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HUMANITARIAN HEALTH EDUCATION PROGRAMMING: DIFFUSION OF HEALTH MESSAGES THROUGH FOLK MEDIA

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The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. It is not a privilege reserved for those with power, money, or social standing.

"The International Declaration of Health Rights" The United Nations

For several decades, numerous health programs for the underserved have been launched in rural areas of developing countries. World organization, NGO's and government agencies have been allocating a significant portion of their budgets for developing health education programs for underserved population in different parts of the world. The success rate of reaching the goals of these programs has been very slow. For example, in India experience in rural health development has clearly indicated that isolated urban health programs do not provide appropriate assistance to the underserved sections of society (Hedge, 1997). Thus, in spite of good intentions, conventional means of communicating health messages to rural dwellers have been found to be incompatible and unsuccessful. As a result, health program organizers often get discouraged and rural populations continue to be the victims of epidemics, suffering, sickness and numerous diseases. The underserved stay trapped in the vicious cycle of sickness and poor health for generations. Health professionals recognize that program strategies should focus on alternative means to address the health issues of rural population but that does not mean that the focus of these programs should change instead the emphasis should be to find the more effective means to deliver health programs to these underserved populations.

Program organizers need to emphasize both short term and long term benefits of proper nutrition, hygiene, prevention of diseases, and timely medical assistance. Incorporating and implementing these concepts is one of the biggest challenges faced by world health organizations. This paper offers a workable plan, which is based on a preliminary research findings involving the health education programs for the underserved. The purpose of this study was to identify scholars' as well as the rural population's views on using folk media in disseminating health education programs for local people in the rural area of Rajasthan.

Folk Media

For several decades “folk media” have attracted the attention of communication professionals as an alternative or as a complement to other means of communication (Van der Stichele, 2000). Folk media have been used to inform, motivate, educate, influence behaviors, and bring social change. Folk media components have been used in literacy project for children and adults, in environmental programs, in family planning campaigns, and in health care programs.

Dr. James L. Ng’ombe, executive director of Malawi Institute of Journalism offers this explanation of folk media:

“...folk means the common people, also referred to as villagers, [sometimes referred to] as the farming or rural community, simply farmers. Media can be interpreted as the vehicle through which messages are carried from one end (variously or specifically called source, speaker, writer, artist, musician, or dancer), to another (receiver, target, listener, reader, or viewer). Folk media will therefore refer to the vehicle the common people or rural farmers employ for the delivery of their message. In line with these definitions arise such concepts as folk sculpture, folk music, folk dance, or folk paintings. Specifically, what is being expressed here through this terminology is the activity among the common people. ”

The underlying idea of this paper is that if the common people or the rural dwellers have been able to create folk music, folk dance, folk stories, folk drama, it makes it imperative to conclude that folk media forms of communication exist in rural areas and can be of immense value in communicating health messages to the rural community.

Because this preliminary study was conducted in India a brief description of some of the major characteristics of Indian culture is warranted. The nuances of the Indian cultural characteristics are ingrained even among the rural population of India. The brief outlines of two of the four major characteristics of Indian culture will facilitate an understanding of various folk media of rural culture in India.

INDIAN CULTURE

The Japanese emphasize collectivism, the Americans value individualism; to the Indians, individualism and collectivism are complementary to each other. “The parts of a system will have to be interconnected” (Shankar, 1985) say the Indians. The belief that parts rely on the system and the system cannot exist without its components is deeply ingrained in Indian culture. It affects every aspect of Indian society: personal, social, professional, and environmental.

There are four major characteristics of Indian culture: 1). Dharma, 2) worldview, 3). caste system, and 4). spirit of tolerance. These cultural factors are often reflected in Indian people’s behavior and in their styles of communication. Two of these characteristics, “Dharma” and the “Spirit of Tolerance,” are pervasive enough to be considered the cultural guideposts influencing the Indian people’s personal and social perceptions. Dharma is described as a divinely ordained norm of good conduct and righteous living (Basham, 1963). For example “Piter dharma”- dharma of father, “Matra dharma”-dharma of mother, “Bal dharma”- dharma of children, “Pati dharma”- dharma of husband, “patni dharma”- dharma of wife, and “ Su-nari dharma,” dharma of a good woman pro-

vide the standards by which much of an individual's personal and social behaviors are judged. Thus, it is Dharma that assists people in displaying appropriate behavior whenever they face a critical situation or personal and/or social crisis. By observing our dharma, say the Indians, we benefit others and ourselves (Shankar, 1997). The two sides of Dharma, individual and social, influence the interdependence between what one thinks about and how one perceives his/her associates. As a member of society every individual is obligated to fulfill his/her dharma for the good of society.

For example, an Indian woman, in general, is supposed to learn early in her life, that modesty is a virtue and protecting family honor is the dharma of every good woman. There is an abundance of stories and folklore in Indian literature portraying the image of a good and ideal woman who observes her dharma. Her sacrifice of personal interest for the good of her family and relatives is encouraged and admired. Such an attitude of martyrdom is very pervasive in Indian culture. In fact such perception expands even to the issue of family planning. For example, most women, especially living in economically disadvantaged conditions, do not want to have many children. But they are pressured to continue to bear children until they have a son, and preferably two sons. Therefore the family planning decision belongs only to the woman but often it is the husband, mother-in-law, and relatives who dictate what size family is "necessary." However the woman is aware of health related risks associated with childbirth in rural areas: she lives in an environment which is not only economically disadvantaged, but that has very poor health care facilities. She faces serious health related risks but due to cultural pressures of the "good woman" dharma she goes along with family's decision.

Likewise the "good woman" dharma expands even to making decisions about health issues related to women. For example attempting to discuss personal health problems such as breast cancer is often considered an act of immodesty. Because such discussion would involve private body parts, female breasts. Since a "good woman" dharma warrants modesty and politeness a good woman should avoid such discussion in public, particularly in presence of men. Therefore many women, especially in rural areas, would feel constraints in talking about their diseases and other health related problems. This study offers an option, the diffusion of health messages through folk media, which can be utilized without disrupting the cultural norms of the village population. Through this option the women can discuss their health issues, with even greater appeal, while maintaining the ideology of a good and modest woman. Health themes can be organized in folk songs, folk tales, puppetry show, and the street Theater.

The spirit of tolerance is another cultural imperative, which affects the entire Indian society. Indians believe that acceptance and tolerance of differences are necessary for the benefit of the individual and welfare of society. The examples of tolerant behaviors can be observed in people's verbal and nonverbal acts. The acts of understanding and the feelings of empathy are highly regarded attributes of tolerant behaviors. Such behaviors are considered supportive behaviors which can be observed in acts of speech that are "intended to convey various kinds of assistance and support [to one's associates]" (Goldsmith, 1992, p.276).

An understanding of characteristic of spirit of tolerance will assist the field workers to know the ties that people have with each other in villages. They will be able to devel-

op an insight into the nuances of village culture. Accordingly the field workers would organize and incorporate topics of health and hygiene in community rituals and ceremonies that address the issues of tolerance. This can become the basis of making transitions to new health messages. Thus the diffusion of health messages will be incorporated in a concept which is familiar to the village population-the concept of tolerance. Furthermore, the characteristic of tolerance, can be utilized for group media-drama, about sanitation, adequate nutrition, safe drinking water, and how to organize proactive strategies to preventive sickness and disease.

DIFFUSION OF HEALTH MESSAGES

Diffusion is defined as the process by which an innovative idea is communicated through certain channels over time among the members of a social system (Rogers, 1983). The scholars of diffusion theory believe that social change occurs when members of a social system adopt new ideas and practices. Considerable research has been conducted on the communication aspect of diffusion of innovation in promoting social change. Thus, the disciplines of sociology, economics, geography, and public health have incorporated the method of diffusion of innovation in one form or another. Diffusion theory scholars have used their principles in numerous projects to motivate people to become financially self-sufficient, to convince farmers to improve their crops, to educate mothers to provide more nutritious food for their children, and to influence traditional attitudes about birth control.

One notable example of use of diffusion theory of poverty alleviation efforts is the Grameen Bank project in Bangladesh. The Grameen refers to the “rural” in Bangla language. The bank represents a highly innovative, flexible, and effective institutional mechanism to reach and empower the poor (Auwal & Singhal, 1992).

The underlying idea of Grameen Bank was that if the poor were provided with initial finances- (the seed money or the working capital) and if a workable system was implemented, the poor could become financially self-sufficient (Hossain, 1988). The Grameen bank project communicated its messages of economic self-sufficiency through mass media and interpersonal channels in Bangladesh since 1976. Many other countries have recognized its success and would like to implement similar ideas in designing programs for their own rural development.

The present study contends that diffusion of health messages through folk media will be particularly helpful for those recipients who face difficulties in relating to other means of communication such as workshops, lectures, seminars etc. The rural people are generally illiterate and they need familiar means of communication. For example the folk media such as puppetry, street theatre, folk dance, and folk stories that reflect the daily events of rural people’s lives in a simple, not simplistic, manner. Since folk media is based on oral traditions, and rural people are familiar with it, they feel easily connected to such means of communication.

METHODS AND RESULTS

The study design is descriptive. The questionnaire, containing objective as well as open-ended items, was tested in India in cultural settings of state of Rajasthan. It was test-

ed with workers who had working knowledge of village culture and language and social science professionals who have had prior experience in conducting social research in the State of Rajasthan. The preliminary studies such as this, whose primary objective is to lay the groundwork for future in-depth research, are typically guided by data as the research progresses. The idea was that later, depending on the future plan and availability of the resources, the study would be expanded.

Instrument

As mentioned earlier in this paper for this study no formal hypotheses were necessary. Instead, three specific questions, accompanied with open-ended questions, were formulated. The use of open-ended questions enabled the respondents to express themselves freely without being influenced by any suggestions from the interviewers. The interviewers who administered the questionnaire with following three questions were paraprofessionals; they were proficient in the native language of the respondents.

1. Will using the folk media approach be useful for diffusion of health messages to rural population in India?

2. Can folk media techniques be connected to the two of the major characteristics of Indian culture, “dharma” and “spirit of tolerance.”?

3. How the folk media approach can be used for diffusion of health messages to rural population?

Procedure

Three types of methods were used in combination to collect data for this preliminary study. (1) semi-structured interviews and discussion with other health program planners; (2) interviews with local rural dwellers/the underserved population; and (3) field visits direct observations by the other para-professionals (asking local people about their views of folk media in understanding the health education programs). Each interview involved the examples of folk media and its value to health education programs for the underserved population in state of Rajasthan, India. This should be mentioned that due to wide variations in rural population it was difficult to identify all the health needs and problems of the underserved population. In this respect this study was a preliminary/exploratory attempt to know about people’s views for incorporating folk-media method in organizing the health education programs for the rural population. Accordingly the fifteen respondents in the study were selected from various backgrounds, the village people, the social workers, and the health program organizers. An informal network of local individuals and field workers were utilized. Responses from the participants can be utilized develop the health education programs for the underserved in rural India.

During the face to face interviews a questionnaire with open-ended questions was used. The participants were interviewed in their familiar surroundings in an informal environment, which allowed them to feel comfortable in sharing their individual perspective to open-ended questions. Such a technique was found to be less threatening. Because of exploratory nature of the research the number of interviewees were kept small - a total of fifteen.

Subjects

The participants were approached through informal networks of community workers, social workers, and professional associates. Fifteen subjects agreed to participate. The respondents were from various backgrounds, including health program organizers, social workers, and village people. Each of the participants was informed about the purpose of the study. The framework of the study was explained to them. Interviews were conducted in informal settings such as their home, coffee shop, or library.

Results

For this study the participants were asked to express their views on conducting a study, diffusion of health messages through folk media to rural people in state of Rajasthan. As mentioned earlier in this paper, altogether there were fifteen participants. This section presents the responses of the participants to following research questions:

1. Will using the folk media approach be useful for diffusion of health messages to rural population in India?

2. Can folk media techniques be connected to the two of the major characteristics of Indian culture, “dharma” and “spirit of tolerance.”?

3. How the folk media approach can be used for diffusion of health messages to rural population?

The participants’ responses from the university community. The university community participants gave an overwhelming support to the idea of using folk media for diffusion of health messages to village population in India. Four of the five respondents from this group were very specific in articulating their responses. They said that traditional folk media, if properly used, can be a very effective means of connecting the concept of “dharma of a good woman” to persuade mothers to prepare nutritious food for their children, influence traditional attitudes about birth control and family size, and change unfounded beliefs about sickness, diseases, and other health related issues.

The field workers and paraprofessionals’ responses. Implied in the responses from these participants were the suggestions that using folk media for diffusion of health messages is a very pragmatic approach. The respondents cited several examples about how health messages themes can be associated to the idea of “tolerance.” They explained about villagers’ general attitudes toward acceptance and tolerance. As indicated in the participants’ responses the positive attitudes of the village population can be incorporated in traditional folk media for communicating health messages to the village population. For example, as suggested by one of the participants, folk songs, dances, ceremonies occasions, and street theater can be utilized for such purpose.

The villagers’ responses. The villagers in this study were asked to share their knowledge of traditional folk media in their village and how it can be used to convey the health messages to people in their village. Receiving the responses of the villagers was particularly important for this study because all of them have been residing in their village for generations. Their responses suggest that although folk media for health related issues have never been used in their village but it will be a good idea to try and they would be willing to persuade the other villagers to participate in this project. They expressed a strong interest in the study and desired to know more about the how the research would be conducted.

Implications & Future Plan

Information on how local people, social scientists, and the professionals view the diffusions of health messages through folk media to rural people was significant in developing and conducting such studies. As stated by Johnson & Meischke (1993) such information is the key element for organizing and conducting [such] research studies. The purpose of this study, was to identify scholars' as well as the rural population's views on using folk media in disseminating health education programs for local people in the rural area of Rajsthan. To this end I have presented the views of fifteen participants from three sections of the population, scholars from the university community, field workers, and the villagers

As the responses of the participants suggest all the respondents were highly in favor of using folk media as a communication channel for diffusion of health messages to village population in India.

My purpose throughout this article has been to demonstrate the usefulness of folk media, as a channel of communication, for designing humanitarian health education programs for the underserved in rural areas of India-the state of Rajsthan.

A preliminary study such as this one cannot establish generalization or universality of using folk media for diffusion of health messages, but it strongly suggests a highly positive attitude of the respondents toward using this method to educate the rural dwellers about the importance of health issues in their lives. Furthermore, the knowledge of such positive attitude can assist in organizing future health programs for the underserved population in other parts of the world.

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