UNDERSTANDING HEALTH COMMUNICATION
CONCEPT AND APPROACH

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ABSTRACT

The fundamental purpose of development communication seems to bring about behavior change in respect to target population for any sector. In the erstwhile family planning programmers the emphasis was to bring about a shift in the attitude of the people towards a small family norm and thereby encourage them to adopt suitable family planning methods such as spacing etc., Supporting campaigns focused on such messages. (Rogers, 1962).

The discipline of development communication, both as theory and as practice, emerged closely interconnected with the growing “development industry.” From the outset “development support communication,” “program support communication,” “communication for development,” or as called in this publication, “development communication,” has been seen as a strategic tool to persuade people to change and enhance development processes. Many communication models have informed the field. The early models like Lasswell's communication theory (1948) were linear in their understanding of communication, which was understood as a transfer of information, leading to foreseeable step-by-step change processes, as it is shown in its model illustrated below. (Narula, 2006).

These processes were usually identified with changes in behaviors much in line with the development thinking of the modernization paradigm. Persuasion theory, originating from the advertising industry, also became a strategy to achieve information transfer. Throughout the 1970s and 1980s, strategic communication approaches to enhance individual behavior change evolved to be known as behavior change communication (BCC). Behavior change communication is associated closely with social marketing. Social marketing strategies are a means to promote particular behaviors or social norms via communication interventions. Social marketing is widely used in health communication, including family planning, and more recently in HIV/AIDS communication.

In these early models of strategic communication, there were no participatory elements. The assumption was that the power of communication to enhance development was in the correct crafting of the content and in the adequate targeting of audiences. The goal was individual behavior change.

By the early 1990s, budget line items for Information, Education and Communication (IEC) activities began to be incorporated more systematically within development projects. Typically these activities are non-participatory in approach, emphasizing dissemination of information via the production of
audio-visual or print materials.  
Most recently participatory approaches to communication have reinforced the emphasis on structural and social change. A broad-based policy debate initiated by the Rockefeller Foundation in 1997 and pursued by the Communication for Social Change Consortium in subsequent years has focused on structural inequality and social transformation. The “Rockefeller process” led to a definition of communication for social change as “a process of public and private dialogue through which people themselves define who they are, what they need and how to get what they need in order to improve their own lives. It utilizes dialogue that leads to collective problem identification, decision making, and community-based implementation of solutions to development issues” (www.communicationforsocialchange.org).

1. CONCEPT OF HEALTH COMMUNICATION :

Health Communication is the process of promoting health by communicating health-related messages. The two most common forms of health communication are Education and Persuasion campaigns aimed at increasing knowledge or changing health-related attitudes or behaviors. There is growing interest, however, in health communication methods such as Media Advocacy, which aims to alter the social, political and environmental determinants of health. It incorporates a number of diverse activities, including interactions between service providers and clients, classes and self-help groups, worksite and school programming, mass mailings, distribution of pamphlets and booklets, telephone hotlines, mass communication campaigns (e.g., television, radio and newspapers) and community events such as contests, races and fairs.

Health communication is the use of communication techniques and technologies to (positively) influence individuals, populations, and organizations for the purpose of promoting conditions conducive to human and environmental health (Maibach and Hotgrave, 1995). It may include diverse activities such as clinical-patient interactions, classes, self-help groups, mailings, hotlines, mass media campaigns, and events. Health communication strategies can be directed towards individuals, networks or small groups such as families, organizations, worksites and schools, and societal units ranging in size from communities to entire nation. Further, health communication can be divided into the following five categories.

- Persuasive or Behavioral Communication.
- Risk Communication
- Media Advocacy
- Entertainment Education
- Interactive Health Communication.

2. PERSUASIVE OF BEHAVIORAL COMMUNICATION :

One excellent example of a user-friendly behavior change framework is the following list of eight conditions that was developed and endorsed by prominent social scientists at a consensus conference. Virtually all mainstream behavior change theories (stages of change/Tran theoretical
model, health belief model, social learning theory, theory of planned behavior, etc.) are represented in this framework. One or more of these conditions must be true for a person to perform a given behavior:

The person has formed a strong position intention (or made a commitment) to perform the behavior. There are no environmental constraints that make it impossible for the behavior to occur. The person has the skills necessary to perform the behavior. The person believes the advantages (benefits, anticipated positive outcomes) or performing the behavior outweigh the disadvantages (costs, anticipated negative outcomes). The person perceives that the behavior is consistent with their self-image and does not violate their personal standards. The person's emotional reaction to performing behavior is more positive than negative. The person believes (has confidence) that they can execute the behavior under a number of different circumstances (i.e., the person has the perceived self-efficacy to execute the behavior).

The first three conditions are considered “necessary and sufficient” for adopting any behavior and the remaining five affect the intensity and direction of the intention.

3. RISK COMMUNICATION:

Risk communication is about helping people understand the nature and seriousness of a risk so that they can make an informed decision about how to deal with the risk. Ideally, risk communication is “an interactive process of exchange of information and opinion among individuals, groups, and institutions” (National Research Council, 1989).

The risk communication process may involve many types of messages and processes. It might include, for example, newspaper articles discussing the change of falling victim to a violent crime, a doctor explaining the chance of birth defects to prospective parents, emergency response from workers trying to evacuate an area as a severe storm approaches, or Posters, warning smokers about lung cancer. It may also be applied to topics such as automobile safety, HIV & AIDS, hazardous chemical waste sites, use of cell phones, medical procedures and restaurant food safety.

Sometimes, public health practitioners are forced to respond to public health emergency or crisis situations with risk communication messages that may keep changing as new information becomes available. Crisis and emergency risk communication is the effort by experts to provide information to allow individuals to make the best possible decisions about their well being within a very short time frame. (Centers for Disease Control and Prevention, 2002).

Since decisions that are made during a crisis are often irreversible, and available information about the risk is often incomplete, risk communication requires careful attention attention to proven principles and practices. It is important to understand, however, that successful risk communication, in particular crisis and emergency risk communication “does not imply optimal risk decisions; it only ensures that decisions are informed by best available knowledge” (National Research Council, 1989).

4. MEDIA ADVOCACY:

Media advocacy is the process of working with the media to influence healthy public policies through shaping debate about the topic. Successful media advocacy ensures that issues include a public health perspective, emphasize the social, cultural, economic and political dimensions of health problems, and stress the importance of participation and empowerment in health
Entertainment education involves using entertainment channels and vehicles, such as television shows, radio dramas, comic books, theater, etc. to transmit persuasive messages and lessons about health or environmental issues.

6. INTERACTIVE HEALTH COMMUNICATION:

The Institute of Medicines in its publication, “Speaking of Health: Assessing Health Communication Strategies for Diverse Population”, 2002, provides the following definition of interactive health communication: “Interactive Health Communication is defined as the interaction of an individual consumer, patient, or professional with or through an electronic device or communication technology to access or transmit health information or to receive guidance and support on a health-related issue (Patrick et al., 1999). Many of the early applications demonstrated increases in users' knowledge and acceptability of the systems (Kumar et al., 1993). Most applications now are Internet based, or will also be in the future. IHC includes computer health enhancement systems, interactive computer games, and Web-based applications, including the Internet. IHC services can range from simple applications, such as a single article or a discussion group, to online support groups and programs that offer many services, including information, communication, analysis, and a personalized Web page or a computer-based game intended to promote a certain behavior change (see Bental, Cawsey, and Jones, 1999, for an excellent overview of computer-mediated patient education techniques).

7. KEY HEALTH COMMUNICATION FEATURES:

Channel refers to the way a health communication message is sent i.e. the communication medium or a path. There are direct channels, which are interpersonal such as doctor to client, friend to friend, parent to child, and teacher to student. There are also indirect channels, which are mediated. These vary in terms of the size and diversity of the audience they reach from broadcast, such as television, radio and print (newspapers, magazines, mass mail) to narrowcast, such as grocery shelf labels, menu labels and no-smoking signs.

Vehicles are the specific formats used to deliver messages within channels. For example, on television there are various vehicles: movies, news shows, special events or programs such as sports or awards ceremonies, advertisements, public service announcements and infomercials. These vehicles vary according to the size and nature of the audience they reach from broadcast, such as television, radio and print (newspapers, magazines, mass mail) to narrowcast, such as grocery shelf labels, menu labels and no-smoking signs.

Communication refers to the exchange and sharing of information, attitudes, ideas or emotions. While early definitions of communication stressed a linear movement from a source to a receiver, current thinking stresses mutuality and shared perceptions; instead of “sending” or “receiving”, people participate in the communication process.

Communication planning is a systematic and creative activity in which information, attitudes, emotion and ideas are managed for exchange and transmitted via specific messages through specific channels. Objectives and goals are established for communication efforts. Efforts to shape and disseminate messages in order to accomplish those goals and objectives are the elements of communication planning.
Medium is an intermediate agency, such as a billboard, that enables communication to take place. While it is often used synonymously with “mass media”, an individual may also assume the role of a medium.

Message is that which is transmitted through the communication process. A message exists at three levels: a set of words or images expressed somewhere, somehow; the meaning of communication content as perceived or intended by the individual expressing it; and the meaning attributed to it by those receiving it.

8. ROLE OF HEALTH COMMUNICATION IN BUILDING COMMUNITY MOBILIZATION STRATEGIES:

For the purposes of health promotion programming, health communication and community mobilization strategies are often regarded as mutually exclusive. In particular, persuasion campaigns, which have been accused of treating community members as passive recipients of professionally developed interventions, are often viewed as incompatible with the capacity building objectives of community mobilization. Yet in many ways health communication and community mobilization strategies are complementary; each approach can strengthen the impact of the other.

9. COMMUNICATION TECHNIQUES CAN MOBILIZE COMMUNITIES TO TAKE ACTION BY INCREASING THEIR AWARENESS OF SHARED HEALTH CONCERNS:

In participatory community organization projects, communication channels, both interpersonal and media, are used to make community group members aware of shared health concerns (e.g., unsafe drinking water) and to mobilize them to action (Boeren, 1992). Communication channels are especially important for the mobilization of “communities of interest”, geographically dispersed groups whose sense of “community” arises from shared characteristics and interests or a common sense of purpose (e.g., AIDS advocacy groups).

10. COMMUNICATION STRATEGIES ENHANCE THE CAPABILITIES OF COMMUNITY GROUPS, THEREBY INCREASING THEIR CAPACITY TO ACT ON ISSUES AFFECTING THEIR HEALTH:

The development of community capacity, the collective ability for problem solving, is crucial for the successful resolution of shared health problems by community group members (Minkler, 1990). Effective communication skills (e.g., working with the media) are a key element for building community capacity (Bracht and Tsouros, 1990). Training in health communication techniques provides community group participants with the knowledge and skills necessary to take part in efforts aimed at changing the social and environmental conditions affecting their health.

Conversely, community mobilization compliments health communication strategies: Health communication campaign planners use direct and indirect methods to segment audiences. Random sampling surveys, questionnaires, observational techniques and qualitative methods (e.g., focus groups).
11. INDIRECT METHODS:

Which are more widely available to health organizations; include archival methods (e.g., census data) and secondary material such as marketing surveys or opinion polls?

12. STRATEGY FOR HEALTH COMMUNICATION:

(A) KNOWLEDGE OF THE PRIORITY AUDIENCE:

A tight, continuous focus on the consumer has been identified as one of the greatest assets of health communication (Lefebvre and Flora, 1988; Mintz, 1988; Novelli, 1990). Through its emphasis on the needs and characteristics of the priority audience, health communication has provided critical information, such as the attitudes and perceptions of the priority audience, for the effective design and delivery of health promoting messages and activities.

(B) CONTINUOUS MONITORING:

In the past, many community planners paid insufficient attention to monitoring the impact of their efforts. Health communication planners, by contrast, continuously track the progress of their campaigns, a practice that helps to identify campaign components in need of revision (Ling et al., 1992).

(C) STRATEGIC USE OF MASS MEDIA:

Many health communication efforts include the intensive, prolonged use of mass media channels, such as radio and television, to convey campaign messages. These campaigns are thus able to reach a much larger proportion of priority group members than other health promotion strategies (Sarner, 1984; Mintz, 1988).

Communication, when it is done well, does not only benefit the 'recipient', it also benefits and 'sender'. This aspect of communication is often overlooked. We tend to think of communication as a process of teaching others or of telling other's everything we know ('spread the good news!'). But communication is also a process whereby the 'senders' themselves can learn a lot. If we think strategically about the communication process, we can maximize our own benefits too.

13. REFERENCES:


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14. WEBPAGES:


2. FEMINA Health Information Project's homepage, www.chezasalama.com


