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Media perspectives on partnerships to address family health in northern India: Implications for behavior change communication

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Media perspectives on partnerships to address family health in northern India: Implications for behavior change communication

Background

Mass media plays an important role in creating awareness and influencing beliefs, attitudes and practices. As the mass media can be an effective instrument in guiding social norms, it is important to involve the media in behavior change communication (BCC) strategies for rural audiences in northern India. However, to use the various kinds of mass media judiciously and create long-term partnerships, it is critical to understand their potential reach, their target audiences and their perspectives and interest in partnering in efforts to promote behaviors that will have a significant impact on family health outcomes.

In 2009 Ideosync Media Combine, a partner in the Population Council-led consortium, conducted a qualitative study of media agencies to explore the perspectives of senior media managers on the following issues: (a) the decision-making process related to content; (b) the approaches adopted for audience targeting and feedback; (c) the extent of health-related coverage in the media and the process of prioritization of other development issues; and (d) partnership priorities and possibilities for collaboration. The study was funded by the Population Council as a subcontract from an award granted by the Bill and Melinda Gates Foundation.

For the purpose of this study, the media includes the electronic media (TV and radio), the print media (newspapers and magazines) and production houses (agencies that provide entertainment and development related content for broadcast channels).

¹TAM (Television Audience Metering) is based on the electronic metering of households to assess viewership of TV programs and channels

²IRS (Indian Readership Survey) is syndicated data on the readership of various print media including newspapers and magazines. The survey is carried out every 6 months.

Methodology

In-depth interviews were conducted with senior managers from 21 media agencies in Lucknow, Mumbai and New Delhi. Informants were from 10 print media agencies (7 newspapers and 3 magazines), 2 radio channels, 6 TV channels and 3 independent production houses. Agencies were selected based on readership and viewership profiles that emerged from TAM¹ and IRS² data for the large broadcast media and a content profile of independent media agencies. The following three criteria were used for selection: circulation/coverage; language/dialect used (in view of the rural focus of the study, priority was given to programs/ print content in Hindi); and content (channels /print content addressing women's empowerment or health issues). In addition, a content analysis of 5 selected Hindi daily newspapers in UP was conducted to complement the findings of the in-depth interviews and substantiate the claims of program managers in the print media regarding coverage of health issues.

Key findings

Role of the media: Interviews with print and electronic media agencies reveal a marked difference in their vision and approach. Most print media organizations focus on building awareness, while TV channels see themselves primarily as a source of entertainment. Eight out of 10 managers from print media agencies described their role as a source of current and objective information while 3 described their role as the people's



Courtesy: http://www.24fps.tv/IMG_0726.jpg





watchdog on issues regarding governance. Managers from the print media also discussed the need to provide readers space to articulate their opinions and concerns³.

Representatives from all 5 TV channels, including the national broadcaster, Doordarshan, were of the view that their primary objective is to engage audiences in good, “clean” entertainment. However, they stressed that they also address social concerns “indirectly” in the story-line of their productions. Managers of radio channels described themselves as local infotainment channels. Since they have local reach, their content is designed to have regional appeal. Their prime audiences are young people and their main concerns are business and viewership.

Media reach and audience targeting: Interviews with editors and managers of publications and the electronic media in Uttar Pradesh (UP) substantiate desk research findings that the print media caters primarily to urban, literate audiences (SEC⁴ A and B), whereas the electronic media caters mainly to the middle class and semi-urban audiences (SEC B, C and D). Audience targeting in the mass media is based on research. Apart from the data available in TAM, IRS and NRS, media houses conduct their own audience research and pre-testing to ensure that the content is appropriate and well-received by the targeted audiences. Twelve of the 18 media houses indicated that they use independent research processes to better understand their audiences and design appropriate content.

All the media houses and channels reported that audience feedback is an important component of content creation. Key channels for feedback discussed during interviews were letters to the editor, reader clubs, SMS and phone-in responses, websites and blogs, random surveys and consumer research. Responses also reveal that media channels are constantly exploring new trends that could capture the imagination of their audiences, and orient their

³N. Ramakrishnan and V. Arora. 2010. “Media perspectives on partnerships to address family health in northern India: Implications for behavior change communication,” in M.E. Khan, Gary Darmstadt, T. Usha Kiran and D. Ganju, eds. *Shaping Demand and Practices to Improve Family Health Outcomes in Northern India: Exploring Partnerships*. New Delhi: Population Council.

⁴ SEC (Socio Economic Classification) is a demographic indicator designed by the Market Research Society of India to reflect the purchasing behavior of urban Indians, and is based on the education and occupation of the chief wage earner of the household. The SEC grid is followed by all media measurement processes in India such as the National Readership Survey (NRS), IRS and TAM.

programming to meet these needs. Media channels and print media houses occasionally organize events to engage with their audience. Six media houses shared experiences of large events that they had hosted, which were attended by 4,000–5,000 people.

UP has state-specific and language-specific TV channels. While Hindi language national channels are popular, the regional channel in Bhojpuri is clearly also meeting the needs of a substantially large population of UP and the neighboring state of Bihar.

Decision-making and organizational structure: Media organizations are by and large controlled by their corporate head office. All the newspapers agencies had centralized editorial teams to design the content of the primary paper. However, regional editions had control over local area-specific content. TV channels do not have any regional demarcations as far as their Hindi language content is concerned; all editorial and content-related decisions are taken at the corporate head office in Mumbai.

Radio appears to be the only medium with relatively decentralized decision-making. While branding and other image-related decisions are decided by the corporate office, FM radio - by virtue of being city-specific - has the most decentralized decision-making process. There are 15 community radio stations spread over India managed by NGOs; these are also governed locally by the station manager, who - along with a local management committee - is responsible for all decisions related to the station. However, in UP no community radio is currently managed by civil society.

With regard to magazines, decisions are taken by the publishing house that prints the magazine. While the magazine's editorial team looks after day-to-day operations and content editing, decisions regarding focus of content are taken by the owners of publishing house or the top management/ Chief Executive Officer.

Table 1: Analysis of health content in daily newspapers published in UP

Type of article published	Rashtriya Sahara	Hindustan	Amar Ujala	Aaj	Dainik Jagaran
News	55	26	38	27	26
Feature	15	5	23	10	20
Reports/ editorials	3	4	15	5	16
Advertisement	3	7	11	5	18
Average column size	3*3	4*4	3*3	2*2	4*4

Significantly, 4 out of 18 media informants who were interviewed indicated that while they value their agency's vision and mission, most content-related decision-making is based primarily on the profit motive.

Social concerns, health issues and partnerships: At least 10 of the 18 media informants were able to cite a few examples of their focus on social issues. These were mainly social interest stories or long-running media campaigns.

Managers from TV channels, while recognizing the influence of TV on people's lives, were of the opinion that their primary role is to provide content that is entertaining. All 5 TV channels said that social issues were secondary; their main focus was entertainment. Managers also expressed concerns that they would lose their viewership (implying their business/profit) if they focused on social issues, which are considered to be *"boring and preachy"*.

Extent of health coverage in the media: Editors and senior managers of newspapers noted that they considered health to be one of the most read subjects in the newspaper, and important within their overall content focus. Results of the content analysis of 5 daily newspapers in UP conducted from 1 December 2008 to 31 January 2009 corroborate their claims; the analysis reveals that the health-related themes covered in the newspapers were pregnancy, antenatal care, childbirth, postnatal care, breastfeeding, immunization, nutrition, contraception and other issues such as HIV/AIDS, health services and general health-related information (Table 1). The average column size for these topics ranged from 2* 2 columns in Aaj to 4* 4 columns in *Hindustan* and *Dainik Jagaran*

While almost all informants were of the opinion that their newspaper allocates adequate column space to health issues, a review of the content of the articles/newsletters reveals that mainly hard news stories were published (for example, the failure of government health facilities to provide services), editorials and opinion pieces that are informative or articles promoting the adoption of positive family health behaviors were seldom published.

However, 3 of the 7 newspapers had reporters dedicated to the health beat; and one informant noted that the newspaper conducts panel discussions, based on which articles on health issues are published. As a manager from a leading UP newspaper noted: *"You will find that our newspaper addresses health issues very seriously. Two issues on which we focus are the health system and its malpractices, and the poor health infrastructure. We have brought much of this to light by reporting on it. We have also introduced a forum where we invite intellectuals and experts to discuss health issues; then we print the debate and the issues are discussed continuously for a week."*

Views on partnerships: FM channels and newspapers were open to partnerships that would lead to better coverage of health issues. They were in favor of collaborative strategic planning, although they indicated that these decisions are not taken by the individual radio station or edition. Twelve informants from media houses and newspapers noted that such discussions on partnerships could only be initiated at the top management level or at the corporate head office.

In contrast, most TV channels felt that their coverage of health issues under corporate social responsibility was adequate or that health issues should be addressed through paid content and the purchase of airtime: A senior manager of a popular TV channel in Mumbai said: *"I think the UP Government also has to do something. If there is a local channel in UP, it could be used for this. Like Doordarshan,*

their job is to do this. If the UP Government decides that this is needed, they need to pay the channel for it. As an entertainment company we can do only this much."

Twelve media managers agreed that the media can play a larger role in addressing family health issues. A few suggested that more active engagement with the media is needed on health issues for wider coverage.

Capacity building: While some informants from TV and the corporate head office of media agencies mentioned that they had no clear strategy to build the capacity of reporters or the creative staff on health issues, most did not feel the need to build in-house capacity, as they consult technical experts when required. However, newspapers and FM stations articulated an interest in organizing workshops for capacity building on health issues: 7 of the 13 informants (excluding TV channels) were interested in partnering in capacity building efforts. TV channels were not interested in partnering with external organizations for capacity building on health issues as they had adequate in-house processes to build staff capacity.

Notably, channels outsource a large part of their work on content production. Capacity building for staff at these production houses is also essential if family health issues are to be included in media content in a systematic and consistent manner.

Mass media and behavior change: Informants from all 7 newspapers revealed limited knowledge of the role of newspapers in promoting behavior change. Responses from TV channels show that they had a better understanding of indirect messaging for social change based on entertaining story-driven content. Managers from TV channels were of the opinion that behavior change must be promoted subtly rather than by merely following a message-oriented approach for communication. It was felt that if BCC is to be an integral part of the content of TV programs, it should be built into the story lines of serials.

Discussions with large production houses on creating media content and BCC campaigns reveal the change in current international perspectives on the use of mass media for change, as well as the need to use IPC along with the mass media. As a manager of a large media production house in New Delhi noted: *"There has been a shift in BCC over the*



last few years. People are doing research and it is very clear that our old BCC strategies are not working. If we look at HIV prevention in Africa - there has been so much BCC but it did not have the impact they wanted. So what are the outcomes? Our approaches have to become more participatory, bottom up... [we have to] look at the overall context." Another manager form a production house in New Delhi said: "The strategy has to be a combination of all media approaches - software [on] radio or TV, which also has an on-the-ground component. [There are] some things that would need to be done on the ground through direct interaction and training."

Another important issue that emerged from discussions was the need for sound media planning if messages on family health are to be effectively communicated. Media planning is done primarily by media planning agencies that work with advertising agencies. As advertising agencies do not necessarily focus on strategic outcomes for behavior change related to social issues, content placement can often become counter-productive.

Implications for the BCC strategy

Local media focus is necessary: Findings indicate that in UP, involving the regional and local media, and using the local language and contextual content would be effective for BCC. Hindi TV channels would need to be strategically used, with a primary focus on Doordarshan, for disseminating information on family health. The reach of commercial channels in rural UP is low, and their involvement in a BCC strategy could be limited to selling of airtime. Long-term strategic partnerships with selected newspapers and radio channels could build sustainable partnerships for behavior change.

Advocacy at the corporate level is essential:

Apart from the local print media and FM radio, which have relatively more independence on local content, involving the national print media and radio would need advocacy at the corporate level, as decisions are taken by the top management. Advocacy is needed with press agencies and radio channels to give greater visibility to family health issues as part of their corporate social responsibility. However, while advocacy efforts with the press and radio could be effective, in the case of TV channels these efforts may not be easy because their main concerns are business and profit. Providing engaging story-lines that focus on reproductive maternal and child health to mass media entertainment channels may help negate the view that "social messaging" is synonymous with "boring and preachy" content.

Need for capacity building of the local radio and press:

Capacity building and training of media personnel (in newspaper and local radio stations) on BCC for family health would lead to better reporting on these issues. The study shows that regional press and FM radio stations are interested in capacity building. This interest could provide an entry point for building long-term partnerships on BCC strategy to achieve positive family health outcomes.

IPC to lead the BCC campaign, with limited support from the mass media:

Given that the large majority of rural people in India have limited access to mass media (58 percent of rural women do not have exposure to any media), IPC should be the main vehicle for behavior change while mass media could play a supportive role in BCC campaigns.

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