

CONCLUSION

Economic liberalization is a fairly new and modern concept in many developing countries, more so among those that are in the transition. China, Venezuela and Papua New Guinea are examples of countries which have had a long tradition of socialist economy. These countries have been trying to open up to the newer frontiers of liberalized economics. Papua New Guinea, for example, is one of the poorest countries in the world, with similar Gross Domestic Product (GDP) and per capita income as some African countries. On the other hand, even if they are not similar to each other, Russia and Hong Kong, and to a certain extent India, have had staunch socialist economies and have lately been moving from being either rigid communist countries or mixed economies to being today's open markets, investment hubs and fast growing economies. In many of these countries, such rapidly changing economic scenarios have created and nurtured two different worlds: one that has opened up to the liberalized economics and its repercussions; and the other that still holds on to the traditional past. The media scene in such countries has embraced the new forms of information dissemination, while retaining the conventional ones. As changes in the media scenario have brought worldwide interconnectedness in social life, so are global ideals of healthy bodies, healthy foods and healthy societies being intensely propagated. The health discourses emanating from them are more or less guided by the "liberalized"

notions of health. It may not be true that the traditional forms of media in these societies die or fade into oblivion, but they try and evolve and adapt to each other. This cross-pollination of media has added multi-channel versatility to health communication, and this book has tried to offer alternative viewpoints, cases and arguments about the extant health communication literature.

Every new technology or medium that gets pushed into these countries comes with a promise of being a potentially ‘powerful innovation’ in achieving the development goals including ‘health for all’. As these innovations ‘diffuse’ over a period of time into the communities, getting the quick adapters as well as laggards to accept them, they tend to become more of entertainment than informative media. Their platforms for health communication become potent grounds for thrusting consumerism. As people get used to their lives around these media—in their homes, social and personal spaces—they tend to collectively strive to emulate media-produced images of ‘modern’ lifestyles or new socially acceptable behaviors. In addition, with the advent of digital technologies, a lot of hope is riding on the potential of ICTs, mHealth and a variety of other newer forms of health information dissemination for bringing about parity in health. While the issues around media haves and have-nots and the digital divide are still lingering in many of these nations, there are worries about information influx from the new media sources. The apparent abundance of information on health issues is likely to spread the notions of empowerment, but source credibility is seldom considered by the media users. Even though information is available from multiple media sources, the human channels of communication—be they interpersonal methods, social interaction or person to person methods—can help reach the last mile.

The debates around who problematizes health, which diseases get prioritized and what forms of silence are practiced by media, and—most importantly—what effect such discursive silence on certain diseases has on the health environment in these societies are all issues that need to be addressed with further research and understanding.

The centers of authority (such as state, global media houses, international agencies), which often define and problematize health priorities, should at least cease from framing solutions for creating an environment for the receivers to explore and experiment with various approaches, be it the ones propagated by the changing media or those that are culturally rooted in a given society. If this is not done immediately, the current dichotomy of some approaches aiming to preserve and strengthen local

beliefs/practices and others aiming to almost replace them with the modern 'scientific' knowledge may end up causing a mere cacophony of conflicting messages rather than alleviating people from debilitating health issues. This may harm, limit and derail chances of achieving the common grounds on which the audiences of different media can seek and achieve health. Insufficient healthcare infrastructure, access to media platforms and the overall lack of interest in health messages emanating from the new forms of media perhaps need to be discussed and debated. Challenges as well as success stories need to be consistently documented and addressed as a norm in health communication scholarship, and overall healthcare disease prevention discourse changes also need to be taken cognizance of.

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