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Development Communication Report

In this issue we return to an earlier DCR *tradition. We are focusing on a single development sector—health. In an upcoming edition we will look specifically at communication in agriculture. In both these sectors exciting new development approaches are underway: approaches which we feel are both worthy of special attention and applicable to other development sectors as well.*

A shift in donor agencies (AID, WHO, UNICEF) toward child survival through programs for oral rehydration, immunization, breastfeeding, and infant nutrition has caused health professionals to look for new ways of reaching mothers. Social marketing, behavioral studies, village health practices, and ethnographic research are being combined to introduce complex new child care behavior. Already several of these new programs have had dramatic results. In Egypt, Honduras, Colombia, and Indonesia, among other countries, health and communication professionals in both the public and private sectors have forged a new alliance—one that we feel can broaden and strengthen our audience's ability as communicators to make a positive contribution to development.

Communication for Improved Health Services

by Dr. Robert E. Black

In recent years, primary health care programs in developing countries have emphasized the utilization of simple techniques to assure child survival. These techniques include immunizations against important pediatric infectious diseases, oral rehydration therapy (ORT) for diarrhea, and breastfeeding and growth monitoring to prevent malnutrition. Each of these techniques is known to be efficacious, with benefits demonstrated by clinical trials and pilot studies. However, the effectiveness of these techniques in routine national programs depends not only on having efficacious interventions, but also on achieving optimal use by the target group.

System Constraints

Large investments directed at increasing the availability of these techniques through primary health care have often failed to accomplish the coverage necessary to have a substantial impact on child survival or nutritional status in the population. Services may be used inappropriately, infrequently, or not all by the intended target groups. Many factors affect the use of services, including perceptions about illnesses, attitudes concerning the appropriate sources of care, availability of "alternative" therapies, perceived quality of services available, distance and cost of services, as well as underlying factors like income, education, social status, and religion. Although these factors affect the use of all health services—traditional and modern, they present special problems in regard to the simple interventions of primary health care, since these are largely preventive, not curative, services. Immunizations prevent later serious infections like measles, oral rehydration therapy prevents dehydration, but does not stop diarrhea, breastfeeding and weight monitoring prevent malnutrition. It must be recognized that preventive services or actions are, in most societies, less readily accepted than therapeutic services. It is an unfortunate observation that most developing country populations are still reluctant to immunize their children against serious future disease, but adopted, almost as soon as they were available, the use of antibiotics and other medications for common self-limited illnesses.

Immunizations have been used in health programs for many years, yet it is estimated that less than 20 percent of the target age group in developing countries is currently being fully immunized with the six recommended vaccines. This is, in part, due to poor acceptability of the vaccines. A measure of this is that even in areas where vaccines are available, the dropout rates after the first of the required three doses of DTP vaccines are as high as 50 percent. Resistance to immunization comes from a limited understanding of specific infectious diseases and of the protective effect of vaccines.

(continued on page 2)

I am pleased that this issue of *Developement Communication Report* is dedicated to Health Communications. Today there are so many new health technologies that can save the lives of millions of small children—oral rehydration therapy, immunization, improved infant feeding, and related child survival practices. More research needs to be done, but clearly the technologies we now have need to be rapidly adopted by health systems throughout the world. Communication is a fundamental part of this technology transfer.

Experiences from Honduras, The Gambia, Egypt, Bangladesh, Colombia, Indonesia, and Swaziland demonstrate that mass media, social marketing, and strategies for behavioral change work when well integrated into health delivery systems. This issue, timed to coincide with the second International Conference on Oral Rehydration Therapy, ICORT II, presents promising new findings in this field.

I hope that readers will be encouraged to apply some of the successes outlined here in their own programs.

M. Peter McPherson, Administrator
Agency for International Development

Supported by the Bureau for Science and Technology of the U.S. Agency for International Development

The Fireworks Syndrome: WHO

by Jack Ling, Director
Division of Public Information and Education for Health

[The following piece has been adapted from a speech presented at the first ICORT Conference held in Washington, D.C., June 1983. We would like to thank Jack Ling for permitting us to reprint a portion of it in the DCR*.]*

There is traditionally a world of difference between information and education. The task of the former has consisted of collecting information and presenting it in an interesting way, often through the media, to different audiences. The information officer's responsibility is traditionally perceived to end there. Education, on the other hand, to be successful requires an act of participation on the part of the learner and an all-important dialogue between the educator and the learner. But in a broader sense, and certainly in recent years, the two have converged.

Two WHO meetings, "New Approaches in Health Education for Primary Health Care," and "New Policies in Primary Health Care," strongly endorsed an integrated strategy using both interpersonal and mediated communication in the planning and delivery of primary health care. To use media without links to the existing health care services and face-to-face contact would create what might be called a "fireworks syndrome," by analogy with a display of attractive fireworks which fizzle out after a few seconds in a darkened sky. On the other hand, person-to-person work, while recognized as the most effective method of teaching, will benefit greatly from close partnership with the media which can stimulate and help to sustain interest in health problems on the part of individuals, families, and communities.

The role of the media in the education of the public, as seen by WHO, can be summarized as follows:

- to help strengthen political will by appealing to policymakers;
- to raise general health consciousness and clarify options concerning actions that have a strong bearing on health;
- to inform decision-makers and the public about the latest developments in health sciences and publicize relevant experiences;
- to help deliver technical messages;
- to encourage dialogue and facilitate feedback from communities.

The two WHO meetings urged that health education workers should be learner-facilitators as well as teachers and participants who must work to stimulate community involvement. Health education is seen as the means to encourage and enable communities to identify their health problems and translate them into simple and realistic goals that they can monitor themselves.

It is important for us to learn from past experiences; the painful lessons of the 1950s and 1960s showed us that apparently successful technical programs were no more than "fireworks" in a dark sky. Only if attention were paid to building up the health system infrastructure so that the gain made by the specific program could be sustained, consolidated, and enlarged was there a chance of turning the fireworks into a permanent light. ■

The World Bank Addresses Health

by Margaret Valdivia, Project Officer
Population, Health, and Nutrition

The World Bank began allocating and distributing funds directly for health-related projects in 1980. Promotion of appropriate health behaviors is now a component of most population, health, and nutrition projects financed partly by the Bank.

Development Support Communication activities supported by the Population, Health, and Nutrition Department encompass public education, personal counselling, patient education and the promotion of behavioral, consumer, and attitudinal change in specific target groups, as well as traditional health education and community mobilization. The criteria used for selecting the approach and methodology to be applied in a particular program are technical feasibility, cost effectiveness, and appropriateness to the context of the program. The scope of a project can be national, local, or highly specific.

Among the activities the World Bank has supported are: making films for sensitization and training of health personnel; making film and TV documentaries and documentary dramas for young audiences on teenage pregnancy issues; marketing one or two highly specific nutrition interventions nationally and in defined geographic areas; communicating by radio with volunteer workers; preparing teaching and learning materials for use by community leaders, mounting large-scale multimedia national campaigns maintained over long periods, and producing print materials for non-literates for mass distribution. ■

UNICEF: The Potential of Social Marketing

by James Grant, Executive Director

[The following is taken from UNICEF's The State of the World's Children 1985.*]*

Today, the resources of the mass media—and the techniques of social marketing—are beginning to be used to put the techniques of a child survival revolution at the disposal of millions of parents: In Brazil, the equivalent of US$1 million a year in radio and television advertising time has been put behind a nationwide campaign to promote breastfeeding. In India, child survival messages are being proclaimed by advertisements on buses and billboards.

The potential of social marketing is just beginning to be explored. But already, there is a body of experience available to guide future efforts. First, it is clear that people's lives and behavior cannot be transformed simply by waving the magic wand of social marketing. Mass media messages about the need to boil water or to breastfeed or to feed a child more frequently cannot solve the problems of firewood shortage or maternity leave or give a mother more hours in the day.

Secondly, it has proved important to recognize the differences as well as the similarities between commercial and social marketing. Because social marketing campaigns usually seek a more important change in behavior and attitudes than a change in loyalties to a particular brand name, mass media messages in themselves are usually not enough. In the promotion of a more complex process such as oral rehydration therapy for example, mass media campaigns can be an important complement to but not an adequate substitute for practical face-to-face demonstrations by health workers or trained volunteers.

So far, the most common mistake of social marketing campaigns seems to be a concentration on the superficial aspects of commercial marketing techniques at the expense of its deeper disciplines. Research into how a target audience perceives its own problems and needs, into what sources of information have credibility, into what kinds of presentation are acceptable and what kinds of information are practicable, are all essential to campaigns which seek to bring about complex changes in human behavior. In developing such campaigns, considerable resources of time, money, and creativity need to be invested in message selection, media planning, analysis of message resistance, and monitoring of message response. A lack of professionalism in any one of these disciplines can easily diminish the effectiveness of a social marketing campaign. ■