

Research Article

Media Advocacy for Immunization: Understanding Journalistic Awareness and its Effects on Public Health in India

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This study aims to evaluate the awareness and understanding among media personnel regarding the Routine Immunization Program (RIP) in India. It investigates their knowledge of the program's details, its importance, and the impact of their reports on the public's perception of immunization. Utilizing a structured questionnaire distributed to media professionals, the study assesses various aspects of their awareness and understanding of RIP. Key findings reveal that while 63% of media personnel recognize the importance of immunization in reducing child mortality, only 20% accurately understand the specifics of vaccine-preventable diseases covered by RIP. Furthermore, 90% acknowledge the potential negative impact of inaccurate reporting on immunization programs. Despite a general awareness of RIP's significance, there is a notable deficiency in detailed knowledge and understanding of the program's processes among media personnel. The implications of these findings underscore the need for enhanced training and education for media personnel on health reporting. Improved media coverage and accurate reporting on immunization can significantly influence public perception and participation in health programs, thereby supporting better health outcomes in India. This study highlights the critical role of media in public health advocacy and the importance of informed and responsible journalism in promoting effective health interventions.

Keywords: Public Health Advocacy, Routine Immunization Program (RIP), Media Awareness, Health Communication, Immunization Coverage, Public Perception, Health Journalism, Media Influence, India

Introduction

Following the WHO recommendation, India introduced six vaccines under the Expanded Program of Immunization (EPI) in 1978 to reduce child mortality. (Bacillus Calmette-Guerin (BCG), TT, DPT, DT, Polio, and Typhoid) in its EPI. In 1985, the Indian government included Measles vaccination and

launched the Universal Immunization Program (UIP) and a mission to achieve immunization coverage of all infants and pregnant women by the 1990's. At the end of 1990, India announced that immunization coverage for children under the age of one had surpassed 80%. Figures for child immunization coverage have slipped over the years, in some cases drastically. What India did in the late eighties showed what could be achieved. The challenge for the

future is to bring India back to the point reached sixteen years ago. (2006, unicef.org/India).

One of the two main reasons for high IMR (Infant Mortality Rates) numbers in India is low Child immunization coverage and childhood diseases. Infant Mortality Rates in India is at par with the average of LDCs (Least Developed Countries). One of the reasons for inequity in the child immunization program of Govt. of India, as observed by UNICEF-WHO experts, was inaccurate media coverage. Coverage of Routine Immunization, deaths related to AEFIs (Adverse Effects After Immunization) especially from remote areas is event based, largely negative and inaccurate which creates mistrust and lack of confidence in local populace regarding vaccinations, according to a UNICEF study, 'Evaluation of Media Coverage in National and MP Media' (2011).

Partial, unbalanced or misleading news reports which linked vaccines to deaths of some children in the past were largely responsible for creating a general consensus against government vaccination program, among rural populace of some regions. During the base research while writing this paper, it was noted that word of mouth by elders in rural areas play an important role in forming the opinion of the masses. And in one instance it was found out that a community in UP rejected outright the government led program (immunizations), as clerics in their places of worship declared that the government is trying to make their future generations infertile through these vaccinations. Such misinformation propaganda was countered with the inclusion of ASHAs (rural health workers) to increase to make the masses aware about the benefits of the program.

A survey published by UNICEF (Coverage Evaluation Survey, 2009) states that the single biggest reason behind India's low immunization coverage is that mothers do not feel the need to immunize their children (28.2 per cent), followed by a lack of knowledge about vaccines (26.3 per cent). The media can help in sensitizing people about the role of routine immunization for ensuring survival of their children. Similarly, since 8.1% people are scared of side effects of vaccines and 10.8% don't know where to go for vaccination, the media can play an important role in addressing their fears about side effects and informing them where to go for vaccination. The need is even greater to reach out to people among SC, ST and OBCs for ensuring an equitable access to vaccination services to all communities. More pro-active media efforts are required for percolation of information to people, especially at the city and village level since success of vaccination programs has an important bearing on survival of children. A whopping 91% coverage currently consists of news reports and over 60% stories are event based and tone of 40% of reports was found to be negative, which calls for more in-depth news analysis

and feature articles about the need for expanding the vaccination and recognizing the role of front-line workers in ensuring the survival of children.

To this effect, UNICEF adopted various communication strategies, the one among which is to sensitize media personnel to increase the quality and quantity of media discourse on the subject of Routine Immunization (RI).

Partnership with IGNOU University was undertaken for media engagement on Routine Immunization in May 2011. Together they launched a unique drive to educate grassroots level media professionals on routine immunization. Under the partnership with UNICEF, IGNOU provides its robust video-conferencing facilities to reach out to national, state and district media in interactive workshops on routine immunization from IGNOU's 'Gyan Darshan' Delhi studio connected with over 80 state and district level media gathered at its Bhopal and Jabalpur centers. Two additional media workshops were planned from June 2011 to February 2012, building a core network of media reporting on routine immunization. These culminated in a national level Health-Editor's meet in New Delhi.

Media is considered to be a crucial ally in any health situation. It is considered to be credible source of correct and reliable health information. It is also an advocate of correct health behavior and practices. But before the media can take on that role, it needs to understand the crisis, issues surrounding it, policy, practices, behavior and so on. Media plays an important role in helping the health workers reach the targeted public and vice-versa but misinformation, lack of awareness has acted as an impediment to achieve full immunization. Combating misinformation and lack of awareness is the forte of media. The mass media provides an important link between the rural residents and vital health information. The mass media, in the form of the radio and television and publications, are an effective way to persuade target audiences to adopt new behaviours, or to remind them of important information. Besides informing the public about new diseases and where to seek help, they can also keep the public updated about immunization campaigns. The mass media can empower rural populations to fight major causes of infant mortality such as diarrheal dehydration and diseases which can be prevented through vaccination, inform large numbers of people about such activities as an immunization campaign or availability of a new product or service, teach new health skills such as how to mix oral rehydration solution, promote new health behaviors.

In order to increase the number of children less than a year-old receiving vaccinations in Manila, Philippines, radio and television broadcasts were created because almost everybody utilized one or both media channels. According to a study done later to determine the efficacy

of the campaign, using the radio and television “resulted in more children being vaccinated on schedule... These results show that in places where people use mass media regularly and vaccinations are available, effective radio and television spots can increase vaccination rates and extend the reach of health workers.” Journalists are therefore opinion leaders who are responsible for forming the opinion of the masses regarding immunization or any other matter. It is therefore the aim of this study to check the level of awareness of those who form the opinion of masses.

Objectives of Study

- To find out if media is aware about importance and impact of Routine Immunization Program.
- To know if media-persons are aware about the details of ‘Routine Immunization’ program of Government of India.
- To find out if media persons understand the impact of their coverage on target population of UIP.
- To find out if there is enough coverage on health in general and Routine Immunization in particular.

Review of Literature

After reviewing a score of newspaper articles on immunization, or more importantly those articles which report deaths of children as a result of AEFIs (After Effects of Immunization), it was found that majority of articles touched upon the subject superficially and did not bother to delve deeper into the topic and therefore presented a one-sided picture. For example, TOI (March 1, 2012) reported the death of four children in Kerala, squarely blaming the pentavalent vaccine which was freshly inducted in the Routine immunization program by the State government. Although, the vaccine is said to be controversial because of their questionable utility, high cost and probable side effects, but nowhere in the report has it been ascertained the real cause of the death of children. i.e. factors such as the vaccines stored probably in ice boxes or cold storage, was the ANMs or health worker who administered dosage qualified enough and had the skills etc.

According to L. Jodar et al (2001), ever since vaccines were firstly used against smallpox, adverse events following immunization have been reported. As immunization programs expand to reach even the most remote communities in the poorest countries, it is likely that many more events will be temporally linked with vaccine administration. Furthermore, the profound shift in the public and media interest in adverse events may lead to undue concerns and allegations which may ultimately jeopardize immunization programs world-wide.

While the health professional has understood this issue for some time, the public and the media have now also become all too aware of the significance of vaccine-related adverse

events. The familiar vaccines, well-tested over decades, have not changed — but the *perception regarding their safety* has shifted. Claims outrageous or reasonable are being made against both the old and the newly-introduced vaccines.

J.B Milstien and E Griffiths (2009). ‘Ensuring vaccine safety in immunization programmes : a WHO perspective’: None of the news reports included the technical data crucial to understand the process thoroughly on childhood vaccination. The definition of child/childhood was age group less than five years in some publications. Vaccination/immunization pertained to vaccines in the National Immunization Schedule viz. BCG at birth, three doses of DPT and OPV at 6, 10 and 14 weeks; one dose of measles vaccine at 9 months of age; and booster doses at 18 months and 5 years. The National Immunization Schedule also includes a booster dose of tetanus toxoid (TT) at 10 years of age and 2 doses tetanus toxoid vaccination of pregnant women. However, publications describing these were not included as they do not directly pertain to the focus of this review. Neither cold chain supplies are not monitored nor are profiling is the ANWs (Anganadi workers) done by media.

Using headlines such as “2 children die after being given Measles vaccine”, immediately has an effect on the psyche of people who distance themselves further from these programs whereas inside the news story it is usually seen that experts find it rather difficult to ascertain a direct link between deaths and vaccination.

A survey published by UNICEF (Coverage Evaluation Survey, 2009) states that the single biggest reason behind India’s low immunization coverage is that mothers do not feel the need to immunize their children (28.2 per cent), followed by a lack of knowledge about vaccines (26.3 per cent). the media can help in sensitizing people about the role of routine immunization for ensuring survival of their children. Similarly, since 8.1% people are scared of side effects of vaccines and 10.8% don’t know where to go for vaccination, the media can play an important role in addressing their fears about side effects and informing them where to go for vaccination. The need is even greater to reach out to people among SC, ST and OBCs for ensuring an equitable access to vaccination services to all communities. More pro-active media efforts are required for percolation of information to people, especially at the city and village level since success of vaccination programs has an important bearing on survival of children. A whopping 91% coverage currently consists of news reports and over 60% stories are event based and tone of 40% of reports was found to be negative, which calls for more in-depth news analysis and feature articles about the need for expanding the vaccination and recognizing the role of front line workers in ensuring the survival of children.

Research Methodology

Universe: The participants of the sample are from Delhi-NCR region.

Sample: Since the study aims to determine the awareness in media persons about Routine Immunization, the participants are media-persons, journalists from national media. The sampling technique employs snowball sampling and the sample consists of journalists, reporters from national and regional media. It was difficult to access journalists and reporters who run on a tight schedule and are not easily available so snowball sampling was employed as it is a convenient way of data collection. One contact led to another till the time the sample size was reached. The sample constituted 30 participants.

Tool: A survey was conducted using a questionnaire for the collection of data.

Data Analysis

Table 1. Out of all respondents, the number of media-persons working in different mediums are as follows

Medium	No. of Journalists	Percentage
Print	12	40%
Radio	3	10%
Web	7	23%
TV	5	17%
News Agency	3	10%

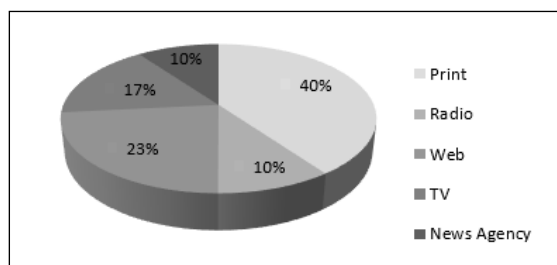


Figure 1. Media-persons working in different mediums
Out of all respondents, 40% belonged to various print publications such as journals, magazines, newspapers etc. 10% each for both radio and news agency, 23% to different news web portals and 17% belonged to electronic media. The question ensured that the sample selected represented all sections of media and did not limit to one particular medium.

Table 2. Number of health stories covered

More than 1	2	7%
More than 3	7	23%
More than 5	18	60%
none	3	1%

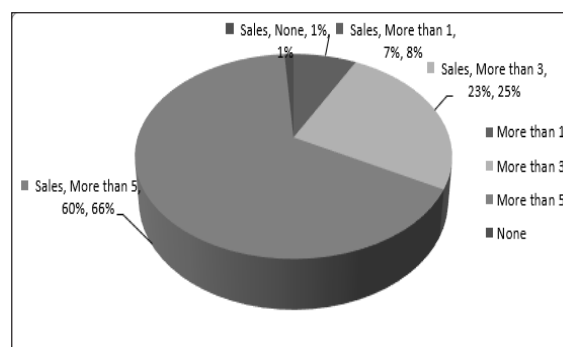


Figure 2. Health stories covered

The above data shows 60% of journalists have done more than 5 stories on Health beat followed by 23% who have done more than 3-4 stories, 7% have done 1-2 stories while only 1% didn't do any stories on health. Above data gives a fairly good idea that health beat is covered adequately in the media. The question aimed at ascertaining the coverage given to health related stories in the media. The above data shows that a health is considered important in media coverage.

Table 3. The following is the response to the question whether the journalists have written on Immunization or not:

Yes	6
No	24

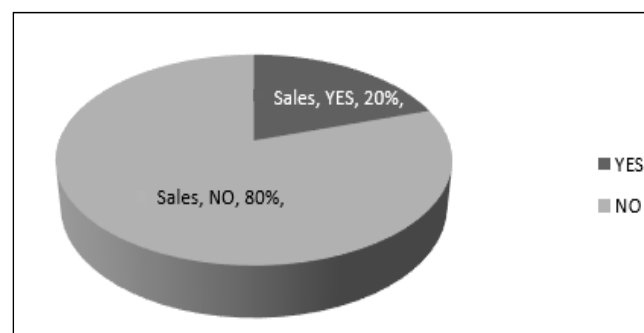


Figure 3. Whether the journalist have written on immunization or not

As is apparent from the above data 80% of respondents did write about Immunization, while only 6 out of 30 or 20% of journalists wrote about Immunization.

Table 6. Do you think there is enough coverage of health-related issues in the media ?

Yes	21	70%
No	9	30%

70% media-persons were of the view that health related issues are adequately covered by the media while 30% were of the opinion that there is not enough coverage on same.

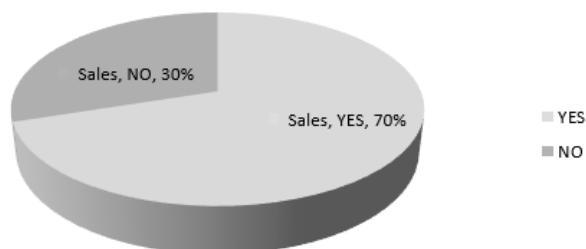
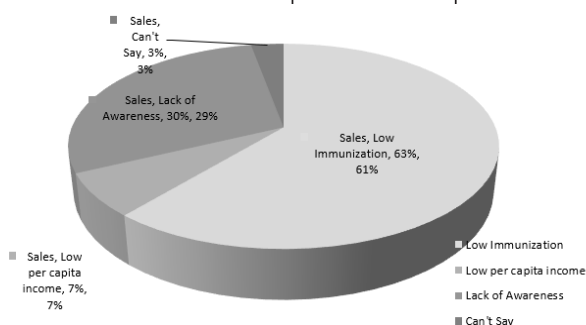


Figure 4 enough coverage of health-related issues in the media?

What would you say is one of the foremost reasons of high child mortality rate in India?

Low Immunization	19	63%
Low per capita income	2	7%
Lack of Awareness	9	30%
Can't Say	1	3%



The subsequent questions aim to find the whether the journalists understand the impact of Immunization program and their awareness about same:

Once again, a majority of media-persons said that low Immunization is the main reason behind high child mortality rates in India, while 30% believed that lack awareness could be a reason. Some journalists were of the opinion that high fertility rate was the foremost reason for high child mortality rates and complained that the option was not included in the question; it was somewhat true because

high mortality rate is also a major factor which effects Do you think high Child Mortality rate is partially responsible for low ranking of India in the overall HDI(Human Development Index) of a country?

Yes	18	60%
No	4	13%
Can't say	8	27%

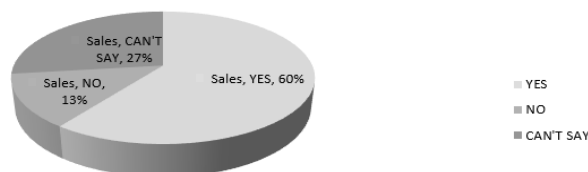


Figure 6 Child Mortality rate is partially responsible for low ranking of India in the overall HDI(Human Development Index) of a country? the child mortality rate in India. It has been established by agencies such as UNICEF, WHO and individual researches that high fertility rate is the second biggest reason after low immunization for high child mortality rates.

A major percentage of media-persons believed that high child mortality figures reflect in Human development index, while a sizeable number didn't have any opinion on it. 13% said that they don't think so. This shows that most of the journalists are aware that child mortality figures play a role in low ranking of India in HDI rankings. Do you think that Child mortality rates could be greatly reduced through full immunization?

YES	25	84%
NO	4	13%
CAN'T SAY	1	3%

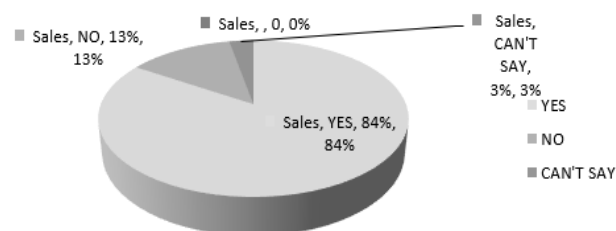


Figure 7 Child mortality rates could be greatly reduced through full immunization? India currently stands at 134th out of 187 countries on Human Development Index and child mortality figures are substantially responsible for low ranking of India on the same.

From the above data it is apparent that maximum number of media-persons who believe that full immunization could greatly reduce child mortality rate in our country is a whopping 84%. While those who do not have an opinion o

think it is not necessary is insignificantly low at 3 and 13%. Has the percentage of fully immunized children in India increased or decreased since 1990?

Increased	20	67%
Decreased	7	23%
Can't Say	3	10%

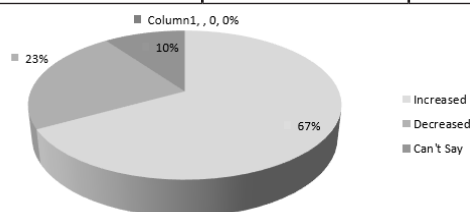


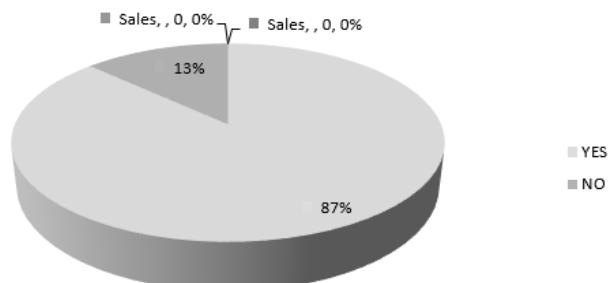
Figure 8 immunized children in India increased or decreased since 1990?

respectively. It can therefore be ascertained that there is a wide consensus in favour of Immunization programme. And those against it are insignificant but still 13% is big enough a number to create an atmosphere of mistrust against immunization especially in most backward of areas.

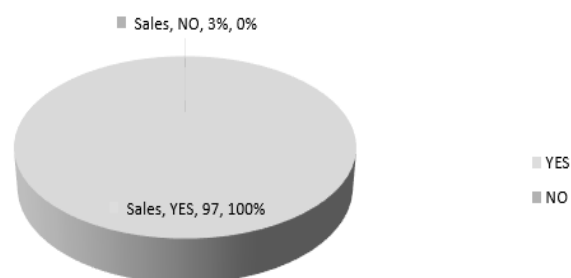
20 out of 30 media persons i.e 67% believe that Immunization has increased, while 7 out of 30 i.e 23% believe that it has actually gone down and 10% do not have a clue. According to official figures immunization that touched more than 80% in 1990 has slipped to 60%. Please write Yes/No in front of the names of the agencies you think are working to increase to reach and scope of Immunization program:

	Yes	No
UNICEF	26	4
WHO	29	1
Govt. of India	30	0
UNESCO	8	22

mark over the years. India in order to achieve Millennium



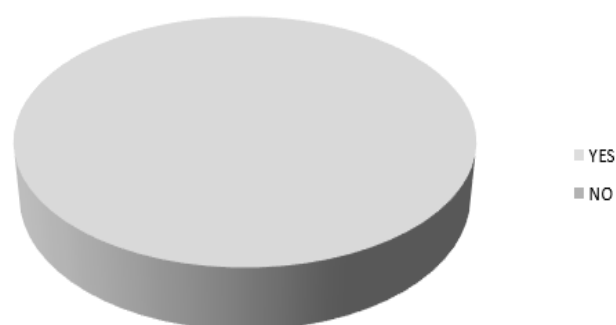
Development Goals set forth by UN has to work on this figure to bring it down substantially. The above data shows that majority of media-persons are unaware of this fact, which is the most important information about the state



of child immunization in India.

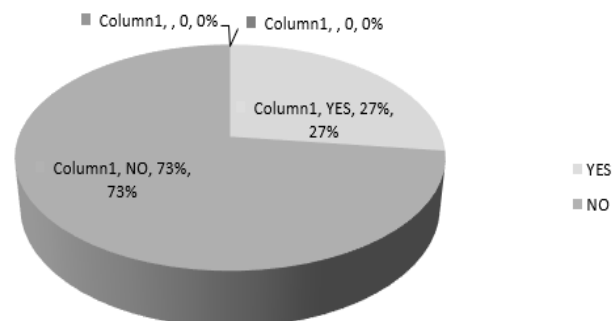
For UNICEF :

20 out of 30 respondents i.e 87% believed that Unicef



works for increasing the reach and scope of Immunization Program. While 13% believed it does not

For WHO :



Almost all of the respondents (97%) believe that WHO works in promoting Immunization Program. While a 3% still didn't have a clue.

Government of India :

All the respondents were convinced that Government works for promoting Immunization program in the country

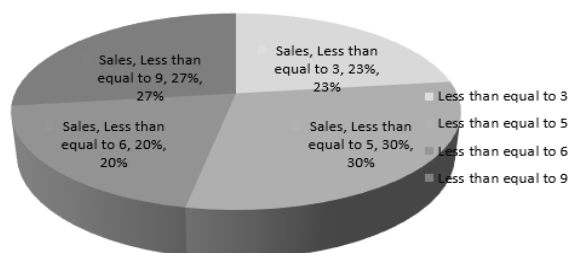
For UNESCO :

77% respondents were sure that UNESCO does not work for promoting Immunization Program but 23% still believed that it does.

From the analysis of data collected in this question it can be seen that some media-persons (23%) believe that UNESCO which is a UN body for education helps in Immunization work, while only Government was considered to be working

How many diseases do you think are preventable through full immunization?

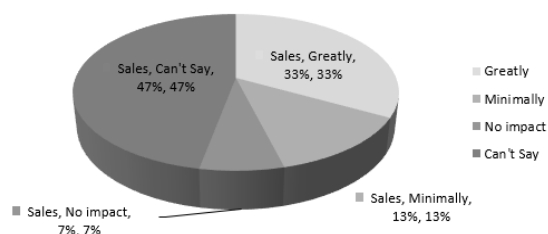
Less than equal to 3	7	23%
Less than equal to 5	9	30%
Less than or equal to 6	6	20%
Less than or equal to 9	8	27%



for the program by everyone surveyed. It being common knowledge that WHO is an agency related to health, was also considered by a major part (97%) of respondents for working towards immunizations. From the data analysis of above question, it could be seen that although a major part seems to be aware about the agencies working for immunizations, a small part still was unaware about them.

How would you say the inclusion of ASHAs (rural health workers) in the Immunization Program has impacted the reach of the program?

Greatly	10	33%
Minimally	2	13%
No impact	4	7%
Can't say	14	47%

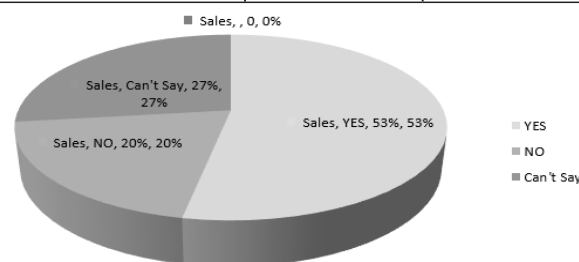


It is seen from the above data collected that there is no clear consensus in favour of a particular number, rather all the figures are more or less very near to each other which shows the respondents are making guesses about his one. However the majority 30% went with less than equal to 5, which is wrong, there are 6 vaccine preventable diseases

recognized under UIP (Universal Immunization Program) of Govt. of India. It is clear media-persons are unaware of this particular piece of information.

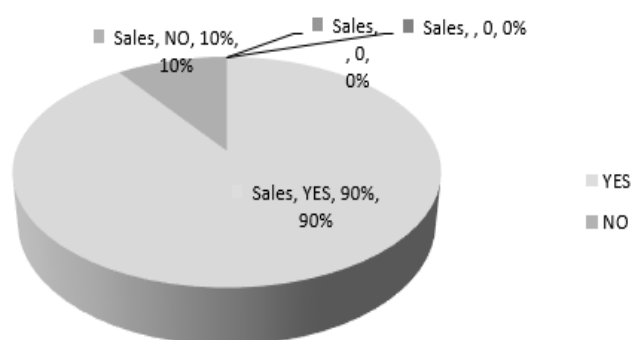
The number of respondents who believed that cold storage was necessary for preserving the vaccines are as follows :

Yes	16	53%
No	6	20%
Can't Say	8	27%



A majority of journalists did not have any opinion on this one. One by probing I found out that this section i.e 47% didn't know what ASHA is. 33% which was the second largest group said they greatly impacted the immunization program, while 13% and 7% said they had minimal and no impact. Do you think it is appropriate for media-persons to know about the proper way to administer vaccinations, qualifications of health workers administering vaccinations, conditions in which vaccine are stored etc. before covering a case involving death of a child shortly after vaccination?

YES	27	90%
NO	3	10%

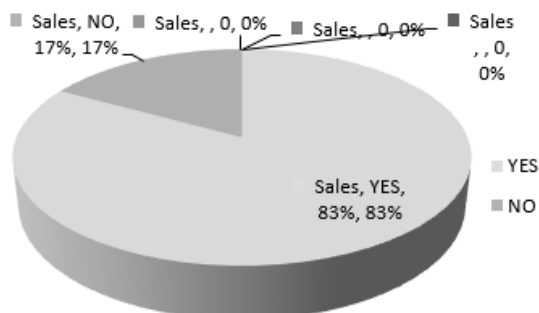


impact respectively. It could be noted that that inclusion of ASHAs in the immunization program has greatly increased the reach of the program and there has come about a major improvement in the statistics of immunization rate in various states after their inclusion in the program.

While a majority 53% believed that cold storage is necessary for preservation of vaccines there are also 27% media-persons who do not know about the same and have opted for 'can't say' option while 20% believe cold storage is not

While writing about immunization program did you consider the factors such as qualifications of health service provider, conditions of vaccine storage, expiry date of vaccines etc?

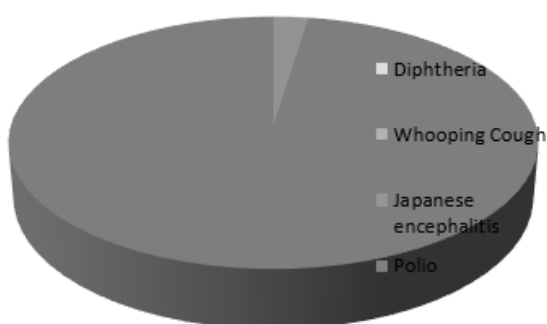
Yes	5	83%
No	0	0
Can't say	1	17%



necessary for storing vaccines.

While 90% respondents agreed that above factors should be kept in mind while covering a report related to death of a child shortly after receiving vaccination and 10% do India was taken off the endemic list of which disease?

Diphtheria	0	0
Whooping Cough	0	0
Japanese encephalitis	1	3%
Polio	29	97%

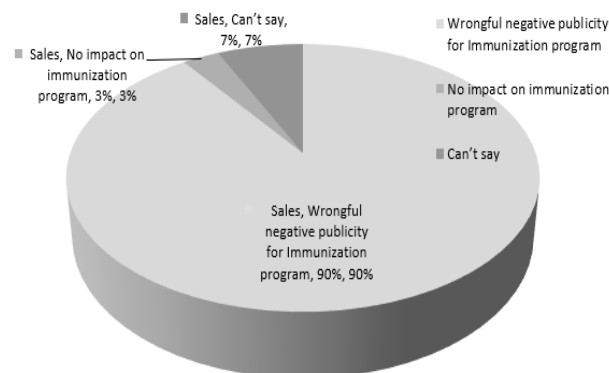


not agree. This 10% does not feel the need to know the various factors are convinced that that vaccinations are the only cause of death in such a scenario. There is a need to convince this 10% bracket that all the factors must be thoroughly checked before covering such a scenario lest the repercussions could be damaging to immunization effort.

Of 6 journalists who covered immunization, 83% considered the above mentioned factors such as qualification of health

What do you think would be the impact of a news report on death of recently vaccinated child if the factors mentioned in the previous question(4) such as qualification of the health worker, storage conditions of vaccines etc. are neglected while covering the event?

Wrongful negative publicity for Immunization program	27	90%
No impact on immunization program	1	3%
Can't say	2	7%



workers, storage conditions, expiry date of vaccinations while 17% were not sure and said that the report was done a long time back and therefore they did not remember.

While majority of media-persons were aware that India was taken off the endemic list of Polio, a 3 % still did not know and thought Japanese encephalitis is the one, which on the contrary is on the rise in some parts of the country. It was recently in the news that no new cases of Polio have been reported for the past 2 years and therefore the pulse polio program is being considered a success.

While 90% respondents were of the view that such kind of news reports will have wrongful negative impact on immunization program, 7% didn't have any opinion while 1 media-person was of the opinion that such news reports while having a potential negative impact in some pockets but would not be able to fully impact the immunization program and voted in favour of no impact on immunization program.

Key Findings

Awareness about the importance and impact of Routine Immunization program

- 63% of media persons consider low levels of immunization in our country to be one of the foremost reasons for high child mortality in our country.
- 60% believe that high Child mortality rates are partially responsible for low ranking of India in HDI (Human Development Index) figures.

- 84% believe that Child Mortality rate could greatly be reduced through full immunization.
- **Thus:** Media personnel are aware of the importance and impact of the Routine Immunization program.

Media-persons awareness about the details of 'Routine Immunization' program of Government of India.

- 67% of media-persons believed that the percentage of full immunization has actually increased, while only 23% knew that percentage of full immunization has gone down since 1990. The percentage of immunization has gone down to 60% from 1990 levels of 80% full immunization.
- Figures for the journalists who knew about the bodies engaged in immunization program are as follows:
- 87% knew UNICEF is engaged in immunization program.
- 97% knew WHO is engaged in immunization program.
- 100% knew Govt. of India is engaged in immunization program.
- Whereas only 27% said that UNESCO is engaged in immunization program.
- Only 20% knew that there are 6 Vaccine preventable diseases, majority believed that there are 9 vaccine preventable diseases which is not the case; also covered in the Immunization Program.
- 47% cannot say in what way has ASHAs (female rural health worker) impacted the program, while 33% agreed that ASHAs have greatly impacted the program.
- 53% believed that cold storage is necessary for preservation of vaccines.
- 97% knew that India was taken off the endemic list of Polio.

Thus: Journalists are only partially aware about the details and process of the immunization program.

Awareness of the impact of wrongful or partially informative articles.

- 90% of media-persons thought that there is a 'wrongful negative publicity' for immunization program when reports are partially informative and lack balance i.e. when reports do not take into consideration factors such as qualifications of health workers, storage conditions and expiry date of vaccinations etc.
- 90% media persons agreed that media persons should know about the details such as proper way of administering the dose, qualifications of health workers, storage conditions and expiry date and other such factors before covering a case which involves death of a recently vaccinated child or otherwise.

Thus: Media persons understand the impact of their reports on the targeted population of Routine Immunization Program.

Coverage on health in general and Immunization in particular

- 60% of journalists have done more than 5 stories on health issues.
- Only 6 journalists out of 30 i.e. 20% have done news reports on Immunizations.
- 70% media-persons believe that there has been sufficient coverage of health related issues.
- While 60% journalists have covered more than 5 stories on health and 70% believe that sufficient coverage has been given to health beat only 20% have done stories on immunizations.

Thus: While there seems to be sufficient coverage on health in general, coverage of immunization in particular is found to be wanting.

Implications of This Study

Enhanced Media Training

- The study highlights the need for specialized training programs for media personnel focused on public health reporting. Enhanced education on the specifics of the Routine Immunization Program (RIP) and other health initiatives can improve the accuracy and quality of media coverage.

Improved Public Health Communication

- Accurate and detailed media reporting can significantly influence public perception and behavior towards immunization programs. By ensuring that media personnel are well-informed, the dissemination of correct information can increase public trust and participation in these programs.

Policy Formulation and Implementation

- Policymakers can use the findings to develop strategies that facilitate better collaboration between health authorities and the media. This could involve regular briefings, workshops, and information sessions aimed at keeping media personnel updated on public health issues and initiatives.

Strategic Media Engagement

- Health organizations and advocacy groups can leverage the insights from this study to engage more effectively with the media. By understanding the existing gaps in media knowledge, they can tailor their communication strategies to address these deficiencies and ensure more consistent and supportive coverage of health

programs.

Public Awareness and Behavior Change

- Informed media reporting can play a crucial role in altering public attitudes towards immunization and other health behaviors. By providing clear, accurate, and persuasive messaging, media can help in overcoming vaccine hesitancy and misinformation, leading to higher immunization rates and improved public health outcomes.

Academic and Research Contributions

- This study adds to the body of knowledge on the intersection of media and public health. It provides a foundation for further research on the impact of media awareness on other public health initiatives and the effectiveness of various media training programs.

Resource Allocation

- Health authorities and donors can allocate resources more effectively by identifying key areas where media training and public health communication need reinforcement. Investing in media education can have a multiplier effect, enhancing the reach and impact of health campaigns.

Accountability and Responsibility

- The study underscores the responsibility of media in public health advocacy. Media organizations may be encouraged to establish guidelines and best practices for health reporting, ensuring that their coverage supports rather than undermines public health objectives.

By addressing these implications, stakeholders can work towards a more informed and proactive media landscape, ultimately contributing to the success of public health initiatives like the Routine Immunization Program in India.

Conclusion

This study underscores the critical role of media in shaping public perception and participation in health initiatives, particularly the Routine Immunization Program (RIP) in India. The findings reveal that while media personnel demonstrate an awareness of the importance and impact of immunization, there are significant gaps in their detailed knowledge and understanding of RIP's processes and specifics. These deficiencies can lead to inadequate and potentially harmful reporting, negatively affecting public trust and participation in immunization programs.

To address these gaps, it is imperative to enhance the training and education of media personnel on health-related topics. Providing accurate, comprehensive information and fostering responsible journalism are essential steps to ensure that media reports support and not undermine

public health efforts. Strengthening media coverage on health issues, particularly immunization, can play a pivotal role in improving health outcomes by promoting informed public engagement.

This study highlights the necessity for informed and responsible media practices in public health advocacy. By bridging the knowledge gaps among media personnel, we can leverage the influential power of media to promote effective health interventions and contribute to better health outcomes in India. Enhanced collaboration between health authorities and media can foster a more informed public, ultimately supporting the success of programs like RIP.

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