



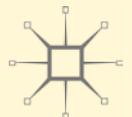
Global Transformations in Media and Communication Research

Health Communication in the Changing Media Landscape

Perspectives from Developing Countries

Edited by
Ravindra Kumar Vemula and
SubbaRao M Gavaravarapu

A Palgrave/IAMCR Series



Global Transformations in Media
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FOREWORD

In times of viruses such as zika and ebola, citizens and governments across the world have become increasingly attentive to the constraints and challenges of ensuring public health as a public good. The crisis of public health in some developing countries has become particularly exposed with the resurgences of these two viruses. The ebola crisis in 2014–15 revealed alarming public health infrastructures and the lack of capacity to respond to ebola in a number of West African countries, particularly Liberia, Sierra Leone and Guinea. The zika crisis in 2016 is equally revealing as a public health crisis subject to lack of knowledge, confusing messages and inability to produce adequate responses, seen, for example, when the Brazilian government chooses to send hundreds of thousands of soldiers onto the streets to inform some of the at-risk populations about what to do to prevent a virus we know little about.

Adding to the drama and crisis has been the fact that in both the ebola and the zika cases, the crises have unfolded within heavily mediatized contexts. The stories about the viruses have gone viral on social media, sparking fear, despair and public and political concern worldwide. In doing so, these two public health crises speak to the central topics of this book which come together around analyzing health communication challenges in the changing media landscape, seen from the perspective of a number of developing countries.

Although the chapters in this book don't deal explicitly with either ebola nor zika, they do indeed speak to the same complex gamut of issues that are deeply entangled in today's challenges of ensuring public health for all: adequate public health infrastructures; the manifold roles for media

and communication to play; the capacity of governments and health professionals to respond; forms of crisis management; cultural practices; risk perceptions; socio-economic conditions and the challenge of poverty and lack of education. The list continues. The point to make here is just how complex a field of practice health communication is.

I am using the examples of zika and ebola here as pretexts to bring to the reader's attention some of the common concerns addressed in this book. It is a book on health communication which specifically addresses the role of media and technology in enhancing public health. It offers perspectives from developing countries, covering the five BRICS countries — Brazil, Russia, India, China and South Africa—in addition to Papua New Guinea, Kenya and Venezuela. The contributors bring quite diverse concerns to the table, stretching from media representation of specific diseases in Brazilian newspapers to the role of television in health communication initiatives in India; and on to the role of village cinemas in HIV/AIDS communication in Papua New Guinea and the perceptions and role of witchcraft in HIV/AIDS communication in South Africa. Although topically diverse, the book's contributions do come together around a series of common concerns in research about health communication. I will briefly reflect upon three of the key concerns: the role of new media, or digital media, in contemporary public health advancements; the features and challenges of processes of globalization and their impact upon public health; the social determinants of health. But first, let me briefly introduce the field of health communication research as it has unfolded within media and communication scholarship over the years.

THE CONFIGURATION OF A FIELD OF RESEARCH AND PRACTICE

Health communication as a field of research and inquiry has existed for more than 40 years; at least if we count from the first time it was accepted as a field of its own at an international communication conference.¹ In the time that has passed since, it has grown significantly, both in volume and scope, and it has become institutionalized both in research and in educational programs in universities primarily in North America and Europe. Thus, for many years, the academic space for research into health communication remained a discipline performed in the “global north,” although often also being about the “global south” and collecting data worldwide. In more recent years, we have seen health communication programs set up in

developing countries, but it still remains a discipline largely driven from the global north and with research and educational programs centered there.

The establishment of IAMCR's working groups in HIV/AIDS communication in 2002 and in Health Communication and Change in 2008 secured the opening of a forum that in recent years has assembled scholars from around the world, and ensured a continued dialog and debate around current research. This book is an important outcome from some of these dialogs and debates. Furthermore, the contributors all are dealing with health communication in their home countries, and practically all contributors are based at institutions in their home countries. It may seem irrelevant, but it is not. It is an important step toward a needed decentering of the knowledge production within health communication research, and a significant move toward a further articulation of grounded perspectives upon today's public health challenges around the globe, reflecting the realities and perspectives as they emerge locally. It is a stepping stone in the reinforcement of what the Portuguese social scientist Boaventura de Sousa Santos quite generically calls "an epistemology from the south" (Santos 2009), which implies taking a stand on development and social change—and in this case also on health – that questions the dominant Western discourse and that propagates an ecological thinking grounded in diversity, cosmopolitanism and the local (*ibid.*).

DIGITAL MEDIA IN CONTEMPORARY PUBLIC HEALTH ADVANCEMENT

The chapters of this book recurrently engage with the discussion about the role of digital media in public health. National policies on digital media, eHealth programs and similar initiatives are assessed. Some scholars are more techno-optimist, others more techno-pessimist in their assessments of the dynamics between digital media and public health outcomes. What I perceive as a general insight is that not only is media development happening "as we speak", but it is evident that the rapidly changing media scenarios are offering a range of new opportunities for health system integration, for treatment, for prevention, etc. This book brings these topics to the forefront of health communication research, pointing to the need for far more grounded studies unpacking these relations between technology and public health.

GLOBALIZATION AND PUBLIC HEALTH

Another key feature of this book is that it recognizes and explores the role of processes of globalization upon public health. Many of the chapters point to the forces of globalization as political, economic and social forces that are fundamental to understand and respond to if we are to achieve successful public health interventions, and move towards a more healthy society. I have elsewhere dealt with the challenges of achieving what I call health citizenship in contexts of mediatization and globalization (Tufté 2012), arguing that the multidimensional challenges of globalization in promoting public health largely remain unarticulated in most analysis of public health challenges.

In drawing upon Arjun Appadurai's analysis of globalization, I make the point that cultural globalization is producing instability in our processes of identity formation, and thus in our behaviors. I make this a core argument to justify that public health systems and health communication strategies need to broaden their perspective and take on the challenge of dealing with globalization in policies and strategies (*ibid*; 618–621). I proceed to provide brief examples of how there is empirical evidence of globalization that impacts public health, seen for example in: the travelling of epidemics across borders; the increasingly mediatized and globalized symbolic universe we all live in; the transnational character of advocacy networks and similarly in the new internationally very integrated economic reality; and, not least, the global character of conflicts, catastrophes and environmental challenges. The latter is a situation that reinforces Ulrik Bech's analysis and characteristics of the risk society we are living in today—features that also are flagged by Paiva and Sacramento in Chapter 9 of this book. Overall, this book addresses a series of these features and processes of globalization and their impact upon local public health conditions.

SOCIAL DETERMINANTS OF HEALTH

Finally, a third feature of this book is the emphasis upon the social determinants of health. It is clear in many of the contributions that, despite the growing opportunities to reach and interact with audiences using digital media, village cinemas, television or other forms of media and communication, there is a clear recognition of the impact of social determinants upon behavior. This is in line with the growing international trend to recognize the complexity of public health, and the need

to contextualize public health interventions in the broad gamut of social, cultural, economic and political contexts. It also recognizes the impact of poverty and social inequality in health seeking behaviors, and in abilities to respond to health challenges. Such context-sensitive policy and research practice is a trend that counters an otherwise prevalent line of policy and practice which puts emphasis upon the individual responsibility of health care. An example from the Brazilian case in Chapter 9 is illustrative of these tensions. According to Paiva and Sacramento, in their study of the Brazilian newspapers' treatment of the dengue disease, the newspapers often carried out what Paiva and Sacramento call "discursive negligence" by silencing the social determinants of dengue and emphasizing the individual responsibility to fight the disease. An example of this is seen here:

O Globo [large national newspaper, Ed.], in its cover story, silenced the social determinants of dengue. Even the words of the Health Minister on the causes of its epidemic situation emphasize only care and shortage of doctors. It does not comment on social inequalities, which determine the spread of dengue and its permanence in the Brazilian epidemiological context. The silencing is very significant here. The newspapers instead highlight the health-sickness process as a matter of individual management, and risk control as a duty of the state, but not as a systematic construction of politics and public action to eradicate social inequalities. (Paiva and Sacramento, Chapter 9, p. 175)

This example brings us full circle back to ebola and especially zika, and to the challenges of how both to represent public health challenges and practice health communication. What is seen in the cases of ebola, zika and also the case of dengue is illustrative of some of the general health communication challenges identified and discussed in this book. These are health communication challenges where, for example, the response given to a public health crisis not only is dependent on very specific and often inadequate problem identifications, but also influenced by conflicting or simplistic media representations which again lead to a circulation of mediated discourses that both constitute and influence further public discourse and social and political action. This book contributes a series of illustrative cases and interesting analyses of the above outlined complexities that configure the field of health communication in a changing media landscape in developing countries today.

Copenhagen
8 March 2016

Thomas Tufte

NOTE

1. It was first approved as a session at an independent subfield of communication at the ICA conference in 1975. Later, in 2002, IAMCR approved a working group in HIV/AIDS communication and in 2008 IAMCR further approved a working group in Health Communication and Change.

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We are extremely grateful to Marjan De Bruin and Caludia Padovani, Members of the Publications Committee of IAMCR, for reviewing our proposal and taking it forward to Palgrave MacMillan. Marjan, who had chaired the Health Communication and Change Working Group of IAMCR before us, saw great potential in our proposal for this book and encouraged us to take it forward.

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Ravindra Kumar Vemula
SubbaRao M. Gavaravarapu

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ABBREVIATIONS

AIR	All India Radio
AMREF	African Medical and Research Foundation
BCC	Behavioral change communication
CDAC	Centre for Development and Advance Computing
COMESA	Common Market for East and Southern Africa
DSC	Development support communication
EHR	Electronic health records
GAD	Gender and development
GSM	Global system of mobile communication
HCC	Human channel of communication
HIT	Health information technologies
ICT	Information communication technologies
IEC	Information education communication
IMF	International Monetary Fund
KTP	Komuniti Tok Piksa
MCT	Multipurpose community telecenters
MSF	Médecins Sans Frontières
NACO	National AIDS Control Organization
NCD	Non-communicable diseases
OPD	Outpatient department
PLWHA	People Living with HIV/AIDS
PNG	Papua New Guinea
TB	Tuberculosis
WID	WOMEN in Development

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Introduction

*Ravindra Kumar Vemula
and SubbaRao M. Gavaravarapu*

The developing countries in comparison to developed countries have shown a remarkable shift in higher growth rates since the late 1990s. The dawn of the new millennium has seen the emergence of new global groupings. Economic globalization is today's reality. It in a way led to the proliferation of satellite and cable television, online networks and increasingly sophisticated digital technologies. The growing availability of communication networks has transformed the global media landscape. In the current economic, technological, media and information contexts, communication is increasingly becoming 'glocal' (Hemer and Tufte 2005). The spread of new global media has been among the most powerful forces for change in public health avenues in these countries.

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Public health remains a crucial development challenge in these fast developing countries. Despite the geographical and cultural differences between them, the developing countries face certain common and pressing public health challenges. These include the prevalence of communicable diseases, such as human immunodeficiency virus and acquired immune deficiency syndrome (HIV/AIDS) and malaria, as well as burgeoning incidence rates of lifestyle diseases, such as cancer, heart disease and diabetes (which formerly were considered diseases of the affluent) (Barett et al. 1998). These nations are poised to combat the problems of double burden of disease—presence of some diseases associated with acute poverty, poor sanitation, food insecurity and illiteracy on one hand, and the growing non-communicable diseases (NCDs) associated with increasing affluence, changing lifestyles, nutrition transition and alcoholism on the other (Popkin et al. 2012). There is an increasing realization that this changing health scenario will continue to present major impediments to economic growth. It is indeed the case that economic globalization has brought improvements in healthcare systems, technologies of diagnosis, modern medical tools and, most importantly, newer sources of health information. It is also a reality that there is a co-existence of traditional health systems, faith-based healing techniques, and interpersonal methods of communication. It would be of great interest to study how the changing media landscape in these countries is impacting the overall public health communication scenario. With an emphasis on mediated communication that seeks to produce individual change for improved health outcomes, communication scholars have traditionally focused on developing mediated message materials, using even the new media, rather than engaging in articulations about the location of the health behavior in the larger context of changing economies and rapidly varying communication technologies (Parker and Thorson 2009). This book explores a different perspective and investigates how the field of health communication has responded to rapid changes and innovations in the media context in developing countries such as India, Russia, China, Papua New Guinea, Kenya, South Africa and Brazil.

The application of new and emerging information, communication and networking technologies for health programs has been affected to a great extent by geo-political, historical and demographic factors, which are compounded by global and strategic imperatives. It is known that specific communication practices in different healthcare settings can affect the success of healthcare management and development (Ngwainmbi 2014).