

LINKING MEDIA EDUCATION WITH HEALTH EDUCATION

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INTRODUCTION

Ensuring that young people grow healthy and able to learn is an essential part of an effective education system. As many studies show, education and health are inseparable. Educating for health is an important component of any education and public health programme. It protects young people against threats both behavioural and environmental, and complements and supports policy, services, and environmental change. Nowadays the health profile and status of young people obtains a huge impact from the media environment where youth live and spend most of their free time. Media nowadays must be considered the second skin of most young people who grow up in a media oriented and saturated world. Most of their values and beliefs are artificially shaped, crafted and made global through media by decision-makers working at marketing departments of big companies at the global level .

MEDIA ARE EVERYWHERE AND EVERYWHEN

On a typical day a young person is faced with a media environment that includes more than 200 cable television networks, 5500 consumer magazines titles, 10500 radio stations, 30 million or more websites and 122.000 newly published books. In China teens spend an average of 50 billion \$ annually and spend 22% of their freetime being involved with media-related activities that comes up to 8 hours of media use for the average Chinese teen. A survey estimated that Shangay teens are online more than 38 hours a week. The spending power of south African teens is close to \$ 1 billion a year. Business Week reports that 47% of India's population is under the age of 20, with a spending power of 2.8 billion\$ annually (though some estimates raise this amount to 16 billion \$). 85% of teens worldwide report watching music videos regularly and 79% watch TV daily. From Manhattan to Madras, from Milan to Melbourne, there are plenty of teens speak different languages, although many speak English, and all speak the same dialect of global consumption. Teens today are Mediavores. (From Elissa Moses The \$ 100 billion allowance: accessing the global teen market (new york: John Wiley and sons, 2000)

THE TWO CURRICULA

Being so pervasive in young people's lives, media can be considered an educator working full time. So, children and teens find themselves confronted with two educational curricula:

- a) The official one shaped by schools and families aiming at growing teens into self-realized adults playing an active role in their community life
- b) The unofficial one mostly shaped by marketing strategists aiming at growing teens into compulsive consumers playing an active role into the global market.

The unofficial curriculum is a hidden one. It works while the official one is trying to pursue its own objectives. Very often official and unofficial curricula have diverging if opposite purposes. E.g., the official curriculum works hard to grow teen agers smoke-free, alcohol-free, having good nutritional habits preventing obesity and eating disorders, while the hidden curriculum works hard to make teen agers become lifelong smokers and alcohol consumers, eat fat and hypercaloric foods.

Most of the hidden curriculum is forged and created by commercial media that are in the hands of big companies.

Media are a very powerful educational tool and can be used to promote and enhance health as well as to spread the opposite message and to enhance the adherence to at-risk behaviors among teens.

THE NEED FOR MEDIA EDUCATION

Teens are exposed to millions of messages and images and may find very hard to decode and counteract the powerful messages created by marketing strategists. Media education can be considered a revolutionary tool in the hands of educators to help teens to navigate safely and consciously into this media-saturated world. Media education is a basic tool people must be provided with, to be able to face the challenges of the third millennium. Considering that most of what happens in real life has been decided through processes that others decides and control, media education can be the educational strategy allowing young people to be in control instead of being controlled.

Media education is not a new subject but a new way to reach goals already and normally present in all school curricula, health education included.

DESENSITIZING, GLAMOURIZING, NORMALIZING: THE KEY PROCESSES

Media deal with themes and contents of key importance in the lives of young people with no educational goals and often with the intention to titillate their natural curiosity for sexuality, excitement, the desire of being older or to interfere with their development challenges (body image, gender identity, sex drives) in a very superficial way.

Media promote at risk behaviours using three communication strategies that are pervasive and often used in advertising:

- Desensitizing
- Glamourizing
- Normalizing

Desensitizing is a process aiming at making people becoming de-sensitized to some form of communication's emotional impact and no more reacting when they are confronted with it. It is obtained through progressive cumulation of a certain stimulus or image.

Thirty years ago the image of a naked woman in advertising should have provoked an intense emotional reaction among viewers: nowadays the same image goes unnoticed and does not evoke any emotional reaction among spectators.

Glamourization is a process aiming at creating new and positive meanings for things, actions and values usually thought as dangerous and negative. It is obtained through putting a certain thing in a glamorous context or setting that allows to attribute the value of that context and setting to the thing showed. This is usually done with tobacco and alcohol products, put in the mouth or hands of movie stars or pop culture's icons.

Normalization is a process that aims at making think as normal something that is not. It is obtained through representation of that abnormal thing in normal and prevalent context of everyday life. The strategy is to bring the viewer to think: "Everybody is doing it, so why am not I? Normalization is often used and is very effective in accelerating at risk behaviours among pre-teens and teens

LIFE SKILLS BASED EDUCATION: THE STRATEGY THAT LINKS HEALTH EDUCATION WITH MEDIA EDUCATION

Early experiments with health education relied heavily on the delivery of information and facts. Gradually, educational approaches have turned more to skill development and to addressing all aspects of health, including physical, social, emotional, and mental well-being. In fact, providing people with the right information is only a part of the process of education. Often people don't do what they know (think of all the medical doctors who smoke or live a stressful life) and this is the reason to change health education, transforming it from an information based and promoting process into a skills based and promoting one.

Skills-based health education is an approach aiming at creating or maintaining healthy lifestyles and conditions through the development of knowledge, attitudes, and *especially skills*, using a variety of learning experiences, with an emphasis on participatory methods. Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday

life (WHO definition). Life Skills-Based Education (LSBE) is being adopted as a means to empower young people in challenging situations. The content of the LSBE modules must include relevant, gender-sensitive learning materials developed in the context of the long-term goals for education. At appropriate developmental levels, from pre-school through early adulthood, young people can engage in learning experiences that help them prevent disease and injury and that foster healthy relationships. The rationale of LSBE is perfectly overlapping with the media education's one and also strategies used for reaching educational goals in both approaches are similar. Both media and health education relies on participatory teaching methods for building skills and influencing attitudes among students. Infact they both include the following: class discussions, brainstorming, demonstration and guided practice, role play, small groups activities, educational games and simulations, case studies, story telling, debates, practising life skills specific to a particular context with others, audio and visual activities (e.g., arts, music, theatre, dance), decision mapping or problem trees. This is why more and more often it is necessary that health educators learn how to bring media education into their daily practice and incorporate media education activities inside health education curricula.

CONCLUSIONS

Media education brings awareness when and where most of the mind operations implied are based on unawareness and emotional processes. In the hands of adults and health educators media education can become an extraordinary tool to educate young people towards health and well-being.