and conduct in service programmes for all categories of professional staff in the hospital who could play key roles in providing health education to the patients and other relations. The emphasis here has to be orienting the staff towards the belief patterns of people; many do's and don't regarding scope and opportunities of integrating health education activities in their own situations, and highlighting the need, concept and methods of health education. The need to communicate with patients and relations at their level has to be stressed.

### **Communicator**

As a communicator, a health educator has to communicate effectively with the professional staff in the hospital so that they could appreciate the need and importance of health education. Apart from changing the outlook of different professional staff, the health educator has to provide stimulus which might generate motivating forces for helping patients to change some of their beliefs and practices.

### **Co-ordinator**

As a co-ordinator, the health educator should co-ordinate health education activities within as well as outside the hospital. Apart from co-ordinating the resources within the hospital, he should also co-ordinate with the outside agencies involved and interested in the health education programmes related to the hospital. In co- ordination, though a difficult task, the focus should include co-operation, involvement and participation of different personnel in the programmes.

## **Evaluator**

As an evaluator, the health educator has to evaluate the health education activities conducted inside the hospital concurrently as well as to make an assessment of the impact of health education in making patients and their relations adopt some of the desirable health practices. This has to be carried out in relation to both the patients who stay in the hospital for some duration as well as to a sample population in the community, who have been the beneficiaries of medical services and education from the hospital. This is a big task and requires co-ordinated efforts of the different professional staff as well as of the volunteers from the community. The concurrent evaluation should help the health educator to make necessary modifications in the educational activities for their ultimate effectiveness in inculcating desirable health practices among the patients and their relatives.

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## **12.3 PRINCIPLES OF HEALTH EDUCATION**

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Health education brings together the art and science of medicine, and the principles and practices of general education. Health education cannot be seen in isolation, it is interconnected with teaching, learning and inculcation of habits with the objective of healthful living. There is internal learning by which a man grows into an adult individual. It is possible to abstract certain principles of learning and use them in health education.

### **12.3.1 Interest**

It is a psychological principle that people are unlikely to listen to those things which are not to their interest. It is important to look into the interest of the people. Health education programmes which simply ask people to remain healthy do not work until one finds the real health need. It can also be called a 'felt need'. If a health programme is based on felt need, people will gladly participate in the programme. Very often, there are groups who may have health needs of which they are not aware. The health educator will have to bring about recognition of the needs before he proceeds to tackle them.

### **12.3.2 Participation**

It is a key word in health education. Participation is based on the psychological principle of active learning; it is better than passive learning. Group discussions, panel discussions, workshop all provide opportunities for active learning. Personal involvement is more likely to lead to personal acceptance.

### **12.3.3 Known to Unknown**

In health education work, we proceed from the unknown i.e. start where the people are and with what they understand and then proceed to new knowledge. We use the existing knowledge of the people as pegs on which to hang new knowledge. In this way, systematic knowledge is built up. New knowledge will bring about a new enlarged understanding which can give rise to an insight into the problem. The way, in which medicine serves us as an illustration, the growth of knowledge is also from the unknown to the known. It is a long process full of obstacles and resistance.

### 12.3.4 Comprehension

In health education we must know the level of understanding, education and literacy level of people to whom teaching is directed. One barrier to communication is using words which cannot be understood. A doctor asks a diabetic to cut down starchy food, however, the patient does not have any idea of starchy food. In health education, we should always communicate in the language people understand, and never use words which are strange and new to people.

### 12.3.5 Reinforcement

People can learn all that is new in a single period. Repetition at intervals is extremely useful. It assists comprehension and understanding. Every health campaign needs reinforcement.

### 12.3.6 Motivation

There is a fundamental desire in every person to learn. Awakening this desire is called motivation. There are two types of motives- primary and secondary. Primary motives (e.g. Sex, hunger, and survival) are driving forces initiating people into action; these motives are inborn desires. Secondary motives are based on desires created by outside forces or incentives. Some of the secondary motives are praise and love, rivalry, rewards and punishment, and recognition. In health education, motivation is important factor. The need for incentive is a first step in learning. The incentives may be in positive and negative forms. If we tell an obese lady about problems associated with overweight, she might ignore it. However, if we tell her that by reducing her weight, she will look more beautiful and young, it might motivate her to reduce her weight. In health education, we make use of motivation.

### 12.3.7 Learning by Doing

Learning is an action-process; not a “memorising” one in the narrow sense. Learning by doing is the best practice for communication.

### 12.3.8 Soil, Seed and Sower

People are the soil, the health facts the seed and the transmitting media the sower. Prior knowledge of the people- customs, habits, taboos, beliefs, health needs- is essential for successful health education. The seed or the health facts must be truthful and based on scientific knowledge. The transmitting media must be attractive, palatable and acceptable. Unless these three elements are carefully and satisfactorily interrelated the message will not have the desired effect.

### 12.3.9 Good Human Relations

Studies have shown that friendliness and good personal qualities of a health educator are more important than his technical qualifications. Good human relations are of utmost importance in learning. The health educator must be kind and sympathetic. People must accept him as their real friend.

### 12.3.10 Leaders

Psychologists have shown and established that one learns best from people whom we respect and regard. In the work of health education, one tries to penetrate the community through the local leaders- the village headman, the school teacher, influential person in the community or the political worker. Leaders are agents of change and they can be made use of in health education work. If the leaders are convinced first about a given programme, the rest of the task of implementing the programme will be easy. The attributes of a leader are: the person who understands the needs and demands of the community; provides proper guidance, takes the initiative, is receptive to the views and suggestions of the people; identifies himself with the community.

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## 12.4 CONTENT OF HEALTH EDUCATION

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What will be the contents of health education for the various health personnel of the hospital, coming into contact with patients and their relatives? Health education, being mainly disease oriented, should focus on the causation, spread and prevention of the disease. The scientific knowledge about the causation of the disease may remove some of the traditional beliefs held by the patients. That may rationalise their thinking to analyse the preventive aspects of the diseases. In addition, the sentiments and feelings of the patients in regard to pain, crises and care, may be understood to provide necessary help for overcoming the emotions. The personal hygiene, family planning and nutrition are some of the other areas for integrating the components of health education. Whatever may be the components of health education, the focus should be to develop a desire among the patients to change and adopt the desirable health practices.

The health education can be in the form of universal topics which are common to all and there are certain other health issues which are specific to certain communities. Health education in the form of personal growth, care, common diseases are for everybody irrespective of any community. Other universal forms of health education are also sex education, environmental health, mental health etc. There are certain specific problems which should be addressed in the health education curriculum if they occur in the community and they include: reproductive health care, child care, HIV/AIDS and sexually transmitted diseases, immunisation, oral health, tobacco and alcohol, nutrition, unsafe or inadequate sanitation and water.

### 12.4.1 Human Biology

Teaching pertaining to human anatomy is done at various levels of schooling. Children are taught about human body, its parts and functions. It is also taught how one should be keep fit. The effects of bad food, alcohol, drug abuse are also taught. Exercises, sleep, healthy daily routine, are also a part of school curriculum.

### 12.4.2 Nutrition

The aim of health education is to impart knowledge about nutrition in various foods, so that one can keep oneself healthy. What food contains, what minerals,

vitamins, and in turn deficiency of these results in the causation of disease or bad health. Nutrition is also required for energy, growth and repair of the body. Health education is also given about storage, preparation, cooking, serving and eating of food. In nutrition education, the primary aim is to help people to make the best use of the available resources.

### **12.4.3 Hygiene**

There are two components of hygiene: personal and environmental hygiene. Personal hygiene includes bathing, clothing, washing hands, personal appearance and inculcation of cleanliness. Personal hygiene is a part of socialisation which begins at a very early stage and carries forward.

### **12.4.4 Environmental Hygiene**

It is related with domestic hygiene and community hygiene. Domestic hygiene includes, washing of hands before and after eating food, and after defecating. To maintain hygiene, hands should be washed with soap and water. Need fresh air, ventilation, hygiene is storage of food, hygienic disposal of wastage are part of environmental hygiene. Food also needs to be protected from pests, rats, mice, and insects. Improvement of basic sanitary services consisting of water supply, disposal of human excreta are fundamental to health.

### **12.4.5 Family Health Care**

Family health care is entrenched around mother and child health; however, family is included as a comprehensive unit. Family health care programme include human growth and development, mother and child health, family planning, population dynamics, immunisation and other health related activities. The aim of health education is to strengthen and improve quality of life of family as a unit so that it can lead a healthy life.

### **12.4.6 Control of Communicable and Non-communicable Diseases**

There is a wide range of specific communicable and non-communicable diseases which need health education. These are: malaria, sexually transmitted diseases, trachoma, leprosy, tuberculosis, malnutrition, cardiovascular diseases, dental diseases, drug addiction, alcoholism, accidents.

### **12.4.7 Mental Health**

Mental health problems occur everywhere. The aim of education in mental health is to help people to keep mentally healthy and to prevent a mental breakdown. People should enjoy their relationships with others and learn to live and work without mental breakdown. There are certain special situations when mental health is of real importance- mother after child birth; child at entry into school for the first time, school child entering the secondary school, decision about a future career, starting a new family and at the time of widowhood. These are critical periods of life when external pressure tends to break down mental health. Health workers should help people achieve mental health by showing sympathy, understanding and by social contact.

### 12.4.8 Prevention of Accidents

Accidents are a feature of the complexity of modern life. Accidents occur in the home, on the road and in the work place. Safety education should be directed to these areas. It should be the concern of safety departments and also the responsibility of the police department to enforce rules of road safety.

After going through basic concepts of health education, its significance and need, basic principles of health education, content of health education, now answer the questions given in Check Your Progress:1.

#### Check Your Progress: 1

**Note:** 1) Use the space below for your answers.

2) Compare your answers with those given at the end of this unit.

1) Discuss the significance of health education.

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2) What are the principles of health education?

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.....  
.....

3) Mention the content of health education.

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### 12.5 AGENCIES OF HEALTH EDUCATION

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The content of health education has to be communicated to the individual, groups or in the community through certain agencies. Here, we will discuss about the stakeholders of health education and by whom it has to be delivered so that it makes an impact on them.

#### 12.5.1 Hospitals and Health Education

Functionally speaking, a hospital can be compared to a workshop where the physicians and their allies, with their technical know-how and specialities provide necessary treatment to the patient with an ultimate objective of providing recovery from sickness and to enable him to function as a normal individual in the community. With the emphasis shifting from individual oriented to community oriented health goals, the hospital as an institution has to play a bigger role in promoting health education activities. In addition to the increasing number of hospitals in the country, the number of patients attending

these hospitals has also increased. Each patient on an average is accompanied by one or two of his relations. Thus, a large section of the population can be contacted for health education purposes.

Better medical facilities and technology has build up more confidence among people and they are now assured of a longer span of life. As such, hospitals have become the foci for better communication between physicians and members of the community. The psychological state of readiness to accept what is told, on the part of patients, is another important factor, facilitating the imparting of health education in hospital setting. Also, as a result of better means of communication, the feasibility of the medical care services from the hospital has increased manyfolds thereby providing more opportunities for health education to a larger number of people. The social influence of familial group or friends accompanying the patients may be another factor instrumental in setting the desirable health practices accepted by the people in hospital setting.

### **12.5.2 Doctors and Health Education**

Health education in the hospital has to be mainly disease-oriented. Patients suffering from various diseases, both of major and minor types, come into contact with doctors belonging to various specialities. As such, the role of the doctor becomes very important in imparting health education. The doctor enjoys a high status in the eyes of the patients and their relations and as such, the role of the doctor becomes very important in imparting health education. In addition, there are a number of medico-social workers, laboratory technician and X-ray, ultra- sound, and MRI technician who come into contact with patients and their relations. The nurse can play a more effective role since the frequency and duration of contact she has with the patients is more in her case than in the case of other professionals.

Health education activities should be carried out in in-patient and out-patient areas, situations of interactions providing communicating opportunities between patients and hospital components. In addition, the non-interaction situations like waiting halls, in-patient wards, etc. should also be utilised for imparting health education to the patients and their relatives.

### **12.5.3 Other entertaining measure and health education**

Health education must be carried out through:

- Films and Puppet shows
- Group Talks
- Display of Posters and Exhibitions
- Distribution of Handouts, Pamphlets and Folders
- Demonstrations
- Health Programme Shows on Television
- Group Talks by Specialists

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## 12.6 COMMUNICATION IN HEALTH EDUCATION

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Education and health have continued to grow in isolation from each other to the detriment of both. Health is essentially one of the individual responsibilities and it cannot succeed without education. It can give each individual the needed information, skills and value orientations. The key elements in the communication process are as follows:

### 12.6.1 Communicator

The prestige of the communicator is not related to his economic status, education or influence but more so with his credibility. Such people make an immediate, better and lasting impact on their audience.

### 12.6.2 The Qualities of the Communicator

People may comprehend the message given by two separate communicators in an identical manner, but they may not necessarily accept the recommendations made by one person, while the other communicator may be more successful in changing their attitudes. Generally, the audience accept the recommendations of a person who is respected for his prestige and is reputed for his integrity, fairness, and unbiased character.

### 12.6.3 Target Group in Communication

#### a) Group Salience:

In every society, a majority of the people show great loyalty to the cultural and social norms of behaviour established by their peers in their respective ethnic or racial groups. This group salience determines their willingness to accept or reject certain recommendations made to them. As a general rule most people resist the views, which appear to be contrary to their traditional cultural and social ethos. They may accept minor modification in their existing practices but do not accept any major change suddenly. A person from their own cultural, ethnic or religious group can influence their attitudes and behaviour more successfully than a person from a different cultural milieu.

#### b) Critical Judgement:

If the audience is generally of higher intelligence it is often more critical, but these individuals learn or benefit from persuasive communication more readily than those with average intelligence.

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## 12.7 STRATEGIES OF HEALTH COMMUNICATION

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The health education communication or messages generally comprise data or arguments, which substantiate a certain mode of action propagated by the communicators. These arguments may be of two types viz., those with a positive appeal explaining the benefits that will accrue to the individual, if

the recommended course of action is adopted, or with a negative appeal or arguments, which tends to emphasise the hazards or unpleasant consequences, resulting from not accepting the recommended line of action.

It is unfortunate, that for promotion of the family planning programme, most health education experts in our country focussed in the earlier phases, on the negative aspects of over population by emphasising primarily on the hazards from rapid rise in population. It has been observed that strong negative appeal does not produce the desired results. On the other hand, it is often counterproductive, because the atmosphere of fear generates emotional tension, which threatens the social security of the individual and the value system of the audience. It is especially so if the psychological impact and tension created by the fear is not quickly relieved by some reassuring statement. Often the target group actually begins to ignore or minimize the importance of the implied threat. Millions of people continue to smoke in spite of the statutory warning printed on every cigarette packet, that smoking is dangerous for health. Available experimental evidence shows that mild fear produces better results than the strong horrifying statements.

### **12.7.1 Anticipatory Preparation of the Audience**

It is needless to say that the audience should be reassured about the use of advocated health measures, but they should also be conditioned for the possibility of failure in some circumstances, even if the recommended course of action was followed faithfully and meticulously. This is absolutely vital, because even when a small fraction of the people experiences an unfavourable outcome from the proposed health activity, the entire community may lose faith in persuasive arguments. On the other hand, if the people are prepared for possible failures in a small proportion of cases, they take a balanced view of the pros and cons of a particular health activity. In such cases, they do not interpret a temporary setback or failure, as an act of wrong judgement or decision but often attribute it to their bad luck. In India, IUCD was widely prescribed for family planning often without adequate prior anticipatory preparation of women users. A miniscule proportion of failures and complications in a few women users of IUCD gave severe setback to the whole programme.

### **12.7.2 Both Sides of an Issue**

It is desirable to present both sides of an issue to the audience. The people should be made aware of the arguments used by the opponents of the recommended health activity and their rebuttal by the public health administration. If this aspect is presented judiciously, the target group can be protected against subsequent hostile propaganda made by the opponents of the proposed health such as family planning or immunization. The target population is thus prepared in advance either to ignore or discard the opposing arguments.

### **12.7.3 Attitude of Acceptance**

It has often been observed, that people accept an idea or argument most, if they are already familiar with it and it does not appear to be far removed from their own cultural views and traditional practices.

### 12.7.4 Incentives

In an effort to promote a socially desirable activity such as family planning methods, the administration may offer some incentives to the target population in the belief that it will bring about a desirable change in their attitudes. Controlled experiments by psychologists have conclusively demonstrated that whereas a mild incentive or inducement may be useful in changing attitudes, a very strong incentive may not achieve the objectives and may in fact be counterproductive. Major financial incentives may arouse suspicion in the minds of people, who may revolt or express resentment against the proposed recommendations, due to their scepticism. It is wrong strategy to offer attractive prizes or economic baits to persuade people to accept a new viewpoint or to get themselves sterilised. An assurance of a guaranteed health care or a better life for children may possibly be a better incentive for family planning motivation.

### 12.7.5 Sleeper Effect

A communication may not have an immediate effect on the behaviour of an audience. This need not be interpreted as a failure. It is often seen that the impact becomes evident after a lapse of time, because people take time to evaluate the pros and cons of arguments advanced by the health educators and are initially hesitant to take the initiative in adopting the proposed measures. This sleeper effect is particularly noticed when the contents of the communication were generally considered reasonable and acceptable but the prestige of the communicator for credibility or reliability was low. However, even when the communicator has a poor stature he makes some impact on the people and this may show delayed results.

### 12.7.6 Role Playing

If a person is asked to give a health education talk, he eventually adopts the viewpoints expressed by him, as his own views, even though initially he was not especially enthusiastic about these. Thus, role playing influences his behaviour as that of the audience. This highlights the usefulness of active participation and use of the people in the community itself in modifying the attitudes of other hostile groups in that community. A person playing the role of health educator is compelled to improvise and invent new arguments and reasons for his lecture or communication. This gives him considerable satisfaction in his new role.

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## 12.8 CASE STUDIES IN HEALTH EDUCATION

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Health education campaigns can be ineffective if there is no interactive communication between the people implementing the programmes and the members of the community. Before a strong stance on HIV was adopted by the governmental leadership in Thailand in the early 1990s, HIV/AIDS severely threatened national health infrastructure and stability of the country (AVERT: 2010) In an attempt to contribute to the national goals of HIV-transmission reduction, the Peace Corps made efforts to provide condom demonstrations for local villagers. However, these sessions were not successful in the old days as volunteers used bananas in the demonstration but switched to wooden replicas when they discovered that some participants went home and actually

put condoms on bananas thinking it had some sort of power to keep them safe (Trill and Holland:1993). Education and prevention of HIV/AIDS is a large part of the work that Peace Corps volunteers carry out in health sectors of Africa, the Caribbean, Eastern Europe, and Central Asia. While encouraging condom use is “a critical element in a comprehensive, effective, and sustainable approach to HIV prevention and treatment,” the way in which the educational material is communicated to its target audience must be adapted to local cultural circumstances (WHO: 2004:1). Recognition and respect for such cultural factors and social obstacles can be achieved through “cultural competence”. Achieving this competence “implies having the capacity to function effectively as an individual and an organisation within the context of cultural beliefs, behaviours, and needs presented by consumers and their communities (National Prevention Information Network: 2004). This includes involving the community in pinpointing issues and generating solutions, collaborating with other local agencies to determine best practices, and evaluating receptivity to and outcomes of community-based endeavours. In addition to a closer examination of the culturally acceptable methods of knowledge dissemination, a “cultural broker”- a liaison between outsiders and insiders who understands the “health values, beliefs, and practices within their cultural group of community”- might have been helpful in the Peace Corps volunteers’ situation.

For the past two decades “cultural competency” has been discussed in the sociological literature to discuss the medical education for addressing the tensions of moments of clinical encounter in the western societies.

A case study by Metzl and Hansen (2014) cites that “A patient walks into the doctor’s room speaking local a dialect that the doctor struggles to understand. The patient points to his chest while making pain gestures, or mimics actions that suggests a seizure or fights to breathe. But the doctor is in his/her internship, having just moved to the public/patient interaction. He/she might have come from other part of the country; from urban area where he either grew up in French/ English /or any other mother tongue. On the other hand, the patient might have grown up in other dialect/language background; in rural area where English is not a mother tongue”.

In this formulation of case study, it implies the trained ability to identify cross- cultural expressions of illness and health and to thus counteract the marginalisation of patients by race, ethnicity, social class, religion, sexual orientation, or other markers of difference. Clinical professionals learn diagnosis and treatment that take into account culturally specific sources of stigma, such as stigma of mental health diagnosis among Asian immigrants or the stigma of HIV and homosexuality in certain religious communities. Doctors train by analysing posters that reveals instances where cultural variables impact symptom presentations or attitudes about care.

### **12.8.1 Significance of Health Education Through Certain Mediums**

The attitudes of people are conditioned by self-interest, cultural ethos, demands and restrictions placed by their ethnic, religious or racial groups besides their personal experiences, traditional beliefs and lifelong practices. Therefore, the

conventional methods of health education such as the use of posters, mass media, flip charts, slides, film strips make little impact on the attitudes of people belonging to the tradition-ridden conservative societies, if certain fundamental attributes for changing the attitudes of people are not kept in view.

Attitudinal change is brought about by a deliberate persuasive communication. Its effectiveness depends on three factors viz., the personal qualities of the communicator, the type of the target population, whose behaviour is proposed to be changed and the content of the communication used to influence their attitudes.

After going through this unit, particularly, communication and the content of the health education, various agencies involved in effective health education promotion and some successful case studies for health education, now answer the questions given in Check Your Progress: 2.

**Check Your Progress: 2**

**Note:** 1) Use the space below for your answers.

2) Compare your answers with those given at the end of this unit.

1) Discuss the process of health communication.

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2) Mention the prerequisites for health educators in a formal structure.

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**12.9 LET US SUM UP**

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To sum up, health education in the hospital can be meaningful and effective, if the professional staff engaged in providing services to the patients have faith and conviction in the philosophy, principles and methods of health education. Secondly, if health education is made an integral part of their job responsibilities, and also if they communicate with the patients and their relatives at their level, health education in the hospital can become institutionalised to restore, promote and rehabilitate the health of the people.

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**12.10 KEYWORDS**

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**Health Education:** Health education is a process of bringing about a desirable behavioural change in the health habits or practices of people through their own initiative or through provision of learning opportunities.

**Motivation:** Motivation is a fundamental desire in every person to learn; and the awakening of this desire is called motivation.

**Health Communication:** The education regarding health is provided is called health education that is provided through formal or informal method of communication.

**Communicator:** A person who is respected and able to communicate the needed information and values to the masses is called communicator.

**Sleeper Effect:** When the communication becomes evident and effective after a lapse of time, it is called ‘sleeper effect’.

**Human Biology:** Human biology is concerned about the anatomy of human body parts and their functioning.

**Nutrition:** Nutrition is the combination of minerals, proteins, vitamins and other elements found in food. Nutrition is required for energy, growth and repair of the body.

**Hygiene:** Hygiene includes bathing, clothing, washing hands, personal appearance and cleanliness.

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## 12.11 FURTHER READINGS

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AVERT (2019), HIV and AIDS in Thailand, Global Information and Education on HIV and AIDS, Thailand, Accessed on 10th Feb.

DS (2019) National Prevention Information Network, Cultural Competence section, Accessed on 9th Feb. 2019.

Metzl, Jonathan M. and Helena Hansem (2014), Structural Competence: Theorizing a New Engagement with Stigma and Inequality, Social Science and Medicine, Vol. 103, pp. 126-133.

Mehta, S.R. (1983) Acceptance of Change, Social Change, Vol.133, No.1, New Delhi.

UNAIDS, WHO, UNEPA (2004) Position Statement on Condoms and HIV Prevention, page 1, Accessed on 9th Feb. 2019.

Trill, M. and J. Holland (1993), “Cross Cultural Differences in the Care of Patients with Cancer”, General Hospital Psychiatry, 15, 21-30.

World Health Organization (1984), Education for Health: Manual on Health Education in Health Care, Geneva.

World Health Organization (1998), List of Basic Terms, Health Promotion Glossary, p.4, Division of Health Promotion, Education and Communications, Health Education and Health Promotion Unit (HEP), WHO, Switzerland.

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## 12.12 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

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### Check Your Progress:1

- 1) Discuss the significance of health education.

**Ans.** Health education aims at altering the behaviour of an individual in a desirable direction, so that people have happier, fuller lives without disease, infirmity or handicap. It is an effective tool that helps in improving health of the people. It not only teaches prevention and basic health knowledge but also conditions ideas that re-shape everyday habits of people with unhealthy lifestyles.

- 2) What are the principles of health education?

**Ans.** Principles are basic guideline for any development initiative, similarly principles of health education means the guidance, learning and use of them in health education. The following guidelines are important effective health education: interest, participation, known to unknown, comprehension, reinforcement, motivation, learning by doing, soil. seed and sower, good human relations.

- 3) Mention the content of health education.

**Ans.** The content of health education refers to the scientific knowledge about the causation of the disease that may remove some of the traditional beliefs held by the patients. The following contents are significant: a) understanding of human biology, b) nutrition, c) hygiene, d) environmental hygiene, e) family health care, f) control of communicable and non-communicable diseases, g) mental health, h) prevention of accidents and i) accessibility to health services.

### Check Your Progress: 2

- 1) Discuss the process of health communication.

**Ans.** The health communication or messages play a significant role in health education for the masses, it comprises data or arguments, which substantiate a certain mode of action propagated by the communicators. These five points are very important in this process- a) Anticipatory preparation of audience, b) Attitude of acceptance, c) Incentives, d) Sleeper effect, and e) Role playing.

- 2) Mention the prerequisites for health educators in a formal structure.

**Ans.** The prerequisites for health educators in a formal structure are as following:-

- a) Planner
- b) Trainer
- c) Communicator
- d) Co-ordinator
- e) Evaluator

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## UNIT 13 ROLE OF MEDIA IN PUBLIC HEALTH CARE CAMPAIGNS

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### Structure

- 13.0 Introduction
- 13.1 Learning Outcomes
- 13.2 Concept of Public Health
- 13.3 Sustainable Development and Public Health
  - 13.3.1 Communication Agenda for Public Health
  - 13.3.2 Public Health Communication
- 13.4 The Role of Media in Health Communication
  - 13.4.1 Print Media
  - 13.4.2 Television: Message Multiplier
  - 13.4.3 Reaching out to Rural Communities through Radio
  - 13.4.4 Digital Media and Health Prospects
  - 13.4.5 Community Media
  - 13.4.6 Choice of Media: Need for Research
- 13.5 Strategies for Public Health Communication
  - 13.5.1 Social and Behaviour Change Communication Practices
  - 13.5.2 Health Prevention, Promotion and Education
  - 13.5.3 Media Advocacy
  - 13.5.4 Enter-Educate Communication
- 13.6 Let Us Sum Up
- 13.7 Further Readings
- 13.8 Check Your Progress: Possible Answers

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### 13.0 INTRODUCTION

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Health is the pivot for sustaining development and progress, and is one of the major goals of the Sustainable Development Goals (SDGs) for 2030. ‘Health for All’ has been a universal aim of all societies for achieving socio-economic development of its people. The Alma-Ata Declaration of ‘Health for All’ by World Health Organisation (WHO) in 1978 emerged as a major milestone of the twentieth century in the field of public health. The goal of **”Health for All”** was defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This definition seeks to include social and economic aspects within the scope of attaining health and reaffirms health as a human right.

To improve health, in its biological, psychological and social dimensions, it is, however, not enough to focus on people's behaviour, or on users or providers of health services. The health determinants are embedded in the socio-economic conditions, political scenarios and environmental settings. In the context of rapid economic growth and changing lifestyles, health consequences vary from endemic infectious diseases among the most vulnerable and marginalised sections of the society to stress-related mental disorders among the well-heeled sections involved in high-pressure jobs and life-settings. Environmental conditions are significant factors in impairing the quality of air and living habitats of the people, especially in the developing countries where rising carbon footprints have taken a toll on the health outcome. Attention on these factors, and using communication framework for improving collective and individual decision making, in choosing healthy decisions and behaviour can help in mitigating adverse health behaviour for improved health status.

In this unit we shall explore how health is a development issue and other conditions pertaining to the habitat, the market conditions and the cultural practices in any given setting have a direct or indirect influence on the health of any society and its people.

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### **13.1 LEARNING OUTCOMES**

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After going through this Unit, you should be able to:

- define the significance of health as a development agenda;
- establish interrelationship between Health and Communication for realising the sustainable development goals;
- discuss the role of media in creating awareness and setting the healthy agenda for societies; and
- outline various strategic communication initiatives for effective health programmes for sustainable development.

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### **13.2 CONCEPT OF PUBLIC HEALTH**

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Traditional notions of health defined it to be the absence of disease and highlighted the role of diagnosis and interventions for good health. However, the perspectives on health have shifted their moorings, away from an individualistic angle of the problem to a comprehensive positioning. It is now recognised that an interdependence of various socio-economic determinants, situated in the conditions of people's lives influence their health and ability to handle their morbidity and mortality. The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 1948). It recognises the interplay of physiological, psychological and social factors influencing health and link health with wellbeing, and quality of life of people. It also conceptualises health as a human right requiring physical and social resources to achieve and maintain.

Policies and programmes for ensuring health of all require multi-dimensional efforts which sustain the health of the people and the society. Availability and access to health related services and facilities is a major issue since treatment

procedures cost money and are mostly not adequate, especially in rural areas. Affordability of health, ability to pay for the treatment and high costs of medicines and diagnostic services push many people in the cycle of debt and poverty. Consequently, governments have slowly started investing in health and in making this exercise as an inalienable part of their policy and planning. In India, the quality and cost of health have been major issues which have led to many debates about kind of health care system India should have.

According to the UN *“Not only does disease impact the well being of an individual, it burdens family and public resources, weakens societies, and squanders potential. The health and well being of people at all ages therefore lies at the heart of sustainable development. Protection from disease is not only fundamental to survival, but it enables opportunity for everyone and strengthens economic growth and prosperity”*. Thus engagement and involvement with health is primed by an interest to ensure healthy societies and living conditions that are primary for achieving economic progress. In this context, media has a fundamental role to play in promoting healthy conditions, influencing behaviours and change conducive to the aim of social and economic growth and keeping a vigil in getting right policies and programmes on the ground.

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### **13.3 SUSTAINABLE DEVELOPMENT AND PUBLIC HEALTH**

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The call for ‘Health for All’ is an attempt by governments and various agencies to ensure that each person in a given society has the ability to lead productive and healthy lives through different milestones of their life. The state has the responsibility to formulate such development policies which do not devalue the environment in which people live and achieve health equity. Equitable health requires concerted efforts on the social determinants of health which include removing poverty, adequate nutrition, education and lifelong learning, clean water and sanitation, providing decent work and employment, health care, and aspects of the built and natural environment.

Today, it has been proved that environment degradation and destruction of natural habitat, contamination of water sources, degradation of land because of overuse of pesticides, and large-scale polluting industries have taken a toll on human health. In addition, paucity of trained manpower, in terms of doctors and nurses and the para-medical staff push people into state of morbidity and endanger their lives. Another facet of burden of disease is the emergence of non-communicable diseases on a large-scale while communicable diseases like malaria, TB, HIV-AIDS and water-borne diseases like cholera and diarrhea have been source of large mortality and morbidity burden and risk factors abound in terms of unhygienic living conditions and lack of civic facilities.

The health conditions of both women in reproductive age and new-born children are also an issue of great concern since India has poor indicators of women’s and children’s health status. As part of the SDG’s, efforts are afoot to make the health services focused on the marginal groups. The burden of debt which is undertaken for health care by selling family assets, largely by poor has been a matter of great concern in the country. The new National Health Protection Scheme ensures

health coverage of upto Rs 5 lakh per family for secondary and tertiary care hospitalisation. The government plans to establish 1.5 lakh Health and Wellness Centres under the Ayushman Bharat programme.

### **Sustainable Development Goal 3: Good Health**

By 2030, Reduce the global maternal mortality ratio to less than 70 percent per 100,000 live births.

By 2030, End preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 25 per 1000 live births.

By 2030, End the epidemic of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

An additional burden is a consequence of unsustainable lifestyle. Sedentary lifestyle, highly-saturated diet, work-related stress has made people more prone to debilitating condition. These have led to emergence of diseases like cardiovascular diseases, cancer, diabetes and mental illness. Another dimension which has raised alarm, especially in the western countries is the aging of the population and reduction in the number of young because of the improvement in life-expectancy and less number of children being born.

Large-scale interventions are required for disease control and management on a sustainable basis through participation and coordination between all health agencies in the government and non-government organisations (NGOs), communities and the media. Well-being and health of the people forms part of this social evolution which requires use of communication strategies and multi-media approach in achieving the desired change in health behaviours at an individual and community level.

#### **13.3.1 Communication Agenda for Public Health**

Health Communication has been defined as a multi-faceted and multi-disciplinary approach to reaching different audiences and sharing health-related information with the goal of influencing, engaging and supporting individuals, communities, health professionals, special groups, policy-makers and the public to champion, introduce, adopt or sustain a behaviour, practice or policy that will ultimately improve health outcome (Schiavo, 2007).

The purpose of Health communication practice is the effective dissemination of health information to influence personal health choices. It is generally accepted that health of people in a country depends on the way people behave and tackle their health issues at individual level. This is a limited view of health and disease since private actions have public consequences. There are other underpinning factors which play a salutary role in ensuring that people and communities remain healthy and productive. Increasing access to health information, educating people about a healthy environment and habitat and provision of communication channels can change the quality and quantity of access to promotive and preventive health programmes and reduce the debilitating effects of ill-health conditions.

### 13.3.2 Public Health Communication

The Public Health Communication efforts must be multifaceted, regionally appropriate and easy to engage with. For many decades health communication was predominantly understood as delivering a top-down vertical flow of information about health messages to various stakeholders such as patients, community members, opinion leaders, and health workers from the public health experts. It was presumed that effective circulation and dissemination of information and education would lead to behaviour change and improve the standards of health. However, this assumption that individual behaviour alone can solve public health problems is fundamentally flawed. To communicate and strategise such initiatives require an organised effort and initiation of such efforts which will mobilise communities, individuals and enlist political will in taking a concerted effort to achieve the goal of healthy people.

In India, since large number of people still live in adverse socio-economic conditions, it becomes primary to assess the feasibility of such measures which would help people to overcome their disadvantages. Health status of the people of any country is testimony to the socio-economic progress made. Access to adequate and reliable information is a basic right of any individual and the community or society. No community can have the resilience to develop if its people are subjected to ill-health and have poor health outcome to be productive and gainfully employed.

#### Check Your Progress: 1

- Notes:** 1) Use the space below for your answer.  
2) Compare your answers with those ones given at the end of this unit.

- 1) Briefly explain the concept of Public Health Communication.  
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- 2) What are the socio-economic and environmental determinants of health?  
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- 3) What is the interrelationship between Sustainable Development Goals and Public Health?  
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## 13.4 THE ROLE OF MEDIA IN HEALTH COMMUNICATION

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Media has the primary role of providing information and a forum for discussion on important issues dealing with socio-political and economic issues in their cultural context. Media contributes in educating the public about health issues and has a responsibility to report accurate health information to the public. The potential role of the media needs to be recognised in raising awareness, mobilising social groups as an actor in the public health system, that is, how it can mobilise societal action that creates the conditions for health. Various behaviour change theories and models have also recognised media as a change agent that has power to influence change in people's health related actions. Particularly, areas such as smoking cessation, condom usage and HIV/AIDS prevention have been a testimony to mass media's mettle in catalysing behaviour change.

### 13.4.1 Print Media

News media can place health issues on the national public agenda and can catalyse action at the national and local levels. Media is either highly preoccupied with political issues and tries to overplay them while ignoring the issues which are of real merit and consequences. This has allowed the media to treat other development issues, especially health, with a perfunctory treatment which has been at times treating some issues in a sensational manner and creating panic in the society. The reporting of H1N1 virus and Dengue were initially given very little coverage by the press and were relegated to the city pages. With several deaths being reported made the press understand the importance of reporting on such epidemic kind of conditions with more scientific evidence rather than concentrating on number of deaths and creating a panic-like situation.

Health scientists are of the opinion that media suffers from lack of initiative and harbour biases since reporters do not understand the proper interpretation of statistics, probabilities, and risk (Hartz and Chappell 1997). On the other hand, journalists viewed scientists as being too immersed in technical jargon and unable to explain their work simply and cogently. Although the news media does not specifically tell us what to think, it plays an important role in identifying what issues we should think about (McCombs and Shaw, 1972). The more coverage a topic receives in the news, the more likely it is to be a concern of the public. Conversely, issues not mentioned by the media are likely to be ignored or to receive little attention. The importance of effective communication among public health officials, the media, and the public is particularly critical during crises. During such times, the news media play an important role.

### 13.4.2 Television: Message Multiplier

TV has given a boost to reaching out to many viewers simultaneously with pro-social messages and an ability to cross all barriers of class and education. Many programmes were launched on TV to promote family planning programmes through paid advertising on small family norms from time to time including communicable and infectious diseases. TV has the ability to pull in attention and sustain the interest of people with timeliness and positioning of messages. TV

Programmes like *Humlog* on public broadcasting channel, Doordarshan in late 80s focused on various social issues, including, health of the pregnant woman and bearing of number of children in the hope of a son. Equally important role played by TV was in promoting Pulse Polio programme in the country and utility of immunisation programme for health of children. TV programmes have been able to educate people about health issues through health-based programmes and phone-in programmes with experts but the consistency of such programmes has been sporadic.

NFHS- II, III data revealed that women who were exposed to family planning messages on television or radio were more likely to approve of family planning than women without mass media exposure. They were also likely to discuss family planning with their husbands; and use contraceptive measures at some time or have an intention to do so in the future (Olenick, 2000).

The entry of satellite channels has brought a surfeit of soap dramas and many of them did focus on many dimensions of health but treatment of these aspects was more inclined to highlight the condition but failed to ignite an interest on preventive and promotive aspects of health status. TV News has shown some ability to shift the focus on allied interest areas of health planning and implementation but this falls short of creating any pro-active social change in improving lives of people.

### **13.4.3 Reaching Out to Rural Communities Through Radio**

In places where radios are still popular, they can be used with great success as health communication tools. Not only are they cheaper and more readily available in rural areas, radio programmes can also be adapted to suit local needs in terms of language, culture and values. In India, radio programmes have been used to combat myths and misconceptions surrounding immunisation programme for children. Let us look at a case study which has used radio effectively for health.

#### **Case Study: Using Radio for Diarrheal Disease Control**

In a district at the village level, an intervention was carried out to provide women with infants information about how to reduce infection among the children with ORS treatment. To prevent the deaths of infants and young children from diarrhea, radio broadcasts were used to train health professionals to treat the disease, distribute relevant health materials and set up kiosks where mothers could learn how to prepare medication properly. According to the evaluative study, this was a good way to learn from professionals in an easy manner and enabled timely help of facilitators for a better comprehension and support. The number of mothers who learned the correct procedure for mixing the medication from the radio was almost double than those who learned it from face-to-face communication. This provides strong evidence that the radio campaign was a successful health communication strategy.

### **13.4.4 Digital Media and Health Prospects**

Regardless of location, the Internet allows people to gain access to a wide array of health-related information from worldwide at the click of mouse. Since the

Internet transcends geographical barriers, there is plenty of potential for websites to provide a valuable source of health information, thereby enhancing health and wellbeing for people in developing countries. The Internet is rapidly and radically transforming many aspects of society, including reshaping how information is accessed and shared (NRC, 2000).

In the health arena, interactive health communication, or the interaction of an individual - consumer, patient, caregiver, or professional - with an electronic device or communication technology to access or transmit health information or receive guidance and support on a health-related issue, is growing at a rapid pace (Robinson et al., 1998). Easy availability of mobile phones and cost-friendly data plans have translated mobiles into hyper active forums where consumers, health providers and government services are able to channelise information queries and reducing gaps in access to information on health services.

Internet services have been gainfully utilised by support groups to share their stories and empower others in managing their health conditions as in the case of cancer, diabetes and mental health. Web users also turn to the Internet to find social support (Bly, 1999) and referral information to local resources, e-mail access to experts and peers, and computerised management support tools. A film actor spoke about her condition of depression with millions of her fans and talked about her mental state publicly through this medium.

Although the potential benefits of interactive health communication applications are many, the growing volume and use of these applications also raise several concerns. There are three areas of concern: (1) the quality of information, (2) the digital divide, and (3) the privacy and confidentiality of personal health information.

### **13.4.5 Community Media**

Community media like community radio, online radio and community videos have been gainfully employed to process information in a useful way by communities to seek solutions. The emergence of community radio, through a tie-up with NGOs and universities, has given these efforts an advantage by using them in a cooperative and collaborative manner.

Use of community-based media in an easy and local language culturally relevant have potential for the disadvantaged to access information and self-help groups, especially among women and panchayat members. It can enable productive use of these resources at the local level for enhancing information and bringing the concerns of the local to the district and above for resolution. The distribution of pamphlets and leaflets created by specialised health bodies can disseminate vital health information reliably through these channels as well.

### **13.4.6 Choice of Media: Need for Research**

Above discussion points at the choice of media which should be based on audience research rather than on assumptions about its utility and audience reach. For instance, certain technologies are not particularly useful when:

- they are utilised only by a small number of people
- they are too complicated to be operated by the average person.

Audience research studies, which reveal the target audience's preferred media, should form the choice of media. In view of access to diverse channels and programmes, the ability to plan strategic and viable programme for better recall and comprehension of health messages has become a challenge. The research is increasingly becoming more precise with studies on all aspects of the influence of media on decisions making of audiences. More research studies in the area of audience psychology and cultural aspects are being undertaken to understand how health awareness is not a sufficient indicator for pro-social behaviour.

**Check Your Progress: 2**

- Notes:** 1) Use the space below for your answer.  
2) Compare your answers with those ones given at the end of this unit.

1) Why simply the provision of information to the target audience does not lead to change in behaviour?

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2) What changes have taken place in Health Communication?

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### **13.5 STRATEGIES FOR PUBLIC HEALTH COMMUNICATION**

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All health programmes require an intervention in terms of services and facilities to achieve an improvement in the health conditions of a population living in any community setting. In any communication-based programme which is located in persuasion and promotion of a healthy behaviour or uptake of any health services, like immunisation for children or family planning, adequate planning and strategic approach underpin the success of the programme. However, people are resistant to such new ideas because of existing life patterns or some misgivings about such programmes of vaccination and contraception.

The smart, timely and relevant communication approach is not just enough to achieve the participation of the people in a health programme. We require formative research to analyse the underlying cultural and social practices which may inhibit acceptance of such health programmes. To off-set this lag between what is socially a good practice and resistance to change, a strategic communication approach is required which has evolved as part of the process of recognising the equal participation and respect for the communities' own beliefs and practices. More emphasis is not on just transmission of information but undertaking such negotiation and involvement with the people which would lead to change in behaviours and allow them to practice healthy behaviours on a sustainable basis.

### 13.5.1 Social and Behaviour Change Communication Practices

An understanding has emerged that cultural and social context should provide a reference point for legitimacy and acceptance of new behaviours. Hence, Social and Behaviour Change Communication (SBCC) attempts to create an environment where positive behaviour change is acceptable, possible and promoted. Sustaining these healthy behaviours usually requires a continuing investment in SBCC as an integral part of an overall health programme (Salem, Bernstein, Sullivan, 2008). However, awareness and information by itself are not enough; especially if the environment does not support change and adoption of new practices. Such behaviours, embedded in the normative practices of any society, require social sanction for change, while those seen as 'easy to manage and with little effort' can ensure only compliance at the individual level. An individual is likely to accept a new practice, or alter an old practice, if the policy and legal framework, economic and socio-cultural factors all provide a conducive (and acceptable) environment.

With paradigmatic shifts in communication theory, the nature and applicability of SBCC components in health related programmes have undergone a shift from a premise that provision of information alone is the primary requirement to raise knowledge levels.

The Family Planning programmes in India during 70s and 80s employed a top down approach and met with a lot of resistance. The Polio programme was mostly well received in communities because of its participatory media campaigns, social mobilisation efforts, facilitated by community leaders and mop-up drives by health providers. Today SBCC components have shifted from focusing on individuals and households to communities and the wider society; from involving beneficiaries of change to 'partners' in social development; **from demand creation to participation and empowerment; from top-down channels to participatory, dialogical and learning models and from needs to rights.** Sustaining the change requires optimisation of local assets in the form of material, know-how and human resources to ensure that interventions (healthy behaviours) have fiscal viability and can easily germinate in the local culture to gain acceptability, trialability and regular practice.

### 13.5.2 Health Prevention, Promotion and Education

Now let us try to find out the difference between prevention, health promotion and health education. It is important to distinguish between the concepts of "prevention" and "health promotion". The two concepts share a common goal: to improve health condition and status of the population across all class and sections. They need to be understood as complementary approaches to tackling public health issues in a population.

**Health Prevention:** The historical term "illness prevention" dates back to the 19th century discussion around social hygiene and population health. Prevention is concentrated on illness and disease, with close links to the medical and biological sciences. It aims at avoiding illness and diagnosable conditions through reducing or eliminating risk factors which determine ill health. Prevention may take place at an individual level (e.g., breast cancer screening) or at a population

level (e.g., chlorination of water sources). Prevention also includes interventions such as anti-smoking campaigns based on health education, screening for disorders and illnesses, or treating high blood pressure to avoid complications - to name some examples.

**Health Education:** “Health education” is one of many possibly strategies, to pass on information in a prevention or health promotion programme. According to WHO, health education is any combination of learning experiences designed to help individuals and communities improve their health, by increasing their knowledge or influencing their attitudes.

**Health Promotion:** Prevention does not focus solely on the individual, but takes a community or population perspective. The lead for prevention campaigns often lies with the health sector. The much younger concept of “health promotion”, on the other hand, uses an approach which focuses on health and factors that maintain or lead to good health with a multi-sectoral philosophy, involving not only the public health sciences, but also economic, political, cultural and social sectors.

The Health Promotion concept is deeply rooted in the socio-ecological concept of the determinants of health, where the individual (with the individual determinants of genetic/hereditary factors, sex and age) adopts health related behaviours and leads a lifestyle, influenced by social and community networks and wider socio-economic aspects, the physical environment (food, water, home, workplace, etc.), and cultural and environmental conditions.

In India, the family planning programme, which was a major health initiative to motivate couples and families to decide on the number of children, envisioned a population that would be sustainable in supporting the burden of the ever increasing population. Employing government media and the press to promote the idea of a small family norm was carried out with the help of advertising and using the extension approach through the network of block and district level IEC staff. The focus was on preventive health aspects which were based on increasing the levels of knowledge of people in managing their health needs.

Under National Health Mission (NHM) communication is an integrated task which works at multiple levels from policy making to community counseling. Using innovative communication promotion measures such as facilitating advocacy and social marketing; involving multiple channels for mainstreaming information flow; creating theme based campaigns such as ‘immunisation week’; building brand identity and having goodwill Ambassadors etc. it is having positive effect.

### 13.5.3 Media Advocacy

Media advocacy is a developing strategy that seeks to change social determinants of health, primarily public policy, rather than personal habits or behaviours. Specifically, media advocacy is defined as the strategic use of mass media and its tools, in combination with community organising, to advance healthy public policies. An example of media advocacy is HIV AIDS. Since 1986, when the first case of AIDS was found in India, the media has been in the forefront of

giving coverage and reporting on it extensively. Focusing on its causes and control, media coverage have contributed to improved public awareness and knowledge of AIDS.

### 13.5.4 Enter-Educate Communication

Mass media as a standalone strategy, however, has limitations since it is not customised to cater to group and individual differences. Enter-Educate (EE) programmes in a group and IPC settings have an edge over purely technically loaded or even vertically directed enter-educate health education programmes since people can learn more through use of game-activities, group interaction and use of media material.

EE is most effective when exposure to mass media messages goes along with reflection, debate and interpersonal communication. A prime example of this is the 30 minute TV weekly programme ‘Kalyani’ which was launched in 2002 and aired in the nine most populous states of the country. Kalyani (*the one who does social good*) was conceptualised to be entertaining, participatory, need-based, multi-segmented and interactive to change behaviour and influence social action on issues of health such as tuberculosis (TB), cancer, HIV/AIDS, malaria, iodine deficiency, misuse of tobacco and water-borne diseases. It takes on a ‘reality show’ format in which doctors’ visit rural areas to interact with the community. In addition; viewer participation is encouraged through ‘phone-ins’, newsletters, quizzes, weekly question competitions, and monthly slogan prizes.

According to the communication theorist Walter Fisher, story telling is inherent to human nature and to societies. Developed as the ‘narrative paradigm’ in communication theory, it attempts to show how narratives make an activity more pleasurable, involving, believable and coherent. It also establishes ‘para-social’ interaction; by which people perceive a relationship with the characters of the entertainment programme and see them as their friends. In this way, media role models can create a sense of ‘self- efficacy’ and ‘collective efficacy’ (Rogers and Singhal, 2001).

In Karnataka the project for rural and poor women regarding child health and nutrition, used simulation game analysis (SGA) group interaction method (GIM) and graphic aided talk (GAT) methods to raise their awareness. While all the three strategies proved to be effective, SGA was the most preferred for transfer of learning as compared to the other two (Vishwanath H.N, 2006) which suggests that learning through entertainment has a better recall and is more acceptable.

#### Check Your Progress: 3

- Notes:**
- 1) Use the space below for your answer.
  - 2) Compare your answers with those ones given at the end of this unit.

- 1) As a communicator why will you chose SBCC strategy in a health communication programme?

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- 2) What type of media-mix is required for social and behaviour change communication?

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## 13.6 LET US SUM UP

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In this unit you have read that health is an important development issue and is inextricably linked to human development and rights. Health has a symbiotic relationship with our life-style and with the socio-economic conditions which determine our access to health services and facilities.

Lack of availability of health facilities and access to such services can impair our ability to sustain healthy status. At the same time, it is relevant to discuss the significance of other adjunct factors of our unhealthy lifestyle and habits which can have a debilitating effect on our health.

Health for All is an agenda for achieving the sustainable goals set for 2030. In an effort to achieve these targets the role of communication is critical not in just mobilising people, but highlighting the role media can play in positioning salient issues for preventive health, promotion and education of health programmes across communicable and non-communicable aspects of human condition.

Carbon footprints of our productive life have some consequences for the ecosystem and societies and health of its denizens. The disease burden can take toll of human lives and leave a great financial burden of managing the system of facilities and delivery network of health services. Health behaviour, in particular, has been shown to be linked to the larger social, political, and economic environments. Health communicators and journalists can provide a consistent and tangible approach to sustaining health for all through messaging and interactions and simultaneously making policies and programmes more people-friendly and transparent.

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## 13.7 FURTHER READINGS

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Parvanta C; David E Nelson, M.D.; Richard N Harner, Public Health Communication: Critical tools and strategies, , Publisher: Burlington, MA : Jones & Bartlett Learning, [2018] ©2018

Parvanta C, David E. Nelson , Sarah A. Parvanta, Richard N. Harner, Essentials of Public Health Communication (Essential Public Health) 1st Edition, Published by Jones and Bartlet Learning, 2018

Charles K. Atkin & Lawrence Wallack, Mass Communication and Public Health Complexities and Conflicts, Edited by: Volume: 121 Series: SAGE Focus Editions

Vemula , R.K. , Health Communication and Sexual Health in India, Published by Routledge, 2018

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## 13.8 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

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### Check Your Progress: 1

- 1) The public health approach requires gaining immediate and consistent public participation in managing action at the community level and among the people. Well-being and health of the people forms part of this social evolution which requires use of communication strategies and multi-media approach in achieving the desired change in health behaviours at an individual and community level. In this context media plays an important in promoting healthy conditions, changing behaviour conducive to the aim of social and economic growth and keeping a vigil in getting right policies and programmes on the ground.
- 2) Health determinants are embedded in the socio-economic conditions, political and environmental settings of any society. The changes in the lifestyle and economic policies, or health services have adverse effects on the health of the people. Rapid economic growth and changing life styles, the health consequences vary from endemic infectious diseases to stress- related disorders. Environmental conditions have also taken a toll on the health conditions of communities.
- 3) Health is the pivot for sustaining socio-economic development and progress, and is one of the major goals of Sustainable Development Goals (SDGs) for 2030. Health goals are based on the premise that increasing access to health information, empowering and educating people about critical value of healthy environment could bring substantive changes in their lives. Communication programmes and media channels play a significant role in promoting preventive health practices.

### Check Your Progress: 2

- 1) For many decades health communication was largely a top-down vertical flow of information about health messages to various stakeholders aimed at behaviour change of an individual. However, this assumption was found to be fundamentally flawed and such health innovations were met with resistance by the communities who saw them against the local cultural idiom and social norms. Communication programmes were met with apathy or suspicion at the community level and this led to failures of many health programmes such as Family Planning programmes in reducing population growth.
- 2) Health communication has changed from being just transmission of information to more meaningful and empowering engagement with communities. Based on the experience and research, it has been realised that an organised effort needs to be made to mobilise communities, individuals and enlist political will in making a concerted effort to achieve the goal of healthy people.

**Check Your Progress: 3**

- 1) I will choose SBCC strategy in a health communication programme as SBCC attempts to create an environment where positive behaviour change is acceptable, possible and promoted. It is based on the understanding that an individual is likely to accept a new practice, or alter an old practice, if the socio-cultural factors provide a conducive environment for sanctioning the recommended changes.
- 2) Mass media is not customised to cater to group and individual differences, thus have inherent limitations as a standalone strategy. Media-mix comprising print media, radio, television, community radio, online radio and community videos can be gainfully used by customising their content to local conditions and context. To cite an example, community radio has been gainfully employed to work in community settings with their participation in providing programmes relevant to their needs. Hence, community media can be effectively used in a cooperative and collaborative manner through proper tie-ups with NGOs and universities.



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