

# Using TV talk show for public health media advocacy: A case study

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## Abstract

**Objectives:** Much of the focus of public health communication has been on bringing about individual change with relatively little attention to changing public policy through mass media. We conceptualized using TV talk shows as a tool to influence district level health policy.

**Methods:** A series of TV talk shows was recorded to present the maternal and newborn health situation and promises of public representatives and health officials from 10 project districts. The shows were aired on national circuit. Panellists were interviewed after the airing to know how much were they influenced by this advocacy intervention.

**Results:** Both public representatives and health officials remembered the issue of maternal and newborn health, the project and their participation in the show. Two third of the participants felt more accountable after having given on-camera commitments while half of them informed there were policy discussions or progress in implementation of decisions to improve maternal and newborn health after attending the show. The participants felt a sense of accountability after appearing on TV screen to make pledges on improving the health situation in their district. They appreciated this advocacy initiative and expressed their desire to participate in such shows in future as well. The cost of production and airing of the show was \$1800 per episode.

**Conclusion:** TV talk show is an effective media intervention having low costs, and can be used for public health advocacy in developing countries (JPMA 60:460; 2010).

## Introduction

Advocacy is a powerful communication tool used to influence policy. According to the World Health Organization (WHO), advocacy for health is 'combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme'.<sup>1</sup> Much of the focus of public health advocacy and communication has been on bringing about individual change and relatively little attention has been paid to changing public policy.<sup>2</sup> On the other hand, policy shifts have been identified as being necessary for sustained improvements in public health.<sup>3</sup> Advocacy is integral in building support for public policies and ultimately influences those who have the power to change or preserve, and enact policies and provide funds for the benefit of whole population.<sup>4,5</sup>

Media advocacy defined as "strategic use of media to pressure policy-makers to act with the aim of bringing about changes to policies, regulations and legislation that influence social, environmental or economic causes of ill-health"<sup>6</sup> is a central component of health advocacy.<sup>7</sup> Public health advocacy programmes include a range of interventions to lobby with policy makers, to mobilize people to create pressure, and to develop public-private partnerships. Specific activities include meetings, presentations, sharing advocacy materials, conducting seminars, writing letters, organizing walks, celebrating

days, and involving media.<sup>8</sup> Conducting health advocacy in general and media advocacy in particular may seem easy but galvanizing consistent and long-term political commitment is no small feat. The challenges arise due to conflicts of interest, disparate distribution and types of power, differences of perspective and varied levels and nature of information.<sup>9</sup>

With devolution, decision making trickled down to the district level in Pakistan.<sup>10</sup> The Nazims (elected Mayors) and their deputies at the district; sub-district and union council level, and the officials of district administration and health departments became an important direct audience for various health advocacy efforts. Parallel to this, communication media has seen a revolution in Pakistan as it has in many other countries. There are more than 50 independent TV channels available now which have increased people's access to information many times.<sup>11</sup> In a country where the overall literacy rate is only 40%<sup>12</sup> and electronic media is having a boom, the print media has naturally assumed a secondary importance with less than 15% of the population reading the newspapers as compared to about 50% watching television.<sup>13</sup> Among these TV watchers, the rapidly changing political scenario and access to independent news analysis have shifted TV viewer ship from entertainment programmes to live talk shows.

Realizing the importance of district officials and the popularity of talk show format, Pakistan Initiative for

Mothers and Newborns (PAIMAN); a project designed to improve MNH in 10 districts, recorded and aired district-based TV talk shows in which the district officials spoke as the main participants. The intervention was followed up by evaluating the degree of sensitization and change in 'policy behaviour'. This paper describes the development of the intervention along with findings from its evaluation.

## Methods

The aim of the Talk Show was to get on-camera commitments from three key officials belonging to district health policy including District Nazim, Executive District Officer Health (EDO-H) and District Coordination Officer (DCO). The project envisaged the creation of a sense of moral pressure on the participant district officials once they gave an on-camera commitment and the shows aired on the national circuit. The planners paid careful attention to the political sensitivities of this activity and utilized a participatory approach to ensure that district Nazims and officials of health department were comfortable with the process at every stage. Letters were written to the prospective panellist asking for their willingness to participate in a TV talk show that will be aired on the national circuit. Follow up phone calls were made where necessary. After affirmative responses were received, an experienced and professional production agency was contracted to record these shows.

The project team worked closely with the production agency to develop detailed plans for recording each show. Dates and time for the recording were communicated to participants. The recording team visited various health facilities of the district to record short, four to five minute long documentaries on the local maternal and newborn health (MNH) situation. The talk show was recorded the next day. The District Nazim, DCO and EDO-H were panellists while local citizens participated as the audience. The show held in the district town hall; started with a viewing of the documentary after which the host invited discussion by the participants. The discussion started with the panellists providing information on their plans to improve the MNH situation in their area. The host also invited members of the audience to raise their questions and concerns publicly on the show. The team recorded a total of ten shows, one for each of the PAIMAN districts. The recording of the shows was completed in October 2006.

The programme series was aired on ATV (a terrestrial channel) from April to June 2007 during the evening time-slot of 6-6:30 pm. The total cost of production for 10 shows was \$ 14,000. The cost of airing for all the shows was \$ 3600. On an average, about \$1800 was spent on the production and airing of one episode. A number of efforts were made to publicise the

shows and disseminate the airing schedule. Dissemination included promotions on ATV, posters and leaflets with striking visuals and the entire airing schedule. A total of 10,000 print materials were distributed. In addition, phone promotions immediately preceding the broadcast were also conducted.

An independent evaluation of the Talk Shows was undertaken six months after the broadcast. Given the multiplicity of programme activities, for which an overall large scale project evaluation is already planned, specific efforts were made to ensure that this evaluation focus on the discrete effects of the talk show on the district-level policy makers who participated in the show. The objectives of this evaluation therefore focussed on (1) the retention of the policy makers on the commitments they made, (2) to gather information on any progress in the context of MNH in respective districts, (3) to understand and analyze the efficacy of using such a media tool for advocacy, accountability and development at the district level, and (4) to solicit participants' suggestions on improving such interventions for the future.

All panellists willing to provide their feedback were included. An independent consultant with experience in qualitative research was hired to conduct the evaluation in an unbiased way. The consultant first watched all the episodes and developed a list of open-ended questions. The list of questions was finalized in consultation with project staff. The consultant then visited all the districts and carried out individual interviews with 20 out of 31 participants during 5-25 November 2007. Eleven panellists were not available as they had been transferred elsewhere since the recording of the programme. The interviews involved note taking and in some case, tape recording of the discussion.

Descriptive exploratory methods using both inductive and deductive techniques were used for data analysis.<sup>14</sup> Some deductive analysis involved the use of the interview guide as a framework. A majority of the analysis was inductive in nature, and involved the elicitation additional patterns and themes as they emerged. The analysis steps included: 1) Familiarization with the data 2) Manual data extraction and categorization 3) Identifying patterns and connections and 4) Interpreting and grouping the overall responses as "emerging themes" according to similarities. Some parts of the analysis was coded numerically in order to illustrate or strengthen certain points. Findings from these interviews are being presented below.

## Results

The 20 interviewees included: 9 Nazims, 6 EDO-H, 2 DCOs and 3 officials from district headquarter DHQ hospital (Table). The results presented below are aligned with the four objectives of this evaluation. With regard to the question on level of retention of the programme and their commitments all of the interviewed participants recalled taking part in the

**Table: Number and designation of panelists interviewed from respective districts.**

Name of District	Panelists Interviewed	Total Interviews
Buner	♦ District Nazim ♦ EDO – Health	2
Dadu	♦ District Nazim ♦ EDO-Health ♦ Civil Surgeon – DHQ	3
Dera Ghazi Khan	District Nazim not present in the panel. Other panelists transferred since the programme was recorded	0
Jaffarabad	♦ District Nazim ♦ MS* – DHQ	2
Jhelum	♦ District Nazim ♦ EDO-Health	2
Khanewal	♦ District Nazim ♦ MS – DHQ	2
Lasbela	♦ District Nazim ♦ DCO ♦ EDO-Health	3
Rawalpindi	♦ District Nazim ♦ EDO-Health	2
Sukkur	♦ District Nazim	1
Upper Dir	♦ District Nazim ♦ DCO ♦ EDO – Health	3

\* Medical Superintendent.

programme. About half of the participants took out time to watch the programme when it was aired on the national circuit. Among them were 3 Nazims, 6 EDO-H and one DCO. Nine participants reported they could not watch the broadcast as they did not have prior information on the airing time while four among them were still at work when the programme was aired. Of the 20 respondents, 14 reported watching television only in their spare time while six watched television regularly. Lack of time was reported as a major constraint especially for district Nazims.

Regarding the progress made on MNH issues in the districts since the airing of the programmes, half of the respondents reported having policy discussions on how to improve emergency care for mothers and newborns, and to

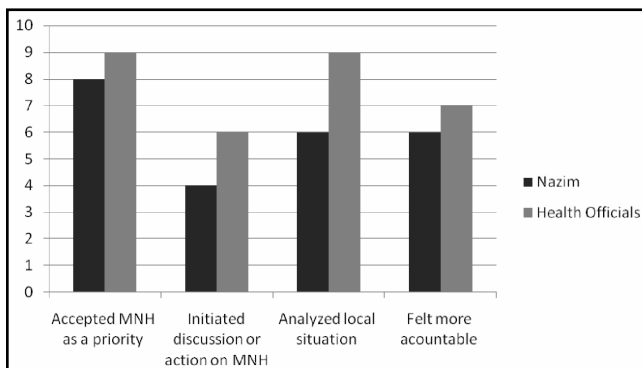


Figure-1: Changes in the policy approach reported by respondents after participating in the shows (n=20).

raise funds for ensuring this care (Figure-1). For example, the EDO-H from Upper Dir mentioned: "There have been discussions on health including maternal health in our district council and district health committees, but we have been doing that even before the TV show. Now, after the show, we are more conscious." Three fourths of the participants mentioned initiating analysis of the MNH situation in their districts. Participants from five districts shared the view that health or the social sector was not a priority in the larger set of decision making. They explained how the lack of resources for health prevented them from strengthening the depleted health facilities at the district level. According to these participants, the low availability of health professionals was a major issue in their districts. One of the participants explained: "In our district, 17 out of 20 seats for health personnel are lying vacant for the last one year. We have sent many letters and reminders, but still no action has been taken by anyone." MS DHQ, Dadu.

Some 13 participants reported that they felt more accountable after having given on-camera commitments to improve MNH in their district. However, three Nazims felt that their TV appearance had little effect on their accountability status. Some 17 of the 20 respondents indicated that their resolve to tackle MNH issues had increased as a result of participating in this show. They further mentioned that MNH was a priority health issue for them as district policy makers and managers (Figure-1). In response to the question on participants' suggestions on improving such interventions for the future, some 14 out of the 20 participants indicated that this was a very effective strategy. A few participants however did mention that TV viewership in their districts was low; hence such programmes were less likely to be as effective as in developed countries.

Talking about future episodes, 18 participants showed their willingness to participate in such shows in future as well (Figure-2). Sharing their responses on how to improve similar interventions in future, 12 participants pointed out that the selected channel (ATV) was not a good choice as it was not

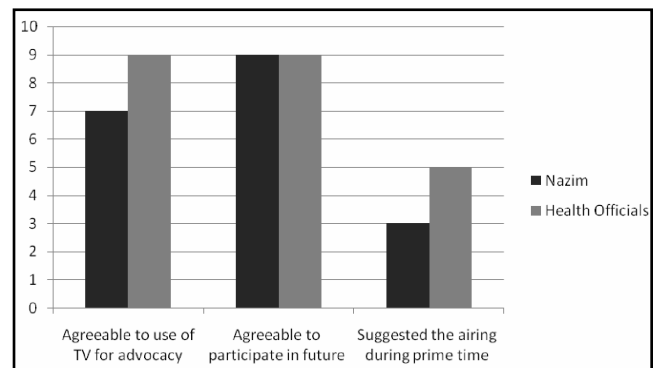


Figure-2: Efficacy and future prospects of TV Talk Shows according to the respondents (n=20).

widely watched by the local population. The broadcast time was also an issue and eight participants felt that prime time (7 to 9 pm) in the evenings could have been more appropriate since more people watch TV later in the evening. At least 4 respondents mentioned not being able to watch the TV show because it was aired at a time when they were still at work in their offices. All the respondents mentioned their interest in having clips from their interviews being re-played on the national or private cable TV channels.

## Discussion

The results of this intervention indicate a high level of retention of information, all of the participants remembered being part of the intervention six months post implementation. Several participants mentioned the discussions and concrete steps that they had taken to improve MNH issues within their districts. The participants felt a sense of accountability after appearing on TV screen to make pledges on improving the MNH situation in their district. They appreciated this advocacy initiative and expressed their desire to participate in such shows in future as well. The show provided a "high profile" platform for the stakeholders, thus increasing the interest and level of participation. The talk show format which was an innovative venture not tried previously in Pakistan and to the best of our knowledge nowhere in the developing world, appears to have been effective in influencing district health policy makers and setting MNH as a priority agenda in the respective districts.

The successful completion of the activity was an achievement on several fronts. PAIMAN is a private-public partnership working in tandem with the Ministry of Health, departments of health at the district level as well as with many other entities to reduce maternal and newborn mortality. The talk shows served as an effective platform during the early stages of the project to increase local support and political will for MNH issues at the district level. Though it was feared that district representatives and health officials would not agree to publicly expose their dilapidated health facilities (in documentary form), nor to be confronted with community questioning, in the end the Nazims and DCOs not only agreed to do the shows, but in many cases appreciated the impact and the exposure. We feel that taking care of political sensitivities and keeping these district officials involved helped the project, and can be a useful lesson for other advocacy initiatives as well. For many Nazims, it was a first for their districts to be aired on television, and therefore represented a momentous and exciting experience for them. As such, the novelty of the experience appears to have heightened their level of interest in the project and towards the larger cause of improving MNH in the country.

Evaluating advocacy interventions and documenting attributable change in significant goals such as reduction in maternal or infant mortality is not easy. Citing these

difficulties, Whitehead has explained how sometimes the indicators of progress could be as slight as a change in official vocabulary.<sup>15</sup> Our study, by examining retention of the commitments made and documenting the preliminary steps that districts have taken have allowed us to represent the early steps in the 'change' process. Assessing indicators of long-term improvement like increased resource allocation, proper spending of these resources and its effects on health outcomes was beyond the scope of this study.

Some of the respondents, especially elected representatives reported little difference in the level of their perceived sense of accountability after appearing on the shows. This hesitation in acknowledging the effectiveness of advocacy is important and is not unique to Pakistan. Stead has described how policy makers generally refuse to acknowledge that they were influenced by media.<sup>16</sup> This indeed is one of the many challenges of measuring effectiveness of advocacy interventions. It also highlights the need for carrying out advocacy on a consistent basis in order for the projects to achieve their objectives.

This paper has several limitations. First, given the multilevel nature of PAIMAN interventions it was not possible for us to do a stand-alone evaluation studying the effectiveness of this one intervention. We chose to focus on the retention and efficacy of the intervention on the policy makers themselves. Other markers of progress as suggested in the published literature like policy statements, legislation, regulations, and funding and resource allocation could however have been explored.<sup>17</sup> Second the selection of a terrestrial channel based on its lower rates to an extent resulted in a less than optimal reach of the talk show. The timings on which the shows were broadcast needed more careful thought. A slot during the prime time could bring more viewership.

Regardless of these limitations, this paper does make an important contribution to the growing literature on media advocacy. The vast and growing availability of television and popularity of the talk show genre can make this an important tool for advocacy. The recording process provides an excellent opportunity for the project to build linkages and partnership with the district leaders. The leaders in turn get the opportunity to appear on a circuit which is wider than their constituency and talk to the voters about their party's health agenda, and present themselves as saviours of people's health. The shows being watched by millions at the national circuit also become a tool for increasing knowledge and mass awareness. Lastly as in our case, the meagre \$1800 spent as the cost of production and broadcast of a 30 minute show means these talk shows can be really cost effective.

## Conclusion

A focus on environmental factors as opposed to individual behaviours is crucial to public health

interventions and impact. This case study illustrates that tackling a policy issue and gaining "on-air" support for MNH through an innovative intervention have met its original goals. Gaining high level support within the district to implement future interventions is vital and low cost media interventions like TV talk show can be helpful in mustering this critical support.

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