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– A Report

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# The Communications Impact: Ways To Increase Child Survival

Reaching Rural Women in Developing Countries

## CASE STUDY:

Elayne Clift



Elayne Clift is Deputy Director of the HEALTHCOM Project and the Academy For Educational Development in Washington, DC.

*In a small adobe house perched on the side of a mountain, a young Honduran woman wearily lights the morning fire. She's been up all night with her youngest child, Tito, who has diarrhea. She knows he is too dry because his eyes look sunken and he won't eat. But this mother also knows how to mix Litrosol—an oral rehydration solution. She first learned about it when two village women talked on the radio about how well Litrosol had worked for their children. Now Tito's mother will prepare that same solution for him, and perhaps Tito will live to see another day.*

In 1978, the U.S. Agency for International Development (USAID) began to explore how creative communications could help reach rural women in developing countries with effective health messages. Through agreement with governments, communications campaigns were designed that focused primarily on oral rehydration therapy (ORT) and the control of diarrhea and later on a variety of other child survival technologies such as immunization, nutrition and growth monitoring. Now, in country after country, through a program known as Communication for Child Survival, or HEALTHCOM, communications,

marketing and media are being used with increasing effectiveness to train health workers and get health messages to the public.

Radio programs are being produced and used in conjunction with simple printed flyers and face-to-face communication to teach ORT use in the home. TV is being used to demonstrate and model correct preparation of the ORT salts. Songs are being produced by local artists, and print materials are being created and designed around loving, caring themes to carry important messages about child survival interventions. Similar campaigns are in use for nutrition education and the social marketing of contraceptives.

As knowledge of communication strategies has grown and as sophistication and effectiveness have increased, health professionals are turning to communication for new ways to reach mothers. The tools of social marketing and behavioral analysis, the use of mass media campaigns and careful development of health messages for print, radio and TV are being combined to promote improved child care behaviors.

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### **Power of Communication**

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The power of communication now has been amply demonstrated

through experience in teaching rural mothers in isolated villages to give their children ORT. But the challenges are great. For example, most mothers do not understand dehydration initially. They simply want a remedy for diarrhea. How then do you convince women that ORT works when it does not actually stop the diarrhea?

Many countries have sought the answer within the traditional beliefs of their own people. Swaziland uses a simple slogan – reinforced in print and by health workers – that identifies ORT as a “power food” to keep the child strong during the bout of diarrhea. In Honduras, multiple messages have been developed which describe ORT as a tonic to restore the child’s appetite when he has diarrhea. In a variety of ways, health communication has been an important means to help women understand the difficult concept of dehydration.

Similarly, communication has been used to address the problem of correct measurement and mixing of ORT – too much water and it becomes diluted, losing effectiveness; too little water and it is potentially dangerous to the sick child. How do rural women measure a liter accurately? The answer is almost as varied as the number of country programs. In Ecuador, planners have created a plastic bag which, when filled with water, is an exact liter measure. The bag is cheap and easy to distribute and carries important print reminders to mothers on how to prepare ORT solution. In The Gambia, a national Happy Baby Lottery used a colorful flyer as a lottery ticket and distributed it to tens of thousands of rural women as a means of teaching that three soft drink bottles make a correct liter volume.

### **Limitations and Concerns**

The success of projects employing communication for health is clearly encouraging, but there are also limitations and concerns yet to be addressed. ORT products are not al-

*“...most mothers do not understand dehydration initially. They simply want a remedy for diarrhea. How then do you convince women that ORT works when it does not actually stop diarrhea?”*

ways readily available when media raises interest in them. Opinion leaders whom mothers trust can give contrary advice. Messages themselves, if not appropriately tested, can confuse or conflict with traditional beliefs. They may not be practical for women burdened with many needs competing for their time. Many communication efforts have suffered from piecemeal investments; too many programs still represent “one-shot” campaign efforts. We know that communication is not mass media alone, it is not self-sufficient and it is not a quick fix for all problems. Effective communication is audience-oriented, multi-channeled and has only a few actionable messages. It is consistent over time and adaptable to change. Communication can work, not only to promote, but to teach, remind and reinforce.

Past experience has clearly shown that in countries like Swaziland, Honduras and The Gambia, communication can be fundamental to a health program’s overall success.

### **Elements of Success**

This success depends on the ability to change what people do, as well as what they believe, requiring a sensitive understanding of how people are affected by specific health problems. This understanding then must be followed by the careful crafting of products and educational messages both useful and practical.

Who is the audience? How can their beliefs be incorporated, even reflected in the strategy? These important questions and others are part of preliminary research essential to any campaign. Findings then are reflected in the message design. In Honduras, for example, the belief in the medicinal value of a worm sack called “La Bolsa” became a humorous part of a radio campaign. By using gentle humor, the message thus avoided physician criticism, yet identified Litrosol with a strongly-held traditional belief.

Marketing, behavioral analysis and anthropology are all important components in the success of health communications campaigns. Marketing provides the framework upon which to build a comprehensive program. Behavior analysis focuses on actual village practices. And anthropological investigation gives meaning to the behavior observed. The integration of these three elements of success leads to the design and execution of what are often life-saving health messages. In Honduras, and around the world, mothers agree, these are messages worth hearing. □

### **OBITUARIES**

**Theodore J. Curphey, M.D.**, died Nov. 27, 1986. Dr. Curphey joined AMWA in 1954 and became a Fellow in 1958.

**Lee N. Hamm, M.D.**, died March 17, 1987. He joined AMWA in 1960.

**Lees M. Schadel, Jr., M.D.**, died March 25, 1987.

**Sally Hedrick** died July 23, 1987. She was a member of AMWA since 1984. She recently was elected Secretary of the Mid-Atlantic Chapter.