Chapter 10
A Review of Theoretical, Conceptual, and Methodological Issues in Public Health Communication

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ABSTRACT

This chapter attempts a review of the dominant issues relating to theoretical, conceptual and methodological directions in public health communication discourse. Through a combination of descriptive and meta-analytical reviews, the chapter analyses evidences from past studies in the field of public health communication with the aim of summarizing findings in order to find a clear path for future direction of research in this area. There is, therefore, efforts in the chapter at reviewing the major theoretical foundations that have driven scholarly discussions in this field from individual to interpersonal, community and institutional perspectives. The chapter also discusses wide raging conceptual issues relating to reproductive health, maternal mortality, child survival, mental health, infectious diseases as well as accident, trauma and emergency. Diverse methods used in studying public health communication were also reviewed in the chapter.

INTRODUCTION

Since the adoption of the United Nations Millennium Development Goal (MDGs) there has been renewed interest in the urgency with which communication could be used in helping to solve global problems relating to the economy, health and human rights. Fukuda-Parr (2004) cited by WHO (2007) believes that these problems have not been effectively resolved by the international community in the last fifty years. As at the end of the fifteen years of MDGs in 2015 and the simultaneous take-off of the Sustain-

able Development Goals SDGs, problems relating to poverty, health and other human development issues still remain at the center of global development agenda.

Achieving the minimum standard in the health components of the MDGs and SDGs is crucial to the overall success of all other components. A crucial point in this is the understanding of public health behaviour within communities and the role that communication plays from ideation to promotion and reinforcement of messages that help change or improve public health behaviour. Health message designers are continuously coming to a realization that understanding messages and having attitudinal change and effectively adopting new health behaviour is not only a function of individual mindset. It is also about actions that people around the individuals concerned take during prevention, illness, recovery and rehabilitation.

Human health behaviour is a key concern to different scholars in the area of health promotion and education. Health behaviour, in their opinion, includes all activities that people perform to maintain or enhance their health. Kasl and Cobb; Lewis and Rimer cited by Eskilsson and Jansson (2007). They further stress that health behaviour does not only refer to actions taken by individuals, but also how groups and organizations pattern their support for individuals.

On this basis, intrapersonal factors of beliefs, expectations and traits will only be meaningfully assessed when interpersonal processes, institutional factors and public policies are put in proper perspective (Wright, Sparks and O'Hair 2009). This then means that individual's overt actions about his health are a function of his mental events and feelings as well as what support he or she gets from people around.

While it is a proven fact that communication thus helps in promoting positive health behaviour (Piotrow, Rimon II, Merritt and Saffitz 2003), making it participatory and all-inclusive can help to reduce scientific uncertainty about personal risks and environmental vulnerability. The extent of an individual's susceptibility, which is a key point in health behaviour can only be fully understood when efforts within interpersonal and organizational channels are concerted. (UNFPA, 2005).

Human health behaviour manifests in different ways based on different conditions and health status. Eskilsson and Jansson (2007) have argued that people demonstrate different health behaviours when they are well, having symptoms or are clearly sick. Citing Glanz et al, they advanced three categories of health behaviour based on individual's health status:

Preventive health behaviour is seen as any activity that people, who have the perception that they are in current good health, undertake for the sake of maintaining or improving their health status. This self-protective behaviour can be activities including exercise and following recommended guidelines for vaccination, with the overall intention to guarantee protection from potential harm. Preventive health behaviour can refer to either changing health impairing habits (e.g. smoking or eating a diet high in fat) to avoid health risks, or to initiate or improve health protective behaviours (such as attending a screening examination or a health check) to prevent diseases.

Illness behaviour refers to any activity that people, who have the perception that they are ill, undertake to determine the problem, define their health status and find remedy. This symptom –based behaviour includes complaining about symptoms and seeking advice from family, friends and medical personnel.

Sick-role behaviour is any activity that people, who have discovered that they are ill and know what the illness is, undertake to get well. This kind of behaviour includes receiving treatment and generally makes people have normal obligations.

According to Eskilsson and Jansson (2007, p.6), messages intended at behavioural changes such as health campaigns usually focus more on preventive health behaviour, since health status if improved upon at that state may not likely decline to illness or sickness. Implicitly or explicitly many campaign

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