

USE OF ELECTRONIC MEDIA IN HEALTH PROMOTION: IS IT COST EFFECTIVE?

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ABSTRACT

It is common knowledge that the evaluation of the effectiveness and impact of health promotion input is extremely difficult to measure compared to other activities and programmes. An intangible product such as health seldom can be tried out. With regards to promotion, all educational tools have limitations or shortcomings and this is why a multi-strategy approach is usually advocated. Its success is a measure of the effectiveness of these multiple strategies which include social marketing techniques using multi-faceted media such as TV/radio messages focusing on the general population as well as specific target groups.

A few internationally recognised marketing and research companies were commissioned to evaluate the overall effectiveness of the Healthy Lifestyle Campaign Phase 1. For example, the ten half-hour episodes on topics related to healthy eating were aired on TV1, every Sunday at 11.30 am starting from 6th July 1997. A total 1.55 million persons viewed the episode series ranging from 83,000 viewers (3rd July 1997) to 273,000 viewers (31st July 1997). The production cost for the series came to a total of RM340,000, i.e. at an average of 21.9 cents per person. In addition, the 10 episodes can be repeated over TV as well as can be used for repeated video screenings in all hospitals and health centres.

Thus, there are evidences to suggest that electronic media approach is more effective and successful than other approaches. It is also more effective and successful in reaching target groups.

INTRODUCTION

The success of health promotion initiatives is measured through vigorous and comprehensive evaluation. This means health outcomes against intended effects. The results of such evaluation should inform the design and implementation of future health promotion initiatives to ensure their sustainability and guarantee their ability to be replicated elsewhere.

The assessment of impact on the aggregation of project and program valuation on health status of population groups is the final objective. However, a problem for health promotion evaluation, as opposed to health service evaluation, is the longer time periods over which effects occur. This means that months or years elapse before the outcomes of program are fully realized.

But evaluation is essential throughout the health promotion program in order to make adjustment as required, communicate failures and successes and for

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replicability where appropriate. This paper will discuss on the issue of using electronic media in health promotion.

EVALUATION CONSTRAINTS

It is common knowledge that the evaluation of the effectiveness and impact of health education input is extremely difficult to measure and quantify when compared to other activities and programmes. An "intangible product" such as health seldom can be tried out, inspected or tested in advance and hence harder to "sell". Tangible products such as equipment, cosmetics or cars differ in that they can usually, or to some degree, be directly experienced - seen, touched, smelled, tested or tasted.

With regards to health education (or health promotion, as it is currently popularly referred to), all educational tools have limitations or shortcomings and this is why a multi-strategy approach is usually advocated. Its success is a measure of the effectiveness of these multiple strategies which include community organisation, social support and social marketing techniques using multi-faceted media such as TV/radio messages, newspaper articles and advertorials, billboards, bus panels, etc focusing on the general population as well as specific target groups.

Nevertheless these are Indirect Indicators for measuring the effectiveness and impact of the health promotion program as, as stated earlier, any direct measurement is almost impossible to capture. It is also clear that measurements of health behavioural changes can seldom be obtained within a short interval of a fiscal year.

American studies have shown that intervention studies to measure behaviour changes are usually done only after 3 to 13 years after the communities are subjected to a particular intervention module.

HEALTHY LIFESTYLE(HLS) PROGRAMME ALLOCATION

HLS campaign Phase I was allocated RM 9.02 million for 6 years or an average of RM 1.5 million per year. Printing of materials alone would cost RM 1-2 millions per year and this amount is barely enough to be of any impact (as the average cost of printing a single full coloured poster is about 50 - 60 cents and a pamphlet may cost up to 15 cents each) as the coverage will be low. In addition, the annual national budget for health education of about RM 15.99 million (for 1997) is minuscule when compared to the total Ministry of Health allocation of about RM 2.844 billion, that is, about 0.0056% of the total. This meagre allocation has created a definite constraint on other activities of the Health Education Division.

However, for phase II of the HLS campaign, the Cabinet had allocated RM 63.5 million for 6 years (1997 - 2002) or about RM 8.1 million per year with an additional annual increment of RM 1 million per theme per year for the sustenance program.

RESULTS AND ANALYSIS

In order to analyse the HLS programme, we shall identify some of the outcomes of the survey and try to analyse some of the relevant components.

Evaluation of the "Love Your Heart" Media Campaign and Exhibition-Frank Small & Associates (1991)

In 1991, an internationally recognised marketing and research company, Frank Small & Associates was commissioned to evaluate the overall effectiveness of the "Love Your Heart" media campaign using a sample of 300 respondents over a 6-month period. Some of the important findings are as follows:

- The "Love Your Heart" campaign achieved a commendable level of awareness and attitudinal impact awareness of the health related campaign is fairly high at 43 % . The impressionability of the campaign is quite high 3 months later despite the end of the advertising campaign in the mass media in September of 1991. The novelty factor and the lack of other strong competitive health campaign ads could have sustained this level of awareness.
- Based on the average reach and recognition of the individual theme ads, all the TV programmes performed better than the print ads.
- More than half of the respondents were aware of the "Love Your Heart" mobile exhibition, indicating a fairly good amount of awareness generated from the mass media and related activities for the exhibition. The major sources of awareness mainly stemmed from radio and newspapers and secondarily TV.

Evaluation of "AIDS Prevention" Campaign (1996)

In 1996, another private company (Big Picture) was commissioned to carry out an evaluation "The Effectiveness Measures and Post Evaluation of AIDS Prevention Campaign". A total of 512 respondents were randomly selected in a cross-sectional nationwide study, with the following results:

- 88% claimed unaided awareness of the campaign
- Strong claim for unaided awareness for each of the TV advertisements except for the general public advertisement (22%)
 - 31% awareness of Youth advertisement
 - 49% awareness of Traveller advertisement
 - 30% awareness of Woman Advertisement

Multiple channels were used in creating awareness in the control and revention of HIV/AIDS via TV, radio and newspapers. The impact of the various channels of advertisement gave the following results (Table 1 and 2).

Table 1: Effectiveness of various media in creating AIDS awareness

Campaign	Effectiveness in creating awareness on threats of AIDS (%)			
	Youth Ad	Traveller Ad	Women Ad	Gen Public Ad
TV	84	88	83	83
Radio	65	66	66	62
Press	60	65	63	63

Table 2: Effectiveness of various media in motivating target group to avoid AIDS

Campaign Medium	Effectiveness in motivating target group to avoid AIDS (%)			
	Youth Ad	Traveller Ad	Women Ad	Gen Public Ad
TV	78	87	82	80
Radio	67	64	63	60
Press	56	65	64	61

Messages through TV is 'superior' in reaching the public as their recall is better compared to radio or the print medium. However, TV advertisement is very expensive as, on an average, it cost RM 8000 - RM 12000 per 60 seconds during prime time over RTM or TV3

Evaluation of "Promotion of Child Health" Campaign (1997)

In conjunction with the launch, newspaper advertorials together with a quiz (which attracted 40,000 entries) in 7 local dailies (over 2 days) costing RM164,582.92 was published, as follows :

Newspaper	Readership (June 96)	Cost	Cost/Reader
NST	817,000 x 2 days	29293.33	3.6 cents
The Star	882,000 x 2 days	20766.58	2.4 cents
Berita Harian	1,852,000 x 2 days	29921.17	1.6 cents
Utusan Malaysia	1,604,000 x 2 days	26462.11	1.6 cents
Tamil Nesan	N. A	-	-
Sin Chew Jit Poh	779,000 x 2 days	22780.58	2.9 cents
Nanyang Siang Pau	691,000 x 2 days	20970.05	3.0 cents

A total of 2,815,000 educational materials were produced at the national level and distributed with the breakdown as follows :

Type	No. of topic	No.produced	Cost (Cost/pc)
Manual	2	40,000	56,000 (RM 1.40)
Poster	4	320,000	168,000 (52.5 cents)
Booklet	2	300,000	155,000 (51.7 cents)
Leaflets/Pamphlets	7	2,100,000	150,000 (7.1 cents)
Calendar	1	40,000	51,200 (RM 1.28)
Stickers	1	10,000	5,500 (55 cents)
Nutntion wheel	1	50,000	42,000 (84.0 cents)
Total		2,815,000	

- A 60 - second trailer on healthy eating costing RM 120,000 was produced and 291 copies were made. This was distributed to the states, aired over the various TV stations ("courtesy" airtime) and screened in 40 cinemas nationwide over a period of 12 weeks at a cost of RM150,000. The trailer was also aired in the Ministry of Health's half-hour programme on Healthy Eating.
- A nine-minute documentary costing RM 125,000 in Bahasa Malaysia and English on Healthy Eating was produced 230 copies were made for distribution.
- A jingle and two radio commercials (Joe's Dinners and Mother's Advice), in the 4 languages were produced for airing over the radio networks, i.e. Radio 1 (50%), Radio 4 (24%), Radio 5 & 6 (13% each) of the 410 radio spots purchased.
- Ten half-hour episodes in topics related to healthy eating were aired on TV1, every Sunday at 11.30 am, starting on 6.7.97. A total 1.55 million persons viewed the 10 - episode series ranging from 83,000 viewers (3.8.97) to 273,000 viewers (31.8.97) and the production cost for the 10 episodes came to a total of RM 340,000, that is, at an average of 21.0 cents per person. In addition, the 10 episodes can be repeated over TV as well as can be used for repeated video screenings in all hospitals and health centres. Moreover, for each of the half-hour series, 2 free slots of 60-second advertisement (valued at about RM 15,000 government rate) are given.

CONCLUSION

Research and intervention studies from around the world as well as local studies/evaluation provide convincing evidence that health promotion works, especially in the creation of awareness and knowledge with regards to specific health issues and diseases. Health promotion strategies can assist in developing and changing lifestyles. There are evidence to suggest that electronic media approach is more effective and successful than other approach. It is also more effective in reaching target groups than other medium approaches. Investment on health promotion strategies and activities can contribute significantly in improving the health status of the people and hence help in the reduction of escalating cost on curative care.