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COMMUNICATION, CULTURE AND HEALTH

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COMMUNICATION, CULTURE AND HEALTH

A Publication of the Faculty of Arts, University of Cape Coast

Edited by:
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Dean of the Faculty of Arts

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Mass Media and Community Health in the Akotokyir Community of Cape Coast – Ghana

Vitus Nanbigne

It has been argued that even though broad-spectrum approaches to health promotion, using mass communication methods, may not be effective, they are still useful as sources of health information and in reaching hidden groups in the general population. The effectiveness of promoting community health through various approaches in the mass media has been questioned. Therefore, in what ways can there be rapid improvement in community health using the mass media? This paper engages in a qualitative interrogation of mass media effects on health the Akotokyir community of Cape Coast in Ghana. The paper argues that the mass media within the Cape Coast Municipality have largely failed to lead to positive changes in community health statuses; some of the reasons for this failure are examined. The paper then offers some recommendations, stressing the need for an integrated municipal health campaign that is culture-specific and sustainable over a long period of time.

Keywords: Akotokyir, Communication, culture, health, media

Introduction

With the massive proliferation of mass media in Ghana, one would assume that audiences (viewers, readers, and listeners) would be equally enriched with information that raises their consciousness about healthy living. It has been argued that public education, largely carried out through the mass media, plays a major role in raising awareness of public health concerns and empowering communities to make informed decisions. This is in spite of the fact that these educational media texts alone do not adequately address the magnitude and complexity of community health concerns. Yet, public education can motivate individuals to change their behaviors and adopt healthy lifestyles. This paper argues that the proliferation of mass media in Ghana has not translated into an equal exhibition of socially useful messages, nor have audiences availed themselves of media content that translates into an improvement of their lives. The paper argues that, not only is there a paucity of media texts on health, but also that, the little that is available is largely ignored in favour of entertainment.

There is a growing interest in the relationship between the mass media and public health (Piotrow, Kincaid, Rimon, Rinehart, & Samson., 1997; Dutta, 2008). Apart from medical scientists, researchers in the Humanities and Social Sciences are also increasingly interested in the critical and complex issues related to health in our societies which transcend the mere physicality of diseases to include sociological and economic variables.

This study offers a bird's eye view of how one community in Ghana accesses mass media texts and the implications for both individual and public health statuses. The study engaged respondents in conversations that explored their mass media choices, their interests in particular texts (programmes), how those choices related to the acquisition of knowledge on healthy living, and how all these impact on their individual and family health statuses. Rather than attempt a statistical study of the population, the study employed a qualitative sample of individuals from various sections of the community. As will be shown later, this offered a broad view of responses which reflected the general attitude of the people in relation to mass media texts.

Research has shown that health communication usually contributed to disease prevention and health promotion. By using well-designed public health campaigns, information could be disseminated concerning health risks, particularly associated with certain lifestyles. Such campaigns influence change in individual and public attitudes and behaviors. Effective health communication can influence the public discourse agenda, raise awareness of various health risks, advocate policies and programmes, and promote positive lifestyle changes. Mass media can provide information and skills to reduce health risks by emphasizing certain social values and norms that are embedded in specific cultures, encourage healthy behaviors, and, therefore, improve the quality of life within communities. Such health promotion and communication initiatives are often audience-centred, which means that they often reflect the target audience's specific cultural context (Dutta, 2008). In order to determine if there are any culture-specific health messages available to the people of Akotokyir, I will briefly offer a survey of what mass media are accessible here.

What Mass Media are Available to the People?

There are a variety of print and electronic mass media available to the people of Akotokyir. The newsstands are dominated by the *Daily Graphic*, *Ghanaian Times*, *Daily Guide*, *Statesman*, *The Mirror*, *The Spectator*, and

The Chronicle. Arguably, these are the most widely read, even though many other smaller newspapers are available. There are also a number of monthly and quarterly magazines on sale. However, there are no newsstands within the Akotokyir community itself. Most of these readers in this community are literate staff of the nearby university or staff of government and non-governmental agencies.

There are eight clearly accessible radio stations broadcasting on Frequency Modulation (FM) within the Cape Coast and Elmina municipalities. These radio stations broadcast mainly in Fante and Twi, two dialects of Akan spoken mainly in the southern section of Ghana. Apart from the traditional radio sets, many people are able to access radio on their mobile phones and electronic tablets. Taxi drivers, who ply between Akotokyir and other parts of the municipality, often tune in to a radio station, either for their own benefit or that of the passengers.

There are seven free television channels accessible within the community. Apart from the national broadcaster, Ghana Broadcasting Corporation-Television, there are five others that broadcast from Accra, the national capital. The seventh is a Cape Coast-based television broadcaster covering only the Cape Coast and Elmina Municipalities. Besides these, a fairly large number of people, certainly not the majority, own the free-to-air digital television service known as Multi-TV. This service provides a variety of both television and radio broadcasts that cannot be accessed on the normal television receiver. Owners of Multi-TV are able to listen to some FM radio stations broadcasting from Accra. They are also able to watch some international news channels such as CNN, Aljazeera, and BBC Television, documentary channels like Discovery, some sports channels, and children's television channels.

Some residents also own a digital broadcast service known as GO-TV, for which subscribers pay a small monthly fee to receive a few international news, documentary, entertainment, religious, sports, and children's channels. The few fairly affluent in the community subscribe to the more expensive digital satellite television, DSTV, which provides the widest choice of television channels.

There are no public internet facilities, such as internet cafés, available in the community. Access to the internet is mostly via a modem service offered by mobile telecommunications companies, and these are mostly subscribed to by the learned. A few young people possess mobile phones with which they are able to access the internet which they mostly use for social networking.

What Programmes do the People Patronize Most?

The media described above are sources for a wide variety of texts. Unfortunately, only a handful of respondents patronized newspapers and magazines in which one could frequently find information on health. A few health-related posters were available near the only drug store, but people paid little attention to them. The majority of posters only advertised the products of pharmaceutical companies.

Most families possessed television and radio sets with which they mainly patronized entertainment programmes, followed by political discussions and then sports. Some respondents complained that they could hardly access programmes on health, and when they did, the time allowed for such programmes was usually very short, and they were unable to learn enough. Often, they come away at the end of most health programmes with more questions than answers.

Most respondents simply did not care about educational programmes, including those on health. One respondent said he never listened to any discussion programmes. He usually tuned away, searching for some form of entertainment. Another respondent said she never listened to radio, and watched television only in the evenings, to catch-up on her favourite Latin American telenovelas. She did not even care to listen to the news.

A young teacher said he listened only to music on radio. He would usually change stations when any talk show started and looked for the nearest station that was playing his favourite music. When he watched television, it was to enjoy movies. Occasionally, he watched a programme on Metro-TV called *Effutusem*, in which some health issues were frequently discussed in Twi. Asked whether there were any particular health programmes in his school for the benefit of the pupils, he answered in the negative. Most of the pupils, particularly the girls, he said, knew more about “Marie Crus”, the major character in one of the telenovelas, than anything else.

A security officer of the neighbouring university who lived in this community said he hardly had time to engage with the mass media, but when he did he only chose entertainment and sports programmes. A lady said she watched more religious programmes, followed by movies and telenovelas. She did not consciously search for health-related programmes, but occasionally she would chance on one and listen.

There was a distinction between programme choices of men and women. Whilst the women mostly preferred telenovelas and religious programmes, the men preferred music, movies and sports. Only two

women said they consciously tuned in to programmes that contained health education.

What Health Messages are Available?

A cursory survey of the local media landscape in Ghana will reveal a propensity for health-related messages to be focused on the sale of remedial products rather than preventive practices. In fact, almost all such media messages encourage people to take the pharmaceutical products over a period of time before visiting a health facility. The phrase "if symptoms persist after three days, consult your doctor" is very common indeed.

There are also programmes that are disguised as educational health programmes, but are effectively tailored towards selling some products or services. For example, *Vodafone Health Line* ostensibly tackles health matters through a charity project sponsored by the telecommunications network, Vodafone, which has the added advantage of publicity for the company. Similarly, respondents acknowledged that on Somp FM, one of the local radio stations in Cape Coast, a health programme is hosted by someone called King Solomon. However, the thrust of the programme is the promotion of his medical services and products.

Some respondents admitted watching or listening to some health-related programmes but complained about the short time often allotted to such programmes. For example, doctors at a medical facility called DIS Clinic regularly host a health programme of Eagle FM, but the time allotted is usually very short. ATL-FM, run by the University of Cape Coast, hosts a weekly health programme, but most respondents complained about the medical jargons that were often used by the presenter and resource persons, thus leaving them more confused than educated. Similarly, Viasat-1's programme, *Doctors*, produced in the USA, is focused on health education, but many respondents said they did not usually understand what was going on, because of the foreign accent and the unfamiliarity of most of the topics being discussed.

Most of the television stations hold morning shows and include health segments in them. These do not usually provide detailed health discussions, and often do not allow viewer feedback. Often these segments involved offering only tit-bits of health-related information.

Effectiveness of Messages

To determine the effectiveness of health messages in the mass media, one needs to understand the dynamics of effective communications in

convincing audiences about products and services. If we see health messages as both media products and a social service, then we can draw parallels with how corporate organizations use media to win patrons for their products and services. The food and beverage industry does this very well.

In Ghana, the food and beverage industry uses the power of mass media messaging to encourage consumers to patronize their products. Children and youth are often targeted with products that are high in fats and sugar, whilst adults are often targeted with beverages that are high in alcohol. The glamorous television advertisements are often intended to assign a certain prestigious social class to the products or to claim their virility, and, therefore, make it attractive to consumers.

Unfortunately, children often get caught up in this scheming media web and fall victim to drug and alcohol abuse. Research by the Institute of Medicine (2005) has documented that children under the age of eight are often unable to distinguish marketing tactics from other forms of information. Therefore, if corporate marketing communications can be so effective in achieving results, why couldn't health-related messages, such as Public Social Announcements (PSA) be equally effective? Apparently, there is something the corporate bodies are doing 'right' that the stakeholders in public health are not doing.

Using the mass media in community health promotion has both strengths and weaknesses. Research shows that the strength of the mass media lies in putting health issues on the public discourse agenda, reinforcing local efforts at improving health, raising and sustaining consciousness about health issues and conveying simple and easily comprehensible information (see Tones *et al.*, 1990). This may not, however, translate into actual behavioral changes or the improvement of community health.

Linda (2004) argues that most mass media health promotion campaigns, especially on alcohol and drugs, have the potential to increase knowledge amongst people, but may have little impact on actual behavior change. Similarly, Babor *et al.* (2010) looked at the effectiveness of different strategies of alcohol policy research. For example, a high level of evaluation research was noted for the mass media campaigns, but this policy strategy was given a zero rating for effectiveness. In fact, similar low ratings were given to all education and persuasion strategies that targeted individual behavior.

Moreover, health promotion campaigns in the mass media, such as PSAs targeting a general audience, are usually not effective. Barbor *et al.*

(2010: p. 190) argue that, “despite their good intentions, PSAs are not an ineffective antidote to the high quality pro-drinking messages that appear much more frequently as paid advertisements in the mass media”. In Ghana, there are hardly any PSAs against the abuse of alcohol, drugs, fats, and sugar. The food and beverage industry, therefore, has a free reign over the consumption patterns of patrons. Even though cigarette advertising and related promotional activities have been curtailed in Ghana, the tobacco industry is finding other ingenious ways of keeping some people smoking. The critical question is why health education programmes seem not to be effective.

Why are Health Messages in the Mass Media not Effective?

A follow-up question to the one above is why educational mass media campaigns are not really effective, when they cost so much. The answer partly resides in the fact that preventive interventions have often been designed on the assumption that implementers are working with a “blank slate”, that there are no other influences on people's behavior. Yet, health communication must be understood to be much more than what simply goes on in a health promotion intervention. There are numerous influences on people's behavior, including their socio-cultural background, religious affiliation, and economic circumstances. These are just as likely to contradict as they could be in harmony with mass media health information.

In Akotokyir, it was clear that many young people lived in apathy and oblivious of many health risks associated with their lifestyles. Only a handful of women in the sample admitted that they had had lifestyle changes as a result of listening to a health programme. One woman said she suffered from diabetes, ulcer, and obesity, and could have died but for a health programme on television that taught her how to manage her condition and live a healthier life. Another woman said she had been able to improve her domestic hygiene as a result of a radio programme, whilst a young lady admitted that she already had some knowledge on healthy living, but she consciously tuned into health programmes, and these often reinforced her existing knowledge about healthy living.

It is important for educators to recognize that the biggest changes in behavior and, therefore, in health statuses are likely to come about through forces other than health promotion interventions. For example, smoking is more likely to be determined by the price of cigarettes, restrictions on smoking in public places, and the imposition of bans, such as, by a member of a household. The private media, which are not paid for

from the public pocket and are, therefore, not compelled to engage in public service broadcasts, have an influence here too. The amount spent on private sector campaigns is huge compared with health education budgets. People are more likely to be exposed to commercial broadcasting than public service announcements. Using the mass media is very expensive and even a short campaign can use up a large part of the budget set aside for preventive interventions by health-related ministries, departments, and agencies. A valid approach, then, may be to encourage the private media to support the promotion of campaigns.

The major strength of the mass media, which is their ability to reach a wide audience, also, paradoxically, presents the greatest challenge for their effectiveness. For example, mass media interventions are less easily controlled than targeted interventions. It is easier to follow up the target audience of an intervention, say within the cultural setting of Akotokyir, which uses a structured educational or clinical approach, rather than some amorphous mass media strategy. Surveillance of the mass audience is very challenging indeed, and there is less control over who receives the preventive messages conveyed by the mass media, and how well the messages are understood. This is because the messages may fail to reach the audiences for which they were intended, may reach audiences for which they were not intended, or may be misunderstood.

Moreover, the mass media are limited in effectiveness at conveying complex information, in using teaching skills, in shifting attitudes and beliefs from negative to positive, and in changing behavior, in the absence of other enabling factors (see Tones *et al.*, 1990). Most health promotion campaigns, at least, among those that have been produced, are generally short in length and do not play in the media for significant periods of time to be effective. This was the complaint of many respondents in Akotokyir. Unfortunately, effectiveness often needs to be demonstrated quickly to justify continuous spending of public money on PSAs: People would usually require many and consistent exposures to PSAs to influence their lifestyle choices. Research shows that this is how commercial advertising works to keep existing customers and attract new ones (Petty & Caccioppo, 1981; Gerbner *et al.*, 1986; Kelly *et al.*, 1996).

In almost all cases, health promoters try to persuade people to give up certain indulgences that are considered unhealthy, but often their efforts are in direct conflict with what the market sells only too successfully. For this reason, the adoption of commercial marketing tactics to promote health has been questioned (Buchanan *et al.*, 1994; Brenkert, 2002). Questions have been raised about the ethics of borrowing manipulative

commercial techniques. For example, if it is unacceptable for alcohol advertisers to imply that drinking brings sexual success, isn't it unethical for social marketers to suggest that boys who don't get drunk will be more attractive to the opposite sex? (Buchanan *et al.*, 1994). Moreover, producers of PSAs often do not have the budgets and staff to disseminate messages at a consistent rate to effectively counter those of the food and beverage industry.

Self-censorship by the producers of potentially harmful products, such as alcohol, high-fat and high-sugar foods, is not an effective approach without the strict enforcement of state policies and regulations. Voluntary applications of ethical guidelines that rely mainly on the human sensibilities of such companies are liable to collapse. In Ghana, there has been little effort to contest the content of advertising codes or even to complain about advertisements that bend the rules to suit their promotional ideals. Any such complaints may be irrelevant, particularly when advertising and other promotional strategies tend to link alcohol and other such potentially unhealthy consumer products to the lifestyles that young people aspire to, such as through sports, music, culture, and celebrities (see Hill & Casswell, 2001).

Recommendations

Issues related to health have become increasingly critical and complex in our society, and the link between communication and health is increasingly recognized as a crucial element for improving personal and public health (Piotrow, Kincaid, Rimon, Rinehart, & Samson., 1997; Dutta, 2008). The use of social marketing by corporate bodies has been noted as responsible for promoting unhealthy lifestyles, particularly when consumers are not informed about the dangers of non-moderation.

To combat such corporate health-compromising messages, there is the need for counter-coordinated and sustained social marketing programmes that can make a meaningful impact on people's behaviours (Institute of Medicine, 2012). Keller and Lehmann (2008) define 'social marketing' as the systematic use of marketing strategies to achieve specific positive behavioral goals. They argue that such marketing efforts must be tailored to specific audience characteristics and have coordinated dissemination that will maximize the number of exposures in order to achieve clear behavior goals. Social marketing can be employed to communicate the economic and social benefits of healthy living, provide clear-cut recommendations on how to achieve high levels of health, and mobilize communities to act in concert, such as in reducing mosquito

populations, cutting down on foods with high fat and sugar content, and reducing alcohol intake.

Communities such as Akotokyir have culture-specific systems for disseminating information, in concert with other modern methods. For example, the community possesses a Public Address System (PAS) and a traditional method of social mobilization, which could complement radio and television announcements by using an indigenous language and culture-specific approaches. Such assets need to be considered in any social marketing campaign. Therefore, specific knowledge about the cultural characteristics of each community is necessary as societies are becoming increasingly multicultural. Health messages need to take into account the language, culture, and socioeconomic situations of the target audience (Kreuter *et al.*, 1999).

According to Dutta (2008), the role of culture in health communication received increased attention in the 1980s at the same time that there was an increase in the mobility of people from culture to culture. Dutta argues that culture encompasses a people's total way of life; that is, their way of thinking, doing things and of being. Hence, Todd and Baldwin posit that "the culture of an individual has a profound effect on the perspective from which they deal with health and illness" (Todd & Baldwin, 2006, p. 28). Similarly, Airhihenbuwa (1995) argues that health is a cultural construct and that health theory and practice must be rooted in cultural codes and meanings. Cultures are often infused with certain health beliefs, social rules, traditions, socio-economic systems, traditional forms of education, religious beliefs, spiritual activities, and gender roles. Health communication needs to take these factors into consideration. People's views and attitudes towards healthy lifestyles will often be influenced by their cultural orientation. Furthermore, local cultures are integrated in complex ways with the global economy. Therefore, health communication is connected to issues of economics and power structures both at the local and global levels.

Social marketing may motivate people to change their behavior, but public education campaigns offer specific knowledge that will support behavior change. However, Glanz *et al.* (2008) have argued that public education should not only ask people to change their behavior, but also support positive health behaviors by actively engaging communities through effective health delivery systems that are in turn supported by an informed health policy. Mass media messages should educate the public on healthy life styles, such as eating habits and physical activity by presenting healthy-looking celebrities and opinion leaders as people to emulate.

Public education should focus on prevention, and empower people to be more responsible individually and collectively. Community action is highly recommended because some institutional, community, and societal factors may be beyond the control of individuals. Therefore, such concerted efforts can provide more effective solutions for change at all levels of the social ecology.

Mass media campaign messages will also be effective only if they evoke strong emotions from patrons, through pro-health messages, and those that counter the industry's powerful but misleading marketing and promotional tactics (Office of the Surgeon General, 2012). Mass media campaigns can also be part of successful packages of policy strategies to improve community health. Their role can be to raise awareness of the issues and increase the legitimacy of policy strategies being put in place, such as increased law enforcement. As part of the package, media campaigns must carry very strong messages that emphasize the risks and consequences of unhealthy living, such as medical confinement or community service.

Wellings & Macdowall (2000) present two models that can be used to evaluate mass media interventions. These are the "risk factor model" and the "social diffusion model". According to them, the "risk factor model" (or "epidemiological model") aims to change individual health-related behavior. Consequently, this will change health statuses. The "social diffusion model", they argue, is concerned with the process of intervention and how this affects other forces of social change. According to the model, if mass media interventions are to work, they must activate a complex process of change in social norms rather than try to change individual behavior directly.

An obvious objective of many mass media campaigns is often to influence the social context and to create a favourable recipient climate for interventions. For example, if the teacher mentioned earlier, or a bar owner, or shop owner was not sure if it was appropriate to sell condoms to the seniors or in the bar or shop, they will all feel reassured and validated if there were a government backed mass media campaign promoting condom use. Any person, including the young senior in school, who is motivated to use condoms by this campaign, will now be encouraged to do so because of the proximity and ease of access of the product. Similarly, if there was a government-backed media campaign to promote the use of mosquito nets to reduce the prevalence of malaria, it would be more effective to convince people to use them if the nets were easily accessible, affordable and user friendly.

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