



## **Tracing the Development of Public Health Communication and its Significance in the Indian Context**

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### **Abstract**

*Health communication is to encourage and sustain healthy behaviours and attitudes throughout time in order to achieve beneficial health outcomes in ways that the target population can connect to and follow. Because healthcare is a critical development indicator, health communication has a distinct identity in the media and development discourse. As a socio-cultural practice, public health communication may be traced back to the start of human civilisation and the first attempts to warn, educate, and influence individuals and groups facing public health issues. This paper outlines the development, contributions, challenges, and contemporary significance of public health communication in the Indian context. The recognition that both science and communication are critical to public health promotion and protection was a significant milestone for the developing field of public health communication, reaffirming its importance as a new core component of public health. It is a vast field with numerous applications, and it is unquestionably one of the most influential and proactive types of public health interventions. Significant efforts have been undertaken to raise public awareness about health issues since independence. All India Radio (AIR) and Doordarshan (DD) have made significant contributions to these efforts. One of the established purposes of the Public Service Broadcaster, Prasar Bharati, which administers AIR and DD, is to pay special attention to health and family welfare. Adopting technological advancements into the healthcare system might benefit communities with more resources, aggravating inequities in health status. This achievement can be attributed to the employment of mass media and an information dissemination strategy in immunisation campaigns. Health communication, a subset of the communication science discipline, is a much broader study that emerged in the latter half of the twentieth century from various social science disciplines. But public health communication in the sense that it is understood today requires contemporaneous advancement and innovations in the allied fields of public health, social sciences, and the communication industries. It is accepted that progress in health communication and the electronic exchanges of health information have revolutionised health systems in the current time.*

**Keywords:** Health Communication, Public Service Broadcasting, Public Health System

### **Introduction**

We agree that our health and communication ability are two central and vital aspects of human life. Health Communication in the Twenty-First Century provides an in-depth understanding of one of the fastest developing research areas in the communication discipline (Wright, Sparks, & O’Hair, 2013). According to Healthy People 2010, health communication is “The

art and practice of informing, influencing, and motivating individual, institutional, and public audiences about essential health issues” (Bernhardt, 2004).

The realisation that both science and communication are essential to promoting and protecting the public’s health was a significant milestone in the emerging discipline of public health communication (Bernhardt, 2004). People’s attitudes, beliefs, values, and sentiments concerning health-related concepts and messages are the subject of health communications. Scholars of interpersonal health communication prefer to concentrate on specific relationships, such as those between physicians and patients, or how everyday relationships affect our health. Many health communication scholars are interested in the role of the media in shaping our perceptions of specific health-related issues and our broader views of health and illness. A growing number of health communication researchers are interested in the role of new technologies in disseminating health information, facilitating relationships between people who have similar health conditions, and improving communication between providers and patients and within health organisations (Wright, Sparks, & O’Hair, 2013).

Health communication is a part of the more extensive communication science study, which arose out of varied roots in sociology, psychology, anthropology, political science, electrical engineering, cybernetics, and, more recently, neuroscience in the latter half of the twentieth century (Storey et al., 2014). In Richard K. Thomas’s book ‘Health Communication’, he says that the study and application of communication strategies to inform and influence individuals and communities is referred to as health communication knowledge, attitudes, and practices (KAP) concerning health and health care. Health communication represents the interface between communication and health and is increasingly recognised as necessary for improving personal and public health. All illness prevention and promotion elements can benefit from health communication (PADHY & NITY, 2017).

Health communication has achieved outstanding success in the discourse of media and development since health care is a vital indicator of development. Health care is fundamental to the well-being and productivity of society, and access to it needs to be universal. In order to achieve their goals, international organisations working on healthcare, hygiene, and sanitation emphasise the significance of effective health communication techniques. Health communication aims to bridge the information gap in healthcare practices and encourage people to take positive steps to improve their health (Kumar & Goel, 2015).

### **A Brief History of Development of Health Communication**

India has made significant attempts to enhance public awareness about health issues since independence. Public service broadcasting (All India Radio and Doordarshan) has made a considerable contribution. One of Prasar Bharati’s established missions is to devote special attention to health and family welfare. Due to the development of health communication, we have achieved good records in the health care index in terms of international standards (Kumar & Goel, 2015). Health promotion in the new development paradigms (National Rural Health Mission (NRHM), Nutrition and Population, policies, MDGs, Child & Women Rights, Human



Rights etc.) is much more than merely writing press releases or producing audio/video clippings, posters or pamphlets. It is a concrete strategy derived and intrinsically linked to more significant health goals (Suresh, 2011).

In the late 1960s, social scientists interested in communication began to look into the healthcare system, which prompted communication scholars to follow “Doctor-Patient Communication,” published in *Scientific American*, which is still considered a foundation of the discipline (Wright, Sparks, & O’Hair, 2013).

Although the term “health communication” has only been used since the mid-1970s, communication researchers have been studying communication in health contexts scientifically for decades before forming the communication discipline in the twentieth century. Organisations such as the European Association for Communication and Healthcare now publish the journal *Patient Education and Counselling* every two years; it hosts a conference that draws interdisciplinary health communication researchers from all around the world (Wright, Sparks, & O’Hair, 2013).

**The Beginning of Television 1959:** In health communication development, television made a difference in both communication and health communication altogether. It began as a social communication experiment in which small shows were organised in Delhi, and community television sets were distributed. In this context, Public service broadcasting must enhance a new social environment, reaching out to people enriching their lives through information and health communication. Public service broadcasting aims to improve respect for social, political, cultural and traditional values, which enhance the well-being of the people (Kumar & Goel, 2015).

**Family Planning Awareness Campaigns:** In the case of health communication, the concern of rapid population growth was the first issue addressed by media specialists. India was the world’s first country to announce a formal family planning programme. The Family Planning Department established a Mass Education and Media Unit in 1966 from 1966 to 1969. The scheme began with the concept of a small family, with the flaming phrase, Hum do Hamare do (we two and our two), which was enthusiastically broadcast on DD and AIR (Kumar & Goel, 2015).

**Satellite Instructional Television Experiment (SITE):** SITE is an Indian social development programme and one of the most significant educational and social research projects in mass-mediated communication history. This experiment demonstrated the effectiveness of television as a medium for educating the masses in rural locations. SITE was started on August 1, 1975, by the Indian Space Research Organization (ISRO), with the support of NASA, UNDP, ITU, and UNESCO. Satellite provided development-oriented programming, family planning, public health, social and educational progress of women and children to 2,400 community TV sets in 20 districts across the six Indian states of Andhra Pradesh, Bihar, Karnataka, Madhya Pradesh, Orissa, and Rajasthan. The experiment came to an end on July 31, 1976 (Kumar & Goel, 2015).

**Development of Health Communication and Policy Frameworks in India:** Informing, Educating, and Communicating (IEC) was re-emphasised as the primary communication approach in the National Health Policy (NHP) of 1983. The necessity of IEC was emphasised in NHP 2002. According to the document, ‘A significant component of primary health care consists of programmes for communicating public health-related information to the citizens. Radio and television were advised to be the most effective media for communicating appropriate socio-demographic themes in the National Population Policy (NPP) - 2000 (Kumar & Goel, 2015).

**Doordarshan Development Communication Division (DCD):** Doordarshan is a crucial factor in our country’s health communication arena since it currently covers 79.1% of its geographical territory and 91.4 per cent of its people. There are 36 TV stations and 20 radio channels in the Doordarshan DTH service (DD Direct Plus), a free-to-air service. Doordarshan established a Development Communication Division (DCD) in 2001 to fulfil its social responsibility of highlighting the development and health-related concerns and providing services to citizens (Kumar & Goel, 2015).

**All India Radio:** Having a higher reach in terms of population and geographical area, All India Radio had been the forerunner in implementing the government’s Health Communication strategy. As the largest radio network globally, AIR is the only mass medium accessible to rural and urban audiences in plenty. Radio also provides a series of particular audiences’ programmes on various subjects, including health management, even in the age of the television revolution (Kumar & Goel, 2015).

**Health Communication: The Indian Stories:** With the beginning of colour television, communication experts, media professionals, and practitioners began to explore this appealing medium, inspired by the Mexican experiment, and broadcasted the television serial Hum log (‘we people’) from 1984 to 1985, addressing issues such as gender inequality, health, alcoholism, and family planning (Kumar & Goel, 2015). Polio and HIV are two examples of good health communication in India that have had a significant impact. In either case, several agencies collaborated to create a multi-pronged plan led by communicators. Health Communication aided in the development of numerous strategies for engaging a variety of audiences.

**Polio** messaging, for example, was built on the simple idea of two drops that could save your child’s life. This message was everywhere, from print, TV and radio. India has implemented proven strategies in polio eradication and developed innovative approaches to reach and immunise children in hard-to-reach areas. Communication strategies have contributed to such progress on several levels by mobilising social networks and leaders, creating a political will, increasing knowledge and changing attitudes, ensuring individual and community-level demand, overcoming gender barriers and resistance to vaccination, and, above all, reaching out to the poorest and most marginalised (Kumar & Goel, 2015). The Global Polio Eradication Initiative, which began in 1988, has carried the world very close to eradicating polio, with communication interventions playing a consistent vital role. This success can be attributed to

the mass media and an information dissemination strategy in immunisation campaigns worldwide. However, reaching the hardest-to-reach, the poorest, most marginalised, and those without access to health services is a challenge. Polio eradication initiative communication tactics have grown increasingly research-driven and innovative in the last push to eradicate the disease, mainly through sustained interpersonal communication and social mobilisation approaches to reach underserved communities (Obregón et al., 2009).

**HIV** was possibly India's most challenging disease communication exercise. The government's HIV programme managers recognised the need for prevention. They sought help from external agencies creating the most elaborate and effective health communication campaign in recent history. An essential aspect of this campaign was it consciously focused on being entertaining and connecting with the audience. The health communication prospects are brighter thanks to multimedia efforts that rely on TV, radio and public service broadcasting's (PSB) coverage of such concerns (Kumar & Goel, 2015).

**Kalyani Series:** Malaria, tuberculosis, iodine deficiency, blindness, leprosy, cancer, HIV/AIDS, reproductive and child health issues have been the subject of the Kalyani series since May 30 2002. Tobacco-related and water-borne diseases and food safety have been broadcast on Thursdays and Mondays between 6:30 p.m. and 7:00 p.m., with repeat broadcasts on Fridays and Tuesdays. Kalyani aims to reach nearly half of India's population in the nine most populated states with the worst health statistics. Kalyani is telecasted by Doordarshan Kendras- Bhopal, Bhubaneshwar, Dehradun, Guwahati, Jaipur, Lucknow, Patna, Raipur, Ranchi and 12 sub-regional kendras. The National AIDS Control Organization, the Ministry of Health, and the Ministry of Family Welfare collaborated in the production of the programme (NACO) (Kumar & Goel, 2015).

Kalyani Clubs have sprouted up around the country as a result of the campaign, spreading the message of good health. The concept of Kalyani clubs, which are made up of village residents who watch the show with bated breath and strategise on how to put the health lessons into practice, was an essential aspect of the communications approach. There are currently around 3063 Kalyani Clubs across the country, with over 78965 members as of August 2010. Members of the club organise dance programmes and perform games to raise awareness about various health conditions. The shows delight patients, providers, and the general public while providing helpful information. As part of the Kalyani episode, these performances are televised on Doordarshan, bringing notice to a broader audience (Kumar & Goel, 2015). As evidenced by claimed attitude change and social activism, this programme has significantly impacted the target population. Children and women who are part of "Doordarshan Kalyani Clubs" extend television's messages through inter-personal dialogue and social activism. The Kalyani campaign won the Commonwealth Broadcasting Association's prestigious "Gates Malaria Award" in 2004 and is the only media programme to be listed among WHO's top 15 innovations (Kumar & Goel, 2015).

**Swasth Bharat:** With an investment of rupees 189 crores and telecast from 30 Kendras in 20 languages and three dialects, the Ministry of Health & Family Welfare promotional campaign

remains at the top of the charts. “Swasth Bharat/Healthy India/Arogya Bharatam” is the title of the show.

**Nirmal Bharat:** The campaign is the creation of the Ministry of Drinking Water and Sanitation of the Government of India. It is broadcast on DD National with a budget of rupees 45 crores for the financial year 2012-13 (Kumar & Goel, 2015).

**Covid-19 and Health Communication:** The global pandemic of Covid-19 has uncovered flaws in how we communicate about public health. The pandemic has demonstrated that public health communication is a critical but unavoidable component of our response to the worldwide threat. For several months, governments, scientists, policymakers, foundations, corporations, and civil society members have been battling the Covid-19 outbreak. It’s vital to realise that a vaccine alone won’t be enough to “stop” the pandemic; we’ll need social and behavioural adjustments to combat the disease until we find a solution through effective public health communication (Srivastava & Bose, 2020).

### **E-Health Communication**

Defined E-health literacy as the skills and abilities individuals utilise to seek, find, understand and evaluate health information by using electronic sources and applying and gaining health knowledge to solve health problems. E-Health literacy comprises six core literacies: traditional literacy, health literacy, information literacy, scientific literacy, media literacy, and computer literacy. Therefore, E-Health literacy necessitates multi-dimensional skills and represents a combined technology and health literacy (Conrad, Wang, Tetteh, & Lee, 2020). Democratisation movements and the advent of the Internet have changed the environment around many program communications from top-down, expert-to consumer communication towards non-hierarchical, dialogue-based communication. The public increasingly questions recommendations of experts and public institutions based on their own, often web-based, research. The amount of information available has dramatically multiplied, including scientifically valid data and evidence-based recommendations alongside poor quality data, personal opinions, and misinformation (Suresh, 2011).

### **Limitations of Health Communication**

From a functional standpoint, health communication examines four main elements: a study of health-related issues, the development of communication strategies to transmit them to the public, implementation, and assessment. A comprehensive examination of this strategy exposes significant shortcomings as a result of group decision-making and implementation. Even so, many of India’s health-related media efforts lack the cohesiveness of all of these elements. In India’s health communication sector, two unintentional blunders occurred: first, communicators rarely saw engaging the most vulnerable in creative and contextual ways on health concerns as a priority, and second, overly medicalised approaches to health care. These healthcare communication initiatives are managed by clinicians who have a limited understanding of health communication.

Furthermore, health messaging is regarded as a non-essential component of public health programmes. Health communication is something that real doctors are hesitant to do. The main television channels do not reach the poorest and most disadvantaged people and are most expensive to produce, according to a critical review of the Revised National TB Control Programme's (RNTCP) comprehensive communication plan. However, they reach communities on a large scale. The local television channels reach communities through their dialects, but it is limited. The government-controlled media has been more or less toeing a centralised form of communication. During its initial days, AIR formulated its communication policies in Delhi and translated them into various languages for dissemination. The irony was that it never considered regional differences in the challenges (Kumar & Goel, 2015).

The most critical challenge is the availability of trained human resources in remote rural areas to establish and maintain the ICTs required for public health informatics. India is said to have a good workforce, but the scarcity of trained and skilled human resources is a cause for concern. Developing coherent and integrated national public health information systems would also challenge public health informatics (Athavale & Zodpey, 2010).

### **Discussion**

Health communication is now largely acknowledged as a dynamic, theoretically driven, pragmatic field that plays a vital role in developing national health policies. The focus of health communication research has always been on real-world issues (Wright, Sparks, & O'Hair, 2013). With its trans-disciplinary nature, ecological perspective, change orientation, and audience-centred philosophy, public health communication can significantly contribute to the public's health. It's crucial to acknowledge today's public health leaders and visionaries for recognising this potential and the innovative work of public health communication professionals. Public health communication is a discipline that will continue to grow and develop in the following months and years, and when the dust settles, public health will have been changed and improved to its very core (Bernhardt, 2004).

Statistics on disease incidence rates, patient discontent with healthcare, and the failure of many health campaigns to have a significant impact on health outcomes, on the other hand, indicate the future need for health communication research. The field of health communication attracts people interested in a range of communication situations, mainly because of its ability to address substantial real-world challenges. Despite progress in health communication over the last three decades, several current challenges are anticipated to cause future problems for the healthcare system. Researchers in health communication are in a unique position to address these difficulties and, as a result, enhance the healthcare system and health outcomes (Wright, Sparks, & O'Hair, 2013).

### **References**

- Athavale, A., & Zodpey, S. (2010). Public Health Informatics in India: The Potential and the Challenges. *Indian Journal of Public Health*, 54(3), 131-136.
- Bernhardt, J. M. (2004). Communication at the Core of Effective Public Health. *American Journal of Public Health*, 94(12), 2051-2053.



- Conrad, K., Wang, F., Tetteh, D., & Lee, Y.-I. (2020). Using Technology Adoption Theory and a Lifespan Approach to Develop a Theoretical Framework for eHealth Literacy: Extending UTAUT. *Health Communication, 35*(12), 1435-1446.
- Kumar, H., & Goel, S. (2015, June 29). *Public Service Broadcasting in Health Communication in Rural India: A Historical and Functional Perspective*. Retrieved August 6 2021, from Communication Today: <https://communicationtoday.net/2015/06/29/public-service-broadcasting-in-health-communication-in-rural-india-a-historical-and-functional-perspective/>
- MEHRA, C. (2013, January 3). *Why health communication is important*. Retrieved August 8 2021, from The Hindu: <https://www.thehindu.com/sci-tech/why-health-communication-is-important/article4268023.ece>
- Negandhi, H., Sharma, K., & Zodpey, S. (2012). History and Evolution of Public Health Education in India. *Indian Journal of Public Health, 56*(1), 12-16.
- Noar, S., & Austin, L. (2020). (Mis)communicating about COVID-19: Insights from Health and Crisis Communication. *Health Communication, 35*(14), 1735-1739.
- Obregón, R., Chitnis, K., Morry, C., Feek, W., Bates, J., Galway, M., et al. (2009). Achieving polio eradication: a review of health communication evidence and lessons learned in India and Pakistan. *Bull World Health Organ, 87*, 624-630.
- PADHY, M., & NITY. (2017). EFFECTIVE HEALTH COMMUNICATION STRATEGIES IN INDIA: AN EMPIRICAL STUDY WITH SPECIAL REFERENCE TO WOMEN MALNUTRITION. *International Journal of Research in Humanities, Arts and Literature (IMPACT: IJRHAL), 8*(7), 181-196.
- Pati, S., Sharma, K., Zodpey, K., Chauhan, K., & Dobe, M. (2012). Health Promotion Education in India: Present Landscape and Future Vistas. *Global Journal of Health Science, 4*(4), 159-167.
- Salmon, C., & Poorisat, T. (2019). The Rise and Development of Public Health Communication. *Health Communication*.
- Srivastava, R., & Bose, K. (2020, December 6). *Effective public health communication must be for Covid fight*. Retrieved August 13 2021, from The pioneer: <https://www.dailypioneer.com/2020/sunday-edition/effective-public-health-communication-must-for-covid-fight.html>