

**Thailand's health communication:  
From blurred notions to practical challenges\***

**การสื่อสารสุขภาพของประเทศไทย:  
จากความคิดที่คลุมเครือสู่ความท้าทายในการปฏิบัติ**

Nuntiya Dounghummes\*\*  
canuntiya@yahoo.com

Malee Boonsiripunth\*\*\*  
malee2002b@yahoo.com

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\*This paper is mainly based on the research entitled "A Policy Study of Health Communicator and Health Communication Construction" (2006) and "The Image Analysis of Thai Health Promotion Foundation" (2010).

\*\*Asst. Prof. Nuntiya Dounghummes, Ph.D. is currently the Director of the Master of Communication Arts Programme (Service Business Communication), Graduate School, Suan Dusit Rajabhat University.

\*\*\* Assoc. Prof. Malee Boonsiripunth was the Dean of Communication Arts Faculty, University of the Thai Chamber of Commerce.

### Abstract

The issue of health has actively been raised worldwide and more focus has been put on Third World Countries, partly because of increased pandemic and health-related problems. Moreover, this undeniably relates to the quality of life and living standards of the people in those countries. Notably, a goal of UN's World Health declaration is to promote a better health system, one in which people, who are the grassroots of society, are empowered to gain knowledge and ability to take care of their own health. In response to World Health Declaration, Thailand has been trying to improve its own health system and to promote good public health for decades. It is believed among Thai health policy makers that the establishment of a health communication system in Thailand can facilitate the people's health standards a great deal. In fact, the idea of setting a "health communication system" is not new, but it is not commonly familiar to the public and involved parties. A series of research work under the *Popula Health Communication System Research and Development Project* starting from 2003 has been conducted to conceptualise the way in which health communication should be systematised and applied in the Thai context. Basing our study on "A Policy Study of Health Communicators and Health Communication Construction" (2006), we found that Thailand has abundant resources and organizations working in the field of health communication. Most importantly, the knowledge gap of Thai people also needs to be filled by using a proper system and technology to pull in all resources and personnel in order to strengthen community participatory and grassroot power. To firmly establish a "professional health communicator" is one of the implications that can help strengthen Thailand's health communication system. A model in building up health communication system within the Thai context is also proposed, coupled with a discussion of a policy to support the emergence of healthy communication. Finally, a follow up to the health communication implications reflected through several studies including our research relating to the promotion of 'holistic health' in Thailand will also be presented in order to illustrate how the proposed model is coming into play.

**Keywords:** health communication, health communicator, health communication system, health communication curricula

## บทคัดย่อ

ประเด็นด้านสุขภาพเป็นประเด็นที่ถูกหยิบยกขึ้นมาในระดับโลก โดยเฉพาะอย่างยิ่งในกลุ่มประเทศในโลกร่วมสาม ซึ่งเหตุผลหนึ่งที่ทำให้ประเด็นสุขภาพได้รับความสนใจอย่างมากน่าจะเป็นเพราะสภาวะการระบาดของโรค และปัญหาเกี่ยวกับสุขภาพต่างๆ ที่เพิ่มมากขึ้น นอกจากนี้ มิติด้านสุขภาพยังมีความเกี่ยวข้องอย่างใกล้ชิดกับคุณภาพชีวิตและมาตรฐานการดำรงชีวิตของประชาชนในประเทศเหล่านั้นอีกด้วย โดยจะสังเกตได้ว่าส่วนหนึ่งของแถลงการณ์เกี่ยวกับสุขภาพโลกขององค์การสหประชาชาติได้มุ่งส่งเสริมให้มีระบบสุขภาพที่เอื้อต่อการเสริมสร้างศักยภาพของประชาชนระดับรากหญ้าในสังคมให้มีความรู้และความสามารถในการดูแลสุขภาพของตนเอง และเพื่อตอบสนองต่อแถลงการณ์สุขภาพโลกดังกล่าว ประเทศไทยได้พยายามสร้างระบบสุขภาพของตนเองและยกระดับสุขภาพของประชาชนมากกว่าทศวรรษ โดยผู้กำหนดนโยบายสุขภาพของไทยมีความเชื่อว่า การสร้างระบบการสื่อสารสุขภาพขึ้นในประเทศไทยจะสามารถช่วยพัฒนามาตรฐานด้านสุขภาพของประชาชนไทยให้ดีขึ้นได้ อย่างไรก็ตาม ถึงแม้แนวคิดเกี่ยวกับ “ระบบการสื่อสารสุขภาพ” จะไม่ใช่แนวคิดที่ใหม่ในสังคมไทย แต่ทว่าประชาชนไทยและผู้ที่มีส่วนเกี่ยวข้องทั้งหลายยังคงยังไม่ตระหนักถึงความสำคัญเท่าใดนัก ในปี พ.ศ. 2546 แผนงานวิจัยและพัฒนาระบบสื่อสารสุขภาพสู่ประชาชน ได้ดำเนินการวิจัยเพื่อศึกษากรอบแนวคิดในการจัดระบบและการประยุกต์ใช้การสื่อสารสุขภาพที่เหมาะสมกับบริบทสังคมไทย ผลการวิจัยเรื่อง “การศึกษาเชิงนโยบายการสร้างนักสื่อสารสุขภาพและระบบการสื่อสารสุขภาพแห่งชาติ” (2549) ซึ่งเป็นงานวิจัยหนึ่งภายใต้แผนงานฯ ได้ชี้ให้เห็นว่าประเทศไทยมีทรัพยากรและองค์กรที่ทำงานด้านการสื่อสารสุขภาพอยู่เป็นจำนวนมาก ในขณะที่ยังมีความจำเป็นที่จะต้องลดช่องว่างทางความรู้ของประชาชนไทย ซึ่งสามารถทำได้โดยการใช้ระบบและเทคโนโลยีที่เหมาะสมในการดึงเอาทรัพยากรและบุคลากรที่มีอยู่มาใช้เพื่อสร้างการมีส่วนร่วมและพลังของประชาชนระดับรากหญ้าให้มีความเข้มแข็งยิ่งขึ้น นอกจากนี้ การสร้างนักสื่อสารสุขภาพที่มีความเป็นมืออาชีพก็เป็นอีกปัจจัยหนึ่งที่จะทำให้ระบบการสื่อสารสุขภาพของประเทศไทยมีความมั่นคง บทความนี้ได้นำเสนอโมเดลการสร้างระบบการสื่อสารสุขภาพที่เหมาะสมสอดคล้องกับบริบทของสังคมไทย พร้อมทั้งได้อภิปรายเกี่ยวกับการกำหนดนโยบายที่จะช่วยทำให้การสื่อสารสุขภาพมีประสิทธิภาพ รวมถึงการติดตามงานด้านการสื่อสารสุขภาพจากผลการวิจัยต่างๆ ในช่วงที่ผ่านมา ซึ่งรวมถึงงานวิจัยของผู้เขียนในประเด็นที่เกี่ยวข้องกับการส่งเสริมแนวคิด “สุขภาพแบบองค์รวม” ในประเทศไทยเพื่อเป็นการสะท้อนให้เห็นถึงความเป็นไปได้ในการปรับประยุกต์ใช้โมเดลที่นำเสนอ

**คำสำคัญ:** การสื่อสารสุขภาพ, นักสื่อสารสุขภาพ, ระบบการสื่อสารสุขภาพ, หลักสูตรการสื่อสารสุขภาพ

## 1. Situation of Health Communication in Thailand

In response to the United Nations' World Health Declaration concerning the promotion of a better health system in Third World Countries, Thailand has been attempting to set up its own health system as well as to improve its people's health standard for more than decades. Part of the attempt was the initiation of a health communication system formation. It is believed among Thai health policy makers that the establishment of a proper health communication system is a way to bridge the knowledge/information gap in health between the educated and affluent and the uneducated and poor, thus, facilitating the people's health standard betterment. The idea of setting up a 'health communication system' is, in fact, not new but it becomes more discernable only recently when the Thai government has shifted its health policy to focus on the 'preventive' approach. By this, it has put more emphasis on health knowledge and information dissemination in order that the public could, to a certain degree, take care of their health without relying solely on the healthcare service. Notably, the *Popular Public Health Communication System Research and Development Project* has been initiated in 2003 and since then a series of research work has been conducted to find means to set up the 'right' health communication system and structure suitable for the Thai cultural context. However, such work has yet to be concretely displayed and is still a practical challenge. Moreover, only a particular group of people working in the field of health is aware of the idea whereas the majority of health and media practitioners and other involved parties (even within the Ministry of Health) do not pay much attention to it (Popular health communication system research and development, 2008, [www.hcsthailand.com/index.php?option=com\\_docman&Itemid=33](http://www.hcsthailand.com/index.php?option=com_docman&Itemid=33), November 17, 2010).

Evidently, our research on "The Necessity and Feasibility of Developing Health Communication Systems and Health Communicators" (Boonsiripunth et al., 2005) which studied practitioners and supervisors working for the Ministry of Health in the area of health communication, academics specialising in the field of health, and local and mass media practitioners has revealed several chained problems related to health communication implication in Thai society. The problems included obscure and changeable health policies as well as a lack of national health communication plan which was due mainly to the management's failure to comprehend of the vital role of communication in improving public health systems. In addition, a lot of staff currently involved in health

communication work either have insufficient knowledge, or lack the skills of communication. Their range of health knowledge and communication skills was also distinctive, for instance, some may have possessed adequate health knowledge but lacked communication ability whereas others were skillful communicators but knew little about health. This then created an uncertain working atmosphere, inconsistent budget allocation and incompetent practices in health communication both in the central and regional areas.

Furthermore, the study also pointed to the role of the mass media in health-related message distribution, often being influenced or interfered with by commercialization, claimed to be caused by the spread of the notions of consumerism and capitalism. Put simply, some products or services have integrated crafted health information into their advertisements in order to attract people's attention for profit whereas, unfortunately, negative effects on the public were not usually taken into consideration. This may have been the reason why less time or space in the media was allocated to present 'real' health-related information (Boonsiripunth et al., 2005: 124-125). Other studies relating to the current situation of the mass media in the health communication system have also indicated similar results. Clearly, the research on "Health Information Radio and Television Media for the Public" (Klangnarong, Khongsawas and Khunawat, 2004) found that radio and television not only devoted a small amount of time to health knowledge-related programmes, but also the time they allocated did not have wide audience coverage. Importantly, the main production purpose of those programmes was for commercial interest as reflected by their superficial content and presentational style. Alternatively, people could also consume health-related information through other channels such as the internet, magazines, and local and national newspapers which seemed to present a wider variety of health issues. However, the production of such messages was not without obstacles. Common impediments were, for example, limited credible information sources available, no supportive policy towards health-related content, media practitioners' limited knowledge of specific health terminologies and so forth. This then hindered media practitioners from performing their role as agenda setters and people's voice representation (Kleechaya, Tantivejakul and Timmaung, 2004 and Prajusin et al., 2004). Moreover, it is also noticeable that most of the health-related contents reported are 'eye-catching' topics or 'publicity-oriented' stories (Boonsiripunth et al., 2005: 131). Yet, this is not to say that the Thai mass media pays attention to serving only commercial interests and are overwhelmed

by commercialism since the attempt to balance information and work for the public interest can still be seen in certain media outlets such as Thai PBS.

Part of our recent study concerning the issue of the Thai Health Promotion Foundation's image has also delved into the issue of health messages disseminated through mainstream media (i.e. newspaper and television) as well as alternative media (such as community events, local media). The result shows the organisation's attempt to promote the notion and practice of 'holistic health' through various means, particularly mass media. However, the information is delivered to the public mostly under the condition that the organisation has purchased, sponsored or co-sponsored airtime or space in the media. This also included a production of its own programmes or articles. Adding to this, the media tended to focus on a more issued-based approach whereas the education function received less effort. This means that health related-issues which interested the public gained more coverage and lasted for a certain period of time. No attempt has been made to build a so called knowledge society in this regard. Significantly, the proportion of health content gleaned from the research result could be described as 'appalling' since it did not seem sufficient to create health informed-citizens both in terms of substance and frequency (Doungphummes, et al., 2010: 129-131).

In other words, the time or space allocated by the mass media to communicate/ educate about health-related issues is very limited compared to other topics, in particular, news reportage and entertainment, whereas healthcare service outweighs health practitioners' concerns. There is also some misunderstanding that health education and communication are equivalent or practically the same thing. However, despite all of these facts, most media practitioners, health officials and specialists, and communication and health academics involved in the studies, have repeatedly expressed and emphasised the necessity of establishing a concrete health communication system that is functional and easily accessible. In so doing, skillful and knowledgeable health communicators were clearly needed because they would be the ones who helped connect all units within the system and make it operational (Boonsiripunth et al., 2005: 133-136).

## 2. Unveiling a Thai Health Communication System

Several ideas and approaches that could be applied to form a model for a Thai health communication system have been proposed and discussed throughout the studies. Taking into account a number of the obstacles encountered, most of the parties involved suggested that the establishment of a national health communication system could initially start from the utilisation of abundant health information resources available and gradually develop and gear the communication process towards it. Its administration should also be independent and decentralised so that its staff are able to use their communication abilities to the fullest. Essentially, the major emphasis is on incorporating community involvement and the exploitation of communication technology to build a hyperlink health information centre as part of the system (Boonsiripunth et al., 2005: 136). Put simply, the establishment of the Thai health communication system should pull in all existing resources, workforces and professional health communicators (who should be educated in health communication studies) to strengthen health communication practice while taking into consideration all implicating contexts.

In a quest to find a means of constructing a health communication system best suited to Thai society, our research on “A policy study of health communicator and health communication construction” in 2006, further studied both the theoretical and strategic approaches that could be used to build and manage the system. Basically, it integrates the concepts of communication and health to generate health communication activities that can create well-being. To elaborate, communication is regarded as a central linkage of human needs i.e. physical, cultural and social inheritance. In this sense, it could be said that communication is essentially a part of life (Sirigaya, 1987: 88) whereas health could conclusively mean ‘life’. This can be gleaned from the definition of health stated by the World Health Organization (WHO) that ‘health is a state of complete physical, mental and social well-being’ as well as ‘the ability to lead a “socially and economically productive life”’ not merely the absence of disease or infirmity (WHO, Constitution of the World Health Organization, Geneva, 1946 cited in [www.wikipedia.org](http://www.wikipedia.org), June 7, 2007). Therefore, health communication is obviously an integration of health and communication art and science since it mainly relates to the means of delivering or generating ‘health contents’ to better the public’s physical, mental and social well-being. Notably, different emphases on health concepts are subject to different communication practices. This means that if health

is narrowly assimilated, for example, as physical well-being, the design of a communication strategy would perhaps be distinct from the one used for both physical and mental health promotion.

Furthermore, the research also employed the General Systems Theory (GST) developed by biologist Ludwig von Bertalanffy in 1936 in terms of structuring a 'system'. This theory explains that multiple disciplines share striking common characteristics, that is, a set of elements of any system and subsystem always interacts with and depends on each other at different levels. In general, a system is usually composed of input, output, process, feedback, control, environment and goal. Its main function is to convert or process energy, information, or materials into a product/outcome for use within the system, or outside of the system (the environment) or both. Therefore, its main notion is relevant to the interaction of wholes, parts and structure to achieve a specific goal. In other words, GST is a 'science of the whole' with an emphasis on studying organised wholes (Sirigaya, 1987: 90 and [www.bsn-gn.eku.edu/BEGLEY/GSTand1.htm](http://www.bsn-gn.eku.edu/BEGLEY/GSTand1.htm), April 21, 2007).

Moreover, some basic principles of this approach adopted to build up a Thai health communication system include a clear assimilation of a system as something, greater than the sum of its parts, thus, requiring investigation of the whole situation rather than a few aspects of a problem. Additionally, every system must be considered as an information system, hence, an analysis of how to communicate information efficiently is vital and subsystems are parts of a wider and higher order. It normally consists of a set of objectives and their relationships while interrelating with its contexts. Moreover, it is also a dynamic network of interconnecting elements, so a change in merely one of the elements can affect all the others. More importantly, all systems must balance various forces both from within and outside. Finally, a viable system must be strongly goal-oriented, governed by feedback, and able to adapt to changing worlds as well as exhibit some predictability (<http://www.bsn-gn.eku.edu/BEGLEY/GSTand1.htm>, April 21, 2007).

Apart from these theoretical approaches, the research also conducted a small group seminar inviting key health experts, communication experts, health and communication experts, and practitioners to discuss and brainstorm ideas to find the most appropriate methods to set up and develop an effective health communication system suited to Thai society. The information gathered has given a clearer direction towards the components,

processes and goals of the system. Apparently, they unanimously believed that this health communication system should eventually bring about Thai well-being which results from health behaviour change after having being exposed to a sufficient amount of accurate and reliable health information provided through the system. In addition, the construction of such a system should take several influential factors into consideration; i.e. Thai culture, communication habits, health policies, related laws and regulations, and all concerned parties. It was also emphasised that the health communication system would be more efficient if there is a policy supporting the production of health communicators who are capable of working at both local and national levels (Boonsiripunth et al., 2006: 115). In other words, the process, outcome and goal of this health communication system must be embedded into national and local Thai social and cultural contexts.

Based on the practical aspects and recommendations coupled with the conceptual framework, our research has therefore proposed a model for constructing Thailand's health communication system as shown below (Boonsiripunth et al., 2006: 116-119).

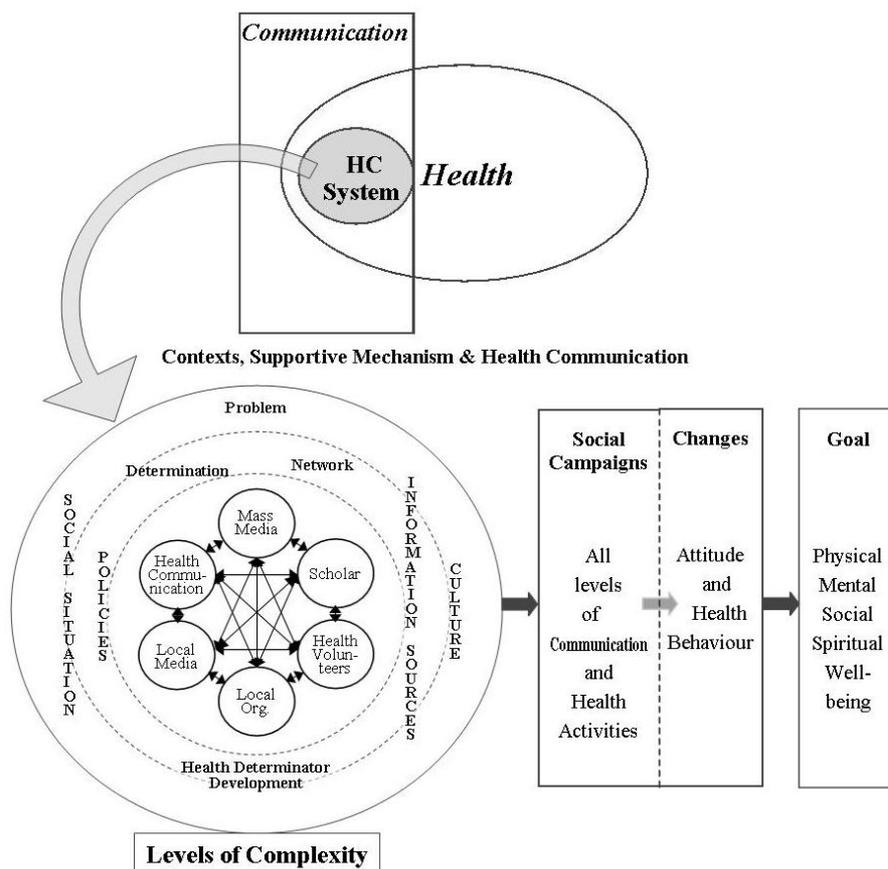


Figure 1 Model of Thailand's Health Communication System

The principal concept of this proposed 'Health communication system' is based on the fact that the area of 'communication' and 'health' cannot be totally separated but is interwoven and overlapping. Usually within this overlapping part, communication activities relating to health issues are constructed because it is something that human beings are dependent upon so as to at least physically survive. Put simply, health communication activities are closely related to people's well-being.

To elaborate the model, this health communication system has integrated the concepts of 'health' and 'communication' to generate health communication activities that can create well-being. Its important element is health communicators who play a focal role in operating the system and are responsible for connecting and building health

communicator networks in all sectors of Thai society. To set up an efficient health communication system, it needs to take into consideration all relevant factors such as the present health situation, social contexts, culture, public policies, existing health/communication resources and so forth.

The development process for **health communicators** within the Thai health system is essential. Its process design has to build or urge their sense of '**determination**' which will drive them to contribute toward, a better standard of Thai health. It is also suggested that processing public-mindedness and health and communication expertise are additional basic qualifications. Such qualifications are believed to enable them to create and implement effective health communication programmes to achieve the expected health goal. That is, they should be able to plan, manage and run health communication tasks, take prime responsibilities for media/communication management as well as construct networks from existing resources across all sectors (i.e. health officials, community health volunteers, local media, mass media, local officials, scholars and so forth). More importantly, they should also be able to simplify and present '*health messages*' with a concern for comprehensibility, accuracy, reliability and non-commercialisation to be distributed to targeted groups through the mass and local media. In other words, they are expected to be adept media planners knowing how to choose effective '*communication channels*' suitable for disseminating each piece of health information so as to encourage the change or adoption of certain health attitudes and behavior. Notably, the employed health communication process/strategy should allow people to have easy access to health information so that they can make use of the information to avoid poor health conditions or preventable illnesses, thus, reducing reliance on health/medical care services.

However, to implement and manage a workable health communication system, the **contexts** and factors involved have to be taken into account. In this model, these are termed '**health situations**' which include a multi-dimensional analysis of health-related problems in parallel with broad political, economic and social aspects in general, and communication and Thai culture in particular. This is in order to designate the direction or goal of health communication processes.

This, thus, indicates that it has to have a '**supporting mechanism**' to help mobilise the whole health communication system. This supporting system is fundamentally

composed of health communicators who are willing and determined to work towards elevating people's health standards. As such, the number of cooperative and powerful '*networks*' of health communicators will proliferate. Significantly, within these networks, there are sub-systems or '*nodes*' consisting of individuals or organisations who can help link together all levels of the communication networks so that the power of health communication is strengthened.

*'Laws and policies'* are another supporting component, helping to create effectiveness, unity and the credibility of the health communication system. Clearly, it is vital that the issue of health communication is set as a national agenda while easily accessible networks and communication channels providing useful health-related messages are established. Health-related laws should also be amended to suit the present situation as well as to promote egalitarianism in regard to health care and health communication services.

*'Health information sources'* are also needed as a means to facilitate the provision of credible and accurate health information to the public. This will not only entrust people with health information, but also support health communicators' efforts.

Notably, all of these elements are interconnected and the accomplishment of this health communication system can be said to be that it emerges from the linkage of health communication activities divided into three phases. The *starting phase* focuses on social campaigns which incorporate health communication activities to get health messages across. As a result, health-related information can be reached on a regular basis which then leads to the *next phase*, that is, the change of attitudes and health behavior. When the *final phase* is reached, it means the ultimate goal of the system (the well-being of Thai people) has been accomplished which is assumed to be the result of prevalent health behaviour changes.

In addition, this model of health communication system is not meant to be a static organisation. Rather, a dynamic organisational management is at the heart of its operation since it helps keep the balance between health, social and cultural issues. Moreover, it makes the system more flexible to counter the changing social needs at all times.

### 3. In Pursuit of Health Communicators

Noticeably, the operation and management of this proposed health communication system will depend largely upon health communicators. They seem to be key players who can make the health communication system work. However, problems arise because, as the results of several studies (see, for example, Boonsiripunth et al., 2005 and 2006, Khamnoonwat, Sampoangeung and Siwaphathonchai, 2005; and Sangraksa et al., 2006) have pointed out, there is still a lack of skilled health communicators in Thai society. Therefore, it is essential to develop and produce qualified health communicators who are able to perform the health communication tasks required. To design a health communicator development programme best suited to Thai society, a qualitative approach using a mixture of data-collection methods was employed. The methods include documentary research using both document and web-based searches for health communication subjects, training courses and curricula available in all Thai and overseas universities and institutions (North America, Oceania and Europe), in-depth interviews, focus group discussions and a seminar discussion to gather information and the opinions of experts who are medical doctors, health officials, health promotion experts from national and international organizations, communication scholars, health scholars, local media and local health communicators. The result shows that the production of health communicators could be done through different length training or study programmes which are short, medium and long term. The short term training is designed for personnel who lack communication skills but have to work or are responsible for health information dissemination. The medium term programme is created for people who have already graduated either from health or communication fields but want to acquire more knowledge in the area lacking (i.e. communication or health). The long term course refers to undergraduate/ post-graduate studies in health communication. This idea has been further developed from designing health communicator development model courses based on the integration of health and communication studies. This model can be applied to construct three levels of health communication curricula (Boonsiripunth et al., 2006: 89-109) which are:

**3.1 Health communication at the undergraduate level** requires four years of study. The programme is composed of a *fundamental course* which includes courses concentrating on communication, health and health communication skills, a *core course* which incorporates subjects relating to health communication strategies, network-building, ethics and research,

*an elective course* that includes subjects strengthening expertise in different health communication areas and, *a free elective course* aiming to enhance students' specific knowledge or skills in relation to health communication. Thus, it incorporates a range of subjects from many other fields that students can choose from. The last and most required course is an *internship* emphasizing practical training in a specific community. In short, this curriculum has provided students with theoretical knowledge, practical strategies and skills for health communication that can be applied to real situations.

**3.2 Health communication specialization** requires one or two years of study. It has been designed for people who already have knowledge either in the area of communication or health. Its structure employs the same composition as that for the undergraduate level. It is suitable for people who want to obtain more knowledge in either communication or health in order to strengthen their health communication practice.

**3.3 Health communication training** can be flexibly undertaken through one day to three-six month training courses. It concentrates on practical training about health situations, health issues, health promotion, health communication, health communication planning, and media production skills for health communication.

#### **4. The Practical Challenge**

Although at present it may not be possible to say whether or not the proposed health communication system as a whole will be fully adopted in Thai society, there are empirical attempts corresponding with some key principles and components presented in the model. This can be seen from, for example, the work of the Thai Health Promotion Foundation, the Health Systems Research Institute and Hua Chiew University. Therefore, this section will try to present certain aspects of their work in order to give a broad picture of the way in which the idea embedded in the model is taken up.

Evidently, through a couple of national surveys on Thais' perceived image of the Thai Health Promotion Foundation, conducted as part of *The Image Analysis of Thai Health Promotion Foundation* research in 2010, the results indicate that the level of attitude towards of the organization's image as a 'health-innovative organization' was the highest of the three desired images (health innovation, friendly and good governance). This signifies not only the acceptance of the organization itself, but also its practical approach

which tended to focus on using a proactive working strategy through civil groups, allies and networks across all sectors of society. To elaborate, the organisation played a vital role in encouraging and supporting its allies and networks to work both individually and together towards the goal of concrete social mobilization (Doungphummes, 2010: 119-127).

Moreover, the result from in-depth interviews (which was another data-collection method used in the study) with 6 groups of stakeholders including 20 working partners, 8 health-related practitioners, 6 health and communication academics, 2 policy makers, 8 mass media professionals and 6 of the foundation's own staff, reflects the organisation's attempts to build and expand health communication networks nationwide. Its main strategy was to bring together existing networks in various parts of Thailand through a series of organised events, conferences and seminars. It also provided funding to many local organisations, networks, NGOs, and even a group of individuals to work on the promotion of holistic health concepts and practices. In so doing, these funded agencies often exploited all means of communication available in the targeted areas, including active networking, opinion leaders, mass and local media. Notably, most of the funded projects' key successes involved the co-operation of local networks. In addition, several new health communicator networks emerged from the implementation of several projects (Doungphummes, et al., 2010: 73-81).

The Health Systems Research Institute (HSRI) through the Popular Health Communication Research and Development project has initiated its fourth umbrella project concentrating on pushing forward health communication-related policies and supporting mechanisms both in general and local terms. More importantly, it encourages the integration of local networks to become a sustainable local health communication apparatus. It also works on promoting the inclusion of health communication curricula in educational and professional institutions and universities. To achieve these goals, HSRI has employed a variety of methods. Advocacy and lobbying techniques were used for mobilising policy-making efforts whereas a series of meetings, discussions and debates were a means to building and operating local health communication networks. Four main groups of people (health and media practitioners, academics, and health communities) were invited to participate in the events. In addition, it has paid particular attention to working with local and mass media (HSRI's report, 2010).

In terms of health communication education, it has promoted and facilitated potential universities, and colleges in developing their own health communication programmes using the suggested curricula mentioned in the previous section as a guideline. This was done to increase the number of skilled and professional health communicators. Notably, Hua Chiew university took up the concept and eventually created a postgraduate diploma and later a masters degree in health communication, active since 2008. The Thailand Nursing Council has accredited these courses by allocating 15 points towards a nursing license. Furthermore, several other universities and colleges now include health communication related-subjects in schools such as nursing, communication arts and public health, whereas short training courses attract mostly media practitioners as well as healthcare providers (HSRI's report, 2010).

In parallel, HSRT has also funded projects for health communicator development in provincial areas (such as Kanchanaburi, Pae, pattani and Chiangmai). The outcome of such projects indicates that local health communicators are not only empowered and equipped with health promotion and communication knowledge and skills, but their role has become recognised and their identity is apparent. Furthermore, health communicator clubs or networks have been established in the areas. Since then, these clubs and networks have been active in using health communication as a means to promote health prevention concepts and practices in their communities (Khamnoonwatana, et al. 2007 and 2008, Lertpongsombat, et al. 2008, and Buadeang, et al., 2008) Last year, some of them took a step forward by applying for a grant to expand their health communicator networks as well as to strategically implement health communication activities with a focus on certain topics and target groups (see, for example, Skuansak, et al.2010; and Muangeke & Chansuriyakul, 2010).

Seen in this light, it seems to verify that most of the components proposed in the health communication model have been taken into account while implementing health communication activities to different degrees depending mainly on operational goals. In particular, health communicator development and networking were concentrated on. This, in a broad sense, is the focal part of the health communication system operation and management. Having said this, it is however important to note here that there are certain aspects of the development and network building process yet to be achieved. Put simply,

the attempts to put these processes into practice is just the beginning of the journey towards the establishment of a Thai health communication system.

Interestingly such a phenomenon as this is perhaps a reflection of the way in which academic research is interwoven with practical reality. Yet, it may not be a surprise considering that most research has been conducted with regard to professional aspects, theoretical concepts, and locals/consumers' points of view. Thus, the results have not ignored practical feasibility as is evident from the initiatives of several projects explained previously. The development of health communicators through both formal education and training has registered the term 'health communicator' in common Thai parlance for the first time and over the past few years, their identity has become established. In the meantime, more academic and non-academic health communication courses have been offered, relevant policies developed, and health communication networks set up and expanded. All this deflects criticism of the "impractical" academic findings. On the contrary, a clearly applicable link between the academic and practical spheres has been illustrated. It seems perfectly feasible for a flawless health communication system to be built, in the near future, based on the proposed model. And the prominent role of its key components (health communicators and networks) with the process being facilitated by technological advancement.

## **5. Conclusion**

Although through our study the proposed Thai health communication system and health communication curricula have been systematically reviewed by many communication, media and health experts, scholars and practitioners in Thailand, putting them into practice is another thing as it entails a variety of social conditions and numerous parties. Most importantly, it needs a genuine and more inclusive 'social dialogue' on the issue in the public sphere in order to enhance the growth and vitality of the effort. This is to say that, while local support and understanding is significant, to really establish the concept as a public discourse would empower these initiatives because it could shape the way we think and make sense of the idea.

There is, however, the potential to build something beneficial out of these initiatives since a certain amount of concrete work has been done on the part of health communicators,

health communication education and networking. To expand this work, more emphasis should also be put on the utilisation of all theoretical concepts and the implication guidelines suggested through relevant studies as most are evidently viable. In other words, the gap between the 'idealistic' academic and 'practical' professional worlds has been bridged and the application of such concepts and guidelines can shorten the process of health communication system development in Thailand.

The most difficult and perhaps central question left here is how to sustain the initiatives and join all the 'dots' proposed in the studies in order to tailor-make a Thai health communication system. Hopefully, this is not just another wasted opportunity like many other attempts seen around Thailand.

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