專輯序言

以人為本的健康傳播

李賴俊卿

30年前,西方學者首先把健康傳播作為一門學科加以發展,目前健康傳播研究主要由美國主導(Hannawa et al., 2014)。在2000年,健康傳播被納入美國的2010健康人目標(U.S. Healthy People Objectives 2010),並被界定為一門技術和藝術,旨在通知、影響和激勵個人、機構及公眾群體關於健康的議題,被認為是關係人類健康和福祉,包括預防疾病、促進健康和生活質量的重要學科(U.S. Department of Health and Human Services, 2000)。美國疾病控制與預防中心把健康傳播定義為:「研究和使用傳播策略來告知和影響個體及社區作出正確的決策,以提高生活質素和健康水平」(Centers for Disease Control and Prevention, 2014)。秉承這個傳统,在本期特刊中,沈福元教授及嚴昌民博士研究當今影響已發展的富裕國家如美國的重要議題——肥胖症,文章分析由1985年到2011年在《紐約時報》發表關於肥胖症的572篇報道,嘗試尋找如何改善和解決兒童和成年人對付肥胖症的不同方案。

亞洲在世界上面積最大、人口最多,擁有約40億人,約佔全球總人口的60%。世界上人口最多的兩個國家,中國和印度在亞洲,以及人口最稠密的三個城市,新加坡、香港和東京也在亞洲(United Nations.

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2013),但是健康傳播在亞洲的發展緩慢。高密度人口和頻繁人際交往促使疾病的迅速擴散,加上健康知識不足、資源有限、分配不平等、管理不善和高風險環境,健康威脅無處不在。在1997年,於香港出現了首宗直接從禽類傳播給人類的禽流感H5N1病例,到2003年,起源於處理和食用亞洲蒙面果子狸和蝙蝠這些野生動物的嚴重急性呼吸系統綜合症(SARS),造成8,096宗感染病例和774宗死亡。隨著這些新型疾病在亞洲爆發並成為流行病,從動物傳染到人類,從亞洲傳播到世界,顯示了向公眾提供適當健康資訊的迫切性,使健康傳播在亞洲地區迅速成為一個應用研究領域,獲得全球關注(Paek, Lee, Jeong, Wang & Dutta, 2010)。

由於東西方文化的差異,在亞洲地區,健康傳播研究所面臨的困境、挑戰、發展步伐和模式亦有所不同。因地制宜,以文化為中心的健康傳播理論和課題相應興起,質疑西方價值觀主導的傳統健康推廣活動範式,向那種直接引進西方概念和理論框架而罔顧亞洲各地的歷史、文化和人民需求的研究方法提出了挑戰,並強調健康傳播信息及項目應該本土化,應與當地社群的訴求、文化、價值觀契合,從而更有效地推動公眾參與。「這種模式挑戰自上而下的健康推廣活動,主張發揮當地社群的積極能動性,為難題尋找更有效的解決方案」(Zoller & Dutta, 2008)。本期特刊中劉娟講師的文章分析了中國在1929—1937年出版共406期的《大公報·醫學週刊》,證實了源自精英頂層自上而下的衛生救國傳播遭遇了缺乏群眾基礎的困境,縱然客觀上促進了中國社會的近代化,但健康傳播策略的破產,「即使有國家機器的暴力參與,也還是無法繼續」。

積習難改,健康傳播必須建基於真實的、富有包容性的了解,讓 醫學建議能夠被目標受眾分享、理解、吸收和付諸實行。要達成這樣 的目標,就要對受眾的需要、信念、禁忌、態度、生活方式和社會規 範有深入的瞭解。而健康資訊的傳播效果會受到文化背景、疾病種 類、危機狀態、媒介使用習慣和目標受眾的人口特徵等複雜因素影 響。本期有四篇文章會從不同群體及社區去探討亞洲健康傳播及政策 宣傳必須以當地社區及人羣為依歸。邱玉蟬教授的論文探討台灣在 2010-2011年四大報紙的277則女性癌症新聞報導如何建構癌症、病人 與女性角色,揭示了報導內容對台灣現代女性多元角色的偏頗,從而 表達出呈現真實痛苦及人性的重要性。盧鴻毅教授走訪台灣北、中、 南及東部四個地區的32位弱勢族群受訪者,了解被歧視的弱勢族群對 全民健保不公的情况,又深訪八位參與宣導活動的社區民眾,以便去 策劃最有效的地區傳播活動。

闕岳教授用了10個月的時間參與觀察,探討兩個不同群體在城、鄉因應生活慣習、行為模式而採取不同的獲取健康信息的方法,深深表達出健康傳播是植根於生活和文化價值觀的概念。最後,編者通過三輪焦點訪談及問卷調查,去了解總共70位男同性戀者對被標籤化的性病的最深刻的恐懼,從而製作一部在互聯網播放的微電影,務求有效地推廣安全套的使用,以遏止愛滋病在香港的歷史性高峰蔓延。編者發現,病痛令人軟弱,唯有找到心理上的缺口,健康傳播信息才能帶來改變。

本期特刊承蒙海內外知名健康傳播學者踴躍投稿,選出的論文展 現健康傳播在多樣化與跨文化的社群中的動態發展,以實證資料探討 健康傳播的媒體理論、受眾的特性、推廣活動的策略、及健康政策的 實踐等。文章理論與實戰經驗案例平衡,展示出作者們著重健康傳播 的研究與應用,以提高民眾生活質素和健康水平為宗旨。

我衷心感謝各位作者對健康傳播付上的辛勞和熱情,在此亦特別 鳴謝多位評審委員的意見,以及羅文輝教授、陳韜文教授團隊的指導 及協助,使這期特刊能夠順利出版。

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Special Issue: Preface

People at the Heart of Effective Health Communication

Annisa Lai LEE

Abstract

In the past thirty years, Western scholars have developed health communication into a major communication field. The US Centers for Disease Control and Prevention defines health communication as, "the study and use of communication strategies to inform and influence individual and community decisions that affect health" (CDC, 2014). Professor Shen and Dr. Yan's article demonstrated a media framing approach to explore the causal attributions of obesity for adults and children by analyzing 572 *The New York Times* reports from 1985 to 2011.

In Asia, health communication gained global recognition when Asia became an unfortunate breeding ground for new pandemic diseases, such as Avian Flu and SARS. Health threats abound in conditions of low health knowledge, limited resources, poor governance, and environmental risks, fostering the need to provide proper health-related information to the public and accelerating the development of health communication. Local scholars develop theoretical and methodological paradigms that challenge direct translation and import of Western concepts and frameworks, noting the absence

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of the histories, cultures, and voices of local people (Dutta, 2008; Paek, Lee, Jeong, Wang & Dutta, 2010). Liu's article remonstrated Taiwan's top-down "Save the country with modern western hygienic system" campaign and attributed its failure to elitist planning without the support of the masses, through analyzing *Ta Kung Pao*'s 406 volumes of *Medical Weekly*.

Health habits are hard to change. Four authors strive to develop effective health communication by exploring the needs, beliefs, taboos, and social norms of individual communities. Professor Chiu analyzed 277 news coverage of female cancers in 2010–2011 and discovered that woman patients were improperly portrayed within the contemporary context of Taiwan, revealing the need to represent the authenticity of sufferings. Professor Lu interviewed 40 minorities in four Taiwanese regions to understand their limited views on health policies and develop a community-based intervention. Professor Que spent 10 months to delineate ethnographically media patterns for health information access in two communities in China. My article on STD online intervention for MSMs investigated fear of isolation from data of 70 participants. Extreme fear drives MSMs to seek for prevention and diagnosis directly. I learned that only when we unearth the deepest psychological needs of our target audience do changes occur and health messages become meaningful and effective. People become the center of health communication in this journal.

I would like to thank the authors, for their passionate hard work in improving others' lives. I want to express my gratitute towards the external reviewers and Professor Lo's team in making this specail edition possible.

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