BA (JMC) Health communication- 108

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Unit I: Introduction to Public Health

1. Public Health: Definition & Concept

Public health is "the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals."Analyzing the health of a population and the threats is the basis for public health.The "public" in question can be as small as a handful of people, an entire village or it can be as large as several continents, in the case of a pandemic. "Health" takes into account physical, mental and social well-being. It is not merely the absence of disease or infirmity, according to the World Health Organization. Public health is interdisciplinary. For example, biostatistics and health services are all relevant. Environmealhealth, community health, behavioral health, health economics, public policy, mental health and occupational safety are other important subfields.

Public health aims to improve the quality of life through prevention and treatment of disease, including mental health. This is done through surveillance of cases and health indicators, and through promotion of healthy behaviors. Common public health initiatives include promoting handwashing and breastfeeding, delivery of vaccinations, suicide prevention and distribution of condoms to control the spread of sexually transmitted diseases.

Modern public health practice requires multidisciplinary teams of public health workers and professionals. Teams might include epidemiologists, biostatisticians, medical assistants, public health nurses, midwives. Depending on the need environmental health officers or public health inspectors, bioethicists; and even veterinarians might be called on.

The focus of a public health intervention is to prevent and manage diseases, injuries and other health conditions through surveillance of cases and the promotion of healthy behaviors, communities and environments. Many diseases are preventable through simple, nonmedical methods. For example, research has shown that the simple act of handwashing with soap can prevent the spread of many contagious diseases.In other cases, treating a disease or controlling a pathogen can be vital

to preventing its spread to others, either during an outbreak of infectious disease or through contamination of food or water supplies. Public health communications programs, vaccination programs and distribution of condoms are examples of common preventive public health measures. Measures such as these have contributed greatly to the health of populations and increases in life expectancy.

Public health plays an important role in disease prevention efforts in both the developing world and in developed countries, through local health systems and non-governmental organizations. The World Health Organization (WHO) is the international agency that coordinates and acts on global public health issues. Most countries have their own government public health agencies, sometimes known as ministries of health, to respond to domestic health issues. For example, in the United States, the front lines of public health initiatives are state and local health departments. The United States Public Health Service (PHS), led by the Surgeon General of the United States, and the Centers for Disease Control and Prevention, headquartered in Atlanta, are involved with several international health activities, in addition to their national duties. In Canada, the Public Health Agency of Canada is the national agency responsible for public health, emergency preparedness and response, and infectious and chronic disease control and prevention. The Public health system in India is managed by the Ministry of Health & Family Welfare of the government of India with state-owned health care facilities.

2. Health Awareness and Role and Importance of Yoga

Yoga is not a religion; it is a way of living that aims towards 'a healthy mind in a healthy body'. Man is a physical, mental and spiritual being; yoga helps promote a balanced development of all the three. Other forms of physical exercises, like aerobics, assure only physical well-being. They have little to do with the development of the spiritual or astral body.

Yogic exercises recharge the body with cosmic energy and facilitates: Attainment of perfect equilibrium and harmony

- Promotes self- healing.
- Removes negative blocks from the mind and toxins from the body

- Enhances personal power
- Increases self-awareness
- Helps in attention, focus and concentration, especially important for children
- Reduces stress and tension in the physical body by activating the parasympathetic nervous system

The aspirant feels rejuvenated and energized. Thus, yoga bestows upon every aspirant the powers to control body and mind.

The art of practicing yoga helps in controlling an individual's mind, body and soul. It brings together physical and mental disciplines to achieve a peaceful body and mind; it helps manage stress and anxiety and keeps you relaxing. It also helps in increasing flexibility, muscle strength and body tone. It improves respiration, energy and vitality. Practicing yoga might seem like just stretching, but it can do much more for your body from the way you feel, look and move. Yoga asanas build strength, flexibility and confidence. Regular practice of yoga can help lose weight, relieve stress, improve immunity and maintain a healthier lifestyle. In 2014, Indian Prime Minister Narendra Modi suggested United Nations to celebrate June 21 as the International Yoga Day as it is the summer solstice; the longest day of the year in the Northern Hemisphere. "Yoga is an invaluable gift of India's ancient tradition. This tradition is 5000 years old. It embodies unity of mind and body; thought and action; restraint and fulfilment; harmony between man and nature; a holistic approach to health and well-being. It is not about exercise but to discover the sense of oneness with yourself, the world and the nature. By changing our lifestyle and creating consciousness, it can help in well-being. Let us work towards adopting an International Yoga Day." — Narendra Modi, UN General Assembly, September 2014.

3. Major Public Health and Lifestyle Issues in India

Public health in India exhibits a peculiar trend. There is a serious gap in health infrastructure on the one hand and a double burden of communicable and non-communicable diseases on the other. In spite of a compound annual growth rate of 15% in the healthcare industry, ***public health in India*** is full of paradoxes and challenges that seem to be insurmountable on the face of it. Statistics suggest that India has only 1.5 hospital beds per 1000 population. Ironically, health tourism is also on the rise with people from U.S and U.K coming to India because of the relatively low cost of treatment.

Again, when we look at certain indicators, health in India seems to be in a state of progress. Life expectancy at birth, for example, has increased from 48.8 years in 1970 to 64.8 years in 2009. However, there is an increasing incidence of deaths from chronic non-communicable diseases , or lifestyle diseases as they are popularly known, among people aged 35 to 60. Simultaneously, a report by PricewaterhouseCoopers suggests that 18.9 crore Indians will be at least 60 years of age by 2025, the implication being an enormous burden on the healthcare infrastructure of India as a result of the growing elderly population.

While the above facts present paradoxes that seem to be deeply entrenched as far as public health in India is concerned, there are serious challenges as well that needs to be focussed on. As mentioned before, the ***healthcare industry in India*** is presently driven by a double burden of infectious and chronic diseases. Even though certain diseases like polio, leprosy and neonatal tetanus are on the verge of elimination, certain communicable diseases that were supposed to be under control have re-emerged as life threatening health issues because of resistance to drugs. In addition to that there has been a serious rise in lifestyle ailments like heart diseases, ***cancer*** or diabetes. This has happened largely because of an increase of people in the middle income group with a larger amount disposable income and an adoption of unhealthy western lifestyle involving diet high in fat and sugar content.

Lifestyle diseases claimed more than 52 lakh lives in the year 2008. Heart related diseases have the highest share in that. Diabetes on the other hand has become the most alarming health issue with regard to public health in India. While there were only 2.1% diabetics in urban India in the 1970s, the number has grown to 12.1% for adults above the age of 20. Latest study by International Diabetes Federation suggests

that there were 36.6 crore diabetics all over the world in 2011, out of which 6.1 crore were from India, justifying the nation to be the diabetes capital of the world.

Given the issues and challenges public health in India is facing presently, there will always be a gap in terms of healthcare resources (doctors, paramedical staff, hospital beds, technology, medicines, etc.) and people are sick or are projected to be sick in the near future. Hence, as an alternative to consolidating resources on curative services a very effective alternative strategy would be preventive healthcare . The case for preventive healthcare is made even stronger by the fact that almost 80% of all lifestyle diseases can be prevented by modifying health habits and detecting the possibility or the onset of a disease at a very early stage through preventive health screening. Moreover preventive healthcare also helps prevent premature death or debilitating disability through early detection of such chronic diseases

4. Public Health Care System in India: Issues & Problems in Rural and Urban India

Healthcare System In India

India has a vast health care system, but there remain many differences in quality between rural and urban areas as well as between public and private health care. Despite this, India is a popular destination for medical tourists, given the relatively low costs and high quality of its private hospitals. International students in India should expect to rely on private hospitals for advanced medical care.

Studying in India offers a number of health challenges that students from developed countries may be unused to, so it is important to know how the health care system in India operates in the event you need it. Health care in India is a vast system and can be much like the rest of the country: full of complexity and paradoxes.

History and Today

India's Ministry of Health was established with independence from Britain in 1947. The government has made health a priority in its series of five-year plans, each of which determines state spending priorities for the coming five years. The National Health Policy was endorsed by Parliament in 1983. The policy aimed at universal health care coverage by 2000, and the program was updated in 2002.

The health care system in India is primarily administered by the states. India's Constitution tasks each state with providing health care for its people. In order to address lack of medical coverage in rural areas, the national government launched the National Rural Health Mission in 2005. This mission focuses resources on rural areas and poor states which have weak health services in the hope of improving health care in India's poorest regions.

Private and Public

The health care system in India is universal. That being said, there is great discrepancy in the quality and coverage of medical treatment in India. Healthcare between states and rural and urban areas can be vastly different. Rural areas often suffer from physician shortages, and disparities between states mean that residents of the poorest states, like Bihar, often have less access to adequate healthcare than residents of relatively more affluent states. State governments provide healthcare services and health education, while the central government offers administrative and technical services.

Lack of adequate coverage by the health care system in India means that many Indians turn to private healthcare providers, although this is an option generally inaccessible to the poor. To help pay for healthcare costs, insurance is available, often provided by employers, but most Indians lack health insurance, and out-of-pocket costs make up a large portion of the spending on medical treatment in India.

On the other hand private hospitals in India offer world class quality health care at a fraction of the price of hospitals in developed countries. This aspect of health care in India makes it a popular destination for medical tourists. India also is a top destination for medical tourists seeking alternative treatments, such as ayurvedic medicine. India is also a popular destination for students of alternative medicine.

International students should expect to rely on private hospitals for advanced medical treatment in India. Local pharmacists can be a valuable resource for most minor health ailments.

Knowing the Indian health care system and taking reasonable health and safety precautions should help ensure that your time in India is a healthy and enjoyable one!

5. India as a Medical Tourism Destination

Medical tourism is a growing sector in India. In October 2015, India's medical tourism sector was estimated to be worth US$3 billion. It is projected to grow to $7–8 billion by 2020. According to the Confederation of Indian Industries (CII), the primary reason that attracts medical value travel to India is cost-effectiveness, and treatment from accredited facilities at par with developed countries at much lower cost. The *Medical Tourism Market Report: 2015* found that India was "one of the lowest cost and highest quality of all medical tourism destinations, it offers wide variety of procedures at about one-tenth the cost of similar procedures in the United States."

Foreign patients travelling to India to seek medical treatment in 2012, 2013 and 2014 numbered 171,021, 236,898, and 184,298 respectively. Traditionally, the United States and the United Kingdom have been the largest source countries for medical tourism to India. However, according to a CII-Grant Thornton report released in October 2015, Bangladeshis and Afghans accounted for 34% of foreign patients, the maximum share, primarily due to their close proximity with India and poor healthcare infrastructure. Russia and the Commonwealth of Independent States (CIS) accounted for 30% share of foreign medical tourist arrivals. Other major sources of patients include Africa and the Middle East, particularly the Persian Gulf countries. In 2015, India became the top destination for Russians seeking medical treatment.Chennai, Kolkata, Mumbai, Hyderabad, Bangalore and the National Capital Region received the highest number of foreign patients primarily from South Eastern countries, with Chennai having come to be known as "India's health capital"

Unit II: Introduction to Health Journalism

1. Health Journalism: Concept, Need and Importance

The concept of stakeholder participation has attracted considerable attention in recent years among health researchers especially in its perceived role in advancing knowledge economy which is fast becoming a key driving force in global healthcare sector and development. Knowledge dissemination among healthcare stakeholders has been greatly facilitated thanks to the remarkable progress of information and communication technology. However, there remains huge scope for improvement in terms of increasing South-South and North-South cooperation in healthcare communication. In order for healthcare service

industry in emerging economies stay competitive in today's complex and volatile economic environment, understanding the interest of different stakeholders, and how their influence shape various domains of social development is crucial. The magnitude of the task is overwhelming and success will depend on integrative approach by local and international actors in strategic decision making and translating to concrete policy framework which will provide the key for long term success for healthcare institutions. The present study draws on key messages regarding the necessity of cross-professional communication in health sector development by synthesizing insights from the existing literature. The authors underscore the role of health journalism as a potential instrument for strengthening health policy advocacy, developing international standards in communication and more effective knowledge management.Public health is more than ever a concern for all governments of the world, both in developed and developing countries. In today's world, nothing is more international than health; no other aspect of modern life is as profoundly impacted by globalization as public health. This fact is immediately recognizable by the growing homogeneity in disease pattern across different world regions. For instance, diseases such as diabetes and cancer used to be regarded as the diseases of affluence which are the characteristic of western societies. In only a matter of three decades the diseases of affluence have become the major cause of morbidity and mortality in the third world countries. In the face of emerging global challenges including changing epidemiological pattern, increasing prevalence of chronic noncommunicable diseases (NCDs), shift in dietary pattern and its consequences on obesity and associated diseases, and the spread of HIV going unabatingly. Among the strategies to overcome these health issues, the media are widely used by government agencies and organizations, international agencies and nonprofit organizations to bring people together whether they are local, regional, national or international, to reach a state of complete physical, mental and social well-being. Though health communication for ameliorating population health is considered sufficient to meet the challenges of inadequate communication among different stakeholders, the limitations of this construct are becoming apparent which warrants for more cross-cutting intervention strategies There remains no doubt that effective communication is a powerful engine for health promotion however it should be kept in mind that communications is not an end in itself. The purpose and utility of this construct can be fully exploited in a global context in which health is regarded as a prime concern for all development policies. Health communication is necessary but not enough to generate the impacts on associated societal and political elements which impact every aspect of human life and well-being. The

challenges encountered by healthcare institutions are multifaceted and extraordinarily complicated which necessitates an integrated public health by integrating cross-disciplinary expertise, coordination, and policymaking. To this end, national governments have to focus on developing policy capacity by incorporating health journalism and stakeholder communications across various sectors of health research.

2. Roles &Responsibilities of a Health Journalist

1) Reporting Duties

Before journalists can write about a subject, they must first gather information. They usually conduct several interviews with people involved in or having knowledge of the subject. They may also go to the scene of an event, such as a crime or an accident, to interview witnesses or law enforcement officers and to document what they see. In addition, they often search public records or other databases to find information and statistics to back up their stories. Researching a story is often similar to conducting an investigation, and journalists must sometimes ask difficult questions. They may have to invest a lot of time tracking down information and people relevant to the story.

2) Working With People

Even though a news article bears a single journalist's byline, the process requires significant collaboration. How good a journalist's story is often depends on how adept he is at communicating and working with others. For example, journalists take instruction from their editors regarding what angle to approach when writing a story, how long the story should be and whom to interview. They also need strong people and communication skills so they can persuade sources to talk to them. Journalists frequently approach people they don't know, whether when reporting from the scene or calling to request an interview. If they're uncomfortable around strangers, they'll make others uncomfortable as well, making it less likely that people will want to be interviewed.

Legal Responsibilities

In addition to serving the public interest, journalists must also follow the law, especially regarding the confidentiality and privacy of the people they interview or write about. For example, while journalists often tape record their interviews to ensure accuracy, federal and state laws generally make it illegal to record a conversation without the permission of the other party. In this case, journalists must tell their sources

they're recording the interview before it begins. Journalists must also understand the laws regarding libel and invasion of privacy. If a journalist is careless when reporting criminal allegations against a person, for example, he could face a defamation lawsuit if the accusations are proved untrue.

Ethical Responsibilities

Some aspects of a journalist's job are not subject to any kind of law but are just as important. Journalists must strive to present an accurate, well-balanced explanation of the stories they cover. For example, they have an obligation to present all sides of an issue, and to conduct extensive research and talk to several sources knowledgeable about the subject. If they present only popular opinion, or if they conduct minimal research without fully exploring the subject, they don't give readers and viewers the information they need to understand the implications of the event or issue. Journalists must also be honest with the people they interview, telling them before talking to them what the article is about and that they plan to quote them in the piece.

3. Sources of Health Reporting: NFHS reports, UNICEF reports, WHO, Census

4. The National Family Health Survey (NFHS) is a large-scale, multi-round survey conducted in a representative sample of households throughout India. Three rounds of the survey have been conducted since the first survey in 1992-93. The survey provides state and national information for India on fertility, infant and child mortality, the practice of family planning, maternal and child health, reproductive health, nutrition, anaemia, utilization and quality of health and family planning services. Each successive round of the NFHS has had two specific goals: a) to provide essential data on health and family welfare needed by the Ministry of Health and Family Welfare and other agencies for policy and programme purposes, and b) to provide information on important emerging health and family welfare issues. IIPS collaborated with a number of Field Organizations (FO) for survey implementation. Each FO was responsible for conducting survey activities in one or more states covered by the NFHS.Technical assistance for the NFHS was provided mainly by ORC Macro (USA) and other organizations on specific issues. The funding for different rounds of NFHS has been provided by USAID, DFID, the Bill and Melinda Gates Foundation, UNICEF, UNFPA, and MOHFW, GOI.

The **World Health Organization** (**WHO**) is a specialized agency of the United Nations that is concerned with international public health. It was established on 22 July 1946 headquartered in Geneva, Switzerland. The WHO is a member of the United Nations Development Group. Its predecessor, the Health Organization, was an agency of the League of Nations.

The constitution of the World Health Organization had been signed by 61 countries on 22 July 1946, with the first meeting of the World Health Assembly finishing on 24 July 1948. It incorporated the *Office international d'hygiènepublique* and the League of Nations Health Organization. Since its creation, it has played a leading role in the eradication of smallpox. Its current priorities include communicable diseases, in particular HIV/AIDS, Ebola, malaria and tuberculosis; the mitigation of the effects of non-communicable diseases; sexual and reproductive health, development, and ageing; nutrition, food security and healthy eating; occupational health; substance abuse; and driving the development of reporting, publications, and networking.

The WHO is responsible for the World Health Report, the worldwide World Health Survey, and World Health Day. The Director-General of WHO is TedrosAdhanomwho started his five-year term on 1 July 2017.

5. Role of Media in Public Health Care Campaigns: Polio, HIV/AIDS, Reproductive Child Health

The mass media are intensively employed in public health. Vast sums are spent annually for materials and salaries that have gone into the production and distribution of booklets, pamphlets, exhibits, newspaper articles, and radio and television programs. These media are employed at all levels of public health in the hope that three effects might occur: the learning of correct health information and knowledge, the changing of health attitudes and values and the establishment of new health behavior. Mass media campaigns have long been a tool for promoting public health (Noar, 2006) being widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television, radio, and newspapers. Communication campaigns involving diverse topics and target audiences have been conducted for decades. Some reasons why information campaigns fail' is an early landmark in the literature. Exposure to such messages is, therefore, generally passive (Wakefield, 2010). Such campaigns are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviours

driven by addiction or habit. Mass media campaigns have generally aimed primarily to change knowledge, awareness and attitudes, contributing to the goal of changing behaviour. There has not normally been a high expectation that such campaigns on their own would change people's behaviour. Theory suggests that, as with other preventive health efforts, mass media campaigns are most likely to reduce unhealthy attitudes if their messages are reinforced by other efforts. Reinforcing factors may include law enforcement efforts, grassroots activities, and other media messages. There is a vast literature relating to public health information campaigns. Much theoretical literature is devoted to the topic of effectiveness of health communication strategies. Mass media campaigns have usually been one element of broader health promotion programmes with mutually reinforcing components: 1. Mobilising and supporting local agencies and professionals who have direct access to individuals within the target population. 2. Bringing together partnerships of public, voluntary and private sector bodies and professional organisations. 3. Informing and educating the public, but also setting the agenda for public debate about the health topic, thereby modifying the climate of opinion surrounding it.

5. Encouraging local and national policy changes so as to create a supportive environment within which people are more able to change their behaviour. This book chapter will first focus on some key concepts such as communication campaigns vs mass media campaigns, advertising vs communication campaigns, the concept of risk and risk communication campaigns. Later on, the chapter will focus on the effectiveness of public health campaigns using mass media communication. 2. Communication campaigns vs mass media campaigns There is often confusion between the labels campaign, communication campaign or program, media or mass media campaign, and intervention. No particular definition adequately covers current practice, and there are many local variations of what is meant by these labels. Indeed, a variety of definitions exists in the literature but the following elements of a communication campaign are essential (Rogers and Storey 1987). Firstly, a campaign is purposive. The specific outcomes can be extremely diverse ranging from individual level cognitive effects to societal or structural change. Secondly, a communication campaign is aimed at a large audience. Rogers and Storey (1987) note that 'large' is used to distinguish campaigns from interpersonal persuasive communications by one individual (or a few people) aiming to seek to influence only a few others. Thirdly, communication campaigns have a specified time limit. This is not to state that all campaigns are short lived. For example, the initial Stanford Heart Disease Prevention Program ran for three years, however follow-up investigations were conducted over

decades. The fourth point is that a communication campaign comprises a designed set of organised activities. This is most evident in message design and distribution. Messages are organised in terms of both form and content, and responsibility is taken for selecting appropriate communication channels and media. As Rogers and Storey (1987) point out, even those campaigns whose nature or goal is emancipation or participation involve organised message production and distribution. In summary, the term communication campaign implies that: - it is planned to generate specific outcomes; - in a relatively large number of individuals; - within a specified time period; and - uses an organised set of communication activities. Rogers and Store (1987) observe that in the modern communication campaign, modest changes in audience behaviouR are frequently achievable, and it is important for the campaign planner to set modest and realistic expectations about what can be achieved. They argue that a health promotion campaign might be considered successful or effective if about five percent of the target (or segmented) audience does adopt measurable changes in health behaviour over the longer-term. In this context, it is important to define a communication campaign. It should be noted that the word communication is used to highlight the fact that not all campaigns necessarily involve mass media messages, or mass media messages in isolation, and that communication campaigns may be small-scale in scope and audience reach.

Unit III: Health Reporting and Writing

1. Ethics in Health Reporting

1. Truth and Accuracy

Journalists cannot always guarantee 'truth', but getting the facts right is the cardinal principle of journalism. We should always strive for accuracy, give all the relevant facts we have and ensure that they have been checked. When we cannot corroborate information we should say so.

2. Independence

Journalists must be independent voices; we should not act, formally or informally, on behalf of special interests whether political, corporate or cultural. We should declare to our editors – or the audience – any of our political affiliations, financial arrangements or other personal information that might constitute a conflict of interest.

3. Fairness and Impartiality

Most stories have at least two sides. While there is no obligation to present every side in every piece, stories should be balanced and add context. Objectivity is not always possible, and may not always be desirable (in the face for example of brutality or inhumanity), but impartial reporting builds trust and confidence.

4. Humanity

Journalists should do no harm. What we publish or broadcast may be hurtful, but we should be aware of the impact of our words and images on the lives of others.

5. Accountability

A sure sign of professionalism and responsible journalism is the ability to hold ourselves accountable. When we commit errors we must correct them and our expressions of regret must be sincere not cynical. We listen to the concerns of our audience. We may not change what readers write or say but we will always provide remedies when we are unfair.

2. Structure and Guidelines for Health Reporting

Reporting guidelines

Reporting on children and young people has its special challenges. In some instances the act of reporting on children places them or other children at risk of retribution or stigmatization.

UNICEF has developed these principles to assist journalists as they report on issues affecting children. They are offered as guidelines that UNICEF believes will help media to cover children in an age-appropriate and sensitive manner. The guidelines are meant to support the best intentions of ethical reporters: serving the public interest without compromising the rights of children.

I. Principles

The dignity and rights of every child are to be respected in every circumstance. In interviewing and reporting on children, special attention is needed to ensure each child's right to privacy and confidentiality, to have their opinions heard, to participate in decisions affecting them and to be protected from harm and retribution, including the potential of harm and retribution.

The best interests of each child are to be protected over any other consideration, including over advocacy for children's issues and the promotion of child rights.
When trying to determine the best interests of a child, the child's right to have their views taken into account are to be given due weight in accordance with their age and maturity.
Those closest to the child's situation and best able to assess it are to be consulted about the political, social and cultural ramifications of any reportage.
Do not publish a story or an image which might put the child, siblings or peers at risk even when identities are changed, obscured or not used.

II. Guidelines for interviewing children

Do no harm to any child; avoid questions, attitudes or comments that are judgmental, insensitive to cultural values, that place a child in danger or expose a child to humiliation, or that reactivate a child's pain and grief from traumatic events.
Do not discriminate in choosing children to interview because of sex, race, age, religion, status, educational background or physical abilities.
Ensure that the child or guardian knows they are talking with a reporter. Explain the purpose of the interview and its intended use.
Obtain permission from the child and his or her guardian for all interviews, videotaping and, when possible, for documentary photographs. When possible and appropriate, this permission should be in writing. Permission must be obtained in circumstances that ensure that the child and guardian are not coerced in any way and that they understand that they are part of a story that might be disseminated locally and globally. This is usually only ensured if the permission is obtained in the child's language and if the decision is made in consultation with an adult the child trusts.
Pay attention to where and how the child is interviewed. Limit the number of interviewers and photographers. Try to make certain that children are comfortable and able to tell their story without outside pressure, including from the interviewer. In film, video and radio interviews, consider what the choice of visual or audio background might imply about the child and her or his life and story. Ensure that the child would not be endangered or adversely affected by showing their home, community or general whereabouts.

III. Guidelines for reporting on children

Do not further stigmatize any child; avoid categorisations or descriptions that expose a child to negative reprisals - including additional physical or psychological harm, or to lifelong abuse, discrimination or rejection by their local communities.

Always provide an accurate context for the child's story or image.

Always change the name and obscure the visual identity of any child who is identified as:

a. A victim of sexual abuse or exploitation,

b. A perpetrator of physical or sexual abuse,

c. HIV positive, or living with AIDS, unless the child, a parent or a guardian gives fully informed consent,

d. Charged or convicted of a crime,

e. A child combatant, or former child combatant who is holding a weapon or weapons.

In certain circumstances of risk or potential risk of harm or retribution, change the name and obscure the visual identity of any child who is identified as:

a. A former child combatant who is not holding a weapon but may be at risk,

b. An asylum seeker, a refugee or an internal displaced person.

In certain cases, using a child's identity - their name and/or recognizable image - is in the child's best interests. However, when the child's identity is used, they must still be protected against harm and supported through any stigmatization or reprisals.

Some examples of these special cases are:

a. When a child initiates contact with the reporter, wanting to exercise their right to freedom of expression and their right to have their opinion heard.

b. When a child is part of a sustained programme of activism or social mobilization and wants to be so identified.

c. When a child is engaged in a psychosocial programme and claiming their name and identity is part of their healthy development.

Confirm the accuracy of what the child has to say, either with other children or an adult, preferably with both.

When in doubt about whether a child is at risk, report on the general situation for children rather than on an individual child, no matter how newsworthy the story.

3.

All UNICEF materials are protected by copyright, including text, photographs, other images and videotapes. Permission to reproduce any UNICEF material must be requested from the originating UNICEF office, and will only be granted on condition that these principles and guidelines are adhered to.

. **Writing for Public Health Care: Think Globally and Write Locally**

"Think globally, act locally" urges people to consider the health of the entire planet and to take action in their own communities and cities. Long before governments began enforcing environmental laws, individuals were coming together to protect habitats and the organisms that live within them. These efforts are referred to as grassroots efforts. They occur on a local level and are primarily run by volunteers and helpers.

"Think Globally, Act Locally" originally began at the grassroots level, however, it is now a global concept with high importance. It is not just volunteers who take the environment into consideration. It is corporations, government officials, education system, and local communities.

Warren Heaps states, "It's really important to recognize that markets are different around the world, and company compensation programs should reflect a balance between global corporate philosophy and local practice and culture".

The original phrase "Think global, act local" has been attributed to Scots town planner and social activist Patrick Geddes. Although the exact phrase does not appear in Geddes' 1915 book "Cities in Evolution," the idea (as applied to city planning) is clearly evident: " 'Local character' is thus no mere accidental old-world quaintness, as its mimics think and say. It is attained only in course of adequate grasp and treatment of the whole environment, and in active sympathy with the essential and characteristic life of the place concerned."— Patrick Geddes, was a Scottish biologist, sociologist, philanthropist and pioneering town planner. He was also responsible for introducing the concept of "region" to architecture and planning.

He has made significant contributions to the consideration of the environment. Geddes believed in working with the environment, versus working against it.

Town planning is important to understanding of the idea "think globally, act locally". Urban management and development highly impacts the surrounding environment. The ways in which this is initiated is vital to the health of the environment. Corporations need to be aware of global communities when expanding their companies to new locations.Not only do corporations need to be aware of global differences, but also Urban and rural areas who plan on expanding or changing the dynamics of their community. As stated "Addressing the complex urban environmental problems, in order to improve urban livability through Urban Environmental Strategies (UES), involves taking stock of the existing urban environmental problems, their comparative analysis and prioritization, setting out objectives and targets, and identification of various measures to meet these objectives".

Unit IV: Health Communication

1. Define Information Education Communication (IEC): Concept and Functions

Information, Education and Communication (IEC) are important components of the TSC. In the past supply driven CRSP was implemented under which large number of toilets have been constructed. Unfortunately, this massive effort could not achieve the desirable success, as the toilets were not put to use largely due to lack of demand, lack of participation in programme implementation and, lack of awareness among the community regarding health and hygiene aspects of safe drinking water and clean sanitation facilities. There is an increasing realization that, in any water and sanitation programmes, continued access to water and sanitation services is not enough to sustain hygienic behaviours. It is the awareness and the education component of a sanitation programme that leads to sustained behavioral change. Experience has shown that information, education, and communication (IEC) campaigns involving communities and grassroots organizations can accelerate the process of change and hasten the adoption of sanitary practices. However these efforts must include addressing sociocultural attitudes toward owning a household toilet. The intensity of the hygiene promotion and education is important in leading to sustained practices. Intensive hygiene activities also use different channels to reach people such as community meetings, home visits, contacts in classes, traditional media, different IEC materials etc. It is very important to know which

strategies to adopt for hygiene promotion and education in a particular situation, which will help people continue safe practices after an intervention has ended.

Under TSC, the emphasis is to educate the public; create awareness among them regarding good health and proper hygiene; provide solutions to areas in need; build alliances with likeminded organizations and the community as a whole; and create long term success by facilitating community involvement and ownership. IEC activities under TSC are area and culture specific, involve all sections of the rural population, in a manner, focusing on different various aspects of the programme, including creating willingness of the people to construct latrines, providing information on different designs, cost and technical options, environmental sanitation aspects, use and maintenance of structures, and above all it is aimed at changing hygiene behaviours, for sustained impacts of improved water and sanitation conditions.

A national communication strategy and plan has been developed by Government of India giving emphasis on inter personal communication at the grassroots level. As part of this strategy motivators can be engaged at the village level for demand creation and taking up behaviour change communication. The motivator can be given suitable incentive from the funds earmarked for IEC. The incentive will be performance based i.e. in terms of motivating the number of households and schools/ Anganwadis to construct latrines and soakage pits and also use the same subsequently. Few activities under IEC include wall painting on a community building or hoardings to display different messages, print and audio visual materials including flip charts, posters, manuals, picture booklets, radio jingles, films and documentaries, mass media like kala jathas etc. IEC funding will be in the ratio of 80:20 between GOI and the State Governments and the total IEC cost should not be less than 15 per cent of the project. Each project district should prepare a detailed IEC action plan with defined strategies to reach all sections of the community. Funds available under IEC may be used for imparting hygiene education to the people as well as children in schools.

2. Define Behavior Change Communication (BCC): Concept and Functions

Behavior change communication (BCC) is an interactive process of any intervention with individuals, communities and/or societies (as integrated with an overall program) to develop communication strategies to promote positive behaviors which are appropriate to their settings. This in turn provides a supportive environment which will enable people to initiate, sustain and maintain positive and desirable behavior outcomes.

BCC is the strategic use of communication to promote positive health outcomes, based on proven theories and models of behavior change. BCC employs a systematic process beginning with formative research and behavior analysis, followed by communication planning, implementation, and monitoring and evaluation. Audiences are carefully segmented, messages and materials are pre-tested, and mass media (which include radio, television, billboards, print material, internet), interpersonal channels (such as client-provider interaction, group presentations) and community mobilisation are used to achieve defined behavioral objectives.

BCC should not be confused with behavior modification, a term with specific meaning in a clinical psychiatry setting.

3. Design Communication Campaign: Pre-test and Evaluation and Future of Health Communication and Career Prospects

how to use it. It is advised that the users take time to familiarize themselves with the guidelines before using them. HOW TO USE THE GUIDELINES PRE-TESTING Pre-testing, sometimes called field testing, helps project staff know whether the intended audience understand the key message(s) and accepts the draft materials before they are produced in final form. In pre-testing, an interviewer shows the draft materials to members of the intended audience and asks open-ended questions to learn if the message is well understood and acceptable -- in sum, if it works. The objectives of pre-testing include measuring all of the following: 1. Comprehension - clarity of content and presentation 2. Attractiveness - elements that make people want to see/hear the material 3. Acceptance - audience feels they can accept it – not offensive, is believable, does not trigger disagreement 4. Involvement- audience can identify with the materials and recognizes that message is meant for them 5. Call to action- most materials asks, motivates or induces

audience to carry out a particular action. Pretesting process should more or less follow the following steps: 1. Define your sample by characteristics (same group characteristics [e.g. ethnic group, region, etc.], same individual characteristics [e.g. age, number of kids, etc.], and convenience sample). You should work closely with the agency on making this decision. 2. Determine how many people you are going to pre-test with (complexity of the material, complexity of the problem, number of audience segments, number of geographic regions, etc.). You should work closely with the agency on making this decision. 3. Determine the percentage of the pretesting participants whom you expect to understand the key. 4. Conduct the actual pretest in the field. Afterthe actual pretest, then communicators may judge how well the pre-test feedback could be used to improve the material to ensure maximum impact on the targets audience.

Pre testing the spot (Play the radio or TV spot and let the respondent(s) listen and watch the spot in full) **SECTION2: PRETESTING SPOTS (RADIO/TV/VIDEO)**

1. Ask the respondent(s) what message was being transmitted by the spot

2. Ask the respondent(s) for any words in the message whose meaning they did not understand. If there are unclear words, identify the words and ask the respondents what they think the words mean. (If necessary, tell the respondent what was meant by the words and ask for what words they suggest should be used as a better substitute that will be generally understood).

3. Ask the respondent if there is anything in the message that they or other people in neighborhood would say differently?(If yes, ask for the phrase or wording)

4. Ask the respondents whether it would be easier to understand the message if there were pictures or drawings

5. Ask the respondent if there is anything in the message which they think is not true(probe to get details if the response is yes)

6. Ask the respondent if they feel the message said anything that might upset or offend people(if the answer is yes, probe to get what is offensive or upsetting)

7. Ask the respondents what they think this message is asking them to do? (probe their willingness to follow the message)

8. Ask the respondent(s) what they liked most about the message

9. Ask the respondent(s) what would encourage them to follow the message they have just heard(Probe if there is something that would discourage them)

10. Ask the respondents to whom they think this message is directed?

11. Ask if spot says or suggest that they must do something? If yes, what?

12. Ask if they would be willing to follow the advice given? Why/Why not?

13. (For those who have seen the spot before) Have you been able to follow any of the advice given in the spot? If yes, why? If not, why not?

14. Ask the respondent(s) if the message is appropriate for the community

15. Ask the respondent(s) if there is anything in the message which they would say differently (Ask them to say it if applicable).

16. How would you gauge the quality of the radio program in terms of sound (volume) and words spoken?

17. For radio spots, ask the respondent(s) whether the sound level (volume) acceptable

18. For TV spots, ask the respondent(s) whether the sound level (volume) is acceptable? Ask whether the picture is good.

19. Ask the respondent(s) how they would rate the duration of the spot (Probe if too long, too short or just right).

20. Ask the respondents if they have any further questions/observations.