

Multimedia health promotion policies

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1. INTRODUCTION

Ethical considerations have to be taken into account when promoting choices that affect human health. There are many examples showing the negative effects of badly utilized information or lack of information in all areas of activity, but this is particularly serious when the feeding and health of young children are at stake. This is why one cannot be too careful in avoiding any deviation or inexpedient use of information. This implies awareness of declared commitment to public interest.

The task of any person responsible for health promotion is to ensure appropriate contacts between the producers of information and the consumers of that information. The promoter's role is to derive the maximum benefit from Science and Technology in order to make them available to those in need. He must implement and manage appropriate mechanisms capable of:

- facilitating the circulation of information flows
- maintaining the quality of information
- monitoring the use made of that information.

This mediation is geared by the diversity of the objectives to be achieved: the state-of-the-art knowledge on the subject to be promoted, the target audience, human, technical and financial resources, and the institutional, economic and cultural elements of the operational framework envisaged.

Implementing a multimedia promotion mechanism and initiating promotion activities are strategic steps governed by political choices and decisions. The overall mechanism presented includes four successive interdependent stages. Its aim is to help define and reactivate health promotion policies adapted to various scales of intervention.

The objective is to consider ways of implementing multimedia health promotion policies, to ensure the gradual and harmonious transition from milk-based feeding to family food for young children between 6 and 24 months of age. Multimedia means the coordinated use of all means and all appropriate aids according to the scale of intervention.

2. FOUR STAGES OF THE MULTIMEDIA HEALTH PROMOTION MECHANISM

2.1 Stage 1: identification and analysis of multimedia health promotion needs

The stage of identifying and analysing health promotion needs is similar to a market survey. The objective is to adapt the updated state of the art knowledge to the needs of the users. The goals of actions at this level are the following:

- Define and prepare the messages to be promoted.
- Ensure regular follow-up of the progress made and current status.
- Identify, together with the population groups involved, specific needs and define appropriate methods and tools able to meet them.
- Explore new methods and relevant innovative techniques likely to enhance the impact of health promotion activities.
- Identify the public's information needs through available media.
- Propose practical updated manuals for training and education.
- Mobilize human, technical and financial resources.
- Involve communication professionals to a greater degree in health promotion activities.

The state-of-the-art knowledge is in the hands of the scientific and technical community that has expertise in a particular subject, in this case experts in complementary feeding of young children. It is the core of the mechanism around which the various health promotion activities can be based. In promoting complementary feeding practices, a first step could be research.

Promotion of research

The scientific and technical community needs to exchange, share, and compare any information useful for improving knowledge and producing results that can be promoted among the users. The permanent establishment of a scientific and technical information system would help to speed up communication among experts.

In the area of complementary feeding there is a need for scientific and technical information on appropriate technologies for producing complementary foods, on the nutritional status of infants and young children, feeding practices, food acceptability criteria, traditional agricultural and cooking practices, and food safety. There is also a need for information on the cultural, linguistic and social criteria for the implementation of nutrition promotion programmes.

Promotion of health education and vocational training

Although young children aged 6 to 24 months are the final users in a campaign to promote their feeding, it is true that they have limited — but not negligible — ways of expressing or showing whether or not they are satisfied. Their mothers or caregivers are naturally the first ones to care for them and give them a balanced diet. The promotion of awareness among mothers and future mothers and the education of young girls are obvious priorities in any integrated health promotion programme that covers, *inter alia*, the promotion of breastfeeding and of complementary feeding with all its practical implications. The proposed mechanism

will include promoting awareness in schools and the media, as well as among the public, especially young girls and women.

Training needs have been identified with respect to health workers, including those at the peripheral level, persons working in sectors related to agricultural and food production, cooperative groups, community leaders, educators, etc. Specific approaches can cover these needs through action affecting working conditions and vocational training.

Political promotion

One priority which has been expressed is the need to integrate the most needy sectors of the population in strategies to promote complementary feeding practices and to develop mechanisms to deal with emergency situations.

By definition, health promotion strategies are intersectoral. According to the situation in each country, the implementation of strategies to promote complementary feeding practices will involve several ministries and therefore will require the identification of coordination mechanisms within each technical ministry involved.

Promotion of standards and guidelines

In the first stage, it is necessary to consolidate the regulations; in other words, to reach the institutions and persons responsible for legislation, production, monitoring, marketing and promoting the recommended products and methods.

2.2 Stage 2: access to knowledge

Access to knowledge is a claim that can be compared to a right. It determines social and economic progress and is closely linked to the level of development in each country. Recently there has been a marked increase in access to information, including in some of the least developed countries. This is taking place in conjunction with the advance of democracy, the growing popularity of computers, office automation and the media; it is the result of telecommunications that transcend political frontiers and cultural divides. The goals at this level are the following:

- Identify sources of useful information related to the priorities defined during Stage 1.
- Select and consolidate the permanently updated mass of useful information.
- Set up networks and sites where the information can be consulted.
- Make the information sources available to the greatest possible number of persons.

2.3 Stage 3: multimedia production

At this stage, it is necessary to develop tools that are specifically adapted to the target groups identified. The perception of the target groups must be taken into account. Feeding habits and practices, the child's taste, cultural and religious customs, agricultural traditions, knowledge of traditional practitioners, etc. have to be respected and taken into account because to a large extent they govern the potential impact of any health promotion measure.

A spirit of creativity must be present, both in the choice of media, and in the methods of analysing and processing the content of the information. These must be at the same time

effective, suitable, accessible and accepted by potential users, and coordinated according to promotional campaign logic. Actions at this level have the following objectives:

- Produce multimedia material: press releases, radio and television programmes, films, video tapes, exhibitions, posters, brochures, leaflets, databases and banks, guidelines, handbooks, etc.
- Prepare multimedia promotion campaigns.
- Encourage individual, local and domestic production.

2.4 Stage 4: dissemination, promotion, public relations

This stage corresponds to the launching of the activities defined in Stage 1 and developed during Stages 2 and 3. This strategic phase is determined according to the different levels of intervention envisaged: international bodies, governments (Ministries of health, education, communication, agriculture, rural development, social affairs, etc.), mayors, village chiefs, community associations, health centres, schools, etc.

The objective of this stage is to achieve the objectives identified in Stage 1 by using the prescribed tools in a multimedia approach involving the available means of communication in the circumstances: satellite networks, traditional plays, schools, local radio, etc.

3. PUBLIC TARGETED

In communication terms, the most relevant operational “unit” for a promotion campaign are the mothers of children aged 6 to 24 months. The infants as the beneficiaries, and the harmonious and healthy transition from milk-based feeding to family food is the object of the campaign. In order to achieve these objectives satisfactorily, various groups of intermediaries have to be taken into account *inter alia*. For example, in the case of international public bodies, Member States will be the primary intermediaries through their various governing bodies. It will then be necessary to define an ethical, legislative, scientific and technical reference framework and, subsequently, encourage Member States to identify their health promotion needs as well as ways of meeting them.

At the State level, the objective is to define and implement health promotion policies and strategies through intersectoral coordination mechanisms that involve the following: public health, social affairs, education, agriculture, rural development, communication, and decentralization. These policies must then be relayed through the various groups of intermediaries until they reach the outermost edges of the provinces in each country, that is, the general public.

Special approaches can encourage common interests among communities, for example:

- donors can coordinate the mobilization of human, technical, technological and financial resources;
- scientific and technical resources can encourage tackling new challenges;
- teachers and educators can produce more effective teaching materials;
- local authorities;
- traditional and religious authorities;
- associations, especially women's groups.

4. COORDINATION

The mechanism as a whole is devised to adapt the messages for different audiences. Ongoing coordination is essential, together with an assessment of the measures put into effect. The latter aspect is probably the most difficult to carry out correctly because it is not easy to measure impact in the area of communication, promotion and information. The effects of a promotion campaign may only be visible several months or even several years later, although they are always difficult to measure and *a fortiori* to quantify. The assessment aspect is shown in Figure 1 as feedback from the mechanism as a whole. Even if this function is difficult to implement, particularly useful indications can be provided through studies and surveys of samples of the relevant target group. By analysing them, it will be possible to adapt new promotion strategies as required.

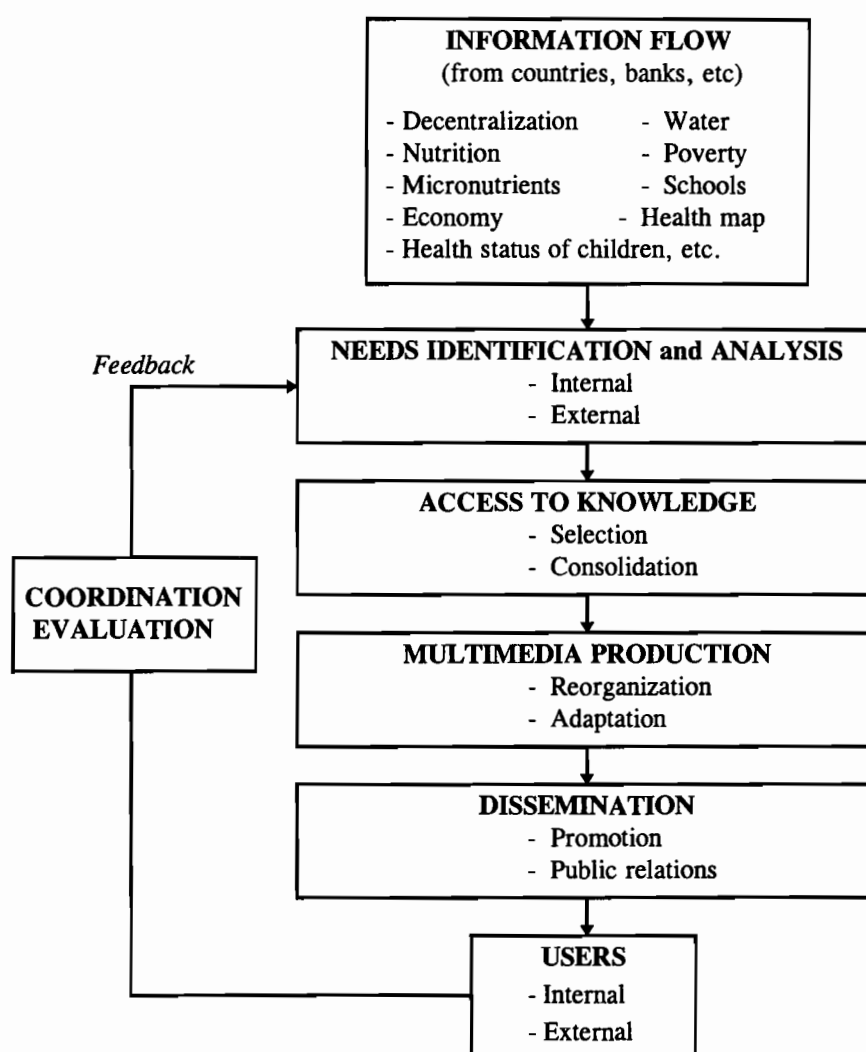


Figure 1
Multimedia health promotion mechanism

One immediate measure suggested is to set up an on-line base of factual, selective and accessible data. Such a tool would help to considerably strengthen the promotion of balanced complementary feeding practices for young children.

In the first instance, this data bank could contain scientific and technical information on the nutrient composition of products used to produce complementary foods for children aged 6 to 24 months. This type of information should be easy and quick to access for experts in each country. This basic information could then be reprocessed and completed in each country, and used by local communities where it would be widely disseminated.

If efforts are made to respond better to one of the needs of infants and young children, this initiative could combine and possibly integrate responses to other essential needs, such as malaria, measles, diarrhoeal diseases, vaccination, etc.

5. CONCLUSION

This rapid overview shows that there is an urgent need at all levels for multimedia health promotion in relation to complementary feeding practices. Depending on the intervention scale and on the country concerned, work should be carried out to elaborate appropriate policies on a case-by-case basis.

Complementary feeding

of young children in Africa and the Middle East



COMPLEMENTARY FEEDING OF YOUNG CHILDREN IN AFRICA AND THE MIDDLE EAST

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Geneva, 1999**

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Part of this document was published in French as “L'alimentation de complément du jeune enfant” by Orstom Editions, 1995 (ISBN 2-7099-1289-9). The English translation is published with the permission of Orstom.

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