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# Communication and Health on South America

*Cases: Bolivia, Chile, Colombia.*

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**Abstract— Nowadays, communication and health have established a space in the Latin American public agenda after the loss of force of the health education strategy when confronted by more dialogic processes in conceptual and practical terms, in which the use of media and empowerment of vulnerable populations have to be encouraged in the solution to their problems. In that sense from a multiple case study and a type of qualitative descriptive research using an explanatory scope, this work aims to mention the reach of communication in the promotion of health plans in countries such as Bolivia, Chile and Colombia. Likewise, the data analysis was structured having into account variables such as cognition, self-sufficiency, motivation, molding, affect, behavior which are some characteristics of the theories of health communication. Overall, it was possible to understand that communication and health as articulated processes, accompany, facilitate and promote human development and it is necessary that each country, city or community that seeks to develop a political and social project, should orientate their actions toward the most vulnerable population; where economic, social and environmental responds to their needs and their social context. Finally, Communication for Development recognizes that the protection of social, economic and environmental capital is essential for productive development, and that the individual should play a key role in deciding on their own development and that of their environment. Hence health communication as a favorable response and alternative**

***Keywords-Communication; Health; Development; Health Promotion; Health Communication***

## I. INTRODUCTION

At first, this paper refers to the communication and its joint to the health in order to find lasting changes in populations and communities. We speak here of three types of communication that have been defined before for authors as Rios, Gumucio, Atoche, Vega and Mosquera. A Communication for Development, which bases its intentions in psychosocial theories, persuasion as well as public relations focusing on individual behavior change through the dissemination of messages to audiences with convergent characteristics.

A Communication for Social Change aimed at getting people to be the agents that act in these processes and to generate proposals and formulate them, manage them, evaluate them and solve them. And a Health Communication that includes the study and use of communication strategies to inform and influence individual and community decisions that enhance public and personal health. [1].

On the other hand there is the public health that in a region such as Latin America have new perspectives and dimensions, since it depends on the economic and financial capacity of each country, which to some extent has led to profound changes and transformations, dramatically extending its

consolidation and therefore its sustainability. In this sense, it is necessary to see this as a social necessity for achieving a<sup>1</sup>

socially productive development accompanied with the progress of communities.

For this reason, the review and research of three government proposals that will be presented in this work will be useful when recognizing and analysing the attributes of public health policy in Latin American countries.

To that end, this characterization beyond systematize data and information, has the purpose to maintain, update and disseminate information related to programs, plans and strategies of health promotion too.

The research on which this study has been developed is a descriptive method with document's data analysis. The type of study was based on the revision and study of multiple cases that were taken as the object of study. Also in this work was discussed the importance of communication in three plans of health promotion in South American countries such as Bolivia, Chile and Colombia.

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<sup>1</sup> Article derived from the research project entitled "A look from the Health Communication Plans for Health Promotion in South America. Cases: Bolivia, Chile, Colombia". Directed by Mayra Orozco Barraza, sociologist and Master of Social Development.

## II. COMMUNICATION AND HEALTH

To Atoche, [1] to the term Health Promotion joined the Health Education and lastly the term Health Communication (PAHO / WHO). In this regard, since 1993 with the celebration of the 39th Directive Council of PAHO where the resolution "Promoting Health in the Americas" was approved, it "urges member governments to include in health programs, social media campaigns and education, as key tools in promoting the responsibility of the people". This was reaffirmed by the Jakarta Declaration on Health Promotion into the XXI century, adopted at the International Conference on Health Promotion, held in July 1997, which indicates that access to the media and technology communications are important to advance health promotion.

From this perspective, definitions of Health Communication have evolved, including substantial changes in planning and conceptualization used to its development. [1].

Meanwhile, Mosquera, [2] states that health communication can contribute to all aspects of disease prevention including doctor-patient relationships, the individual's adherence to clinical recommendations and regimens, and also build messages and public health campaigns in conjunction with the dissemination of information concerning risks to individuals and populations, and preventive communication.

According to the WHO (World Health Organization) [3] the health communication encompasses the study and use of communication strategies to inform and influence individual and community decisions that enhance health. This type of communication is recognized as a necessary element in the efforts to improve public and personal health.

Following this thought, Ríos, [4] notes that health communication has been interpreted or defined through the years as the study of the nature, scope and function, as well as the means by which health topics and reach affect the appropriate audience. Its areas of study include: methods of message formulation, implementation strategies, and assessment techniques.

In the academic context, health communication has been defined as the art and technique of informing, influencing and motivating audiences at individual, institutional and public level about important health issues. Besides including disease prevention, health care policy includes increasing the quality of life and health of individuals within the community. Ratzan, said Rios [4]

Rios, [4] also emphasizes that one of the most recent approaches proposed to categorize the process of health communication, and that is defended by authors like Gumucio, who exposed the need for communication for community health, is based on the dialogue. According to this new paradigm the communities must be players and managers of

the changes that affect them. They should therefore be responsible for managing their health. And therefore, manage their own communication. (Gumucio, [5] quoted Rios, [4].

Gumucio [5] emphasizes that no health program that seeks to encompass increasingly large social sectors can even think outside communication. Communication is essential to gain time to time, to recover the lost time against the "clock" to solve the worrying situation that live and die.

Contributing to the discussion about the types of communication involved in this process, Gumucio, [6] asserts that the Communication for Social Change was created in response to the indifference and oblivion, rescuing the most valuable of humanist thought that enriches the theory communication: the dialogical approach, the sum of participatory experiences and the willingness to influence in all levels in society.

In this context, Ríos, [4] points out that the paradigm of Communication for Social Change is undoubtedly one of the phenomena that has managed to capture the attention of scholars of health communication in recent years, given the importance that gives for community participation in all issues surrounding the development and implementation of an effort to promote better lifestyles in the population. This model establishes a direct relationship between the communication process and the development of peoples. Also modifies the passivity that was attributed to the receiver in a traditional or unilinear communication process (Source-Message- Canal-Receiver).

To summarize, the most respectable achievement in the Communication for Social Change according to Gumucio is the possibility for people of the community to formulate, evaluate, and propose their own processes of or for change. At the same time, the Communication for Development arises from a strategic process adopted by international cooperation agencies in the 50's in the United States. For Martinez, [7] the Communication for Development seeks to develop and design the appropriate mechanisms to the local context and make use of existing communication channels to spread out the achievement and sustainability of projects, plans and programs that involve the individual in a complex way, based on two-way dialogue between the different actors in the process; allowing also the implementation of individual, and group communication tools in order to favorably affect to the social dynamics.

Based on the above, communication for development recognizes that the protection of social, economic and environmental aspects of capital is often needed to achieve productive development.

Having into account the above principles, according to Campo [8] the integrity of health is a concept that encompasses quality, harmony and "normality" in the social, biological, psychological and spiritual fields. Therefore it is applied to the individuals, families and societies as primary beneficiaries of the efforts that are generated from its promotion. So the Health Promotion is a key aspect in changing lifestyles of the population.

As mentioned in the last paragraphs and following the points made by Aarva, Haes and Visser [9] cited by Rios, [4] health and communication can be interconnected at different levels: either in relation to individuals, groups or systems. Also

Mosquera, [2] states that several studies have shown that communication in all the -mass, community and interpersonal- levels plays an important role in disseminating knowledge, behaviors, values, social norms and in the stimulation of processes of social change that will contribute to the improvement of quality of life of an individual and the development of peoples.

According to Atoche [1], several authors agree to categorize the role of the media as a key player in the development of an effective health communication. This is confirmed by Beltran, [9] cited by Atoche, [1] who expresses that the systemic use of individual, group, mix, mass, and traditional or modern media are a tool for the fulfillment of functional collective behaviors that meet the goals of public health programs.

In accordance with the above stated, Tenorio, A. and Plaza V. [10] state that given the importance of this problem, called attention to the lack of research in health program evaluation, in this case caracterización- Programs Public Health. For these there is the need to identify from the Health Communication, the variables that structure the three Health Promotion Plans of South American countries such as Bolivia, Chile and Colombia, seeking recognition from the theoretical theories or models of communication-whether if the plans formulated meet the general guidelines for the promotion of health, health communication, and promote healthy lifestyles in the population.

In this direction, Mosquera, [2] affirms that the research made in this field has shown that the health communication programs, based on the theory may put health on the public agenda, to reinforce health messages encouraging people to seeking more information, and in some cases, lead to healthy lifestyles.

Overall, it was identified that health communication is designed to support, facilitate and promote human development, as it generally strengthens the quality of the main aspects for the development of human potential in their environment.

### III. RESULTS AND ANALYSIS OF THE HEALTH PROMOTION PLANS FROM THE VARIABLES: COGNITION, SELF-SUFFICIENCY, MOTIVATION, SHAPING, AFFECTION, BEHAVIOR

Table I shows the variables that address the theories and models of Health Communication. Among these variables we have the Cognition, Motivation, Molding, Self-Sufficiency, Affect, and Behavior. The X highlights each of these variables according to each Promotion Plan.

#### A. First case, Bolivia: Sectorial Development Plan "Towards Universal Health" 2010-2020

The Proposal of the Bolivian government to lead its population to a global health internalizes the theories of Social Learning, the Action and rationed Trans theoretical and Socio-ecological models involving variables such as: Cognition, Self-Sufficiency, Motivation, Shaping, Affection and Behavior what allows to analyses if this plan includes the social, sociological and behavioral change component. From the theoretical support in communication we would be in from of a health promotion plan that may be effective in order to achieve lasting changes in the populations where it is intervening.

In addition, this Plan addresses all the variables previously proposed, what allows understanding that with the motivation, self-sufficiency and the behavior basically the self-development would be reached in the populations where the Plan is acting. More valuable for this plan would be to incorporate the communication model for social change, because if there are options to achieve self-development, would be more meaningful to promote the responsibility of the health to the communities and its communication, ways of management, how to hold it and more.

#### B. Second case, Chile: National Health Strategy for Meeting the Millennium Health Plan of the Decade 2011-2020

The proposal of the Chilean government in terms of meeting the health goals of the decade incorporates the theory Belief in Health and the Socio-ecological and Trans theoretical model. The plan involves variables such as motivation, shaping, cognition, self-sufficiency and behavior and also look at to the social, sociological and behavioral change components and of all the variables proposed, the plan excludes affection, which allows to infer from the theoretical support that Chile is interested in promoting healthy lifestyles and overall changes in behavior but if it does not involve the cognitive to promote the change, the recognition of the importance of being better to achieve a high quality of life, how can the plan achieve the remaining proposals?. This is where there is a need to review public policy and to evaluate what it is aiming in productive terms. Based on this analysis, the Communication Model for Social Change would be a strategy that through persuasion could significantly influence the achievement of the proposals within the populations in which they are working.

#### C. Third case, Colombia: Tenth Public Health Plan 2012-2021

The Colombian's government intentions to move towards a productive health incorporates the learning social theories, the rational action and the socio-ecological Model as the Plan of Bolivia has, Colombia involves all the proposed variables such

TABLE I. VARIABLE VS PROMOTION PLANS

Plan Variable	<i>Sectorial Development Plan "Towards Universal Health" Government of Bolivia</i>	<i>National Health Strategy Plan "For the Health Care Compliance Objectives of the Decade" Government of Chile</i>	<i>"Tenth public health plan" Government of Colombia</i>
<i>Cognition</i>	X	X	X
<i>Self Sufficiency</i>	X	X	X
<i>Motivation</i>	X	X	X
<i>Shaping</i>	X	X	X
<i>Affection</i>	X		X
<i>Behavior</i>	X	X	X

as: Cognition, Self-sufficiency, Motivation, shaping, Affect and Behavior what at the same time, allow to analyze if this Plan contemplates the social, sociological and behavioral change component. From the theoretical support of communication in the health field it would be in front of a health promotion plan that may be effective in order to achieve lasting changes in the populations where it is intervening.

It is necessary to recognize that the Colombia's Health Plan 2012-2021 seems innovative for its intention to target the environmental health and this related to the Socio-Ecological Model, would allow to see which are the determining variables that are important to achieve the sustainable development, not only in the regions but also of the populations whose needs are different because of their spatial and geographical conditions

As mentioned, for the Colombian case, it would be imperative to employ strategies of the Communication Model for Social Change to these populations that have the possibility to express those needs, develop and manage the possible solutions and also contribute to its extension.

#### IV. CONCLUSIONS

- The new concept of public health, allows speaking directly about other concept: human development, which it is necessary to engage constructively with the communities and to recognize according their differences to what needs it respond.
- From the postulates of Health Communication, each of the Three Planes of Government presented in this article, has some health communication model or theory, or both- and responds to some variables (some or all of them) that affect the human development and the change of behaviors, but that only from the theory.
- The Health as a process that encompasses dimensions such as self-development. The Health Communication is involved in various stages of development of the individual generating options and responses to health-disease process.

- In regards to that, it is urgent that in a state level the public policy be revised and identify if it is really formulating actions that positively and efficiently influence in the communities and it this affects in their change of behavior in order to generate healthy lifestyles.

#### LITERATURE

- [1] M. Atoche, "Comunicación y Salud: Periodismo institucional y de difusión en la oficina de prensa del Ministerio de Salud". Tesis Licenciatura; publicada, Universidad de Lima, Lima, Perú., 2003.
- [2] M. Mosquera, "Comunicación en Salud: Conceptos, Teorías y Experiencias", (2012, 05, 20). Online document [Portal COMMUNIT] Disponible: <http://www.comminit.com/la/lasth/sld-2915.html>
- [3] OMS-Organización Mundial de la Salud. Healthy People, (2012, 04, 15). Disponible: <http://www.healthypeople.gov/2010/>
- [4] I. Ríos, "Comunicación en Salud: conceptos y modelos teóricos. Perspectivas de Comunicación". Vol. 4, Nº 1, Universidad de la Frontera., 2011.
- [5] A. Gumucio, "Comunicación para la Salud: el Reto de la Participación", (2011, 08, 11). Online document [Portal COMMUNIT]. Disponible: <http://www.comminit.com/en/node/150405>
- [6] A. Gumucio, El cuarto Mosquetero: Comunicación para el cambio social. Investigación y Desarrollo. Vol.12, 1, pp. 2-2. Universidad del Norte., 2004.
- [7] C. Martínez, Medio Ambiente y Desarrollo. Una Mirada a la relación entre productividad, sostenibilidad y sustentabilidad social. En R. Román, A. Vidal, & J. Caro, Imperios, Mercados y Multiculturalidad en el Caribe: Memorias II Congreso Internacional De Estudios Caribeños (pp 348-362). San Andrés Isla: Universidad Nacional de Colombia, Sede Caribe., 2012.
- [8] G. Campos, et al., "Promoción de la salud y estrategias educativas para la prevención contra violencia sexual e infecciones de transmisión sexual en adolescentes". Med. leg. Costa Rica vol.28, n.1, pp. 39-44., 2011.
- [9] L. Beltrán, "Universidad y Comunicación para la salud, acciones y reflexiones sobre comunicación y salud". Documento elaborado en la Primera Reunión Internacional sobre Comunicación y Salud. Lima., 1997.
- [10] A. Tenorio, & V. Plaza, "Evaluación de Programas de Salud", (2012, 05,21). [CEDETES-Universidad del Valle] Disponible:
- [11] Alfonso Tenorio Gnecco, Regina Victoria Plaza, Evaluación de Programas de Salud, <http://www.facultadsalud.unicauca.edu.co/revista/PDF%5c2008%5c100206200806.pdf>