875

MASS MEDIA AND MEDICINE

A Critical Study of Communication Approaches Towards Health

Dissertation submitted to the Jawaharlal Nehru University
in partial fulfilment of the requirements
for the award of the Degree of

MASTER OF PHILOSOPHY

SHAHID JAMAL

CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI - 110067

1990

CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY

New Delhi-110 067

December 31, 1990

CERTIFICATE

This is to certify that the dissertation entitled, 'MASS MEDIA AND MEDICINE : A CRITICAL STUDY OF COMMUNICATION APPROACHES TOWARDS HEALTH' submitted by Mr. Shahid Jamal for the award of the Degree of Master of Philosophy (M.Phil) is his own work and has not been previously submitted for any other Degree of this or any other university.

We recommend that this dissertation may be placed before the examiners.

DR. I. QADEER
CHAIRPERSON

DR. K.R. NAYAR
SUPERVISOR

Gram : JAYENU Tel : 667676, 667557 Ext. 259, 262 Telex : 031-73167 JNU IN

C_O_N_T_E_N_T_S

			Pages
PREFACE		...	i - ii
CHAPTER	I	INTRODUCTION	1 - 7
CHAPTER	II	COMMUNICATION AND DEVELOPMENT : A THEORETICAL PERSPECTIVE	8 - 31
CHAPTER	III	COMMUNICATION POLICIES IN INDIA	32 - 60
CHAPTER	IV	MASS MEDIA COMMUNICATION AND HEALTH EDUCATION	61 - 104
CHAPTER	V	CONCLUSION	105-115
BIBLIOGRAPHY		...	116-128

PREFACE

This work, "Media and Medicine - A Critical Study of Communication Approaches Towards Health" is a modestappraisal of communication approaches in India's health programme. However, one has little ground for complacency. Manipulation by playing upon the public's subconscious is clearly spreading. The possibility of using the insights of the social sciences to influence our choices and behaviour is so inviting that no one anywhere can be sure nowadays that he or she is not being worked upon by the media.

The present study is an effort to point at if not clear the smokescreen painted by the media in the field of health.

I am grateful to my Supervisor Dr K.R. Nayar for his constant guidance. Two persons whose seasoned perception and steady vision I benefited from were Professor D. Banerji and Dr Imrana Qadeer. I also express sincere gratitude to Dr S.K. Sahu and Dr Mohan Rao for their suggestions and cooperation from the inception to completion of this work.

Thanks are also due to the members of the staff of the libraries of Jawaharlal Nehru University, the Centre's Documentation Section, Indian Institute of

Mass Communication, India International Centre and National Institute of Health and Family Welfare. I am specially indebted to Mrs M.D. Rastogi for patiently bearing with me.

My colleagues at the Centre also deserve my thanks. To my wife, Shahira, I owe a debt of gratitude for her indefatigable enthusiasm.

Shahid Jamal

New Delhi,
December 31, 1990.

CHAPTER I

INTRODUCTION

The communication system in India has undergone phenomenal expansion and modernisation (Joshi, 1989). Barely two decades ago television was limited to an experimental station in Delhi. In 1980, there were about a million sets in the country. By the end of 1985 the number of television receivers had reached nearly seven million. At the end of 1990 there will be an estimated 35 million receivers. Radio signals already reach 90 per cent of the population (area wise) (Ghorpade, 1986; Joshi, S.R., 1986).

Hovering 22,400 miles overhead is INSAT-ID, the latest in communication satellite technology. During the day, businessmen have instant access to markets all over the world via telecommunication links on INSAT and INTELSAT satellites. At night, INSAT transmits television signals from across the country and beyond. Yet, more than 500 million people have no access to television or telephones. For them, the information environment rarely extends beyond inter-personal communication, a single radio-receiver in the village, or a movie in the travelling cinema that comes around once every few months.

It is often held that modern communication technology makes the practice of democracy and participation by people more feasible. This belief is built into many of the programmes for aid to developing countries. Communication is seen as playing an essential part in encouraging people to take part in political and economic progress (Lerner, 1960). Indeed the extension of modern communication media to developing countries is often seen as an essential step for them to achieve real equality and progress. In various UNESCO statements, it has been emphasised that improved communication is needed to translate human rights into effective reality and expansion of the information media, press, radio, film, television is closely linked to economic and social development.

What one infers from them is a highly persuasive theory that the crucial factor in the development of particular forms of society and life has been the technology of communication.

In recent years technical cooperation in the field of communication has increased substantially. In the last few years UNESCO, through various organisations, has provided radio and television communication's training to several thousand personnel from countries like Iraq, Indonesia, the islands in the Pacific and India.

Similarly, the World Bank is now active in information and communication projects in the developing countries (Sondhi, 1985). The Bank now finances telecommunication projects and supports educational radio and television particularly in agriculture, rural development, education and population, health and nutrition.

India's experimental satellite (SITE) has been frequently cited as an example of technology jump to bring about rapid socio-economic development in the traditional (rural) sectors. India used the broadcast satellite to directly transmit educational information to remote villages. Despite the limitations of this experiment attempts have been made to institutionalise its lessons.

Since the government has repeatedly emphasised the use of media for social engineering and stimulating economic growth one may assume that any expansion of the information environment will be an investment (Ghorpade, 1986). However, as some observers point out, the country's experience in communication has been one of 'planning without policy' (Sondhi, 1983). In the absence of a comprehensive information policy statement, an examination of individual sectors of the communication environment may provide some clues to trends in policy and planning. Since health communication is a part of the broad information infrastructure, it is imperative

to take stock of India's current information infrastructure and evaluate its performance critically in promoting health as a developmental activity.

The purpose of mass communication in the field of health is to ensure that people get the information they should have. Mass communication in the field of health is associated with health education. "Health is a function not only of medical care but of overall integrated development of society - cultural, economic, educational, social and political" (ICSSR-ICMR, 1981).

Health education, like nutrition and improvement in environment is considered as a supportive service. But unlike them, the effects of health education are indirect, non-quantifiable and difficult to measure.

In India, the public health practitioners have extensively used available mass media to communicate health information to the general population. There has been a mass communication and education component in various national health and family planning programmes. The experimental satellite (SITE) was conducted to 'instruct' rural people about health, nutrition and family planning, among other things.

Since health communication is a part of the overall communication system it is dependent on the wider communication approaches. Many of our theories of

communication provide psychological frameworks to explain how individuals communicate or are affected by messages from the mass media. In other words, the scope of these studies are limited to the system's functioning at the level of individual effects. The objective of the present study is to analyse critically the existing communication theories which have given shape to various communication models as they have a direct bearing on health communication. (Chapter II)

Development communication is the application of communication to enhance the process of development. It is the use of the principles and practices of exchange of ideas to development objectives. But the relationship between the social, economic and political structure and the content of mass communication is neither linear nor clear-cut. Mass communication serves different groups in different ways. Thus there is a potential of conflict of interest between the communication industries and the audiences they serve.

Change in mass communication literature is not to be equated with change in society. Indeed, much of the research into the "communication revolution" is of a technological rather than social nature (McAnany, et al., 1981). It is often an optimistic assessment of what technological innovation may bring to society, what

segments of society are to benefit is often left rather vague. The second objective of this study is to underline the relationship between development communication and the technology involved in it (Chapter III).

Historically, thought and action in the health sector in India have derived their inspiration from the prevailing development ethos. During the 1950s, when the country was concerned primarily with the establishment of infrastructure and with technological development, the agenda in the health field consisted mainly of building hospitals, establishing medical-scientific capacity and training doctors. The 1960s emphasised the "diffusion of innovations", leading to the spread of health centres to rural areas and mass campaigns against specific diseases such as cholera, malaria and small pox, and for immunisation and family planning. The "basic needs" approach of the 1970s saw the expansion of outreach schemes: increased numbers of trained para-professionals, orientation of doctors to rural health, mobile clinics, and the like (Chatterjee, 1988). Now we see a definite shift from existing health care system to a more democratic and participatory health care service. The relationship that needs testing is how the health care system influences the approach of mass media or vice versa.

The health education and information system can be only in relation to health institutions under the

wider communication infrastructure. This work will carefully examine the growth and development of health care system and its approach and relationship with mass media. This will also explore the rationale of health media policies (Chapter V).

The rapid expansion of the television network and its perceived potential has generated a lot of discussion and debate in administrative as well as academic circles. At this juncture it is necessary to take a critical look at it. The present study is, however, not an audience research or media message/content analysis in the strict sense. Instead mass communication will be seen as a component of social communication, which itself is part and parcel of a historically defined system of social production and reproduction. This is an attempt to broadly visualise electronic media and its role in health communication.

.....

CHAPTER II

COMMUNICATION AND DEVELOPMENT : A THEORETICAL PERSPECTIVE

Communications are institutions and forms in which ideas, information, and attitudes are transmitted and received. Communication means the process of transmission and reception of information. Communication is a process which increases commonality - but also requires elements of commonality for it to occur at all (McQuail, 1975). Man's need for communication is very strong and basic. It is an individual and a social need. It is both a natural individual demand and a requirement of social existence to use communication resources in order to engage in the sharing of experiences, through symbol-mediated interaction (Beltran, 1976). According to Pool (1983), communication is the exchange of information through message and when this message is transmitted in an organised form with certain objectives it becomes mass communication.

Communication has been considered an essential element in human society. In its various forms, it is the basis on which the varying cultures and civilizations of the world have rested. Since communication is so fundamental, a closer analysis of communication

patterns - and particularly the various technological channels through which communication can flow - suggests that it may have far greater influence over our social and economic life. It has been suggested that communication are the crucial factors in the development of differing types of society and underlie, even determine, our modern form of life and likely future development - and all this without most of us even being aware of the influence of these powerful forces on our actions (Finnegan, 1987).

In looking at the field of mass communication, it is an obvious observation that there is no master discipline, no grand (or even middle range) theory, and no clear set of cumulative findings to guide communication research. It is said that communication is a field and not a discipline because historically it has drawn from many social science disciplines rather than a single one. These include psychology, and social psychology, which had a strong early influence, and to a lesser degree sociology, anthropology, linguistics, history and economics. "The net result of such multidisciplinary ancestry is a variety of theory and research with no overall coherence but only a social science identification" (McAnany, et al., 1981). This might have given the field, a technocentric orientation.

Another major influence on communication research is the professional orientation of journalism, film,

broadcasting and advertising. Audience studies, marketing surveys and readership analyses all fit within what Lazersfeld first called "administrative research", or research serving institutional needs.

A recent influence that has characterised the communication area is policy research, which concerns the impact of mass communication on various institutions and groups in a society. Such research has been frequent in the past decade. Research of this type has included technology assessment and forecasting, as well as evaluation of educational technology, television and violence, television advertising and children, on the role of women and other minorities in mass communication industries (Haight, 1983).

Western theories and models of communications have their origin in Aristotle's Rhetoric (Kumar, 1989). According to Aristotle, rhetoric is made up of three elements: the speaker, the speech, and the listner. The aim of rhetoric is the search for all possible means of persuasion. The modern communication process encompasses the sender (communicator), the encoding action, the message, the channel, the receiver and the feed back.

The Sender : The sender initiates the communication activity as he is the source or starting point of all communication, he formulates the message and disseminates

the information. His informative effort is, therefore, intentionally directed.

The Encoding Action: To activate the thoughts of another person and to elicit information from him, the sender must initiate a specific, logical encoding action. He now uses the symbols available to formulate his ideas or thoughts, which can be interpreted and understood by the receiver.

The Message: A meaningful message could be a news item, a feeling or a thought, or an expressed conviction. The content and form of the messages are determined by a host of both internal and external factors such as moods, emotions, attitudes, social status, intelligence, level of education and environment.

The Channel: The channel or medium consists of anything which is utilised to convey a message to the receiver. The medium, which is the carrier of the message, consists of codes which in turn form a system of signs. Signs, media and codes are transitive. The generally accepted media, e.g. press and electronic media, have their own particular decoding potentials. The communication medium may also be seen as an institutionalised system of transmitting a message.

The Receiver : Receiver is the potential destination of the message. The receiver's active participation in

the communication process implies that he/she is also the turning point, since feed back originates with the receiver.

Feed back: After the receiver has received and interpreted the communication his/her answer lies in feed back, which will consist of additional information. The interpretation is the recipient's evaluation of the message.

Encompassing the above mentioned elements of communication process, Western communication theory's primary goal was influenced through persuasion. Osgood's definition is an illustration. In the most general sense, he explains, we communicate whenever one system, source, influences another, the destination by manipulation of alternative signals which can be transformed over the channel connecting them.

A definition on the same line was given by Berelson and Steiner: "The transmission of information, ideas, emotions, skills, etc. by use of symbols-words, pictures, figures, graphs etc. etc. It is the act or process of transmission that is usually called communication."

The studies of Lazarsfeld and Gander (1948) indicate that people's attitude are not changing/or changed by the direct action of communication via the mass

media - such as the radio appeals, newspaper reports and the like. Instead, attitude changes take place as a result of face to face 'talking over' process among the significant others - those who presumably are crucial for the support of one's self conception. The two-step flow hypotheses of Lazarsfeld and his associates suggests that the mass media does not affect in the same way all those who are exposed to it. There is a need for the intervention of the opinion leaders and often such interventions influence the individual more effectively than the mass media messages. According to them the media messages first reached persons more involved and more influential than others; then opinion leaders retransmitted and amplified and received information within the framework of small groups in a face to face relationship. (Busby, 1988)

Later observations showed that the opinion leaders did not always constitute such a simple relay between the media and the public at large; influence networks are complex and vital (Sharma, 1987).

The effects-oriented models or approaches to mass communication derive from Shannon and Weaver's mathematical model. This model was first designed in 1947, but was given its definitive formulation in 1949 by Claude E. Shannon and Warren Weaver (Dissanayake, 1986). They conceived communication as a system composed of five

essential parts plus noise: a source of information with a greater or lesser number of messages to communicate; a transmitter or sender with the capacity to transform a message into signal; a receiver which decodes the signal in order to retrieve the initial message; and finally, the destination, a person (or thing) for whom the message is intended. As engineers during World War II at the Bell Telephone Laboratories in the United States, their primary concern was finding out the most efficient means of using the 'channels' of communication (the telephone cable and the radio wave) for the transfer of information. They, however, claimed that the mathematical model they worked out as a result of their records at Bell, was widely applicable to human communication as well.

The widely quoted definition of mass communication in terms of Aristotelian rhetoric is that of Professor Harold D. Lasswell, which is derived from the psycho-sociological model. It was Lasswell who first precisely delineated the various elements which constitute a 'communication fact' (MacBride, 1980). According to him, one cannot suitably describe a 'communication action' without answering the following questions: who said what, by what channel, to whom and with what effect.

Identification of transmitters, analysis of message content, study of transmission channels, audience identification and evaluation of effects, these are five

parameters to communication studies. (Michael Buhler presents the Lasswell model diagramatically) (MacBride, 1980).

Harold Lasswell (1967), a political scientist, who had done pioneering research in mass communication, has noted three major functions:

(i) Surveillance of the environment, which means collection and distribution of information concerning events in the environment, both outside and within a particular society. To some extent, it corresponds to what is popularly conceived as the handling of news;

(ii) The correlation of the part of society in responding to the environment. Correlation here includes interpretation of information about the environment and prescription for conduct in reaction to these events. In part this activity is popularly identified as editorial or propaganda;

(iii) Transmission of social heritage from one generation to another. Lasswell says that the transmission of culture focusses on communicating information, values and social norms from one generation to another or members of a group to newcomers. Commonly it is identified as educational activity.

The media theories can be classified into following categories on the basis of their function:

Libertarian Theory: Our concepts of free press dates back to the libertarian philosophy that developed in Europe in the sixteenth and seventeenth centuries. Siebert, Peterson and Schramm (1963) argue that to understand how the media functions in American society, we must understand the libertarian theory. According to Siebert et al., the libertarian philosophy developed over at least three centuries: "The sixteenth century provided the experiences; the seventeenth century saw the development of the philosophical principles; and the eighteenth century put the principles into practice." (Siebert, Peterson and Schramm, 1963). The libertarian ideals were developed by such men as John Locke, John Milton, John Stuart Mill and Thomas Jefferson.

Siebert et al. summarise the libertarian theory of the press in the following way: "Basically, the underlying principle of the media [is] to help discover truth, to assist in the process of solving political and social problems by presenting all manner of evidence and opinion as the basis for decision. The essential characteristic of the process [is] its freedom from government control or domination." (Siebert et al., 1963).

Social Responsibility Theory: The social responsibility theory developed in the twentieth century and is an extension of libertarian philosophy. Theodore Peterson explains social responsibility theory in a simple phrase - "Freedom carries concomitant obligation" (Peterson, 1963). The "concomitant obligations" of the media include -

- serving the political system by providing information, discussion, and debate;
- enlightening the public to make it capable of self-government;
- safeguarding the rights of the individual by serving as a watchdog on the government; and
- maintaining financial self-sufficiency so as to be free from the pressures of special interests.

Two-Step Flow Theory of Communication: The two-step flow theory initially came out of a major (1940) study of voting behaviour of citizens in Erie County, Ohio. Researchers Lazarsfeld, Berelson and Gander wanted to study the impact of the mass media on voting behaviour (Lazarsfeld et al., 1948).

De Fleur and Ball-Rokeach said: "...it was discovered that there were many persons whose first hand exposure to media was quite limited. Such people obtained most of their information about the election

campaign from other people who had gotten it first hand. Thus the research began to suggest a movement of information through two basic stages. First information moved from the media to relatively well informed individuals who frequently attended to mass communication. Second, it moved from those persons through interpersonal channels to individuals who had less direct exposure to the media and who depended upon others for this information.... Those individuals who were more in contact with the media were called 'opinion leaders' because it was soon discovered that they were playing an important role in helping to shape the voting intentions of those to whom they were passing on information"(De Fleur and Rokeach, 1982).

A pattern of information flow was formed, i.e. from the mass media to intermediary individuals called opinion leaders and from the opinion leaders to a number of individuals who had less direct exposure to the media. The researchers labelled this diffusion of information the two-step flow of communication.

Agenda Setting Theory: This theory delineates the interrelationship between media and society, it maintains that the mass media create our personal agenda and ultimately our local and national agendas based on the time and space devoted to individual issues in the media.

For example, if a television network continually emphasises issues related to the Third World by leading with and devoting the most time to these stories, its viewers should also believe the Third World to be the most important. Similarly, in the field of health if the media constantly projects immunisation or family planning issues the viewers will have to believe that these issues are of utmost importance.

Social Learning Theory: Social learning theory in the context of mass media is called modelling theory. Modelling involves watching another person's behaviour and the consequences of that behaviour.

Communication defined in these ways, has been termed as 'the classical mechanic-vertical model' by Beltran (1976). This sees communication as a process of transmission of modes of thinking, feeling, and behaving from one or more persons to another person or persons. In these models the paramount goal of communication is persuasion, and the element of feed back is important chiefly as message adjusting device to enable the transmitter of messages to secure the performance of the expected response from the receiver, which assigns actively predominant role to the communicator, and a very passive role to the communicatee - a sort of one way communication in which emphasis is on the effects that communication can have on people.

Communication Development Approaches

Development communication is the application of communication to enhance the process of development. It is the use of the principles and practices of exchange of ideas to development objectives. It is therefore, an element of the management process in the overall planning and implementation of development programmes.

Among the questions studied most extensively related to developmental communication are:

(i) To what extent and how can the mass media contribute to national and local development?

(ii) How can mass media and personal contacts be used to get large groups in a village, region or a whole country to adapt new techniques and ideas?

(iii) Specifically, how can the media be used for educational purposes?

The systematic study of information in developing nations can be said to have started in the 1950s with Daniel Lerner's book, The Passing of Traditional Society. Since then, questions concerning the role of information in social change have been given increasing attention, and research in the field has expanded rapidly.

In 1964 Wilbur Schramm published Mass Media and National Development, which was written at the request

of UNESCO. It rapidly became a cornerstone, and in many ways it summarises the thinking of the time among mass media people (Hedebro, 1982). Together with Lerner (1958) and Pye (ed. 1963) it laid much of the ground for future work, both theoretical and applied. These works are still influential, and form the dominant paradigm in developmental communication.

In 1960 Joseph Klapper published empirical findings that became a milestone in the continuous discussion of media impact. The conclusion Klapper drew was that the media have little or no direct impact on people. Rather, they tend to reinforce attitudes and behaviours that people already possess. Their potential for change is very little. One reason why works of Lerner, Pye and Schramm with some other scholars took the shape of dominant paradigm and became so widely accepted lies in the fact that they reflected the views held by media practitioners rather than the main findings of communication research at that time (Hedebro, 1982).

Schramm, Lerner and Pye all claimed that media do have great potential for teaching people to behave and think differently. The key to national development was seen as a rapid increase in economic productivity. The role of the media was to mobilise human resources by substituting new norms, attitudes and behaviours for old ones in order to stimulate increased productivity.

One of the psychological states of mind given particular attention by Lerner (1958) was 'empathy', the ability to project oneself into the role of another. According to Lerner, the 'empathetic' persons are those having great capacity to relate to new aspects of a changing environment. Closely related to this is mobility, meaning a high capacity for change, being future oriented, rational, having augmented desires coupled with the belief that something can be done to realize one's aspiration.

In his opinion mobility could be experienced directly but also indirectly via the media. The mass media should act as 'mobility-multipliers'. An expanding mass media system, Lerner argued, spreads attitudes, favourable to social change, and through other mechanism these ideas will provide development.

Increased literacy is assumed to lead to increased media exposure which should stimulate participation. He states that increasing urbanisation tends to raise literacy. His model also suggests a reciprocal relationship between literacy and mass media exposure.

The first observation, thus, is that the task of media should be to alter 'peoples' psychological or mental set. People should think in other ways.

According to Wilbur Schramm one important aim of media should be to teach the new skills that are

necessary in modern society. He identified an enormous need for new information in all areas of rapidly changing society - education, agriculture, health, community development, industrial skills, literacy etc.

Schramm (1964) argued that in the service of national development, the mass media are agents of social change. The specific kind of social change they are expected to help accomplish is the transition to new customs and practices and, in some cases, to different social relationships.

Commenting on the slow pace of development and social change in traditional societies, he says that the kind of change most developing countries are seeking today is intended to be faster than the measured rhythm of historical change, less violent than the process of enforced change. It aims at a voluntary development in which many people will participate, and the better informed will assist the less. In place of force, it prefers persuasion and the provision of opportunity; in place of the usual rhythm of acculturation, a heightened flow of information.

The above statement lays emphasis on two things: (i) the role and importance of opinion leaders, i.e., the rural elite, and (ii) a broader network of information

and mass media. A close examination of the communication development theories which dominated the Third World developmental planning and action stresses on economic productivity and economic growth. Gross National Product (GNP), total and per capita, are the two most used measures of standard of living. "Development" mainly refers to economic changes and is seen as a shift from a static, agricultural, primitive, rigid, ascriptive society to a dynamic, industrialised, urbanised, rational and socially mobile nation. The road to being highly developed nation goes through free enterprise with private ownership, and the stress is on rapid economic growth via industrialisation and urbanisation. Very little is said, however, about the distribution of the economic growth. The notion is that all citizens will benefit through some trickle down mechanisms (Hedebro, 1982).

This dominant communication development paradigm prevalent and practised all through the Third World countries completely overlooks history. Though there is ample evidence that the colonisation of many countries by Western nations was the beginning of relationship of dependence, which resulted in exploitation and underdevelopment. Instead, the causes for underdevelopment were attributed to factors within the underdeveloped

nations themselves. What was emphasised most was the general lack of modern facilities - capital, skilled labour, transportation facilities, industrialised production units, and mass media. People especially the peasantry was described as tradition-bound, fatalistic, prejudiced and unresponsive to technological innovations or modern ways of thinking (Schramm, 1964; Lerner, 1958).

It is important to note the political implications of this dominant paradigm. Pye (1963) for instance, asserts that under some conditions communication should rather be used towards an opposite purpose "in those countries with a small modernised elite the weight of communication policies should be on the side of protecting the freedom of these leaders (opinion leaders) and strengthening their influences throughout the society." (Pye, 1963) This is a much more directly political view of the role of the media to defend the elite.

The economic growth model envisaged in the dominant paradigm, is based on the Rostowian theory of stage-development. W.W. Rostow (1960) in his book The Stages of Economic Growth has divided the developmental process in five stages: traditional society, establishment to pre-conditions to take off, take off into sustained growth, the drive to maturity, and the age of high mass consumption.

Lerner's concept of development is in conformity with the Rostowian theory. His model for development is almost deterministic, once a country has managed to reach 10 per cent urbanisation, literacy and mass media grow with urbanisation to about 25 per cent. After this, literacy continues to rise independently of urban growth. This whole process subsequently leads to an increased GNP/capita and increased participation in elections.

But in all probability this miraculous change of events seems most unlikely. Urbanisation, literacy, education and growth of the mass media simply cannot be treated as independent variables for development. They are intricately dependent on other factors and are a result of a causal chain in the opposite direction from what is suggested in Lerner's model.

Briefly, a survey of contemporary literature shows that mass communication researchers concentrated on collecting and classifying facts usually in order to illuminate new forms of social control, persuasion and attitude change. They did not see it as their function to interpret these facts and build great theories about structural and systematic determinants of communication about them. The trend which started in the 1930s and is still alive today was towards a quantitative, empirical, behavioural science method as opposed to a highly

conceptual, speculative, theoretical and philosophically or historically discursive approach in mass communication research (Jasperse, 1981). In general this school uncritically accepted the media elites position and the reinforcement of the status quo as being legitimate and rational behaviour for media systems (McPhail, 1981).

New Approaches to Communication Theory and Development

Development communication study in the last three decades, has been characterised largely by the application of Western, especially American, generalisations and research methodology about mass communication and the modernisation process (Schiller, 1969; Varis, 1974; Wells, 1974; Joshi, 1989; Sondhi, 1985). Further, the disappointing record of Third World development efforts in general has led to rethinking of development theory and approaches to research among students of mass communication. The Western theoretical models of development and communication, and approaches to research methodology are now being questioned by both Western and Third World critics alike.

An early critic from the Third World, Inayatullah, questions the validity of the assumption underlying the paradigm that postulates development as a universal process, the internal logic of which forces all societies

to approximate Western patterns of modernisation and the surrounding values which facilitated it. He questions the evolutionary theme of the dominant paradigm which suggests in a somewhat normative and ethnocentric way that advanced western societies perched atop the evolutionary ladder, are the ideal, beckoning destination of development and that traditional society are stuck at the bottom of the scale, Inayatullah's critique is as follows:

> "...the dominant paradigm presupposes that because the 'traditional' societies have not risen to the higher level of technological development (since the industrial revolution) in comparison to the Western society, therefore they are sterile, unproductive, uncreative, and hence worth liquidating. It measures the creativity of the 'traditional' world with a few limited standards such as urbanisation and industrialisation, like the person who measures the competence of every body in terms of his own special competence. It ignores (because it cannot measure it with its available instrument) the possibility of existence or (at least the potentiality) of nonmaterial areas of creativity.

> This point of view also rests on a unilinear view and interpretation of history. It presumes that all histories are inexorably moving towards the same destiny, same goals, and same value system as Western man has. It presupposes that the range of combination of technology and values other than the Western one is very limited and insists that modern technology cannot be adopted without sacrificing the 'traditional' values. It shows remarkable ethnocentrism by equating modern society with paradise and fails to take into account the 'crisis', specially in the realm of personality, which the modern society is facing." (Inayatullah, 1976, pp. 100-101)

However, Wilbur Schramm and Daniel Lerner, discussing development performance in the 1960s and 1970s, state, "the impressive gains of GNP in many countries evaporated when restated in par capita terms, for these economic gains were swallowed by the greater increases of population". (Schramm, et al., 1976).

There has occurred a tremendous change in the recent thinking about the communication approach and what mass media can accomplish by itself. To begin with, participation is the key variable in the new development

paradigm, just as it is for the new communication approach to development. Schramm himself believes that although the dominant paradigm prevalent in 1962, when the great experts in the capital city, the government, the universities would go on the radio or the television and talk to the village people about how to be healtheir, more prosperous and self-reliant, the pattern of thinking is now radically changed "what we have found out in these last fifteen years, rather painfully, is that important as communication from top to bottom is, more important is communication at the bottom - that is communication between the people at the same level" (Schramm, et al., 1976).

The new development communication approach takes as its starting point both the felt needs of the community at the local level and the 'action needs' as identified by planners. In broad terms, the ultimate objectives of new development communication are economic development, equitable distribution of facilities and benefits, national cohesion and human development. In order to achieve these ultimate objectives, the new development communication paradigm stresses the need for:

(i) Equality of the distribution of social and economic benefits, information and education;

(ii) Popular participation in development planning and execution, accompanied by decentralisation

of activities to the local level;

(iii) Self-reliance and independence in development with emphasis on the potential of local resources; and

(iv) Integration of traditional with modern system so that development is a syncretization of old and new ideas, with the exact mixture somewhat different in each locale.

The new approach suggests a correlation between communication and the socio-economic factors responsible for development.

.....

CHAPTER III

COMMUNICATION POLICIES IN INDIA

As we have seen in the previous chapter, development was conceived within a one-way, top-down approach. There was no emphasis on equality of distribution of information and socio-economic benefits. Let the state manage the economy and the dissemination of information and it was assumed, there would be a 'trickle down' effect in which eventually the most needy would somehow reap the rewards of top-down development initiatives. Some diffusion theories went so far as to suggest that communication could by itself spin development and economic growth (Beltran, 1976).

In brief, the development of mass communication was portrayed under the dominant paradigm as part of a universal, inevitable sequence or pattern of changes which traditional societies must undergo in the transition to modernity.

India has entered with dramatic speed the era of modern communication in recent years. This is partly as a result of exposure to the Communication Revolution of the developed countries. This is also due to major policy decisions in favour of introducing modern

communication technology in the Indian sub-continent itself. Public discussion is not yet adequately focussed on the social implications and consequences of introducing modern communication in a country like India which is characterised by structural dualism. We have in our country now, a contradictory situation; the majority of 'have nots' are still struggling with elementary problems of emancipation from poverty and destitution, disease and illiteracy and for basic survival and security. But a minority of upper class are at the same time trying to adopt the life style of Western affluent classes. Communication for whom and for what purpose? Communication for the fight against mass poverty and destitution or for elite affluence and entertainment? These are the choices and alternatives that are before our planners and communicators. Further we must ask whether communication will respond to market stimuli in a society characterised by old and new class, rural-urban and gender divisions and disparities (Joshi, 1989). In this background modern communication offers to a developing country unperceived possibilities but also presents grave dangers.

Communication policies are sets of principles and norms established to guide the behaviour of communication systems. They are shaped over time in the context of society's general approach to communication

and to the media. Emanating from political ideologies the social and economic conditions of the country and the values on which they are based, they strive to relate these to real needs for and the prospective opportunities of communication.

"Although the government policy in regard to media is well known there is at present no National Media Policy", writes Mr Subhash C. Kashyap, the then Secretary General, Lok Sabha, in the preface to "Background to evolving A National Information Policy".

Communication policies exists in every society, though they may sometimes be latent and disjointed, rather than clearly articulated and harmonised. They may be very general in the nature of desirable goals and principles, or they may be more specific and practically binding. They may exist or be formulated at many levels. They may be incorporated in the constitution or legislation of a country; in over all national policies, in the guidelines for individual administrators, in professional code of ethics as well as in the constitutions and operational rules of particular communication institutions (UNESCO, 1977).

Though India does not have a defined National communication policy till date, there do exist some

desirable communication goals and principles. The first initiative in this direction was much before India won its political independence. The National Planning Committee set up by Jawaharlal Nehru, recognised communication as one of the key issues in the planned development of Asian countries which had lagged behind in respect of modern scientific, economic and cultural advance. Communication policy was treated as an essential part of national planning. Consequently, the National Planning Committee set up a Special Panel to study the communication question, to evolve a basic approach relevant to Indian conditions and to formulate guidelines for a communication plan for independent India.

The Panel submitted its report in 1948, recognising the role of radio as a development agent. The panel's report on communication was a path-breaking policy document in the history of communication planning in India. These recommendations contributed significantly towards pulling the All India Radio out of the colonial communication mould and rebuilding it as a tool of social and economic development (Joshi, 1989).

These recommendations had important bearing on the future communication planning in India. In pre-partition India of 1947, there were nine radio-stations and a dozen transmitters for a population of more than

300 million. Radio broadcasts were within the reach of 25 per cent of the population but they covered less than 10 per cent of the area with medium wave broadcasting. By the end of the First Five Year Plan in 1956, AIR was in a position to reach one-third of the area of the country and one-half of its population.

The first plan document recommended that all methods of communication had to be developed and the people approached through the written and spoken word, no less than through radio, film, song and drama.

Assessing the progress of plan publicity in 1956, the Second Five Year Plan document emphasised that "the plan has to be carried into every home in the language and symbols of the people and expressed in terms of their common needs and problems". The second plan also outlines the measures for expansion of plan publicity through the mass media.

Similar emphasis was laid in the Third Five Year Plan (1961-1966) which observes:

> As part of the programme for strengthening public co-operation and participation during the Third Plan, it is proposed to intensify the existing arrangements for bringing home the implications of rapid development and carrying the message of the Plan to the masses throughout the country.

The Ministry of Information and Broadcasting appointed a study team in 1963 to assess the impact of plan publicity programmes on the public. The team was also asked to suggest measures to widen the impact and improve the efficiency of the programmes. Its report submitted in August 1964, seeks its motivation in a sense of duty to invest information services with the status and importance due to their role in National Development (Desai, 1977).

The Third Five Year Plan, it is noteworthy, coincided with the publication of Mass Media And National Development, by Wilbur Schramm published by UNESCO which draws on field studies in Africa and Asia, which in return have influenced the communication development planning in most of the countries of Asia and Africa, and India owes much to it "In the Service of national development", Schramm wrote, "the mass media are agents of social change", he advocated massive expansion of modern mass media network.

The government's interest and concern for massive growth has been reflected in Plan allocation to broadcasting during successive five year plans. The First Plan (1951-56) provided a sum of Rs. 494 lakhs for broadcasting; the Second Plan (1956-61) Rs. 800 lakhs; the Third Plan (1961-66) Rs. 1,400 lakhs, the Fourth Plan

(1969-74) Rs. 6,800 lakhs, of which Rs. 4,510 lakhs was for sound radio, the Fifth Plan (1974-79) Rs. 3,763 lakhs, and the Sixth Plan (1980-85) Rs. 122.80 crores.

AIR's Seventh Five Year Plan has a total provision of Rs. 700 crores, including Rs. 86 crores for spill over schemes; Rs. 97 crores for modernisation and renewal of existing equipment in the network and the rest for new schemes (GOI, 1985). With the completion of the Seventh Plan there will be 203 broadcasting stations covering an estimated 97.5 per cent of India's population and 91 per cent of its area (I&B Annual Report, 1985-86, Ch. IV, p. 17).

UNDP-Aided Project

Under 'Country Programme III', for the period 1985-90, a project on 'Application of Digital Technology to Broadcasting in India', has been approved by the United Nations. UNDP funds to the tune of approximately US $ 350,000 have been allocated and an equal amount to the tune of approx. Rs. 60 lakhs has been approved by the Government in the Seventh Plan. The aim of this project is to establish a 'Centre for Digital Techniques in Broadcasting' in Research Department of All India Radio and to develop competence in the digital based project for broadcast needs in India.

Until March 1976, Television as an organisation, functioned as a part of the Directorate-General, All India Radio. On April 1, 1976, an independent Directorate was set up for Doordarshan so as to give a greater momentum to the efforts for the development and expansion of television services in India. Keeping the dimension and nature of the audience in view, the programmes have been diversified. They include news, current affairs, music and dance, film-based education and science programmes, light entertainment programmes and programmes for special audiences like rural people, youth, children, women and students.

Contrary to the national objectives TV commercials were introduced on January 1, 1976 and are now being telecast from several centres. Sponsored programmes have also been introduced. The revenue from commercials has continued to increase over the years. From Rs. 15.89 crores in 1982-83, it reached Rs. 31.43 crores in 1984-85. In 1985-86 the gross revenue realized was Rs. 60,20,25,000. (Lok Sabha Deb., USQ No. 1940, November 11, 1986).

Perspective Plan, 1985-2000

This plan was formulated for expansion of the Doordarshan network. It was to be executed in three phases at an estimated expenditure of Rs. 680 crores. On completion, under this plan, 50 per cent of area and

about 75 per cent of the population is proposed to receive services in their own language.

The main objectives of Doordarshan were:

(a) to act as catalyst for social change;
(b) to promote national integration;
(c) to stimulate scientific temper among the people;
(d) to disseminate the message of family planning as a means of population control and family welfare;
(e) to stimulate greater agricultural production by providing essential information and knowledge;
(f) to promote and in preservation of environmental and ecological balance;
(g) to highlight the need for social welfare measures, including welfare of women, children and the less privileged;
(h) to promote interest in games and sports; and
(i) to stimulate appreciation of country's artistic and cultural heritage.

Special Television Expansion Plan

A special TV expansion plan was approved by the Goverrment in July 1983 to instal by 1984-85 as many as 139 TV transmitters at a cost of Rs. 68 crores to cover 70 per cent of the country's population. The plan aimed at putting up relay centres with new augmented studio

facilities in the production of programmes in different regional languages. In addition, certain border areas, strategic areas etc. were proposed to be covered. With the launching of the multi-purpose communication satellite (INSAT) system in 1982, it became possible for Doordarshan to telecast simultaneously for 1½ hours every day a common programme over all its transmitters with the object of promoting national integration. The telecast of the National Programme continues. During 1985-86, the duration of the programme was increased to 2 hours and 35 minutes.

Even in the absence of an adequate policy-frame, the communication system in India has undergone phenomenal expansion and modernisation since Independence. A study of the five year plans and Annual Reports of the Ministry of Information and Broadcasting shows that the development and growth of mass media communication, have been synonymous with the development of communication technology. Commenting on this phenomenon, P.C. Joshi says, "India's recent Communication Revolution is most conspicuously an Engineer's Revolution and not yet truly a National Communication Revolution. It is predominantly an exercise in physical engineering which is still to be transformed into innovative social engineering. We must recognise that we do not have a ready-made model of Communication Revolution suited to a developing country like India."

Seventh Five Year Plan and Working Group on Software Planning for Doordarshan

The recent communication revolution in India, unlike the previous industrial revolution where innovations were concentrated in selected sectors of economic activity, is highly diffusive. The informatisation of society is radically changing the means and possibilities for storing, processing and retrieving information. It applies to all branches of production and services. It includes military services, with which its origins have been closely associated, and it effects the everyday life of individuals and groups. This inter-related character of the informatisation process results in a massive transnationalisation and technology transfer from affluent industrialised countries.

The absence of a concrete communication policy and lack of understanding of social, cultural and economic implications of this process had become the concern for many.

A Working Group for Software Planning for Doordarshan was constituted at the initiative of then Prime Minister Mrs Indira Gandhi, under the chairmanship of renowned economist and social scientist, Professor P.C. Joshi. The Working Group was set up by the Ministry of Information and Broadcasting through a government notification in December 1982, started functioning from March 1983 and

submitted its report on April 2, 1984 (GOI, 1985). During 1985 the report was also formally laid on the table of the Lok Sabha by the Minister of Information and Broadcasting.

Though the Working Group was formed to make recommendations in regard to Doordarshan, its report deals with the problem of the overall communication approach and policy encompassing all concerned sector of mass communication and media.

The Working Group made several recommendations for creating an appropriate environment for the development of creative software for Doordarshan. The Working Group was convinced that such an environment did not exist within the present structure of the organisation. It also says that whatever the Goverment may claim, Doordarshan did not enjoy "functional freedom" and lack of such freedom is having a detrimental effect on the planning and quality of its programmes.

The Working Group in its report suggested that the technocratic planning of communication has already run ahead of social planning. The report warned about the great danger of cultural and political invasion through technology transfer. The Working Group in its report formulated the communication task for today in terms of creating a version of the Communication

Revolution suited to Asian countries, a model which is non-consumerist in character.

The Working Group was of the view that the national cultural identity of developing countries like India were exposed to danger (against mass culture), and the need is to resist the cultural invasion from outside through restriction of imported programmes and positive software planning. It discerned a credibility gap created by the growing hiatus between profession and practice, between official policy pronouncements emphasising use of television for development and education, and the increasing drift and departure from them in actual programming (GOI, 1985).

It is important to record that during the very period when the Working Group for Software Planning for Doordarshan completed its deliberations and submitted its recommendations, regarding the utilisation of modern communication, especially television, for promoting awareness of the problems of development, education and social change, the Ministry of I&B chose to keep in abeyance this Report and launched full-steam on the course of promoting commercially oriented 'software', notes Joshi (Joshi, 1989). In 1984, between July and October 31 the country witnessed the unique phenomenon of having one additional television transmitter everyday. At the beginning of the year, there were no more than

46 transmitters. By the time the year ended the number of transmitters had gone up to 172 (Kakar, 1987).

However, the Seventh Five Year Plan (1985-90) did mention that "As technological advance in the hardware sector takes place, it is imperative to enrich the contents of the programme itself. Concentrated attention will be paid to software aspect of the TV system. For this purpose, the creative talents in the field of culture, social changes, science and technology will also be drawn upon....Care will be taken not to project themes which may have pernicious consequences of conspicuous consumerism and lead to social divisiveness."

The Seventh Five Year Plan document also emphasised the need of a communication strategy involving Doordarshan, Akashvani and DAVP for creating awareness among the beneficiaries regarding the developmental programmes, but the plan document does not indicate how the proposed interlinkage will be established and the desired strategy will be formulated.

However, the plan document is more specific regarding the hardware and technological modernisation. It has a provision for 'replacement and modernisation of obsolete equipment by modern colour equipment on priority basis. Augmentation of facilities with colour

OB Vans and post-production facilities will be located at some of the capital cities. Electronic News Gathering/EFP vans are proposed for production of field programmes at major centres.

Need-Based Communication Development Experiments

An effort was made to fulfil the information gap on the assessed needs of the society, through satellite communication. The Satellite Instructional Television Experiment was conducted between the Ist of August 1975 and the 31st of July 1976. In accordance with an agreement signed between the US National Aeronautics and Space Administration (NASA) and the Government of India, the Application Technology Satellite (ATS-6) was used, among other things, to beam TV signals to 2400 direct reception TV receivers. These receivers were installed in six states with approximately 400 sets in each state or cluster, as it was called. The TV programmes were available for some four hours a day. The programmes were broadcast for the different clusters in Hindi, Oriya, Telugu, Kannada. Clusters in Bihar, Madhya Pradesh and Rajasthan received programmes in Hindi, those in Orissa, Andhra and Karnataka in Oriya, Telugu and Kannada respectively. There was also half an hour programme in Hindi telecast from Delhi in the evening which was common for all clusters and included a news

bulletin, some item of general interest and a cultural programme.

In the school programme telecast in the morning each linguistic group got a programme of a little over 20 minutes. The programme was designed for children between the ages of 5 and 12 years. It was intended as an enrichment programme and was not tied to a syllabus. One of its chief objective was to provide some excitement in village schools, where the drop-out rate is alarmingly high. The evening programme provided again half an hour for each cluster group in its own language. Apart from agricultural information, health and family planning were the main educational inputs.

On the Indian side two agencies were responsible for SITE. The Indian Space Research Organisation (ISRO) was responsible for setting up and maintaining the up link both at Ahmedabad and Delhi and the installation and maintenance of the special receivers was their responsibility. The responsibility for evaluation, which is a task for social scientists, had been entrusted to this technical research organisation.

AIR was responsible for producing the programmes, though a few programmes on science education for schools were also produced by ISRO.

ISRO provided valuable audience profile to give the programme producers an idea of the social background

and the problems of the audiences they were intended to serve. Some pre-testing of programmes was carried out, with the cooperation of state education, social development and other departments. School teachers, extension and health, and family planning workers were given instruction regarding the TV receivers and their proper utilisation by the village folk.

Dr Vikram Sarabhai who signed the agreement on behalf of the Government of India and was the chief sponsor and champion of SITE defined its objectives in the following words:

> "If India wants to reduce the overwhelming attraction of immigration to cities, enrich rural life, integrate the country by exposing one part to the cultures of the other parts, involve people in the programme of rural, economic and social development, then the best thing is to have TV via "Satellite".

Few observations recorded by the then Director General, AIR, Mr P.C. Chaterji, are of importance regarding the SITE programme:

> The quality of the picture and of sound was excellent throughout the country. The programme was on the air without fail in accordance with the schedule and there was not a single day's

breakdown in the service. In August, when the programme started there had been widespread rain and floods in North Bihar and many sets were affected in that area. Also in the early days there were complaints of fuses blowing due to fluctuations in the voltage. But things soon settled down. ISRO has claimed that 90 per cent of the sets worked on any one day. This claim strikes me as exaggerated. But if it is established that 60 per cent to 70 per cent sets worked on an average day, it would be no mean achievement.

One of the inherent weakness of the SITE was that each language programme was common to a vast area. Thus a programme on cotton cultivation would have little relevance to village viewers near Jaipur, though it would be of considerable interest to viewers in Kota. In fact cropping patterns differs considerably from district to district in this country. What is needed in programming is to meet local requirements and SITE was hardly a means for answering such needs. Lack of interest in some farm programmes was undoubtedly due to this factor....

> Now that the experiment is over what is it that one can expect. Firstly, the affluent countries are, in my opinion, going to make a big effort to design cheap direct reception sets. Signals from ATS-6 were picked up as far as Britain and even Dublin. The rich nations are not interested in developing satellite communication for social change. But they have political goals to achieve and what shortwave broadcasting has done in radio will now be striken for through satellite communication in the sphere of television. (Chaterji, 1979)

As an instrument for social change, the main objectives of SITE experiments, the findings of the ISRO give some evidence.

The social evaluation report on SITE in two volumes by ISRO, published in September 1977, says -

> "The observed fact that the school enrolment or the drop-out rates was not affected by the introduction of TV in schools proves that these factors depend primarily on social and economic parameters and not on the attractiveness or otherwise of the school curriculum; the children do not have an independent choice in the matter. So unless circumstances are changed

> so that parents do not have to make use of child labour for economic reasons, TV in schools is not going to affect enrolment or the drop-out rate."

In the field of agriculture, the Ministry of Agriculture had set out certain objectives. On the basis of that SITE had an ambitious goal in promoting new agricultural practices like dry-land farming and use of fertilizers, pest control, market trends and weather forecasts. The ISRO Report suggests that 'there was some gain though it is not statistically significant'. It points out that 'some case histories of these innovations indicate that the farmers adopted only those practices which did not demand additional expense on infrastructure. They were also secretive about their intentions till the time that they achieved success.'

Regarding health, the report says that though one year is too short a period for adopting innovations in health practices, SITE gave rise to 'modest gains'. On the practice of seeking medical aid for the delivery of babies, the change brought about was 'minimal', the reason being that 'adoption of this practice depended on the availability of health personnel in the village and also on the ability of the people to afford services'. On nutrition, the social scientists were unable to collect data.

Much was expected from SITE in the area of family planning. The Report, however, concludes that though the adoption of vasectomy was between 2 to 4 per cent higher in the SITE villages, this figure was unreliable, because of over reporting by males during the emergency. Hence the figure is 'statistically not significant', and the survey admits that a year's time was too brief to change an important social practice.

Communication and Technology

The question is how far does the technology of communication condition social change. The persuasive argument put forward by McLuhan, Innis, Goody and others, says that communication technologies of writing, print or telecommunications have crucially influenced human and social development.

Communication, it has been argued, is a sphere where the technology involved may have immense significance for the society in which it occurs, and perhaps radically affect the concurrent forms of social and economic organization. Writing, printing or electronic media all have, arguably, differing implications for the society in which they occur. So too has the absence of such media, when the sole reliance is on face to face verbal communication without writing. Indeed some go as far as to argue that the whole process of industrialisation,

the present state of industrial society, and future social development would have been impossible without certain technological developments in the form of communication, and that the technology of communication must therefore be seen as an essential prerequisite for modern industrial society (Goody and Watt, 1972; Inglis, 1990).

Some go further and say that even the physical medium itself has inescapable results for society and for the very content of what is communicated. This is the truth that underlies the much-quoted aphorism of Marshal McLuhan: "The medium is the message." (McLuhan, 1964).

What one ends up with, then, is a highly persuasive theory that the crucial factor in the development of a particular form of society and life has been the technology of communication. The introduction and extension of writing had one set of social, political and economic consequences, printing yet another, and modern communications another again. We can understand both our present industrial society (based on printing and writing?) and the society of future (based on telecommunication?) (Goody and Watt, 1972).

It is assumed that technology in general and technology of communication in particular plays a crucial part in social development, a strong case is being made out for this view. A number of influential writers like

McLuhan and his admirers have, furthermore, made the view a popular one. They have represented the development of the media of communication as central to history, and thus have brought to bear one single and powerful viewpoint on the development and nature of society.

However this theory has difficulties and ambiguities.

First, just what exactly does the theory imply - or, indeed, is it really a bundle of theories, rather than just one? When it is suggested that the technology of communication is basic in social development, etc., this could mean several things:

(i) The technology of communication is the single cause of social development and determines the nature of society in its various phases.

(ii) It is an important causal factor, but only one among several.

(iii) It is an enabling factor: i.e. it leads to the opening up of various opportunities which may or may not be taken up in particular societies or periods.

(iv) It causes (or influences) some things in society, but not every thing.

One difficulty about the communication technology approach, then, is not that it is necessarily false, but

that its actual meaning is sometimes obscure and exaggerated....(Finnegan, 1987)

The medium in itself cannot give rise to social consequence - it must be used by people and developed through social institutions. The mere technical existence of writing cannot affect social change. What counts is its 'use', who uses it, who controls it, what it is used for, how it fits into the power structure, how widely it is distributed - it is these social and political factors that shape the consequences.

Again, it is a social - not a technological matter, what kind of information is expressed in which medium. This depends largely on the conventions in a particular society (or period) about how knowledge is organised.

Strategy of Transnationalisation and Communication Technology

In most Third World countries, including India, what is most disquieting today is that in the communication sector the clarification of 'ends' has lagged behind the sophistication of 'means'. Further, the concept of planning has been relegated to the background, and communication development has been equated with accelerated transfer of communication technology from the developed to underdeveloped countries. In assessing the nature

and impact of this world-wide 'communication revolution', it is important to note that in most countries, if not all, telecommunication is looked upon as a commercial, revenue earning activity (Joshi, 1989; Karnik, 1987).

It has been observed that the interested sectors in the industrialised world propagate that the rapid spread of information technologies will lead to an equally rapid decrease of the obstacles that hinder development in most of the developing world.

The reaction in developing countries tend to follow the same pattern. Thus the import of new goods (information technology/hardware) are increasing at a great velocity, as if this could be a remedy to the many information deficits that the Third World experiences now.

Far more crucial at this stage is the acute need to revise the strategies that have guided Third World action until now. The new information technologies flew into the countries without much thought, more as a part of the wide-spread modernisation wave than as an element in a strategy to change their position in the international system.

For instance, most Third World countries that have clamoured for information autonomy have utterly failed to assert their will to be independent in the

production of information technologies. Many cases can be found in which government's call for self-reliance in information matters while at the same time sign purchases that make their countries hope to achieve self-reliance in the electronics and telecommunication industries totally absurd. A case in point is the rapid expansion of Doordarshan in the early eighties with the help of imported technology.

These new facilities thus pushed into the Third World become then the still more efficient vehicle for transnationals and industrialised agencies to speed up the collection of data about developing countries that is consequently used to serve the interests of the industrialised suppliers.

The creation, management, transmission and dissemination of information in its various forms has become one of the most dynamic sectors of the international economy....Most significantly, the evolution of the capitalist system, in which economically productive activities are organised at the global level, is dependent on the expansion of information activities. A process of transnationalisation is occurring that exaggerates historical forms of dependency and exploitative control by highly industrialised centres of economic, political and cultural activity (Roncagliolo, 1985).

In the first place, it has been observed that there is no defined National Policy regarding communication. But India does have objectives, goals and various plans as suggested in different plans and policy documents. The basic reason for the superficial level of discussion and the fragmentary instances of implementation has been that the very idea of regulatory measures provokes the explicit emergence of conflicts between state and private interests. These conflicts are usually strong enough to block the practical application of policy measures.

Secondly, spokes persons for TNCs have asserted that the best policy for the communication and information sectors (in the Latin American context) is to have no policy at all....In fact a decision to have no policy is a policy decision (Ortega & Romero, 1976).

Technology without a value-framework is bound to have unintended consequences....The communication revolution is thus acting as a powerful promoter of international demonstration effect; the logical consequences of the process is the explosion of 'elite consumerism', in the borrower country. The transfer of communication technology in the present form is thus sharply accentuating "structural dualism" within the country (Joshi, 1989; Karnik, 1987).

The electronic media - radio and TV - have been ascribed some public service role by many countries.

However, this often tends to be mere lip service, especially in the absence of adequate community viewing/listening sets, since a majority of the population in developing countries cannot afford a radio -- leave alone a TV set. Thus, the media too basically serves the better off, who can afford radio/TV sets. In this context it is pertinent to note that in India, with a population of over 800 million, the estimated number of TV and radio sets is six million and thirty million respectively. It would seem clear that the communication revolution has, in India, touched only the upper crust of society (Karnik, 1987).

From the above discussion it is clear that the nature of the communication network is market driven rather than people or need-oriented and has developed in response to market forces, with the possible exception of the postal system. The content of Indian television seems to be aimed at entertaining and pleasing the elite class of set owners. Further, there are signs of an increasing consumerist orientation, reinforcing the emergence of a hedonistic "me-first' generation in India.

The dominance of the national network of TV projecting a strongly 'Delhi-centric' view implies a unity through homogeneity approach. This attempt to promote a 'common perspective' provides a large fillip

to the emergence of an elite class, cutting across linguistic/state boundaries. Since this happens at the cost of local context, it necessarily diverts attention from local issues, local problems and local culture.

....

CHAPTER IV

MASS MEDIA COMMUNICATION AND HEALTH EDUCATION

Public health practitioners have an extensive history of using available mass media to communicate health information to the general population. Health education and information is seen as a supportive service (Chatterjee, 1988). But unlike other supportive services, the effects of health information and education are indirect, non-quantifiable and difficult to measure. Consequently, it often tends to be ignored. Its significance is, however, crucial (ICSSR-ICMR, 1981).

Since health information is a supportive activity, it calls for an indepth understanding of the concept of health and its relationship with health care systems in India. The role of mass media in health education is to create awareness about health. As this 'education' is addressed to people who live in a specific socio-economic structure, the need for a social science component is also required. This social science support is derived from the prevailing sociological notions of health and disease. Therefore, it is essential to understand these existing notions.

Concept of Health and Illness

The Dominant Paradigm: 'The clinical paradigm that had defined disease and health for centuries, takes individual

physiology as the norm for pathology (as contrasted with broader social conditions) and locates sickness in the individual body', every illness is the disturbance, exaggeration, dimunition or cessation of a corresponding normal function (Bernard, 1981). In this view, treatment readjusted the body until its physiological norm was restored, a mechanistic approach that reduced the body to a machine whose organ could be discretely examined and regulated. Implicit in this notion was the concept of health as the absence of disease. Thus along with sickness, health also acquired a clinical status by being defined as the absence of clinical symptoms (Illich, 1976). No positive concept of health was advanced. The proximate source of the clinical paradigm was the hospital base of the medical perception of reality.

The overwhelming concern with the individual is a major limitation of the paradigm of clinical medicine. No medical discipline can evolve on the basis of this paradigm to study holistically the total interaction of groups of people with their economic, political and social circumstances. A medical paradigm that is not holistic and collective produces only an inexact and inadequate body of medical knowledge.

The clinical medical paradigm has been described by Meredeth Turshen, as the ideological expression of

capitalistic medicine, dominated by mechanistic conception of the human body and inadequate as a representation of the reality of human life. It was therefore unable to inform the development of public health as a discipline. Because it is of historical necessity in harmony with the general philosophy of capitalism, i.e. classical liberalism the clinical paradigm is overwhelmingly concerned with the individual and neglects the study of collectivities. According to Turshen:

> "The dominant classes of capitalist society wanted to avoid the development of public health because collective action on health problems could strengthen political resistance. The corollary is the clinimal medical practice, by situating the diagnosis and treatment of disease at the level of the individual, provided the ruling classes with a means of social control; patients would fail to make common cause with each other or to protest the external, underlying conditions that make them ill. The effect is to de-politicise malnutrition, alchoholism, drug addiction and mental illness by defining them as medical problems. The medical profession made up predominantly of members of the ruling classes - is thus invested with power in order

-/-

to control the behaviour of the working class." (Turshen, 1981)

Related to this concept of clinical medicine is the sociological approach developed in the West by Talcott Parsons which views illness as a deviance. In his opinion illness is a deviant social state brought about by disruption of normal behaviour through disease. The basis on which illness has been defined as a deviant behaviour lies in the sociological defintiion of deviance, as any behaviour violating the social norms within a given social system. This functionalist approach to deviance through the concept of Parsons' 'sick-role' views sickness as a disturbance in the 'normal' condition of the human being, both biologically and socially (Parsons, 1951).

This underlines the inability of the sick to take care of himself and the consequent need to seek medical help and to cooperate with the medical practitioner to get well. Specifically Parsons' 'sick-role' can be described as (i) the sick person exempted from 'normal' social roles depending upon the nature and severity of illness, (ii) the sick person is not responsible for his or her condition, (iii) the sick person should try to get well since being sick is undesirable, and (iv) the sick person should seek technically competent help and co-operate with the physician (Mehta, 1982).

According to one view, the 'sick-role' concept may be a useful sociological approach to illness since it takes into account the doctor-patient relationship within the framework of social roles, attitudes and activities of both actors in a situation. But it has failed to (i) explain the variation within illness behaviour, (ii) apply to chronic illness, (iii) account for the variety of settings and situations affecting the doctor-patient relationship; (iv) explain the behaviour of patients of lower class (Cockerham, 1978).

This has a serious limitation in explaining the behaviour of a vast majority of poor people who cannot afford medical help to get well or lack necessary resources to go to the medical practitioner.

The concept of 'sick-role' is a derivation of the classical definition of role, formulated by Linton (1936) as 'the dynamic aspect of status'. While status is a social position which has a determined set of associated rights and duties, a role involves the acting out of status and 'role expectations' in the expected conduct associated with a given status. This approach to role was developed in functionalist sociology and anthropology, and Merton (1949) added the further categories of 'role set', the set of role relationships associated with a given social status and 'role conflict',

where incompatible expectations or demands are placed on an individual.

The functional theory of role has been criticised as overtly static and passive, assuming as it does that there is a consensus in society over a uniform set of expectations and that the individual merely passively receives or learns these expectations. Therefore Parsons' 'sick role' was too vague to account for what was termed illness behaviour, namely the attitudes, beliefs, and layer of symptom perception which makes a person seek medical care for a complaint (Mechanic and Volkart, 1960).

Indian sociologists have long argued that many meta-concepts of social sciences derived from the West do not have relevance for the Indian society since these are abstractions from a different culture. D.P. Mukerji criticised the assumption of the actor-situation based theory of Talcott Parsons "for the simple reason that the unit of the Indian social system is not the individual actor."

Another theoretical framework which has been employed to explain illness behaviour is Howard Becker's 'Labelling Theory'. This is based on the concept that what is regarded as deviant behaviour by one person or social group may not be so regarded by another person or social group. In the process of seeking medical care

two persons having similar symptoms may behave differently.

Friedson and Liqwskill have pointed out that illness as a deviant behaviour is relative and must be viewed from this perspective of labelling theory. This has relevance for the seeking of medical care behaviour but does not provide comprehensive understanding of the 'sick-role' or illness behaviour (Mehta, 1982).

Rosenstock's (1966) 'Health Belief Model' is another important framework often used to study the preventive aspects of health behaviour. These are social-psychological factors which motivate healthy people to seek preventive care to avoid illness. According to this model, an individual's perception that he or she is personally susceptible and that the occurrence of the disease would have severe implications of a personal nature motivate him or her to go in for preventive practices to avoid illness.

The concept of health has been shared with different opinions from time to time and the slant quite lately has been on community health rather than on clinical health. Winslow's definition of public health as 'the science and art of preventing disease, prolonging life and promoting physical and mental health and efficiency through organised community effort' touches the broad areas of social welfare to be accomplished

through public programmes or funds but does not specify the community efforts. Even the definition of health as stated by the World Health Organisation (WHO) that health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity. This definition is broad and inclusive of community or public health, but is slightly vague as far as public or community health is concerned.

The current concept of community health, perhaps, could be termed as management and organisation of health and medical care on a well informed basis so as to maximise these services through the optimisation of resources of the organization and the community for restoring or maintaining health.

We see that the concept of health is positive whereas the disease concept is erratic and therapeutic as it involves combating the disease and restoring the sick to his or her normal state or 'role' through medical care by professionally trained technicians in medicine. As such, the attempt is to negate the concept of disease and to promote it as a positive concept of health.

The health needs of people are related to the community's social structure. It would change with changes in the society. The health behaviour of an individual to a large extent will be determined by the

attitude, motive and normative pattern often influenced by the social, psychological, cultural and economic factors operating within and without the social structure. "In a community, perception of a health problem, meaning of the state of health and disease, response to various institutions that exist for dealing with these health problems, all form an integrated, interdependent and interacting whole" (Banerji, 1982). Prof. D. Banerji, the staunch critic of the existing health education approaches, in his concept of "health culture" covers a wide range of considerations, which ultimately interact with one another to form a sub-cultural complex. According to him:

> "Cultural perception of health problems, their cultural meanings and the cultural response to these problems, both in terms of formation of various institutions to deal with various health problems and actual (health) behaviour of individuals or groups, form this sub-cultural complex. Because of its cultural connotation, health culture is subjected to change as a result of cultural innovations, cultural diffusion and purposive intervention, from outside to bring about a desired change in health culture. Such a connotation also links it closely with the overall way of life

> of the community - its overall culture. Health culture also undergoes change with change in overall culture and any change within it has repercussions on the overall culture. Further, as health problems of a population are usually a function of the latter's ecological background, cultural, economic and social setting and the political structure, it is possible to link once again the entire spectrum of health culture to these issues because health problems form a key factor in the shaping of the health culture of a population."

The Nature of Existing Health Care Services in India

The existing model of health care services has evolved over the last 150 years and some of its major features are rooted in the circumstances of its origin and growth. These services were first organised by the British administrators who totally ignored the indigenous health care institutions and practices. Instead of building on these foundations and evolving a new system more suited to the life and needs of the people with the help of modern science and technology, they decided to make an abrupt and total change by introducing the Western system of medicine in 'toto' (ICSSR-ICMR, 1981).

The British administrators began only with the provision of curative services; the establishment of hospitals and dispensaries and the training of doctors, nurses and other personnel needed for them.

After independence the new rulers promised to take active steps to make the benefits of the health services available to the masses, particularly to the weaker section. In practice, however, they continued to follow the old colonial tradition and to the detriment of rural health service-system, the towns continued to receive much greater attention in the development of both curative and preventive health service. Community resources were made available to establish a number of hospitals, many with the most up-to-date equipment on the model of industrialised countries (Banerji, 1978; Chatterjee, 1988).

These countries also provided a frame of reference for education, training and research institutions. Personnel from the sophisticated urban-based institutions have remained heavily dependent on their counterparts in the industrialised world, and the latter have actively encouraged such dependency by providing technical assistance, in the form of training, consultation and 'cheap text books' (Banerji, 1978).

Thus the urban-biased, top-down and elite oriented approach of the British period still continues

to dominate the health services in India. In spite of all the efforts made in the last four decades to develop promotive and preventive programmes, this overwhelming curative orientation of the health services still continues to dominate the scene (ICSSR-ICMR, 1981; Chatterji, 1988; Antia, 1990.

Plea for a Change : The National Health Policy

Since the inception of health planning in India a great deal of progress has been made. Perhaps more important progress has been made in the realisation that social, economic, cultural and political factors underlay the serious health programmes that continue to plague the country (Chatterjee, 1988). Though significant progress has been made in some fields, much more remains to be done in carrying minimum health care services to the entire population (Banerji, 1985).

In 1982, the Government of India issued a statement of National Health Policy in recognition of the importance of this subject for national development. In calling for radical change in the established pattern of health care in the country, the statement paid heed to the need to reshape the ecology of health and broaden the practice of health planning beyond the traditional confines of medical service provision. The statement

embodies the concept of social justice and democratisation and espouses certain principles which are new to the field of health in the country, such as community involvement in health care and public-private co-operation.

The enunciation of a National Health policy by the Government of India in 1982 raised hope among those concerned with the poor health conditions in India that the government is serious about its commitment to provide 'health for all' (GOI, 1982).

The policy statement was first of its kind although over the past 40-45 years, a series of committees have advised the Central Government on the country's health problems and their solutions. Approved by the Parliament towards the end of 1983, the policy has since been on the anvil of implementation.

The policy is broad in its approach to health needs and possibilities, and ambitious in its goals. Besides acknowledging many of the mistakes of the past and calling for their redressal, it embodies concepts of social justice and democratisation which have been eclipsed in the process of health development to date. To be sure, there are the positive factors in the form of a reasonably candid analysis of the causes of the past failures and a clear-cut political commitment in

the statement on National Health Policy (Banerji, 1985).

The crux of the policy is a statement of its overall goal to provide health care to all and its strategy to restructure Primary Health Care services and medical education, ensuring their coordination. The statement lays the blame for this poor health situation on the adoption of a "hospital-based, curative approach to health services and manpower", which has been at the cost of providing comprehensive primary health care to all, and to the neglect of preventive, promotive, rehabilitative and public health measures. The curative approach is deemed 'inappropriate' and irrelevant to the country's needs, and is blamed for enhancing dependency and weakening the community's capacity to cope with its problems in improving awareness and building up self-reliance. It is also held responsible for creating a cultural gap between the people and personnel providing health care. As a remedy, it is suggested that achieving satisfactory health status calls for involving the community in the identification of their health needs and priorities as well as in the implementation and management of programmes (GOI, 1982).

In sum, the major policy goals are the universal provision of comprehensive primary health care services, which are relevant, affordable by the people and

participatory of community and voluntary organisations. It aims to provide an integrated package of services to tackle the entire range of poor health conditions. The policy seeks -

(i) major modification in the existing system of medical education and para medical training,

(ii) reorganisation of the health service infrastructure, and

(iii) integration of health plans with efforts in health related sectors, as well as with socio-economic development process.

The policy also underlines the main eight problem areas to be given priority viz. nutrition, food and drug adulteration, water supply and sanitation, environmental protection, immunisation, maternal and child health, school health and occupational health services. The highest priority is given to Maternal and Child Health.

The policy statement clearly derives inspiration from some previous attempts to call attention to the health needs of the country, as well as from the world-wide 'Health for All' movement. Perhaps most significant was the Report of the Bhore Committee (Health Survey and Development Committee) established in 1943 (GOI, 1946).

The Bhore Committee in fact, laid down the norms for a rural health infrastructure with short and

long term goals. The construction of Primary Health Centres (PHC) was started in the early 1950s, in accordance with the Bhore Committee recommendations, although some of the norms were changed.

Even before this, way back in 1940, an Interim Report of the Sub-Committee on Health, submitted to the National Planning Committee, called attention to the need to have a state controlled, free health system which balanced curative and preventive care. The health of people was seen as the responsibility of the State and promoting health as the right of every individual.

Certain other features of the Health Policy are based on recommendations of committees which followed the Bhore Committee. The most important of these were the Mudaliar Committee which surveyed progress over the first decade and recommended the strengthening of primary health centres (GOI, 1961); the Karter Singh Committee which recommended the retraining of unipurpose workers as multipurpose workers (GOI, 1973); the Shrivastav Committee on Medical Education and Support Manpower which reiterated the need for community health workers (GOI, 1975), and the ICSSR-ICMR (or Ramalingaswami Committee (ICSSR-ICMR, 1981), which gave shape to the recommendation of Alma Ata 'Health for All' Declaration (WHO-UNICEF, 1978).

From the foregoing discussion, it is clear that as far as the policy statement's proposals are concerned, they largely recommended changes. The universalisation of health care requires changes in the health sector to extend its services widely, to involve people in them, and to collaborate with other sectors. Change is called for in both bureaucratic and professional orientations, in their modus operandi, and most importantly, in the relationship between health providers and the 'people'.

While the health policy statement notes the many developments that have taken place in the health sector since independence, it does not take adequate account of the 'political economy' of health in the country. It has turned a blind eye to the political obstacles which have left unimplemented many of the proposals of the pioneering Bhore Committee. Unless these inadequacies are redressed now, the Health Policy too will remain unimplemented (Chatterjee, 1988).

There are several obstacles to the implementation of the National Health Policy. While the universal provision of primary health care is based on the notion that health is the right of every individual, the Indian Constitution does not grant this right to its citizens. This shows the lack of political will, particularly the State's inadequate commitment to act individually on policy that has been framed centrally. The need for

further decentralisation of authority in health decision making and management, which is so crucial to the implementation of primary health care, raises the spectre of another set of political obstacles - vested interest groups, such as professionals, bureaucratic and political elites.

Most significant among other obstacles to the implementation of a primary health care policy is the powerful interest group of medical professionals in both public and private, traditional and modern health sectors and their related 'ancillary' groups, such as the drug industry. These vested-interest groups are antagonistic to the universalisation of health care and have been cited as major deterrents to the provision of primary health care (Chatterjee, 1988). The health field is strongly dominated by professionals because a considerable proportion of health related knowledge is esoteric. Functional specialisation and high technology perpetuate the mystification of health (Illich, 1976). Professionals lacking a 'social orientation' weild this 'knowledge power' over those who have the greatest need of it - the poor and the illiterate. This is in stark contrast with the objective of primary health care to simplify and disseminate basic health knowledge as widely as possible.

Communication Network and Approaches to Health Information

At the centre, the major organisation responsible for administering the government's information and communication programmes is the Ministry of Information and Broadcasting. Some of the other Ministries including Health and Family Planning, also have their communication network. They cannot, however, function effectively without heavy reliance on the Information and Broadcasting Ministry which, apart from other things, has absolute monopoly over at least two media - broadcasting and television.

The Central Health Education Bureau functions through its various divisions. The media division brings out regular bulletins, journals and technical reports, helps in the drafting of news programmes on radio and television, and provides background materials for publicity literature. The audio-visual division assists the Ministry of Information and Broadcasting in producing films on health topics and to pictorialise health ideas. The State Health Education Bureaux have been established in 20 States and five Union Territories and have similar responsibilities. Besides, there are health education components in almost all national programmes concerned with the eradication or control of

communicable diseases and there is also a health education component in the family planning programmes.

One of the most significant features of this mass media approach has been the degree of support that has been mobilised from the mass media units of the Information and Broadcasting Ministry such as All India Radio (AIR), the Directorate of Advertising and Visual Publicity (DAVP), the Films Division etc. Health education was assigned an important place in the policies, plans and programmes for developing health services of the country (Banerji, 1986).

The basis on which the strategy of health education has been developed is that a person's behaviour is 'rational'; and that a positive high correlation exists between knowledge and behaviour. Thus health behaviour becomes a consequence of the process of knowledge, leading to attitude, leading to practice, known as KAP. The KAP premise implies that knowledge leads to attitude change, which leads to change in behaviour. Hence, the failure in the output indicator (behaviour) is interpreted as the failure of the input i.e. education (Banerji, 1986).

The KAP approach revived another premise which had originally proved effective in the field of agriculture in USA - the premise of the adoption model. This

model presupposes a sequential process starting with awareness of a method or a need, taking an interest in it, passing through a period of trial and evaluation and, finally, adoption. This process does not foresee failure, or discontinuation if all steps are carefully followed.

The assumptions on which the KAP model is based may be valid under certain conditions, but they cannot be applied universally. The varied social structures and cultural values resulting from the interaction of different human attributes, the immense variety of circumstances which a person encounters, makes a priori judgements and stereotypes in health education futile (Banerji, 1986).

There may be some cause-and-effect relationship between knowledge, attitude and practice, depending upon the complexity of problem, but the process is not always one way. Although, 'change of attitude' had become a common parlance, little consideration was given to that driving force in human beings that determines, shapes and reshapes their attitudes, that is their values. Transplantation of the adoption model developed from the field of agriculture to delicate behaviour problems in health without consideration of all other intervening forces has resulted in failure (Banerji, 1986).

In the early seventies it became apparent that the usefulness of research from many social scientists and health educators was much less than what was expected of them. Despite considerable support and encouragement, there was virtually no research study which had any significant impact on the practice of health education in the country (Banerji, 1986). By focusing on behaviour and attitudes only, the approach to health education supported by mass media, did not deal with the social relations and structures that may underlie and contribute to the behaviour pattern they find objectionable and diseases they wish to prevent. They often relied on techniques that manipulated behaviour rather than facilitated individuals, and groups' abilities to influence and control their physical, social and economic environment. Such programmes often amounted to blaming the victims for their problems. This approach of health education which diverts people's energy from changing social context of behaviour to changing individual behaviour had been deeply regretted by Dorothy Nyswander, who was one of the founders of the health education profession, and who was also involved in laying the foundation of the health education profession in India as a Ford Foundation Consultant (Banerji, 1986).

Surprisingly, no communication support was available to family planning in its initial years. Although nowhere

else in the world had family planning been taken up on such a national scale under government auspices. As the programme grew, communication was used more as an aid to it than as a part of it. The messages that were thrown up in the mid-sixties sought to sell family planning primarily in the national interest, rather than in the interest of the family for whom it was intended. Heavy reliance was placed on the mass media despite their impersonal character and severe limitations, particularly from the point of view of reach in rural areas (Kakar, 1987).

Professor D. Banerji says that "motivational manipulation" has been a 'common thread' that has linked the use of social sciences with the practice of health education and family planning. The political leadership in India actively sought and obtained generous 'assistance' from abroad to protect the existing social relations. For example, there was considerable concern at the rapid growth of population in India, at the Harvard School of Public Health.

In the fifties, following the ideas from the International Planned Parenthood Federation the union and state governments in India set up a large number of family planning clinics, first in urban areas and then spreading out in villages. When it becomes obvious that the out reach of the clinics was limited, inspired by the

experience in the field of agriculture in USA, foreign consultants, mainly from the Ford Foundation, succeeded in persuading the Indian leadership to shift to an extension approach to family planning. A large number of extension staff was added to the programme in 1963 (Banerji, 1985). A major programme for mass communication was launched about this time (Kakar, 1987). The leaders of extension education in India and their foreign advisers were so confident of the effectiveness of the ideas of Rogers, Katz and Rosenstock that in the Fifth Health Education Conference they called for application of the method of 'motivational manipulation' of the people of India to build up a mass movement for promoting the small family norm (Central Health Education, Bureau, 1965).

Lately, a new kind of advertising, social marketing, is being introduced for the dissemination of ideas and issues of social significance like road safety by observing traffic rules, controlling child mortality by immunisation, better living by family planning, primary education, health care, hygiene and sanitation, etc.

The concept of social marketing is relatively a new one. Philip Kotler, Professor of Marketing at Northwestern University, USA, is considered the father of social marketing. Kotler and Levy, in their article

entitled "Broadening the Concept of Marketing" (Kotler and Levy, 1969) said that the fundamental marketing principles applied in commercial profit-making endeavours can also be usefully utilised in non-commercial settings.

According to Kotler, "Social Marketing is the design, implementation, and control of programmes seeking to increase the acceptability of a social idea or cause in a target group. It utilises concepts of market segregation, consumer research, concept development, communication facilitation, incentives and exchanges theory to maximize target group response". (Mohanty, 1989).

Kotler identified four basic approaches to social change - the legal, technological, economic and information approaches. He further emphasised that for better performance and results it is desirable that the heterogenous market may be divided into homogeneous market segments keeping in view various demographical, psychographical and geographical factors (Shankar, 1989).

This kind of 'socially relevant advertising takes another form in a developing society. Many products and services are introduced in such a society at different levels of the economy, which reflect and contribute to changes in life styles of vast sections of the people. Such products or services can be

advertised on the basis of stereotypes of the advanced capitalist countries as components of a system of fierce competition between individuals for social mobility (Banerjee, S., 1989).

From the above discussion one may infer that the role of mass media is often over-emphasised and wrongly suggested as a solution to serious problems like health issues. Why are mass media so attractive to those seeking to address public health problems? As a matter of fact, there is inadequacy of communication in India, inadequacy of access to it, imbalance in the spread of its infrastructure, which is elitist and often alien in character as far as software is concerned. The system is unable to respond adequately to the country's communication needs and hesitates in treating communication as a vital investment in man's progress. The overall nature of the communication network is market driven rather than people or need-oriented. It has largely developed in response to market forces (with the possible exception of postal system) (Kakar, 1987; Joshi, 1989; Karnik, 1987).

Lawrence Wallack (1989) while considering the potential of mass media for promoting social good as a source of both hope and frustration sees at least three sets of reasons for the media's attractiveness as an outlet to society for addressing social and health

issues: First, the use of mass media is consistent with a basic understanding of problems as 'inherently individual' in nature and thus responsive to information and education approaches. Second, it is a conservative approach that ignores or avoids the factors external to the individual that might be more politically charged. Third, the reach of the mass media, particularly television, is so great that it would be foolish to ignore even the slightest chance of success.

According to Wallack, the problems of health and social well being are difficult to define, let alone solve. As the complexity of a problem increases so does the disagreement on its definition. One of the techniques commonly used in science and practice to get a firm handle on complex problems is to reduce it to more basic smaller problems that appear more manageable.

For example, society's drug problem, an enormously complex issue that involves every level of society, is reduced to the inability of the individual to "just say no". This reinforces the notion of information as a 'magic-bullet' shot at audiences by the media - this time in the form of clear-cut, forceful slogans.

Once the problem is broken into sudden parts, attention is turned to solving each of the smaller problems instead of defining them as a part of a large, more complex whole.

This kind of individualism and self-determination are central to the classical liberal heritage (Neubauer and Pratt, 1981). This fundamental belief in individualism leads to the notion that individuals determine the choices in a "free market" economy, victims thus bear the blame of negative consequences of these choices, and public health and public policy are best managed through market mechanism (Ryan, 1976).

Individualism and Disinformation in Public Health Campaigns on Electronic Media

A number of public health problems have been supported by massive propaganda campaigns in cooperation with the Ministry of Information, Ministry of Health & Family Welfare, Ministry of Social Welfare and various international agencies. If we carefully examine the health campaigns on electronic media, we will be able to delineate the nature of support it provides to the health care system in India.

Family Welfare

India's family planning programme has had a strong Malthusian overtone making family planning synonymous with birth control, stressing that, otherwise the fruits of development would be eaten away by the increasing numbers (Banerji, D., 1988; Bose, A., 1988). This Malthusian approach culminated in the coercion by the

State to sterlize people during the Emergency years of 1975-76 which had far-reaching political consequences. From the standpoint of population policy the year 1977 can be regarded as a major watershed.

The Janata Party came to power in 1977. The new government categorically ruled out the use of force or coercion in any form in implementing what by then was renamed as the 'Family Welfare Programme'. The government stated that the population policy should reflect concern for the individual's as well as the community's dignity, needs and aspirations and should deal with overall development issues and not merely population control (GOI, 1979).

The report of the Planning Commission Working Group on Population Policy is yet another significant landmark. It emphasised the need to bring about a synergestic relationship between population and development programmes (GOI, 1980).

The main factors having important linkages with fertility control were identified by the Group as health care, education, water supply and economic factors such as employment and income generation. Given the political will and support and active involvement of the people it was felt that the problem was amenable to solution.

The new strategy which was formulated after these deliberations in 1982 (GOI, 1982a) was to motivate for adoption of the small family norm by extending the base of the family welfare programme apart from providing effective family planning services. The policy envisaged inclusion of services like health, especially, maternal and child care, nutrition, water supply and sanitation, raising the status of women, education, employment, social justice and land reforms within the gamut of the family welfare programme.

It laid special stress on intensifying efforts to spread awareness and information about this integrated concept by effective and imaginative use of multi-media and interpersonal communication strategies.

However, despite wide public support, the government's new approach did not bring about the desired change as there was no corresponding change in the organisation and management of the family welfare set-up. Therefore this programme has largely failed to meet the needs and demands of the potential acceptors.

There is a wide gap between the programme's objective and the organisation's capacity to form linkages with the development process. This, however, did not deter the planners from banking upon social marketing to sell the new approach to a presumably 'information deficient' audience.

Under this, the family planning promotion programme departed from its earlier objective of projecting population control as a must in the 'national interest'. The emphasis now in the official propaganda as seen, for example, in the 9 p.m. TV spots, is on the desire and need for birth control, expressed by individuals, to further their own interest (Balasubrahmanyan, 1988).

Vimal Balasubrahmanyan feels that whether or not the Establishment still clings to elitist ideology, outwardly at least, in the images it is now trying to employ it appears to be acknowledging the validity of certain concepts like women's felt need for birth control and contraception methods; their personal worth as human beings; the economic value of their labour; the importance of protecting their health; the disastrous effects of early marriage followed by early and frequent child bearing; the right to education and personal growth of the girl child etc.

The women's movement supports all these concepts as desirable in themselves (Balasubrahmanyan, 1988), the Establishment emphasises them mainly because they are factors which will encourage 'acceptance' of family planning methods and will result in lowering the birth rate and therefore control population growth.

Her viewpoint is that the audience, particularly women, should examine each of these images critically,

accept those which further their cause, reject those which do not and suggest modifications in those which are ambivalent.

Now the question is who is able to examine critically each and every message of the media? A good deal of knowledge is required to distinguish between a good and bad message and their suitability for individuals. At least rural poor women won't be able to do this and if they are, they won't rely on media messages.

This argument of 'choice' of messages and images in a 'free flow of information' is very close to the 'choice' in a free market. Factors like the objective socio-economic circumstances, the chances of child survival, the nature of the source of livelihood etc. determine fertility. Therefore, the present approach cannot be expected to influence fertility behaviour significantly. All that it can hope for, at best, is to help people who are already motivated to limit the size of their families by switching over from conventional and cumbersome methods of contraception to the modern methods. No doubt, there may be some scope for fertility reduction through improvement in literacy and in information on contraception, but the scope for this is found to be marginal (Rao, 1976).

Child Survival and Immunisation

The child survival spots on Doordarshan once again are broadly based on the principle of imparting information - assuming that it is ignorance alone which is causing infant mortality. They overlook the truth, that it is poor access to health services for a variety of reasons including the class structure, which explains poor levels of immunisation. There are many fundamental issues which we must take note of. Besides the physiological and medical causes of child mortality, socio-economic imbalances in the distribution of income, low purchasing powers, malnutrition, paucity of essential food commodities, inadequate calories, proteins and micronutrients in the average diet, lack of safe drinking water and poor sanitation are major contributing factors.

More disturbing is the fact that this massive programme of universal immunisation in India, backed by UNICEF and other foreign agencies and involving an additional investment of Rs. 3.5 billion does not have an epidemological basis. It is astonishing to learn that such a gigantic programme has been launched without even defining adequately what the problem was: the size, distribution and time trends of the six infectious diseases chosen for immunisation (Banerji, 1989). The programme was sought to be implemented through the existing health

service system without ascertaining the capacity of the system to sustain the cold chain which is so vital for retaining the potency of the vaccines and to be able to undertake the additional responsibility of providing immunisation cover over and above sustaining its work in the fields of family planning and other activities included under primary health care (Banerji, 1988).

Most significantly, this programme is against the very core of the philosophy of primary health care as it imposes technocentric vertical programmes against a few diseases in the name of saving children (though this too is not a motive). This act of some Western powers adds a qualitatively different dimension to the counter movement launched against the philosophy of Primary Health Care. They not only tend to fragment the health care system and take it away from wider ecological intersectoral and integrated approaches, but they also actively hinder community self-reliance and seriously erode the democratic rights of the people to participate in decision-making which so vitally concern them. This is perhaps the most malignant facet of the present efforts to impose specialised, techno-centric programmes from outside using social marketing techniques to sell them (Grant, 1984: Manoff, 1984).

By imposing UCI-90 on Third World countries, the UNICEF and its powerful backers are making efforts to

reverse the Alma Ata Declaration's historic gains of the people. They are inhibiting community self-reliance and social control over medical technology by making people once again dependent on Western countries for funds, vaccines and equipment (Banerji, 1986a).

Endemic Goitre and Iodisation of Salt

Recently the UNICEF, in collaboration of the Health Ministry, has launched a massive media campaign for universal iodisation of salt. The government controlled electronic media is one of the major tool to propagate the idea of iodisation of salt. A large number of health and consumer groups in coastal regions are protesting the making of iodised salt consumption mandatory (Shiva, 1990).

The development of goitre or thyroid enlargement can be due to various factors. Undoubtedly, deficient intake of iodine is the most important of these causes. We can discuss this in detail to have a better understanding of this massive media campaign in support of universal iodisation of salt.

Recognising this public health problem posed by the sub-Himalayan endemic goitre, the Goverrment of India initiated the National Goitre Control Programme in 1962. The main objective of this scheme was to (i) survey the suspected endemic areas, (ii) supply of iodised salt to

the areas, (iii) prohibit the sale of non-iodised salt in those areas, and (iv) resurvey after periodic intervals to assess the impact of the programme. The goverment set up salt iodisation plants in the public sector in Rajasthan, Gujarat, Assam, West Bengal and Himachal Pradesh (Subramanian, 1988).

Despite these measures, the National Goitre Control Programme languished after a promising start. This led to the setting up of a working group by the Government of India to review the entire working of the National Goitre Control Programme. It is the acceptance of the suggestions made by the working group that led to the policy of 'Universal Iodisation of Common Salt' (Subramanian, 1988). To any discerning observer the causes of failure of the programme in the endemic areas were obvious. The non-availability of iodised salt in the endemic areas, the non-competitive price structure and sub-standard quality of the irregular supplies of iodised salt which came to these areas and the failure of the health education campaign to make the people of these areas aware of the need to consume iodised salt were among the major causes of the failure of the National Goitre Control Programme. The Working Group seems to have glossed over these entirely and recommended the universal iodisation of salt (Aravindan, 1989) which has serious political and economic implications.

Under this programme, the UNICEF and the government media are creating a universal market for iodised salt. The competitive selling of iodised salt is taking place under different brand names. In the resultant free market warfare it will be a great wonder if the small-scale sector survives. In all likelihood the monopoly houses like Tata, who have already entered this field will make full use of the new policy to drive the small manufacturers out of business, with their shrill advertisement and aggressive marketing (Aravindan, 1989).

Common salt sells in most areas of the country at a price of approximately 50 paise per kg, whereas iodised salt sells for prices ranging from ₹ 1.50 to ₹. 3 per kg. If the proposed increase in iodised salt manufacture does not keep up with the schedule, there is the real danger that the supply to endemic areas will worsen. Previously the flow of the iodised salt was from the production centres to the endemic areas. Now with the policy of universal iodisation, it would be easier and more profitable for the private manufacturers to sell the higher priced salt in the metropolitan and well developed markets (Aravindan, 1989).

Endemic goitre too is a problem with socio-economic, developmental and ecological causes. Iodine

deficiency of soil is related to flooding, deforestation and soil degradation possibly related to the newer agricultural technologies. A programme to control iodine deficiency should essentially contain flood control measures, checking deforestation, soil improvement, proper use of pesticides and fertilizers and general eco-restoration. These measures will help the people in many ways than simply reducing the incidence of goitre (Shiva, 1990; Aravindan, 1989).

This is not to say that a salt iodation programme has no role. In the severely endemic areas one cannot wait for the general development to occur first. But areas of severe and moderate deficiency, which occur in the sub-Himalayan belt, can be tackled best by a programme limited to those areas. In fact, focus should not be allowed to shift from these areas by the imperatives of the free market economy.

The Stereotype in Public Health Communication

The Doordarshan and AIR provide specific information about health, sometimes referred to as 'disease-of-the-week'; recent programmes have focused on AIDs, alcoholism and drug addiction etc. These programmes follow a family standard formula. They show a problem that has some social stigma to an intact, middle class family. The family either denies the existence of a

problem or tries to deal with it by relying on internal resources. After a period, a crisis arises, usually as a consequence of an adverse interaction with the police, friends, or a social welfare agency. The family is formally forced to seek help or reluctantly realises that the problem is too big for them to handle alone. Help often consists of professional counselling or medical intervention. Despite the seriousness of the social problem or disease, some positive resolution is reached.

The message of such programmes usually is that awareness of the problem is essential and that the key to recovery is knowledge about the disease and self, or with fatal diseases, acceptance and family unity. The problem is presented as a property of the individual, with adverse effects on the family. The causes and cures exist at the family level - reinforcing the role of the family and at the same time minimising the importance of factors external to the individual and the family.

Alcoholism, AIDs, mental illness, and homelessness are consequences of public policies as well as of individual behaviour, but this is seldom discussed. This genre of programmes generally fails to question the social arrangements that contribute to the problem and ignores crucial facts such as the relationship between

poverty and disease in society. True to the needs of sponsors, television programmes may make us sad and weepy but they seldom make us angry or uncomfortable (Taylor, 1987).

High-tech Exercises

There are regular programmes of yoga and keep-fit for health enthusiasts on government electronic media, particularly on television in the morning transmissions. In these programmes an Indian guru or yogi, widely travelled in the West is introduced by the announcer. Later against Western background music, he starts teaching yoga for better physical and spiritual health.

This modern approach to yoga has had its origin in the dominant schools of Indian philosophy like Vedanta, which is full of do's and do'nts, which exercises social control over an individual's behaviour. Yoga, the cult of ascetism so extolled by the Hindu orthodoxy, is based upon strict self-denial and will power which seeks to regulate and discipline every aspect of human life. Ill health can be thus, explained away by blaming the victim for not having exercised enough self-control (Mankad, 1987).

Obfuscating the real material causes of human suffering has been the hallmark of all the ideologies

propounded by repressive social orders. When ill health in an individual can be controlled by means like diet, personal habits etc., self-control and self-denial form the highest virtues for achieving good health (Mankad, 1987).

In sum, the public health issues are first reduced to neat, well structured individual problems and then through the information deficit approach instant solutions are offered which are meant to enhance understanding of health and disease. In general, health issues are seldom discussed in depth and even when they are, the information conveyed to the audience is of questionable value. As a matter of fact, the mass media content could be viewed as an obstacle to health promotion efforts, as it presents disinformation about health issues and causes confusion about what is really relevant. The case of the contraceptive pills, immunisation, iodine deficiency and intelligence etc., can bear this out.

A good deal of information is conveyed in the public health and entertainment programmes about the medical profession and its role in health and disease. TV and film doctors symbolise a great deal of power, authority and ability to positively affect the lives of those with whom they come in contact. On television,

the primary methods for treating illness and disease tend to be machines and drugs, with a heavy biomedical emphasis (Turow and Coe, 1985). On Friday nights, the news magszine 'The World this Week' on Doordarshan, brings for its English-speaking audiences and medical professionals, a section on Medicine which provides information about the 'latest in biomedicine' from the West.

This mimical behaviour of the lumpen-bourgeoisie is explained by its interests in having the 'latest' in medicine, with a concommitant growth of open heart surgery units, coronary care units, organ transplants, and the like, representing the 'Cadillacs' or 'Rolls Royces' of medicine, an order of medical priorities that is bad enough in developed countries and even worse in developing ones. Indeed this order of priorities diverts much needed resources from the production of health services aimed at the care not of the few, but of the many (Navarro, 1976).

Medical care and the diseases it treats are portrayed as apolitical and independent of economic and social issues central to contemporary debates about the role of medicine in the health care system (Turow & Coe, 1985). This reinforces the notion that health and disease are ultimately matters best understood at the individual level. If the person gets sick, it

is a function of 'life style' or the randomness of disease.

Health promotion campaigns generally provide messages of thoughtfulness, caution, moderation and restraint in life style. On the same channel advertising, on the other hand, promotes higher levels of consumption of a range of potentially health compromising products through life style appeals.

Navarro postulates that the strategy of doing one's own thing i.e. self-reliance, self-care, independence, and autonomy of the individual citizen (as suggested by Illich) and its appeal to the organs of legitimation - primarily the media, is because instead of weakening it strengthens the basic ethical tenets of bourgeois individualism. It reinforces the ethical construct of capitalism where one has to be free to do whatever one wants, free to buy and sell, to accumulate wealth or to live in poverty, to work or not, to be healthyor to be sick.

The strategy of life-style politics, assumes that the basic cause of sickness or ill-health is the individual citizen himself and not the system. Therefore the solution has to be primarily his or her and not structural change of the economic and social system

and its health sector. Not surprisingly, this emphasis on the behaviour of the individual, not of the economic system, is welcomed and even exploited by those forces that benefit from the lack of change within the system.

.....

CHAPTER V

CONCLUSION

Most of the mass media frames, models and research in communication in India and other Third World countries have been borrowed from the West.

Over the years all mass communication and related research in the United States has been slavishly administrative. There have been many strands to work, and critical messages, social concerns, and certainly professional accomplishments have not been entirely lacking. Still, even today, it is difficult to detect, in what is a vast body of work, any conscious underlying philosophy or purpose, or still less an overriding social or political concern. Thousands of projects have been carried out, but there is little evidence of the systematic accumulation and development of a corpus of knowledge. In an approach centred on the media rather than the society, theory was neglected and the media were not seen in relation to other institutions.

In the United States, the main thrust of mass communication research had developed, like other

branches of social sciences, essentially as a response to the requirements of modern, industrial, urban society for empirical, quantitative, policy-related information about its operations. On the whole research was carried out with a view to improving the effectiveness of the media, often regarded simply as objects of study or as "neutral tools" in achieving stated aims and objectives, often of a commercial nature. This was at the heart of administrative or service research, where the emphasis was on improving methods to facilitate the achievement of specific goals rather than on refining concepts, developing theories, or achieving social change (Halloran, 1974).

The weakness and inadequacies of research that is not consciously tied to an articulated theory has been referred to (Carey, 1978) as "absence of any informing relation between communication and social theory."

But this does not mean that the conventional work has no theoretical implications. It represents a standpoint, a value position, even if this is not made explicit. In fact, one of the problems is that because the position is never articulated it can never be adequately criticised. Without an underlying theory of society, any research programme will fragment into bits

and pieces that can never possibly tell us anything about the relationship of media to society, and this is one of the reasons that the conventional approach is likely to be welcomed by the media establishments in the West as well as in the Third World countries.

Development communication study in the last three decades, it has been charged, has been characterised largely by the application of Western, especially American, generalisations and research methodology about mass communication and the modernisation process (Schiller, 1969; Varis, 1974; Wells, 1974).

It has been argued that 'modernisation' has a distinct pattern with certain reappearing characteristics. These characteristics were usually identified by such (Western) analysts as those associated with the economic growth and modernisation of Western society, such as industrialisation, urbanisation, literacy and education, mass media, political unification, differentiation and specialisation of societal institutions and structures, plus a breakdown of traditions that retarded the industrial process (Beltran, 1976).

In brief, the development of mass communication is portrayed under the dominant paradigm as part of a universal, inevitable sequence or pattern of changes

which 'traditional societies' must undergo in the transition to modernity.

As we have seen, the prevailing development communication theories derive sustenance from Rostow's Stages of Economic Growth. In the Rostow interpretative model the major factor in development is contained in his 'take off' stage, and this is characterised by a rapid rate of investment and growth. Rostow visualises two major agents of change, determinants of the process of development. The first agent of change identified is the 'diffusion of values' (entrepreneurial values) from the developed societies or metropolises to the underdeveloped societies.

Development is thus perceived as a phenomenon of acculturation and diffusion of institutional and organisational values, together with the transmission of skills, knowledge and technology, from the developed to the developing countries.

The second agent of change is the diffusion of capital. It is believed that the developed countries should diffuse capital to the underdeveloped ones. This is considered to be essential for stimulating economic development in the developing countries.

The progress of technology and technical know-how is the starting point of the theories of "industrial society". The logic of industrialist theories is built

up by counterposing the scientific and technological revolution to the social revolution. They ignore the existence of social class relations as a specific, independent factor of social life.

Interested sectors in the industrialised world advertise as to how the rapid spread of the information technologies can lead to an equally rapid decrease of the obstacles that hinder development in most of the Third World countries. Thus import of new information technologies are increasing at a great velocity. Following the same pattern India heavily relies on communication technology as a means to social and national development. Even in the absence of an adequate policy frame (software as well as hardware) the communication system in India has undergone a phenomenal expansion and modernisation.

The communication network in the country today has developed in response to market forces. Commercial and business requirements have created sustained pressure to improve and expand the intra and inter-city telecommunication networks. With the increasing internationalisation of our economy, there has been considerable pressure to similarly upgrade the international telecommunication links, satellite communication in particular. Satellites have also made possible the live broadcasts (TV and Radio) of international events

(Joshi, 1989; Sondhi, 1985; Karnik, 1987). Thus the nature of the network has helped to interconnect the national elite internationally - thereby promoting and cementing their links (Karnik, 1987).

The content of the Indian mass media, particularly TV is aimed at entertaining, pleasing and selling consumer goods to the growing middle class as there are clear-cut signs of an increasing consumerist orientation, reinforcing the emergence of a hedonistic "me-first" generation in India (Karnik, 1987; Joshi, 1989; Bidwai, 1984).

There is little doubt that India has seen an unprecedented growth of the electronic media. However, this often tends to serve little purpose especially in the absence of adequate community viewing/listening sets, since a majority of the population in India cannot afford a radio leave alone a TV set. Thus, these media too basically serve the better-off who can afford radio/TV sets. In this context it is pertinent to note that in India with a population of more than 800 million, the estimated number of TV and radio sets is six million and thirty million respectively. It is thus clear that the communication revolution in India has touched only the upper crust of society.

Most - a large majority of - TV sets are in urban areas. In a country with a per capita income

of less than US $ 100, private ownership of TV sets would be impossible for an overwhelming majority. In this context community TV appears to be the only possible mode of providing access to TV (Joshi, S.R., 1986).

The case of community viewing is quite revealing. By 1985, community receiving sets had been installed in more than 10,000 villages. This might sound impressive until we realize that there are 5,75,000 villages in India where 80 per cent of the country's population live. Yet the government proposed a 'special plan' to "extend" television to 70 per cent of the population by the end of 1985. Even if community sets had been installed in every village by that date, about half of them would be useless, because 52 of every hundred villages in India are not electrified (Ghorpade, 1986).

The health communication system is part of this broader mass communication system that is growing rapidly but concentrates mainly on urban areas.

The very approach of health communication is consistent with a basic understanding of problems as inherently individual in nature and thus responsive to information and education approaches. It ignores or avoids the factors external to the individual i.e. socio-political and economic.

From the foregoing discussion we can infer that in spite of the many pronouncements and efforts made by the government in the last 40 years to develop promotive and preventive health programmes, the overwhelming curative orientation of the health services still continues to dominate the scene.

The urban-biased, top-down and elite-oriented approach of the British period still continues to dominate the health services. In spite of the large expansion of the Primary Health Centres the media continues to perform a supportive role to uphold this clinical nature of the medical system.

Much of our use of mass media is based on the assumption that the media are able to act as a positive force for planned change in the health arena. There is little evidence to support this, whether we consider change in individual terms as the effect of directed media e.g. health service campaigns or special programming or look at it as indicated by the way we as a society think about or respond to health issues on a broader level (Wallack, 1981).

Health problems are rooted in basic social structures that contribute to inequality and differential access to opportunities for health and well-being. It is fairly typical for people to see the mass media as

an able agent in the effort to facilitate a more equal and just society through the ability to impart information to large numbers of people. Yet mass media health promotion efforts focus on symptoms not causes; emphasise the most obvious and politically safest point of intervention - the individual - and ignore the social roots of disease. Health promotion, if it is to focus on the conditions that give rise to and sustain health problems, will be extremely political and controversial.

Ideologically, it can be argued that the mass media reproduces culture rather than change culture, and serves the interests of a community, who have the greatest stake in the social and economic arrangements that buttress their power, the media that they control will be hesitant to challenge those existing arrangements (Schiller, 1973).

A popular assumption is that mass media, particularly television, has the ability to forge significant changes in what people know and believe, and do about personal and social problems. The ubiquity of mass media and the fascination with the perceived success of advertising and its application in social marketing forms the basis for this assumption. But, as has been argued, it is more likely the case that mass media, because of their integral role in the social

and economic system, serve as barriers to change by promoting a consumption ethic and by assessing the relevance of content based on how well it fits with the needs of the sponsors. Mostly the mass media reinforces existing unequal power relationships, negative stereotypes and an unrealistic view of the health and medical world (Gerbner, 1981).

The mass media becomes a simple and convenient approach to problems. They tend to define fundamental problems as a basic lack of information and then to rely on the mass media to provide the right information in the right way to the right people at the right time. This overemphasis on the value of information per se and on the role of the media deflects attention away from more realistic, long-term approaches to addressing the serious social and health problems that detract from the quality of life in contemporary society.

Overall it can hardly be expected that the mass media will seriously question the values of the economic interests from which they derive sustenance. The reliance on theories of disease causality and health promotion derived from the needs of a mass-production oriented society will continue to guide the way the media conveys information about health. These theories lead us to question the motives and psychology of the

individual who 'abuses' a product, but not the ethic of consumption that is so skillfully promoted by marketers (Navarro, 1976). The existing mass media can hardly be expected to stimulate the type of critical thinking that questions the ethic of consumption that trades off public health for private profit (McKinley, 1985; Wright Mills, 1956).

.....

B_I_B_L_I_O_G_R_A_P_H_Y

Adiseshiah, Malcolm S. (ed.), (1990), Eighth Plan Perspective, Lancer International, New Delhi.

Antia, N.H. (1990), "Comprehensive Health Care", Seminar, no. 369, May 1990.

Aravindan, K.P. (1989), "'Science' in Service of Monopolies : Universal Salt Iodisation Policy", Economic and Political Weekly, vol. XXIV, no. 27, July 8, 1989.

Balasubrahmanyan, Vimal (1988), "The Good, the Tolerable and the Jarring : Changing Images of Women in FP Propaganda", Economic and Political Weekly, vol. XXIII, no. 49, December 3, 1988.

Banerjee, Subrata (1989), "Socially Relevant Advertising and the Developing World", Communicator, vol. XXXIV, no. 3, September 1989.

Banerji, D. (1978), "Health and Population Control in the Draft Plan", Economic and Political Weekly, vol. XIII, Special Number.

_____ (1978a), "Health as a Lever For Another Development", Development Dialogue, vol. 5.

_____ (1982), Poverty, Class and Health Culture in India, Prachi Prakashan, New Delhi.

_____ (1985), Health and Family Planning Services in India : An Epidemiological, Socio-Cultural and Political Analysis and a Perspective, Lok Paksh, New Delhi.

_____ (1986), Social Sciences and Health Services Development in India : Sociology of Formation of Alternative Paradigm, Lok Paksh, New Delhi.

Banerji, D. (1986a), "Hidden Menace in the Universal Child Immunisation Programme", Journal of the Indian Medical Association, vol. 84, no. 8, August 1986.

_____ (1988), "Crusaders for Population Control", Economic and Political Weekly, vol. 23, no. 31, July 30.

Bascur, Raquel Salinas (1985), "Information in the Third World : Adjusting Technologies or Strategies?" Media, Culture and Society, vol. 7, 1985, Sage, London, Beverly Hills and New Delhi.

Bell, Daniel (1960), The End of Ideology, The Free Press, New York.

_____ (1974), The Coming of Post-Industrial Society, Arnold Heinemann Publishers, India.

Bellah, R. et al. (1985), Habits of the Heart, University of California Press, Berkeley.

Beltran, L. (1976), "Alien Premises, Objects and Methods in Latin American Communication Research", Communication Research, no. 3.

Bernard, C. (1981), quoted in The Political Ecology of Disease (Turshen Meredeth), Health Bulletin, no. 1, Health and Society Group.

Bhatt, Tushar (1990), "Need to Salvage Rural TV", Mainstream, vol. XXVIII, no. 11, January 6, 1990.

Bidwai, Praful (1984), "Hedonism and the Elite's Moral Crisis", The Times of India, August 21-22.

Bose, A. (1988), From Population to People, B.R. Publications, Delhi.

Busby, Linda J. (1989), Mass Communication in a New Age : A Media Survey, Scott Foresman & Co., New York.

Carey, J. (1978), "The Ambiguity of Policy Research", Journal of Communication, vol. 28, no. 12, pp. 114-19.

Casty, Alan (1968), Mass Media and Mass Man, Holt, Rinehart and Winston, Inc., New York.

Chatterjee, Meera (1988), Implementing Health Policy, Manohar Prakashan, New Delhi.

Chatterji, P.C. (1979), Two Voices : Essays in Communication and Philosophy, Hem Publishers, New Delhi.

_____ (1987), Broadcasting in India, Sage Publications, New Delhi.

Cleaver, Harry (1976), "Political Economy of Malaria De-Control", Economic and Political Weekly, September 4, 1976.

Cockerham, William C. (1978), Medical Sociology, Prentice Hall Inc. Engle Wood Cliffs, New Jersey.

Crawford, R. (1977), "You are Dangerous to Your Health : The Ideology and Politics of Victim Blaming", International Journal of Health Services, vol. 7, no. 4.

DeFleur, Melvin L. and Ball-Rokeach, Sandra (1982), Theories of Mass Communication, Longman, New York.

Dissanayake Wimal (1986), "The Need for the Study of Asian Approaches to Communication", Media Asia, vol. 13, no. 1.

Djurfeldt, Goran and Lindberg, Staffan (1975), Pills Against Poverty : A Study of the Introduction of Western Medicine in a Tamil Village, Macmillan, Delhi.

Eisenstadt, S. (1976), "The Changing Vision of Modernization and Development", in Communication and Change : The Last Ten Years and the Next (Schramm, W., and Lerner, D., ed.), Honolulu, University Press of Hawaii.

Finnegan, Ruth (1987), Literacy and Orality : Studies in the Technology of Communication, Basil Blackwell, Oxford, UK.

Graham, Nicholas (1985), "Communication Technology and Policy", in Mass Communication Review Year Book, vol. 5 (Gurevitch, Michael and Levy, Mark R.), Sage Publications, Beverly Hills.

George, Susan (1976), How the Other Half Dies, Pelican, UK.

Gerbner, G. (1981), "Cultural Indicators - The Third Voice", in Communications Technology and Social Policy, (L. Gross et al., ed), Wiley, New York.

_____ (1987), Stories that Hurt : Tobacco, Alcohol and other Drugs in the Mass Media, University of Pennsylvania, Philadelphia.

Ghorpade, Shailendra (1986), "Retrospect and Prospect : The Information Environment and Policy in India", Gazette, vol. 38.

Giridhar, G. et al. (1985), "Policy Studies in Health and Population - A Review", in Public Policy and Policy Analysis in India (ed. R.S. Ganapathy, et al.), Sage Publications, New Delhi.

Gitlin, T. (1983), Inside Prime Time, Pantheon, New York.

Goody, Jack and Watt, Ian (1972), "The Consequences of Literacy", in Literacy in Traditional Societies (Goody, J., ed.), Cambridge University Press.

Gopalan, C. (1985), "The Mother and Child in India", Economic and Political Weekly, vol. XX, no. 4, January 26, 1985.

Government of India (1946), Report of the Health Survey and Development Committee (The Bhore Committee), Manager of Publications, Delhi.

Government of India (1961), Report of the Health Survey and Planning Committee (The Mudaliar Committee).

_____ (1968), Report of the Committee on the Integration of Health Services (The Jungalwalla Committee).

_____ (1973), Report of the Committee on Multipurpose Workers (The Kartar Singh Committee).

_____ (1974), Report on Medical Education and Support Manpower (The Srivastava Committee).

_____ (1979), Draft Sixth Five Year Plan, Revised, Planning Commission, New Delhi.

_____ (1980), Working Group on Population Policy, Planning Commission, New Delhi.

_____ (1982), Statement of National Health Policy, Ministry of Health and Family Welfare, New Delhi.

_____ (1982a), Annual Report, 1981-82, Ministry of Health and Family Welfare, New Delhi.

_____ (1985), Report of the Working Group on Software Planning for Doordarshan, Ministry of Information and Broadcasting, New Delhi.

_____ (1987), A Background to Evolving a National Information Policy, Lok Sabha Secretariat, New Delhi.

_____ (1988), Mass Media in India, Publication Division, New Delhi.

_____ (1990), Annual Report, 1989-90, Ministry of Health and Family Welfare, New Delhi.

Grant, James P. (1984), "Marketing Child Survival", Assignment Children, vol. 65/68, 1984.

Haight, T. (1983), "The Critical Research Dilemma", Journal of Communication, vol. 33, no. 3, pp. 226-36.

Halloran, J. (1974), Mass Media : The Challenges of Research, Leicester, England.

Halloran, James D. (1981), "The Context of Mass Communications Research" in Communication and Social Structure : Critical Studies in Mass Media Research (McAnany, Emile G., et al.) Praeger, New York.

Hamelink, C. (1983), Finance and Information : A Study of Converging Interests, Norwood, New Jersey.

Hedebro, Goran (1982), Communication and Social Change in Developing Nations : A Critical View, Iowa State University Press, USA.

Howitt, Dennis (1982), The Mass Media and Social Problems, Pergamon Press, London.

Hyman, D. Martin (1968), "Medicine" in The Uses of Sociology (Paul F. Lazarfeld, et al., ed.), Weidenfeld and Nicolson, 5 Winsley Street, London.

ICSSR-ICMR (1981), Health For All : An Alternative Strategy, Indian Institute of Education, Pune.

Illich, I. (1976), Limits to Medicine - Medical Nemesis : The Expropriation of Health, Pelican, 1976.

Inayatullah, I. (1976), "Towards a Non-Western Model of Development", in Communication and Change in Developing Countries (Schramm, W. and Lerner, D., ed.), East-West Center Press, Honolulu.

Inglis, Fred (1990), Media Theory : An Introduction Basil Blackwell, London.

Jaromir Janousek (1972), "On the Marxian Concept of Praxis", in The Context of Social Psychology (Israel, Joachim and Tajfel, Henry, ed.), Academic Press, London.

Jasperse, S. (1981), Quoted in Electronic Colonialism : The Future of Electronic Broadcasting and Communication (McPhail, Thomas L.), Sage Publications, Beverly Hills.

Joshi, P.C. (1989), Culture, Communication and Social Change, Vikas, New Delhi.

Joshi, S.R. (1986), "Community TV : The Kheda Experience", Gazette, vol. 38.

Kakar, V.N. (1987), Communication in Family Planning : India's Experience, NIHFW, New Delhi.

Karnik, Kiran (1987), "Societal Implications of Communication Configurations", Mainstream, Annual, October 10, 1987.

Katz, E. et al. (1974), The Uses of Mass Communication, Sage Publication.

Kennedy, George (1963), The Art of Persuasion in Greece, Princeton University Press, New Jersey.

Khanna, Harish (1987), "Socio-Cultural Dynamics of Indian Television - Search for Balance", Indian Journal of Communication, vol. II, no. 283, April-August 1987.

Kivlin, Joseph E. et al. (1968), Communication in India : Experiments in Introducing Change, National Institute of Community Development, Hyderabad.

Kotler, Philip, Levy, S.J. (1969), "Broadening the Concept of Marketing," Journal of Marketing, no. 35.

Lasswell, Harold and Arora, Satish (1969), Political Communication, Holt, Rinehart and Winston Inc.

Lasswell, H.D., et al. (1979), Propaganda and Communication in World History - The Symbolic Instruments in Early History, vol. 1, The University Press of Hawaii, Honolulu.

Lazarsfeld, Paul, et al (1948), The People's Choice, Columbia University Press, New York.

Lerner, D. (1958), The Passing of Traditional Society, The Free Press, Glencoe, Illinois.

_____ (1960), "Communication Systems and Social Systems", in Mass Communications (ed. Wilbur Schramm), University of Illinois Press, Urbana.

Lowery, Shearon and DeFleur, Melvin L. (1983), Milestones in Mass Communication Research ; Media Effects, Longman, New York.

MacBride, Sean (1980), Many Voices One World ; Communication and Society Today and Tomorrow, Kogan Page, London.

Kotler, Philip (1985), Marketing for Nonprofit Organisation, Prentice Hall, New Delhi.

Kumar, Kewal J. (1989), Mass Communication in India, Jaico, Bombay.

Mahler, H. (1979), "Thirty Second World Health Assembly", WHO Chronicle, vol. 43, nos. 7-8.

Mankad, Dhruv (1987), "Health Under Capitalism", Economic and Political Weekly, vol. XXII, no. 5, January 31, 1987.

Manoff, R.K. (1984), "Social Marketing and Nutrition Education : A Pilot Project in Indonesia", Assignment Children, 65/68.

Maru, Rushikesh M. (1985), "Policy Formulation as Political Process - A Case Study of Health Manpower : 1949-75", in Public Policy and Policy Analysis in India (ed. R.S. Ganapathy, et al), Sage Publications, New Delhi.

Mathur, Hari Mohan (1986), Administering Development in the Third World : Constraints and Choices, Sage Publications, New Delhi.

McAnany, Emile et al. (1980), Communication in the Rural Third World, Praeger, New York.

_____ (1981), Communication and Social Structure : Critical Studies in Mass Media Research, Praeger, New York.

McLuhan, Marshall (1964), Understanding Media, The New American Library of Canada.

McKinley-John (ed) (1985), Contemporary Issues in Health, Medicine and Social Policy : Issues in the Political Economy of Health Care, Tavistock Publication, London.

McPhail, Thomas L. (1981), Electronic Colonialism - The Future of Electronic, Sage Publications, Beverly Hills.

McQuail, Denis (1975), Towards a Sociology of Mass Communication, Collier-Macmillan.

McQuail, Denis (1986), Mass Communication Theory : An Introduction, Sage Publications, London.

Mechanic, D. and Volkart, E. (1960), "Illness Behaviour and Medical Diagnosis", Journal of Health and Human Behaviour, no. 1.

Mehta, S.R. (1982), "Sociology of Health and Medical Care : Research Needs and Challenges", in Sociology in India : Retrospect and Prospect (Nayar, P.K.B., ed). B.R. Publishing Corporation, New Delhi.

Menon, Narayana (1976), The Communication Revolution, NBT, New Delhi.

Mills, Wright C. (1956), The Power Elite, Oxford University Press, Inc.

Moemeka, Andre A. (1989), "Perspectives of Communication and Development", Africa Media Review, vol. 3, no. 3, 1989.

Mohanty, B.B. (1989), "Philosophy of Social Marketing", Communicator, vol. XXXIV, no. 3, September 1989.

Mowlana, Hamid and Wilson, L.J. (1988), Communication Technology and Development, UNESCO.

Mueller, Clause (1977), The Politics of Communication, Oxford University Press, London.

Mukerji, D.P. (1958), Diversities, People's Publishing House, New Delhi.

Mukherjee, Biswanath (1978), Mass Media Exposure and Individual Modernity, A.N. Sinha Institute of Social Studies, Patna.

_____ (1979), Mass Media and Political Modernity : An Empirical Study in Five Developing Countries, Bhargava Research Monograph series no. 4, National Psychological Corporation, Agra.

Narula, Uma and Pearce, W. Barnett (1986), Development and Communication : A Perspective on India, Southern Illinois University Press.

Navarro, Vicente (1976), Medicine Under Capitalism, Prodist, New York.

Nayar, K.R. (1990), "Environment and International Worldview : Two Steps Backward", Economic and Political Weekly, vol. XXV, no. 9, March 3, 1990.

Neubauer, D. and Pratt, R. (1981), "The Second Public Health Revolution : A Critical Appraisal", Journal of Health Politics, Policy and Law, no. 6.

Oliver, Robert T. (1971), Communication and Culture in Ancient India and China, Syracuse University Press, New York.

Ortega, C. and Romero, C. (1976), The Politics of Communication, UNESCO, Paris.

Osgood, C. (1989), Quoted in Rethinking Communication : Paradigm Issues, vol. I (Dervin, B. et al. ed), Sage.

Pacey, Arnold (1983), The Culture of Technology, Basil Blackwell, Oxford, England.

Paliwal, R.K. (1987), Impediments to Rural Communication, Research India, Meerut.

Parsons, Talcott (1951), The Social System, Glencoe, Illinois, Free Press.

Pool, I. de Sola (1983), Technologies of Freedom, Belknap Press of Harvard University, Cambridge, Massachusetts.

Pye, L.W. (ed) (1963), Communications and Political Development, Princeton University Press, Princeton.

Qadeer, Imrana (1985), "Social Dynamics of Health Care : The Community Health Workers Scheme in Shahdol District", Socialist Health Review, vol. II, no. 2, 1985.

Rao, S.K. (1976), "Population Growth and Economic Development - A Counter Argument", Economic and Political Weekly, Special Number, August 1976.

Rogers, E. (1976a), "Communication and Development : The Passing of the Dominant Paradigm", Communication Research, no. 3.

Rosenstock, Irwin (1966), "Why People Use Health Services", Millbank Memorial Fund Quarterly, no. 44, July 1966.

Rostow, W.W. (1960), Stages of Economic Growth, Cambridge, New York.

Ryan, W. (1976), Blaming the Victim (rev. ed), Vintage, New York.

Schiller, H. (1969), Mass Communication and American Empire, A.M. Kelley, New York.

_____ (1973), The Mind Managers, Beacon, Boston.

Schramm, Wilbur (1964), Mass Media and National Development - The Role of Information in the Developing Countries, Stanford University Press, Stanford, California, UNESCO, Paris.

Schramm, W. and Lerner, D. (ed) (1976), Communication and Change : The Last Ten Years and the Next, University Press of Hawaii, Honolulu.

Servaes, Jan (1986), "Communication and Development Paradigms : An Overview", Media Asia, vol. 13, no. 3.

Shankar, Ravi (1989), "Social Marketing : Concept and Process", Communicator, vol. XXXIV, no. 3, September 1989.

Sharma, S.C. (1987), Media, Communication and Development, Rawat, Jaipur.

Shiva, Mira (1990), "The Problem", Seminar, no. 369, May 1990.

Siebert, F. (1952), Freedom of the Press in England, University of Illinois Press, Urbana.

Siebert, Fred et al. (1963), Four Theories of the Press, Urbana Illinois University Press.

Sondhi, Krishna (1983), Communication Growth and Public Policies, Breakthrough Publications, New Delhi.

_____ (1985), Communication and Values, Somaiya Publications Pvt Ltd., New Delhi.

Srivastava, U.K. (1987), "National Cost of Television in India in the Year 2000 : Socio-Economic and Political Implications and Issues", Media Asia, vol. 14, no. 3.

Subramanian, P. (1988), "The National Goitre Control Programme", Bulletin, Nutrition Foundation of India, July 1988.

Taylor, E. (1987), "T.V. Dramas : Sweet Agreements, Little Grit", New York Times, August 16, 1987.

Turow, J. and Coe, L. (1985), "Curing Televisions' Ills - The Portrayal of Health Care" Journal of Communication, vol. 35, pp. 36-51.

Turshen, Meredeth (1981), "The Political Ecology of Disease", Health Bulletin, no. 1, Health and Society Group.

UNESCO (1977), Communication Policies in India, UNESCO, Paris.

Varis, T. (1974), "Global Traffic in Television", Journal of Communication, vol. 24, no. 3, pp. 17-25.

Wallack, L. (1981), "Mass Media Campaigns : The Odds Against Finding Behaviour Change", Health Education Quarterly, vol. 8, no. 3.

Wallack, Lawrence (1989), "Mass Communication and Health Promotion : A Critical Perspective", in Public Communication Campaigns (ed. Ronald E. Rice, Atkin, Charles K.), Sage Publications, Newbury Park.

Wells, A. (ed) (1974), Mass Communications : A World View, Orbis, New York.

WHO-UNICEF (1978), Primary Health Care, Report of the International Conference on Primary Health Care, Alma Ata, USSR, September 1978, WHO-UNICEF, Geneva.

*
***
*****
****