Communication involves transmission of verbal and non-verbal messages. It consists of a sender, a receiver and channel of communication. In the process of transmitting messages, the clarity of the message may be interfered or distorted by what is often referred to as barriers.

Health communication seeks to increase knowledge gain. This is the minimum expectation and acceptable requirement to demonstrate that learning has taken place following an intervention using communication. Once knowledge gain is established, it is assumed that the individual will use the knowledge when the need arises or at an opportune time. There is evidence in several school-based health interventions demonstrating that young people who got exposed to specific information, e.g. against smoking or engaging in harmful practice, tended to possess decision or refusal skills.

Communication requires full understanding of behaviors associated with the sender and receiver and the possible barriers that are likely to exist. There are also challenges with establishing the source of what is to be communicated since this is a pre-requisite for program success. Often, communication (i.e. messages) originated from professionals or the government and ignore involving the intended beneficiaries. As a result, those communication activities seeking to impart knowledge and skills and/or behavior change often fail to realize the ultimate goal of behavior change because the beneficiaries find no relevancy in the activities.

Communication processes can be classified into two categories namely (i) mass media and (ii) Group media. Mass media focuses on reaching a wide audience while the group media reaches a specific group with clearly defined characteristics. Radio, television and Internet are examples of mass media channels while drama, storytelling, music and dance fall under group media.

Selecting a communication channel requires a complete understanding of the strengths, limitations and possible solutions related to each potential channel. Those entrusted with developing health education interventions that require communication need to be aware of the limitations in order to identify other complimentary activities to be able to achieve desired results. The context in which communication takes place is a major determinant to achieving the desired results. First, there should be a situational analysis conducted which includes also an audience analysis and this could be a rapid or comprehensive assessment. The findings of a situational analysis are then fed into decisions regarding the appropriate messages and channels to be applied. The situational analysis presents opportunities for implementing multiple communications where necessary.

In order to succeed in establishing effective health interventions using communication, the participation of intended beneficiaries throughout the programme phases is a pre-requisite. In other words, the intended beneficiaries should participate in setting objectives, selecting activities as well as monitoring of the effectiveness of the activities and participate in the planning and implementation. The beneficiaries should also be a part of establishing an environment that is conducive to delivering effective communication activities. In order to realize this goal in programme terms, policies and legislations that promote communication are required at national level. In many countries, mass media outlets such as television, radio, internet and newspapers are either a State monopoly or are under the ownership of private companies thereby making it hard for public service organizations to easily access them. The high fees levied for using these information outlets is quite prohibitive to most public health services organizations particularly those operating at community level.

Communication is not a panacea for all public health concerns and therefore expectations should be realistic. To guarantee that communication is being applied appropriately, the situational analysis findings should inform the next steps as discussed earlier. In this regard, it is essential to distinguish
whether the problem or concern is not linked to lack of policy or legislation and not necessarily communication. Communication has been considered a failure in certain situations when, in fact, the problem required a policy or legislative remedies and not communication. The identification of predisposing, enabling and reinforcing factors to knowledge acquisition and behavior change should guide communication processes.

In some cases, public health problems encountered by the community are policy, economic or political related, and no amount of communication would influence change because there is need for a policy or political decision.

Communication approaches that provide opportunities for interpersonal interaction are likely to yield desired behavior change. These interpersonal group communications include drama, song, storytelling and debate among others. The interpersonal communication can take into consideration social, cultural and behavioral factors that influence health outcomes unlike with mass media.

Communication conveys complex, sensitive and controversial information. It is critical that those responsible for facilitating information dissemination receive training in handling sensitive or controversial issues in order not to diminish the possible gains from communication.

Ultimately, credibility of the source of information is highly correlated with achievement of desired behavior outcomes. Those involved in communicating vital health information should ascertain that they are credible sources of information among the public. All content to be communicated should be thoroughly verified in order to avoid misinformation or sending conflict misinformation or sending conflict messages because once something is communicated, it can not be recalled ‘uncommunicated’. In other words, a retraction of a statement or any apology does not mean that communication did not take place or what was communicated has been erased. It remains as a record despite the retraction. Guarantee freedom to communicate by not allowing any form of put-down or unconstructive criticism before, during and after communication.

Last but not least, listening is part of communication. Unfortunately, it is rarely taught formally and also neither is it acknowledged during development of communication interventions. In order for one to listen effectively, it is a must that one does not appear to be impatient or in a hurry. Both persons should allow each other to freely communicate without interference.

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