

## Health Education Communication

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For the past three decades Public Health has gained maximum importance and emphasis globally. Communication is at the heart of who we are and what behavior patterns are there in our personalities as human beings. It is one of the most effective and interactive way of exchanging information among ourselves; and to a large extent it signifies the capability of an individual. The sole purpose of this communication is to perform intervention efforts in order to bring about change in behavior. Application of health communication principles in public health has always presented challenges.

Prevention and control of disease, quality of life, and promoting health; are under immense consideration in developed as well as developing countries; and are the mainstay of Primary Health Care (PHC) globally. This has delivered significant change in communicable disease scenario in developed world. Unhealthy behaviors among the society members need to be changed through appealing and effective health communication that brings about the behavior change. This change is possible to some extent due to the very effective Health Education (HE) communication, which obviously has greater impact upon the society and population; when delivered in a continuous, targeted and effective manner. In developed countries, population response towards its acceptance is greatly enhanced on account of the high literacy rate and better socioeconomic status.

In contrast, situation in developing countries and particularly in Pakistan is quite opposite. HE communication is planned and implemented but not in result oriented and effective manner, till recently. In Pakistan whatever HE communication is being delivered as per the state policy or by local health sector policy is not received and maximally adopted by the population effectively; hence gross change in health behaviors at the grass root level is not observed. On account of the rapidly changing communication channels, HE communication interventions definitely need extra efforts; in order to meet the audience at their level of technology use. Pakistan has a low literacy rate (58%), again higher in urban than in rural areas; and low per capita income in Pakistan (USD 1,629) according to Economic Survey of Pakistan 2016-17. These factors in addition to few others like socio- cultural set up, female empowerment, huge gap in supply and demand of health care facilities; have not placed positive health behaviors at the priority list of majority. HE communication has come up as one of the focal pillar for the successful implementation of PHC in present time world over as well as in Pakistan.

Unless and until population in developing countries like Pakistan is not approached with effective and well-targeted communication messages; disease burden due to communicable and non-communicable diseases might not improve. Underdeveloped and developing countries where health indicators are still not met need to look into their policies for HE communication, revamp them according to the need of the population; in order to have impact upon behavior change towards prevention and control of disease. In my opinion health sector in Pakistan needs to revisit their policies for HE communication with clear and definite objectives to meet, and result oriented way. Regular monitoring and evaluation of the execution and implementation of communication interventions is needed at all times; so as to achieve the desired goals in health behavior of an individual.

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