Round Table

Lawrence Wallack

Two approaches to health promotion in the mass media

This article concentrates on two strategies for health promotion in the mass media: social marketing aims to influence people's behaviour, media advocacy to influence their environment. The author argues that greater weight should be given to media advocacy than to social marketing so as to achieve an improved understanding of the conditions required for health.

The mass media can be a powerful tool for promoting health. Some people argue that communication campaigns can be a source of accurate information on the subject and that the mass media can contribute to public debate about health issues, the media being perceived as a valuable and willing partner. However, others say that the media are a source of inaccurate or misleading health information in their advertising, entertainment, and news content. Rather than contributing to public debate, the media are accused of limiting it by reflecting commercial interests and minimizing the health needs of populations, and are seen not as willing allies but as a barrier to be overcome.

Both these views influence the emphasis that public health professionals believe should be accorded to mass media strategies.

For example, if the media are seen as opposing health education, interventions are designed to alter the nature of the information being provided. The importance of social and political factors in health promotion, often ignored by the media, is emphasized. Collective rather than individual change strategies are encouraged. The media are considered to be part of the problem and become a target of intervention rather than a means of intervening.

If, however, the media are seen as vehicles for health promotion, negative aspects are viewed as relatively unimportant. The key issue is the packaging and distribution of accurate information on risk factors, so that large numbers of people can change their life-styles. People are encouraged to change their behaviour so that they will be healthier and live longer.

At a more basic level the debate about the role of the mass media reflects the personal-individual as opposed to the

Professor Wallack is at the School of Public Health, University of California, Berkeley, CA 94720, USA.
Both social marketing and media advocacy, if used in proper balance, have important roles to play in making the mass media more responsive to health issues.

promotion to social change and public policy development. The focus is on using the media to address conditions predisposing to disease rather than disease conditions. Because the mass media generally serve to reinforce existing arrangements and not to stimulate social change, this perspective on health promotion represents a challenge to public health professionals and the media to rethink basic assumptions.

The increasing activism of public health professionals on topics such as AIDS, tobacco, nutrition and alcohol is encouraging re-examination of the most effective strategies for using the mass media. It has become clear that more creative, aggressive approaches are required.

Messages

Information from public health authorities generally accounts for only a small proportion of the health-related output of the mass media. Information received through talk shows, news, advertising, entertainment and numerous other formats serves as a backdrop against which public health messages are obtained, thought about, understood and, possibly, acted on by individuals. Before considering possible strategies for using the mass media in health promotion, it is important to review the nature of the messages about health that are ordinarily communicated through them.

First, there are specific role models in which characters exhibit a range of behaviour with a bearing on health. Second, a specific perspective about the nature of health and illness is conveyed, which conditions people to accept particular views on disease causality and related ones on health promotion. Third, people learn about health through advertising, which conveys strong messages about life-styles and health-related products and may influence the information that the news and entertainment media provide about health and well-being.

In the USA, television is a primary source of health information for virtually the whole population. After doctors and dentists, television is most frequently named as the main provider of such information. People who are ill-informed about health issues are most likely to rely on television as a source of knowledge. A recent national survey found that television was the most frequently mentioned source of information on AIDS. Indeed, television may well be the most pervasive source of health information in the entire northern hemisphere. According to recent research the USA dominates the international market for television programming.

Role models on television

Television is a major source of role models for a range of health-related behaviour. Research clearly indicates that there is a
great potential for people to imitate televised behaviour if it is easy to execute, is performed by attractive models, and either generates positive reinforcement or is reacted to in a neutral way. For example, the type of alcohol use commonly seen on television has the potential to promote drinking behaviour in the audience. The types of health-related behaviour exhibited on television are very important as far as the public health perspective is concerned.

Role models on television, unfortunately, do not provide particularly useful health messages. Frequent alcohol consumption, unprotected sex, poor dietary habits and violent approaches to problem-solving are common themes (1). Daytime serials have been accused of conducting a “sex disinformation campaign” (2) and evening programmes reflect rates of drinking which far exceed those of the real world (3). The message of television programmes and advertisements is largely one of instant gratification through consumption.

Heavy television viewing in itself may be a contributory risk factor for poor health. It is associated with increased complacency about diet and nutrition, an increased likelihood of being a smoker, and a decreased likelihood of deriving satisfaction from good health; television presentations of nutrition, motor car driving, sexual activity, smoking, and alcohol consumption are generally inconsistent with realistic guidelines for healthy life-styles; the medium appears to cultivate ignorance about health and to perpetuate unhealthy life-styles (4). Thus it may frustrate rather than facilitate health education efforts.

Concepts of health

If people believe health to be primarily a personal rather than a social issue, support for policy-orientated approaches is likely to be limited and that for approaches reinforcing the responsibility of the individual is likely to be favoured. The choice is politically important because health as a personal issue assigns responsibility to individuals while policy-orientated approaches envisage a more equitable sharing of responsibility between government, the corporate world and the individual.

Television tends to emphasize disease in the individual and to underplay the social, economic and political factors that are major determinants of health. Television presents a medical rather than a social picture of the subject. The medical professional is portrayed as having great power and authority in the health area. The treatment of disease is shown as mainly involving the use of machines and drugs, and there is a heavy biomedical emphasis. Medical care, and the disease treated, are portrayed as being independent of the political, economic and social issues that are central to contemporary debate about the role of medicine in health care systems (5). This reinforces the concept that health and disease are best understood at the individual level. If a person becomes ill, this is a function of life-style or the randomness of disease. The path to recovery is through attention to the individual, not to the environment. Television appears to induce among many viewers an unfavourable opinion of the value of health promotion, a short-sighted attitude, a lack of interest in

Advertising promotes consumption to the exclusion of other values.
prevention, and a reliance on doctors to provide cures.

This runs counter to what is known about the limited role of medicine in improving the health status of populations. Increases in health care expenditure appear to have a disproportionately small effect on morbidity and mortality in Western countries. Yet the central message of television seems to be that health care is an unlimited resource and our principal weapon against disease (6).

Dramatic presentations

Television also helps to sharpen views of health and disease through dramas that explore particular diseases. In the USA such programmes cover AIDS, alcoholism, breast cancer, drugs, and many other subjects. The films are well-intentioned, often stimulate public discussion, and help to reduce the stigma associated with some diseases. As a result, people may acquire an improved understanding of some personal and technical aspects of disease and may become increasingly tolerant of unwell individuals.

Yet these films also reinforce a fundamentally conservative view of health and society. The standard formula is that a health problem with some social stigma visits an intact, middle-class family, which either tries to cope by relying on its own resources or pretends that nothing is amiss. The problem creates tension in the family and strains the capacity of its members to handle everyday life. After a period of struggle a crisis arises, usually as a consequence of an adverse interaction with the police, friends or a social welfare agency. The family is forced to seek help after reluctantly realizing that the problem is simply too big to be handled without expert help, often consisting of professional counselling or medical intervention. There is usually a positive outcome — hope may be restored and the family unit left intact; in the case of fatal diseases, there may be acceptance and family unity.

In these films the causes and cures of illness exist in the family, while the importance of factors external to it are minimized (7). Collective action, political activity and social change are seldom invoked. Social issues are transformed into individual problems. The television networks frequently mistake social issues for relatively insignificant human condition stories. The overall effect is to lessen rather than raise concern, and to provide reassurance that the problems indicate only minor flaws in the system rather than tears in the social fabric.

Advertising

Advertisements have been criticized as detrimental to health because they promote the consumption of harmful products and because the presentation of accurate health information may be limited as a consequence of the enormous economic power of advertisers and producers.

Advertising promotes consumption to the exclusion of other values. Alcohol and tobacco are widely marketed with no regard for the damage they cause. Over the course of a year in the USA the average child sees more than 22,000 television commercials — skilfully designed messages presenting
consumption as a problem-solving mechanism. Over the course of a year the average child sees some 11,000 advertisements for food of low nutritional value and the average adolescent sees over 5,000 beer commercials. Advertisers promote potentially dangerous products by associating them with peer acceptance, sexual attractiveness, success, increased self-esteem, and even, implicitly, good health; they systematically ignore or minimize health concerns. The promotion of health-compromising and even deadly products through attractive life-style appeals is a significant force countering health education. Mass media messages urging people to refuse drugs, sex, alcohol or another helping of dessert are swamped by sophisticated, exquisitely produced advertisements urging immoderation.

On a broader social plane, advertising does more than sell a specific product: it promotes a way of life. As a promoter of a life-style linked to acute and chronic illness, advertising is of concern to public health professionals. In addition, advertising colours the way in which entertainment and news programmes convey information and ideas that are often important to our understanding and responses to health issues.

Advertisers readily accept the idea of disease as an individual shortcoming or flaw. For example, drug advertisements may treat stress, anxiety and alienation as strictly personal matters and promise symptomatic relief. Alcoholic beverage manufacturers blame the individual for alcohol problems, thus absolving themselves of responsibility and reinforcing the impression of a personal rather than a social phenomenon. The ultimate responsibility for problems that might arise from a product or from the inequalities of social organization is placed on the individual.

This perspective makes it acceptable to advertise products in almost any way and even allows advertisers to help "abusers" of the products by means of public service announcements. It is not unusual for a major brewing company to urge moderation in small print while promoting alcohol consumption in giant letters. Programming, news and advertising are partners in a process that minimizes the role of products, the marketplace and society as a whole in the development and continuation of preventable health problems.

Cigarette smoking

The influence of advertisers over editorial content related to health is most obvious where cigarettes are concerned. Cigarette smoking is the single most preventable cause of death in the USA. There is certainly a great need for information about the hazards of smoking. More than this, an increased understanding of the complex issues involved in smoking policy is necessary. Yet a majority of schoolchildren in the country do not believe that cigarettes should be called a drug, and vast numbers of Americans are unaware that cigarette smoking contributes to a wide range of chronic health problems, among them heart disease (8). The relatively low level of awareness of the health consequences of smoking is partly attributable to the US$ 2 billion spent
annually on cigarette promotion. However, perhaps the most important factor is that Americans are denied the full story about cigarettes. Research has repeatedly shown that editors engage in self-censorship because they fear to offend their tobacco advertisers. Thus in a recent issue of a popular women’s magazine an article on how to reduce the risk of cancer failed to recommend the abandonment of the smoking habit. In another magazine a study was reported on seven major steps to health: the study suggested that the woman who lives for a relatively long time “does not smoke”, whereas the article stated that she “does not inhale smoke”. Both magazines provide substantial space for cigarette advertising.

In sum, the mass media do not present positive health messages. Attractive role models exhibit behaviour providing, at best, mixed messages, and, at worst, encouragement for the adoption of unhealthy life-styles. Health issues tend to be cast in medical terms and to concentrate on treatment rather than prevention or health promotion. The political nature of public health problems is trivialized or ignored and the social roots of health and disease are seldom considered.

The mass media in the USA constitute a business reflecting the values of a corporate society. In order to maximize profit the media must provide a fertile environment for the promotion of products and the greatest possible number of viewers or readers with the capacity to purchase them. Content that is controversial can scare advertisers away and possibly anger viewers. For the most part, health and social problems presented in the media, particularly television, tend to be defined and addressed in an uncontroversial, conservative way. Unfortunately, selling is too often the driving force for decisions about content.

Using the mass media to promote health

On the one hand, the mass media seem to be a substantial part of the problem, reinforcing a narrow view which health promotion has to overcome. On the other hand, they provide an enormous opportunity to promote public health goals, because in general their controllers feel that they have a duty to fill a public service role and because viewers appear to have a great interest in health issues. Media outlets can benefit from focusing on health matters. Television stations, for example, can provide vital health information to consumers and attract large audiences by participating in health-orientated public service projects. The challenge for public health professionals is to refocus media interests so that the social determinants of health are given increased visibility.

The mass media are effective in setting the public agenda and stimulating public discussion. They confer status and legitimacy on issues and thereby make it acceptable and easier to discuss them. Until relatively recently the word “condom” had never appeared on television in the USA, yet virtually overnight it not only did so but became common currency in open discussion.

The importance of structuring discussion in the media around an issue is commonly underestimated. The way society thinks about cigarette smoking may, in the long run, be at least as important as getting relatively small numbers of people to quit smoking. For example, shaping the cigarette issue around the marketing methods of the tobacco industry and consumer exploitation, rather than simply getting people to stop smoking, would create a more solid foundation for long-term change. It would focus attention on structural supports for the use of tobacco (e.g., advertising, economic
concessions through government policies) as well as on individual ones. For the most part, however, health professionals look to the media as a means of directly changing behaviour. The underlying assumption is that people adopt risky behaviour because they do not fully understand its consequences. If people knew the effects of consuming unwholesome food or engaging in unprotected sexual activity they would not behave in such irresponsible ways. Ignorance is the problem and the solution is to package information in exactly the right way. Unfortunately, there is very little evidence indicating that the mass media can directly bring about changes in behaviour. Although information is necessary, in itself it is not enough to have this effect.

Social marketing attempts to apply advertising and marketing principles to the popularization of positive health behaviour, and has become vital in tackling some of the shortcomings of previous public communication campaigns. It provides a framework in which marketing principles are integrated with social-psychological theories to develop programmes better able to accomplish desired changes in behaviour. It takes the planning variables from marketing—product, price, promotion, place—and reinterprets them for particular health issues.

Social marketing became well known through its careful application in community programmes for the prevention of heart disease in Finland (8) and the USA (10), and has also claimed success in promoting the use of contraceptives and oral rehydration therapy in developing countries (11). However, it remains to be convincingly shown that these efforts have benefited people’s health.

In social marketing, intervention develops from a solid base of communication and social-psychological theories. Marketing techniques are used to supplement message development and programme implementation. Ideally, social marketing also involves the mobilization of local organizations and interpersonal networks as vital forces in the process of changing behaviour. A key aim is to reduce the psychological, social, and practical obstacles hindering the adoption of desired behaviour by the consumer.

Social marketing attempts to make it as easy and attractive as possible for the consumer to act in compliance with messages by creating the ideal mix of product, price, promotion and place. The product is whatever the consumer is asked to accept. It may be a material object such as a condom or a form of behaviour, e.g., not drinking alcohol before driving. The price can refer to psychological, social, economic or convenience costs associated with message compliance. For example, the act of not drinking in a group can have the psychological cost of anxiety and the social cost of loss of status. Promotion

Both social marketing and media advocacy, if used in proper balance, have important roles to play in making the mass media more responsive to health issues.

means packaging the behaviour in the most acceptable way possible, with reference, for instance, to health and self-esteem. Place refers to the availability of the product or the opportunity to try the behaviour. If the use of condoms is being promoted, it is essential that they be widely available and that support for use comes from peer groups and the community at large.
To facilitate social marketing, it is important to arrive at clear definitions of problems and objectives. However, the most significant contribution of social marketing has been the strong focus on consumer needs. Consumer orientation (12) means identifying and responding to the needs of the target audience, rather than having centralized message and strategy development with little input from the intended recipients, as has frequently happened.

In order to tailor public communication for specific audiences it is necessary to study them and thus obtain feedback for planners. For example, small groups representing the target audience may be convened so that their ideas about programme strategy can be heard and their reaction to specific messages tested. Modifications to strategy and content can be made in the light of the results obtained.

It might also be possible to analyse the audience in order to segment it into homogeneous groups, to analyse media habits so that messages can be appropriately placed at the right time, and to assess knowledge and attitudes. Such studies can serve to reduce some of the uncertainty associated with campaigns. The testing of possible campaign slogans, for example, can ensure that they are culturally sensitive and likely to be interpreted in ways consistent with campaign goals.

Special attention to the process of exchange is critical to the efficacy of social marketing, which attempts to facilitate a voluntary exchange providing the consumer with tangible benefits at a minimal cost in terms of money, physical and emotional effort, and group support. If this cannot be achieved there is only a small probability of being effective.

Social marketing has been criticized as manipulative and ethically suspect. This is not surprising, given its close resemblance to more general advertising and marketing practices. It has also been criticized for promoting single solutions to complex health problems and ignoring the conditions that give rise to and sustain disease. In developing countries, for example, social marketing focuses on changing the habits of individuals rather than on environmental issues such as the provision of safe water. The limited success of typical health promotion programmes that seek to exchange increased health status, a positive image, and peer approval for various sacrifices (giving up smoking, taking exercise, etc.) provides few grounds for optimism. Another notable limitation of social marketing is its relatively narrow, reductionist approach. It tends to present serious health problems in terms of individual risk factors and to ignore the importance of the socioeconomic environment as a major determinant of health. In the long run the risk factor approach may contribute relatively little to reducing the incidence of disease in a population.

Media advocacy is a relatively new concept, most closely associated with the smoking control movement in Australia, Canada, the United Kingdom and the USA. Consumer groups concerned with alcohol, nutrition, and AIDS have contributed to the growing number of cases from which the principles of media advocacy are beginning to emerge. It has been defined as the strategic use of the mass media for advancing social or public policy initiatives (12). It does not attempt to change individual risk behaviour directly but tries to change the ways in which problems are understood as public health issues. For example, a strategy might be developed to stimulate media coverage of the ethical and legal culpability of alcohol companies that promote deadly products for consumption by
teenagers. The purpose here would be to avoid defining alcohol problems as solely the responsibility of individuals and to highlight the role of those who shape the environment in which individual decisions about health-related behaviour are made.

All media coverage of health tends to increase awareness and knowledge of the subject. Social marketing, social advertising and public communication campaigns in general serve this purpose. The essence of media advocacy, however, is to go further and involve the public in policy generation (14). For example, the media could be used to present the problem of diet as concerning public policy (regulation of saturated fat levels in food, promotion of clear labelling on nutrition) rather than unsatisfactory eating habits (an awareness and knowledge problem). The goal is to empower the public to increase their participation in defining the social and political environment in which decisions affecting health are made.

Media advocacy is issue-orientated and recognizes that the mass media are often the forum for contesting major policies that affect health. Unfortunately, the public debate tends to be narrowly defined by ideological and practical considerations, and by the concerns of vested interests. These barriers are a major challenge for media advocacy, which attempts to move from the individual, simple definitions of problems to sociopolitical, complex ones.

Anyone wishing to become a reliable and credible media advocate must conduct research so as to achieve familiarity with key studies, significant data, and contested issues, and a knowledge of the characteristics of the various media outlets. For example, an activist in the nutrition field might regularly screen a local newspaper to identify which reporters cover relevant issues and to discover whether editorial views have been expressed on the subject.

Creative epidemiology is the use of data to gain media attention and clearly convey the public health importance of an issue. It does not involve improper use of data or the misleading presentation of facts. Because creative epidemiology stimulates media coverage and may generate controversy, it must be scientifically sound. For example, an American Cancer Society videotape explains that “1000 people quit smoking every day—by dying. That is equivalent to two fully loaded jumbo jets crashing every day and leaving no survivors.” Creative epidemiology presents data in ways that are interesting for the media and comprehensible to the general public.

Framing an issue so that it is consistent with policy goals is a complex and sophisticated matter. The corporate world is very skilled at turning the tables on its adversaries. For example, legitimate criticisms of the marketing practices of tobacco and alcohol producers may be called attempts at censorship. In the USA the corporate world buys goodwill by providing funds for local community groups. Substantial support is given to artistic and cultural events in order to purchase “innocence by association” (13). A range of strategies is used to capture the high moral ground of freedom of speech, freedom of choice, and so on, with a view to gaining widespread support, and, directly or indirectly, an unfavourable image of health educators is conveyed.

The successful framing of an issue largely allows the media advocate to dictate the terms of discussion. The tobacco industry carefully produced an image of itself as an advocate of civil rights, protector of free speech and community benefactor, while portraying anti-smoking groups as health fanatics. Recently, however, anti-smoking activists reframed the issues by stripping the industry of its positive symbols. Tobacco producers became “merchants of death”,

World Health Forum Vol. 11 1990
“hitmen in three-piece suits”, and exploiters of youth, women, and minority groups. Strategies were developed to demonstrate ties between the tobacco industry and cultural events. Through public exposure, shame was brought on organizations that accepted money from the industry, and the link between death and tobacco was repeatedly explained.

Reframing focuses attention on the practices of industry as a primary problem. This results in increased support for regulatory measures that potentially have a major impact on public health. Reframing also seeks to delegitimize the industry by exposing practices that are exploitive and unethical. Advertising and marketing practices which exploit children and place profits before health and safety provide raw material for the media advocate. This further erodes public support for the industries concerned and makes the purchase of goodwill more difficult.

Clearly, sufficient access to the mass media is vital. Historically, health educators have been heavily dependent on the willingness of the media to provide time or space. In a sense, the media were allowed to define which issues would be aired and how discussion would be structured. Public service advertising is declining as outlets increase their efforts to sell all available time. By using creative epidemiology and framing strategies it is possible to have greater control over how issues are covered by the media. To be effective it is necessary to use both free and paid announcements.

Free time is usually regarded as that used for public service announcements at any time of the day or night, whereas purchased spots can assure desired audience exposure. However, there is a wide assortment of good free time for use by the media advocate, who can create news in a number of ways. It is possible to build on to news stories. For example, by creating local reaction, many communities in the USA mobilized media coverage around the release of one of the reports of the Surgeon General on smoking and health. The media advocate can also present small research studies of local or national interest. Thus, the Center for Science in the Public Interest, a consumer advocacy group, drew attention to alcohol advertisements directed at children by demonstrating that children could name more brands of beer than Presidents of the United States. This received national attention. The media advocate can build on related news opportunities. For example, when a consignment of grapes imported into the USA was banned because it contained a small amount of cyanide, local anti-smoking activists pointed out to the media that it would take a very large quantity of the grapes to yield as much cyanide as occurs in the sidestream smoke of just one cigarette.

News coverage can be extended by sending articles to newspapers and stimulating letters to editors. In addition, relationships with print and electronic journalists can be cultivated so that access is gained for follow-up stories with local perspectives. This should be viewed as a long-term strategy that can be steadily improved in effectiveness.

Media advocacy has several limitations. It has not been adequately defined. The skills involved are probably more complex than those of social marketing; the media advocate needs to understand what constitutes news and how it can be framed to gain media interest and the support of the public. The time required for research and the cultivation of people who can give access to the media may not be available to people working in public agencies. Because media advocacy is linked to an environmental approach that focuses
primarily on the social and political aspects of health, it is difficult to get and hold the attention of the media, which tend to highlight personal and individual aspects of health problems. Finally, media advocacy tends to be controversial because it directly confronts powerful vested interests; health agencies, as well as the media, may therefore be hesitant to work with advocates on certain issues.

* * *

Social marketing suggests that power over health status evolves from gaining greater control over individual health behaviour. It provides people with accurate information so that they can take steps to improve their health. Media advocacy suggests that improved health is mainly to be secured by influencing the social and political environment in which decisions are made. It provides people with skills and information that can help them to participate in changing the environment in which individual health decisions have to be made. Both social marketing and media advocacy, if used in proper balance, have important roles to play in making the mass media more responsive to health issues.

Social marketing serves as common ground where media outlets, community groups, government agencies, and advertisers can work together. Unfortunately, the condition for this cooperation is too often the avoidance of controversial issues and the narrow definition of health in terms of disease. It tends to be non-controversial because it focuses on individual behaviour and diverts attention from products and the environment through which they are made available. Social marketing campaigns may well contribute new opportunities for those motivated to change their health habits. On the other hand, they may do little for those who are most in need of change but have the fewest social, economic and personal resources to facilitate it.

In media advocacy an attempt is made to change the rules for working with the media. The focus is moved from public affairs to news and an effort is made to gain greater control over the ways in which health issues are communicated. Media advocacy tries to concentrate attention on the behaviour of corporations, politicians and others whose decisions largely determine the nature of the environment and, consequently, the range of health choices available to the consumer.

Media advocacy reflects a progressive approach to health promotion in that it explicitly recognizes the importance of the environment and defines health problems as matters of public policy and not just of individual behaviour. It tries to empower individuals by providing the knowledge and skills necessary for participation in efforts to change the social and political factors that influence health status. The health of the community, not necessarily that of the individual, is the main concern. Participation in the political process becomes a mechanism for health promotion.

Social and health programmes generally tend to concentrate on giving people the skills needed to overcome the barriers to
successful and healthy lives (15). In the long run it makes more sense to reduce the barriers so that more people have a wider and easier range of healthy choices. Social marketing is useful for developing the most creative ways to get information to people so that they can overcome the barriers. Media advocacy helps to emphasize the importance of creating improved social conditions, and is of value to those most in need who are often least able to change. By blending the two approaches a start can be made on the road to a more comprehensive way of using the mass media for health promotion. In this blending, media advocacy should take the leading role so that special attention can be given to achieving a greater understanding of the conditions required for health, while avoiding excessive concentration on disease conditions.

Acknowledgements

I am grateful to Linda Nettekoven and Diana Cassady for their editorial suggestions.

References


Discussion

Samuel W. Hynd

— Do decision-makers have the capacity to make the strategies work?

In modern society there is a growing demand for improved ways of conveying health messages to people. Professor Wallack is to be congratulated for ventilating two possibilities in this field.

No one doubts that the mass media are potentially a powerful tool for promoting health. Indeed, both media and health professionals carry a heavy responsibility for reflecting the deteriorating health situation throughout the world.

Regrettably, the media often carry garbled and incorrect reports. Manipulation and wrong presentation frequently occur, thanks to pressure from powerful vested interests.

If we are to contribute to the well-being and health of our communities, we have to ensure that essential information gets beyond the specialized medical journals. The general public have to be reached, and the mass media offer a vehicle for doing this. Messages should be presented in a manner acceptable to the layman.

Both life-styles and the sociopolitical environment leave much to be desired. In order to make an impression on them, urgent attention should be paid to social marketing and media advocacy as outlined by Professor Wallack. However, it is questionable whether media advocacy should take the leading role. Blending of the two strategies is needed, for they complement each other and are inseparable. This is especially the case in the developing world, where AIDS is having a profound effect on communities. The future of whole nations is at stake.

Television in the Third World largely shows programmes imported from developed countries, reflecting life-styles and inducing responses which are quite unrealistic as far as most viewers are concerned. Many films depict frequent alcohol drinking and cigarette smoking. Advertisements encourage all that destroys the moral fibre of society, and laud modes of living that are contrary to the development of healthy communities.

In this context, much health education is negated. Where are the finances to be obtained for programmes depicting an alternative life-style and encouraging healthy living? Only ministries of health can counteract undesirable messages. Pro-health publicity remains a small voice in comparison with the articles, programmes and advertising tending to promote ill-health.

Health promotion should be tackled both directly and indirectly through new forms of advertising, popular soap operas, and documentaries. This would require greater control of the media, which would protest that their freedom was under attack. However, as people are obliged to pay attention to environmental degradation caused by their own activities, the whole question inevitably goes on to the sociopolitical agenda.

The author is Chairman of the National Council on Smoking, Alcohol and Drug Dependence, P.O. Box 384, Manzini, Swaziland.
As Professor Wallack implies, self-destruction is inseparable from the abuse of alcohol and tobacco, sexual immorality, and poor or harmful nutrition. Furthermore, the danger that many communities in the industrial world may collapse through the abuse of drugs and other substances should not be forgotten.

Unfortunately, the forces ranged against health still strongly outweigh those favouring it. As regards the strategies discussed by Professor Wallack, one wonders whether the decision-makers have the spiritual and political capacity to make them work.

**Tamás Fenyvesi**

— *Balance between individual and social approaches*

Professor Wallack envisages an ideal social environment where health sciences, epidemiology and sociology easily penetrate the media with the techniques of media advocacy, allowing health promotion to have access not only to the public but also to policy-makers. It is certainly crucial to focus attention on the behaviour of those whose decisions largely determine the nature of the environment, as Professor Wallack says.

One of the most controversial areas in health promotion is its need to recognize the importance of the environment and to define health problems as matters of public policy, not just of individual behaviour. There should be a well-defined balance between the individual and social approaches, as well as between the social aspects of health promotion and curative medicine. The different approaches should be complementary, not competitive. The actual balance required in any particular country depends on its specific social environment.

Unfortunately, the media tend to compromise with the public, whose life-style is far from health-orientated. In Hungary the public concede, at best, only some general fear of disease. Here I am at variance with Professor Wallack. The collective strategies of health promotion cannot hit their target unless the individual approach has made an impact beforehand. In many Western countries smoking has declined, yet in Hungary this deadly habit remains as prevalent as ever. Public interest in healthy diet must be based on individual conviction. Too many unfavourable role models surround people in Hungary. The media, although less business-orientated than in the West, offer no clear advantages for health promotion. The Hungarian mass media lavish time and energy on emergencies affecting individuals, such as instances of dogs biting children, but public health issues are covered only sporadically.

Professor Wallack does not mention the dangers of misleading health information in the media. The public has the right not to
be given misleading or false information. In this connection it is apposite to remark that journalists are very often not qualified to judge the importance of health-related news. Furthermore, some scientists, unable to resist either the pressure or the advantages of newspaper publicity, fail to adhere to the “Ingelfinger rule”, which rejects the dissemination of research reports in the mass media before they are published in peer-reviewed scientific journals.

Because doctors and other professionals in Hungary are state employees they are seen as being part of the establishment. As such they are quite exposed to unfair attacks in the media, which have claimed that the jealousy of the medical profession hinders the introduction of miraculous cures for cancer by non-medical healers. The media have thus managed to pillory both scientific medicine and the establishment at the same time, thus gaining popularity.

Scientists are well aware of the difficulties in distinguishing genuine empirical science from pseudoscientific superstition. The public are often confused by conflicting views of experts. As a Royal Society report has said, scientific literacy is becoming an essential requirement for everyday life (1).

Ignorance of elementary science prevents people from understanding many health-related issues, including health promotion. In the interest of the scientific literacy of the general public, scientists should learn how to communicate in the ordinary language of the people. The media could be a valuable partner in this endeavour by adding colour but not imposing superficiality.

Social marketing and media advocacy as outlined in Professor Wallack’s paper can indeed foster health promotion. However, the techniques require a public that accepts health as an important value. There should be a well-considered balance between the individual and social approaches. The media, as the main transmitter of health promotion issues, should maintain high ethical standards, never sacrificing the truth in the interest of increasing circulations or audiences.


Richard K. Manoff

— What influences one person may not influence another

I do not recognize social marketing from Professor Wallack’s description. What he calls social marketing is really one of its important components, social advertising. The media advocacy to which he refers is essentially public relations, publicity and public information devoted to social causes, and is another major component of social marketing. What we choose to call things should not be allowed to obscure their true nature. Social marketing is fundamentally a strategic system for dealing with certain social problems (1).

It would have been more profitable for Professor Wallack to consider how these two communications strategies serve to

The author is President of Manoff International Inc., 950 Third Avenue, New York, NY 10022, USA.
complement each other when a social problem like smoking is tackled.

Furthermore, it would have been useful had he treated other such strategies as complementary approaches to health promotion. At the end of his paper he says that both social marketing and media advocacy, if used in proper balance, have important roles to play. But he confuses the issue by adding that for this to happen the mass media have to become more responsive

to health issues. This is a mistaken notion, since the aim is to make selected target audiences, not the media, more responsive. The media are one of the means used in social marketing to achieve this.

Social marketing should use every possible intervention tactic to achieve its goals. Yet there is a tendency for analysts of social process to isolate such tactics and compare them in terms of cost-effectiveness or some other measure of their relative contributions. This unhappily pits one approach against another at a time when we need more, not less, health promotion activity. Such measurements may tend to obscure the value of interventions, particularly ones directed at specific segments of target populations.

Deep-seated, lasting behavioural change is not accomplished with single measures. We need all the techniques of health promotion that we can muster. The psychological factors that block the adoption of desirable health behaviour vary greatly between individuals. This calls for a social marketing mix of interventions on a societal

scale—intensive public health promotion in the mass media, schools, churches, trade unions, and so on. These measures may fail if, for instance, a significant segment of a population is so firmly attached to a harmful habit that all exhortations to abandon it prove futile. In this situation, social marketing holds that the authorities responsible for health promotion should advocate a new law or regulation to change the behaviour of the social system.

The 30% of the United States population that smokes is unlikely to abandon the habit unless society rules it a crime. Not surprisingly, the imminence of a law having this effect in New York caused a sudden increase in enrolment in smoking cessation classes. Large numbers of smokers clearly needed both the law and peer-group support to induce them to give up the habit.

Weighing the merits of one strategy against another can be unprofitable. Health would benefit more if the severity of major health problems were assessed so as to determine which strategies and how much of each should be activated.

Public health is threatened not only by disease and malnutrition but also by social and economic constraints, among them unethical marketing, faddist and unhealthy life-styles, poor water and sanitation facilities, lack of supportive public policies, divided opinion among health authorities, inappropriate food production priorities, and uncoordinated activities of health agencies. Social marketers should include in their planning the means to neutralize their opponents’ impact. This calls for political strategies which are not directly related to social marketing but which, nevertheless, are pivotal to its success (1).

Michael Pertschuk

— Strategies and skills for increased openness

A team of experts on smoking control strategies, organized by the International Union against Cancer, was invited to appear on a popular television talk show in Mexico City. They were asked not to mention cigarettes and to confine themselves to discussing medical issues related to cancer and its prevention through self-help.

One of the experts had developed a media campaign, using extensive formative research and involving many sectors of the community, to educate women about the risks of breast cancer and to teach breast self-examination techniques, which she demonstrated during the show. Her presentation was hailed by the programme’s producers as a breakthrough in candid public health education. It was an example of the utilization of the mass media for social marketing.

The host, finishing an off-camera cigarette, opened his on-camera interview by asking about the role of surgery and radiation in cancer therapy. His guests, however, did not answer this question. Instead they turned to the devastating toll of cigarette smoking in Mexico. In particular, they criticized the aggressive promotion of cigarettes on television and elsewhere, and pointed out that this led to many young boys and girls taking up the habit. The host was not pleased but could hardly censor his guests on camera. His large audience consequently witnessed an extensive discussion of cigarette advertising as a factor in smoking-related disease. The team’s reframing of the debate was an instance of a coordinated international effort to gain access to the mass media for the message that changes in public policy, such as the banning of cigarette advertising, were vital in the interest of controlling smoking-related disease. This was a prime illustration of media advocacy.

For some issues, the mass media are an open and potent vehicle for health education. However, where disease is caused by products that are heavily advertised in the media, and where public health policies responsive to the risks have not been enacted, the media are a battleground. In approaching the media, those who advocate progressive public health policies should be aware of the economic and political forces that tend to inhibit full and open debate and education in this setting.

Despite formidable obstacles, advocates of health policy reform, especially in respect of tobacco, have achieved remarkable success.

Where disease is caused by products that are heavily advertised in the media, and where public health policies responsive to the risk have not been enacted, the media are a battleground.

They have managed to break through the media’s threshold of economic self-interest and have overcome the individual-centred view of disease. The agent of disease is now more readily identified as the cigarette manufacturer than as the ignorant smoker. The media have become increasingly receptive to the argument that the reduction of smoking-related mortality and morbidity depends more on restrictions on advertising,

The author is Co-Director of the Advocacy Institute, 1730 Rhode Island Avenue NW, Suite 600, Washington DC 20036-3118, USA.
promotion and smoking in public places than on exhortations directed at smokers.

This increased openness in the media has not been achieved easily. Advocates of controls on tobacco have had to become fully conversant with the dynamics of the mass media, to devise strategies for gaining access to them and for framing issues, to acquire the skills of media advocacy, and to give it high priority.

Professor Wallack’s article offers us great encouragement to continue along these lines.

Bernard Béguin

— Dream, but don’t fool yourself

It would be easy to ask Professor Wallack to prove that television is at the root of individual and collective behaviour endangering people’s health and welfare, and that, if the media were to conform to his idea of responsibility, people in their turn would behave responsibly, with health burgeoning throughout the world. Of course, he could not do it. Yet this would not set my mind at ease. There are situations in which absence of guilt in the legal sense is not the same as innocence in the moral sense. Ever since Cain replied “I am not my brother’s keeper” we have known that the devil waits for those who avoid responsibilities they should have assumed.

The tobacco industry can say what it likes about the impossibility of establishing a causal relationship between smoking and lung cancer: if statistics show that the risk is there, I shall deem my neighbour’s smoking harmful and regard as socially unacceptable the brand names that foster the smoking habit. The same holds for alcohol and dangerous driving, which often go together.

In my opinion the same judgement applies to violence on television. Of course, one cannot prove that violent programmes lead to violence in society. But for me—as in the instances of tobacco, alcohol or excessively fast driving—it suffices to recall that the broadcasters’ moral responsibility is at stake each time they let a programme be shown.

However, I have a number of objections to the active role Professor Wallack attributes to the media in general and television in particular. He seems to say that health promotion can be approached in two ways: through individual behaviour and through the structure of societies.

As regards the individual approach, he says that the media should stop setting bad examples. On that point I agree, although, as a Swiss and a European, I object to the exclusive use of examples from American television, which resembles ours no more than Chicago’s skid row resembles the Pâquis district of Geneva.

One can set a certain level of decency for programmes, by legislation if need be. Switzerland from the outset prohibited alcohol and tobacco advertising on
television, and has recently banned the portrayal of gratuitous cruelty in the audiovisual media. I am much more sceptical about the possibility of using the media for educational purposes. The use of tobacco, alcohol and other more or less dangerous drugs, and sexual promiscuity are not part of the cerebral area where ideas are exchanged or persuasion is exercised.

Should shock treatment be used, then, to shake people up? Should we hit hard, perhaps below the belt, to knock out deviant behaviour? I viewed a programme presented to the European Broadcasting Union which was intended to put viewers off alcohol for life. It was so unbearable that after the viewing the whole group stampeded to the hotel bar.

Whenever the effects of an educational programme are analysed, one finds that it has reinforced the knowledge and motivation of those who were already informed and knew how to choose. Television does not teach people how to choose.

Professor Wallack’s second hypothesis is that health is not an individual problem, that depicting it as such is reprehensible, and that it should be approached as a social matter. This involves:

— ridding the media of whatever reinforces today’s society, which is characterized by consumption, profit and individual enjoyment;

— enjoining the media to promote another society, one founded on the collective solidarity of individuals.

The media are not so powerful. Time and again, people have tried to mobilize public opinion in a common cause. Some have produced impressive results, if only temporarily. Yet the great surprise of the late twentieth century is the discovery that, as soon as the lid is loosened, the pot begins to boil over and individual aspirations rise to the surface.

Yet something can be achieved. We in Switzerland have found that the media have helped to rationalize the approach to AIDS.

Human nature and impulses, notwithstanding our laws and codes of behaviour, engender tensions, suffering and violence against the health of the individual and the community.

The Federal Office of Public Health, energetically supported by the press and television, has used posters to encourage use of the condom, while article 211 of the Penal Code still punishes those who “advertise, display in public or recommend the use” of “objects intended to prevent pregnancy or venereal infection”. These “objects” are available from vending machines in station toilets, even in Fribourg, which for a long time was a centre of resistance to permissiveness.

But human nature has an animal residue that does not heed the voice of reason. Our impulses, notwithstanding our laws and our codes of behaviour, engender tensions, suffering and violence against the health of the individual and the community. A society without predators or victims would be like frog spawn in a glass of warm water.

The Round Table in World Health Forum, Vol. 9 No. 3 (1988), was entitled “Health for all: the dream and the reality”. One is entitled to dream but, when the time comes to act, one should harbour no illusions.
Belinda Bruce-Brown

— The media will cooperate if they are given interesting material

Professor Wallack’s article clearly identifies the major obstacles that prevent the public from getting information on health and explains how to overcome them. His argument that greater weight should be given to media advocacy than to social marketing so as to achieve an improved understanding of the conditions required for health promotion is to be applauded. Social marketing is useful in this field but has its shortcomings, as Professor Wallack indicates.

One of the functions of the media is to search for information that will attract the attention of the public.

The media do not provide feedback for planners, largely because the planners do not show any interest in obtaining it.

Professor Wallack’s article is a valuable reminder to the media of their responsibility for spreading health information. Journalists are in the business of seeking information. Those who are in a position to give it should not hesitate to do so, because otherwise suspicions are bound to arise that there is something to hide.

Tarzie Vittachi

— Word of mouth still indispensable

Exhortations of health authorities about immunization, birth-spacing, breast-feeding and so on are of little avail unless people receive credible messages showing that the recommended courses of action have clear advantages for themselves and their families. When such messages have been accepted, people make a determined effort to obtain the health care services on offer.

However, the mass media are not basically interested in spreading useful messages. They are in the business of disseminating news and entertaining their public. They claim that they are not advocates of causes but simply hold up a mirror to society. Primary health care in itself is not sufficiently exciting to attract much media attention. Famine, on the other hand, is news. Only a very small section of the media is sufficiently skilled and concerned to report processes such as primary health care in an interesting way. In most developing countries the spread of

The author is with the Global Forum of Spiritual and Parliamentary Leaders on Human Survival, 304 East 45th Street, 12th Floor, New York, NY 10017, USA.
newspapers and television is very narrow. Radio has a wider audience but its impact is ephemeral unless messages are repeated over and over again.

Does this mean that the mass media are useless for spreading the word about health care? On the contrary. Although their audience may be small, it contains the people who take the decisions affecting the lives of those who do not read newspapers or cannot afford television. The mass media can create a climate favourable to the improvement of people's lives. It is therefore essential to encourage the mass media to participate in the advocacy of health care on the national scale by showing them that the subject attracts interest. At the local level, however, the mass media are less effective in getting messages across.

As Professor Wallack says, little evidence exists that the mass media can directly bring about changes in behaviour. Vertical messages are only likely to be influential if they convince the people who receive them and are then passed on horizontally. For this to happen the messages have to be clearly relevant to people's lives and delivered by messengers who are credible and unintimidating, among them priests, teachers and midwives. These are the horizontal media, the people who have been carrying useful messages for centuries. They are the media with the messages that transform. They are the messengers who have helped to bring about more than a twofold increase in the number of immunized children in the developing world during the past seven or eight years.

Albert Hirsch

— Education, habit and the power of money

The aim of health education is to increase individual and collective responsibility for behaviour and life-styles that threaten people's health or well-being. The traditional concept of opposing a state of health to a state of sickness is gradually being supplanted by one concerned with the social and cultural determinants of health in individuals. The human and social sciences, long underplayed in this field because health was regarded as the mere absence of disease, allow us to turn the advances in educational science and communication to advantage in public health.

Education for health cannot redress social disparities in access to health facilities. The most privileged areas benefit, while those that should receive preferential treatment are hardly affected by messages from health education networks.

Professor Wallack makes the important point that, although it is necessary to give information to people, this in itself is not enough to change their behaviour. Indeed, it would be naive to think that if people are given information on the risks attached to a habit they will abandon it. It is very difficult to change habits; resistance to change derives from personal history, the social and cultural context, in some cases a liking for risk, and so on. Effective action certainly requires the giving of information, but it also needs an understanding of the motives behind habits. This is difficult to achieve, since it means delving into people's private
lives. Some individuals may respond unfavourably, and some are incapable of analysing their motives for adopting particular habits.

Health professionals naturally claim that they are responsible for health education. However, physicians deal with disease rather than health, and health should not be seen merely as the absence of disease. It is tempting to assign the health education role to teachers and educators. Yet there is a tendency to give schools responsibility for things they are not designed for, health education being one of them. The health and education professions both have a part to play in education for health, as does society and the family. Social network groups and the media, especially television and the cinema, which have a marked influence on young people, are good channels for education campaigns in accordance with coordinated public health policies.

The conditioning of the public, through advertising, to desire products that are prejudicial to health, is a source of revenue that inhibits the media from taking up the cause of public health. Publicity for cigarettes, alcoholic drinks, and fast cars abounds on advertisement hoardings and in the press, television and the cinema; large sums of money are involved. In order to achieve independence for the media and to avoid conflict between special interests and the general interests of public health, such publicity should be strictly regulated.

---

Two approaches to health promotion in the mass media

- **Final comments from Professor Wallack**

Having studied the above thoughtful contributions, I should like to reiterate one of my key points: there is a fundamental difference between media advocacy and social marketing. This difference is linked to the values that underlie the two approaches and to related definitions of health and disease. Social marketing, for example, generally does not address social justice issues associated with the sociopolitical conditions that largely determine the health status of populations. For the social marketer, health is primarily a personal matter. Media advocacy attempts to shift the emphasis from the individual to the sociopolitical system, on the basis of a concern for social justice. This does not mean that there should be a sole focus on policy. Responsibility for health is shared by the individual and the larger system in which he or she lives and works. Social marketing concentrates on the responsibility of the person, media advocacy on the system. This produces useful tension; both approaches are necessary.

In both the developed and developing countries, careful consideration should be given to achieving the best possible use of the mass media for stimulating social change and improvements in health. Sometimes there is only a fine line between what reinforces disease-generating conditions, implicitly encouraging people to accept them, and strategies that attempt to promote health. In emphasizing the politically safe and expedient rather than pursuing more difficult but potentially more effective strategies, we should consider the possibility of adverse consequences. In using the mass media we should examine whether we are making things better or whether, in reality, we are exacerbating the conditions we seek to remedy.