
UNIT 9 MEDIA AND HEALTH ISSUES

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9.0 INTRODUCTION

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.

9.1 LEARNING OUTCOMES

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.

9.2 CONCEPT OF PUBLIC HEALTH

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.

9.3 SUSTAINABLE DEVELOPMENT AND PUBLIC HEALTH

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.

9.3.1 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.

9.3.2 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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9.4 THE ROLE OF MEDIA IN HEALTH COMMUNICATION

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.

9.4.1 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.

9.4.2 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.

9.4.3 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.

9.4.4 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.

9.4.5 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.

9.4.6 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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9.5 STRATEGIES FOR PUBLIC HEALTH COMMUNICATION

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.

9.5.1 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.

9.5.2 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 possible 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.

9.5.3 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.

9.5.4 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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9.6 LET US SUM UP

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.

9.7 FURTHER READINGS

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

9.8 CHECK YOUR PROGRESS: POSSIBLE ANSWERS

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.