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TECHNICAL PAPER

HEALTH PROMOTION AND THE MEDIA

CONTENTS

Executive Summary

With the health sector progressively increasing its emphasis on public health, the need to work with the media as a full partner in health promotion is emphasized. So far the health sector has taken a cautious attitude to working with the media. At the same time, the media often seem to bypass health or give it a position of secondary importance. The need to emulate the political and commercial sectors in utilizing the media to reach out to people and encourage healthy lifestyles seems to be becoming paramount.

In the Eastern Mediterranean Region, there are interesting examples where the media has been used for health advocacy or to promote certain health programmes, such as immunization and diarrhoeal disease control. Nevertheless, the Region offers many more opportunities for better cooperation with the media to promote health and healthy lifestyles. Indeed the media already has an impact on lifestyles in the Region, but this impact may sometimes lead to negative health effects. An indirect health message is often put out by the media, although it may be totally unintended. Such a message is often disseminated through commercials, drama, films and other forms of media output. Cooperation between the health and media sectors should work towards a harmonized, positive health message, whether put out directly or indirectly. That can be achieved through on-going dialogue that brings the two sectors closer, smoothing cooperation and addressing their mutual needs.

This paper calls for a complete partnership between the health sector and the media, to promote healthy lifestyles. Such as partnership is seen as being part of a social mobilization strategy in which both the media and the health sector work hand in hand to give health its proper position of importance among policy-makers, government officials, nongovernmental organizations, community groups, families and individuals.

The paper proposes action to be undertaken at the national and regional levels to establish such an essential partnership. The proposed action aims to provide accurate situation analysis of the input of the media in health promotion, better mutual understanding between the two sectors, training, studies in using new communication technologies for health and enhancing the role of the media in health promotion.

1. INTRODUCTION

1.1 Health promotion and the media

In the latter half of the 20th century, with considerable success achieved in the control of communicable diseases, people started to live longer than ever before, enjoying greater freedom from the threat of infectious diseases. However, at the same time, noncommunicable diseases are on the increase. Epidemiological studies from 1950 to 1975 identified certain habits and behaviours related to eating, physical activity, and tobacco and alcohol use as largely responsible for the epidemic of chronic diseases. In their efforts to address the situation, health educators adopted the term "health promotion" to mean their approach to modifying the individual's behaviour so as to make it healthy behaviour. The Ottawa Charter for Health Promotion sponsored by the World Health Organization delineated health promotion as "the process of enabling people to increase control over, and to improve their health".

Health promotion has been described in terms of health balance and health potential. Health balance is essentially the Hippocratic notion of dynamic equilibrium between the human organism and its environment. Health potential consists of reserves—an individual's capacity to cope with environmental influences that jeopardize health balance. Health promotion aims at having a positive balance and increasing the health potential.

For effective health promotion there is a need to ensure participation and involvement of the whole community from professionals and lay people. The involvement of the whole community requires a mechanism that can function in a way that keeps the whole population continuously involved. The media is the mechanism best suited to this role.

On the eve of the new millennium, one cannot help but marvel at the phenomenal changes the last third of this century has brought about: changes in politics, in economics, in social and cultural institutions, and certainly in health. A common engine for all these changes is the rapid technological advance in mass media communication. Indeed, the 20th century began with the dispatch of words via Morse code and will end with a bewildering and ever increasing variety of information in cyberspace. As wire broadcast, telephone, phonograph, radio, audio tape and television dominated the first two-thirds of the century, now cable television, video recorders, cell phones, satellite dishes, and the information highway have successively become prevalent during the past three decades. They have expanded the horizon of human communication immeasurably, with each new innovation impacting on the configuration of information dissemination. In many countries, including a few in the Eastern Mediterranean Region of the World Health Organization (WHO), television has emerged as the public's most common and constant, if not dominant, source of information and learning environment.

1.2 The media's impact on society

The power of new communication technology is far reaching, and its influence is felt beyond the convenience of sending words and images. To be sure, the Morse code with its telegraphic transmission all but supplanted the printed word via mail as a means of

sending urgent information. But the instantaneous worldwide access to information through Web sites on the Internet and via CD-ROM on personal computer is about to outdate visits to libraries or to the newsstand to pick up the morning paper. In changing how people communicate with each other, the Internet is altering the ways business is conducted. In retailing in the industrialized countries, for instance, it offers such a convenient way of merchandizing goods and services that it threatens the very existence of any institution that clings to face-to-face transactions. Stores, supermarkets and banks are among those institutions that need to adapt to the new circumstances or face extinction.

Telephone calls via satellite connect people across oceans as easily as walking next door to visit one's neighbours, thus altering the perception and the human reality of distance. The impact of such technologies is first felt in the industrialized countries, but they are spreading rapidly to developing nations. The new millennium will certainly bring even more changes.

1.3 Politics, commerce and the media

Successful politicians and commercial interests have taken advantage of the power of media technology. Electoral campaigns depend much on the resources to employ, and effectively use, the media in getting messages across to the voters. Political issues are fought over airwaves, and even military commanders are concerned how battles are portrayed on newscasts that may have an impact on the policy and direction of civil strife or war. Television, facsimile, and videotapes have made national boundaries porous.

Religions have long recognized the need to disseminate information via the mass media. Sermons are broadcast over radio and television. Ceremonies during the fasting month of Ramadan or broadcast of the annual pilgrimage via satellite all over the world are examples of ways of uniting Muslims all over the world.

Marketers aggressively seek the most desirable slots on radio and television to sell their goods. For example, a 30-second television commercial during the 1999 Superbowl game, the biggest sports event in the USA with an audience of 125 million, costs US$ 1 500 000.

1.4 Health's cautious view

More often than not, however, the health sector has taken a rather cautious view of the mass media. The tradition of not allowing physicians to advertise themselves in the media may have inhibited the public health sector from seeking an active partnership with the press. Medical and health personnel, accustomed to the clinical setting where patients actively seek their help and advice, sometimes retain the same mindset in tackling public health issues. However, the general public is not found in a clinic and has access to an increasingly aggressive market place of information, and health messages, however noble and inherently virtuous, face relentless competition from other sources.

A number of public health programmes, such as the Expanded Programme on Immunization (EPI), and promotion of the use of oral rehydration technology (ORT), have successfully mobilized the media for the important task of educating the public. So have the HIV/AIDS and reproductive health programmes. However, the health sector as a whole has not been in the forefront of obtaining the media support necessary to give the "public"

its due place in "public" health. Some health professionals, made wary by infrequent encounters with news reporters, may even harbour the notion that journalists represent potential adversaries who seek to exploit the weaknesses and failures of their complex tasks.

1.5 A partner in health promotion

The World Health Assembly recently reaffirmed the target of health for all for the 21st century. Can health professionals afford to ignore the need to work with the media as collaborators on a more systematic basis? Can the goals of health for all (HFA) ever be achieved if the health sector considers the mass media, with its singular capacity to reach most of the "all" of people with health information, a spectator instead of a participant? Can countries in the Eastern Mediterranean Region overlook the opportunities new communication technologies offer for public health?

The answers are clear. Health professionals must come to grips with the role of media in HFA. They should recognize that communication technology, which in itself is neutral, must be tapped more fully for health progress. The health sector must adopt a coherent and workable policy towards the media, and carry out a systematic strategy to mobilize the media as a crucial partner in achieving HFA goals.

2. MEDIA DEVELOPMENT IN THE EASTERN MEDITERRANEAN REGION

2.1 A complex sector

The media is an enormous and complex sector. It is composed of print, audio and image-related communication and, now, the information highway. Print, in turn, consists of daily newspapers, weeklies, monthlies, newsletters, books and periodicals tailored to specialized interests. Just as a daily newspaper has news and feature pages, editorial columns and sections catering to women, children and health, so magazines come in different formats, each designed to reach segments of the public based on levels of education and socioeconomic status and political persuasion. Radio and television, which generally reach more people than the print media, are equally complex and involve more technologies. News and talk shows, public affairs and entertainment programmes are all open to health messages. The cyberspace media has only begun to make its presence felt in the last few years.

2.2 The media in the Eastern Mediterranean Region

Although there has not been an up-to-date review of the media in all the diverse countries in the Region, UNESCO's periodic reports on communication and media development in its regions yield useful data for this review. The latest statistical report [*1*] (1996 data) includes a section on the Arab States, which make up the bulk of the countries of the Region. A number of recent studies in the Eastern Mediterranean Region [*2,3*] in connection with family planning work have also provided some useful data on the use of the media in a few countries. It is evident that the rapid global growth of communication technologies has not bypassed the countries in the Eastern Mediterranean Region.

The countries of the Region have exceptionally uneven economic development. They range from among the wealthiest to the poorest in the world. Media development follows the same pattern. However, a growing middle class has emerged in many of the countries and there is an attendant increase in interest in new communication tools.

With national education efforts in successive United Nations "development decades", the literacy rates in the Region have climbed, and the circulation of newspapers and periodicals has increased proportionately. According to UNESCO, the Arab States had a total of 138 dailies in 1994 with a combined circulation of 11 million, at 44 copies per 1000 inhabitants. Readership in the Region varies widely from one to another; Kuwait, for instance, reported 376 copies per 1000 inhabitants and Somalia only 1 per 1000. The disparity is glaring. In the Islamic Republic of Iran and Pakistan, there were 32 and 264 dailies and 24 and 21 copies per 1000 in 1995/96 respectively [*1*].

2.3 Radio and television

The 1997 World Communication Report reported that the Arab States had 69 million radio receivers, at 268 sets per 1000 inhabitants in 1996; and 30 million television sets, at 116 sets per 1000 inhabitants in 1996. In Pakistan, only about a third of the people had access to television in 1994, whereas Cyprus's television coverage was total [*1*]. UNESCO's World Information Report 1997–1998 also estimated that there were 5 million dish antennas in the Arab world [*4*].

Radio is the medium with the broadest national coverage in the Eastern Mediterranean Region; it reaches all but a small percentage of the population. Transistor radios operating on dry batteries are ubiquitous even in the most remote areas. It is the dominant medium of information in the least economically developed countries in the Region.

Television has been so successful in the Region that close to 90% of men and 75% of women watched television programmes regularly in Egypt, Jordan and Morocco, where data are available. One survey in 1994 showed that the average television viewing time in Egypt was 3 hours a day for close to 40% of the people interviewed [*5*]. In Morocco, television reached close to 94% of urban and 46% of rural residents in 1995 [*6*]. If surveys are conducted now, these numbers should be considerably higher. In the more affluent countries of the Region, where satellite dishes are common, television usage is virtually 100% and the viewing hours are even higher.

2.4 Different media systems

Media systems in the Region differ from country to country. While newspapers in most countries are in private hands, the majority of the radio and television stations are still owned and operated by governments. With the introduction of satellite broadcasting, international electronic media, including some funded and operated by Arab countries, the landscape of the electronic media is changing. Government stations are steadily losing ground.

Lebanon has a unique system designed to accommodate the country's different religions and political orientations. Several countries have allowed limited for-profit

private broadcasting, including pay television. As airwaves ignore national boundaries, stations, government-owned or private, span many neighbouring countries.

2.5 Digital broadcasting

The new technology of digital broadcasting by satellite or terrestrial means has resulted in a profusion of programmes. There is heated competition between national channels, pan Arab regional channels and international broadcasting networks. The BBC (British), StarTV and CNN (United States of America) with their regional editions are popular with the urban élite; Middle East Broadcasting Centre (MBC), Arab Radio and Television (ART), and the Rome-based Orbit Satellite Television Network are gradually gaining audiences [*7*]. Most Arab countries now have their national satellite channels which bring viewers a wider variety of programmes. Some of these channels, like Al-Jazeerah (Qatar) and LBC (Lebanon) seem to have gained a privileged position with particular groups of viewers.

Another development worth noting is that most government-owned radio and television stations are required to generate part, if not all, of their income, and often require government organizations to pay for airtime. The health sector with its limited resources is ill prepared to compete with commercial interests for prime time exposure. The chances of getting free public service announcements are dwindling fast. The percentage of airtime that should be devoted to topics in the public interest requires attention at the highest level of government, so that public health gets its fair share of the public airwaves.

2.6 Effective media programmes for health

The programmes most watched are dramas (soap operas), news, family programmes, live call-in shows, religious sessions, and health programmes [*8*]. In urban centres, where women have joined the work force, the video player has become a convenient "baby sitter", as it has in cities of the industrialized countries.

In a number of countries, the health sector has done excellent work with the media for specific programmes, while in others no serious system-wide cooperation has been attempted. Effective public service radio and television spots have contributed to the success of many health programmes, especially reproductive health, immunization and oral rehydration programmes, in a number of the countries in the Region.

Serialized dramas (soap operas) have proven effective in Egypt and the Syrian Arab Republic to promote various methods of family planning and the use of oral rehydration therapies. Educational programmes for children in Kuwait received international attention in the1980s for their high quality. Popular children's programmes, such as "Why and How" from Beirut, reach quite a number of the neighbouring countries. Well known personalities, such as Karima Mukhtar (actress), and Adil Emam (comedian) have succeeded in disseminating important health messages in Egypt [*9*].

In recent years, the BBC's radio programme "New Home, New Life" which takes the form of a radio soap opera in Dari and Pashto, the two languages of Afghanistan, has been able to disseminate highly important health messages to the whole population of that country. The effect is seen in the universally positive response by the population to immunization campaigns and similar health conscious behaviour.

2.7 The widening gap

It should be noted, however, that technological advances, including those in the field of communication, invariably widen the gap between the "haves" and "have-nots", as the more affluent and better educated are better positioned to take up the challenges and opportunities of new tools. The widening gap between countries and between population groups within countries notwithstanding, the fact remains that new communication technologies have spread to the Eastern Mediterranean Region countries.

This does not mean that the widening gap is not a serious issue in the Region. The scope and complexity of the issue requires research and study. Nevertheless, the implication of the widening gap deserves attention and cries out for solutions.

2.8 Information rich and information poor

In cities across the Region, video recorders, cell phones, multiple cable television offerings, satellite dishes with scores of channels, and the Internet with its World Wide Web are common among the educated and a nascent middle class. While the urban rich in the Region, like those in the industrialized countries, have the same easy access to the resources of the information highway, they also face the burden of information overload.

At the same time, the rural poor, who cannot afford and are not even aware of the possibilities of the technologies that have been around for half a century, remain information poor. Such disparity in communication has an impact on the health status of those deprived of information access. The role this issue plays in national health policy and how public policy can help in redressing health inequity as a result of the information imbalance in the context of HFA are policy issues that deserve the attention of health leaders in the Region.

2.9 Making the best of media proliferation

The proliferation of satellite television channels and radio stations that can be monitored across the Region offers great opportunities for the health sector to put its message across. Although air time is expensive, there may be opportunities to make it available freely. The case of Lebanon, a country with an abundance of media channels, offers a method that may be replicated in other countries.

Media abundance may make it necessary to issue legislation to ensure the provision of free time and space dedicated to health matters. However, it is also possible to achieve that on a basis of partnership. In Lebanon a compromise was negotiated with the media by which more time was allocated to health and education in general in return for guaranteed freedom. The compromise has proven a success, resulting in the media voluntarily giving more than the agreed time allocation to health and education matters.

On the negative side we find that an attempted ban on tobacco advertising in Lebanon was met with vociferous claims that banning tobacco commercials would not only deprive the media of a legitimate source of income but would also constitute an infringement of their freedom of speech. This is well trodden ground. The health sector should be always ready to counter such arguments, which try to reduce the importance of health as a basic human right. It is to be noted that the United States, which prides itself on its freedom of the press and speech, has introduced a total ban on tobacco advertising.

There is no doubt that health issues appeal to the media and there are many examples that confirm public interest in such issues across all sectors of media audience. In the Islamic Republic of Iran, where very good use of the media has been made to ensure success of public health programmes, the media has been very cooperative. However, there is always a danger that when the health sector is unable to satisfy the media's demands for material on priority health issues, the media may direct its attention to areas of low priority, such as high-tech surgeries.

2.10 Research needed

With the onslaught of new technologies, communication scholars have barely managed to catch their breath in coping with the explosion of possibilities made available through the fast changing media environment. Unfortunately, measuring the impact of the various media on health has not been high on the research agenda.

Research is indeed urgently needed. It is widely acknowledged that health-related information is being disseminated through entertainment shows and commercials as well as news and public affairs programmes. While a number of studies have evaluated the effectiveness of specific health messages through radio and television programmes, little is known about the media's total impact on health.

A pioneering study in the United States of 130 hours of television programming broadcast in one week as early as in 1970 showed that 7% of the programming contained health-related information. As much as 70% of the health material was inaccurate, misleading, or both, and pro-drug remedies outnumbered messages against drug use or abuse by 10:1. Some of the research in this field in the 1980s also showed that health-related images were in serious conflict with sound guidelines for health and medicine [*10*]. Television often disseminated messages about food, nutrition and weight in a fun-oriented context satisfying emotional or social purposes. There is ample empirical evidence that commercial messages, effectively disseminated through the media, have helped the sale of products and services; otherwise, commerce and industry would not be pouring billions of dollars into various types of media advertising. However, the extent of the impact of these negative messages on public health has not been established.

2.11 The media's own priorities

In the last decade, the proliferation of cable channels and the globalization of trade and commerce have intensified competition for audiences among prime-time entertainment programmes. With the globalization of mass media, there is reason to assume that a similar pattern of media messages on health exists in some of the countries in the Region.

The media has its own standards and pursues its own agenda. The privately owned media organizations are businesses, whose main sources of income are advertisers trying to sell products and services, and their shareholders expect dividends. Even publicly owned media institutions now depend in part on advertising for their income. The priorities of the media are objective reporting of news and events and the production of entertaining or interesting stories and programmes to keep the attention of their readers and audiences and to maintain high readership or audience ratings, which in turn determine the cost of advertising space or airtime [*10*].

Health and its appeal to readers and other audiences seems never to have been studied properly so as to determine the space, air time and format that may be given to health issues. There seems to be a rather casual attitude which reduces health to a position of secondary importance. This is particularly the case with publicly-owned media, where health programmes are often given a slot in middle-to-poor viewing or listening periods. With the keen competition for resources in the media, health does not seem to be able to secure sufficient resources to put its message across in an appropriately attractive format. This puts health in a vicious circle, with poor placement leading to the allocation of insufficient resources, resulting in poor quality programmes that do not attract sufficient advertising, in turn keeping health programmes in their low position in the overall media output.

In recent years, there has been a proliferation of television chat programmes with extended time allocation, ranging from 30 to 90 minutes or even longer. The format is often a dialogue with one person, or a panel discussion, and many such shows include a phone-in facility to interact with the audience. Despite the appropriateness of the format, however, health rarely features in such programmes.

2.12 Collaborating institutions

Some of the health-related messages from the media's diverse programmes are intended to serve purposes other than health. If they convey negative health messages, or conflict with messages from the health sector, such as with cigarette smoking, they are not deliberate acts against health. Their impact may well be classified as "unwitting side effects." But the health sector cannot ignore the consequences of such messages, which can negate much of its work. If appropriate measures are to be taken to counter such influences, baseline data are needed about health-related messages in the various mass media. Only then can effective strategies and specific efforts be devised to mobilize the mass media in the Region for health for all on a systematic and sustained basis. National institutes of higher learning in the Region, especially those concerned with communication and health, should have a common interest in such research tasks.

The Arab States Broadcasting Union (ASBU), founded in 1969 to strengthen regional cooperation and facilitate exchange among member countries, and other regional media associations, are potential partners for WHO in health promotion in the Region. Support for joint productions by ASBU members will not only prove cost–effective but will also allow for better use of talents with a view to improving quality.

3. COMMUNICATION AND BEHAVIOUR

3.1 Communication and lifestyles

The health transition, brought about by demographic and epidemiological changes, has accentuated the importance of health communication; lifestyle illnesses are becoming dominant issues in industrialized countries as well as in a growing number of developing nations, including those in the Eastern Mediterranean Region. There is a growing realization that lifestyle illnesses, hitherto considered "noncommunicable," are actually "communicable"—via words and images [*11*]. Acknowledgement of the role of the media

in facilitating changes, including lifestyle changes, crossing national boundaries and leaping over deserts and oceans is gaining ground.

In order to draw attention to the totally different etiology of causes of lifestyle illnesses it may be necessary to reclassify them as "New Communicable Diseases", so that strategies to fight them are put into a proper perspective and appropriate measures are designed and implemented. Just as the health sector has sought the participation of entomologists in the fight against vector-borne diseases, such as malaria and other parasitic ailments, health professionals need now to seek partnerships with communication scholars and the media sector to tackle the growing number of lifestyle-oriented diseases.

Moreover, even as new discoveries in health sciences are being produced in laboratories and research institutes, a considerable body of existing scientific knowledge has neither been translated into effective public health programmes, nor found its way into behavioural patterns. Information dissemination and interaction between people, for which the media has a clear role to play, are widely accepted as crucial keys in facilitating the conversion of knowledge to belief, attitude and action.

3.2 Interpersonal and mediated communication

There has been an ongoing debate about the effectiveness of the various methods of information communication and the communication process itself. It has long been an article of faith among educators and communicators that the dissemination of information alone does not automatically result in sustained behavioural change.

Studies which examined the effectiveness of the media in producing health behavioural change tended to downplay the role of media. Some of them failed to take into account how effectively the messages were delivered through the media. Judging the quality of a video can be a subjective exercise, but it remains a key factor in evaluating the effectiveness of media. Other studies have segregated the media from peer groups as separate sources of influences when peers, too, are clearly subject to the influence of the media. The influence of the media on peer groups is therefore discounted in such studies. Such flaws in study designs tended to reduce the weight of influence of the media on behaviour modification.

3.3 Value of dialogue and feedback

This does not in any way diminish the importance and effectiveness of interpersonal communication. The conventional wisdom that, all things being equal, interpersonal communication is more effective than mediated communication, stands unassailable. Interpersonal communication allows instant feedback and interaction and is therefore considered more effective in effecting change; but it is labour intensive and costly on a per capita basis and cannot be counted on as the primary method to disseminate information.

Moreover, monitoring interpersonal communication on an individual basis is almost impossible, as the accuracy of message content can vary in each presentation, and erroneous delivery can occur without detection. It should also be noted that the electronic media is becoming increasingly interactive (e.g. call-in radio and television talk shows)

while Web sites allow for question and answer dialogues, although such dialogue is still confined to a small part of the targeted audience.

3.4 The communication process

The process of communication involving dialogue between the sender of messages and the receiver is complex. There are many determinants of health behaviour: biological, social, economic, religious, cultural and political [*12*]. It would be beyond the scope of this paper to address the complexity of health behavioural change. It is axiomatic, however, that the dissemination of information is necessarily the very first step on the road toward behaviour modification or compliance. Also, it is obvious that the mass media hold the key to the task of informing the public in large numbers.

If the purpose of dissemination of health information is to bring about change, one should take into account the many steps involved in the adoption of innovation [*13*]. How well a specific information message is presented and communicated and through what channels has a bearing on its acceptability. Any change, and certainly sustained change, calls for repetition and reminder. This crucial step in the adoption process is not overlooked by marketers but is often not taken into account in health. The golden principles of community health education—empowering people to make informed choices and involving communities in determining their priorities and participating in solutions—are crucial for sustained change.

However, we must not overlook the other, perhaps even more important, purpose of disseminating health information: the right to know. Scientific knowledge should benefit not the privileged few but all humanity, and therefore should be shared by all. Does the health sector not have the obligation to inform the public about health issues, even if there is no assurance of compliance? Does society decide not to send children to school, if there is no assurance that the students will learn the lessons? Does health for all mean health information for some? Does informed choice exclude the possibility of a choice of non-compliance?

3.5 The media's impact on health

There have been studies on the effectiveness of media interventions for specific public health programmes. These include studies on public service spots on radio and television, as well as what Johns Hopkins' Population Communication Services commissioned as "Entereducate" programmes, whereby health messages are conveyed through entertainment programmes, such as musicals or serialized dramas [*14*]. The concept of Entereducate found its early expression in radio plays and soap operas and was employed by UNICEF episodically in its earlier nutrition programmes. In the 1970s, pioneering work was carried out by Mexico's Televisa and Brazil's Rede Globo for a number of social issues. They produced serialized entertainment programmes, called "telenovelas" on literacy, family planning and breastfeeding. They followed up with surveys and reported a substantial increase of enrolment in literacy classes and the use of contraceptives and a drop in the sales of infant formulas. Evaluation of Entereducate inputs was so encouraging that the concept is now gaining ground in many countries.

While the globalization of the media brings a greater flow of information and stimulates commerce and trade, it also conveys new lifestyles, sometimes harmful, to developing countries. Programmes from CNN, BBC, and other transnational networks such as Orbit reach many countries. Radio and television programmes from southern Spain, for instance, cover residents of northern Morocco. Yet, little research has been conducted on the adoption of social norms across cultural divides through the mass media.

3.6 Limited input

Organized health-related inputs represent a miniscule part of the total output of the media. A couple of well presented 60-second spots against smoking, for instance, may be followed by an old movie, where the leading man chain-smokes cigarettes for the better part of a two-hour film. The two short spots on the health hazards of smoking would be easily overwhelmed by an hour of smoking portrayed by a handsome and glamorous star.

Moreover, advertisements often carry lifestyle-related images. Take the example of advertising a new soap with deodorizing properties. A commercial, which is designed primarily for the audiences of the industrialized nations, shows a popular bar or a disco where young and attractive persons are mingling. The soap is then presented as a way to ensure the absence of any undesirable body odour. Thus, the user of the soap can attract the attention of the opposite sex, leading to romance and perhaps sex. While the soap is being marketed, the situation is being offered as desirable and an accepted social norm. However, such commercials can now be seen on CNN or via the satellite dish in many parts of the developing world, including those in the Eastern Mediterranean Region.

Indeed examples of commercials that implicitly influence social outlook are numerous. A recent award-winning commercial series for coffee in an industrialized country features a divorcee and her neighbour using the excuse of coffee to meet and start a series of dates. Even advertisements for children's cereals can be pregnant with norm-building lifestyles. When such commercials are seen on via the satellite dish, or when they are dubbed in local languages for use in developing countries, they influence their audiences and help create new social norms and lifestyles. Yet, no serious effort has been made to evaluate the impact of such commercials.

Locally produced commercials also have similar influence on lifestyle and encourage behaviour change. When such influences have a clear bearing on health, we need to ensure that it is a clearly positive bearing, promoting only what benefits health. This cannot be done unless the media's involvement in health matters is that of a full partner who has the same objectives as the health sector.

4. PARTNERSHIP WITH THE MEDIA

4.1 Public interests include health

It has been the practice that when the health sector needs media exposure it goes to the media for help. While this is a reasonable basis for short-term support, it is the wrong approach to secure long-term collaboration. How many times can one ask for help?

One of the canons of the mass media calls for protecting the public interest. As airwaves are in the public domain, many countries have laws requiring the electronic media to devote a certain percentage of airtime to public service. How many countries in the Eastern Mediterranean Region have such regulations and guidelines? It is important to stress that the media's responsibility includes the health interest of their audiences. Therefore, partnership is a sounder basis for long-term collaboration than if the health sector seeks help from the media on an ad hoc basis.

4.2 Forming partnership

Forming partnership means involving key members of the media on a regular basis, not only on occasions when their help is urgently needed. This may not necessarily alter the way health professionals work with media representatives, but it does mean that public health professionals need to have a different mindset. The health sector must keep informing and updating the media as partners on health problems and issues. Since both reach out to the people, *public* health and *public* media are natural partners.

It would be unfortunate if this paper should exaggerate the role of the media in health. The media has its limitations and it is worth reiterating that the media *per se* cannot be expected to influence behaviour on a sustained basis. Moreover, media productions as well as media outreach to the different audiences is often costly, and often beyond the budgetary boundaries of the health sector. However, the question that begs to be answered is not whether media communication is the key to behavioural change. The question is whether the health sector can afford to ignore a partnership with the media for the first critical step—channelling information to the people—towards educating the public for an informed choice on health matters. In addition, the media can perform many other functions for health promotion.

4.3 The media's specific roles

Most communication scholars agree that the mass media can:

- *Play an important role in setting and influencing the public's agenda*

When the print and electronic media devote space and time to a given health-related subject, whether in the form of news coverage or editorial opinion, that subject often becomes a legitimate item on the agenda of the public. As leaders and public officials are accountable to the people they serve, that same health subject can get on to the priority list of policy and decision-makers. The media therefore can play a pivotal role in shaping and influencing policies and allocation of resources for national goals.

Because the media can help frame the discussion of a health issue in the interest of the public, they are valuable arenas for *advocacy* of health policies and programmes. Elected office holders recognize this function of the media; so should the health sector.

- *Facilitate dialogue among various segments of the society on health policies*

The media can reflect government policies as well as the reaction of the public on health issues. The media can be the arena in which different points of view can be expressed and contentious issues debated by various stakeholders. Such dialogue can be

facilitated on editorial pages and on radio and television airtime. Coverage of conferences, encounters, debates, marches and demonstrations is a reflection of the positions taken by organizers of those events. Even if editors and programme directors do not wish to take a position, they can allow guests to present their views in their editorial pages and programmes.

- *Introduce new information about medical advances or health threats*

Journalism's first call is to report news. It is the media's responsibility to publish news about new scientific discoveries that will conquer diseases or new pathogens that threaten health. When an issue threatens the health of a large number of people, it becomes the subject of a news story for journalists to pursue. Lifestyle practices conducive to healthy living or habits that are detrimental to good health are legitimate stories, on which reporters are trained to collect information and report to the respective publics they serve.

- *Promote healthy practices and behaviour*

Although it is generally accepted that the media alone cannot be relied on to effect behavioural change, it can certainly carry information on the need for change as well as instructions on how to change. Moreover, studies have shown that whereas media messages combined with face-to-face communication constitute a more effective package to promote change, media messages alone can also produce change [*16*].

- *Legitimize new practices and reinforce social norms*

While the media reflect society's mores, it is also true that exposure of new or unconventional practices in the newspaper and/or on radio and television does encourage public acceptance over a period of time. Discussion of sensitive subjects connected with reproductive health, for instance, has made it easier for teachers to take up the subject in schools. Changing fashion is another example. Media exposure can often change the unfamiliar to acceptable and even desirable. If new practices are repeated often enough, they can become social norms.

Such change in the public's attitude and lifestyle behaviour has been promoted more effectively in popular columns and entertainment programmes than in news columns and public affairs programmes. The media, it is evident, can be a powerful partner in fostering healthy lifestyle practices. Conversely, the media can be a powerful conduit for negative lifestyles and habits.

- *Reach large numbers of people at a low per capita cost*

It is axiomatic that the public health sector needs a partner in reaching the public. Face-to-face contacts are effective and irreplaceable in some situations, but health-for-all goals call for reaching *all*, and depending only on interpersonal channels to reach all would be prohibitive, both in terms of available human resources and in cost. Working with the media may cost considerable sums but the media is undeniably an effective partner in reaching the largest possible number of people at a low per capita cost. There is simply no alternative but to work with the media, if the public health sector seriously gives *public* its due.

- *Convey technical messages repeatedly without distortion*

One of the least appreciated values of the media is that once an accurate description of an episode is printed or put on audiovisual tape that description can be counted on not to deviate. This is applicable to demonstration of the proper way of breastfeeding, mixing the oral rehydration solution or carrying out the urinary iodine laboratory test. While the media only offers very limited feedback, it can be relied upon to tell the story accurately and repeatedly. This cannot be said of disseminating messages through interpersonal communication. There are probably ways to monitor and check the accuracy of the oral presentations of technical and scientific subjects by community health workers in group settings, but the cost would be prohibitive. It is recommended that small media materials, such as slide sets, posters, wall charts or short videos, are produced for use in face-to-face communication to ensure the accuracy of technical demonstration.

4.4 The societal context

The ultimate aim of fostering a partnership with the media is to obtain positive behavioural change and improve the health status of the people as a key part of a nation's development goals. Any change in attitude or behaviour involves a complicated process requiring support from stakeholders in various segments of society. For this reason, media work should not be isolated from other inputs that aim at the desired change.

A broad development strategy that has gained considerable ground in recent years is social mobilization. Initiated during the early years of the Child Survival Initiative, it was employed successfully by UNICEF in WHO-supported immunization and oral rehydration programmes. The concept, often under different labels, has gained popularity among nongovernmental organizations interested in health and development. It is now accepted by other development agencies, including more recently the World Bank.

This strategy (see Figure 1) calls for the formation of partnerships, ranging from decision-makers at the policy level to individual actions in the individual household. It requires the sharing of responsibility and ownership of the development goal among the multiple units of the bureaucratic/technocratic sector, the generation of support from the nongovernmental sector including, commerce and religious institutions, as well as the involvement of community groups such as churches, mosques and schools.

4.5 A tool for heath promotion

Such a society-based approach is applicable to all development fields, including the attainment of the health-for-all goals. It complements and should be an effective tool for WHO's health promotion efforts. A prototype curriculum that includes training in competencies in research methodologies, development economics and management as well as in education and communication practices is being used in part or in toto in 10 countries in different regions of the developing world. The media partnership is a key feature in this strategy. Indeed, it plays a crucial role in reaching all segments of society for changes in policies, attitudes and behaviour.

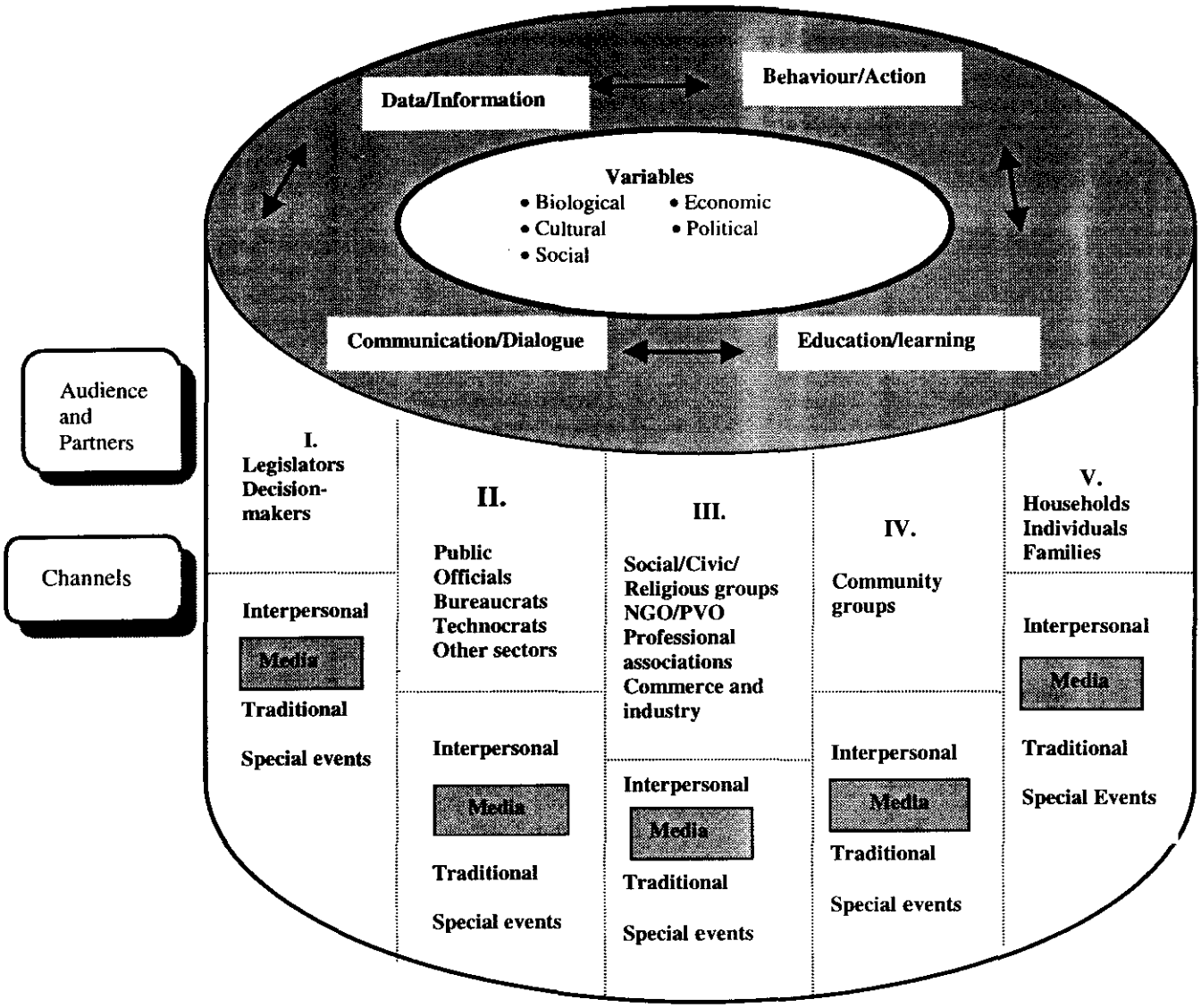

Figure 1. Social mobilization continuum: an illustrative framework

Although circumstances differ from country to country and often from one part of a country to another, health programmes depend upon the collaboration of other sectors. WHO has stressed the need to recognize the intersectoral nature of health, but little concrete action has been taken to effect such an approach. For a health programme to succeed, the health sector needs not just a helping hand from others, but a genuine partnership whereby ownership of the programmes is shared and the stakes of other sectors are clearly recognized. The social mobilization strategy calls for partnership with all stakeholders, as illustrated in Figure 1.

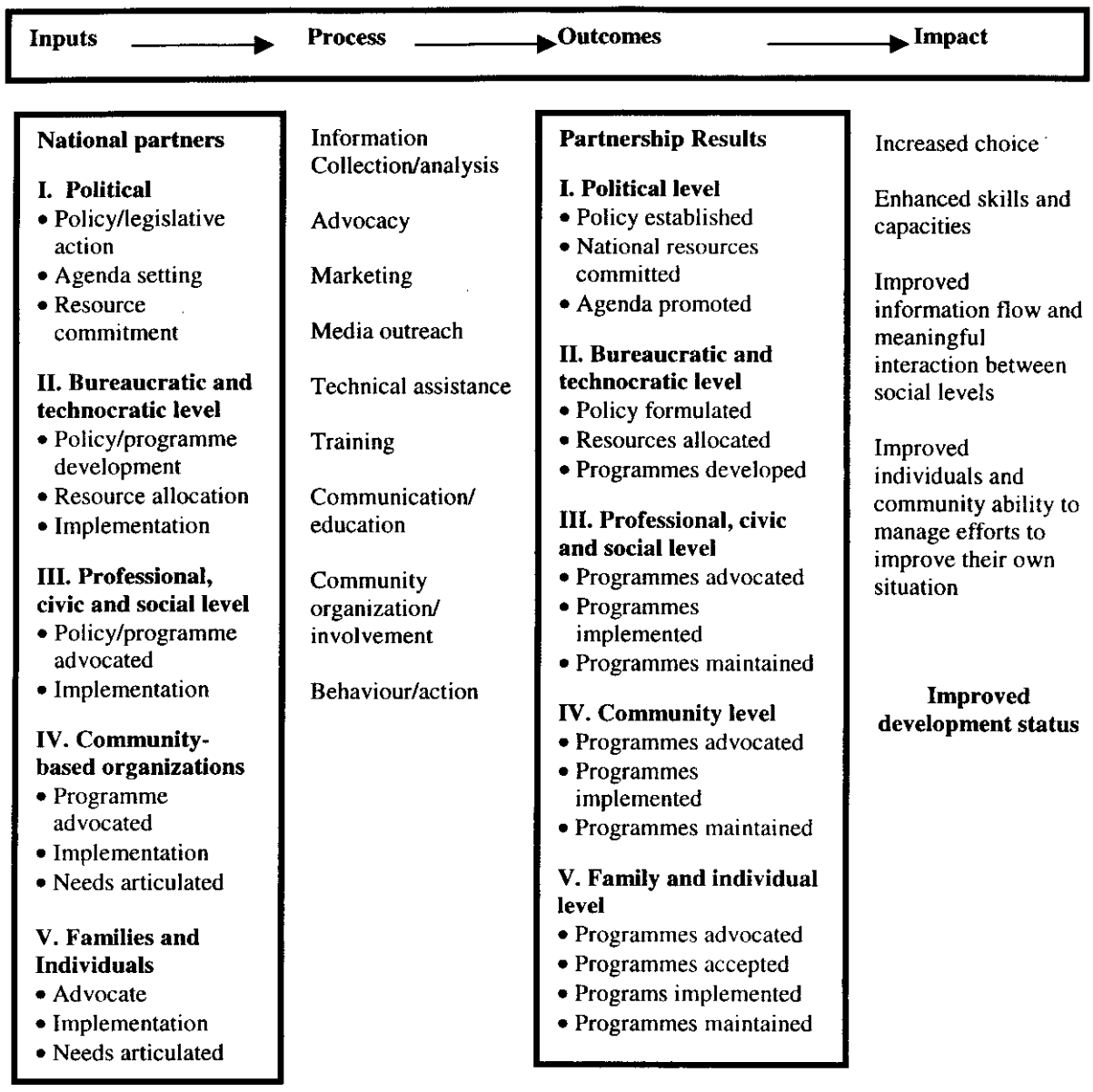

Figure 2. The basic elements of social mobilization

Figure 2 illustrates who the national partners may be under **Inputs**, how they work together for the activities under **Process**, what they are trying to accomplish under **Outcomes**, and what they hope the effect will be on development under **Impact**.

The five illustrated segments of society in Figure 1 are shown under **National partners**. They carry out the programmes supported by the international development agencies. There are two types of nongovernmental organizations: national civic/professional/religious associations and community institutions such as mosques/churches and schools. Experiences in many countries show that these groups as well as industry and commerce behave differently at different levels. Since changes in attitude and behaviour are required in public health programmes all these organizations are equally important.

The energies and resources of the national partners focus on the **Process** activities. Each step in this societal strategy includes some or all of these elements, although there are other important elements such as logistical support and financial management.

The activities under **Process** are expected to lead to **Outcomes** at various levels of society. The outcomes achieved from managing, interacting, and making choices as shown in **Partnership results**, which in turn should bring about results under **Impact**. The ultimate end of health development is, of course, **Improved development status**.

a) Political—policy-makers

The extreme left column names some types of policy-makers. Advocacy with and among leaders in this group helps foster the commitment that will clear the way for action. The goal here is to build consensus with sound data, to create a knowledgeable and supportive environment for decision-making, including the allocation of adequate resources.

b) Bureaucratic/technocratic—government workers and technical experts

Policy-makers depend on technocrats, bureaucrats and service professionals to provide the rationale for decisions as well as to plan and implement programmes. This sector includes disparate groups, each with its own agenda, conflicting interests and concerns. Harmonizing the disparate units in this sector is probably one of the greatest challenges in development, because development specialists have hitherto failed to recognize how difficult it is to foster unity among government units and technical groups.

c) Nongovernmental sector

This sector covers a multitude of interests: nongovernmental organizations for special purposes, social institutions and associations that represent organized support, religious groups with their ideological bends, commerce and industry that operate on a for-profit basis, and professional groups that exist to advance their own interests. Though difficult to mobilize, they do not hide their positions. If their stakes are given recognition, they are important partners and allies to mobilize civil society for various health objectives.

d) Community groups

Community leaders, schools, churches, mosques and grassroots groups are critical to getting communities involved. They help transform development goals into action. Unfortunately, they are often not given a voice in identifying problems and designing solutions before they are asked to help with implementation. Popular participation takes place here.

e) Households and individuals

Individual actions are the ultimate pay-off of health programmes. In the household, where such behavioural actions take place, key individuals in traditional society often hold sway. There needs to be deliberate action to inform and educate individuals in the household so that they can make informed choices. As shown in Figure 1, the media represents a pivotal channel of communication to reach people in all these five segments of society. Without the media, the process of change will take generations. With the media, information delivery is such that it skips geographical barriers, literacy barriers and even cross-generation barriers.

Figure 2 is an illustration of the basic elements in social mobilization.

5. PROPOSED ACTION

Member countries of the Eastern Mediterranean Region may wish to consider the following action, at the national and regional level, within the budgetary resources available and to seek external funding where necessary:

At the national level

1. *Surveys to obtain data about the current situation of the media in relation to public health in general and health promotion in particular*

Data about the current sources of health information among population groups would be helpful to guide the health sector's education/communication activities for various public health interventions. Such data will also be useful for various advocacy efforts aiming at changing policies and/or obtaining popular support for new policies or programmes.

Institutes of higher learning, such as schools of communication and public health, may be requested to undertake such studies. Under the supervision of faculty members, students can practise their skills in data collection. Alternatively, if adequate resources are available, professional groups or commercial firms can take up the task at current market rates.

Information about the media's impact on health is highly desirable to help shape the health sector's case for its share of public airwaves. Such data may help to stimulate public discussion on the media's contribution to social development, from which a set of guidelines for health-related commercial activities may be developed. Such studies will involve content analyses of media output and may involve health communication scholars in this relatively small field.

2. *Seminars to bring the media and health sectors together in order to identify common ground for joint action for the common good*

Publishers, editors, programme directors and broadcasting executives often do not realize the influence they wield in health and believe they are simply observers and bystanders. Nor do health leaders understand how the media work and are often frustrated in their dealings with journalists; they also do not look beyond news and public affairs in the media for cooperation. A series of encounters to familiarize the requirements of these two professions as well as to identify common grounds on which meaningful and long-term partnership can be built.

Such meetings can be staged at different levels: the highest, policy level as well as the key operational level. The overriding premise is that both media and health have a common responsibility to the health of their constituents. The Eastern Mediterranean Region has had very successful experiences in this regard in many fields, including health promotion aspects for prevention of HIV/AIDS and also for prevention and treatment of diarrhoeal diseases and tuberculosis.

3. *Training seminars for media specialists in health*

Journalists tend to cover a number of assigned areas of responsibility. More and more media institutions recognize that "health and medicine" is on the priority list of readers and viewers, and "health" is becoming an important assignment. Yet, few media institutions have qualified health specialists as their health reporters' correspondents and editors.

Seminars can range from short orientations (1 or 2 days) for senior editors on health for all and WHO's priority programmes, e.g. malaria, tuberculosis and tobacco, to 2-week courses to train reporters/correspondents in public health that include understanding of statistics, trends, controversies and topical issues.

4. *Training seminars for health professionals to work with the media*

Health professionals need to understand how the media function and what the basic requirements of the media are in dealing with the health sector. They need to acquire an appropriate mind-set and some skills in working with media representatives.

For senior health professionals, such training sessions can be short 1-day workshops covering crisis management, interpersonal communication, conducting media interviews and holding press conferences. At the operational level, for health communicators and health educators the training can focus on media advocacy, preparing press releases and public service announcements, feature writing, organizing media events and other public relations activities. The overriding purpose of such training is to prepare health personnel to develop a partnership with the media for health-for-all.

5. *Studies on and experiments in new communication technologies for health*

The fast changing information environment offers obstacles and opportunities for the health sector. While television's impact is extensive and should be studied, opportunities in cyberspace must be explored. The World Wide Web and its instant interactivity present a new kind of media. Commerce has made extensive use of this new communication technology. How can health benefit from it? Can the health sector in the Region design its own software packages not only for data analysis but also for information dissemination to the public in the countries of the Region, and for education, learning, counselling and diagnosis?

What about some of the technologies that are not new in urban areas but very new in the more remote rural areas, such as the cell phone? How feasible is it to put cell phones in the hands of villages for health education purposes, and for reporting information and data? A Bangladeshi nongovernmental organization has distributed cell phones to a number of villages for such a purpose [*17*].

6. *Development of guidelines for the media in public health, including the allotment of space and time in the media for health*

Once data on the use of public airwaves has been collected (see item 1), discussion sessions and debate among media professionals and health leaders are needed to form a

consensus on the use of public airwaves for health purposes, as well as guidelines on commercial messages that support or negate health. This will be a difficult task, but one that deserves investment; otherwise, health will be fighting a losing battle.

Academic institutions may be ideal organizers of such discussion, as objective data can be presented to examine the situation and determine how a partnership can be established between health and media on social responsibilities. The commercial sector must also be involved in this discussion and debate.

7. *Tapping the resources of artists and public personalities for health*

Since studies have shown that health behavioural change is subject to peer pressure and social norms, public personalities in the performing arts, sports, literature and religion can be powerful allies in influencing public mores, attitudes and personal action. They can be appointed as "Health Messengers" and those who are in popular shows can introduce health subjects in their programmes. Egypt and the Syrian Arab Republic have shown the way in such projects. Health messengers can appear in person at public events or in public affairs spots on radio or television. Sports personalities can reinforce the link with good health practices and success in competitive sports.

At the regional level

8. *Regional association of media personnel specialized in health*

National groups of media personnel specialized in health may wish to organize a regional association to share views and experiences on training and research. A Web site may be established and an electronic journal may be a useful instrument for networking among groups. A logo illustrating the media/health partnership may be designed and used.

9. *Regional scholarships/fellowships*

A number of scholarships might be established for young and promising media personnel to study media health work in other countries. These might be for short courses within and outside the Region, or longer fellowships for graduate level degrees in leading universities inside and outside the Region.

10. *Annual awards for outstanding media productions on health subjects*

Such awards might involve sums of money or certificates awarded at Regional Committee meetings. A jury representing the media and the health sector with geographical balance from the Region should be constituted and rules for selection be established.

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