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# AWARENESS AMONG HEALTH COMMUNICATION, HEALTH EDUCATION AND HEALTH LITERACY: AN EMPIRICAL EVIDENCE

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**Abstract :** Health communication, health education, and health literacy are rooted in a common understanding of human communication and share the goals of enhancing human health, improving health outcomes, and reducing health disparities. We have an opportunity to mobilize the wisdom, research, and practice of these disciplines to collaborate and foster new research and understanding. Using this perspective, we note the common framework of meaning-centered communication within health communication, health education, and health literacy and suggest it provides a conceptual foundation to advance multi disciplinary understanding and collaboration. We urge health communication, health education, and health literacy professionals to reach out across the boundaries of their respective disciplines to transform health communication practices and research.

**Keywords:** Health communication, health literacy, health education, observation, behaviour.

## Introduction

Health communication, health literacy, and health education have grown out of knowledge gained from centuries of studying human interaction through observation and research. This knowledge provides the foundation of the philosophy of meaning-centered communication. Meaning-centered communication is communication that is intentional, purposeful, and aware of the perceived context of both the sender of the message and the receiver. The concept of rhetorical communication, defined as “the process of a source stimulating a source-selected meaning in the mind of a receiver by means of verbal and nonverbal messages” is a fundamental building block for our

shared understanding.

Recognizing this shared foundation provides an opportunity for those in the fields of health communication, health literacy, and health education to reconsider how they contribute to the creation of meaning within health communication understood broadly. Such recognition also allows for the consideration of collaboration in future research and practice. Although the three fields have developed separately out of their shared beginnings, there is a growing awareness that they are inextricably linked and can better fulfil their missions by working together. This provides a pathway to progress.

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## Health Communication

The specific field of health communication evolved to what the National Institutes of Health and the Centre for Disease Control and Prevention (NIHCDCP) have defined as “the study and use of communication strategies to inform and influence individual decisions that enhance health.” There also has been a growing understanding of the broader implications of the systems and influences that impact how individuals and groups perceive health.

The interpersonal and mass communication of health information to patients and the public is complicated.

## Health Literacy

When Scott Ratzan and Ruth Parker described health literacy as “the degree to which individuals have the capacity to understand basic health information and services needed to make appropriate health decisions,” they identified a unifying basis for a field of inquiry. A recent *NAM Perspectives* paper discussed the requirements for a new definition of health literacy and suggested “a definition should include a description of this multidimensionality; an explanation of a variety of settings and modes and media; and the unique psychological impact of health literacy on empowerment and health decisions.”

## Health Education

The discipline of health education was founded at the turn of the 19th century to assist individuals and populations in adopting healthier lifestyles and to help those with existing medical conditions improve their quality of life. Health education is often described as a social science, a strategy aimed at working with individuals to promote health and prevent

disease and disability.

## Interplay among Health Communication, Health Education, and Health Literacy

The fields of health communication, health education, and health literacy share the idea that strategic communication—using the tools of spoken, written, and gestured communication in a variety of cultural settings—can help individuals, groups, and whole systems grow, learn, and make positive health decisions. All three disciplines believe evidence-based materials should be used to achieve more equitable access to health information and to resources among vulnerable populations.

## A Call to Action

Researchers and practitioners from the fields of health education, health literacy, and health communicators can create greater, meaningful progress by acknowledging that each discipline is part of a broader tableau with a similar ultimate purpose.

For our part, we, the authors, have come together from these three fields to support the formation of the new Action Collaborative on Communication and Education for Health under the auspices of the Roundtable on Health Literacy of the National Academies of Sciences, Engineering, and Medicine. Its members will work together to

- i. develop transformative strategies to improve the health of communities and individuals;
- ii. equip communities and individuals to access and use information to improve health;
- iii. maximize opportunities to learn

effective strategies from one another and identify opportunities to collaborate across sectors; and

- iv. engage learners in both formal and informal health educational settings across the life span.

## Review of literature

1. Thomas M. Steinhart. (2002). Working at the Bar, Sex work and Health Communication in Thailand. Westport, CT: Ablex Publishing.

Steinhart examines these issues in one of the most famous places for sex work-Thailand, a country with an estimated 15,000 sex workers. The sheer scope of this work is impressive. Steinhart started the research in 1988 with the relatively limited aim of “studying condom use among female bar workers and the messages that were likely to promote such use, in order to slow the transmission of AIDS in Thailand and in the international community that makes Bangkok its crossroads”.

2. Bernard Lawn. The Lost art of Healing. Boston and New York: Houghton Milton Company,1997.

This book aimed at a lay/mainstream audience, The Lost Art of Healing, Lown provides a rare glimpse into doctoring of the past, and he reveals his own dim view of the doctor-patient relationship today and of what this relationship might be in the future.

3. Erin L. Sutfin, Jennifer Cornichon Ross, Allison J. Lazard.

An article on “Developing a point-

of- Sale Health Communication Campaign for Cigarillos and Waterpipe Tobacco.”.

This article describes the systematic, three-phase process to develop a point-of-sale(POS) health communication campaign to discourage use of WT and Cigarillos among adolescents and young adults.

## Objective

1. To examine health literacy in health communication.
2. To examine how humans interacts in health communication.
3. To examine the efforts to improve health communication.
4. To develop a shared understanding of health literacy and its relationship to key policy frameworks and health outcomes.

## Significance of the study

This study will prove to be helpful in bridging the gap between health communication, health education and health literacy because health communication plays a very crucial role in identifying health education and health literacy. This study will be helpful for patients as well.

## Sample Design

### Population for the study

All the People from Berasia as well as Paramedical staff, Aanganwadi workers, Patients will be the population for the study.

## Sample Techniques

Purposive and Convenient Sampling method will be used.

## Tools to be used

The tool used in the study is self-design questionnaire method with likers types of scale as well as open-handed choice.

## Tools for data Analysis

Manual method is used for data analysis.

## Area of the Research

The area of the research is Berasia. It is a town and a nagarpalika (municipality) in Bhopal district in the state of Madhya Pradesh, India.

## Data interpretation and Analysis

### RQ1: Are you aware about the health literacy?

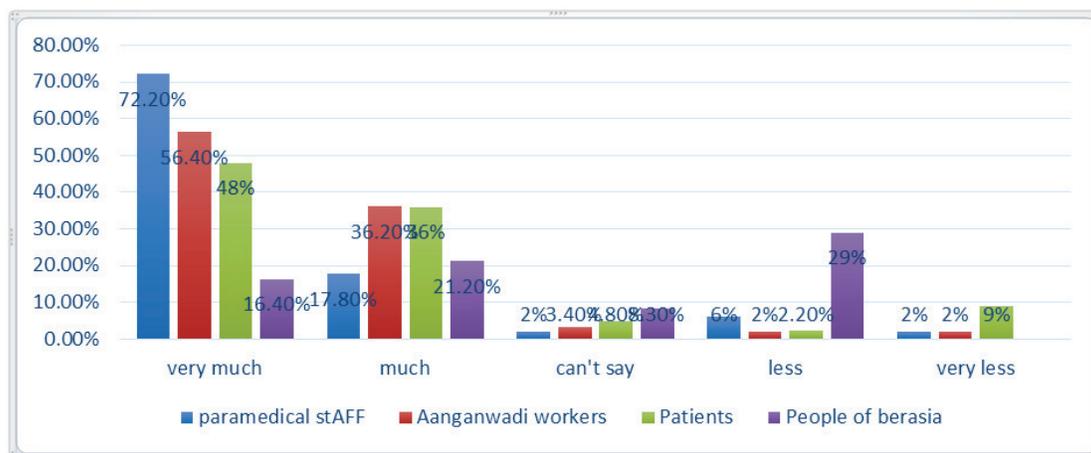
In this study 72.2% paramedical staff concluded that they are very much aware about the health literacy, 17.8% paramedical staff concluded that

they are much aware about the health literacy, 2% concluded that they can't say, 6% said that they are less aware about the health literacy and 2% said that they are very less aware about the health literacy.

56.4% Aanganwadi workers concluded that they are very much aware about the health literacy, 36.2% concluded that they are much aware about the health literacy.

48% patients concluded that they are very much aware about the health literacy, 36% patients concluded that they are much aware about the health literacy.

16.4% people of Berasia concluded that they are very much aware about the health literacy, 21.2% concluded that they are much aware about the health literacy, 29% concluded that they are less aware about health literacy and 25.1% concluded that they are very less aware about the health literacy.

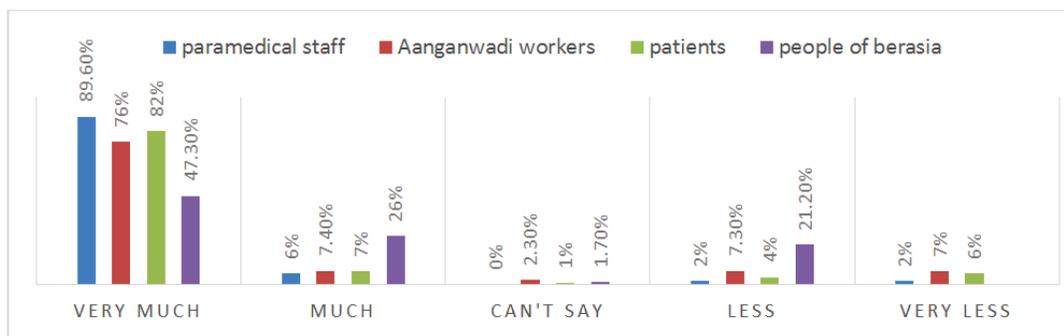


### RQ2. Does health literacy plays an effective role in health communication?

89.6% paramedical staff concluded that health literacy plays an effective role in health communication,

6% concluded that they are much aware that health literacy plays an effective role in health communication, 0% concluded that they can't say that health literacy plays an effective role in health communication.

76% Aanganwadi workers concluded very much that health literacy



plays a effective role in health communication, 7.4% concluded that they are much aware that health literacy plays an effective role in health communication.

82% patients concluded very much that health literacy plays an effective role in health communication, 7% concluded much that health literacy plays an effective role in health communication.

47.3% people of Berasia concluded very much that health literacy plays an effective role in health communication, 26% people of Berasia concluded much that health literacy plays an major role in health communication.

### RQ3. Should everyone be aware about health literacy:

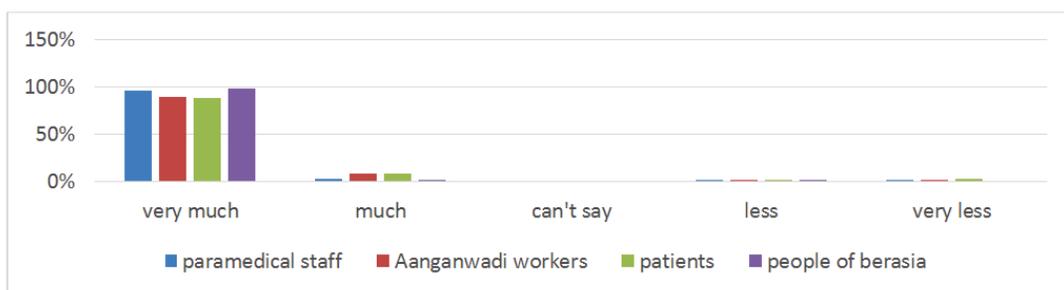
96% paramedical staff concluded very much that everyone should be aware about health literacy, 2% staff concluded much that everyone should be aware about

health literacy and 1% staff concluded very less that everyone should be aware about health literacy.

89.2% Aanganwadi workers concluded very much that everyone should be aware about health literacy, 8% Aanganwadi workers concluded much that everyone should be aware about health literacy.

88.2% patients concluded very much that everyone should be aware about health literacy, 8% patients concluded much that everyone should be aware about health literacy, 0% patients concluded can't say that everyone should be aware about health literacy.

98% people of Berasia concluded very much that everyone should be aware about health literacy, 0.8% people of berasia concluded much that everyone should be aware about health literacy.



**RQ4. Is health literacy a major part of Health Communication:**

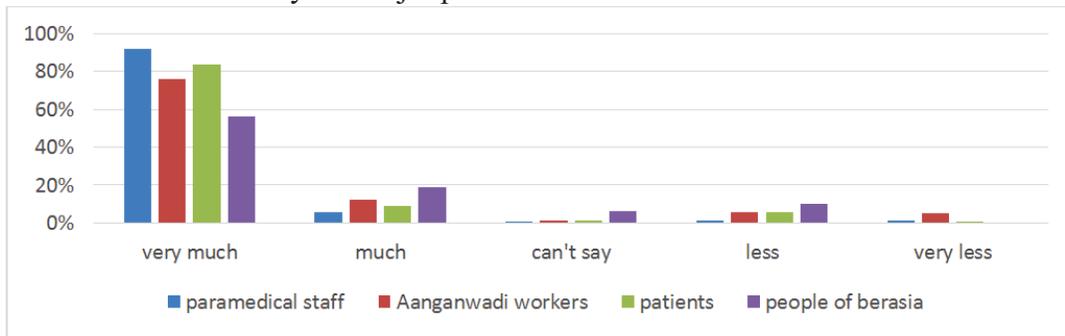
92% paramedical staff concluded very much that health literacy is a major part of Health Communication, 5.4% staff concluded much that health literacy is a major part of health communication.

76% Aanganwadi workers concluded very much that health literacy is a major part of Health Communication, 12% Aanganwadi workers concluded much that health literacy is a major part of

health communication.

84% concluded very much that health literacy is a major part of Health Communication, 9% patients concluded much that health literacy is a major part of health communication.

56% people of Berasia concluded very much that health literacy is a major part of Health Communication, 19% people of Berasia concluded much that health literacy is a major part of health communication.



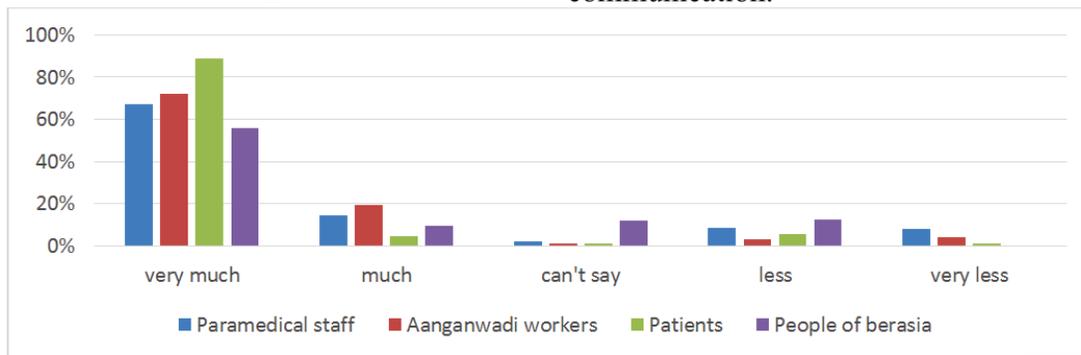
**RQ5. Humans interact through health communication:**

67% paramedical staff concluded very much that humans interact through health communication, 14.5% concluded much that humans interact through health communication, 2% concluded can't say that humans interact through health communication, 8.5% staff concluded less that humans interact through health communication.

72.2% Aanganwadi workers

concluded very much that humans interact through health communication, 19.5% concluded much that humans interact through health communication, 1% concluded can't say that humans interact through health communication.

89% patients concluded very much that humans interact through health communication, 4.5% concluded much that humans interact through health communication, 1% concluded can't say that humans interact through health communication.



56% people of Berasia concluded very much that humans interact through health communication, 9.5% concluded much that humans interact through health communication, 12% concluded can't say that humans interact through health communication, 12.5% concluded less that humans interact through health communication and 12% concluded very less that humans interact through health communication.

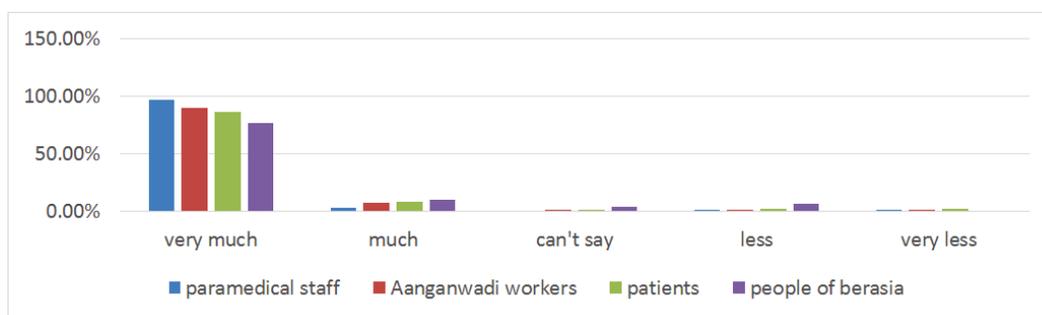
**RQ6. Is there any connection between health literacy, health education and health communication?**

96.5% paramedical staff concluded very much that there is a connection between health literacy health education and health communication, 2.5% concluded much that there is connection between health literacy, 0.4%

concluded very less that there is connection between health literacy, health education and health communication.

89.5% Aanganwadi workers concluded very much that there is a connection between health literacy health education and health communication, 7.5% concluded much that there is connection between health literacy 1% concluded very less that there is connection between health literacy, health education and health communication.

86.5% patients concluded very much that there is a connection between health literacy health education and health communication, 8.5% concluded much that there is connection between health literacy, health education and health communication, 1% concluded can't say that there is connection between health literacy.



**RQ7. Does the health communication should be improved more:**

98.8% paramedical staff concluded that health communication should be improved more and 1.2% staff concluded that health communication should not be improved more.

92% Aanganwadi workers concluded that health communication should be improved more and 8% concluded that health communication

should not be improved more.

96.5% patients concluded that health communication should be improved more and 3.5% patients concluded that health communication should not be improved more.

94.5% people of Berasia concluded that health communication should be improved more and 5.5% concluded that health communication should not be improved more

**RQ8. Will you be able to develop a shared understanding of health literacy:**

86% paramedical staff concluded very much that they will be able to develop a shared understanding of health literacy, 9.2% concluded much that they will be able to develop a shared understanding of health literacy and 4.8% concluded can't say that they will be able to develop a shared understanding of health literacy.

**RQ9. Any suggestions to improve health communication:**

Primary education should be given related to health, health campaigns should be there, maximum promotion of health awareness should be given to everyone and maximum emphasis should be given to the infants below 6 months of age because maximum kids of that age group are dying so some precautions should be given so that their health can be improved. NGO should be involved for health awareness.

**Limitations of the study**

There were 160 questionnaires' but in return I got only 152 questionnaires filled so the total respondents of my study from 160 become 152 now. Due to the shortage of time I was unable to take the

interviews from paramedical staff, Aanganwadi workers, patients and people of Berasia. Further getting questionnaires filled from people of Berasia was difficult.

**Conclusions of the study**

Maximum people of different field are aware related to health awareness, health education and health communication. The population has involved more emphasis that health literacy plays an effective role in health communication. The study has concluded that people of Berasia are very active towards the health communication and they think that health literacy has played a very major role in health communication and their perception towards the health communication influence that health education should be provided among the child, youth and to other age groups also.

Primary education should be given related to health, health campaigns should be there, maximum promotion of health awareness should be given to everyone and maximum emphasis should be given to the infants below 6 months of age because maximum kids of that age group are dying so some precautions should be given so that their health can be improved. N.G.O should be involved for health awareness.

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