Communication Strategies for Areas Unreached by Radio and Television

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CONSIDERING the reach and effectiveness of Radio and Television in disseminating the messages of family planning and health, it causes anxiety to learn that there are areas spread in the length and breadth of a vast country like India which are not reached by the powerful and magical medium of Radio and T.V. It is understandable that the reach and effectiveness of electronic media to inform, educate and motivate people to practise family planning and spread the messages of health have not made an impact in certain areas for a host of reasons.

These areas in terms of their topography and remoteness and specific geographical characteristics and the sparsely located habitations/hamlets, the terrain, near-absence of transport facilities resulting in poor mobility of health and family welfare personnel and the health services and unfriendly environmental and socio-cultural inhibitions, etc. are certainly hard to reach regularly by any media in normal situations. In addition, despite different norms of health staff ratio and population coverage in hilly and remote areas and in tribal areas, the health infrastructure and the training of staff posted to man these positions may add to the degree of poor coverage and poor response from the inhabitants. The specific problems of the people living in these relatively unreached areas vis-a-vis the problems faced by the health and family welfare personnel (the service providers) would undoubtedly create problems and slow down the pace of work.

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Not Unsurmountable

The health planners and the communication experts are fully seized with these obstacles which may be difficult but not unsurmountable. Today there is increasing realization that centralised planning and the top-down approach is not paying dividends. Taking a cue from the education field which already has an extensive district-level programme, there is an emergent need to implement the family welfare and health programmes by implementing a similar scheme. The benefits are obvious. Such an innovation will promote local planning, an area intensive approach and people's participation. The plans for all the states are drawn by those sitting in Delhi without taking into consideration their specific needs. There are noticeable variations between districts and when these are invariably glossed over when the Centre lays down the policy guidelines, the communication inputs to promote health and family welfare programmes will work under severe constraints and limitations and regimentations.

Commonsense will support that promotion of local planning (*vs* top-down approach) and cut down a host of complex issues. These plans need to be drawn up by the district-level officials, community leaders and resource persons from local level institutions who are fully seized and sensitized with the concerned local issues and problems. It is this approach that should be the spearhead of our communication strategies.

Family planning communication, being a part of the population programme suffered in the initial years, and continues to suffer to a considerable extent unto this day. The tendency to continue to treat the Family Welfare programme as a simple matter of bringing about reduction in the family size through promotion of contraception found an easy reflection in the communication media. There is absolute need to consciously develop a communication strategy that can create in a family the urge to lead a better life and to convince it simultaneously that birth control is an important, intrinsic and respectable part of the effort it must make to satisfy this urge.

Changing Behaviour

The Electronic Media should be wisely and profitably deployed to reach the relatively unreached areas to create a climate and play a role in changing behaviour. The radio and T.V. undoubtedly can serve as a powerful reinforcement medium particularly in a situation where good motivation already exists. The communication strategy must look at the whole question as a vital part of an integrated population development

programme. This situation assigns a new, exciting and exacting role to health and family welfare programme communication.

Only a comprehensive approach giving women more control over their own lives, making progress against gender discrimination, raising the level of female education, reducing child death (Infant Mortality) rates (so that parents can have confidence that their children will survive) and making high-quality family planning universally available - can keep the population down and stabilise it over a period. It needs no reiteration that to slow down/check population growth and ensure better health in the distant and unreached areas, the communication inputs must make faster progress towards development of appropriate and effective software (which answers the local needs and goes hand-in-hand with the cultural milieu) and its well-planned and wise deployment towards better health care, nutrition and education and ending discrimination against women and girls.

The term 'communication' refers to a social process — the flow of information, the circulation of ideas, and propagation of thoughts. The role of communication in the health and family welfare programmes is to help, motivate people to accept the idea; the ultimate aim of communication inputs is to bring about change in behaviour. The Information, Education and Communication (IEC) input is a three channel media network: Mass Media, Inter-personal and Population Education reinforced by social marketing and voluntary agencies. A strategy is a particular administrative framework to achieve goals of influencing audience behaviour in a desired direction. In India there have been no detailed exercise in evolving comprehensive IEC strategy, particularly for the relatively unreached areas.

The Best Mix

Information, Education and Communication (IEC) strategy implies finding the best mix of media channels and message content designed to fit the specific information needs of specific target audience group in regard to any particular objective. It includes the matching of messages, channels, organizations and planning of activity schedules, evaluation and management information. A good model for communication planning has been developed by the East-West Centre, Hawai, U.S.A. It can be Indianised and put into practice to reach the unreached. We need to continue our efforts to train the communication staff for systematic planning of communication strategy in support of health and family welfare programmes. Efficient and imaginative IEC services, therefore, need to play a dynamic role in demand generation for health and family welfare services especially in the unreached areas.

A properly planned and effeciently managed IEC effort will be crucial for the achievement of motivating an ever increasing number of eligible couples to limit the family to only two children irrespective of the sex composition, and for achieving Health For All, is indeed a stupendous task. It become a more challenging task when one thinks of the unreached areas. Periodic evaluation of the IEC programme should, therefore, become a regular feature and the IEC strategy and programmes be revised and redesigned to meet the emerging situation and reach the unreached population.

But in the final analysis, communication strategy for bringing about changes in fertility and health behaviour in the unreached areas in India must be viewed in conjunction with the basic factors that influence health and fertility, the socio-economic compulsions that exert their pull in the semi-feudal countryside of India. An improvement in the reach and effectiveness of media deployed is of secondary importance compared to the urgent need to change the fundamental socio-economic structure of these areas. All communication inputs have essentially to be linked with and should emerge out of the total development effort if we mean serious business.

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