

## **Examining Perspectives and Experiences of Health Promotion Specialists Concerning Mass Media Distortion of Health Promotion Matters**

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### **Abstract**

Introduction:

This research delves into the convergence of health promotion and mass media, specifically examining the possible distortion of health messages during transmission. An area of concern is the potential impacts of the media's agenda in terms of accurate dissemination of health promotion messages. While mass media serves as a potent means for swiftly disseminating messages, the challenges posed by the "third party" syndrome can hinder the effectiveness of health programs conveyed through these channels. The escalating prevalence of health information transmitted through social media has also emerged as a pressing public health issue. Interestingly, there is little or no research on the use of this technology in sharing health messages and the inherent consequences for the various users.

Aims: The primary aim is to investigate the experiences of health promotion specialists in England, emphasizing the relevance of mass media in health promotion activities, evaluating its potentials, and identifying strategies to minimize issues related to message mediation. Methods: A cross-sectional survey design was employed, ensuring a representative sample of health

promotion specialists. The study achieved a high response rate of 82%, and the data analysis involved a systematic comparison of independent variables (health promotion and media activities) and dependent variables (distortion, oversimplification, and sensationalization). Results: The study indicates that 97% of health promotion specialists use mass media for their work, with newspapers (51%) showing a higher preference than radio (31%) and television (18%). The media is extensively utilized for raising awareness (94%) and reinforcing existing health knowledge (63%). However, 91% believe that media is not effective in promoting behavioral changes. Conclusion: While health promotion specialists heavily rely on mass media, concerns about distortion, oversimplification, and sensationalization persist. News and current affairs formats are commonly used, but their inherent characteristics may contribute to problems in conveying health messages accurately. The study highlights the need for cautious use of media language and emphasizes the importance of planned events in minimizing potential distortions. Recommendations: The findings suggest a need for enhanced collaboration and training between health promotion specialists and the media. Strategies to minimize distortion should include adopting purposeful media formats, utilizing behavioral change models, and fostering partnerships between communication departments and health promotion authorities. The study encourages a more nuanced approach to media training and the implementation of healthy public policies to facilitate effective collaboration and address the challenges identified.

**Key words:** *health promotion and mass media, health promotion messages, health promotion activities.*

## INTRODUCTION

According to Nutbeam (1986), health promotion serves as a mediating strategy between individuals and their environments, integrating personal choices with societal responsibility for health to forge a healthier future. It employs behavioral change models such as Social Learning Theory (Bandura, 1977), Diffusion of Innovation (Rogers, 1983), Communication Theory (McGuire, 1978), and Social Marketing (Lefebvre and Flora, 1988) in conjunction with practical application to advance its objectives. In contrast, health education, as defined by Green (1978), encompasses various learning opportunities crafted to facilitate the voluntary adoption of behaviors conducive to good health. It is a behavioral science oriented toward diagnosing, analyzing, and strategically intervening in issues affecting quality of life, as outlined in the Precede framework by Green et al. (1980). Education, in this context, entails the transfer of knowledge and skills from educator to learner, with media-based health messages serving as a component of health education. As such, they have to be consistently focused on the provision of understanding about the subject matter and aimed at balancing change and lifestyle modification (Tones et al, 1986).

Various models and approaches to health education exist (Beattie, 1987; Draper, 1980; French, 1990), all ultimately aiming at fostering self-efficacy, empowerment, social action, and behavioral change. Health education is best conceptualized as a practical activity grounded in educational practices. Successful health education requires strategic planning and the establishment of specific educational objectives tailored to identify target audiences. This necessitates essential elements such as communication, cooperation, and coordination to achieve design goals. Mass media, as an educational channel, can be effectively harnessed to influence positive behavior, given their acknowledged impact during the early stages of the diffusion

process (Bartlett, in Green et al., 1980). Furthermore, the effective use of mass media in the health education process should be guided by a fundamental question: "what works?"

Various mass media activities play a crucial role in health promotion, including press releases, news coverage, stories, interviews, documentaries, and advertisements. These activities can be categorized as either "unplanned or incidental" roles or "planned or purposeful" roles, with the assumption that these roles may introduce opportunities for the distortion of health messages. It is important to note that the responsibility for potential distortion cannot solely be attributed to the media, as effective communication of health promotion issues/messages typically involves collaboration between two professional cadres: health promotion and mass media. With appropriate guidelines or training, their collective efforts can be strengthened to address challenges in achieving educational objectives or identifying sources of problems in communicating health promotion issues/messages.

Another important requirement of "What works?" is behavioural diagnosis. Health education messages without adequate behavioural diagnosis may miss their goals. Behaviour is a relatively difficult concept. It presumably influences perceptions, putting individuals of common interests into different circumstances. This may be ascribed to different exposures, experiences and preoccupations among individuals. Thus it can be arguable that every human every behaviour has a cause and every health condition has a behavioural correlate. In such context the operationalization of health education on a more radical scope i.e. "refocusing upstream" (McKinlay, 1979) could be rewarding than processed blandly. Health education in this circumstance is widely acknowledged to gain increased popularity and with better chances of reducing media mediation distortions, if well co-ordinated. Mass media-based health education planning that neglects these considerations could miss great chances of having positive behaviour change influencing health messages, disseminated. Consequently, it so prompts that health promotion professionals be broad-minded in order to be able to control the range of complexities involved in their roles, particularly in combining the use of the media.

Involving the mass media is an essential element in health education activities requiring extensive reach of messages, but it may be taxing, considering the broad spectrum of competition (behavioural and non-behavioural). According to McCron (1981), mass communication processes are not particularly successful in achieving individual behavioural change except perhaps with extra efforts. French (1990) itemises the underlying principles of health education as follows:

1. The promotion of self-esteem and autonomy;
2. Non-coercion and voluntarism;
3. Sensitivity to social, economic and environmental factors influencing or of concern to clients;
4. The valuing for others;
5. Continuous evaluation
6. Responsibility for the accuracy of information and the appropriateness of methods used.

Most of these principles are justified in the demonstrated projects of Heartbeat Wales, North Karelia and "Stanford Three Cities" projects. Though they may not be unqualified success stories, the application of dimensions makes the approach holistic to some extent.

All these factors constitute the basis from which distortion of messages develops either from the source, channels or receivers' points of view. Perspectives differ at these various levels. Illustrating this, Budd and McCron (1979) state: "The sender (source) presents those symbols which he believes will produce the intended response from the others (to be informed or

persuaded for action). The receiver subsequently extracts meanings from the message (this is a relevant problem situation analysis)". In justification of this illustration, they contend that "if the two persons share a similar education, socialisation process and cultural background, a common language, then the chances that the meaning derived is that intended are greatly increased".

However, the use of the mass media in communicating health promotion issues/messages may require approaches based on health education planning. This may be useful for both specialists involved in setting educational for intended health promotion programmes.

### **RESEARCH QUESTIONS**

1. What is the awareness level of health promotion specialists regarding potential distortions by the mass media?
2. What are the potential methods for minimizing distortion possibilities?

### **BROAD OBJECTIVE**

Examining the direct experiences of health promotion specialists in England and elucidating the mass media's perspective on these specialists' efforts to address distortion issues in health promotion.

### **SPECIFIC OBJECTIVES**

1. Assessing the awareness levels of health promotion specialists regarding potential distortions by the mass media.
2. Identifying potential methods for minimizing distortion possibilities.

### **RESEARCH HYPOTHESIS**

The hypothesis underlying in this research is that "health promotion programmes sometimes suffer from distortion in the course of being mediated to the target audience by the mass media". This hypothesis was tested by drawing upon the experiences and views of health promotion specialists.

### **MATERIALS AND METHOD**

#### **THE RESEARCH DESIGN**

A cross-sectional survey design method was used to provide a picture of health promotion specialists' experiences of using the mass media in the course of communicating health promotion issues to the audience.

#### **SAMPLING TECHNIQUES**

To draw a representative sample in a survey, it is essential to understand the characteristics of the variables to be measured, and the suitable type of population to be studied (Oppenheim, 1992). In the present study, available records of health promotion units were the appropriate source for a representative sample within required population parameters. Hence the sample frame used was obtained from the catalogue, what we Publish (1992/93), a record of health authority districts in the UK.

A random selection of National Health Services (NHS) regions in England was made. Of the fourteen regions, three were selected using a table of random numbers (Armitage and Berry, 1987). In each of the selected regions, all health promotion units were eligible for inclusion in the study, thus reducing the possibility of a sample bias. The three regions were selected were the Trent Region, which has twelve health promotion units; the North Western Region comprising nineteen units, and the South Western Region which has nine units. A reorganisation in this last

region has recently merged three units, thus were therefore forty health promotion units eligible for inclusion in the study instead of the forty-two originally anticipated.

### **Ethical Consideration**

The questionnaire was accompanied with an introductory letter (Appendix 2) whose purpose was to acquaint the managers of all the forty (40) health promotion units with such details as the purpose and level of the research and the researcher's name, and to reassure the respondent on the confidentiality of whatever information he/she gave to the researcher through the questionnaire. Such acquaintance was necessary to enlist the co-operation of respondents' confidence was also part of the basic ethical principle of the research; this was adopted so that respondents should incur no risk from participating. According to Oppenheim (1992), "the respondents' right to privacy and the right to refuse certain questions, or be interviewed at all, should be respected, and no undue pressure should be brought to bear". Respondents were, therefore, guaranteed strict confidentiality and emphasis was placed on the fact that all the data collected would be used for the stated research purpose alone. However, absolute anonymity was not guaranteed, as the researcher could trace respondents by means of an identifier number inserted at the top right hand corner on each questionnaire. This was done to identify non-respondents and thus eliminate the possibility of sending reminders to those who had already responded. However, the name of the respondent and his/her identifier number has not been entered into the computer file, so it is not possible for third parties to link a particular respondent to a particular answer.

### **THE FOLLOW-UP ACTION**

A reminder package (letter and questionnaire) was mailed to every defaulter after a period of 28 days from the dispatch of the first set of postal questionnaires (Appendix 3). Although the package contained the same type of questionnaire as the earlier one, the reminder adds further reassurances to respondents regarding the confidentiality of their answers. It also expresses the importance of their co-operation and the usefulness of their responses. As a follow-up, this was an instrument introduced to maximise the response rate in each of the sample regions and to ultimately achieve a high response rate. A total of eight reminder packages were mailed to the North West Region, six to Trent and four to South Western Region. The follow-up package encouraged the return of another eight questionnaires within two weeks and another two within five weeks. The total response rate was thus boosted to over 82% (n = 33). The spread of responses was as follows:

**Trent Region:** returned 75% (n = 9) of the questionnaires mailed to that region. Of these, 67% (n = 6) come from male and 33% (n = 3) from female respondents. There was therefore a non-response rate of 25% (n = 3).

**South Western Region:** The response received was 77% (n = 7), and the distribution 43% (n = 3) from male and 57% (n = 4) from female respondents. The non-response rate therefore was 23% (n = 2).

**North Western Region:** Returned 89% (n = 17) of the questionnaires mailed to the region, with response distribution being 47% (n = 8) from male and 53% (n = 9) from female respondents. The non-response rate was 11% (n = 2).

The variations in response rate among the three regions, therefore were 2% between South Western and Trent, 14% between North Western and Trent, and 12% between South Western and North West regions. There was a total response of 82% (n = 33) and a non-response rate of 18% (n = 7). Generally, North Western had the highest response rate compared, with other regions. The response bias between these regions may therefore, partly be an indicator of the varying interests, motivations or needs of participants in relation to the subject of the study. It is significant for a mail survey to receive a 50% response rate within the first fortnight. This

suggests that the participants identified to some extent with the subject of the research (Fowler, 1993). Two of them indeed specifically expressed a desire to be acquainted with the final findings.

### **METHOD OF DATA ANALYSIS**

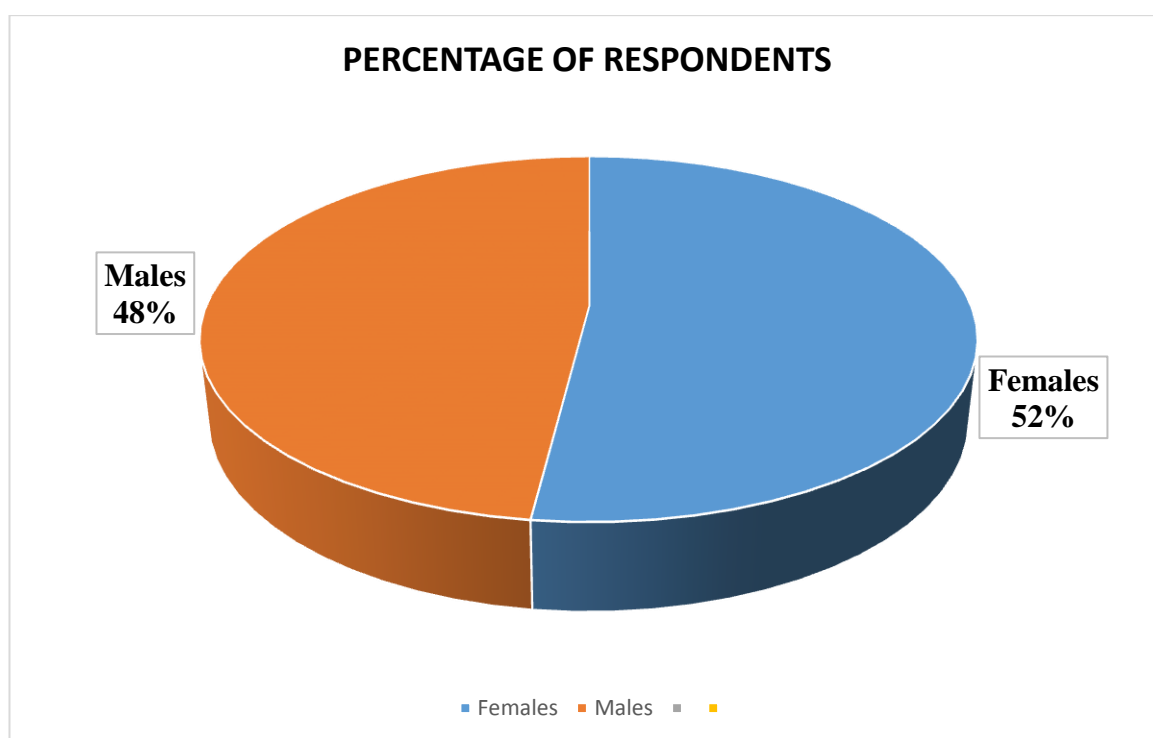
The questionnaire itself (in a modified form) served as a kind of record sheet for collating, processing and analysis of the research data (respondent's answers), while subsequent work was done with the computer software, Epi Info5, a statistical package. Data were presented in form of frequency tables and percentage

### **RESULTS**

#### **4.1 CHARACTERISTICS OF RESPONDENTS**

Thirty-three health promotion specialists (82% of those to whom questionnaires were sent) from a representative sample in England responded to the questionnaire and form the basis of the data presented here. Of these, 52% (n = 17) were female and 48% (n = 16) were male. They had an average of 13 years working experience as health workers, ranging from 2 to 30 years. Thirty-nine percent had health promotion / education as their basic professional qualifications. Fifty-five percent of the respondents indicated that they had more than one academic qualification, some of them held degrees in the arts or business, which may be related to the diverse and eclectic nature of health promotion itself. Generally, most respondents came from various medical and health disciplines. Sixteen percent had arts degrees only, while 13% had both an arts degree and an additional qualification in health promotion.

**Fig. 1: Distribution of respondents' percentages**



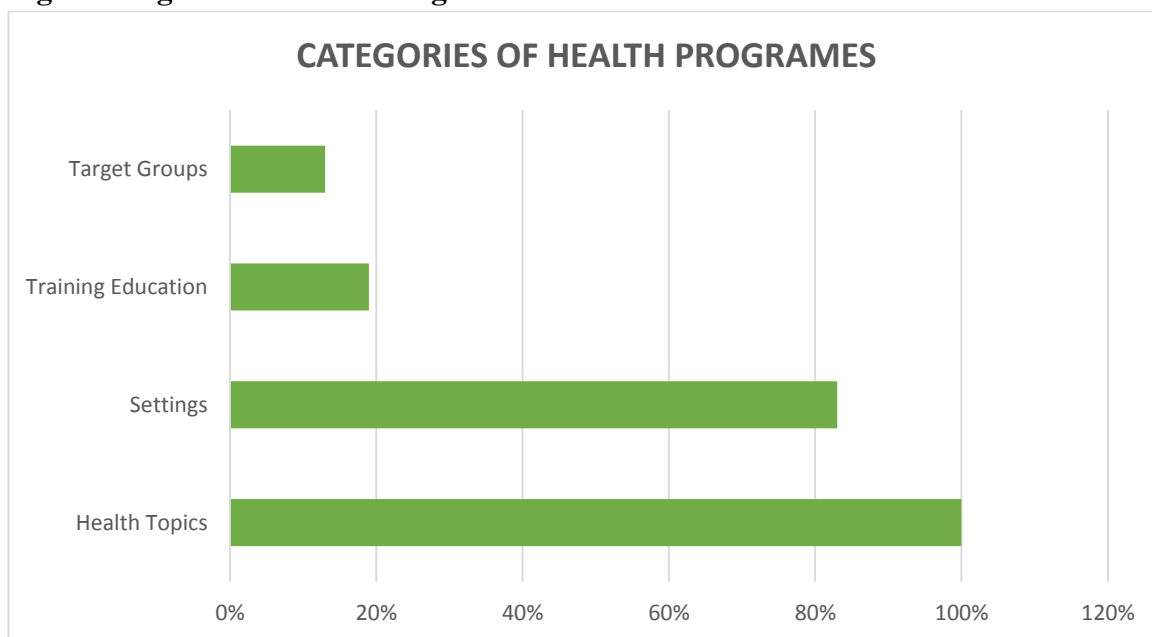
#### **4.2 HEALTH PROMOTION ACTIVITIES**

The respondents' itemisation of their health promotion activities shows that they were involved in a wide variety of health promotion programmes. All respondents delivered health promotion programmes. A significant number of 93% indicated more than one kind of health promotion programme in terms of topics, target groups settings and training, as can be seen in

Figure 2 and Table 1. However, only 13% (n=4) related specific topics specific target groups and/or settings, such as "Sexual health and HIV/AIDS" targeted at young people within schools and community settings (see Table 2).

All of them mentioned a health topic among the health promotion programmes they did, e.g., smoking and coronary heart disease / cancer prevention. Next were setting programmes (88%, n = 28) which were carried out in various settings, such as workplace, school and community. The third popular were training programmes (19%, n=6), e.g., lifeskill teaching and Look After Your Health (L.A.Y.H), followed by target group programmes (13%, n = 4), such as children, women and the elderly. The most frequently mentioned health topic was smoking / substance abuse (65%, n = 20), followed by CHD/ cancer prevention at 51% (n = 16), HIV/AIDS / Sexual health (45%, n= 15), and Alcohol/Accident prevention (39%, n = 12) (See Table 2).

**Fig. 2 Categories of Health Programmes**



Those respondents who carried out health promotion programmes in more than one setting are likely to do more than one target group as well. Altogether, 21% (n=7) of the respondents reported five programmes, 16% (n = 5) reported six programmes, 13% (n = 4) reported seven programmes, 9% each (n = 3) reported four programmes and one programme. Eight programmes were reported by 6% (n = 2) of respondents while the same percentage reported three programmes. The remaining categories of respondents are those who related their programmes to specific settings and/or target groups. Of these, 6% (n =2) reported twelve programmes, 3% (n = 1) each reported fifteen, ten and eleven programmes respectively. Those who merely indicated their programmes in broad terms as “topics” and “settings” programmes constitute 6% (n = 2).

**Table 4.2.1: Health Programme Categories, Variables and Pattern of Popularity with Respondents.**

No.	Programme Category	Variables	%
1.	Health Topics	Smoking, CHD/Cancer prevention, Sexual health, HIV/AIDS prevention, Substance abuse, Alcohol related, Accident prevention, Healthy diets, Exercise and Physical	100%



		fitness, Mental health.	
2.	Settings	Schools, Workplace, Community, Primary Health Care/NHS and Hospitals.	83%
3.	Training Education	Lifeskill teaching, Training of Trainers programme and Look After Yourself Health (LAYH).	19%
4.	Target Groups	Young people, women/children and the elderly.	13%

**Table 4.2.2: Settings and Specific Health Programmes with the Frequency of Use**

No.	Setting	Programme	Freq.	%
1.	Workplace	Smoking, CHD/Cancer, HIV/AIDS prevention, Accident prevention, Healthy diets, Exercise/Physical fitness, and Training of Trainers programmes.	24	85%
2.	School	Smoking, HIV/AIDS prevention, Drug/Substance abuse, Alcohol related, Sexual health, Healthy diets, Lifeskill teaching and LAYH.	19	67%
3.	Community	Smoking, (CHD)/Cancer prevention, HIV/AIDS, Accident prevention, Healthy diets, Health of the Elderly, Women's health and exercise.	13	40%
4.	Primary Health Care	Smoking, CHD/Cancer prevention, Breast Cancer Screening, HIV/AIDS prevention, Accident prevention, Physical fitness, LAYH, Mental health training of trainers.	11	39%
5.	NHS	CHD/Cancer prevention, HIV/AIDS prevention, Healthy diets, Maternal and Child health, and Training of Trainers	3	17%
6.	Hospitals	Smoking, CHD/Cancer prevention, Health promoting hospitals, women's health and Training of Trainers.	3	17%

### 4.3. USE OF THE MASS MEDIA

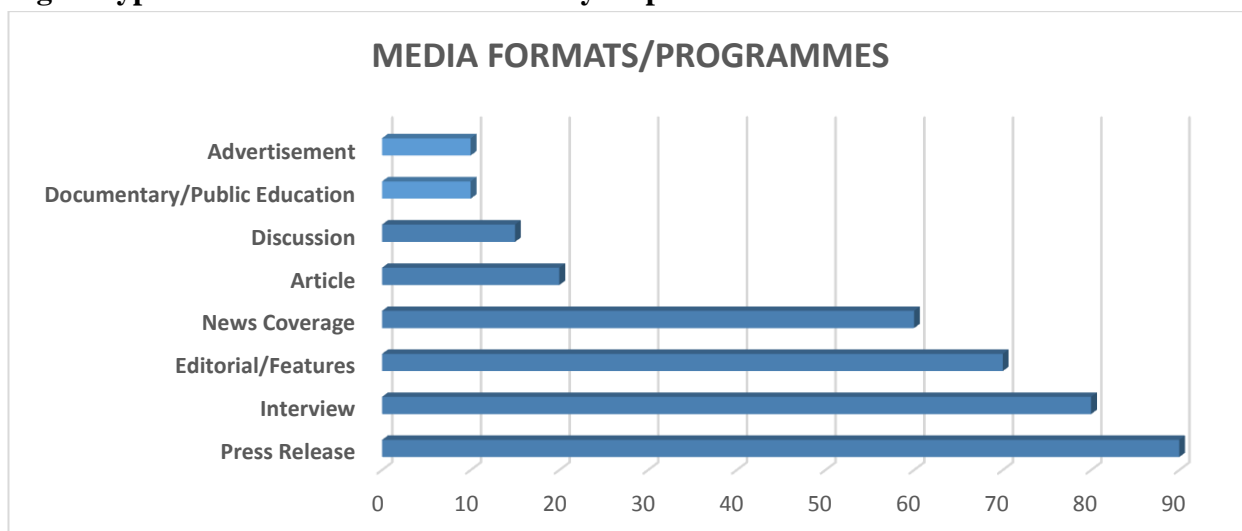
Ninety-seven percent (n =32) of the respondents reporting delivery of health promotion programmes said they used a variety of mass media and even a combination of them in their programmes. 78% (n =25) were able to shed some light on the types of media programmes that feature in their health programmes. The responses from a few respondents suggested they required more clarity on this question; hence there was the need to apply a coding frame. This was intended for proper response alignment regarding media programmes or formats. Therefore, 19% (n = 6) of respondents mentioned conferences to which journalists were invited; 6% (n = 2) mentioned campaigns; 9% (n = 3) mentioned professional journal while 3% (n = 1) each mentioned no smoking day and competitions. These are then coded as public service broadcasting, documentary and editorial programmes.

The most popular medium for communicating health promotion issues was press release, followed by interviews, editorial / features and articles (Table 3 and Fig 3). There is a similar pattern for communicating the most popular health topics (Table 4).

**TABLE 4.3**

No	Variables	Frequency	%
1.	Press release	29	88%
2.	Interviews	22	67%
3.	Editorials/Features	19	58%
4.	Media invitation for news coverage	16	48%
5.	Articles	13	39%
6.	Discussions	10	30%
7.	Documentary/Public service broadcasting	9	27%
8.	Advertisement	9	27%

**Fig 3: Types of media works carried out by respondents**



**Table 4.4: Respondents with popular health topics/their use of Media Formats/Programmes**

No.	Popular Health Topic	MEDIA FORMAT/PROGS				
		Article	Press Release	Interviews	News Coverage	Editorial/Features
1.	Smoking/Substance abuse	65%	65%	55%	50%	30%
2.	CHD/Cancer Prevention	51%	63%	69%	31%	44%
3.	HIV/AIDS/Sexual Health	45%	60%	33%	13%	37%
4.	Alcohol/Accident Prevention	39%	50%	17%	0%	50%

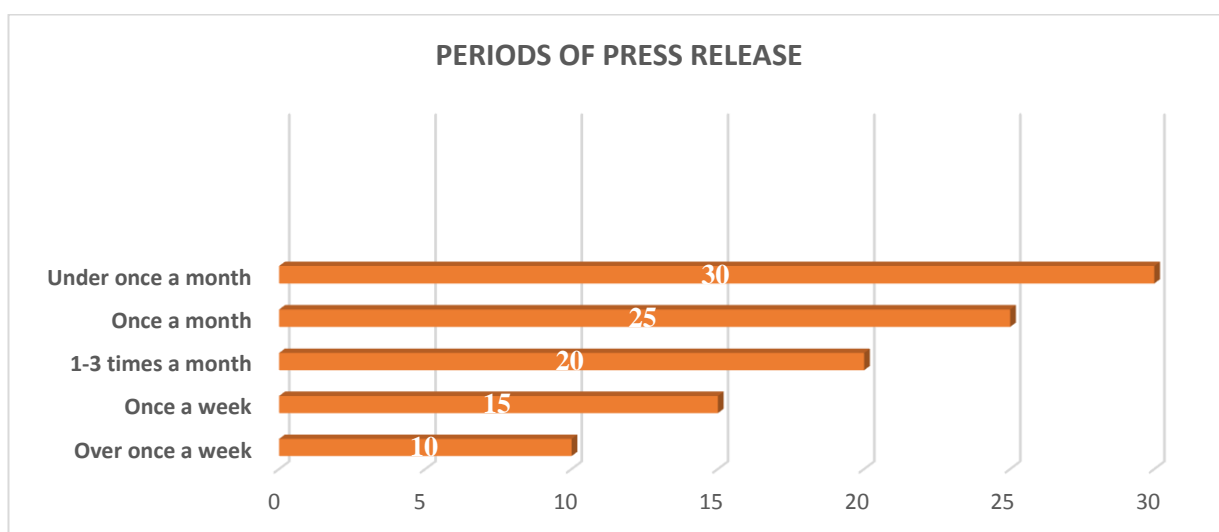
From the above table, it is most likely that the 65% (n = 20) who did smoking substance abuse programmes had more frequent contact with the media than the others.

#### 4.4.1 Press Release

Respondents were asked specifically about the use of press releases. Of the 979% (n= 32) who used the mass media, 88% (n = 29) reported that they used press releases. Twenty-four

percent (n =7) each reported that they issued press releases once a week, 1-3 times a month and less than once a month respectively. The remaining 28% (n = 8) issued press release once a month (see Table 5 and Fig. 4).

**Fig. 4: PERIODS OF PRESS RELEASE**



#### 4.5 Frequency of Press Release made by respondents

The frequency of press releases made by respondents is outlined, revealing that no respondents indicated issuing press releases more than once a week. The majority, constituting 24%, reported releasing press statements once a week, while an equal percentage stated doing so 1-3 times a week or once a month. Additionally, 28% of respondents reported issuing press releases less than once a month.

**Table 4.5: Frequency of Press Release made by respondents**

No.	Variables	Freq.	%
1.	More than once a week	0	0%
2.	Once a week	7	24%
3.	1-3 times a week	7	24%
4.	Once a month	7	24%
5.	Less than once a month	8	28%

#### 4.6 Respondents "General" Contacts with the Media

No respondent reported issuing press releases more than once a week". However, a few reported "more than once a week" for the local newspaper and radio stations, and only one respondent reported frequent contact with ITV. The frequency of contacts was higher for newspapers (more than once a week, once a week, and once a month) than the others. Furthermore, the spread of the frequency of "contacts with the media" have generally been grouped under radio, television, newspapers and magazines (see Table 6)

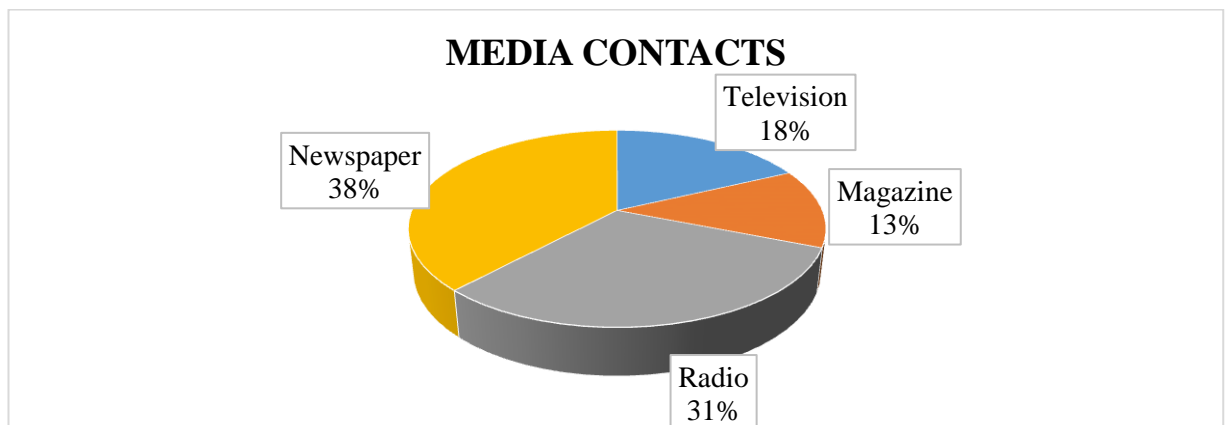
**TABLE 4.6: Periods and Frequency of Contacts with The Different Kinds of Mass Media**

Frequency of contact	Radio	Television	Magazine and
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					others	
	F	%	F	%	F	%
More than once a week	1	3%	4	25%	2	12%
Once a week	8	29%	0	0%	0	0%
1-3 times a month	4	14%	0	0%	1	6%
Once a month	8	29%	0	0%	1	6%
Less than once a month	7	25%	12	75%	13	75%

The majority of respondents have less than once a month contact with radio, while television and magazines/others have more frequent contact. In summary, television is the most frequently accessed media channel among respondents, with a significant number of them having more than once a week contact. Radio and magazine/other channels have more sporadic contact, with radio having once a week and once a month as the most common frequencies, and magazine/other channels having less than once a month as the predominant frequency.

**Fig 5 Periods and Frequency of Contacts with the Different Kinds of Mass Media**



### 7.0 Stories /Features

When respondents were queried about the frequency of receiving stories or features related to their work, local newspapers and radio emerged as the most frequently mentioned sources. The observed pattern in frequency for stories or features on radio and ITV stations closely resembled the distribution noted for "press releases." Notably, the reported periods for ITV in delivering stories or features were comparatively lower than those observed in other media channels, as illustrated in Table 7.

**TABLE 7.0**

Mass Media's Coverage on Stories/Features									
No.	Variables	Newspaper		Radio		Television		Magazine and others	
		L	N	L	N	ITV	BBC	L	N
1	More than once a week	4 (80%)	1(20%) )	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
2	Once a week	7 (100%)	0 (0%)	3 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

3	1-3 times a month	4 (80%)	1 (20%)	7 (100%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)
4	Once a month	8 (100%)	0 (0%)	3 (75%)	1 (25%)	0 (0%)	0 (0%)	1 (100%)	0 (0%)
5	< than once a month	9 (50%)	9 (50%)	15 (60%)	10 (40%)	14 (48%)	15 (52%)	10 (83%)	2 (17%)

Results of Features and Stories received from the mass media

- Note: L = Local, and N = National

## 8.0 ATTITUDES TO CURRENT MASS MEDIA WORK

Respondents primarily utilize mass media for a variety of health-related purposes. The most prevalent reason, with 94% frequency, is to raise awareness about health issues. Additionally, 69% of respondents use mass media for promoting healthy choices, while 63% employ it to reinforce their existing health knowledge and opinions. Furthermore, 51% of participants utilize mass media to encourage changes in their opinions on health issues. About 30% of respondents turn to mass media for the purpose of promoting changes in behavior, and 27% use it for enhancing health skills.

**Table 8: Series of reasons why respondents use the mass media**

No.	Variables	Frequency	Percentage
1.	Raising awareness of health issues	31	94%
2.	Promoting healthy choices	23	69%
3.	Reinforcing existing health knowledge and opinions	21	63%
4.	Promoting changes in opinions on health issues	17	51%
5.	Promoting changes in behaviour	10	30%
6.	Promoting health skills	9	27%
7.	Promoting changes in behaviour when specifically targeted at particular audience	7	21%
8.	Agenda setting for public health issues	2	6%
9.	Establishing contacts with hard-to-reach audience	1	3%
10.	For public accountability	1	3%

## 9.0. Importance of the Mass Media

According to Table 9, 74% of respondents believe mass media is very important, pretty important, or relevant to their work now, and 87% believe the same for the future. Because 97% used the media, this category of respondents is likely to include individuals who had more encounters with, or received reports from, the media (see table 17). There are a variety of explanations (Tables 10 and 11) for their perspective on the usefulness of media in their future programs.

**Table 9: Respondents' rating of media's importance to their work**

No.	Variables	For the time being		In futuristic terms	
		No	%	No	%

1.	Very important	4	13%	8	27%
2.	Fairly important	7	25%	8	27%
3.	Important	11	37%	10	33%
4.	Not very important	6	19%	4	13%
5.	Not at all important	2	6%	0	0%

### 10.0 Importance of Media to Health Promotion work in the future

Table 10 illustrates the perceived importance of media in the future of health promotion work, based on the responses. The majority of respondents, accounting for 57%, identified targeting health promotion efforts towards a wider audience as a crucial aspect. Additionally, 44% emphasized the significance of maintaining public interest in the health agenda, while 22% acknowledged the media's vital role in the new NHS market and as important channels of communication. Furthermore, 35% of respondents indicated a belief in more accountability as purchasers through media, and 9% expressed the view that the media is impossible to ignore for effective health promotion.

**Table 10: Importance of Media to Health Promotion work in the future**

No.	Variables	Freq.	%
1.	Targeting health promotion on wider audience	13	57%
2.	Maintain public interest of health agenda	10	44%
3.	Vital in the new NHS market	5	22%
4.	More accountability as purchasers	8	35%
5.	The media are important channels of communication	5	22%
6.	Impossible to ignore for health promotion	2	9%

### 11. Reasons why the media is not all important for health promotion work in the future

Table 11 below outlines the reasons provided by respondents for considering the media not all-important for health promotion work in the future. Seventeen percent of respondents highlighted that health messages tend to be transient when conveyed through the media. Additionally, 3% cited concerns about the availability of resources to fund media programs as a limiting factor. Six percent of respondents viewed the media as primarily serving as a useful shield against internal opposition, while another 6% pointed out the perception that the media's emphasis on high-profile prevention and health promotion may overshadow other essential aspects.

**Table 11: Reasons why the media is not all important for health promotion work in the future**

No.	Variables	Freq.	%
1.	Health messages are transient with the media	4	17%
2.	There is the question of resources to fund media programmes	1	3%

3.	Only a useful shield against internal opposition	2	6%
4.	High profile for prevention and health promotion.	2	6%

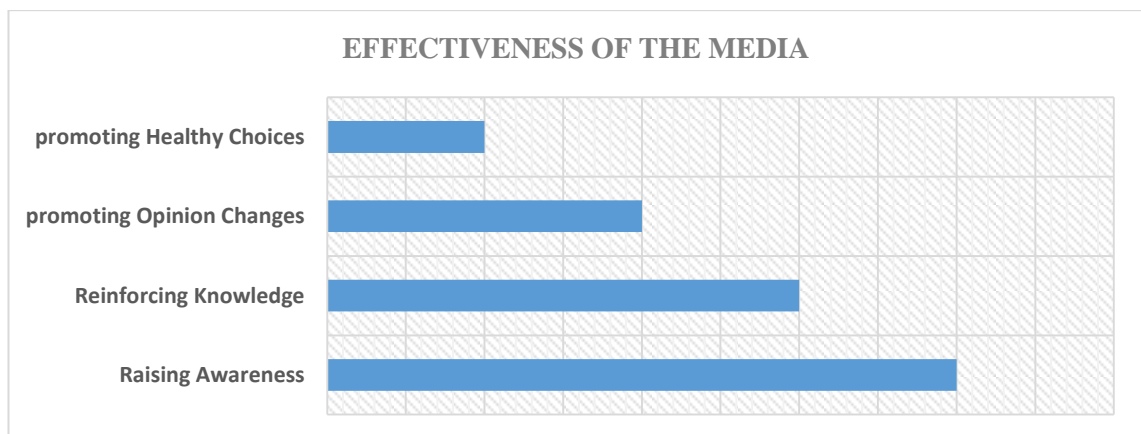
## 12. Respondents' Views on Media's Effectiveness

Table 12 shows how respondents feel about the effectiveness of the media. 94% (n = 31) thought the media were the best at "raising awareness of health issues" (i.e. 25% extremely effective, 47% somewhat effective, 22% effective). Seventy-eight percent (n = 25) thought they were better at reinforcing existing health knowledge and opinions (i.e., 6% very effective, 31% fairly effective, 41% effective); promoting changes in opinions on health issues (69%, n=23) i.e., 3% very effective, 19% fairly effective, 47% effective; and promoting healthy choices (53%, n = 18), with 6% very effective, 22% fairly effective, 25% effective (see Fig 6 and Table 12).

**Table 12: Respondents' views on the effectiveness of the mass media on health promotion programmes**

No.	Variables	Very Effective	Fairly Effective	Effective	Not Very Effective	Not At All Effective
1.	Arising awareness of health issues	25%	47%	22%	6%	0%
2.	Reinforcing existing health knowledge and opinions	6%	31%	41%	22%	0%
3.	Promoting changes in opinions on health issues	3%	19%	47%	25%	6%
4.	Promoting healthy choices	6%	22%	25%	44%	3%
5.	Promoting changes in behaviour	0%	0%	9%	53%	38%
6.	Promoting health skills	0%	6%	16%	34%	44%
7.	Promoting changes in behaviour when specifically targeted at particular audience	3%	3%	22%	53%	19%

**Fig 6 Respondents' views on the effectiveness of the mass media on health promotion programmes**



There are more negative opinions about the media's effectiveness in other facets of health promotion. 91% (n = 30) of respondents believe the mass media are either ineffective or ineffective at "promoting changes in behavior"; 78% (n = 25) believe the same for promoting health skills, and 72% (n=24) believe the same even when health messages are specifically targeted at a specific group.

Surprisingly, there were disparities in respondents' reasons for using the media and their perceptions of its usefulness. More respondents used the media to promote healthy choices, health skills, and behavioral changes than thought it was effective. In contrast, fewer people utilized the media to reinforce existing knowledge and beliefs and to encourage behaviors when they were expressly targeted at a specific group than were effective in these areas (see Tables 8 and 12). In terms of the accuracy of media reporting on their work, 7% thought it was extremely correct, 65% thought it was reasonably accurate, and 14% thought it was accurate (Table 13).

**Table 13: Respondents' rating of media's accuracy in health reporting**

No.	Variables	No	%
1.	Very Accurate	2	7%
2.	Fairly Accurate	19	65%
3.	Accurate	4	14%
4.	Not Very Accurate	4	14%
5.	Not at all Accurate	0	0%

#### 14. TRAINING

Over 79% (n=26) of respondents indicated that they had received some advice or guidelines on using the mass media, mostly during training programs conducted by regional health authorities, either as part of a media course or as in-service training, and mostly given by ex-media officials, either as a team member or as a guest lecturer. Some districts enlisted the help of companies like Helios and ITV for such training. In one case, training was part of the chief executive's orientation program. Table 14 summarizes the different responses. 42% of respondents would welcome more media guidelines. While 83% stated to have provided no training or guidelines for journalists or media workers, 42% (n = 14) specified the type of training or guidelines they would like to see provided for both health promotion and media workers. These included practical media-health promotion training with adequate rules on dealing the press, interview skills, and the provision of opportunities to share experiences (workshop program) with other health promotion officers and other involved media workers.

**Table 14: Types of advice/guidelines received by respondents on using the mass media**

No.	Advice/Guidelines given	Freq.	%
1.	Development of guidelines for writing press release	15	45%
2.	Guidelines on the list below		
	(a) Presentation skills	10	30%
	(b) Interview skills and technique	16	49%
	(c) Marketing skills for special programmes e.g. HIV/AIDS	5	15%
	(d) Understanding between policy and information/education	1	3%
	(e) Practical sessions on working with radio and television	1	3%



3.	Course on “understanding the media”	2	6%
4.	“Working with the media”-Drinkwise Briefing, “1994”	1	3%

### 15.0: Rating of respondents’ agreements and disagreements of their general views of the mass media

Respondents generally agree that health promotion messages are often distorted by the mass media (73%), tend to be oversimplified (72%), and are dominated by counter messages (72%). Additionally, a majority believes that the mass media contributes to public confusion on health promotion issues (60%). While 55% see television as a more powerful medium for delivering health messages than newspapers, 54% feel that the mass media over sensationalizes health promotion issues. Furthermore, nearly half of the respondents (49%) believe that the mass media provides considerable support for health promotion. However, opinions are divided on whether health promotion specialists lack the skills to effectively use the media (44%). A notable portion (37%) believes that messages in media languages often fail to convey the intended meaning. Only 18% think it is more effective to pay for advertising than to rely on the mass media for message dissemination. Regarding the usefulness of mediums, respondents are divided on whether radio is the most effective medium for delivering messages to young people, with 47% in disagreement.

**Table 15: Rating of respondents’ agreements and disagreements of their general views of the mass media.**

No	Statements	Strongly Agree	Agree	Don’t Know	Disagree	Strongly Disagree	Agree
1.	Health promotion messages tend to get distorted by the mass media	12%	61%	9%	18%	0%	73%
2.	Mass media tend to oversimplify health messages	22%	50%	6%	22%	0%	72%
3.	Counter messages to health promotion dominate the mass media	25%	47%	3%	25%	0%	72%
4.	Mass media tend to confuse the public on health promotion issues.	9%	51%	6%	34%	0%	60%
5.	Television is a more powerful medium for delivering health promotion messages than the newspaper	15%	40%	27%	18%	0%	55%
6.	Mass media oversensationalises health promotion issues.	12%	42%	18%	28%	0%	54%
7.	Mass media provides considerable supports for health promotion.	3%	46%	18%	33%	0%	49%
8.	Health promotion specialists lack the skills to effectively use the media	3%	41%	12%	41%	0%	44%
9.	Messages disseminated using media languages do not convey the intended meaning	3%	34%	18%	42%	0%	37%
10.	It is more effective to pay for advertising than rely on the mass	3%	15%	15%	58%	0%	18%

	media to get messages across to the public						
11.	Radio is the most useful medium for delivering messages to young people.	0%	9%	47%	44%	0%	9%

### 15.1 Media Channels and Formats

This variable is established out of a few statements constructed to determine the effectiveness of the various mass media as experienced by respondents. It is supposed to measure the power of one media channel against the other. Thus, in rating the degrees of their agreement or disagreement (Table 15), fifteen percent (n = 5) strongly agree that television is more powerful medium for delivering health promotion messages than newspaper, while 40% (n = 13) agree. However, 27% (n=9) don't know while 18% (n=6) disagree. There is a significant reverse, however, in the case of radio health messages for young people, only 9% (n = 3) agree while 44% (n=14) disagree. It is equally important that 47% (n=15) have no opinion either way, especially in comparison particularly with the ratio of those who have agreed.

On the proposition that the mass media provide considerable support for health promotion, 3% (n=1) of respondents strongly agree and 46% (n = 15) agree, against 33% (n = 10) who disagree and 18% (n=6) who don't know. Further, on whether it is more effective to pay for advertising than to rely on the mass media to get messages across to the public, 58% (n = 19) of respondents disagreed, 9% (n = 3) strongly disagree, 3% (n = 1) strongly agree, 18% (n = 5) agree and the same percentage don't know.

### 15.2 Skills for Making Use of the Media

This variable is supposed to probe into the consistency and validity of the responses under media channels and formats, and perhaps to elicit some training needs. The same percentage of 44% (n = 14) who strongly agree or agree also disagree or strongly disagree to the proposition that health promotion specialists lack the skills to effectively use the media. 12% (n = 4) don't know. There was a consistency in this response when compared with that of training experiences of respondents.

### 15.3 Rating Distortion Possibilities

This variable is supposed to measure responses with other identified probable factors interfering with health messages disseminated through the media. A higher percentage of respondents agreed to the statement that health promotion messages tend to get distorted by the media. These constituted 73% (n=24) who strongly agree or agree, as against 18% (n = 6) who disagree and 9% (n = 3) who don't know. In comparing this response with that on the importance of the media to health promotion work, 31% (n=7) of those who thought it important for the moment and 38% (n = 10) of those who thought it important for the future were among those who had agreed. Among those who agree to this proposition were some who did documentary (33%, n = 3), interview (23%, n=5), advertisement (23%, n= 2) and discussion (20%, n=2), as well as 44% (n=7) of those who received news coverage (see Table 16). A significant proportion of 72% (n=23) further strongly agree or agree that counter messages to health promotion dominate the mass media. 36% (n = 8) of those who thought the media was important to health promotion at present and 38% (n = 10) of those who thought it important for the future, constituted those who agreed. Nine percent (n = 3) strongly agree and 51% (n = 16) agree that the mass media tend to confuse the public on health promotion issues. Thirty-four percent (n=11)

disagree and 6% (n = 2) don't know. Others who agreed were some of those who received news coverage (31%, n = 5) and 23% (n = 2) of those who did documentary programmes.

### 16.0 Issues of Over-simplification and Sensationalisation

In establishing these tendencies, 72% (n = 23) of respondents strongly agree or that the mass media tend to oversimplify health issues, while 22% (n = 7) disagree and 6% (n=2) don't know. 42% (n = 13) of respondents disagreed out of which 3% (n = 1) strongly disagreed, against 34% (n = 11) who agreed, that messages disseminated using media languages do not convey the intended meaning and 18% (n = 6) don't know. This response seems to be inconsistent compared with nearly 72% of those who agreed to the dominance of counter-messages in the media. Also agreeing that the mass media tend to oversimplify health messages are 27% (n = 8) of those respondents who did press release, 23% (n=2) each of those who did documentary and advertisement, and 37% (n=6) of those who received news coverage.

Fifty-four percent (n=17) agree that mass media oversensationalises health promotion issues while 28% (n=9) disagree. However, 18% (n=6) don't know. A high percentage of those who agree to this were respondents who did documentary and advertisement (44% each, n = 4), news coverage (25%, n = 4) and discussion (20%, n=2). Thirty-six percent (n = 8) of those who thought the media were important for the present, and 42% (n=11) of those who thought them important for the future also agreed with the proposition.

Therefore, in the overall analysis, respondents who used the mass media a lot and thought it important to their work were more likely to agree that:

1. Health messages tend to get distorted by the mass media;
2. Counter messages to health promotion dominate the mass media
3. The mass media over-sensationalises health promotion issues (see Table 16).

**Table 16: Frequency of Respondents' Use of Media Formats and Response to Particular Statement**

No	STATEMENT	Media Programmes/Formats							
		Press release	Interview	Editorial/Feature	News coverage	Article	Discussion	document	advertisement
1.	Mass media tend to oversimplify health messages	27%	18%	0%	37%	7%	0%	23%	23%
2.	Health promotion messages tend to get distorted by the mass media	17%	23%	0%	44%	0%	20%	33%	23%
3.	Mass media tend to confuse the public on health promotion issues.	18%	18%	5%	31%	7%	10%	23%	0%
4.	Counter messages to health promotion dominate the mass media	7%	27%	0%	37%	0%	20%	33%	44%
5.	Mass media provides considerable supports for	21%	0%	32%	8%	23%	0%	0%	0%

	health promotion									
6.	Mass media over-sensationalise health promotion issues.	3%	4%	5%	25%	0%	20%	44%	44%	

Those respondents who did editorial (32%, n = 6), article (23%, n = 3) and press release (21%, n = 6) agree that mass media provides considerable supports for health promotion. Hence they tend to have more confidence in the media than users of other media formats. They are also more likely to use the print media (newspaper / magazine) more.

From Table 16, it can be deduced that users of news coverage formats tend to more negative impressions of the mass media, followed by those who used document advertisement and interview formats. Their responses towards distortion, oversimplification and sensationalisation of health messages were mostly positive.

### **17.0 Respondents' suggestions on strengthening media's capability for health promotion work**

Respondents provided suggestions to enhance the media's capability for health promotion work. The most prevalent suggestion, noted by 51% of respondents, was advocating for closer collaboration and partnerships between the media and health promotion entities. Following closely, 42% of respondents recommended encouraging greater partnerships between the targeted audience and the media. Additionally, 33% suggested fostering familiarization or dialogue with local editors or reporters. About 28% of respondents emphasized the importance of training and proper collaboration with program officers, while 21% proposed the establishment of inter-sectoral collaboration between media and health promotion authorities to facilitate effective working relationships. Furthermore, 9% suggested incorporating media skills into health

**Table 17: Respondents' suggestions on strengthening media's capability for health promotion work**

No.	Suggestion	Freq	%
1.	Closer collaboration/partnership between the media and health promotion	17	51%
2.	Encourage greater partnership between targets and the media	14	42%
3.	Familiarization or dialogue with local editor or reporter	11	33%
4.	Training and proper collaboration with programme officers	9	28%
5.	Establishment of inter-sectoral collaboration between media and health promotion authorities for proper working relationships	7	21%
6.	Media skills to be part of health promotion managerial service	3	9%
7.	Financial allocation for media programmes	2	6%

## **DISCUSSION OF FINDINGS**

### **5.1 STUDY PREVIEW**

The research focuses on health promotion and the use of mass media to communicate health messages to a large number of people. Its main source of inspiration is a concern that health promotion messages are sometimes misunderstood while being broadcast by the media. The distribution of necessary and proper health information to the target audience via the media

is frequently hampered by variables derived from the media's own agenda and philosophy. Though the media is acknowledged as a powerful tool for rapid distribution of health messages, it is considered that health programs or messages traveling through them may be impacted by the "third party" phenomenon (i.e. mediation process circumstances).

The study's findings and conclusions back up the working hypothesis. However, while the methodology was adequate for the study, it has certain drawbacks. The aspect is examined under the "critique" subhead. In describing the knowledge and experiences of a representative sample of health promotion experts in England, a number of major concerns arising from the variables examined are discussed under three main topics below:

1. Relevance of the mass media to current health promotions activities;
2. Potentials and capabilities of the mass media for health promotion: present and future;
3. Implication for probable strategies to minimize problems identified with the mediation of health promotion messages.

## **5.2 RELEVANCE OF MASS MEDIA TO THE CURRENT HEALTH PROMOTION ACTIVITIES**

Research indicates that leveraging mass media is crucial for contemporary health promotion initiatives, particularly in the realm of Information, Communication, and Education (ICE). A notable 94% of study participants expressed a likelihood of utilizing the media to enhance health awareness. Aligned with the five action areas delineated in the Ottawa Charter (WHO, 1984), ICE serves as a cornerstone for empowering and motivating individuals to assume control of their well-being and make informed health decisions (refer to Nutheam and Blakey, 1990). Consequently, there is a growing interest among health promotion professionals in utilizing media channels to disseminate health messages rapidly and extensively. The anticipation is that ICE for health will lead to positive behavioral changes.

There is undeniable evidence that health promotion specialists in England extensively utilize various mass media platforms. A striking 97% of these professionals engage with a diverse range of mass media, emphasizing that no single medium holds an inherent superiority over others (Friederick, 1991). While the data reveal a higher association with newspapers (38%) and magazines (13%), totaling 51% for print media, in contrast to 31% for radio and 18% for television, it notably supports the British Newspapers Publishers Association's stance, supported by De Tocqueville (1961) and Gann (1986), asserting newspapers' advantages over radio and television. However, this might be contingent on the accessibility of District Health Authorities to the media they engage with. On the flip side, regarding media influence, more than 55% concurred that television holds greater potency for delivering health promotion messages compared to newspapers. The discrepancy of 44% regarding radio health messages for young people raises the possibility of information bias, considering that 79% claimed to have received guidelines or advice. Additionally, 44% expressed disagreement regarding the proficiency of health promotion specialists in effectively utilizing mass media (refer to Table 8). Consequently, it would be reasonable to anticipate that respondents should be capable of identifying the media channel they deem most beneficial for a specific target group.

Based on participants' responses, the available information indicates that they predominantly utilized mass media for raising awareness (94%), followed by reinforcing existing health knowledge and opinions (63%), and promoting changes in opinions about health issues (51%). However, when expressing their skepticism about the effectiveness of media, a significant 91% believed that the media are not effective in bringing about changes in behavior,

health skills (78%), or opinions on health issues (69%). Moreover, 72% believed that this ineffectiveness persists even when messages are specifically targeted at a particular audience. This suggests that, at times, health promotion specialists employed the media for purposes they believed the media lacked the capability to achieve.

Nevertheless, the perspectives of participants who specifically mentioned health topics such as smoking/substance abuse, CHD/cancer prevention, and alcohol/accident prevention contribute to increased confidence in the contemporaneity of their experiences with mass media, thereby enhancing the reliability of their responses. This assertion finds support in various health programs that have undergone evaluations and research involving the media (refer to Puska et al., 1985; Maccoby, 1988; Smith et al., 1988; Tones et al., 1990; Bennett et al., 1991). Notably, many of these programs have demonstrated that the media alone may not suffice to instigate positive behavioral changes in target audiences.

### **5.3 THE USE OF MEDIA FORMATS/PROGRAMMES**

#### **5.3.1 News/Current Affairs**

The most prevalent media tasks undertaken by participants were related to "press release," with 88% engaging in this activity regularly, while 48% experienced news coverage. In the realm of media practice, press releases and news coverage fall under the category of "unplanned or incidental events" within the concept of "agenda setting." The predominant format for these activities is news and current affairs. According to Best et al. (1977), news and current affairs reporting essentially involves "setting the agenda," implying that journalists, producers, and editors feel compelled to construct mentally marketable images and reshape what might be deemed "newsworthy." In this process, the overall outcome may fall within "interpretative frameworks." Issues conveyed through news and current affairs are often structured based on "mass-manipulative" models, allowing journalists to determine what is deemed "of interest to the audience" (Cohen and Young, 1973). Consequently, the risk of distorting health messages is considerable, as the audience plays a passive role in the "mass-manipulative" production.

Participants' responses reflect this, with 72% and 54% respectively agreeing that mass media oversimplify and sensationalize health promotion issues, and 73% agreeing that health promotion messages often get distorted by the mass media. The present researcher posits that the use of media language in disseminating health promotion messages may contribute to these issues. Given the emphasis on "news-worthiness" in this format, media language can be tailored to fit this purpose, potentially compromising the originally intended meanings. Nevertheless, 45% of the respondents disagreed with the assertion that "messages disseminated using media language do not convey the intended meaning," and 18% were uncertain about this point.

#### **5.3.2 Interview, Editorial / Features and Articles Formats**

In addition to the News and Current Affairs format, respondents commonly utilized other formats, with interviews being the most prevalent (67%), followed by Editorial/Features (58%), Articles (39%), and Discussion (30%). These formats are typically categorized as "Planned" or "Purposeful" events, indicating that prior planning likely went into these programs and that the potential for distortion could be minimized. The comprehensive treatment of health messages from development to presentation stages provides confidence that health promotion specialists

can invest time in collecting and analyzing various perspectives on a chosen topic (Haslam, 1986). Participants' responses regarding "skills for using the mass media" may support this, especially considering that 79% of them received some form of advice or guidelines on utilizing mass media.

Hence, it is anticipated that, in the context of "planned" events, significant efforts could be undertaken to attain measurable educational objectives. Nevertheless, respondents who primarily engage in interview press releases and receive news coverage from the media are more inclined to agree that "mass media tend to confuse the public on health promotion issues."

### **5.3.3 Documentary and Advertisement Formats**

Respondents also utilized Documentary and Advertisement formats as aspects of "Planned or Purposeful events," with both formats being used by 27% of the participants. While it is expected that prior arrangements would have been made for programs conducted under these formats, it is evident that they are highly susceptible to distortion, oversimplification, and sensationalization. The case of Cantril's documentary, "The War of the Worlds," in the 1930s (Tones et al., 1990), is pertinent in this context, as it establishes that mass media retain the potential to create unforeseen or "dramatic" results. This aligns with the views of the 54% who agree that "mass media oversensationalizes health promotion issues."

Regarding advertisements, however, 72% of participants indicated that "counter messages to health promotion dominate the mass media." The example of cigarette advertising is illustrative in this context. Despite the vigorous discouragement of smoking in media-based health promotion programs, subtle counter-messages also permeate the media landscape. A new dimension in this issue is introduced through the activities of a cigarette manufacturer known as the "Enlightened Tobacco Company." Under the guise of emphasizing the dangers of cigarette smoking, the company's advertisements criticize competitors' products while subtly promoting its own (refer, for example, to *The Guardian*, April 12, 1994, p.4).

Another tactic involves using eye-catching abstract art that highlights a characteristic of the advertised cigarette, such as the color or pattern on the filter or packaging, without explicitly mentioning the cigarette itself. The obligatory health warning about the dangers of smoking is often presented in a half-hearted, almost sarcastic manner. An instance of this can be observed in the publication "What's on TV, Wales/West edition," dated April 16-22, 1994, on pages 10-11. This type of advertising has the potential to be enticing even to non-smokers.

The existing circumstances affirm the perspective that health messages conveyed through the media often lack comprehensive packaging strategies, while advertising campaigns have the flexibility to employ various marketing techniques and strategies to overcome barriers to their products. Even unforeseen circumstances may have been anticipated and addressed (Budd and McCron, 1986). However, this scenario is beyond the control of mass media, as they are commercial entities themselves and lack the authority to declare a rival media harmful or compel it to cease its promotions. This can be attributed to a "laissez-faire" approach in advertising and a mass manipulative treatment for potential consumer audiences. This viewpoint is reinforced by McKinlay's assertion that the mass media are "demonstrably more effective in persuading people to purchase items they never dreamed they would need or to pursue at-risk courses of action than for preventing such behaviors" (McKinlay, 1979). Encouraging a target audience to adopt a particular healthy behavior through advertising formats indeed demands additional efforts and commitment. These are conditions under which mediated health messages become susceptible to distortion, as evidenced by the 75% of participants who agreed that health promotion messages

tend to get distorted. Considering these factors, health messages featured in the advertisement format highlight the competition they face in persuading the target audience to embrace a specific health behavior.

Nevertheless, 67% of participants express disagreement with the notion that it is more effective to pay for advertising than to rely on the media for disseminating health messages to the public. The consistent evidence of the risks of distortion associated with media use and the implicit mediation process assumes significance. However, these challenges may have been considered as part of the agenda in projects such as "Heartbeat Wales," "Quit and Win Wales," "Psst....," and initiatives like the North Karelia and the Stanford Three City projects. This aligns with the hypothesis of influence, where certain preconditions, such as monopolization, canalization, and supplementation, need to be satisfied when using mass media for health messages (Lazarsfeld and Merton, 1975). Adding weight to this perspective, researchers have highlighted that achieving attitudinal and behavioral change through involving the mass media in health promotion necessitates additional efforts (McCron, 1981; Budd and McCron, 1979).

## **5.4. POTENTIALS AND CAPABILITIES OF THE MASS MEDIA: PRESENT AND FUTURE**

### **5.4.1 Permanence, Glamour and Background Listening**

This research further establishes differences in media potentials and capabilities, with participants favoring the use of newspapers the most, followed by radio and then television. This aligns with the assertion of newspapers' permanence for future references (Richardson, 1969; Gann, 1986). Regarding radio and television, aside from the fact that both can be consumed in the background, television stands out with its ability to add the glamour of actions taking place on the screen. Overall, they all share the capacity to rapidly disseminate messages over a broad area.

### **5.4.2 "Agenda Setting" And Health Messages**

A significant majority, over 65% of participants, believe that the reporting of their health promotion work in the mass media is at least fairly accurate. However, only 54% of them agree that the mass media provide considerable support for health promotion. In terms of their reasons for utilizing the media, 94% cited raising awareness, 78% reinforcing existing health knowledge and opinions, and 69% promoting changes in opinions on health issues. These reasons align with the agenda-setting process, indicating the pivotal role it plays, albeit not without the influence of the "mass manipulative" model and the "interpretative framework." A substantial 84% consider the mass media important (12% very important, 25% fairly important, 37% important), and 87% believe it will be important in the future for their work. Among them, 27% consider it very important and fairly important, and 33% consider it important.

### **5.4.3 Behavioural Change Models**

The discovery that 79% of health promotion workers have received training and guidelines on using the mass media is reassuring. This suggests that their technical competence can be enhanced to effectively integrate the agenda-setting process of the media with health promotion theory and practice, aiming for the ultimate goal of positive behavioral change. Utilizing



behavioral change models, such as the Social Learning Theory (SLT) (Bandura, 1977), in conjunction with Diffusion of Innovation, Communication theory, and Social Marketing, could be valuable in exploring potential strategies to mitigate the counter-productive effects of advertisements on health promotion issues through the mass media (see Levebvre, 1992). In many cases, an attitude of tolerance or acceptance of media styles (the agenda-setting) tends to make an individual health promotion specialist more optimistic about merely packaging and disseminating program messages. Consequently, many appropriate actions at certain programming decision levels might be taken for granted, thereby creating openings for competing barriers such as "interpretative frameworks" and "mass-manipulative" models.

While not described as an "unqualified success," the use of behavioral change models is evident in some past media-based soap operas, such as BBC television's "EastEnders" and UK Channel 4 television's "Brookside." This suggests that health promoters' efforts in this realm can significantly contribute to a positive influence on the mass media's mediation of health promotion issues. However, health promotion specialists should also consider the "impact" or the degree of audience acceptability their health programs may have. Ethical considerations in health promotion dictate that program designers should take into account the views and values of the target audience. Establishing a strong alliance with common objectives that are jointly designed and shared is crucial for breaking communication barriers in mediated health messages. This emphasis was evident in participants' responses to the "comments and suggestions" section of the questionnaire, a sentiment also supported by Tones et al. (1990) and Backer et al. (1992). Therefore, there is justification for enhanced cooperation and pragmatism to leverage the mass media effectively for desired objectives in health promotion programs. For a relationship imbued with formality and consolidation, inter-sectoral collaboration between communication departments and health promotion authorities could lead to a measurable impact in mediated health promotion programs.

## **6.0 IMPLICATIONS FOR STRATEGIES TO MINIMISE PROBLEMS IDENTIFIED**

### **6.1 Partnership and Training Concern**

The persistent inability of the mass media to induce behavioral change is a matter of significant concern. A diverse group of health promotion workers, averaging thirteen years of experience in the field, has encountered challenges in leveraging the media to instigate positive behavioral changes for health. Even among the majority who received guidelines and advice on how to use the mass media, there was no deviation in their views. Numerous researchers have documented similar findings. Addressing this situation calls for a strategic yet bold approach, involving the operational application of healthy public policy to foster greater and pragmatic collaboration among the relevant organizations.

The perspectives of the 42% who emphasized the need for proper and practical training should be given serious consideration for appropriate and meaningful action. Similarly, the views of those who received guidelines but declined further guidance merit attention, as their reluctance may stem from dissatisfaction with a stereotyped form of training that has failed to achieve behavioral change through mass media programs. The acknowledged issues of distortion, oversimplification, and sensationalization of health promotion topics may, however, underscore the importance of providing training, guidelines, or advice from a different

perspective that can effectively enhance the capability of the mass media to bring about behavioral changes. In such cases, the application of healthy public policy should be effectively employed on communication organizations to foster constructive alliances.

### **CONCLUSION AND RECOMMENDATION**

It can be inferred from participants' knowledge and experiences, as reflected in the questionnaire responses, that they have encountered significant instances of distortion of health messages. This robustly supports the hypothesis of this research. The findings regarding oversimplification and sensationalization, particularly in relation to advertisements, clearly indicate that health reporting is strongly influenced by "laissez-faire" and "mass manipulative" models. It's important to note that media-based messages on health issues are susceptible to various forms of trivialization, undermining their intended goal of promoting positive behavioral change and empowerment. These challenges can be attributed to several factors beyond the shortcomings of the mass media. Also as a scholarly recommendation, health behavior researchers need to pay increased attention to trends of health promotion message mediation and consequences of the varieties available for health choices, particularly in the current age dogged with prolific usage of social media technology.

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