Basics of Health Promotion and Education Intervention
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Lecture - 08
Concepts of Health Communication: Part I

So we were discussing about the basics of health promotion and education intervention. Now in this session, we will be discussing about the concepts of health communication. Now the concepts of health communication, we will be discussing over two lectures.

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In the first one, see we will be discussing those parts that are here in black. We will be discussing health communication and its models, barriers to effective health communication, the role of culture in health communication. And in our next lecture, we will be discussing about interpersonal communication and risk communication.

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KEYWORDS

- SMCR model
- Health communication
- Barlo's model
- Feedback
- Message
- Channel
- Receiver

See, for health communication, it is a key skill for anyone who is dealing with public health aspects of different issues or who is even involved in research. And for health promotion and education intervention, we require to communicate different issues very precisely. So for that precision, which may be regarding some health promotive behavior, which may be regarding some health risk behaviors.

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Health Communication

- Health communication encompasses **the study and use of communication strategies** to inform and influence individual and community decisions that enhance health.

- Major role of: the **mass media**, especially the internet, nowadays.
- Need **support** at the policy level.

- Proper health communication establishes strong links between healthcare workers and patients/ beneficiaries: informed inclusive health decision making through healthcare worker-beneficiary communication.

We require the persistence with health communication and its different models. So let us discuss health communication first. As you can see, I have highlighted certain key words over here. First one, let us discuss that health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health.

So basic motto of this basics of health promotion and education intervention was to improve health. The basic motto of any behavior change intervention is to improve health. So, for health communication, enhancement of health is implicit. And for that, basically in health communication, it reflects certain strategies that influence and also inform.

By informing that increase the awareness and knowledge level of the individual and the community. And then by improving the knowledge and awareness level, it also helps in influencing. How? Because see through health communication, suppose I myself communicating some issue to someone who is sitting right next to me regarding some health issues.

Now the person who is sitting right next to me, he believes in me, and he trusts me. So for him, I am a great influencer. Now if I communicate certain health issues, I am performing health communication, however the details or intricate techniques for health communication we will be discussing later on.

But whatever be the situation if I am communicating something related to health, now that health communication for that person who ultimately trusts me and who believes in me, for him, this will be a kind of influencing matter. Like if I say that smoking is injurious to health. The person is a smoker and the person again trusts me and believes in me.

So, for him, smoking is injurious to health, from my mouth or from my dialect, it will be a great influencer. So that is how health communication is basically informing and influencing for individual and also community decisions. The major role in health communication is in fact that of the mass media. And for regarding mass media, you understand that internet is playing a great role nowadays.

It may be certain social media or in fact, mass media through internet, that is also an option. What happens is when we deal with certain policy decisions or policy frameworks, for that health communication is a major issue. Because when the health issue is communicated appropriately, then the policy decisions or decisions at the

policy level become easier or I mean, at the policy level when we are discussing about implementing something, it is easier for us to devise a strategy on how to do it.

Next is what health communication actually does. It establishes a strong link between health workers and the patients or beneficiaries. Now you see here I have written patients or beneficiaries.

For us who are dealing with different issues in public health and not typically suppose bedside medicine, we have to remember it is not always the patients because a person may also not be diseased or a person may be perfectly healthy, but you have to do certain health promotive activities. So, for them we call a beneficiary.

Because we are here promoting or we are here implementing certain health promotion education intervention, suppose health behavior change program. So, for that the person may not be a diseased person or that person may not be a patient per se. The person may be in fact a healthy, perfectly healthy person who can take up the behavior that is promoted through the health behavior change program.

Now that person becomes a beneficiary. So, we will be using the term patients or beneficiaries.

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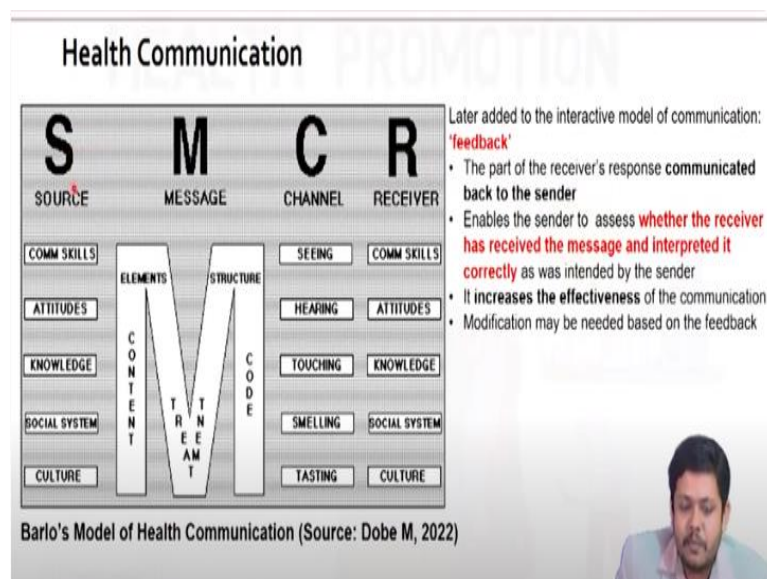
So for health communication, I have already said that we will be discussing some model. The most common model is the SMCR model. This is also called the Barlo's

Model of Health Communication. So what is SMCR? S means the source or we call it the sender. M is the message. C is the channel of it and R is the receiver. Now consider a situation where you are communicating some health issue to another individual.

When you are communicating certain issue then you become the source or you become the sender and the person who is on the receiving end or who is listening to you is the receiver. Now there are two different issues like message and channel in this module. Whatever you are going to say to that person or your particular key information, I am considering information being your health communication here, that key information becomes the message.

And how you are going to send that message that is your channel. For example, if you are going to be giving a lecture like in this way, it is a one-way communication, but this is done through the video. So here the channel is the video and nowadays internet is perhaps the most used channel for any kind of health communication. Now you can see there are certain attributes written over here.

These are all the attributes that are relevant to, suppose this is a communication skill is relevant to source, attitudes, knowledge, social system and culture. We will be discussing about culture later on. These are the attributes related to the sender or the source.

Now for message, the elements of a message particularly the content, the structure of it, and whatever codes or the key influencing words that you are going to say, those are the valuable issues when you are devising a particular message. And for channel there can be different types of channels. These are our systems. You can see, you can hear, you can touch, you can smell, you can taste.

So, channel may be different way of gaining the input. And for receiver again the same attributes like that of the source is applicable for the receiver or who you are communicating with. The issue of feedback here is very important, which is not presented in this model.

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Focused: Content-driven
Targeted: Audience-oriented
Objective: Bring about change
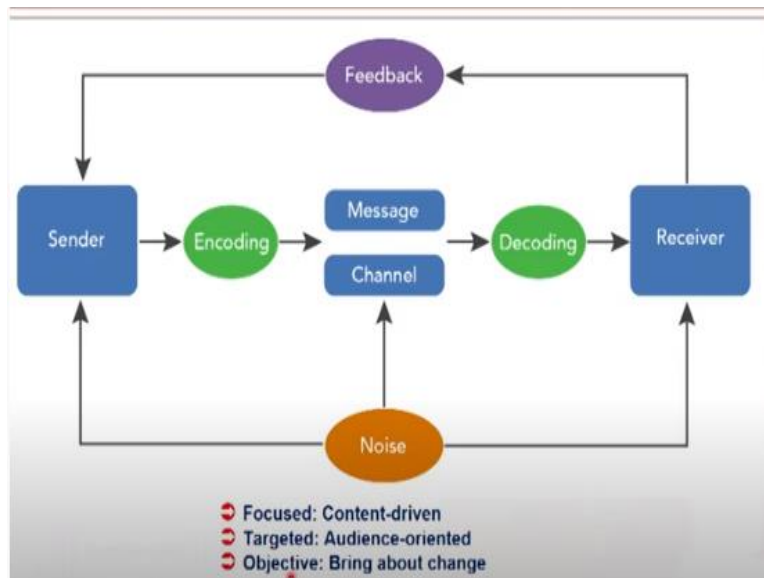
Now we will be discussing about the feedback issue later on. So, this is basically what we were discussing about. This is a basic model for health communication. And for this basic model like sender, suppose you are the sender, you are the information who is you are sharing the information, you are encoding the information in certain ways, encoding suppose through your voice or your speech you are encoding the information.

And that speech, it contains the message encoded form, and the channel is your speech. Now all of this, all of this part is then getting decoded. Decoded at whom? Decoded at the receiver and the person is understanding your speech. So for that you must understand that the language, the dialect, everything is important. Now the person is decoding and understanding the message.

And how the channel is getting influenced? It is getting influenced by the noise because for example with the speech, noise is the one that is creating the channel. Now from receiver you can have feedback and it again runs to the sender. And the sender again modifies if required the information. What we have to remember regarding health communication is that it has certain attributes.

The major attributes, it has to be focused and content driven. It has to be targeted, that is it has to be audience oriented. And it has to be objective. Objective in terms of it has to bring about certain changes. Because our main motto, again I am repeating is to

bring about certain good health behavioral change that will promote health. So, for that bringing about change is an essential part in health communication.

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Now we were discussing about feedback. The feedback has been added to the SMCR model later on and it is a very important part because it constitutes the classification of health communication. Broadly it can be a one-way communication and also it can be a two-way communication. So for a one-way communication what we have is the flow of information is one way.

Suppose, consider this lecture. Here what I am doing is I am delivering something over video and you on the other side of the video is listening to it. Now here there is no direct interaction between the sender that is me and the receiver that is you. But to overcome that, here through the NPTEL platform, we have a discussion board through where you can put your queries.

But the important part here is still it became it remains as the one-way communication, because the communication is not at the real time. Or the feedback that is the feedback from the other end or the audience to the sender or to who is giving the lecture is not there in the real time. This is what differentiate one-way communication from two-way communication.

In two-way communication, the information flows from the sender to the receiver and back from receiver to the sender. See for one-way communication if a message is very

simple and needs to be communicated quickly or disseminated quickly, you can rely on one way communication. In terms of health propaganda, its classical example of a one-way communication.

The propaganda is made for a larger dissemination of a health model or a health communication. We have seen the example during our COVID-19 pandemic. The messages that we were hearing, while we were dialing numbers. Those are typically examples of one-way communication because the communication is coming from the sender and there is no feedback from the receiver to the sender.

But it is important for very essential messages, those which require sudden dissemination. For two-way communication, it is best for understanding and solving problems. When we are doing certain brainstorming events or when we are doing some problem-based learning two-way communication is important. Because in that case, suppose I am giving you a problem.

Now if I am giving a problem, then it is essential for me to understand your feedback. The feedback in this case is either you have solved the problem or you have certain queries on the problem. Now through this discussion only we can garner the skill of problem solving. So, for that two-way communication is important.

But one-way communication is in fact faster, because there is no scope for feedback and you just go on saying things or disseminating the message. And the disadvantage obviously as I was discussing is the no audience participation and no feedback. Another issue is that for one-way communication, it is more of an authoritative approach. However, in case of two-way communication, it is more a liberal approach.

In one-way communication, you have to understand that there is only awareness generation and it generally does not influence the behavior. So, for certain behavior change interventions where changing behavior is mainly dependent on awareness, in those cases one-way communication may come handy.

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Health Communications: Characteristics

- **Accuracy**

- **Availability**

- **Balance** (the content presents the benefits and risks of potential actions or recognizes different and valid perspectives)

- **Consistency**

- **Cultural Competence** (cultural acceptability)

- **Evidence-based** (scientific evidence)

- **Repetition** (continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations)

- **Reach** (largest possible reach)

- **Reliability** (credible and up-to-date)

We were discussing about the issues with health communication. We discussed about what the attributes of health communication. We highlighted on the three major attributes like these three major attributes. Now let us consider more on the characteristics of health communication. Also, you can call it these are the detailed attributes for health communication being very effective in nature.

We have two A's, accuracy and availability. The message should be accurate and the message should be available or accessible. That means the communicative material that should be accessible to the participants.

Suppose I am conducting a health communication exercise or health communication program over the internet, but I have not done certain search engine optimizations to a certain extent that it requires to be generated or it is mandatory for that instance. If I have not done that, then even if I search certain issues over the internet, even though the message is put over there inside the web, we may not be able to find it.

So it is not accessible. And this is an example in terms of the recent internet age, but accessibility can be related to certain other issues. Suppose we are communicating a message through posters or leaflets. Now if I have displayed the poster in an area where nobody is visiting or no one is able to see then that is of no use because that is not accessible. Then there is the issue of balance.

Balance should be, as I have written over here, the content presents the benefits and risks of potential actions or recognizes different and valid perspectives. So the balance is between the benefits and risks of potential actions over here. Then the issue is of consistency. The message should be consistent. Or in terms of you can say, replicable in nature also. The next C for health communication is the cultural competence.

It has to be culturally acceptable. Without being culturally acceptable the message may not even gain its; I mean initial nature of usefulness. The message may not even go through with the community. So that is another challenge, but also it is an important characteristic for a good health communication message. Then it has to be evidence based. Obviously, we are now living in an era of evidence-based medicine.

So whatever health communication message we are planning to percolate, it has to be scientific evidence based. Then there are three R's. Repetition, reach and reliability. Now when we discuss the evaluation part in the very last week, we will be discussing about this reach issue. But remember reach, repetition and reliability, all the three R's are very important in health communication.

While reliability means credible and being up-to-date. See, reliability, evidence based, consistency, all these are interconnected somehow. And for repetition it is again in some way related with consistency. Because, see in repetition what we need to do is to be continued or repeated over time. And the repeated over time means it has to be consistent. The same message has to be repeated over time to bring about the change.

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Health Communications: Key aspects (as per Cutlip et al., 1985)

1. **Credibility:** Confidence in the agency and high regard for the agency's competence on the subject.

2. **Context:** Must **acknowledge the realities of its environment.** Effective communications require a supportive social environment, one largely set by the news media/ mass media (sometimes) – hence the importance of using the media as a communication ally.

3. **Content:** Relevant, **culturally appropriate.** People tend to select the elements of the information that promise them the most reward.

Now as per Cutlip and et al., the key aspects of health communication are again three C's like credible. It has to acknowledge the context or the realities of the environment. And it has to be content driven, that is relevant and culturally appropriate.

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Health Communications: Key aspects (as per Cutlip et al., 1985)

4. **Clarity:** Simplicity! It is important to ensure that the message means the same to the audience as it does to the communicating agency. **Complex issues should be compressed into themes, analogies or stereotypes** that are clear and simple.

5. **Continuity and consistency:** Repetition to achieve penetration. Repetition, with variation, contributes to both **factual and attitudinal learning.**

6. **Channels:** Established channels that the audience uses and respects should be utilized. **Different channels** are required to reach **different target audiences.**

7. **Capability of audience:** Communications are most effective when they **require the least effort on the part of the audience**

Now Cutlip actually gave 7 points for a health communication or a simple communication to be effective. After the three C's, there are another four C. So that constitutes the 7 C's of Cutlip. What are the next 4 C's? First is the clarity. In other words, it says simplicity, the message has to be simple. A complex message often gets the audience in kind of a difficult situation.

The audience may not find it easy to understand, if a very complex intricate message is percolated. Then comes continuity and consistency. We were discussing about

consistency. Now Cutlip et al., they also focused on consistency. The continuity and consistency has to be continuous. And I have highlighted here that repetition with variation contributes to both factual and attitudinal learning.

Because both of these are very important when we want to generate certain behavior changes. Then comes the issue of channels. Channels as in the SMCR model. The channels are very important. What Cutlip et at., they have focused is that channels there is no single rule for defining a channel. There may be different channels for a single message or maybe different messages are percolated through a single channel.

What happens is different channels are required to reach different target audiences. So, this part is important. Channels are mostly dependent on my audiences. The last C is the capability of audience. So, this in fact encompasses a very large issue, the capability issue is not only related to the educational background of the audience, it may have certain bearing on the cultural issues also.

So, we have 7 C's and in the third C in content, we have culturally appropriateness of the message and also in the credibility of the, the capability of the audience, we have again the cultural background for that audience.

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Health Communication: Barriers

- Language Barriers

- Psychological Barriers: Some people have stage fear, speech disorders, phobia, etc. Target audience may also have fear, misconceptions and anxiety about certain health problems

- Emotional Barriers: Emotions like anger, frustration, humor, can limit the effectiveness of communication.

- Physical Barriers to Communication: They include barriers like noise, faulty equipment used for communication, etc.

- Cultural Barriers of Communication

- Low health literacy

- Limited access, e.g., internet access

- Variable thrust on research

Now coming to the barriers in health communication. As you can understand through the exercise of the SMCR model, there can be barriers at each level, from the source, from the message from the channel and also from the end of the receiver. Now putting

all these barriers together what we have, we have a language barrier, we have a psychological barrier.

Then we have emotional barrier. Then there are physical barriers to communication. Now these physical barriers to communications are very important, when we are discussing about encoding till decoding. That means from encoding there is message and channel and then there is decoding. So, within that part, these physical barriers play a very important role.

Because you will see noise is a very important issue when we are sending a message. Suppose a lecture or we are communicating something verbally, the noise is very important. And that noise itself can be a physical barrier to communication. For example, loud noise. You can easily understand that. Then there are cultural barriers of communication.

Since cultural adaptability or cultural acceptability for a health message is a key issue, in the same way the cultural barriers can be there. Because if the message is not culturally acceptable, then it becomes a cultural barrier. A very common example for cultural barrier is certain gender issues that is prevalent in our society.

We tend to influence the, suppose we tend to influence the immunization behavior of certain children. Now for that the culturally acceptable norm is that we have to convince the whole household or at least the key decision maker for that child. That key decision maker may not be the mother herself. That key decision maker may be the father in that family or maybe some elder member.

So, for that message to be acceptable, we have to devise it in such a way that it is acceptable to that member who is the head of the family. Now this is an example only. The cultural adaptability or the cultural acceptability or in fact the cultural barrier can be manifold. It can even be in such a way that certain person who is alien to a particular culture is coming to an area or coming to the region and communicating something.

But that communication is just not acceptable to the community, because the community is not feeling at home with the delivery of those who are coming from outside. Now these are certain issues which are culturally imprinted over there in the community. So, when we are devising a health communication message, we must keep in mind all these issues. Then there is issue of low health literacy.

There are issues of limited access. This is particularly relevant, when we are discussing about internet access, because we may have internet, reach of internet in the very interior part of our country. But still there are certain areas where we do not have internet access. And another important issue is the variable thrust on research.
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Because in research, whatever we are trying to gain through research that has to be put into the health communication message delivery, health communication message devising and everything. But if we are not giving particular thrust to research, the research maybe a qualitative one, that research maybe environmental scanning.

If you are not putting enough thrust on that, we may lose the credibility of developing a proper health education message or a health communication per se. So, we were discussing about cultural adaptability. Now it leads us to the role of culture in health communication. So, I have highlighted two key words in red. First is the environment of trust.
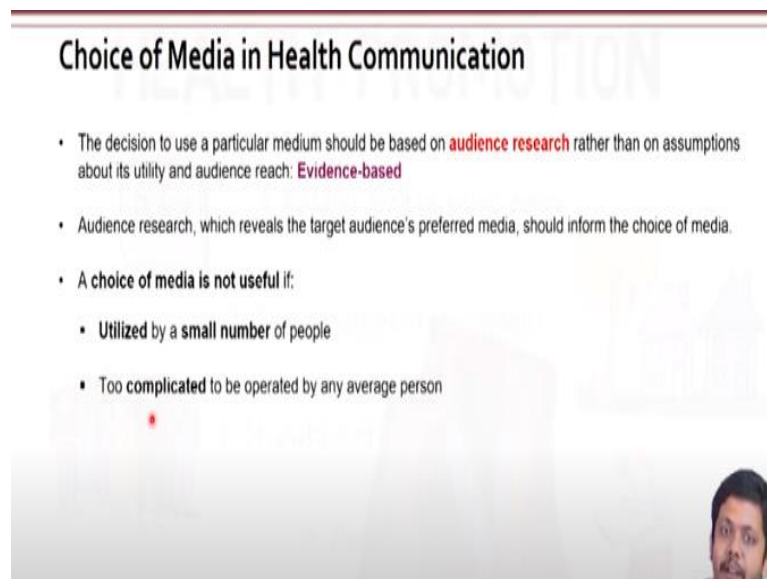
That is very important and that is the interplay of culture, when a particular sender or who is sending the message is having a discussion with the audience. So, the environment of trust must be there, because without any environment of trust, the audience may be always suspicious to some ulterior motive of the sender, which may even not, I mean which may be absent in this case.

And usually what happens with health communication is there is no bad motives on the part of the sender, but the audience in certain instances, where the environmental trust is not there may feel that the person who is giving the information is having some bad motive. So, in order to avoid that or in order to surmount that barrier, the environment of trust must be there.

That is the important part how we engage from within with the community. We have to be, the communicator has to be at home with the community. Then there is the issue of culturally relevant intervention program. The intervention program has to be culturally relevant. For that we have certain cultural influences, lifestyles, attitudes toward health. That is also again influenced by cultures.

And we must use the knowledge to develop this culturally relevant intervention program.

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Now this brings us to the choice of media in health communication. Now we know what are the 7 C's for a good health communication. We know how important is the

role of culture in health communication. And we also know another important thing that we have to keep in mind the audience while deciding the channel, while deciding on the messages. So, this brings us to the choice of media in health communication.

So how do we do that? Again, the issue of, issue is evidence based. We have to do what is called an audience research. Before devising a message or delivering a message, we must have a true knowledge or a thorough knowledge regarding the audience to whom we were delivering the health communication package. So, a choice of media is not useful, if it is utilized by a small number of people.

That means, if you are choosing internet as a choice of media in an area where we only have internet access in a handful of houses, so for them the utilization for that media will be very small number of people or the reach is very low in that case. So, in that case, the choice of media is utterly wrong. Again, if it is a too complicated media.

See, we loosely say for elderly people, that why you are not able to handle a smartphone. But if we think deeply, it may so we easily find out that our elderly generation may not find it easy to handle the smartphone per se because it is again alien culture to them. However, the difficulty in accessing or difficulty in utilizing all these issues, all these devices, which may in fact be the channel for communication, may even find the population, find the audience in a difficult space.

So, in that case, that smartphone itself though it is a good media, but that smartphone itself, the internet itself will become a barrier because it is too complicated for the audience.

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CONCLUSION

- Health communication is an important field of study in public health
- By developing effective health communication strategies, and thereby equipping communities with the necessary knowledge and skills, communities can better cope with the debilitating effects of disease and illness.
- A common model is the SMCR model of communication
- There are barriers to effective health communication
- Culture plays a very important role in effective health communication

So, we discussed till now what are the health communication I mean, what are the barriers of health communication? Before that we discussed what is health communication and what are the models of health communication, the Barlo's model of health communication we discussed. And also, we discussed the cultural issues for health communication.

So, what we have to remember is health communication is the skill, what we call by "the skill" is it is essential. And by developing effective health communication strategies and thereby equipping communities with the necessary knowledge and skills, communities can better cope with the debilitating effects of diseases and illness.

So, this coping and the community behavior, these will be discussed in the next weeks when we discuss about different models, but again the central part is health communication. Only through communication you can equip an individual or a community in doing all these things. That is why it is a strategy. Then we discussed the SMCR model that I was telling you just now. There are the barriers. And also, culture plays a very important role in effective health communication.

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RESOURCES

- Health Communication Online Course: Index [Internet]. Uniteforsight.org. [cited 7 April 2022]. Available from: http://www.uniteforsight.org/health-communication-course/

- Glanz K, Viswanath K, Rimer B. Health Behavior: Theory, Research, and Practice, 5th ed. San Francisco, Calif.:Jossey-Bass;2015.

- Dobe M. Health promotion and Education: Foundations for Changing Health Behavior.1st ed. Kolkata:Academic Publishers;2022.

So we will be discussing the remaining part of health communication in our next lecture. Again, the resources for the health communication part are these three. I recommend you go through all these resources because, particularly the first resource, it is very helpful in understanding health communication strategies, though the first resource basically deals with the disease population of the patients.

But again, if you consider holistically for the beneficiary point of view, you can consider this resource as very helpful resource. So that is it for this one. See you on the next lecture.