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TECNICIDAD VERSUS CONSTRUCCIÓN PARTICIPATIVA, REFLEXIONES A PARTIR DE UNA ESTRATEGIA DE COMUNICACIÓN EN SALUD

Technicality versus participatory construction, reflections from a health communication strategy

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Resumen

Las estrategias de comunicación en salud regularmente se basan en modelos técnicos planteados desde organismos internacionales como la Organización Mundial de la Salud (OMS), la Organización Panamericana de la Salud (PAHO), el Centro para el Control de Enfermedades (CDC), entre otros. Estas estrategias se desarrollan bajo un modelo reproducible con el fin de ser ajustadas en los diferentes países, ciudades y comunidades donde se van a aplicar. Sin embargo, la experiencia local de aprendizaje a través de la construcción de una estrategia de comunicación en salud para prevenir enfermedades respiratorias deja muchas reflexiones sobre el hacer técnico versus las construcciones participativas.

La historia de Paco HerrE.R.A, es una estrategia de comunicación en salud para la prevención y promoción de la enfermedad respiratoria aguda que inicio como una tarea técnica de un estudiante basada en los lineamientos de las organizaciones mundiales; sin embargo, la inmersión de los investigadores en la comunidad derivó la concepción del desarrollo de estrategias técnicas a una construcción metodológica de tipo participativo que logró resultados inesperados en la comunidad. Esta reflexión invita a los profesionales a considerar la educación en salud desde enfoques cualitativos de participación en los que el conocimiento se construye en interacción con las comunidades.

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Palabras clave: Comunicación en salud, Metodología, Aprendizaje a través de la experiencia, Participación, Educación en salud, Enseñanza técnica, Prevención & control.

Abstract

Health communication strategies are regularly based on technical models proposed by international organizations such as the World Health Organization (WHO), the Pan American Health Organization (PAHO), the Centers for Disease Control (CDC), among others. These strategies are developed under a reproducible model in order to be adjusted in the different countries, cities and communities where they will be applied. However, the local experience of learning through the construction of a health communication strategy to prevent respiratory diseases leaves many reflections on technical versus participatory constructions. The story of Paco HerrE.R.A, is a health communication strategy for the prevention and promotion of acute respiratory disease that began as a technical task of a student based on the guidelines of world organizations; however, the immersion of the researchers in the community derived the conception of the development of technical strategies to a participatory methodological construction that achieved unexpected results in the community. This reflection invites professionals to consider health education from qualitative participatory approaches in which knowledge is built in interaction with communities.

Keywords: Health communication, Methodology, Activity learning, Participation, Health education, technical education, Prevention & control.

1. INTRODUCTION

Technically, health communication strategies follow patterns of construction such as clarity, coherence and synthesis that are paramount to their formulation. Organisations such as the World Health Organisation and the United Nations guide global health through the Sustainable Development Goals. Similarly, primary health care and health communication strategies where education is the conceptual basis (WHO, 2012; UNDP, 2015).

However, the models used to solve health problems continue to be linear and predictable (García et al., 1976; San Pedro & Gil, 2003). Most countries as part of their commitment to the United Nations (UN) invest resources in creating communication strategies with their guidelines and guidance; brochures, banners and visual pieces are used around the world in response to a technical requirement of formulation for individual persuasion, an example of which is the Rapid Guide to Adapting the Strategic Communication Framework for Zika Prevention (USAID & UNICEF, 2017).

In turn, local health communication strategies are linked to the theoretical definitions of the Pan American Health Organization and the United States Community Service in its National Orientation Guidelines for Health Communication, a guideline that provides the

methodological basis for the construction of Colombian and Latin American health strategies (Ministry of Health of Colombia, 2018).

This reflective article builds on previous research work that consisted of the design and quantitative evaluation of a health communication strategy for the prevention, management and control of acute respiratory illness called La Historia de Paco HerrERA (Paco HerrERA's Story). The initial research article is called "Educational intervention through the health communication strategy for the management of acute respiratory disease, The Story of Paco HerrE.R.A.", carried out in 2017. This work quantitatively analysed the appropriation of knowledge pre and post intervention of caregivers of children under 5 years of age who participated in the two educational sessions where the strategy was shared. The results of this research showed statistically significant differences (Páez, 2018). However, the methodological and collective construction process of the tools that make up the strategy was not documented. Considering that this process is a central component, and that the way in which the tools were constructed and the researchers' perceptions of the technical preconceptions of health communication were transformed are relevant, it is considered of great interest to share them, with the aim of contributing to greater reflexivity in the design and implementation of strategies in the field of health communication. This reflection article will show the experience lived in the construction of each of the health education tools, the limitation found by the researchers in the existing theory and guidelines on the subject, the change of perspective for its development and invites the designers of health strategies to re-evaluate the construction of educational tools taking into account the community.

The entire development of the project, as well as the participation of the community in it, has the prior use of informed consent, the principle of confidentiality and the approval of the institutional ethics committee with act number 1420.

1.1. Health communication, theoretical and technical assumptions

Health communication is expressed as the means of conveying clear, accurate, reliable and repeatable messages of an individual or collective nature as a tool to prevent and promote health, provide clinical recommendations and achieve public health change in populations (U.S. Department of Health and Human Services, 2010).

The U.S. Center for Disease Control and Prevention defines health communication as:

A science-based strategic communication process that helps address public health challenges. The process includes the use of multiple behavioural and social learning theories and models to identify steps to influence public attitudes and behaviour (CDC, 2019, p. 2).

In turn, González-Díaz in his text health communication as a fundamental premise understands it as: "a key strategy that makes it possible, in addition to informing the public about health issues, to keep important health issues on the public agenda" (2015, p. 1).

At the national level, there are guidance documents for the formulation of departmental and municipal communication strategies based on the theories of health communication

according to the guidelines of PAHO, the Ministry of Health and the local health secretariats. These types of strategies are developed throughout the national territory (Ministry of Health of Colombia, 2018).

1.2. Models and theories of health communication

Operationally, the health belief model was one of the first models to address communication, where health behaviours and disease prevention are mediated by beliefs that condition action, as a timeline from childhood to old age. The model has been described by many researchers as having limitations such as the lack of harmony between the analysis of belief and individual behaviour. Despite these criticisms it is still widely used by the WHO (San Pedro & Gil, 2003).

The PRECEDE model, also of the individual type, seeks to isolate health risk factors in order to design strategies to modify them (García *et al.*, 1976). On the other hand, the stages of change model expresses a transition to achieve health behaviour change mediated by pre-contemplation, contemplation, action and maintenance to form a new behaviour (Cabrera, 2000).

On the other hand, the social learning theory seeks persuasive changes by imitation, where the behavioural decision is the individual's own based on observation (Bandura, 1987). These models, like the model of reasoned action, have in common the predisposing factors of the individual; however, the model of reasoned action includes culture as a decisive variable in health behaviour (Ríos, 2010).

Health communication strategies have spread around the world and have achieved relevant changes in health, such as the case of North Karelia, Finland, where mortality from cardiovascular diseases in the economically active population was reduced by more than 50%, through communication strategies disseminated by mass media to warn about risk factors (Barengo *et al.*, 2011). In Italy, the ESCULAPIO project provided a model of infectious disease prevention by teaching about the importance of vaccination; it was distributed on video by different national media and local meetings were held, its easy replication and reach to the most distant places positioned it as a starting point for population health improvement (Bechini *et al.*, 2017).

Health communication has evolved around the world, and its theories have evolved from the individual approach of personal persuasion to new group approaches such as collective transformation (Ríos, 2011). This collective transformation approach was evident after the experience of building the health communication strategy, The Story of Paco HerrE.R.A., which is reflected upon in this paper.

1.3. Collective construction of the health communication strategy "The story of Paco HerrE.R.A".

Paco HerrE.R.A.'s Story is a health communication strategy that seeks to teach competencies in the promotion, prevention and management of acute respiratory disease to caregivers of children under 5 years of age, involving cultural beliefs and art as a different way of communicating health. For its innovative work and a cross-sectoral effort between organisations, institutions and the community as the main protagonist, it was recognised academically and in the media as an innovative form of health communication, thus achieving the national BYCI 2017 social innovation award. International presentations, dissemination by the media and parks throughout Colombia, made it a benchmark for health communication strategies (HSB NOTICIAS, 2019).

1.3.1. Beginning of History

The History of Paco HerrE.R. A, was born in August 2015 in a clinical practice of the professional career of Respiratory Therapy in Bogotá, Colombia, after the identification of a public health problem, the morbimortality of children under 5 years of age due to acute respiratory disease; related to the lack of knowledge of caregivers, due among other reasons, to limitations of health communication strategies that are conventionally transmitted in banners, brochures, posters and even videos, under the theoretical models such as health beliefs and PRECEDE (Carvajal *et al.*, 2010).

These types of strategies generate low interest, low recall and are difficult for caregivers to emotionally associate with (García *et al.*, 1976; Ministry of Health of Colombia, 2018; San Pedro & Gil, 2003). These strategies seek to contribute to health from education with tangible pieces, but the cost-effectiveness ratio is not the best, their development is costly and their effectiveness is limited; traditional health communication strategies generate little processing of emotional and social aspects in the health-disease process and are ineffective (dos Santos *et al.*, 2010).

After identifying the need to implement a different way of communicating in health, an emotional experience was lived as a result of the immersion of the "researchers" in the community, at that time the practice teacher and her student.

A 2-year-old boy was admitted to the emergency department of a hospital in the south of Bogotá in very bad condition. An acute respiratory illness, in this case pneumonia, was leading to his death. His condition demonstrated the delay of his caregivers in detecting the seriousness of the illness and reacting to it. After his priority attention by the professionals on duty and stabilisation in the resuscitation room, the respiratory therapist, who was a trainee teacher, asked the parents: "Why didn't you bring the child in on time?", to which the parents responded in tears: "We didn't know it was so serious, it was just a simple flu, he only had a cough".

At first glance, ignorance of the warning signs of acute respiratory illness was causing this situation. The teacher in charge commented that there were many cases like this on a daily basis, including children visiting the hospital for the second time. Many of the caregivers of children under 5 years of age who consulted for the second time had already received education on warning signs and care of the sick child at home, as part of the duties of the medical team; however, when asked about the subject, it gave the impression that they had

never heard about it (HSB NEWS, 2019). The main problem with these conventional communicative pieces is that they were quickly forgotten, this can be explained according to Matos and collaborators, as the human brain is constantly undergoing synaptic processes of information storage; physiologically, memory is recognised as the capacity to travel exact neuronal connection paths that bring about the recall of stored information. Achieving the construction of such recall pathways is difficult when there is a lack of clarity, attractiveness or simplicity of communicative pieces (2009).

1.3.2. The first component of the strategy: The video song and video clip on prevention.

The idea of building the tools that constitute the strategy, transmitting the message in a different way, was strengthened after that experience, added to the insistent invitations of the teacher to create solutions on the subject, music was the way to do it.

"Music is the art of combining sounds pleasing to the ear according to the laws that govern it" (Sebasti & Sanin, 2015), among these laws are 4 fundamental parameters: harmony, rhythm, melody and lyrics that come together to form the "song". Music is art and therefore usually expresses the internalised vision of the artist to an external medium; in this way the composer builds with harmony, rhythm, melody and lyrics an externalised personal expression embodied in sounds. It is worth noting that, with the right balance of musical components, a person can be incited to feel and express emotions, an example of which is the musicalisation of films that constantly accompany the visual experience with sound fragments that evoke feelings and emotions (Sebasti & Sanin, 2015).

In the context of learning, music is a simple medium to share important information that can be easily adapted to the listener's life and in just 3 minutes provide valuable messages to a group of people, who will surely remember it more than a text, even if the song is simple, pleasant and repeated enough, it can last in the memory for years. For Morales-Hernández and Urrego-Mendoza, music "creates imaginary spaces, offers social cohesion, opens possibilities for subjectivation and participates in communicative strategies at the marketing level functioning as a didactic and innovative teaching vehicle" (2017, p. 5). Learning through music increases the psychosocial perspective of issues, opening up understanding and generating spaces for analysis (Machado et al., 2013; Shegog et al., 2017).

The night of the emotional experience with the child's case, the composition of the strategy song was developed with a simple approach of rhyme, harmony, melody and rhythm, to facilitate the recall of warning signs and teach how to prevent acute respiratory disease through the telling of a story. The song tells the story of a child in his first years of life, who becomes ill, but because of his age he cannot express how bad he feels, his parents are totally unaware of the warning signs of acute respiratory illness that began as a flu. When it became more complicated, he was taken to the emergency room by his father. On arrival at the hospital, after receiving care, the doctor insistently reminds them of the warning signs of the illness to avoid a repeat event. The child recovers satisfactorily thanks to treatment, home

care recommendations are given and the need to take him to the emergency room if he still shows one of these warning signs is emphasised.

The child's name was chosen for its simplicity and ease of recall, the song was called The Story of Paco HerrE.R.A, emphasising the acronym for acute respiratory illness: E.R.A, in the surname HerrE.R.A. This achieved a direct connection of the caregivers with a real story, which without thinking about it would turn Paco into a symbolic representation of children under 5 who can become ill or die from an acute respiratory illness.

The song, in addition to telling the story of Paco HerrE.R.A, has in its content reflections by interpretation to be conveyed to the caregivers in Table 1.

Table 1. Reflection by verse of the song, The story of Paco HerrE.R.A.

<i>Verse</i>	<i>Reflection (Understood as interpretation of the text in the verses)</i>
One fine day Paco woke up very ill He is just a child in his early years Paco is not as happy as usual But he wants his mommy to wake up	Learn to observe what your child is saying to you, perhaps without being able to speak because of their young age, they want to express something important. Look at their attitude, analyse their appearance.
His dad rushes him to the emergency room For his chest sounds like how grandma snores Doctors say if your child shows any of these signs be very alert...	Children's chests should not make strange breathing sounds. If snoring or whistling sounds are heard, you should consult an emergency room, as your child may have a respiratory illness that is becoming more complicated.
<i>Choir (Alarm Signs)</i>	
Fever, does not eat, does not drink, breaths strange Convulsive, unresponsive, drowsy, stays in bed. His ribs sink strange, he vomits everything his nails and lips purple.	Each of these warning signs of respiratory disease is the manifestation that children's airways are inflamed, obstructed or filled with mucus due to a virus or bacteria, which prevents oxygen from reaching the lungs properly, causing them to struggle to breathe. Early recognition of any of these signs is essential to avoid complications.
Paco responded very well to the medication Because his doctor directed his treatment	In the choice of treatment, the professional should always be consulted directly. It is not wise to self-medicate; it is necessary to avoid exposing children to medicines that may endanger their health, not only because they are not the right ones, but also because valuable time is lost in administering the appropriate treatment. Natural remedies such as herbal waters are recommended for uncomplicated common colds.
Just consider breastfeeding	It is important to avoid diseases by following basic preventive measures such as: Full vaccination

Complete vaccination, hygiene and correct feeding	schedule, exclusive breastfeeding up to 6 months, hygiene measures such as hand washing, a clean and ventilated environment. A balanced diet according to age.
<i>Choir (Alarm Signs)</i>	
Final: Take him to the emergency room, but don't delay. That way you will avoid pain in the future.	Do not rely on the child getting better at home. After detecting any warning signs, act quickly and promptly by taking the child to the emergency department..

Source: *Páez y Rodríguez, 2017a*

Based on the song and with the support of the teacher, the process of complementing the strategy and seeking support began. The process of creating an image and the construction of two videos continued: one with the official song and the second, a video clip on prevention: how to prevent the child from getting sick and how to take care of him/her at home. This evolution took more than two years. Initially the first visual piece was constructed with the support of another internship student; the other constructions and modifications were made by the researcher as a student, with the support of the university.

The lyrics, rhythm of the song and the visual component were modified as part of an evolutionary process initially related to comments from some experts from the Ministry of Health and Social Protection, the Bogotá Health Secretariat, the University Institution and some Bogotá hospitals. However, significant changes were made after sharing the song and videos with the community, caregivers of children under 5 years of age at the Hospital, public schools, gardens and meetings at private events. After time in the community, the video clip was created and edited until animations and real images were mixed to facilitate learning, as the animations alone did not allow the appearance of an alarm sign to be seen in real life, generating confusion among caregivers (Páez, 2017).

For the development of the final version of the first video "official song", more than 20 children from a kindergarten in the Suba district of Bogotá participated, who, with the informed consent of their parents, contributed to the filming by singing the song, demonstrating how simple and easy it is to learn the alarm signs with this piece of music (Páez, 2017).

With this exercise, it was understood that by teaching the children Paco's story, they could become a teaching channel for their caregivers. Something unexpected we took from the experience the caregivers told us about.

Some of the comments:

"My son won't stop singing the song and telling us to sing it to detect severe flu in time and to take care of the little brother".

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"He insists every day on washing his hands before eating and the need to cover his nose and mouth when he goes out in the street so that Paquito doesn't get it.

"My son asked me why we had allowed Paco's little brother to get his ribs caved in.

It was also identified that the creation of a character representing children under 5 years of age with acute respiratory disease was fundamental in the teaching process, as well as the use of simple words (Páez et al., 2017b).

Figure 1. Official logo of the health communication strategy *The Paco HerrE.R.A. Story*.



Source: Páez et al., 2017a

1.3.3. Second component: Video on the social experiment on respiratory disease

With this first component, the strategy (official song with video and prevention video clip) began to be disseminated and shared in sessions, initially in hospitals and at the university. In the midst of the community, the need was understood to build a second tool, a short video that would express audio-visually how to take care of the child at home and how to prevent them from getting sick, as questions on the subject invaded the room at the end of each meeting. Its construction was carried out with a simple two-voice language, the authors' own music and animations by an intern in design and animation at the university. Achieving correct communication in health required the use of different forms of learning and different means of teaching supported by art and audiovisual media (Lan et al., 2017; Barcaz, 2002).

At this point in the story, the questioning of a theoretical preconception that resulted from the researchers' immersion in the community appeared: to continue with the collective construction of the strategy's tools based on community needs and cosmovisions in health or to rely purely on "experts" and technical guides as it is done on a daily basis?

Initially, we discovered that coming to a community teaching session with technicalities and prohibitions about their customs generates displeasure, disinterest and lack of attention to the subject, as an example: some cultural customs such as the use of infusions made from aromatic plants or the use of the red bayetilla shawl (a shawl made of a very soft fabric called bayetilla, which is red every day) to treat the common cold, are strongly attacked by the technical guides, but widely used and valued by the community; this is how we went through the co-creation with the community, abandoning what was technically expected.

Despite the effectiveness of the two tools (song and video clip), it was difficult for some caregivers, especially men or grandmothers, to emotionally connect them to the problem. This is how the second component of the strategy arose after discovering during the meetings how the emotional aspects related to the disease when telling the story and the possibility of replicating the event in their own lives, generated an acceptance of the information, increased interest and willingness to learn. What was missing then was the construction of a vicarious experience and what better way to do this than a video social experiment showing the problem. The vicarious experience is the situation experienced in the flesh, which evokes feelings, experiential emotions and has the possibility of altering behaviour (Bastos *et al.*, 2016). This audiovisual and investigative construction was called social experiment and metaphorically it would become the gateway to dialogue with the community, a hook to catch the caregivers in the problem, awakening interest and desire to learn, in this way repowering the song and its video that contain much of the information to be taught (Páez *et al.*, 2018).

The construction of the social experiment took several months. In order to develop it, it was necessary to train a 5-year-old child for a month (with prior approval and informed consent signed by his mother) to simulate the warning signs of acute respiratory disease. The casting was developed for three children, two of them with a similar family situation, a middle socio-economic stratum, who did not manage to perform the exercise. The third child (Alan), a child of low socioeconomic status who lived in a remote neighbourhood of Zipaquirá, Colombia, his house had a cement floor, brick walls and he lived with his family in overcrowded conditions. They were thrilled with the proposal and from the first moment they started to train in learning the warning signs. During four sessions the researcher visited their home to teach and reinforce theatrical expression until the day of the recording. An unexpected anecdote emerged from this process; the child's kindergarten teacher called his mother worriedly days before the recording, informing her that her son was not looking well at all, was sick, coughing and breathing strangely. His mother immediately went to the kindergarten for him, but when she arrived, her son ran to hug her, showing that he was perfectly fine, saying to his mother: "Mom, see how well I'm doing? I'm ready for the video," his mother explained to the teacher about the video and together they laughed.

The filming took place on a Sunday in the Parque de la 93 in the north of Bogotá. Alan spent half an hour in different locations simulating the warning signs of acute respiratory disease, his make-up denoted the lack of oxygen in his lips, the general paleness of his face, the expression of anguish for not being able to breathe, however, there was no response from the people around him or concern about his condition. The question in the video was, can you

save the life of a child with a complicated flu in time, and the video's response to the events was: No. The video was not. Afterwards, Alan talks to some people in the company of his "mother", an English teacher who played the role of his real mother, and among all the people in the park, only two young women notice Alan's abnormal situation and persuade the mother to consult a doctor as a matter of priority. Overall, the experiment demonstrated the adults' lack of awareness of the warning signs, a situation which, in a real case, would have cost the child his life. This is how the video was captured, raising awareness of the issue with caregivers.

1.3.4. Third component: Dialogue of knowledge

A third component of the strategy was based on recognising the ancestral cultural beliefs of some Colombian families, especially those from the Cundiboyacense highlands, and how they generated a connection with the population. In the case of the E.R.A., the red bayetilla shirt. In Colombia, it is a custom shared from generation to generation, to which caregivers have great faith, as they believe that the use of this shirt protects and cures children from respiratory diseases. It is common to find them for sale in clothing shops (Rodríguez M. *et al.*, 2015). In the sessions with the community and with the financial support of the university, we began to wear red bayetilla shirts with the image of Paco HerrERA, at the end of the projection of the audiovisual tools, the caregivers were encouraged to remember the warning signs by singing the song, some red bayetilla shirts were distributed and a dialogue of knowledge and beliefs began, motivated by the comments of some attendees when they remembered the bayetilla shirt, probably from their childhood. The introduction of this tool took us further away from conceptual technicality and showed us that something as simple as the red shirt was a motivational conveyor for the caregivers; associating the researchers' interest with their beliefs generated a willingness to talk and learn from each other.

1.3.5. The assembly of the parts

Figure 2. *Social experiment*



Source: *Páez & Rodríguez 2018.*

Note: The social experiment as the gateway to knowledge where the community connected emotionally and set out to learn. Note: The social experiment as the gateway to knowledge where the community was emotionally connected and ready to learn.

Figure 3. *How do I look after them at home?*



Source: *Páez et al., 2017b.*

Note: The video clip "How to prevent your child from getting sick, how to take care of your child at home" with specific recommendations for the care and prevention of the disease.

Figure 4. *Official song*



Source: *Páez, 2017.*

Note: The official song telling the story of Paco HerrERA, which reinforces the prevention recommendations and through the repetition of the chorus, facilitates the learning of the warning signs of acute respiratory disease, as well as visual support for its detection.

Figure 5. *Red gown*



Source: *Páez, 2017.*

Note: Dialogues and sharing of cultural beliefs such as the wearing of the red bayetille shirt

2. DISCUSSION

Far from technicality, the experience lived with the strategy taught us that the truth is discovered within the populations as described by Orlando Fals Borda quoted in Cabra, therefore the community played a leading role in the construction of the strategy at the same time that it brought about social change, modified and marked the trajectory of the strategy based on their beliefs, culture, and learning needs (Cabra, 2008).

The empirical social experience of Participatory Action Research in the construction of the strategy allowed an approach to a holistic vision of the environment, which consolidated the process of epistemological fracture on health communication experienced by the researchers.

The epistemological fracture has been defined by Florido (Nunes, 2014) as a conceptual rupture of individual knowledge, transmitted to collective knowledge modifying the theoretical foundation, initially a confusing experience lived by the researchers that modified the way of thinking and approaching community work. This approach changed the way of constructing communication strategies, abandoning linear positivist conceptions and moving towards an experience of participatory action research as described by Orlando Fals Borda, where the praxis-theory binomial explained the challenging process of confronting objectivity, knowledge and science as it has been taught in traditional education on a daily basis, a technical approach (Cabra, 2008). Therefore, the first scientific paper published on this study was a quantitative research that evaluated the pre and post intervention results of its application, completely omitting the richness that was experienced during the construction process, reaching a decolonisation of knowledge was a challenge for researchers (Cabra, 2008; Páez, 2018).

Speaking of health communication, it is important to define the difference between information and health communication; information is an event capable of transmitting knowledge and health communication is a bilateral agreement that brings about changes in life, and in turn should promote attitudes and practices conducive to health care (Beltrán-Salmón, 2010). Based on this, conventional "health communication" strategies can be considered information strategies rather than communication strategies.

According to Gumuccio Dagon, the difficulties worldwide in terms of health communication are determined by its constructors, since they usually know about health but not about communication, as he puts it: "the doctor knows about health, but not about communication, it's as simple as that" (2010, p. 91). This generalised approach is a cause for concern, as the world's highest echelons formulate solutions for the poorest, most unequal and marginalised populations, without even knowing the reality of the situation, demonstrating an abysmal distance between institutional discourse and the recognition of reality (Gumucio-Dagron, 2010). Global agencies however share the need for community and cultural participation in health communication, but expect all entities under their hierarchy to report on the implementation of their created strategies, without taking the community into account (Fancourt & Finn, 2019). For Urrutia et al. "health professionals must develop communication techniques that help patients to lower barriers and improve health outcomes" is fully applicable to community work (2016, p. 1).

Health communication should not be seen individually but collectively, a strategy can hardly be universal due to the difference in the living conditions of each population, their needs, context, environment, history, beliefs and customs even though they share the same cases of morbidity (Ríos, 2010). Health communication expresses the need for communities to play a leading role in the health of their environment, as a responsibility acquired both in the formulation of the strategy and in its development and message (Gumucio-Dagron, 2011). In this field, communication for social change has been a striking model in Latin America, as it includes the community as a central actor in the development of the population, away from theoretical conditioning to start from decisions based on dialogue, where people discover the right way to learn new things and even modify certain behaviours in harmony with their social characteristics (Gumucio-Dagron, 2011).

The recognition of culture, beliefs and history is fundamental to know the reality of the communities, where health strategies can better achieve their objectives and for this it is necessary that the population is the protagonist from the diagnosis stage (Ríos, 2011). The cultural characteristics and ancestral knowledge taken into account for the formulation of health communication strategies constitute unconventional models and sometimes contrary to the actions expected from the experts.

An example of the protagonism of the communities was the use of the red bayetilla shirt in the strategy, a motivating means of each meeting, and no wonder, the use of this belief immediately connected with the community making them feel protagonists of the strategy

and important to share and take into account their beliefs, including the use of herbal medicine that was shared between talks (Rodríguez *et al.*, 2015).

Another point to bear in mind about the teaching process is that, according to González and colleagues, "educating means promoting changes in the being and doing of individuals, and information alone does not change anyone, what causes the change is the interaction that the learner has with the information" (2013, p. 44), a fundamental part of the teaching process is not only the way in which the message is transmitted, but the empathy of the person who does it and his or her ability to listen.

For Plá, on the other hand, education is "the interaction between subjects who exchange knowledge in specific places brought together by an educational intention. Without the deliberate intention to educate, to intervene in the subjectivities of others, there is no education" (2022, p.14), this implies an exchange of knowledge where learning is mutual, the educator learns from his audience and they in turn, thanks to the interaction, learn from the subject to be transmitted.

3. CONCLUSIONS

Health communication is part of a group of local solutions, being a momentary response to the magnitude of the changes that a population needs to improve its health, the position of the highest governmental bodies is not clear in their discourse and actions when it comes to health communication. The story of Paco HerrE.R. A in spite of having a great community acceptance, good results and an interesting history of community work, was eluded after its presentation to health directorates in Colombia after the proposal of massive non-profit application, at the expense that the law demands the use and strengthening of communication strategies in health throughout the country, with the explanation that: the area in charge of respiratory health in Colombia is responsible for all issues related to acute respiratory disease, formulates the technical content of the strategies in health, but the way to communicate is contracted by an audio-visual media company.

Prospectively, communication for social change in health offers the hope of achieving local changes beyond technical conceptions. Its use can strengthen the channels of democratic participation for decision-making, join efforts to overcome social resistance and advance the recognition of the plurality of cultural realities, as well as formulate solutions based on the needs of the population groups after immersion in their reality.

It is necessary for countries to create, modify and advance in the development of holistic communication strategies that do not seek similarity to others. The configuration must be a local exercise, based on their own language, beliefs and symbologies. Beyond health communication, communication for social change is laying the foundations for collective leadership to transform health in populations, a good way to identify the population with the solutions through communication is to include them in the development of their strategies and to test the tools with a view to subjecting them to evolution.

From my perspective, I present these aspects that I believe should characterise health communication processes. First, the analysis of the population and their worldviews is

fundamental to orientate the message and create the tools; this can only be generated in direct dialogue with the target audience. Secondly, messages can be clear and simple with an emotional component that leads people to connect with the information. Thirdly, it is necessary to adapt to the cultural configurations of the population, such as rhythms, images and worldviews. Fourth, the tools have to be built in direct connection between health professionals, social sciences and communicators or designers to keep connected the type and form of the message to be transmitted; an isolated construction could generate islands of knowledge that would make it difficult for the message to reach the end user.

Each population should have the opportunity to modify the communication strategies in search of the desired objective corresponding to its cultural configuration. Year after year, important resources are spent on the design and implementation of health communication strategies of many kinds, however, the message is the same, the construction methodology is similar, the only thing that varies are the tools that change in melody, colour, animation, but that leave aside a community that expects to be taken into account.

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