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The Emerging Landscape of Health Communication in Asia: Theoretical Contributions, Methodological Questions, and Applied Collaborations

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In an early overview of the health communication field, Donald Cassata (1980) wrote, “The role of the communication scholar in the health field has not yet been legitimized, primarily because health communication has not been recognized as a legitimate field of study” (p. 584). Three decades later, few would disagree that the field of health communication has become not only a legitimate but also a major field of study in communication, particularly in the United States. But the remarkable development in this field of study is that it is not a United States-only phenomenon. This essay is an attempt to review the development of health communication in Asia.

The rapid growth of health communication in Asia is as inevitable as it is important. Asia is the world’s largest and most populous continent, with approximately 4 billion people, or 60% of the world’s current human population. It includes the two countries with the highest populations in the world, China and India, as well as the three most densely populated cities, Singapore, Hong Kong, and Tokyo (United Nations, 2005). Population density and close proximity for interpersonal contacts foster an aggressive spread of diseases. Health threats abound in conditions of low health knowledge, health disparity, limited resources, poor governance, and environmental risks. Health issues in Asia that for a long time remained backstage have become prominent global concerns as Asia matures into a favorable breeding ground for new diseases that rise to pandemic levels. In Hong Kong in 1997, an avian influenza virus was first transmitted directly from birds to humans, resulting in six...
deaths. In Guangdong, China, in 2003, a 10% death rate for SARS (Severe Acute Respiratory Syndrome) originated from handling and ingesting wild animals, the Asian masked palm civets. These infectious diseases incubated the need to provide proper health-related information to the public. In addition to the governments’ efforts to adequately communicate with the public on pandemic diseases and other public health problems, United States-educated health communication scholars, who continue to conduct research after they return to their homelands, have served as driving forces in growing the field of health communication.

Simultaneously, there has been an increasing emphasis in the region on theoretical and methodological articulations that are situated locally within the contexts of cultures (Dutta, 2008). This strand of thought questions the translation and large-scale import of Western concepts and frameworks to local contexts in Asia, noting the absence of the histories, cultures, and voices of local people in much health communication theorizing that continues to take place in the U.S. academy (Airhihenbuwa, 1995; Dutta, 2008).

To gauge the development of health communication in Asia,1 this essay describes the five indicators suggested by Schulz and Hartung in their discussion of health communication in Europe, also included in this special issue.

JOURNALS

There is no health communication journal that covers all of Asia exclusively. However, Asia-Pacific Journal of Public Health and Asian Journal of Communication often publish research on health communication in Asia. In addition, some health communication researchers in Asia publish their research in premier international journals such as Health Communication, Journal of Health Communication, and many others.

On the other hand, each country seems to have a different pace and pattern in establishing its own health communication journals. As of December 2009, South Korea (hereafter, Korea) was the first Asian country to publish a health communication journal, Health Communication Research, by the Korean Health Communication Association. It is a journal devoted exclusively to publishing scholarly articles focusing on health communication. In Japan, the Japanese Society of Health Education and Promotion used to publish health communication articles in the Japanese Journal of Health Education and Promotion. But in summer 2010, a newly founded Japanese Association of Health Communication (tentative name) was planning to launch a specific journal for health communication, the Journal of the Japanese Association of Health Communication (tentative title).

In other Asian countries, there seem to be no journals dedicated exclusively to health communication. Instead, journals in communication, health education, health promotion, public health, or medicine tend to publish health communication-related studies. For example, the Chinese Journal of Health Education, published by China’s Ministry of Health and the China Center for Disease Control, is perhaps the most influential national-level health education journal in China. It covers health communication, disease control, public health management, and other issues. In Hong Kong, the Hong Kong Medical Journal, Chinese Journal of Communication, and Communication and Society (in Chinese) publish articles about health communication. In Singapore, the flagship journal of the Singapore Medical Association, Singapore Medical Journal, publishes articles about health communication. In the Philippines, studies on health communication are published in various public health and communication journals such as Philippine Journal of Public Health and Journal of Philippine Communications.

Flagship journals in communication such as Human Communication Research, Journal of Communication, Communication Monographs, and Communication Theory have published articles about health communication processes, interventions, and organizations based on projects set in the context of India. These projects have been carried out by U.S. academics, academics of Indian descent in the United States, and academics based in India. While much of their theorizing relies on United States-based theories, concepts, and methods, there is also an increasing presence of postcolonial and subaltern studies theorizing in health communication that draws upon the unique geographic roots of a strand of health communication theorizing from the subcontinent. The growing emphasis of postcolonial theorizing in health communication scholarship attends to the influence of epistemological and ontological frameworks based in the Indian subcontinent, and attentive to the specificities of the local.

SCHOLARLY ASSOCIATIONS

Establishing a scholarly association is one determinant of legitimacy in a field of study, as well as a precursor to a journal devoted to the field. In June 2009, Korea spearheaded the establishment of health communication as an independent field and inaugurated the Korean Health Communication Association. The association holds conferences semiannually to bring together scholars and practitioners in communication, psychology, public health, and medical sciences. Japan recently established its first nationwide health communication association, the Japanese Association of Health Communication...
Asian health communication scholars also gather at ad hoc conferences to discuss what salient health issues each country is facing and how media campaigns have played a key role in dealing with those issues. For example, the Communication Department of Baptist University of Hong Kong hosted the 2008 Health Communication Series: Enhancing Communication in Health Care with the Hong Kong Hospital Authority and Media and Health Development in Adolescence in 2009 and invited speakers from the United States, Australia, and China to deliver talks and present papers. At the 2009 American Academy of Advertising–Asia Pacific Conference in Beijing, China, there was a special session, Roles of Advertising in Public Health: Asian Perspectives, in which health communication researchers discussed salient health issues and campaign cases in Singapore, China, Korea, and Thailand (Paek, 2009). Many Asian researchers also participate in the Health Communication Division of the International Communication Association (ICA) Conference. In Singapore in 2010, to bring together health communication researchers, practitioners, and campaign funders in Asia and Australia, the ICA Health Communication Division organized a preconference, Health Communication Campaigns: Issues and Strategies in Asia, Australia, and Southeast Asia. The preconference was hosted by the Singapore Health Promotion Board and the Wee Kim Wee School of Communication at Nanyang Technological University.

DEPARTMENTS, INSTITUTES, AND ACADEMIC POSITIONS BY UNIVERSITIES

The growth of health communication in Asia has generated research institutes and academic positions in universities. Japan has health communication departments and tenure- or non-tenure-track professors in major universities such as the School of Public Health at the University of Tokyo, Department of Medical Communication at Kyoto University, and Faculty of Nursing and Medical Care at Keio University. The Tsinghua Health Communication Institute at Tsinghua University in China is a cross-disciplinary institute supported by the School of Journalism and Communication, the School of Medicine, and the School of Social Studies. It undertakes research projects on policy planning, AIDS/HIV prevention, hepatitis B anti-discrimination, anti-tobacco, suicide prevention, and so on. It organizes an annual China Health Communication Conference, in collaboration with Ministry of Health and National Population and Family Planning Commission, and invites western scholars to deliver seminars. The Center of Humanities and Medicine at the Hong Kong University established the Health Communication Cluster to develop the role of communication by promoting cutting-edge research that draws global practitioners and journalists. Also, the Philippines has the Philippine Public Health Association, Philippine Health Social Science Association, and Philippine Communication Society, which includes health communication as a subdivision.

The Public Health Foundation of India (PHFI) was launched in collaboration with the Harvard School of Public Health, the Bill & Melinda Gates Foundation, the Indian government, and several private partners. With technical assistance from the Association of Schools of Public Health in the United States, the goal of PHFI is to develop institutes of public health that would train public health professionals to meet the increasing needs for trained professionals in India. Although the foundation does not have a specific emphasis on health communication, issues of health education, health promotion, and health communication are built into various facets of the foundation and its institutions. In addition, there is a large number of nongovernmental organizations (NGOs) and activist groups working on health communication issues, developing case-based models of health communication applications, and theorizing based on grass-roots efforts. For example, the organization called Sathii is a grass-roots HIV/AIDS organization working on issues of health activism and social change, in collaboration with people living with HIV/AIDS (PLWHAs). The organization Humlog uses development communication principles for the purposes of health promotion. The sex workers cooperative Durbar Mahila Swamanyaya Committee (DMSC) is a grass-roots organization operated by sex workers that organizes health communication, health promotion, and health activism projects based on grass-roots sex worker participation. The bottom-up participatory approach developed by DMSC has evolved as a model for health communication praxis globally (Basu & Dutta, 2009).
on expertise from a range of disciplines including linguistics, medical education, medicine, and the social sciences. In 1998, the School of Public Health at the National Taiwan University established the Center for Health Promotion Research. One of the purposes of the center is to provide postgraduate health communication training to graduate students. In Korea, the communication departments at Sangji University and Seogang University opened faculty positions specializing in health communication, closely followed by a few other universities. In addition, a research organization titled the Ubiquitous-Health Forum in Korea deals with new media technologies in health care and health communication. The forum includes subcommittees that focus on issues related to technology, policy, market services, and information protection. The Wee Kim Wee School of Communication and Information at Nanyang Technology University in Singapore developed the Social and Health Communications and Issues Research Cluster, which seeks to understand health communication and policy issues in the Asian context as well as in the comparison of developing and developed economies. The School of Communication and Research on Women’s Development at Universiti Sains Malaysia, Penang, conducts research on health communication, media, and gender.

The Vietnam Union of Science and Technology Associations established in 2002 the Centre for Community Health and Development, a nongovernmental and not-for-profit organization working in research and communication for community health and development. The center organizes many health communication activities with the support of the Vietnamese government and external assistance from countless NGOs and universities outside the country. For example, in 2007 it collaborated with the Center for Communication Programs of the Johns Hopkins Bloomberg School of Public Health to organize the following: a message design workshop funded by the Atlantic Philanthropies Project, “Capacity Building for Improving Quality of Health Information–Education–Communication”; a training workshop, “Advanced Research Methods in Evaluating Communication and Public Health Program,” in 2008 that involved seven medical colleges in Vietnam; and two international workshops, “Leadership in Strategic Health Communication,” in Ha Long Bay, Quang Ninh, from 2008 to 2009 for participants from Vietnam as well as Myanmar and the Philippines.

Health communication programs in Thailand are tiered into local, regional, and international levels. On the local level, the Thai Health Promotion Foundation and Thai Research Fund constructed a vast Thai research infrastructure that supports universities in conducting health communication projects. For example, with the help of the fund, together with Health Systems Research and Thai Health Promotion Foundation (ThaiHealth), Mahidol University’s Research Institute for Languages and Cultures of Asia established the Communication for Development Research Group to work on projects of health communication procedures and applications for children’s health projects, broadcasting to communities, and local health participations. ThaiHealth has collaborated with neighboring countries, such as Malaysia, Korea, and Laos, for health promotional programs. For example, with the support of the World Health Organization, ThaiHealth’s Social Marketing Section invited the Ministry of Healthcare and Nutrition of Sri Lanka to exchange views and experiences in health communication. On the international level, the Canada-based International Development Research Centre has developed the Health Systems Research Institute in Bangkok, Thailand, to work with the National Research Council of Thailand, the Ministry of Public Health, the Ministry of Agriculture, Chiang Mai University, and Ubon Ratchathani University to provide technical and organizational support for mass media and health communication projects.

India’s vibrant media industry has historically played a vital role in the development and deployment of health messages that are socially marketed through traditional media channels. Government organizations such as the Indian Space Research Organization developed some of the earliest health campaigns. Subsequently, the ministry collaborated with U.S. organizations in developing message strategies and in disseminating these messages to target populations. Most recently in India, there has been development of a wide variety of NGOs, governmental organizations, grass-roots movements, and public–private partnerships. Although some of these efforts are locally situated and organized, others are funded by international agencies and implemented through collaborations with international organizations. For example, the Johns Hopkins University Center for Communication Programs collaborates with the National AIDS Control Organization to develop HIV prevention messages. Institutions such as Jamia Milia University, Mudra Institute of Communications, and the Center for Media Studies have carried out research projects in health communication.

**PROGRAMS OF STUDY**

Existence of degree programs for a field of study may be one of the most rigorous indicators of that field’s legitimacy. Because health communication in Asia has only recently emerged as a field, and because the term health communication has not been used as long as it has in the United States, no independent degree programs exist in Asian countries to our knowledge. Instead, courses are offered in either communication schools or public health/medical schools.

In Japan, the University of Tokyo has the Department of Health Communication in the School of Public Health. The Department of Health Care Administration and Management at Kyushu University’s Graduate School of Medical Sciences has the division of Health Promotion.
and Medical Communication. The Department of Medical Communication at Kyoto University’s School of Public Health offers a course that investigates how medical knowledge is shared and circulated among the public, stakeholders, medical community, and the media at personal, community, social, and international levels.

Tsinghua Health Communication Institute in China organizes short-term training workshops that are open to health journalists. These workshops aim to educate journalists in reporting correctly and ethically about various health issues and patients. Thus far, the institute has organized more than 40 public health reporting workshops in 19 provinces and has trained more than 3,000 editors, producers, journalists, and directors. In addition, collaborating with Tsinghua International Center for Communication and government agencies such as China Ministry of Health, China Center for Disease Control, and State Food and Drug Administration, the institute organizes spokespersons and media literacy training sessions for state, provincial, city, and county-level government officials. These training modules are so widely acclaimed that their trainers have been invited to train overseas journalists and government officials in events organized by UNAIDS and the China State Council Information Office.

The Journalism and Media Studies Center at the University of Hong Kong offers a Public Health Communication Program and the Public Health Media Project. The program was jumpstarted during the SARS crisis in 2005 by the European Union on risk communication in Asia. It then collaborated with the Faculty of Medicine to become an interdisciplinary research program. As of 2009, there is a new master of science in health education degree being offered by the joint efforts of Division of Health Improvement, Centre for Health Education and Health Promotion, Centre for Health Behaviours Research of the School of Public Health and Primary Care at the Chinese University of Hong Kong, and National Social Marketing Centre of the United Kingdom. Its curriculum includes “Communicating Health” and “Designing Health Messages.”

Taiwan’s Taipei Medical University College of Public Health and Nutrition offers graduate courses such as “Health Communication Theory and Research” and “Health Marketing and Advertisement.” Tzu Chi University has an award-winning Health Communication Center under its School of Public Health that helps rural area development through broadcasting and interpersonal communication. In Korea, a dozen of the communication departments in major universities, such as Yonsei University, Korea University, Seogang University, Hanyang University, and Sangji University, offer courses related to health communication theory, planning, and campaign cases at either undergraduate or graduate levels. In the Philippines, the School of Communication at the Ateneo de Manila University and the College of Development Communication of the University of the Philippines in Los Banos Laguna offer health communication courses. The School of Communication at Universiti Sains Malaysia offers a health communication research stream under the master of arts in communication degree program. In Thailand, Chulalongkorn University at Bangkok offers a master of arts in development communication degree program that includes courses on a wide range of political, social, and health communication for developmental changes. The Bangkok University offers “Applied Health Communication” as an elective course for its master of arts in communication students.

Nanyang Technology University (NTU) in Singapore offers a master of communication studies degree program that provides courses such as “Health Communications Theory and Foundations.” The communication school also invites health communication scholars from the United States to teach a graduate course in health communication that explores pandemic communication issues, health advocacy, and the politics of health communication. The Communications and New Media Programme at the National University of Singapore (NUS) also invites health communication scholars in the United States to teach courses like “Culturally Centered Health Communication” and “Health Communication and Managing Communication Campaigns” and to deliver seminars such as “Health Communication in a Global Context: Current Trends and Future Directions.”

TEXTBOOKS/BOOKS

In 2007, the Asia Research Institute of National University of Singapore organized a workshop on mass media and medicine and brought together researchers from across the globe to discuss health communication issues in Asia. The workshop produced an edited volume titled Liberalizing, Feminizing and Popularizing Health Communications in Asia (Liew, 2010). The book is an attempt to integrate issues and challenges regarding health communication in Asia and includes contributions on mediation of health in Indonesia, reporting HIV in Papua New Guinea, reading HIV/AIDS in India, bird flu in Vietnam, and radio construction of health in Nepal, among many others. Other than this concerted effort, the number and type of health communication-related books vary across individual Asian countries.

In Japan, about two dozen textbooks are in circulation and are used in health communication departments in medical schools and by medical practitioners. The search for “iryo komyunikeishon” (literally, “medical communication,” but the standard term in Japanese used to refer to “health communication”) yielded 50 entries. These include about eight health communication books translated from English, which include Communication Skills in Medicine (Lloyd & Bor, 2004) and Health Communication: Strategies for Health Professionals (Northhouse & Northhouse, 1997). These books focus entirely on provider–client (e.g.,
doctor–patient) communication in health care, except for a book titled *Making Health Communication Programs Work*, originally published by the U.S. National Cancer Institute. Several books written by Japanese scholars are also available as textbooks (e.g., Sugimoto, 2005, 2008).

China has a handful of health communication books that include *Communicating Health: Personal, Cultural, and Political Complexities* (Geist-Martin, Ray, & Sharf, 2006, in both English and Chinese) and *Health Communication: Syncretism of Body and Mind* (Zhang, 2009, in Chinese), among others. In addition, Tsinghua Health Communication Institute has published various health reporting manuals and handbooks on the topics of HIV/AIDS, tobacco control, hepatitis B, and so on. Professors from local universities in Hong Kong have published health communication books (e.g., Abraham, 2005; Ma, 2009; Powers & Xiao, 2008). Students also use books published by foreign scholars (Kreps, 2010; Thompson, Dorsey, Miller, & Parrott, 2003). In Korea, no health communication books were available until recently, when two health communication books in English were translated to Korean: *Communicating Health: Strategies for Health Promotion* (Cocoran, 2007/2009) and *Handbook of Health Communication* (Thompson et al., 2003).

The Public Health Program at the University of the Philippines used *Health Communication: A Multicultural Perspective* as a course textbook (Kar, Alcalay, & Alex, 2000). In addition, various health communication books in the United States and English-speaking countries are available through a local bookstore, including *Strategic Communication in the HIV/AIDS Epidemic* (McKee, 2004), *Communicating About Health: Current Issues and Perspectives* (du Pre, 2009), *Handbook of Health Communication* (Thompson et al., 2003), and *Communicating for Health and Behavior Change: A Developing Country Perspective* (Graeff, 1993). Filipino scholars have also published health-related books with local perspectives. Vietnamese scholars have available to them a short book titled *Health Communication Insights: The Role of Communication in Vietnam’s Fight Against Tuberculosis* (Health Communication Partnership, 2004), which examines Vietnam’s use of health communication as an integral component in its successful efforts to turn back a mounting tuberculosis epidemic. In Thailand, there is a book on health communication about the sex work industry (Steinfatt, 2002).

**CONCLUSION**

The development of health communication seems to vary across Asian countries in terms of its pace and patterns. The first notable pattern is institution- or government-led development of health communication in efforts to defeat pandemic disease spread worldwide and to deal with global health problems. In response to the outbreak of SARS, for example, Hong Kong set up the SARS expert committee, which continues to operate to this day. Beginning in 2005, the Academy for Educational Development Center for Global Health Communication and Marketing worked to help combat avian influenza in Southeast Asia. In 2006, the World Health Organization of South-East Asia Region held an intercountry consultation in Chiang Mai, Thailand, to endorse a draft Regional Strategy for Health Promotion for South-East Asia. It initiated the Education Development Center in Bangkok, Thailand, and Kobe, Japan. The outbreaks of SARS was also one of the factors that prompted the Chinese government to establish the institution of spokespersons (Cao & Zhuang, 2009). Furthermore, apart from actual outbreak of diseases, there have been numerous public health incidents that resulted from rumors or misinformation, for example, a hepatitis A vaccine panic in 2005 (Li & Sun, 2007), AIDS “needle attacks” in various cities, and the more recent Shanxi vaccine incident. Both actual health hazards and imagined public health threats call for effective health communication with two layers of the audience, the media and the public, although the main purpose of such health communication is education.

The second notable pattern is United States-trained health communication scholars’ individual efforts to establish health communication as a field in their own country. This pattern seems most salient in Korea, where several United States-educated health communication scholars started a health communication interest group, which led to the formation of a health communication association and a health communication journal. Scholars of Indian linkages in the United States have played vital roles in health communication programs in India, and in developing health communication theories (Melmote & Steeves, 2001; Singhal & Rogers, 1999). In Japan, “medical communication” has for decades been established by and dependent on its medical community. Health communication in Japan was taught not by communication experts but rather by psychologists, sociologists, linguists, counselors, nurses, and doctors, to name a few. It is only recently that a United States-educated communication researcher and other communication researchers moved health communication forward to establish a legitimate field of communication.

But to build a solid infrastructure for the field of study, such individual scholarly efforts should be accompanied by institutional and governmental support. Singapore, Hong Kong, and China seem to have such institutional-level mechanisms that can allow interactions with Western scholars by hosting workshops, conferences, visiting professor programs, and guest lectures. In India, a large proportion of the early diffusion of innovations models of health campaigns was tested and developed through efforts located in the subcontinent, with strong connections to outside actors, mainly United States-based agencies. For example, many health communication projects in India have been funded by organizations such as USAID, UNICEF, UNAIDS, the Centers for Disease Control and Prevention (CDC), and
the Bill & Melinda Gates Foundation, and they have been carried out by U.S. or international organizations such as the Johns Hopkins University and Population Communications International.

Meanwhile, increased health concerns worldwide seem to have played a role in the development of health communication in Asia. For example, smoking has been a global health issue particularly in Asian countries, as evidenced by a strikingly high smoking rate among Asian males—for example, as high as 86% for Cambodian rural males (Smoking Statistics, 2009). In response to this global trend, governments in many Asian countries such as China, Korea, and Singapore have implemented tobacco control programs, including antismoking media campaigns (Paek, 2009). Just as the pace and pattern of health communication’s development vary across Asian countries, so do the challenges and solutions each country faces. For example, Korea’s antismoking movement rapidly reduced the smoking rate among adult males from 68% in 2000 to 46% in 2006. This reduction was largely due to a famous celebrity’s death from lung cancer, which helped bring about a change in social norms against smoking (Paek, Yu, & Bae, 2008). In China, a hepatitis B anti-discrimination campaign achieved a major success in 2009, when Tsinghua International Center for Communication helped lobby for a change of law to eliminate employment screening based on the hepatitis B antibody test (Chengdu Daily, 2009). Over the course of the 1990s, Thailand became the first nation to see a dramatic decrease in HIV infection rates, setting an impressive example for other countries fighting the same threat (Gayle, 2006). The Philippines has an unprecedented record of successful education–entertainment (E-E) programs, such as radio soap operas, to promote family planning and population control. In fact, some of the earliest developed E-E programs, including “Hum Log,” “Taru,” and “Tinkha Tinkha Sukh,” were based in India (Singhal & Rogers, 1999).

In response to the diffusion of innovations and the E-E models, culture-centered health communication theories and projects challenge the dominant paradigm of health campaigns, and simultaneously foreground the relevance of centering the practice of health communication projects in the agency of local communities (Dutta, 2008). The culture-centered approach to health communication interrogates the absence of local voices from Eurocentric health campaigns carried out by Western scholars in India, and it challenges the value-based nature of the universalist appeals of these Western campaigns. The approach also raises questions about top-down models of health campaigns and suggests a theoretical shift that foregrounds the active capacity of local community members to articulate problem configurations and develop corresponding solutions (Dutta, 2008; Zoller & Dutta, 2008).

Many lessons have been learned from these cases and from the theoretical and methodological diversifications that have developed in the health communication field among various Asian countries. Such lessons will aid in establishing a solid basis for health communication as a legitimate field of study and in achieving the field’s fundamental goal—“enhancement of the quality of life and health of individuals within the [global] community” (US. Department of Health and Human Services, 2000: “global” not original).

We regret that we are not able to cover all Asian countries and regions. We also acknowledge that the information we cover in this essay may not reflect the whole picture of Asia’s health communication development. But we have learned that, while it is a promising field, in most Asian countries gaps continue to exist in health promotion knowledge, skills, and concept application, even among health personnel and decision makers. To close these gaps, more concerted health communication efforts across the boundaries are needed.

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Books in Japan


Books in China, Hong Kong, and Taiwan


Books in the Philippines


Books in South Korea


Book in Thailand