

HEALTH IN THE MILIEU OF DEVELOPMENT AND COMMUNICATION

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Abstract

Development is a multifaceted term with no single definition. There are many development issues confronting the world and the UN Sustainable goals reflect the development concerns of the international community including those of the developing and poor countries. Health occupies a major place in international agenda on development and health of children and women are occupying important place in it. Communication acts as a major tool for achieving development goals and communicating health has been found to be effective in overcoming obstacles related to health issues around the globe. Use of communication for health can only be improved to get better results in the future.

Keywords:

Development;
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Introduction

Development is a vast area of study incorporating within its ambit an array of disciplines. It has generated divergent opinions and views since the concern for development came to the fore in the international arena after the Second World War (McPhail, 2009). Given the vastness and diversity of its canvas it is not possible to fix one single definition of development. Going through the available literature also confirms the fact that there is no single definition of development as different scholars from varied domains have tried to explain it in different ways (Melkote & Steeves, 2008; Gupta, 1999). But still attempts have been made by various organizations and scholars from different fields to define development based on their understanding and philosophical orientation of what development is and ought to be. The United Nations (UN) declaration on the right to development recognizes development as “a comprehensive economic, social, cultural and political process, which aims at the constant improvement of the well being of the entire population and of all individuals on the basis of their active, free and meaningful participation in development and in the fair distribution of benefits resulting there from” (“Declaration on the Right to Development”, 1986).

Wilbur Schramm and Daniel Lerner were among the early communication scholars to define development and their definitions of development has been explained by Gupta (1999) as “development is simply a purposeful change towards a kind of social and economic system that a country decides it wants” (p. 86). While Rogers and Svenning(1969) defined development “as a type of social change in which new ideas are introduced into a social system in order to produce higher per capita incomes and levels of living through more modern production methods and improved social organization” (p. 18). On the other hand economic scholar, Gunnar Myrdal (1974) termed development as an upward movement of ‘the entire social system’. But another scholar Cairncross (as in Gupta, 1999) delved into the idea of development and gave a very wide view of development. Refusing to relate development with just wealth and economic activities, he incorporated all facets of social life of human beings including law and order, family relationships, honesty in business activities and also the knowledge of modern gadgets.

Many Indians have also contributed to the exploration of the meaning of development. Noble laureate economist and philosopher Amartya Sen defines development as “Development consists of the removal of various types of unfreedoms that leave people with little choice and little

opportunity of exercising their reasoned agency" (Sen, 1999, p. xii). Another noble laureate and renowned poet and philosopher Rabindranath Tagore emphasizes on freedom from ignorance and helplessness as the main goal of development (Sinha, 2016). While according to Ghosh (2007) the father of the nation of India, Mahatma Gandhi gave emphasis on holistic development consisting of freedom and wellbeing of the people.

As stated above the concern for development began after the end of the Second World War amidst their declared belief that the developed western countries ought to help the poor countries in Asia, Africa and Latin America to develop like the west. The then president of the United States of America, Harry S Truman in his inaugural speech emphasized upon the need for helping the people of underdeveloped countries to overcome their miseries related to poverty, hunger and disease (Esteva, 1995). Western governments and scholars saw the traditions of the people in those countries to be primitive and hence were responsible for their misery and also an impediment in the way of modernization (Escobar, 1995). Keeping in view the rich western countries interests in developing the third world, social scientist Berger (1976) saw development as 'the process by which poor countries get still richer, or try to do so, and also to the process by which rich countries still get richer' (p. 34). This clearly highlighted the vision of development followed by the western nations led by the USA was nothing more than an attempt to 'modernize' the so called backward and traditional societies in poor countries labeled as developing or the third world (McPhail, 2009). The newly independent and poor countries were also termed as the South based on their geographical location, as most of those countries were situated in the southern hemisphere, apart from which terms like developing countries were also used for the same set of countries (Melkote & Steeves, 2008). Also the understanding that for a safe and peaceful future of the world it was required for poverty and hunger to be removed from all parts of the world contributed to the western actions on development of the third world. Though it is accepted by many scholars that the large scale poverty and underdevelopment in the third world countries was due the years of colonial rule those countries had to undergo, most western scholars of that period completely ignored this historical truth (Frank, 1969; Escobar, 1995). So the belief that some people are not capable of developing themselves coupled with political and economic interests led to massive infusion of funds, expertise and ideas to the third

world countries (McPhail, 2009). Thus the first development decade as it is known today kicked off after the Second World War.

Development activities by western countries in developing countries coincided with the emergence of cold war between the two super powers of that era the USA and USSR. The USA was leading the capitalist block while the USSR was leading the communist bloc resulting in the world being fragmented between these two blocks. While the countries not owing allegiance to any of these two blocks organized themselves as the non-aligned countries and were most newly independent and poor countries (Stevenson, 1988). These three groups of nations based on their level of advances in technological, economic, agricultural, health and other fields related to the well-being of human beings were began to be called as first world, second world and the third world respectively. The constant competition among the super powers for extending their area influence also contributed to the race for developing the poor and newly independent countries which were basically the third world countries.

But by 1960's decade the failure and mistakes of the western countries led initiatives began to be highlighted by authors including those from the third world countries (Beltran S., 1976; Frank, 1969; Escobar, 1995). The primary focus of this development model was the exclusive reliance on economic growth and measured in terms of Gross Domestic Product (GDP) and Per Capita Income (PCI) for development to be achieved. Development was equated with economic growth without giving any importance to other aspects of development like social and cultural advancement of human beings (Vilanilam, 2009). This dominant western idea or discourse of development was criticized by scholars from various theoretical traditions for being ethnocentric and "the violence inflicted upon local, non-western, indigenous ways of life, cultural arrangements and knowledge structures" (Melkote&Steeves, 2008; p 198). To correct the wrongs done by western interventions for development of the third world countries many scholars have suggested alternatives measures. Wang and Dissanayake (1984) have suggested for the importance to be given to protect nature and use culture for achieving this goal and thereby pursuing an agenda of wellbeing of human beings which is in harmony with nature and inclusive of everyone. In their conception of development the involvement of people in development process is emphasized at every level and thus making people the rulers of their own

life and future. While Goulet (1973) propounded his own ideas of real development which constructed an ideal way of achieving development where there is harmony between traditions and change, which took care of human needs without destroying nature and provided meaningful work for every individual.

This debate on the idea of development and the means to achieve the same still continues though there is a general consensus as before that wellbeing of human beings should be at the centre of any development discourse. The debate between economists Amartya Sen and Jagdish Bhagawati are a testament of the unending nature of this debate (Panagariya, 2013; Ullekh, 2013). While there are also arguments against both the economists vision of development on the ground that they don't take into account many other aspects of development (Kothari & Shrivastava, 2013). Though India remained non-aligned to large extent during the Cold War period, it had a mixed economy where the public sector and private sector coexisted with tough government controls. But in 1991 India liberalized its economy and opened up its market for external participation. The period following liberalization of the Indian economy saw a rapid economic growth resulting in high GDP growth rates. But in spite of high economic growth, the life of people living in the margins of the society has not improved. At the same time high growth rates have coincided with increasing concentration of wealth in the hands of a few thus increasing economic inequality to very high levels in the country (Pimentel , Aymar & Lawson, 2018). While the economic activities have increased the revenue collection of the government but this has not transformed into higher public allocation of funds at the same rate for social sectors including healthcare.

Major development issues

Like the many definitions and divergent views of the term development, development issues are also many. Development issues vary from nation to nation across the globe. But internationally certain development issues have been prioritized which particularly affect many countries and large populations of the world in general and the people living in poorest and technologically backward countries of the world in particular. Based on these criteria the member states of the General Assembly of the global body UN in a conference held on September 2015 unanimously accepted 17 goals as the sustainable development goals to be achieved by the year 2030. These

17 goals exemplify the importance of the problems being confronted by the international community.

The goals are – no poverty, zero hunger, good health and well being, quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, industry innovation and infrastructure, reduced inequalities, sustainable cities and communities, responsible consumption and production, climate action, life below water, life on land, peace justice and strong institutions, partnerships for the goals (UNICEF, 2016). Prior to this another set of goals were envisaged in the year 2000 by the member states of the UN and were called the millennium development goals which had 8 broad goals and 18 specific targets to be achieved by the year 2015. The broad goals being – to eradicate extreme poverty and hunger, to achieve universal primary education, to promote gender equality and empower women , to reduce child mortality, to improve maternal health, to combat HIV/AIDS, malaria, and other diseases, to ensure environmental sustainability, to develop a global partnership for development. There was a mixed success in achieving the MDG targets as many countries failed to effectively take up the challenges due to various reasons. While some countries showed greater ability in meeting the targets but at the same time the fact remains that all the targets and goals have not yet been achieved by many countries with lot of variations among countries observed on this count (United Nations, 2015). India as a developing country has to deal with all the concerns enlisted in the sustainable development goals. India's problems with extreme poverty, hunger, health and shelter constitute the major problems for the country. At the same time due to rapid economic growth led activities, environmental pollution is on the rise and this in turn has given rise to health problems. The country also faces the problem of displacement of people from their traditional habitat in order to make way for building of infrastructure to support the modern economy. There is always a debate on striking the right balance between activities to usher better life and at the same time protect the interests and rights of people affected by the very projects meant for their betterment.

Health a major issue

Health is a major development issue for the world, especially in the third world countries. The magnanimity of health problems in the world is reflected by the fact that it features in the third

spot of the UN Sustainable Development Goals. There are many health issues which concern the poverty stricken people in third world countries. People in third world countries have to face the double burden of both communicable and non-communicable diseases as many communicable diseases are yet to be eradicated from those countries while non-communicable diseases are on the rise (Marshall, 2004; Boutayeb, 2006). Although great strides have been made in the fight against communicable diseases around the world still they continue to afflict especially the poor sections of society in developing countries and are a major contributor to global mortality and morbidity due to diseases (Stevens, 2004). At the same time the burden of non-communicable diseases is also on the rise and continues to show a rising trend around the world which is reflected in the list of top ten causes of death around the world in 2015 produced by WHO (2017). Many scholars link the rising cases of non-communicable diseases to the changing life styles and food habits of people the world over irrespective of economic status (Waxman, 2005). Among the major disease burdens in developing countries are HIV/AIDS, malaria, cardiovascular & pulmonary diseases, diabetes, cancers, tuberculosis, dengue, etc.

Apart from the burden due to diseases mentioned earlier the third world countries also face a major challenge in the form of infant and child mortality due to vaccine preventable diseases and maternal mortality due to lack of proper maternal health services during pregnancy and child delivery. According to the study by You, Hug, Ejdemyr, and Beise (2015) around 16000 children under the age of five die every day throughout the world due to preventable diseases, though the diseases which cause these deaths of children are very much preventable through immunization or vaccination. While many maternal deaths can be prevented and maternal mortality can be reduced by taking different effective measures including providing proper antenatal care, place for safe delivery, referral facilities, and post natal care (Campbell, 2006). Many countries have successfully tackled these problems and have managed to control their infant mortality, child mortality and maternal mortality. As a result of which a great variance can be seen in the mortality figures due to these causes among the countries of the world based on their economic condition. The following tables (1, 2, 3) are a reflection of this variance among countries of the world based on their income.

Table 1. Child Mortality Ratio (U5MR)

Place	Mortality per 1000 live births
World	43
High Income Countries	6
Low Income Countries	76

Source: the table is collated from World Bank Group(2016);
and You, Hug, Ejdemyr and Beise (2015).

Table 2. Infant Mortality Ratio (IMR)

Place	Mortality per 1000 live births
World	31.7
High Income Countries	6
Low Income Countries	53

Source: the table is collated from World Bank Group (2016);
and You, Hug, Ejdemyr and Beise (2015).

Table 3. Maternal Mortality Ratio (MMR)

Place	Mortality per 100000 live births
World	216
High Income Countries	10
Low Income Countries	496

Source: the table is collated from World Bank Group (2016);
and You, Hug, Ejdemyr and Beise, 2015.

The above tables (1, 2, 3) reflect the magnitude of the problems of infant mortality, child mortality and maternal mortality around the world and how there is a great variance in the mortality rates among different countries of the world based on the economic conditions of the people in those countries. Though the high income countries have managed to achieve success in keeping their infant mortality, child mortality and maternal mortality rates quite low, economic condition is not the sole criteria for achieving success on this front. As there are many countries among the low income countries who have managed to tackle these problems quite effectively in spite of their poor economic conditions (WHO, 2010). Cuba is one such example which has managed to achieve low levels of maternal mortality, infant mortality and child mortality, comparable with any high income country, despite very low levels of income of its people apart from the fact that the country is reeling under a severe economic hardship due to a crippling embargo of many years imposed on it by the USA (Garfield & Santana, 1997).

Development communication

A distinct area of communication focusing on the role of communication in development has evolved over the years with terms like Development Communication, Communication for Development, Development Support Communication being used interchangeably for it (Manyozo 2006). Nora Quebral who is credited with coining the term Development Communication recognized the dynamic nature of the term and has redefined her definition of Development Communication given in early 1970's. Quebral (2006) has redefined Development Communication as "the art and science of human communication linked to a society's planned transformation from a state of poverty to one of dynamic socio-economic growth that makes for greater equity and the larger unfolding of individual potential" (Para 2).

The unfolding of the distinct area of communication research in the second half of 20th century after the Second World War in tandem with the emergence of the concept of development or the idea of developing the third world. Many communication research projects aimed at studying the role and consequences of communication in development were undertaken by western scholars. Much of those researches were on the development projects being carried out by the western countries and organizations in the third world. Prominent among those were the works of Daniel Lerner titled 'The Passing of Traditional Society: Modernizing the Middle East' where he

propounded the concept of empathy for development and Wilbur Schramm's work titled 'Mass Media and National Development' where he elaborated about the magical effects of mass media called 'magic multiplier'. Another important scholar Everett Rogers conceived the theory of diffusion of innovations which explained how a new innovation is diffused with the opinion leader acting as an important feature in the process and the role that mass media plays in helping diffusion. According to Melkote and Steeves (2008) many scholars like "Fredric Frey, Lucien Pye, and Lakshmana Rao, attested to this lively interest" (p. 19). But as the western backed initiative of development failed miserably to bring in the promised changes in the lives of the people in third world countries, by 1970's all features of this development agenda including communication were not spared of criticism and began to be challenged (McPhail, 2009). Communication theories by western scholars which were in consonance with the modernization scheme were critiqued by scholars in the developing countries and at the forefront of this were Latin American scholars like Beltran (1976), Bordenave (1976) and Tunstall (1977). Criticism varied from methodological shortcomings to bias in favour of western mass media technologies. This also led to emergence of alternative communication models mixing communication and spirituality in development and the application of communication techniques for empowerment of people (Melkote & Steeves, 2008). Acknowledging the futility of top down approach to development communication the proponents of the modernization scheme recalibrated their approach to development communication and emphasized on understanding the realities of the societies in third world (Manyojo, 2006). Development communication continues to evolve into newer forms according to changing times and the insights gained from the success or failures of the past applications. Different development communication techniques are in vogue today which ranges from participatory communication to reliance on modern interactive technologies.

Communicating health

A distinct and well known area of development communication is the role of communication in achieving goals related to health. But in order to know the meaning of health communication or define it one must first know the meaning of 'communication' (Thomas, 2006). Ratzan et al. (1994) defines health communication as "the art and technique of informing, influencing and motivating individuals, institutional, and public audiences about important health issues. Its scope includes disease prevention, health promotion, health care policy, and business, as well as

enhancement of the quality of life and health of individuals within the community" (p.68.). Even though there are numerous definition of health communication but they ultimately aim to impact the vulnerable and underserved populations.

Schiavo (2014) in her definition of recognizes health communication recognizes it as a diverse area of "research, theory and practice" which incorporates within its ambit various disciplines. It also acknowledges the importance of assisting and empowering with ideas and methods, and encouraging sharing of thoughts and information about health among the whole gamut of organizations, groups and individuals who may be anyway linked to or contribute towards the efforts for achieving an overall improvement or betterment of health outcomes.

Health communication draws from several definitions and theoretical fields such as Sociology, Anthropology, Psychology, Marketing, Mass Communication etc. and it has been acknowledged by many scholars (WHO & UNICEF, 2012; Kreps, Query & Bonaguro, 2007). Health communication relies on various types of communication like interpersonal communication, mass communication, new media communication, mobilization of the community, engagement with the public, communication in medical field, constituency relations and strategic partnerships, strategic public communication and public advocacy (Schiavo, 2014). Bernhardt (2004) gives recognition to the central role played by communication in the effectiveness of public health systems. The role of communication in augmenting health has been established beyond any uncertainty in numerous studies including Phongsavath (2015).

Conclusion

Though development has a multifaceted meaning, health is always regarded as a priority in any development agenda. Health issues especially maternal and child health confront the well being of people in the developing world and hence occupies a very important position in the sustainable development goals. It has been demonstrated in many cases that communication plays a vital role in achieving health goals. In many studies health communication have been found to be playing a pivotal role in augmenting the efficacy of public health services. Development without attaining proper health conditions of people cannot be possible and communication has demonstrated beyond any doubt its ability to contribute to it in a major way.

Hence greater efforts at integration of public health activities with health communication techniques and tools are desirable for the benefit of the society at large.

References

1. Beltran S, L. R. (1976). Alien premises, objects, and methods in Latin American communication research. *Communication Research*, 3(2), 107-134.
2. Berger, P. L. (1976). *Pyramids of sacrifice: political ethics and social change*. New York: Anchor Books.
3. Bernhardt, J. M. (2004). Communication at the core of effective public health. *American Journal of Public Health*, 94(12), 2051-2053.
4. Bordenave, J. D. (1976). Communication of agricultural innovations in Latin America: the need for new models. *Communication research*, 3(2), 135-154.
5. Boutayeb, A. (2006). The double burden of communicable and non-communicable diseases in developing countries. *Transactions of the Royal society of Tropical Medicine and Hygiene*, 100(3), 191-199.
6. Campbell, O. M., Graham, W. J., & Lancet Maternal Survival Series steering group. (2006). Strategies for reducing maternal mortality: getting on with what works. *The lancet*, 368(9543), 1284-1299.
7. Escobar, A. (1995). *Encountering development: The making and unmaking of the third world*. Princeton, NJ: Princeton University Press.
8. Esteva, G. (1992). Development. In W. Sachs (Ed.), *The Development Dictionary: A Guide to Knowledge as Power* (pp. 6-25). London: Zed books.
9. Frank, A.G. (1969). *Latin America: Underdevelopment or revolution*. New York: Monthly Review Press.
10. Garfield, R., & Santana, S. (1997). The impact of the economic crisis and the US embargo on health in Cuba. *American Journal of Public Health*, 87(1), 15-20.
11. Ghosh, B. N. (2007). *Gandhian political economy: Principles, practice and policy*. Ashgate Publishing, Ltd..
12. Goulet, D. (1973). Development or liberation. In C. Wilber (Ed.), *The political economy of development and underdevelopment* (pp. 354-361). New York: Random house.

13. Gupta, V. S. (1999). *Communication Technology, Media Policy, and National Development*. New Delhi: Concept Publishing Company.
14. Kothari, A., & Shrivastava, A. (2013). Economists on the wrong foot. *Economic and Political Weekly*, 48(33).
15. Kreps, G. L., Query, J. L., & Bonaguro, E. W. (2008). The interdisciplinary study of health communication and its relationship to communication science. In L.C. Lederman (Ed.), *Beyond these Walls: Readings in health communication*. Los Angeles: Sage Publications
16. Manyozo, L. (2006). Manifesto for development communication: Nora Quebral and the Los Bantildeos School of Development Communication. *Asian Journal of Communication*, 16(1), 79-99.
17. Marshall, S. J. (2004). Developing countries face double burden of disease. *Bulletin of the World Health Organization*, 82(7), 556-556.
18. McPhail, T. (2008). Introduction to development communication. In T. McPhail (Ed.), *Development communication: Reframing the role of the media* (pp. 1- 20). West Sussex: John Wiley & Sons.
19. Melkote, S.R. & Steeves, H.L. (2008). *Communication for development in the third world: theory and practice for empowerment*. New Delhi: Sage Publications.
20. Myrdal, G. (1974). What is development?. *Journal of Economic Issues*, 8(4), 729-736.
21. Pimentel, D. A. V., Aymar, I. M., & Lawson, M. (2018). Reward Work, Not Wealth: To end the inequality crisis, we must build an economy for ordinary working people, not the rich and powerful. *Oxford: Oxfam GB*.
22. Panagariya, A. (2^{7th} July, 2013). What Amartya Sen doesn't see. *The Times of India*. Retrieved from <http://timesofindia.indiatimes.com/edit-page/What-Amartya-Sen-doesnt-see/articleshow/21375588.cms>
23. Phongsavath, K. (2015). Improvement in exclusive breastfeeding in Lao PDR: role of communication. *Southeast Asian Journal of Tropical Medicine and Public Health*, 45, 129-31.
24. Quebral, N.C. (2006). Development communication in a borderless world. *Glocal Times*, (3).
25. Ratzan, S. C., Stearns, N. S., Payne, J. G., Amato, P. P., Liebergott, J. W., & Madoff, M. A. (1994). Education for the health communication professional: A collaborative curricular partnership. *American Behavioral Scientist*, 38(2), 361-380.

26. Rogers, E. M., & Svenning, L. (1969). *Modernization among peasants: The impact of communication*. New York: Holt Rinehart & Winston.
27. Schiavo, R. (2014). *Health communication: From theory to practice*. Jossey-Bass.
28. Sen, A. (1999). *Development as Freedom*. Oxford: Oxford University Press.
29. Sharf, B. F., & Vanderford, M. L. (2003). Illness narratives and the social construction of health. *Handbook of health communication*, 9-34.
30. Sinha, D. (2016). Tagore and Rural Reconstruction. *Muse India*. Issue 68, June-August. Retrieved from <http://www.museindia.com/focuscontent.asp?issid=33&id=2145>
31. Stevens, P. (2004). Diseases of poverty and the 10/90 gap. *International Policy Network*. Retrieved from <http://who.int/intellectualproperty/submissions/InternationalPolicyNetwork.pdf>.
32. Stevenson, R. L. (1988). Communication, development and the third world: the global politics of information. New York, Longman
33. Thomas, R.K. (2006). Introduction to health communication. In *Health Communication* (p. 1). New York: Springer.
34. Tunstall, J. (1977). The media are American. New York: Columbia University Press.
35. Ullekh. N.P. (2013, July 28). AmartyaSenvsBhagwati: Who is right in the debate on Gujarat-Kerala growth models? *The Economic Times*. Retrieved from <http://economictimes.indiatimes.com/news/politics-and-nation/amartya-sen-vs-bhagwati-who-is-right-in-the-debate-on-gujarat-kerala-growth-models/articleshow/21406549.cms>
36. UNICEF. (2016). Mapping the Global Goals for Sustainable Development and the Convention on the Rights of the Child. Retrieved from https://www.unicef.org/agenda2030/files/SDG-CRC_mapping_FINAL.pdf
37. United Nations (2015). The Millennium Development Goals Report 2015. Inter-Agency and Expert Group on MDG Indicators led by the Department of Economic and Social Affairs of the United nations Secretariat.
38. United Nations General Assembly. (1986). *Declaration on the Right to Development*. UN.
39. Vilanilam, J.V. (2009). *Development communication in practice: India and the millennium development goals*. New Delhi: Sage Publications.

40. Wang, G., &Dissanayake, W. (1984). Culture, development and change: some explorative observations. In G. Wang and W. Dissanayake (Eds.), *Continuity and Change in Communication Systems* (pp.3-20). New Jersey: Ablex.
41. Waxman, A. (2005). Why a global strategy on diet, physical activity and health?. In *Nutrition and Fitness: Mental Health, Aging, and the Implementation of a Healthy Diet and Physical Activity Lifestyle*, 95, 162-166.
42. WHO.(2017). Global Health Observatory Data: top 10 causes of death, situation and trends. Retrieved from http://who.int/gho/mortality_burden_disease/causes_death/top_10/en/
43. World Bank Group. (2016). Maternal mortality ratio (modeled estimate, per 100,000 live births).Over view per country. Retrieved from <http://data.worldbank.org/indicator/SH.STA.MMRT>
44. World Bank Group. (2016). Mortality rate, infant (per 1,000 live births).Over view per country. Retrieved from <http://data.worldbank.org/indicator/SP.DYN.IMRT.IN>
45. World Bank Group. (2016). Mortality rate, under-5 (per 1,000 live births).Over view per country. Retrieved from <http://data.worldbank.org/indicator/SH.DYN.MORT>
46. World Health Organization.(2010). *World health statistics 2010*.World Health Organization.
47. World Health Organization, & UNICEF. (2012). Communication for behavioural impact (COMBI): A toolkit for behavioural and social communication in outbreak response. Retrieved from <https://apps.who.int/iris/handle/10665/75171>
48. You, D., Hug, L., Ejdemyr, S., &Beise, J. (2015).Levels and trends in child mortality. Report 2015. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. UNICEF. Retrieved from https://www.unicef.org/publications/files/Child_Mortality_Report_2015_Web8_Sept_15.pdf