

Communication in health and communication for social change: what is said about participation in health?

Comunicación en salud y comunicación para el cambio social: ¿Qué se dice sobre la participación en salud?

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Abstract

As a result of the construction of a doctoral thesis with a purely theoretical corpus ongoing, this paper propose a journey from some models and theory of Communication and Health. The two central axes are Communication for Social Change and Communication in Health, in order to recognize how they present Participation in Health in the middle of their theoretical postulates. The methodology is based on a bibliographic review of the theoretical foundations of the both axes, from where it is intended to distinguish which positions the literature found shows on the importance of participation in order to favor health processes. The literature reveals that Communication has a great space and a great theoretical-practical review in the field of participation. Through it, communities are invited to propose, design, formulate, implement and evaluate communication processes. This is what the authors refers as 'Participatory Communication'. It is concluded that communication for Social Change and Communication in Health are a key tool and that it allows us to dimension health as a process where participation is necessary in order to transform reality.

Key words: Communication in Health; Communication for Social Change; Health Participation.

Resumen

Como resultado de la construcción del corpus teórico de una investigación en curso, este trabajo presenta un recorrido desde algunos modelos y teoría de comunicación y salud. Los dos ejes centrales son la Comunicación para el Cambio Social y la Comunicación en Salud, con el fin de reconocer cómo presentan a la Participación en Salud en medio de sus postulados teóricos. A través de la revisión documental y bibliográfica y, de la selección de publicaciones científicas en este campo, se pretende distinguir que posturas muestra la literatura hallada sobre la importancia de la participación con el fin de favorecer los procesos de salud. Se concluye que la comunicación es una herramienta clave y que nos permite dimensionar a la salud como un proceso donde es necesaria la participación para poder transformar la realidad. A su vez, la Comunicación para el Cambio Social abre las posibilidades a que sean las mismas comunidades, las que participen en sus propios procesos de comunicación con el fin de que se ajusten a sus necesidades, y no solamente comunicativas. En igual sentido, la Comunicación en Salud interviene en diversas etapas del desarrollo del individuo; lo que crea iniciativas para participar de los procesos de salud-enfermedad.

Palabras clave: Comunicación en Salud; Comunicación para el Cambio Social; Participación en Salud.

Introduction¹

Since the beginning of the eighties, communication for health managed to open a space in the Latin American public health agenda, after the Health Education strategy, the latter lost vigor when faced with more dialogical processes in conceptual and practical terms, from where the use of the mass media and empowerment of vulnerable populations in the solution to their problems should be promoted, in this case, health (Beleno, C. & Sosa, M. 2016).

In this way, the integrality of health is a concept that encompasses quality, harmony and "normality" in the social, biological, psychological and spiritual... Therefore, it is applicable to individuals, families and societies as the main beneficiaries of the efforts generated from its promotion. Thus, Health Promotion is a fundamental aspect in changing the lifestyles of the population (Campos Vargas, Grettel et al., 2011)

To that extent, institutions such as the World Health Organization (WHO) and its regional office for the Americas, the Pan American Health Organization (PAHO), consider health as an effective exercise that ultimately promotes social well-being in a productive way and systematic. Along the same lines, the actions undertaken by the WHO / PAHO in order to promote global health through public policies and health promotion strategies have been long discussed. Based on the above, health and communication can be interrelated at different levels: either in relation to individuals, groups or systems. (Arva, P., Haes, W. & Visser A., 1997). Which is in tune with the health promotion intentions of both WHO and PAHO.

Likewise, some authors affirm that in various studies it has been shown that communication at all levels -massive, community and interpersonal- plays an important role in the dissemination of knowledge, behaviors, values, social norms and the stimulation of processes. of social change that contributes to the improvement of the quality of life of a subject and the development of peoples. (Mosquera, 2003)

From the above, this paper will allude to how communication, mainly Communication in Health and for Social Change, present within its theoretical postulates Participation in Health. Which, from its participatory strategies, benefits the promotion of health and healthy lifestyles. At no time is it intended to make an analysis or comparison of results or findings. Being a work derived from a doc-

toral research whose proposal is purely theoretical, this article suggests a discussion on the topics mentioned above, where the review of the literature was the main technique. The references for the literature review were selected from academic works whose title, abstract and corpus mentioned "Communication in and for Health; Communication for Social Change; Health Promotion; Participation and Health".

Communication for Social Change and Communication in Health

When talking about communication, Beleno & Sosa, (2016) invite us a recapitulation must be made to identify the current view and recognize its historical and social evolution. The idea was that countries that were not developed should seek their development from the experiences of developed countries, willing to share their knowledge and technologies with the poorest, which led to the development of a concept of communication such as assistance and dissemination of information during the fifties. However, this information did not seek dialogue with the populations; communication in this period was an instrument of transfer of ideas and mainly technology, with the justification that the developed countries knew what was convenient for the underdeveloped countries; supported the expansion of markets and the incorporation into the consumption of large masses of marginal populations through persuasion mechanisms and information transfer strategies and dissemination of technological information, vertical models generated in laboratories of private companies, advertising agencies and universities in the United States.

Under the above, the mass media are based on efficiency: technologies designed to reach as many people as possible in the least time and with the least effort (Rodríguez C., Obregón R. & Vega J, 2002). In the same order, these authors emphasize that, while advertising and commercial media are very clear that they construct messages exclusively to sell, the messages generated by organizations and social movements have a very different objective: social change, the transformation of cultural values, beliefs, and power relations.

Regarding all of the above, Tillería, (2017) remark that, the field of communication, as a social practice, beyond the transmission or circulation of messages, stands as a space for the constitution of the society that makes possible a democratic and equitable articulation of society. This allows us to approach the health situation not from isolated phenomena but through a collective approach with an ethical and political vision that allows us to transform reality. In this sense, communication is a key tool.

Regarding Communication for Social Change, Gumu-

¹ This paper follows the path of the previous work published in the Revista de Comunicación y Salud doi.org/10.35669/revistadecomunicacionysalud.2016.6(1) framed in the Research Project 'Participation in Health from Communication'. Which aim has been to make a literature review about how Participation in Health is exposed in some models and theories about Communication and Health.

cio, (2004) tell that us it was born as a response to indifference and forgetfulness, rescuing the most valuable humanist thought that enriches communication theory: the dialogic proposal, the sum of participatory experiences and the will to influence at all levels of society.

Similarly, Communication for Social Change appears as a paradigm where the path travelled by communication for development and by participatory communication is rescued and deepened, incorporating innovative and progressive notions of modernization models. (Beleno, 2014). It also questions the concept of development that does not have the participation of the sectors directly affected and promotes communication that makes effective community participation, particularly of the poorest and most isolated sectors.

This approach emphasizes the need to promote greater spaces for empowerment, decision-making by groups or communities with which we work, and sustainability of the processes (Beleno, 2014).

Under this, communication for social change is defined as processes of public and private dialogue through which people define who they are, what they want and how they can obtain it (Rodríguez C., Obregón R. & Vega J, 2002). On the other hand, its objectives or guidelines point to people being actants of the same processes; that can propose, formulate, manage, evaluate and solve them. It is also an approach to the area of communications that seeks to promote social development based on principles of justice, equity, respect and diversity. It is the conceptualization of communication as a process that directs its actions from the dialogue and participation of citizens; generating strategies to help people achieve a power that allows them to actively participate in solving their needs and it is communication that figures as the center in this development process. (Beleno, C. & Sosa, M. 2016).

Communication for Social Change has managed to capture the attention of scholars in the field of health communication, especially in Africa, Asia and Latin America. Its postulates disrupt the approaches made by various models and theories in the field of health communication, which mostly address the individual character of a subject as part of the main characteristics of these statements.

In this context, Rios, (2011) affirms that the paradigm of Communication for Social Change is, without a doubt, one of the phenomena that have managed to capture the attention of health communication scholars in recent years, given the importance, it gives to community participation in all matters surrounding the development and implementation of an effort that promotes better lifestyles in the population. This model establishes a direct relationship between the communication process and

the development of peoples. In addition, it disrupts the passivity attributed to the receiver in a traditional or unilinear communication process (Source-Message-Channel-Receiver).

Following Ríos, this author emphasizes that it is necessary to make a weighted analysis of the main concepts and predominant theoretical models in the field of health communication. In addition, it is pertinent to examine how the innovative paradigm of Communication for Social Change becomes a significant contribution to the understanding of the processes that aim to change behavior in the population (Rios, 2011).

Consequently, social change exercised from communication is a state that allows society to progress from the cultural to the economic, facilitating its support and that of future generations. In this direction, the main components of Development would be: Local Development, Sustainability and Participation (Beleno, 2013).

In short, the most respectable thing in Communication for Social Change is the possibility that it is the people of the community who formulate, evaluate, and propose their own processes of or for the change.

Regarding Communication in Health, it is considered by many as an element of mediation to forge, on a large scale, the social influence that provides knowledge and induces practices favourable to public health care (Rivas, 2019). Mentioning public health, it should not be overlooked that the term Health Promotion has added Health Education and finally Communication for Health² by PAHO/WHO (Atoche, 2003).

In the same direction, since 1993 with the celebration of the 39th Directing Council of the PAHO, the resolution 'Health Promotion in the Americas' was approved, by which "it urges member governments to include, as key instruments in the program's community health, social communication and education campaigns, promoting the responsibility of the population". This was reaffirmed in the Jakarta Declaration on Health Promotion in the Twentieth Century, adopted at the International Conference on Health Promotion, held in July 1997., which emphasizes that access to the media and communication technology is important to advance health promotion. For this reason, communication and health education campaigns in many Latin American countries suggest using the appropriate communication and training tools to educate people about practices that positively influence their health long before they get sick, taking into account the cultural characteristics and needs of each social group (Pezo-Ávila, at al., 2020).

² Preceded by Communication for Delevopment, which emphasized changes in behavior and attitudes through the media and advertising.

From this perspective, the definitions of communication in health have evolved, including substantial changes in the planning and conceptualization used to develop it (Atoche, 2003).

According to Healthy People, (2010) communication in health encompasses the study and use of communication strategies to inform and influence individual and community decisions that improve health (through participation). This type of communication is recognized as a necessary element in efforts to improve public and personal health.

Likewise, communication in health appropriates aspects of both communication and education, in order to develop structured strategies in such a way that they affect the socio-educational dynamics of development since its intention allows the population to identify their needs. This, in turn, leads to the notion of justice and equity becoming widespread, as well as promoting sustainable human development, which is ultimately significant for Latin American countries, most of which are in the process of development (Beleno, 2013).

We refer, then, that the concept that was known as Communication for Health has been left behind to become Communication in Health; that although there is still a desire to change attitudes, behaviors and other related issues. It raises with this, the possibility that in addition to that, the population is involved in their processes of both communication and health to improve their environment.

On the other hand, Mosquera, (2003) says that communication in health can contribute to all aspects of disease prevention including doctor-patient relationships, individual adherence to clinical recommendations and therapeutic regimens, the construction of public health messages and campaigns in conjunction with the dissemination of information concerning risks for individuals and populations, or preventive communication.

In same direction, Rios, (2011) states communication in health has been interpreted or defined over the years as the study of nature, scope and function, as well as the means by which health topics reach and affect the appropriate audiences. Its areas of study include message formulation methods, implementation strategies, and appraisal techniques. Under the foregoing, the Center for Disease Control (CDC) in the United States defines Health Communication as the art and the expression of messages and strategies, based on consumer research, to promote the health of individuals and communities (Rios, 2011).

Health Communication is a definition developed exclusively in the United States. Authors point out that it has the same concept as Communication in Health, but since the latter was developed extensively in Latin America, it has some characteristics that are more typical of

this region; they have developed strategies with a more community, alternative and grassroots approach and social organizations, as well as the use of citizen media and communication collectives.

In order to conclude this overview, Thufte, (2004) and Gumucio, (2010) get to a meeting point: the first one, frames us that it is in the field of communication for health that communication strategies have reached their highest level. The second one, precise that in the field of communication for health, a dominant paradigm for five decades has been the Promotion of Health, an unmistakable stamp in almost all programs, as well as a concept validated and reiterated in numerous international forums. Without a doubt, this author, states that the field of communication for health is not alien to participation.

From this, we can conclude this section by stating that:

a) When I said that Communication for Health had been left behind to give way to Communication in Health, I did not mean that it had disappeared, but that the latter is still more valid due to the evolution it has evolved. The first one cannot be forgotten because although it did not consider the aspect of participation, it did advocate Health Promotion from its beginnings.

b) When these last two authors refer to Communication for Health, they are not distancing themselves from Communication in Health. Perhaps they are even referring to the same thing. But this is not the case. The latter has evolved towards more participatory and inclusive models and, above all, its concept, models and strategies to involve more people, is still under development. Without leaving aside that, the other was of vital importance to get here.

Participation in Health

Participation is a basic right, which promotes a participatory and inclusive society. Through participation, actions that favor the self-development of communities can be promoted and contribute to the solution of social problems such as unsatisfied basic needs, environmental and economic problems, among others (Beleno, 2013).

In proportion to the above, due to the plurality of meanings implied by the concept of participation, it seems more convenient to speak of an "idea" of participation. It is undoubted that from the different constructions that are made daily on the concept, we must understand it as dynamic and in process, that is why this notion of handling the topic is shared from an idea that is in constant transformation (Sanchez, 2000).

Another version could indicate that the emergence of participation lies in the concretion of the State, ideal for the opening of spaces as a result of the increase in citizen awareness, which allows citizens to understand that the government should not be a paternalistic entity but,

through them, on the contrary, a supervisory body and stimulator of participation (Beleno, C. & Sosa, M. 2016)

Based on the above, the participatory model emphasizes the importance of the cultural identity of local communities and democratization and participation at all levels - international, national, local and individual. This model leads to a strategy, not merely inclusive of, but broadly radiating from, the traditional 'receptors' (Servae & Malikhaose, 2007). Participation is influencing decision-making processes that are somehow linked to the interests of the participants. Likewise, it affirms that participation has collective objectives through a social process, organized in different ways. If we take into account these three elements: a.- influence decision-making, b.- collective objective and c.- certain forms of organization, we are in the presence of a political phenomenon, so it could be said that participation in any field is political (Sanchez, 2000).

From health, the concept of participation has been dynamic over time. It emerged from 1970 in conjunction with the promotion of health and self-care in response to the limitations of health systems, especially in developing countries. In 1978 in the Declaration of Alma Ata, participation became a pillar of Primary Health Care (PHC), fostering people's responsibility for their own health in collaboration with the sector; through planning and policy implementation. It was suggested that a "people-centered" health system could better respond to local needs and as a consequence, it would reach the entire population, particularly the groups at higher risk and with fewer possibilities of access (Pineda, 2014). Similarly, later, in 1986, the Ottawa Charter, which collected the results of the International Conference on Health Promotion, established that promotion includes the effective and concrete participation of the community by defining priorities, decision making, preparation and implementation of planning strategies to achieve a better level of health. Later, in 2004, The United Nations Committee on Economic, Social and Cultural Rights (CESCR) highlighted the role of participation to achieve equal opportunities and create a relationship between citizens and their government, seeking to reduce the distance through processes of dialogue. For the World Health Organization, participation means that citizens have the possibility of expressing their views and preferences regarding health policies to decision-making bodies, becoming an active part of the decision-making process (Beleno, 2013).

Regarding Participation in Health, Gumucio, (2001) -another acclaimed author in this topics- makes a comparison between health programs and communication programs. Diagnosis, planning and execution in health programs are usually unidirectional and vertical processes. At one end are the organizations and systems that

generate preventive or corrective actions, and at the other end are the "recipients", the "recipients" of those actions. If we transfer this to the communicational field, we see that something is wrong: we have a pole that generates decisions or messages, and on the other hand, a receiving pole, apparently passive. In short, no health program that claims to encompass increasingly broad social sectors can even be thought of outside of communication. Communication is essential to buy time from time, to make up for a lost time, to resolve against the clock the very serious situation that one lives -and dies- in the field of maternal and child health, rural health, health in marginal urban populations, to name a few examples (Gumucio, 2001).

From this perspective, communication for health is no longer a responsibility concentrated in government agencies or specialized international organizations. The multidirectionality of communication is enriched, and naturally of the contents, through the participation of trade union organizations, grassroots groups, non-governmental institutions and the urban and rural communities themselves (Gumucio, 2001).

Seen this way, the work and terrain that the Communication for Social Change theory has managed to gain by contributing to other more recent theories such as communication in health are undeniable. Thus, from Communication for social change, it is possible to understand why communication in health gains new scenarios every day - given the use of methodologies (typical of sociology, ethnography and communication, etc.) to generate participation - and in the same way, glimpse why participation from communication and its networks favor collective well-being.

For almost a decade, Beleno (2013; 2014; 2015; 2016) has been synthesizing the theories and models that account for the relationship between Communication and Health, found that participation as a process is implicit in these. Beleno presents it like this:

Rationale Action: Theory proposed by Fishbein and Ajzen. It states that there is a determining factor of behavior and it is the intention of the person to carry it out: A) the attitude of the person towards the development of behavior. And B) people's perception of the social pressure exerted on him or her to carry out the behavior.

Social Learning: Theory Proposed by Albert Bandura. Behavioral changes are the result of the person's interaction with the environment, the environment in general, and the contractive dialogue with it.

Health Beliefs Model by Rosenstock. Two primary factors influence a person to take a recommended action. First, you must feel personally threatened by the disease you must feel personally susceptible to the disease with

serious or severe consequences. Second, you must believe that the benefits of taking preventive action outweigh the barriers (and/or costs) to preventive action.

Transtheoretical or Prochaska Change Model. It can take people a long period of time to move to the next stage of the Model of Change defined as determination. In this stage, people combine the intention with the behavioral criteria that they could adopt.

Communication Model for Social Change of Gumucio and others. Describes a process where "community dialogue" and "collective action" work together to produce social changes in a community that improve the health and well-being of all its members (Gumucio, 2007).

Socio-ecological model proposed by Hernán San Martín. The health of individuals and the organized population depends on multiple factors, which also constitute a system: the biological-social system of health and disease. The "health sector" is considered as a subsystem with its organization and its internal processes. Their connections with the social system are defined.

Since the above, the importance of the models and theories synthesized by Beleno show that they gain importance if the participation of the individual is immersed in the process. Any health and development action that does not include participation cannot be sustainable over time. It is here where these theories and models are the frame of reference to be able to design and propose participatory communication and health strategies; which consider the individual as the central point to achieve the sustainability of health processes and, ultimately, of the balance between development and the social environment. This is why it is unthinkable to distance health processes from communication: because health interferes with social development, just as communication has sought to do through the Models of Social Change and, finally, that of Communication in Health.

From same position, Schiavo, (2007) who is a prominent author in this matter, offers us to four streams that address the theory around the two concepts of health and communication. These currents are:

- Health Promotion.
- Communication for Social Change.
- Communication in Health.
- Health communication.

In the first stream, communication is used as a tool to provide the peoples with the necessary means to improve and control their health. This is a tool widely used by different governments or NGOs to raise awareness in society about a health issue or to launch a campaign of general interest.

The second current is based on the participation of social actors and the appropriation of the communica-

tional process that rescues concepts and proposals of development theories applied to the current reality where the local stands out in an important way. It is the incursion of health and communication professionals in the problems that affect the population. It is to return to praxis theoretical questions.

The third stream uses mass media to promote healthy lifestyles, while the fourth has the same concept but developed exclusively in the United States. As per Beleno, (2015) this last trend is also called, by various authors (Gumucio, Tufte and others), as Communication for Health.

Ultimately, health as a process encompasses dimensions such as self-development. It is here where Health Communication intervenes in various stages of the individual's development, generating options and participatory opportunities to the health-disease process. (Beleno, 2014).

Conclusions

To conclude, when we talk about the relationship between Communication and Health, what is intended is to expose both processes separately, to recognize and study them in order to find mechanisms for the first (communication) to intervene in the second (health). An example of this can be the doctor-patient relationship. From the assistance aspect it moves to the communicative aspect, in order to better understand health-disease processes.

The great difference –at least theoretically– between 'Communication for Health' and 'Communication in Health' is the first, is used for attitude and behavioral change processes in health intervention plans. We should not forget that this has as its antecedent Communication for Development, a perspective that, since the 1950s, sees the media as producing effects that make change towards development possible.

The second, has the great challenge of including participation: to get people to participate in the process (of communication) to understand their needs and not only their health needs and uses the media (commercial, citizen or alternative) to promote healthy lifestyles, while the concept of 'Health Communication' has the same concept but developed exclusively in the United States.

The studied literature reveals that Communication has a great space and a great theoretical-practical review in the field of participation, its greatest exponent is Communication for Social Change; where communities are invited to propose, design, formulate, implement and evaluate communication processes. So we speak of Participatory Communication. On the side of Communication in Health, international organizations and the same development and well-being needs urge that populations be given the option to generate ideas and concepts about

their health process, as well as empower themselves in their health process. disease to achieve substantial changes, we then speak of Participation in Health. Thus, special emphasis is placed on the fact that communication in health can contribute to all aspects of disease prevention, including doctor-patient relationships., the adherence of the individual to clinical recommendations and therapeutic regimens, the construction of public health messages and campaigns in conjunction with the dissemination of information concerning risks for individuals and populations, or preventive communication. From the above, it is worth noting that:

- The interesting thing about Communication in Health is that it is these populations that express their problems, formulate and manage possible solutions, also evaluate them and achieve a true behavior change; and for this, it is required that the Communication for Social Change component is always present.
- Communication for social change is, in short, an important pillar in Health Participation; since it easily recognizes and adheres to the concepts of community participation, social communication, education and information, essential for social development.

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