

Paradigmatic Approaches to Health Communication: An Analytical Study in the Indian Context

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Abstract

Societal communication has become as strong as a basic need of human life. Human beings are social animals and they cannot survive without communication. Communication helps in sharing and transfer of information from one person to another. Various mediums of mass communication like print, electronic and web medium help in influencing our thoughts and opinions to a larger extent. Like all the other aspects of our social media plays an important role in communicating information related to health. And the process to inform, encourage, promote and motivate people about health and health issues is known as 'Health Communication'. At the time of review of the literature, the researcher reviewed many studies that have been done in the past. The interpretative paradigm has little interest in conducting experiments and counting words or doing anything that attempts to make generalizations or predict or control behavior. The researcher has also consulted books, journals, articles, websites of Ministries etc for the literature part. Reviewing different available literature helped the researcher in understanding the work done in health aspect of rural women. It also helped in understanding the present situation of the identified problem. The researcher plays an active role in constructing these "truths", and the research, therefore, can be biased by the perspective of the researcher; of course the good qualitative research recognizes the potential for such bias and take steps to minimize it. Interpretative researchers employ qualitative methods such as interviewing and participant observation, gathering detailed, descriptive data that they can mine for meaning.

Keywords: Societal Communication, Paradigmatic Approach, Interpretative Paradigms, Health Communication, Rural Women.

1.1 Introduction

The research paper will broaden the understanding of the nuances of health communication and access and reach of various communication mediums. People from developing country like India faces many problems related to health issues daily. Various diseases like Dengue, Malaria, Typhoid, Hepatitis, Influenza, Filariasis, Tuberculosis etc are common among both rural and urban areas. Thus, there is a need to make people aware of the preventive measures and practices of the diseases. Health communication is basically concerned with the dissemination of information related to health issues.

1.2 Communication and Health Communication

Communication is the process of transferring and sharing of information from one person to another by a verbal and non-verbal form of communication. Many scholars have given definitions of communication; some of them are defined below.

According to **Newstrom & Keith Davis**, "Communication is the transfer of information from one person to another. It is a way of reaching others by transmitting ideas, feelings, thoughts, facts, and values."¹

According to **Theo Haiman**, "Communication means the process of passing information and understanding from one person to another."²

Dianne Berry in her book 'Health Communication: Theory and Practice' has explained that communication is social in a variety of ways. Dianne says that communication frequently involves relations between people and requires people to have a shared understanding of what particular sounds, words, and gestures mean. She further says that communication is the primary means by which people influences others, and in turn, is influenced by them. She has also added that in such interpersonal settings, it is typically an ongoing and dynamic, or transactional, process. An effective health promotion campaign requires different communication skills and strategies from those involved in one-to-one and small-group interactions.³

Communication is playing a very important role in our daily life. Today, the importance of communication can be observed in different domains of development. The role of communication in the field of health has become very prevalent these days. The concept of 'Health Communication' has come up as a boon in the field of health. The information related to health and health issues are disseminated with the help of print media, video shots, outdoor publicities, and web media. The Centres for Disease Control and Prevention (CDC) define Health Communication as the study and use of communication strategies to inform and influence individual and community decisions that enhance health.⁴

Renata Schiavo in his book 'Health Communication: From Theory to Practice' has defined Health communication as a very broad and multidisciplinary concept that incorporates many different work fields.⁵

2.3 An Introduction to Health Communication

Due to poor hygiene and sanitary waste disposal, rural areas are prone to various communicable and non-communicable diseases. Thus, proper communication regarding the better health facilities is a must. Schivao (2014) has explained one of the key objectives of Health Communication. He says that one of the key objectives of Health communication is to engage, empower and influence individuals and communities. He further says that the goal is admirable because health communication aims to improve health outcomes by sharing health-related information.⁶

2.3.1 Meaning and Definition of Health Communication

Renata Schivao in his book, 'Health Communication: From Theory to Practice' says that Health Communication is a multifaceted and multidisciplinary field of research, theory, and practice. It is concerned with reaching different populations and groups to exchange health-related information and ideas and methods in order to influence, engage, empower,

¹ Coach, b. (2015, May 21). *Business Communication*. Retrieved April 25, 2017, from bizcommunicationcoach.com: <http://bizcommunicationcoach.com/what-is-communication-meaning-of-communication/>

² Ibid.

³ Berry, D. (2006). *Health Communication: Theory and Practice*. McGraw-Hill Education (UK).

⁴ CDC. (2011, May 10). *Centres for Disease Control and Prevention*. Retrieved February 23, 2017, from [www.cdc.gov: https://www.cdc.gov/healthcommunication/healthbasics/whatishc.html](https://www.cdc.gov/healthcommunication/healthbasics/whatishc.html)

⁵ Schiavo, R. (2007). *Health Communication: From Theory to Practice*. San Francisco: Jossey-Bass.

⁶ Ibid.

and support individuals, communities, health care professionals, patients, policy makers, organisers, special groups and the public, so that they will champion, introduce, adopt or sustain a health or social behaviour, practice or policy that will ultimately improve individual, community, and public health outcomes.⁷

Richard K. Thomas in his book 'Health Communication' has explained the concept of health communication as the study and use of communication strategies to inform and influence individual and community knowledge, attitudes and practice (KAP) with regard to health and healthcare. Thomas has also said that the field represents the interface between communication and health and is increasingly recognized as a necessary element for improving both personal and public health. Further, he has also added that health communication can contribute to all aspects of disease prevention and health promotion.⁸

The most obvious application of health communication has been in these areas of health promotion and disease prevention. Research has uncovered improvement of interpersonal and group interaction in clinical situations (for example, between provider and patient, provider and provider and among members of a healthcare team) through the training of health professionals and patients in effective communication skills.⁹

2.3.2 Levels of Health Communication

The primary levels of health communication analysis include intrapersonal, interpersonal, group, organizational, and societal communication. Intrapersonal health communication inquiry examines the internal mental and psychological processes that influence health care, such as the health beliefs, attitudes, and values that predispose health care behaviors and decisions. Interpersonal health communication inquiry examines the relational influences on health outcomes, focusing on the provider/consumer relationship, dyadic provision of health education and therapeutic interaction, and the exchange of relevant information in health care interviews.¹⁰

Group health communication inquiry examines the role communication performs in the interdependent coordination of members of collectives, such as health care teams, support groups, ethics committees, and families, as these group members share relevant health information for making important health care decisions. Organizational health communication inquiry examines the use of communication to coordinate interdependent groups, mobilize different specialists, and share relevant health information within complex health care delivery systems to enable effective multidisciplinary provision of health care and prevention of relevant health risks. Societal health communication examines the generation, dissemination, and utilization of relevant health information communicated via diverse media to broad range professional and lay audiences to promote health education, health promotion, and enlightened health care practice (Kreps, Bonaguro, & Query).¹¹

⁷ Schivao, R. (2014). *Health Communication: From Theory to Practice*. Jossey Bass.

⁸ Thomas, R. K. (2006). *Health Communication*. United States of America: Springer Science & Business Media.

⁹ Ibid.

¹⁰ Kreps, G. L., Bonaguro, E. W., & Query, J. L. (n.d.). *Russian Communication Association*. Retrieved May 22, 2017, from www.russcomm.ru/eng/rca_biblio/k/kreps.shtml

¹¹ Kreps, G. L., Bonaguro, E. W., & Query, J. L. (n.d.). *Russian Communication Association*. Retrieved May 22, 2017, from www.russcomm.ru/eng/rca_biblio/k/kreps.shtml

2.3.3 Paradigmatic Approaches to Health Communication

Nancy Grant Harrington in her book 'Health Communication: Theory, Method, and Application' has described three paradigmatic approaches to health communication research. The three approaches include scientific, interpretative and critical-cultural.¹²

2.3.3.1 Scientific Paradigm- According to the scientific paradigm, there is one objective "Truth" that is out there to be discovered. This "Truth" is independent of the researcher, who can work objectively and without bias to reveal said "Truth". It doesn't matter that human behavior is complex and each person is a unique individual; there are regularities underlying who we are and what we do, and research conducted by the scientific perspective is out to identify them.¹³

2.3.3.2 Interpretative Paradigm- The interpretative paradigm has little interest in conducting experiments and counting words or doing anything that attempts to make generalizations or predict or control behavior. Instead, the real interest lies in uncovering and understanding the subjective, situated meanings of human behavior. According to the interpretative paradigm, there are multiple subjective truths that are socially constructed by humans in everyday interaction. The researcher plays an active role in constructing these "truths", and the research, therefore, can be biased by the perspective of the researcher; of course the good qualitative research recognizes the potential for such bias and take steps to minimize it. Interpretative researchers employ qualitative methods such as interviewing and participant observation, gathering detailed, descriptive data that they can mine for meaning.¹⁴

2.3.3 Critical- Cultural Paradigm- The critical- cultural paradigm is similar to the interpretative paradigm in its orientation to ontology, epistemology, and axiology, but it distinguishes itself by its focus on power: the social, political, economic and cultural means by the oppression by the haves of the have-nots. Its methods strive to give voice to people who have been marginalized and to empower them to create social change. It encourages us to find ways to change the system to promote greater fairness and equality.¹⁵

2.3.4 Opportunities of Health Communication- For health communication to contribute to the improvement of personal and community health during the first decade of the 21st century, stakeholders, including health professionals, researchers, public officials, and the lay public, must collaborate on a range of activities. These activities include (1) initiatives to build a robust health information system that provides equitable access, (2) development of high-quality, audience-appropriate information and support services for specific health problems and health-related decisions for all segments of the population, especially underserved persons, (3) training of health professionals in the science of communication and the use of communication technologies, (4) evaluation of interventions, and (5) promotion of a critical understanding and practice of effective health communication.¹⁶

The infrastructure makes it possible for people not only to use health information designed by others but also to create resources to manage their own health and to influence the health of their communities. For example, community groups could use computers to gain access to survey information about the quality of life in their neighbourhoods and apply this information to create an action plan to present to local elected and public health officials. Information is a critical element of informed participation and decision-making,

¹² Harrington, N. G. (2014). *Health Communication: Theory, Method, and Application*. Routledge.

¹³ Ibid.

¹⁴ Harrington, N. G. (2014). *Health Communication: Theory, Method, and Application*. Routledge.

¹⁵ Ibid.

¹⁶ People, H. (2010). *healthypeople.gov*. Retrieved May 7, 2017, from www.healthypeople.gov: http://www.healthypeople.gov/2010/Document/pdf/Volume1/11HealthCom.pdf

and appropriate, quality information and support services for all are empowering and democratic. Health Communication Page 11-11 As patients and consumers become more knowledgeable about health information, services, and technologies, health professionals will need to meet the challenge of becoming better communicators and users of information technologies. Health professionals need a high level of interpersonal skills to interact with diverse populations and patients who may have different cultural, linguistic, educational, and socioeconomic backgrounds. Health professionals also need more direct training in and experience with all forms of computer and telecommunication technologies. In addition to searching for information, patients and consumers want to use technology to discuss health concerns, and health professionals need to be ready to respond. To support an increase in health communication activities, research and evaluation of all forms of health communication will be necessary to build the scientific base of the field and the practice of evidence-based health communication. Collectively, these opportunities represent important areas to make significant improvements in personal and community health.¹⁷

2.4 Historical Background of Health Communication

Gary L. Kreps, Ellen W. Bonaguro and Jim L. Query have described the history and development of the field of health communication in *Russian Journal of Communication*. Following are the history of health communication in an elaborative form¹⁸

Kreps, Bonaguro and Jim Query say that there were many starting points in the development of the field of health communication. One influential starting point was rooted in the communication disciplines emulation of other social sciences, such as psychology and sociology, which were actively studying the health care system. The communication discipline has a long-standing history of adopting theories and methods from these social sciences, and the move towards adopting the health care context as a topic of study was a natural disciplinary trend. Moreover, scholars in these social sciences were beginning themselves to examine communication variables in health care (Bandura, 1969; Feldman, 1966; Kosa, Antonovsky, & Zola, 1969; McGuire, 1969; 1984; Tichenor, Donohue, & Olien, 1970; Zola, 1966), which encouraged communication scholars to follow suit.

The field of psychology generated a large body of literature that was very influential in the development of health communication inquiry. The humanistic psychology movement of the 1950s and 1960s, for example, pioneered by scholars such as Carl Rogers (1951, 1957, 1961, 1962, 1967), Jurgen Ruesch (1957, 1959, 1961, 1963), and Gregory Bateson (Ruesch & Bateson, 1951), stressed the importance of therapeutic communication in promoting psychological health and was most influential in the development of the health care delivery perspective to health communication inquiry. This exciting body of psychological literature captured the imagination of many communication scholars. In fact, the *Journal of Communication* devoted an entire issue in 1963 to the topic of "Communication and Mental Health."

¹⁷ People, H. (2010). *healthypeople.gov*. Retrieved May 7, 2017, from www.healthypeople.gov: <http://www.healthypeople.gov/2010/Document/pdf/Volume1/11HealthCom.pdf>

¹⁸ Kreps, G. L., Bonaguro, E. W., & Query, J. L. (n.d.). *Russian Communication Association*. Retrieved May 22, 2017, from www.russcomm.ru: http://www.russcomm.ru/eng/rca_biblio/k/kreps.shtml

The powerful book *The Pragmatics of Human Communication* by Watzlawick, Beavin, and Jackson, published in 1967, builds upon the literature of humanistic psychology, indelibly tying together humanistic psychology and human communication. This book was very influential in the development of the fields of interpersonal communication and health communication. Written from an interactional family therapy perspective, the book examined the ways communication defines and influences interpersonal relations, clearly illustrating how the quality of relational communication can lead to therapeutic or pathological outcomes. This book, along with other humanistic psychology literature, provided a very influential springboard to the development of current interests in the field of health communication in provider/consumer relations, therapeutic communication, and the provision of social support.

The psychological literature about persuasion and social influence (Bandura, 1969; 1971; Festinger, 1957; Fishbein & Ajzen, 1975; Hoviland, Janis, & Kelley, 1953; Katz & Lazarsfield, 1955; Rokeach, 1973) also provided a broad theoretic foundation for the field of health communication, influencing the development of the health promotion approach to health communication inquiry. The persuasion literature, in combination with the complementary sociologically-based diffusion of innovations literature (Rogers & Shoemaker, 1971; Rogers, 1973), social scientific theories about mass media influence (McCombs & Shaw, 1972-1973; Tichenor, Donohue, & Olien, 1970; Klapper, 1960; Wade & Shramm, 1969) and emerging literature about social marketing (Kotler, 1972; Kotler & Zaltman, 1971) encouraged communication scholars to study the role of communication in health promotion and develop persuasive communication campaigns to promote public health. A notable example of an early health communication campaign based on a combination of social scientific theories is the Stanford Heart Disease Prevention Program. This landmark study illustrated the role of communication in health promotion with a longitudinal field experimental evaluation of a multi-city health promotion intervention program. This study, initiated in the early 1970's as a collaboration between cardiologist Jack Farquhar and communication scholar Nathan Maccoby, clearly demonstrated the powerful influences of communication campaigns on public health promotion.

The medical sociology literature (Freeman, 1963; Jaco, 1972; Mechanic, 1968) was also influential in the development of the field of health communication. Medical sociologists have long been interested in the doctor-patient relationship and the social structure of health care delivery systems. Zola (1966) for example, in a now famous study, examined the ways that culture influences patients' presentations of health problems to health care providers, illustrating the need for practitioners to understand the backgrounds and orientations of their client and develop situational specific strategies for communicating with individual patients. Kleinman's (1980) moving book, *Patients, and healers in the context of culture*, further reinforced this lesson about cultural influences on doctor-patient interactions and has encouraged current work on culture and health communication

There was also important literature from the field of medicine that increased interest in health communication. Korsch and Negretes (1972) influential article "Doctor-Patient Communication," published in the prestigious international journal, *Scientific American*, made communication in health care delivery and important academic and public issue that communication scholars raced to address. Several important books about doctor-patient communication, such as Birds (1955) *Talking With Patients*, Blums (1972) *Reading Between the Lines: Doctor-Patient Communication*, Bowers (1960) *Interpersonal Relations*

in the Hospital, Browne and Freelings (1967) *The Doctor-Patient Relationship*, Ley and Spelmans (1967) *Communicating With Patients*, Starrs (1982) *The social transformation of American medicine*, Verwoerdt (1966) *Communication With the Fatally Ill*, and Vorhaus (1957) *The Changing Doctor-Patient Relationship*, also set the stage for development of the field of health communication.

2.4.1 Institutionalization of the field of Health Communication

A field of study is largely defined by the body of literature it generates, and the field of health communication has a rich and varied literature. The first books concerning health communication were written by communication scholars began appearing in the 1980_s with Kreps and Thornton_s (1984) introductory survey text written for an interdisciplinary audience of health care providers and consumers, *Health Communication: Theory and Practice*, Sharf_s (1984) succinct text for medical students and practicing physicians, *The Physician_s Guide to Better Communication*, and Northouse and Northouses (1985) survey text geared towards nursing students and other healthcare professionals, *Health Communication: A Handbook for Professionals*. These first three texts were followed by a rapid succession of important health communication books, edited volumes, and a burgeoning literature of journal articles (too numerous to list here), solidifying and enriching the field of health communication.

As literature concerning the role of communication in health care and health promotion began to increase, there was a growing need for academic legitimization for communication scholars studying the role of communication in health. In response to this growing need, communication scholars interested in health care and health promotion banded together in 1972 to form the Therapeutic Communication interest group of the International Communication Association (ICA). The formation of this professional group is one of the most influential moments in the genesis of the modern field of health communication because it provided an academic home for an eclectic group of scholars, communicated to the rest of the communication discipline that health was a legitimate topic for communication research, and encouraged scholars in the discipline to consider health-related applications of their work.

The annual ICA conventions were very important sites for an emerging group of health communication scholars to meet, present their research, and generate new ideas and new directions for this new field of study. At the 1975 ICA convention, held at the LaSalle Hotel in Chicago, another important milestone in the development of this field of study transpired. The members of the Therapeutic Communication Division voted at this conference to change the name of the group to the broader title of "Health Communication," recognizing the many ways that communication influences health and health care. This was an important change because the new name represented a much larger group of communication scholars than the title therapeutic communication did. The therapeutic communication title was most attractive to interpersonally-oriented communication scholars, while the name health communication appealed broadly to scholars interested in persuasion, mass communication, communication campaigns, and the organization of health care services, as well as those interested in interpersonal communication.

The ICA Health Communication Division not only provided academic legitimization for a growing body of college faculty and graduate students, but the conference programs

encouraged other communication scholars to conduct health communication research and submit it for presentation at ICA conferences. The ICA Health Communication Division began publishing the ICA Newsletter in 1973, communicating relevant information about health communication research, education, and outreach opportunities to a growing body of scholars. In 1977 the ICA began publishing the influential Communication Yearbook annual series, which included very important chapters about the emerging field of health communication.

In the first four volumes of the Communication Yearbook annual series, each of the divisional interest groups (including the Health Communication Division) was allotted dedicated sections of the book to present research overviews and exemplary studies. In each of the first four volumes, Health Communication Division officers wrote important definitional overview chapters about the nature, purposes, and scope of health communication inquiry (see Cassata, 1978; 1980; Costello, 1977; Costello & Pettegrew, 1979). These overview chapters along with the accompanying research reports provided an excellent showcase for the developing field of health communication. Later issues of Communication Yearbook moved to a revised format of showcasing major review chapters along with accompanying responses from accomplished scholars representing the different ICA Divisions. The major review chapters concerning health communication were instrumental in defining this field of inquiry and the chapter responses helped to frame the major issues in the field for a large audience of scholars (see Kreps, 1987; Reardon, 1987; Pettegrew, 1987 for an example of a series of important health communication chapters in Communication Yearbook 11).

In 1985 the number of communication scholars interested in the field of health communication had grown enough that a groundswell of interested scholars formed the Commission for Health Communication within the Speech Communication Association (SCA), the largest of the communication disciplines professional societies. Many of the members of the ICA Health Communication Division also became members of the SCA Commission on Health Communication and a large body of communication scholars who had limited exposure to health communication because they did not participate in the ICA, now learned more about this field of inquiry. In an uncommon example of cooperation between ICA and SCA, the two groups decided to share the publication of the Health Communication Newsletter, now renamed as Health Communication Issues. Within a few years, the Commission for Health Communication had grown so rapidly that it surpassed the size of the ICA Health Communication Division and qualified to become the SCA Health Communication Division. Since 1992 the ICA and the SCA Health Communication Division have joined forces to present annual outstanding health communication dissertation and thesis awards to both the graduate student candidate and to the students graduate advisor, rewarding and encouraging outstanding health communication scholarship.

2.5. Health Communication in India

A report by 'The Hindu' has explained the importance of health communication in India. The report also highlights the positive impacts of health communication in the country and has explained the changes seen in the field of health with the inclusion of the concept of health communication.

According to the report, public health authorities need to understand that if we expect people to change lifestyle choices, we need to engage them with health messages that are persuasive. Clearly, this is a job for communication professionals, not doctors.¹⁹

The report has highlighted the two successful health communication steps that are worth including in the impact of health communication in India.

According to the report, In India, two examples of successful health communication that had a considerable impact are polio and HIV. In either case, a host of agencies worked together to develop a multi-pronged strategy led by communication professionals. This helped in creating multiple strategies that were used to engage diverse audiences. Polio messaging, for example, was built on simple idea — two drops that could save your child's life. This message was everywhere — from print, TV, and radio from the more urban and semi-urban audiences and on roadsides, on the back of buses and lorries and in small village fairs.²⁰

The report says that HIV was perhaps India's most complex disease communication exercise. In a society with ingrained double standards, limited women's rights and a complete lack of conversation on sexuality and sexual diversity talking about HIV may have been impossible. However, HIV program managers within the government understood the importance of prevention and sought help from external agencies creating what was perhaps the most elaborate and effective health communication campaign in recent history. The HIV campaign used every possible medium and celebrities to transmit messages on prevention, on treatment, and on stigma. An important aspect of this campaign was it consciously focused on being entertaining and connecting with the audience. It also consciously avoided being judgmental of lifestyle choices. HIV programming, in particular, was relevant as it emphasized the notion of choice — an idea that was empowering to an audience used to directive messaging.²¹

At the end of the report, it has explained the importance of communication professionals in disseminating information related to health. The report says that public health authorities across high-burden countries need to reorder their approach to public health communication. For starters, this communication needs to be managed by communication professionals and not doctors. Public health communication must be multi-pronged, regionally suitable and easy to absorb. Finally, public health authorities need to take up public health communications as a priority.²²

2.6 Health Literacy

WHO defines health literacy as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health. Health literacy means more than being able to read pamphlets and successfully make appointments. By improving people's access to

¹⁹ Mehra, C. (2013, Jan 3). *The Hindu*. Retrieved May 10, 2017, from www.thehindu.com: http://www.thehindu.com/sci-tech/why-health-communication-is-important/article4268023.ece

²⁰ Mehra, C. (2013, Jan 3). *The Hindu*. Retrieved May 10, 2017, from www.thehindu.com: http://www.thehindu.com/sci-tech/why-health-communication-is-important/article4268023.ece

²¹ Ibid.

²² Ibid.

health information and their capacity to use it effectively, health literacy is critical to empowerment.²³

Defined this way, Health Literacy goes beyond a narrow concept of health education and individual behaviour-oriented communication and addresses the environmental, political and social factors that determine health. Health education, in this more comprehensive understanding, aims to influence not only individual lifestyle decisions but also raises awareness of the determinants of health and encourages individual and collective actions which may lead to a modification of these determinants. Health education is achieved, therefore, through methods that go beyond information diffusion and entail interaction, participation and critical analysis. Such health education leads to health literacy, leading to personal and social benefit, such as by enabling effective community action, and by contributing to the development of social capital.²⁴

Health literacy is clearly dependent upon levels of fundamental literacy and associated cognitive development. Individuals with undeveloped skills in reading and writing will not only have less exposure to traditional health education, but also less developed skills to act upon the information received. For these reasons, strategies to promote health literacy will remain inextricably tied to more general strategies to promote literacy (Nutbeam, 2000).²⁵

Thus, one can say that 'Health literacy' is related to empowerment. It provides knowledge regarding the best access to the communication methods. It helps to motivate people for media use in getting better health information time to time.

2.7. Challenges of Health Communication

2.7.1 Communication process barriers- Program communication poorly understood, generally confused with and grouped within external relations.²⁶ It has been observed that the gap between the health literacy of the population and the use of communication tool for health communication is often seen. Communication environments are changing, but we don't know how or whether it matters –Horizontally networked environments mean messages more difficult to control, rumours more difficult to combat; and mean people can better organise, mobilise and communicate with each other across distances; – People (not only people affected but also journalists etc) are bombarded with many more messages from many more actors; increased coherence at country level important.²⁷

2.7.2 Insufficient Resources

Technical support is fragmented, with a variety of actors offering distinct approaches (behavior change, social marketing, social change) – users find it difficult to know what kind of support they want, and when they know, find they have to make strategic choices – not a coherent whole.²⁸

2.7.3 Lack of Trained Health Professional

It has been observed that the health professionals often lack the confidence to access and evaluate health campaigns. The health professionals are not trained to a certain level.

²³WHO. (2017). *WHO*. Retrieved May 22, 2017

²⁴ Ibid.

²⁵ Nutbeam, D. (2000). Health literacy as a public health goal. *Health Promotion International* .

²⁶ Deane, J. (2007, August). Broad Challenges in Health Communication. BBC World Service Trust.

²⁷ Ibid.

²⁸ Deane, J. (2007, August). Broad Challenges in Health Communication. BBC World Service Trust.

Quality education is not being provided to the professionals. The absence of quality education and good skills further leads to untrained health professionals.

2.7.4 Appropriate Planning and Evaluation-

Peter Hudson, Sanchia Aranda, and Linda J. Kristjanson say that problems including infrequent visits to patients and families by health care professionals, inadequate control of distressing symptoms, inferior communication, poor provision of standard resources such as nursing care and equipment, and lack of emotional support for the family²⁹. Inadequate communication from health professionals can result in conflicting information given to the target audience and can further lead to the stress of the situation.³⁰

2.8. Concluding Remark

The paper highlights many studies that have been done in the past. The researcher has consulted books, journals, articles, websites of Ministries etc for the literature part. The first sub-chapter has explained the meaning of communication and health communication in brief.

The researcher also puts forward an introduction to the concept of health communication. The sub-chapter, introduction to health communication includes meaning and definition of health communication, levels, paradigmatic approach and opportunities for health communication. The next sub-chapters have explained the history of health communication and the situation of health communication in India. Further, the chapter has described the concept of health literacy in brief. Paper highlighted the challenges that are faced during the health communication scheme like communication barrier, insufficient resources, lack of trained health professionals and appropriate planning and evaluation.

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²⁹ Hudson, P. L., Aranda, S., & Kristjanson, L. J. (2004). Meeting the Supportive Needs of Family Caregivers in Palliative Care: Challenges for Health Professionals. *Journal of Palliative Medicine* .

³⁰ Ibid.

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