

## Communicating Health: People, Culture and Context

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Issues related to health have become increasingly critical and complex in our society; and the link between communication and health is increasingly recognized as a crucial element for improving personal and public health (Piotrow, Kincaid, Rimon, Rinehart, & Samson., 1997; Dutta, 2008). Health communication contributes to disease prevention and health promotion, doctor-patient relations, the design of public health campaigns, dissemination of health risk via the mass media, and change in individual and public attitudes and behaviors. For individuals, effective health communication can help raise awareness of health risks and equip them with skills to reduce these risks. For the public, health communication strategies can influence the public agenda, advocate for policies and programs, promote positive changes in attitudes and environments, improve the delivery of public healthcare services, change the social climate to encourage healthy behaviors, and endorse beliefs, values and social norms that benefit health and quality of life in general.

The environment for communicating health has changed significantly in the 21<sup>st</sup> century as a result of the availability of various communication channels including the internet and mobile phones, the complexity of health issues, and consumer demands for more and better quality health information. Our challenge is to identify the optimal content, channel, and context whereby communication strategies can be implemented to create awareness and engage in recommended behavior. To meet this challenge, we need more scholarly research and evidenced based practice. Previous research indicates that effective health promotion and communication initiatives often adopt an audience-centred perspective, which means that promotion and communication activities reflect the audience's culture and contexts (Dutta, 2008). Specific knowledge of the cultural characteristics is necessary as our society is becoming increasingly multicultural. Health messages need to take into account the language, culture, and socioeconomic situations of the target audience (Kreuter, Strecher, & Glassman, 1999). Examples of recent studies tailoring to specific segments of audiences include dissemination of the risk of tobacco smoking among youth in the US (Davis, Farrelly, Messeri, & Duke., 2009), tobacco control policies in Korea (Levy et al., 2010), and the role of mass media in attitudes and behavioral changes

associated with HIV/AIDS in China (Li et al., 2009). Diverse research that increases our existing knowledge will contribute to the development of strategies and theories to facilitate disease prevention and promote public health.

The role of culture in health communication started to receive increasing attention in the 1980s alongside the increasing mobility of people from culture to culture (Dutta, 2008). Culture encompasses our total way of life – our way of thinking, doing and being. “The culture of an individual has a profound effect on the perspective from which they deal with health and illness” (Todd & Baldwin, 2006, p. 28). Likewise, Airhihenbuwa (1995) writes that health is a cultural construct and that health theory and practice must be rooted in cultural codes and meanings. Embedded in our cultures are health beliefs, rules, traditions, socio-economic systems, education, religion, spirituality, gender roles, and the mass media. Communication about health needs to take all these factors into consideration, particularly in a multicultural context. As people are cultural beings, their views and attitudes towards health are deeply influenced by their cultural backgrounds. For example, concepts such as public hygiene, disease, and health risk could be interpreted differently across different cultures, not to mention the differences within cultures. Moreover, local cultures are entwined with global economy and communicating health is related to issues of economy and power structure at the global level. As Dutta (2008) indicates, culture offers the entry points for meaning making through which communication is possible. It also offers a framework for enacting agencies among community members and for offering resistance to the structures of power at the global level. Thus, the dynamic relationship between culture, communication and healthcare is very complex and requires research that permeates various academic disciplines including communication, health science, psychology, sociology, political science, and linguistics.

Compared with developed countries in the West, health communication theories and practice in developing countries are lacking, and there is a gap between the existing knowledge and practice and the public needs. Arguably, successful public health initiatives would not be possible without educating the public. Over the past years, many health education campaigns have been launched and health associations established to create public awareness. For example, the

Institute of Health Communications in China is the leading health journalism educator and this institute has also been serving as the country's media policy advisor in public health, such as the fights against HIV/AIDS, SARS, Bird flu, H1N1, and tobacco smoking control. Over the past two decades, the mass media has played a significant role in educating the public about health issues around the world. For example, a plethora of research has documented the crucial role of mass media education in influencing HIV/AIDS knowledge and attitudes and bringing about behavioral change (e.g., Cho & Choi, 2010; Li et al., 2009).

With the focus of research and practice shifting toward developing countries, poverty-stricken communities, and younger generations, we are nevertheless confronted with a series of questions:

- What roles do the mass media play in influencing attitudes and behavior, and how can we make use of the power of media and technology in communicating health?
- How are health concepts filtered through cultural lenses, and how can we implement the culture-centred approach in health communication?
- When do health campaigns work, and how can we use communication strategies to design successful health campaigns?

This special issue comprises a series of papers of scholars from across various disciplinary areas to address the timely issue of communicating health within specific social and cultural contexts. The eleven papers in this issue cover a number of key issues related to health communication: health campaign to prevent worldwide epidemic diseases such as H1N1 flu or HIV/AIDS, participatory communication to bring about behavior change for the public good, the role of mass media in stigmatizing HIV/AIDS sufferers and in influencing attitudes, coverage of health issues and audience effects such as perception of female body image and tobacco smoking. Across the various research contexts presented, ranging from China, Hong Kong, Taiwan to the USA, Nigeria, Slovenia, and South Africa, we can identify similar issues and challenges across the world.

We hope this special issue will inform and encourage the current researchers who have started to address the integrated concepts of health communication and culture and will inspire more such research in the future.

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