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Date

12-Jul-2007

Time

3:15:48 PM

Login Name Upasana Young



CF-RAI-USAA-PD-GEN-2007-000036

Expanded Number **CF-RAI-USAA-PD-GEN-2007-000036**

External ID

Title

Communication Disease through Words and Images. Jack C. Ling. Development Communication Report. Supported by the Office of Education, Bureau for Science and Technology, USAID

Date Created / From Date

01-Apr-1990 at 3:07 PM

Date Registered

12-Jul-2007 at 3:07 PM

Date Closed / To Date

Primary Contact

Home Location **Programme Division, UNICEF NYHQ (3003)**

F12: Status Certain? **No**

Item Fd01: In, Out, Internal Rec or Rec Copy

Owner Location **Programme Division, UNICEF NYHQ (3003)**

Current Location/Assignee **Upasana Young since 12-Jul-2007 at 3:07 PM**

Date Published

F13: Record Copy? **No**

Record Type **A01 PD-GEN ITEM**

Contained Records
Container

Fd3: Doc Type - Format

Da1:Date First Published

Priority

Document Details **Record has no document attached.**

Print Name of Person Submit Image

Signature of Person Submit

Number of images
without cover



Communicating Disease through Words and Images

by Jack Ling

It is almost an article of faith among development communication practitioners that well-designed public education programs that combine media communication with community education will contribute to the adoption of positive public health practices. What has not yet been realized by many health professionals and the public is that the same modern communications technology, via the mass media, is now a factor in the increasing incidence of diseases that are related to lifestyles.

Lifestyles and Lifestyle Diseases

The term "lifestyles" reflects the new awareness of the choices each individual makes about how to conduct life on a daily basis. Our "lifestyle" includes, for instance, what we eat and drink, which products we choose to buy, how we spend our leisure time, and our sexual practices.

Lifestyles reflect cultural conditions and are shaped by changing realities. In time, old lifestyles give way to new ones. The explosive increase in international communication in recent decades, however, has dramatically quickened the pace of lifestyle change, with serious implications for health in the developing countries.

In many developing countries, survival issues still dominate and infectious diseases are major killers. In these countries, however, lifestyle-related diseases, such as obesity and heart disease from poor diets, cancer from smoking, AIDS and other sexually transmitted diseases from unsafe sex, have been increasing. Lifestyle illnesses also include drug and substance abuse, some traffic accidents, and various psychosocial and stress-related illnesses, as well as environmentally caused diseases.

According to the World Health Organization (WHO), lifestyle diseases already account for 40 to 50 percent of deaths in the developing nations. For example, WHO estimates that if the current smoking trend continues,

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Apartment buildings in Hong Kong are emblazoned with cigarette advertisements.

The DCR Needs You

Enclosed with this DCR you will find a reader's survey. Every two years, we distribute a brief survey to get your ideas about what you like and don't like about the DCR and how it might be improved. Please take a few moments to complete the survey. When you are finished, simply fold it as indicated, attach postage and mail it to us by April 1, 1991. Whether you are a longtime DCR reader or new to the publication, we would like to hear from you. Your response will help us make sure that the DCR meets your needs in the future.

Also, keep an eye out for a new DCR design and format in 1991!

- The Editor

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Development Communication Report

Development Communication Report, published quarterly by the Clearinghouse on Development Communication, has a circulation of over 7,000. The newsletter is available free of charge to readers in the developing world and at a charge of \$10.00 per year to readers in industrialized countries.

A center for materials and information on important applications of communication technology to development problems, the Clearinghouse is operated by the Institute for International Research, in association with Creative Associates International and supported by the U.S. Agency for International Development, Bureau for Science and Technology, Office of Education, as part of its program in educational technology and development communication.

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Clearinghouse on Development Communication

1815 North Fort Myer Drive, Suite 600
Arlington, VA 22209 USA

Telephone: (703) 527-5546

Fax: (703) 527-4661

Telex: 710-833-0320 IIRINC VA

Michael Laflin, Director
Kathleen Selvaggio, Editor
André Roussel, Information Specialist
Earlington McLetchie, Librarian

The *Development Communication Report* is produced using desktop publishing under A.I.D. contract #DHR-5831-Z-00-8028-00. It is printed by Automated Graphics Systems, in White Plains, Maryland.

Credits

With many thanks to the guest editor for this *DCR*, Jack Ling, Director of the International Communication Enhancement Center, Tulane University. We also thank Mona Greiser for providing referrals and feedback and Janet Hayman for acting as in-house editor.

Photo credits: Dr. Judith Mackay, p. 1; Brazilian Health Ministry, p. 4; Dr. G.N. Connolly, p. 16; Johns Hopkins University, Center for Communication Programs, p. 8; SLANA/Development Associates, p. 9; CIRDAP, p.15; Dr. G.N. Connolly, p. 16.

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close to one million Chinese, mostly males, will die of lung cancer annually by the year 2050. The current controversy over the US export of cigarettes to the Third World, with its attendant media promotion campaigns, has highlighted the worldwide spread and transportability of these life-style-related diseases.

Communication: A New Mode of Disease Transmission

Some seven years ago, Tan Shri Chong, President of the 36th World Health Assembly and Minister of Health of Malaysia, issued the first warning about a new channel of disease contagion: the mass dissemination of images and words. In his inaugural statement to ministers and delegates from more than 160 countries, Tan said matter-of-factly: "Lifestyles are no longer conditioned by climate and (traditional) culture. They are initiated as fast as communications speed information from one country to another."

Tan's insightful comment, though largely unnoticed at the time by the preoccupied delegates, had in effect identified a new type of communicable disease. In addition to bacterial/viral diseases (such as tuberculosis and pneumonia), and vector-borne diseases (like malaria and snail fever), Tan introduced the concept of a third group of diseases: those spread internationally through words and images.

Indeed, advances in communications technologies in the last four decades have been breathtaking. Telegraph, radio, disc, audiotape, television, transistor, videotape, computer, and satellite technology have vastly expanded the worldwide flow of words and images, altered the configuration of information and data dissemination, and changed the pattern of the diffusion of knowledge and learning.

As a result, the increased capacities of the mass media have given tens of millions access to new information. Immunization, oral rehydration therapy and other child survival interventions, all involving mass media support, bear witness to the positive effect of communication on health.

But the expanded flow of information has also helped to disseminate harmful health practices.

Exporting Media Programs

Low-cost imports of entertainment programs from industrialized countries have multiplied as developing countries' ac-

cess to broadcasting equipment has grown without a corresponding expansion in their ability to produce their own programs. The

popular soap operas of the industrialized countries, for example, which are

laden with cultural values and clearly express lifestyles, are widely broadcast in developing nations. At the same time, the increasing financial pressure on broadcasting stations in developing nations has meant that producers are increasingly expanding their use of these commercially sponsored entertainment programs and cutting back on public service time.

At the policy level, a number of countries have taken protective measures against this cultural invasion, instituting guidelines on the percentage of foreign imports permitted as compared with domestically produced programs. Few countries, however, have looked into the health consequences of the lifestyle influence of these imports.

Selling Lifestyles: The Confluence of Trade and Communication

The pressure to expand markets for such internationally distributed products as breastmilk substitutes, alcoholic beverages, and cigarettes, and the effect of these products on health is a recognized matter of concern for public health interests. It is urgent that public health officials, especially in developing countries, recognize and counteract the increasing use of the media for commercial purposes that promote lifestyles not conducive to health.

Sophisticated advertisements are culturally loaded. They no longer just tout the intrinsic value of a product: they promote the product by associating its use with desirable lifestyles. The advertisement may involve a macho car racer who uses a particular brand of deodorant, a skier going down a

Hard Facts

❖ According to the World Health Organization, tobacco is the single largest preventable cause of death in the world today, killing at least two and a half million people each year. Smoking is increasing in non-industrialized countries at an average of 2.1 percent a year.

❖ The consumption of imported liquor has been on the rise in Africa and Latin America. Beer has replaced tea as the beverage in many urban circles in Asia.

perilous slope for a refreshing drink, a young couple who need to practice oral hygiene involved in a romantic rendezvous with implicit sexual overtones, or a family enjoying fast food at a Sunday picnic. These situational advertisements convey messages about lifestyles that may introduce or reinforce new social norms – and often promote unhealthy practices.

Fighting Back: Using Media for Health

There are, however, encouraging examples of the use of mass media to foster lifestyles conducive to health. This issue of the *DCR* analyzes the use of media in Brazil, Uganda and Singapore to further positive health practices. (See pages 4, 10 and 12.) Many other examples of effective media input in helping to shape lifestyle changes can be found. Entertainment has been successfully combined with education to encourage family planning and responsible parenthood. (See page 8.) UNICEF, WHO, UNESCO, and USAID have formed a partnership with the media on a number of public health and nutrition projects.

There is, though, no organized worldwide effort to address public health issues related to lifestyles and the role of mass media in these issues. An agenda for action is needed. It should include at least four areas:

1. **Research.** More research is needed to study specific media effects on health-related social norms. We need to know more precisely how and to what extent the media shapes social norms that affect health and the comparative importance of media influence, compared with, for instance, peer pressure through interpersonal communication. Such research topics might include:

- The changing pattern of the flow of health information, the sources of health information for various population groups, the origins of health risk behaviors, and the methods of effective diffusion of positive health behaviors.
- Studies on how communication can coordinate with other actions for change, from advocacy at the policy level, through the broad dissemination of information to key segments of the public, to community education and the involvement of individuals for action. Careful chronicling and systematic analysis of these various elements of social mobilization may lead to more effective development communication paradigms.

- Media ethics in relation to public health: the potential and limits of using media as a health advocate, press bias in selecting news stories, the extent to which entertainment programs promote negative social norms, the impact of commercials on health-related issues.
- Longitudinal studies in the developing countries that trace media impact on health issues. Because such studies are lacking, researchers have extrapolated from studies in the industrialized nations to draw conclusions for health situations elsewhere. Given the grossly different cultural, social, and economic contexts, such extrapolation can lead to the wrong diagnosis of critical problems.

2. *Partnership between Health and Media.*

This is an opportune moment to launch a movement for partnership between the media and health sectors. It is clear that without the media's powerful outreach, the health sector cannot hope to keep the public informed about health issues or stimulate community action and involvement. Equally, the media sector cannot fulfill its obligation to serve the public interest without the technical input of health professionals.

Deliberate, systematic efforts to orient, acquaint, and update media professionals on health issues are necessary. The health sector must cease going to the press for help only in times of crisis and instead adopt a policy of working with the media as a full-time partner. This means keeping the media informed on a continuing basis about aspects of public health and involving the media in the planning as well as the implementation of public health projects.

Public health officials should also acquire an appreciation and understanding of the complexities of media organization and processes – for example, how agendas are set and the technical and time constraints on media production.

3. **Communication Training.** As health issues become more complex and technical, the need for communication training has grown urgent. Health and medical personnel at various levels must be appropriately prepared to communicate with the public, given a promotive orientation to health, and trained in needed communication skills.

To encourage healthy lifestyle choices, the public health sector must learn to take more assertive action against competing interests: in political and policy councils, in the legislature, in resource allocation, in the public debate, in communities, and in the minds and hearts of individuals. Such work demands communication skills.

4. **International Leadership.** In January 1990, WHO launched its Inter-Health program to focus attention on the threat of "non-communicable diseases." As the international authority on public health,

(continued on p. 11)

Advertising Influences Lifestyles Worldwide

- ❖ In the United States, most health authorities now believe that advertising contributes to the initiation and maintenance of tobacco habits in adolescents. More than 90 percent of all smokers begin to smoke as teenagers and 44 percent of all adolescents either experiment with or regularly use tobacco products. Children as young as six years have been shown to reliably identify cigarette advertisements. Such advertisement recognition has been shown to be closely associated with smoking status in teenagers.
- ❖ In Ecuador, migrants rapidly adapted their traditional dietary behavior to an urban pattern when exposed to mass media advertising promoting processed foods.
- ❖ In Hong Kong, women exposed to commercial advertising promoting baby formula began to doubt the quality of their own breast milk.
- ❖ In Bahrain, commercial food advertising was shown to have successfully persuaded women to alter their dietary behavior. Lower income women found the advertising most credible, but middle and upper income women also changed their food consumption patterns.
- ❖ In Japan, trade barriers to cigarette imports were removed in 1987. Two years later, television advertisements for cigarettes had increased tenfold, and cigarettes now rank second in terms of minutes of TV commercial air time.

Sources: "Smokescreen: How Tobacco Companies Market to Children," by John W. Richards, Jr., and Paul M. Fischer, in *World Smoking & Health*, Vol. 15, No. 1, Spring 1990, American Cancer Society; "Development Communications Digest," computer software program under development by the Clearinghouse.

Nine Tips for Effective Media Advocacy

Because the mass media have been used so effectively to promote the use of harmful substances, the use of media to counteract such behavior appears equally promising. The media are rapid and effective channels to reach large numbers of people. But how can the glamorous portrayal of unhealthy lifestyles and behaviors in the media be most effectively counteracted?

Media advocacy addresses the social and political context for behavior change. It does not attempt to change individual behavior, but seeks to reframe public debate about health issues. Media advocates argue that the media, particular television, presents health messages that reinforce a view of illness and disease as apolitical, individual problems, rather than social issues. In news, talk shows, and entertainment programs, a specific perspective about the nature of health and disease is conveyed to the audience. In general, this view supports a medical understanding of health: if a person gets sick, it is a problem for the individual or the family – with a path to recovery through drugs, not through social action to affect the economic and political environment that affects health.

Media advocates focus on the role of the media in structuring public discussion around an issue. For example, the way a society thinks about and regulates cigarette smoking may be as or more important than getting relatively small numbers of people to quit smoking. Focusing attention on the structural support for tobacco use, such as industry marketing and advertising policies will create a more solid foundation for long-term change.

At a recent workshop sponsored by the US National Cancer Institute, the Advocacy Institute of Washington, DC, identified nine basic operating principles for effective media advocacy on smoking control:

- **Be flexible, spontaneous, opportunistic, and creative.**

Media advocacy requires the ability to react creatively to the evolving news environment; the media advocate is constantly on the hunt for breaking news stories that can provide a "peg" for a press comment on smoking.

- **Seize the initiative – don't be intimidated.**

Successful media advocacy requires confidence and the willingness to engage the media aggressively. A smoking control advocate is inherently credible because s/he is seen to be motivated by a concern for public health. Don't be silenced or intimidated by industry spokespersons.

- **Stay focused on the issues.**

Don't let debates or confrontations degenerate into personal animosity; avoid being sidetracked; frame the issue for debate through conveying your message in short 10 to 15 second "bites" or a handful of quotable sentences.

- **Make it local: keep it relevant.**

Local statistics, local role models, or local efforts to change public health policies may involve your fellow citizens and community leaders more than national stories.

- **Know the medium.**

Find out how much the medium is dependent on tobacco advertising for revenue. This will tend to be related to their willingness to cover smoking control issues. Learn about the full range of media outlets, expand your circle of media relationships, identify the kind of news stories that appeal to each medium.

- **Target your media messages.**

Know your audience and tailor your message to it. Learn who is watching the program or publication you are using.

- **Make sure your media know and trust you.**

To be trusted it is important to be, and to appear, credible. Authenticate your facts through footnotes giving the source of your information. Don't exaggerate: be known as a trustworthy source, rather than a predictable advocate.

- **Your best spokesperson may be someone else.**

Choose spokespeople objectively. The most knowledgeable person may not be the most skilled at public presentation, for example, for a TV show.

- **Wit and humor have many uses and virtues.**

Witty quotes are often included in a news story; humor can dispel the perception of anti-smoking groups as fanatics; biting humor can convey outrage.

*Excerpted from "Media Strategies for Smoking Control: Guidelines from a Consensus Workshop," January 1988, the Advocacy Institute, Washington, DC.; and from "Improving Health Promotion: Media Advocacy and Social Marketing," by Lawrence Wallack, in **Mass Communication and Public Health**, edited by Charles Atkin and L. Wallack, Sage Publications, 1990.*

(LING, from p. 3)

WHO should go further to recognize the role of modern communication in a new configuration of disease causation for lifestyle illnesses.

WHO should put these non-communicable diseases on the agenda of its Executive Board and the World Health Assembly, so the issue gets the attention of the international health community. Furthermore, just as entomologists were asked to join in the campaigns against malaria and other vector-related infections, WHO should begin to involve communication

specialists in understanding this new carrier of disease – words and images communicated through modern media – and in finding innovative ways to fight the spread of these illnesses.

New Strategies Are Needed

There is an urgent need to act to prevent the proliferation of lifestyle-related diseases in developing nations. The rapid expansion of communication systems in these nations and the consequent increased influence of media must be understood as underlying factors causing these illnesses. As the new

millennium approaches, health communicators must act to ensure that the developing countries, still fighting to overcome infectious diseases, are not further overwhelmed by diseases of lifestyles.

Jack Ling is the director of the International Communication Enhancement Center, Tulane University, and a communication consultant to UNICEF. He was formerly the Director of Information, Education, and Communication for UNICEF and WHO. He served as advisory editor for this edition of the DCR.