International Journal of Physical Education, Sports and Health 2017; 4(4): 103-105

P-ISSN: 2394-1685
E-ISSN: 2394-1693
Impact Factor (ISRA): 5.38
IJPESH 2017; 4(4): 103-105

www.kheljournal.com
Received: 22-05-2017
Accepted: 24-06-2017

Palwinder Singh Bhatia
Assistant Professor, Kamla Nehru College, Phagwara, Punjab, India

Correspondence
Palwinder Singh Bhatia
Assistant Professor, Kamla Nehru College, Phagwara, Punjab, India

Use of radio for health promotion and behavior change: An analyse

Palwinder Singh Bhatia

Abstract
Health communication is any type of human communication whose content is concerned with health. So health communication can be taken in many forms. When the Office of Medical Applications of Research of the National Institutes of Health issues a practice guideline (in the form of a Consent Development Statement) for the 23,000 Medical practitioners, this too is health communication. Health communication is also the front-page article in the Hindustan Times or a story on the national news about a mysterious new epidemic (e.g., Ebola virus) that serves to put a health concern on the national agenda (Dearing & Rogers, in press; Rogers *et al*., 1991). These examples suggest that communication is a vital ingredient in almost every form of medicine and health. Often, communication plays the key role in determining whether medical research and health programs that seek to apply research-based knowledge are effective in helping to solve health problems.
Communication combines medical / health expertise on the one hand with the public and its health problems on the other. This linking function of health communication is included or implied in a variety of examples provided: patient-doctor communication, media agenda-setting, preventive health campaigns. In this article, I focused on radio campaigns for preventive health, because they are a particularly important type of health communication. A communication campaign through radio (a) is purposeful, intended to cause specific human behavior change; (B) is aimed at a large number of individuals; (C) is conducted within a particular period of time; and (d) An organized set of communication activities is involved (Rogers and Story, 1987). In recent years, communication campaigns have become relatively more effective as the result of the increased use of formative evaluation research (research on an intended audience) to design a campaign's strategies and to pretest its messages and the segmentation of total audiences into specific sub-audiences, which are then reached with targeted messages, as discussed later in this article.

Keywords: Radio, health promotion, behavior, analyse

Introduction
Radio campaigns are widely used to expose high proportions of large populations to messages through routine uses of existing media, such as television and newspapers. Exposure to such messages is, therefore, generally passive. Such campaigns are frequently competing with factors, such as pervasive product marketing, powerful social norms, and behaviours driven by addiction or habit. Over the past few decades, media campaigns have been used in an attempt to affect various health behaviours in mass populations. Such campaigns have most notably been aimed at tobacco use and heart-disease prevention, but have also addressed alcohol and illicit drug use, cancer screening and prevention, sex-related behaviours, child survival, and many other health-related issues. Typical campaigns have placed messages in media that reach large audiences, most frequently via television or radio. Exposure to such messages is generally passive, resulting from an incidental effect of routine use of media. Some campaigns incorporate new technologies (eg, the internet, mobile phones and personal digital assistants), but recipients have so far generally been required to actively choose to seek information, for example by clicking on a web link, and discussion of these methods is not included in this Review. Radio campaigns can be of short duration or may extend over long periods. They may stand alone or be linked to other organised programme components, such as clinical or institutional outreach and easy access to newly available or existing products or services, or may complement policy changes.

Multiple methods of dissemination might be used if health campaigns are part of broader social marketing programmes.

Direct and indirect methods to affect behavior change

Radio campaigns can work through direct and indirect avenues to change the behavior of the entire population. Many campaigns aim to directly influence individual recipients by inviting cognitive or emotional responses. The purpose of such programs is to influence decision-making processes at the individual level. Anticipated outcomes include removing or mitigating change, helping people adopt healthy or unhealthy social norms, and connecting valuable emotions with achieving change. These changes reinforce the intention to change and increase the likelihood of acquiring new behaviors. For example, an antismoking campaign may emphasize the benefits of quit smoking, providing a telephone number for a support line, reminding smokers of positive social norms regarding quitting. Behavior change can also be achieved through indirect pathways. First, Radio messages can set an agenda for interpersonal discussion, frequency, depth, or both about a particular health issue within an individual's social network, which may be reinforced in conjunction with personal exposure to messages, is (or may be less) a specific change in behavior. Second, Radio messages reach a large audience, change the behavior that become the norm within an individual's social network can influence the decisions of the person without whom they are directly initiated by the campaign Went or was started. For example, after listening radio antismoking campaign messages, several members of a social group might be prompted to form a support group to help them stop smoking. Another person who has not seen the radio campaign may decide to join a support group and change their own behavior. Finally, radio campaigns can lead to public discussion of health issues and changes in public policy, resulting in obstacles to individuals' behavior and thus change. For example, a campaign that discourages smoking due to its second-hand effect on smokers may not persuade smokers to quit, but may increase public support for a new policy that would Restricts smoking in specific locations, which may be a secondary effect of persuasion.

Evidence for health behavior change

We discussed a range of radio campaigns, from constrained experimental programmes with complex research apparatus funded specifically to test the promise of public communication, such as the Stanford Heart Disease Prevention Program, to campaigns mounted as large-scale interventions on a regional or national scale, not operationally constrained by the need for outcome assessment, but to which analysis was later applied, such as the US National Youth Antidrug Media Campaign. These differences matter because the strength of work-cause claims is influenced by the design of the campaign. For example, campaigns designed to maximize scale and operational success but which do not carefully assess results can be expected to make weaker claims than those that involve carefully planned experimental assessments. Large-scale media campaigns, however, carry high population risks and can exploit indirect routes that can increase overall population response to campaigns. Careful experimental designs are often used to assess only the direct effects of small-scale campaigns, which may not provide the potential for maximum effectiveness.

Tobacco, alcohol, and illicit drugs

One in three long-term tobacco users die prematurely, mainly from cardiovascular and respiratory diseases and cancer. Without intervention, by the end of this century globally 1 billion premature deaths are predicted to be related to tobacco. Tobacco use is also a major contributor to social inequalities in mortality in many populations worldwide. More studies have been conducted to assess the effects of media campaigns on tobacco use than any other health-related issue; as a result, evidence of benefit is stronger. Between the 1970s and mid-1990s, studies were moderated as part of research demonstration projects, while large-scale media campaigns from the mid-1990s were evaluated as key components of state and national tobacco control programs I went.

Birth-rate reduction and prevention of HIV infection

Reduction in birth rates and prevention of HIV infection require large-scale changes in human behavior. Therefore, unexpectedly, both these issues have been largely concentrated for media campaigns. The intention to encourage family planning has been particularly important in low-income countries, while the aims of preventing HIV infection have been relevant in low-income and high-income countries.The transition from high to low birth rates requires a climate for "supportive of modern contraceptive use and consideration of small family size". This opinion is supported by substantial evidence that the dissemination of information through the radio campaigns is associated with the adoption of contraception, with efforts to promote family planning. Positive results can be shown whether comparisons are made across geographic regions over time, or between individuals. For example, Cleland and Ali noted a sharp increase in condom use to protect against pregnancy among young women across Africa (from 5% to 18% between 1993 and 2001), which is related to HIV Attributes condom promotion campaigns.

Although these temporal or cross-sectional associations are notable and, in some cases, independent of potential confusers, the effects of exposure are not always clear, ranging from isolating the effects of exposure to modern values through modern media to specific promotional campaign materials. Evidence of discrete projects is complemented by population-level and holistic studies. Effective family planning communication strategies include embedding family-planning messages in entertainment programs, particularly in a soap opera format, social marketing with extended delivery of family planning tools, and focused promotional advertising. The largest short-term increase in demand has been reported for those who were exposed to campaign messages and were already considering use; those who were not previously committed to use have less strong effects. HIV infection prevention programs have received substantial funding worldwide and large-scale media campaigns have been key components of those programs. Behavioral goals include HIV testing, condom use, and reducing the number of sex partners. Bertrand and colleagues noted mixed results for large-scale media interventions in low-income countries: some studies had moderate to small effects, but others showed no change.

Wellings summarized a series of European AIDS campaigns in the early 1990s with major mass media components. She found that campaign activity and trends in the proportion of people with casual sexual partners who used condoms

increased linearly, especially in countries with more vigorous campaigns, but had no effect on the number of sexual partners. Noar and co-workers built on an earlier review and judged that only ten of 34 identified campaigns had robust quality assessment components, but of these eight showed significant effects on behaviour.

Child survival

In many low-income countries, a large proportion of premature deaths and associated morbidities occur between birth and 5 years of age. The major reasons for poor baby survival include inadequate treatment of diarrhea, resulting in diarrhea, non-vaccination for preventable diseases, and failure to breastfeed exclusively and adequately. Each of these causes has been the target of mass media campaigns, with mixed evidence for success. One review found four out of four childhood vaccination programs that use mass media achieved substantial improvement in vaccine use, and the effects were increased with increased risk of campaigning. A cost-effectiveness analysis in Bangladesh attributed the increased use of vaccination services to national campaign performance.

Later reviews of vaccination interventions found no additional examples of mass media campaigns alone. Instead, mass media was a widely used strategy in multipurpose vaccination campaigns worldwide, and substantial improvements in childhood vaccination were repeatedly recorded. As with other campaigns, the impact cannot be attributed largely to the media campaign component.

Conclusions

Large-scale radio media campaigns can directly and indirectly produce positive changes or prevent negative changes in health-related behaviors in large populations. The likelihood of success is greatly increased by the application of multiple interventions and when the target behavior is one-off or episodic (eg, screening, vaccination, children's aspirin use) habitually or on (eg, food choices, sun exposure, physical Activity). Concurrent availability and use of key services and products are important to persuade media-motivated individuals to act on them. The creations of policies that support opportunities for change provide additional motivation for change, while policy enforcement may discourage unhealthy or unsafe behavior. Public relations or radio advocacy campaigns that shape the treatment of a public health issue by the news and entertainment media represent a promising complementary strategy to traditional media campaigns. Various obstacles exist for the success of large-scale radio campaigns. Extensive marketing for competing products or with opposing messages, the power of social norms, and drug addiction often do not mean a subsistence of positive campaign results. Increasing impacts will require greater and longer-term investment. An increasingly fragmented and cluttered media environment poses challenges to gain sufficient exposure to planned media messages, rather than to facilitate widespread dissemination. Careful planning and testing of campaign content and format with the target audience are, therefore, important (panels). For all the reasons mentioned above, the isolation of the independent effects of radio campaigns is difficult. However, such evidences have been derived from study designs that, in isolation, are less than classically excellent, but overall there is sufficient body support for the outcome that radio campaigns can change population health behavior.

References

1. Farquhar JW. The community-based model of life style intervention trials. Am J Epidemiol. 1978; 108:103-11. [PubMed] [Google Scholar]
2. Hornik R, Jacobsohn L, Orwin R, Piesse A, Kalton G. Effects of the National Youth Anti-Drug Media Campaign on youths. Am J Public Health. 2008; 98:2229-36. [PMC free article]
3. National Cancer Institute. Tobacco Control Monograph No 19. Bethesda, MD: US Department of Health and Human Services, National Institutes of Health, National Cancer Institute; 2008. The role of the media in promoting and reducing tobacco use. NIH Pub No 07-6242.
4. Niederdeppe J, Farrelly MC, Hersey JC, Davis KC. Consequences of dramatic reductions in state tobacco control funds: Florida, 1998–2000. Tob Control. 2008; 17:205-10.
5. Farrelly MC, Healton CG, Davis KC, Messeri P, Hersey JC, Haviland ML, *et al*. getting to the truth: evaluating national tobacco countermarketing campaigns. Am J Public Health. 2002; 92:901-07.
6. Wakefield M, Terry-McElrath Y, Emery S, *et al*. Effect of televised, tobacco company-funded smoking prevention advertising on youth smoking-related beliefs, intentions, and behavior. Am J Public Health. 2006; 96:2154-60.
7. Babor T, Caetano R, Casserwell S, *et al*. Alcohol: no ordinary commodity. New York, NY: World Health Organisation and Oxford University Press, 2003.
8. DeJong W, Atkin CK, Wallack L. A critical analysis of moderation advertising sponsored by the beer industry: are responsible drinking commercials done responsibly? Millbank Q. 1992; 70:661-78. [PubMed] [Google Scholar]
9. Smith SW, Atkin CK, Roznowski J. Are "drink responsibly alcohol campaigns strategically ambiguous? Health Commun. 2006; 20:1-11. [PubMed] [Google Scholar]