

Point of View

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Tell the world!

Mass media—friend or foe? Radio, television, and/or the printed word regularly enter most of the world's households. With a better understanding between health workers and those who produce what we hear, see and read, positive messages could do much to change the habits that jeopardize health. Clear, accurate information is the first step towards improvement.

When I first worked in a hospital in Norway some 35 years ago the unwritten media policy was simple, clear and comfortable: if a journalist telephones you, hang up. The classic approach to the media was one-way communication. Health workers expected the media to provide health education to the public of the “wash your hands” kind, or to communicate practical advice on immunization campaigns or clinic opening hours. The press was feared and our relationship with them was regulated — and restricted — by written and unwritten rules. Until as recently as the 1970s at least one European medical association required to be informed before any of its members appeared on television.

Today it is a different story. The media have become a power in the state and we can no longer ignore them. Entertainment, advertisements, information and

misinformation are submerging us 24 hours a day all our lives. Moreover, new inventions such as satellite television, powerful shortwave radio, video, and telefax have broken down national frontiers and enable almost everyone — rich or poor — to be in touch with one or another of the media. At the same time, in many countries various media have been regrouped into powerful constellations run on purely business criteria.

The word medium describes the means by which something is communicated, implying a neutral agent that merely transfers information from one point to another. In reality the media are far from neutral transmitters: they select, treat, sell, buy — and sometimes produce — information on a large scale. What will appear in the media, and when and how, are influenced not only by a sense of social service and responsibility and professional ground rules, but also by politics, power, money, and sectoral interests.

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The centralization of media power and increased commercialization and competition have led to a considerable degree of uniformity in the way in which material is handled:

- emphasis is often on individuals rather than on social and other issues;

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- the lines between reporting and commentary, and between facts and fiction, have become blurred;
- news features are dramatized;
- there are more pictures and less text, and the text is sometimes only superficial.

Parallel to the explosion of the modern media, dramatic changes have taken place in the field of health. New health technologies are sometimes sensational enough in themselves to be among the favourite subjects of the mass media but, although they are important, they are not the only determinants of effective health intervention. In the case of smallpox, it took 181 years from the confirmation by Jenner of the preventive effect of vaccination until the last case in 1977. In the fight against malaria, despite seemingly effective technologies, eradication efforts failed because we were faced with a complex interaction between man, mosquito and the parasite.

Nowadays we have the wherewithal to deal with many health problems. In spite of that we are facing increasing inequity in health

both between and within countries, as borne out by many indicators of health and disease. Clearly, many health-related technologies are not reaching those who need them most, although we have been successful in some fields such as immunization against the common childhood diseases. The failure to provide even basic health care to the poor, and the cost explosion of health care in the rich countries, have brought fundamental changes in the philosophical, political and managerial fields, and in our public health thinking. Questions of human rights and of equity have come up as foremost issues in health development, and health management and health economics have become major fields of interest.

The global emergence of chronic diseases, accidents of all sorts, and psychosocial diseases as major health problems are related to human behaviour, directly and indirectly: scientific evidence has accumulated to show that tobacco is a major killer, that overeating underlies a number of diseases, that exercise is important for health, that married couples live longer than single people, and that deterioration of the environment — both physical and social — has profound effects on health. But we have no vaccine to stem the smoking epidemic, no technology to cure our sick environment, and no wonder drug against AIDS. In trying to tackle such problems we are faced with more formidable opponents than microbes and parasites — we face ingrained human individual and group behaviours, professional interest groups, and political and monetary power. How can healthy life-styles and healthy environments be promoted?

Health informers

The media play a considerable role in promoting health. Television is rated one of

the most important sources of health information, but it also has a negative side. In some countries, children spend more time watching television than they spend at school. And what do they see? Very often violence, smoking, drinking, reckless driving, and unhealthy eating. There may be the odd 30-second "public service announcement" admonishing viewers to stop smoking, or there may be a discussion programme on health issues at an off-peak time. But the behaviour of well-known stars, both on and off the screen, seems to have more influence on people's behaviour than such educational programmes: if social drinking and cigarette smoking are "in" on the screen, they tend to become the norm in the homes of the viewers. The image of Humphrey Bogart (who died of lung cancer) with a cigarette nearly always between the lips may have incited many of his contemporaries to smoke.

In many developing countries radio reaches practically everyone. Coverage by television varies greatly; in some areas there is only a very limited audience. In Africa, someone has aptly said, television is a class medium, not a mass medium. In India, on the other hand, the whole country will be covered by television broadcasts within a few years.

Although health is a popular theme for the media, coverage of health issues is often scant. One African country reports that 0.62% of broadcasting time on radio is used for health information and education, representing 4.33% of the total time for educational programmes. For television, the time for health is 0.55% of the total, or 2.6% of educational programmes. A workshop in Africa on the media and health in 1986 concluded that health was heavily under-represented in the media, and that what appears is often not in line with national priorities or people's concerns. Trained staff, both in the media and the

health sector, are scarce. Structures to coordinate health inputs are often absent, and in educational programmes health is often the weakest input because other sectors have a stronger voice.

The daily and weekly press often have special columns, or even pages, on health, which is a very popular theme among the readers. Much useful information on health is provided through such efforts. But in dealing with health and health-related matters, the mass media tend to reduce social and health issues to personal emotional dramas, the broader problems of society being left out. The fact that health is intimately linked with social, economic, political, religious and environmental issues over which individuals have no direct control is often glossed over. In Norway a study showed that 6% of the space (excluding publicity) in popular weeklies is devoted to health and disease, but half of the texts were judged by the researcher to be sensation-seeking. There is much responsible and intelligent reporting, but many media tend to avoid controversy about important issues such as social justice, the role of

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advertising, political and legal aspects of health, and the influence of and pressure by powerful industrial, political and other groups. Is this in order to avoid criticism from the social power structure and economic pressure from sponsors?

For example, research has shown the influence of the tobacco industry on the editorial policy of publications that accept tobacco advertising. A survey of 20 magazines in the USA showed that those which carried cigarette advertisements contained much less material about the

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dangers of smoking than those that did not (1). The researchers concluded that fear of offending the tobacco industry and consequently curtailing income from publicity led to self-censorship by the media. News media also have a preference for stories that are simple to understand and sensational enough to make headlines. It was the sickness and death of a famous film star that brought AIDS into the spotlight, not the hundreds of deaths that went before.

Agents for change

The world is submerged in a continuous flow of images, ideas and information that shape our life-styles — they influence what we buy, what we eat, and what we do with our spare time, as well as our ideas and attitudes.

Let us look at a popular medium such as comic strips. Once I examined a series of strip cartoons with mainly religious messages. When confronted with the fact that bottle-feeding rather than breastfeeding was being depicted, the editor of the cartoon, a well-meaning priest, exclaimed: “I never thought of that!”. Being unaware is part of the problem.

Can cartoons have an intentional — or unintentional — influence on health behaviour? What do comic strip characters eat? Do they influence childrens’ and adults’ eating habits? They probably do. Certainly some people believe in their influence: the very first strip cartoon published in one developing country was paid for by the tobacco industry. Observing the increasing use of cartoons in publicity, I suspect they have — or are presumed to have — a major influence on people’s attitudes and behaviour. A readable account of an innovative WHO-supported study on the overt and covert health messages in cartoons has recently been published (2). It shows that health and disease are frequent themes, which are mostly depicted in a very responsible manner.

As a medical student I became fascinated by Upton Sinclair’s novel, *The jungle*, about an immigrant family struggling against a harsh social environment. Because of my interest in public health it was the description of the unhygienic slaughterhouses in Chicago that retained my attention, and it was only many years later that I learned that the book had provoked what amounted to a minor public health revolution in the USA, leading to the enforcement of stricter legislation on food hygiene.

Little information is available about the influence of literature and theatre on public health. Some classics like Bernard Shaw’s *The doctor’s dilemma*, Albert Camus’s *The plague*, and Henrik Ibsen’s *An enemy of the people* must have had measurable influences on public health in their time — but no one seems to have made it their business to take a closer look at the issue. Nowadays, certain plays and films almost certainly have an impact on how people treat AIDS sufferers and how they deal with their own sexuality. And films like *Rain man* have brought certain conditions to the forefront of people’s

interest and thereby contribute to social change. Novelists and playwrights do have an enormous influence on society. Could they not become closer allies in the fight for health for all?

Traditional media such as songs, dance, puppet shows, and street theatre are increasingly being mobilized for health promotion. In many countries travelling theatre groups form part of ancient oral traditions and can effectively be used to promote health. The Zambian Health Ministry, for example, has arranged theatre productions to promote primary health care and child health programmes in towns and villages. The Planned Parenthood Association has engaged Zambia's best-known theatre group to present plays about the benefits of family planning; it also has its own permanent theatre groups, performing in markets and other public places. In the Philippines, the Educational Theatre Association, one of several committed groups, has taken its educational plays to schools, city squares, and even baseball courts during the last 23 years.

Publicity

Sophisticated marketing of goods and services, based on scientific methods of persuasion and supported by multimillion dollar budgets, is partly responsible for dramatic behaviour changes around the globe. A few of these promotional activities support healthy life-styles and healthy products, but many of them are seriously harming the population by promoting health-endangering products, by changing life-styles through misuse or overuse of certain products, and by indirectly changing human behaviour in different ways.

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of marketing on human behaviour, especially on consumption patterns. Much less is known about the negative health effects of marketing, but an indication is obtained from study of the campaigns to increase the use of breast-milk substitutes and to promote smoking in developing countries. Such campaigns, specially targeted on women and young people, are flagrant examples of marketing that is harmful to health.

The advertising industry exercises a formidable power over the media. In Australia, for example, it provides all the income of commercial radio and television, and some 75% of the income of newspapers, mainly from the food, tobacco and alcohol industries. An amusing study in the USA showed that children between ages 8 and 12 were better at spelling the names of alcoholic beverages than of US presidents!

The Toxic Substances Board of New Zealand has concluded that tobacco promotion is harmful to the public's health and welfare, and that it is destructive of the future health and lives of thousands of today's young people. A report states that "Society's need and right to pass laws to protect the future health of its young people must now prevail over the freedom of the tobacco manufacturing industry to continue promoting its toxic product" (3). The Swedish Board of Health and Welfare has also addressed this problem and has issued a booklet entitled *Smart promotion*, which explains how publicity is used in promoting tobacco (4).

How do the media influence health?

If we consider the extent to which the media can change what people eat, how they dress, the things they discuss, and the way they spend their time, we can safely

conclude that they also have a tremendous influence on health. This influence must vary from one country to another, depending on the different available media, people's preferences, the responsiveness of media managers to health issues, and perhaps also on the attitudes of health workers to the media.

The indirect effects of media portrayal are of crucial importance because they help determine the health and social concerns of people and society, colouring one's perceptions of reality, and thus influence overall ideology and attitudes to life and death.

The media can influence health in a number of ways:

- relating stories of individuals, in fact or in fiction;
- describing and discussing — and criticizing — health care systems;
- encouraging a dialogue on health issues;
- stimulating utilization of goods and services through direct publicity and sponsoring;
- providing technical information on health and disease.

Indirect mention of healthy or unhealthy activities may have a greater influence on behaviour than specifically health-oriented representations. Health — or, more often, disease — is sometimes part of the scenario in films, plays, and comic strips. If not directly related to the plot, it still appears frequently in the background. The indirect effects of media portrayal are of crucial importance because they help determine the

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Partners for health?

The primary health care concept and the health-for-all goals epitomize the changing sociopolitical climate over the past 30 years. Technology (appropriate both technically as well as socially and economically), political will, intersectoral action, and community involvement became key elements. Health became everybody's business, and particularly the business of the media.

Consequently media and health workers should have become close associates. The irony is that they are sometimes at loggerheads because they both value highly their professional freedom and confidentiality. Their opinions of each other, as frequently expressed in the literature and in personal contacts, are summarized in the table. The logical conclusion is that media and health workers need to know more about each other and to work more closely together.

Communications scientists have uncovered how proprietors, advertisers, special community interest groups, political parties and many others have their own more or less subtle ways of inducing the media to take up or drop an issue, or to present it from a specific angle. Is there any reason why the health community should not take an active stand in influencing the media? With a better understanding among health professionals about the functioning of the media, much can be done. For example, in one of the most popular US television series, social drinking was the norm on every occasion when people met. When the producer's attention was drawn to this,

Perceptions of health and media collaboration

The media as seen by health workers	Health workers as seen by the media
<p>Mainly good collaboration</p> <p>Emphasis on scandals and sensational stories</p> <p>Unbalanced presentation of facts</p> <p>Serious mistakes in presentation of diseases and treatments</p> <p>Experimental or so-called alternative treatments handled in an uncritical way</p> <p>Publicity and sponsorship from, for example, alcohol and tobacco industry, with editorial policies influenced by such sponsorship</p> <p>Lack of respect for individual patients and for medical confidentiality</p> <p>Omission to publish corrections</p>	<p>Lack of openness and refuge behind medical secrecy</p> <p>Tendency to protect each other</p> <p>Desire to impose their views</p> <p>Inability to communicate in clear, simple language that people can understand</p> <p>Desire to use the media for their own promotion or for the promotion of their specialty</p> <p>Unrealistic expectations of the effects of the media on health behaviour</p>

it was cut down by two-thirds in subsequent episodes. Also in the USA, a private council has produced guidelines on how authors, producers and others should deal with issues such as AIDS, drugs and drunken driving in a responsible way. The guidelines are widely distributed and have, on several occasions, been shown to be very effective. Similar councils are being set up in other countries.

A more systematic analysis of the relationship between the media and health would provide information that could be used by ministries of health and others in their efforts to promote a better coverage of health issues. There is a growing interest in this field: the question of media/health relationships occurs frequently in medical journals.

Another field of action could be to participate in the training of journalists. I attended a workshop in Africa a few years ago at which 22 young African journalists were present. Only three of them had had any training in health reporting, and they all expressed a strong wish to receive such help. This workshop found that the absence of

clear national policies was the main obstacle to collaboration between the media and health workers. Other influences also regulate relations between health personnel and the media, such as the ethical rules of Medical Associations, journalists' unions, and press councils, and the institutional and local policies in hospitals and research institutes. To my knowledge no survey has been made about national policies on relationships between media and health and codes of ethics for journalists and health workers. And if they do exist, are health and media workers aware of them? I have an uneasy feeling that more often than not the answer is no.

Health workers could be involved with the media in many different ways.

- Individual contacts could be established with media representatives, to keep them informed about developments in the health field and to provide information whenever requested.
- For special health promotion and health education campaigns, media professionals

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often welcome collaboration with the health sector.

- Social marketing has become a well-known approach in such areas as family planning and use of oral rehydration salts and may be used together with mobilization of local organizations, awareness campaigns aimed at decision-makers, etc.
- Creation of and participation in joint health and media councils, collaboration with schools for journalists, contacts with media professional organizations, press councils, and so on.
- Health workers need to know about the media and how to work with them. How much do doctors and nurses learn about the media? How many hospitals and other health institutions have ground rules for media contacts and actively working with them? How many ministries of health have guidelines and codes of ethics for media relations?

The health community has a lot to learn from the media, and we have to learn to understand and respect their objectives and their way of working.

- Finally, research should be stimulated. Even simple descriptive research can serve a very useful purpose in both local and national settings — for example, content analysis of television programmes and newspaper articles (5–7).

The basis for health is a well-informed population and a social and political climate that acts on scientific knowledge rather than on rumours, fear, political expediency or discrimination.

Unfortunately not enough is known about the relationships between the media and health. Research in this field is badly needed, but lack of findings should not be an excuse for inaction. Health workers know enough to start a process of creating closer relationships with the media world. The health community has a lot to learn from the media, and we have to learn to understand and respect their objectives and their way of working. The media are interested in health: we should explore ways to use this interest. We must do all we can to convince the media world to face its social responsibility for health. □

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