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The Arts and Health Communication in Uganda: A Light Under the Table

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ABSTRACT

This qualitative interview study brings the voices of 27 public health leaders, health communication experts, and artists who work in public health in Uganda together to articulate the principles and practices that make the country a shining example of effective, evidence-based use of the arts for health communication. The specific aim of the study was to identify best practices, theoretical foundations, and other factors that contribute to the success of arts-based health communication campaigns in Uganda.

The study presents four primary themes related to use of the arts for health communication in Uganda: (1) the arts *empower* health communication; (2) the arts *engage* people emotionally; (3) effective programs are *highly structured*; and (4) *professionalism* is critical to program effectiveness. The findings suggest that the arts humanize, clarify, and empower health communication. The arts can attract attention and engage target populations, reduce hierarchical divisions and tensions that can challenge communication between health professionals and community members, make concepts clearer and more personally and culturally relevant, and communicate at an emotional level wherein concepts can be embodied and made actionable. The findings articulate *why* and *how* the arts are an effective means for health communication and can guide best practices.

Background

This qualitative study brings together voices of 27 public health leaders, health communication experts, and artists who work in public health in Uganda to articulate the principles and practices that make the country a shining example of effective, evidence-based use of the arts for health communication. The aim of the study was to identify best practices that have contributed to the success of arts-based health communication campaigns in Uganda.

The interviews were designed to explore specific methods, theoretical foundations, esthetic standards, and applications of successful programs. For the purpose of the study, the arts were defined as various branches of creative activity that involve esthetic principles or criteria. The definition was intentionally broad and did not include criteria for artistic quality, which was a subject of the inquiry.

In Uganda, like other regions in Africa, the arts play central roles in traditional healing practices and are also indigenous forms of communication that are often undifferentiated from other forms of communication (Barz, 2006; Kasule, Kakinda, & Sonke, 2015). Adoption of the arts into biomedically based health communication programs has therefore been a natural development, and Uganda has unique leadership in this area.

Literature review

Health communication focuses on making health-related evidence interpretable, persuasive, and actionable (McCormack

et al., 2013). Using evidence-based communication strategies, health communication seeks to inform, influence, and support individual and community decisions that affect health. Two-way exchange of information is critical to health communication and distinguishes it from health messaging. Health communication relies on a common system of language among participants and is optimized by shared understanding of individual and local cultures, social norms, beliefs, attitudes, needs, and concerns of target populations (Schiavo, 2013). For this reason, common health information media, such as pamphlets, lack in utilization and efficacy (Kindig, Panzer, & Nielsen-Bohlman, 2004; McCarthy et al., 2012). As an indigenous and enduring form of communication grounded in local cultures, the arts are an excellent tool for health communication.

Use of the arts as a means to educate the public, foster community engagement and social change, and influence behaviors in targeted populations has a long history. The arts communicate effectively across language and other cultural divides. They illuminate culture and also influence it, as they engage people at deeply personal and emotional levels and promote understanding of abstract ideas. The arts provide a means for social learning, which has been found to be effective in communicating health information, even in the face of health crises (Abramowitz, 2014; Bennett, Chiang, & Malani, 2015). While the literature on communication programs in Africa is modest, much of what can be found focuses on health communication. Miller et al. (2013) note in a systematic review on this topic that understanding of regional communication patterns is essential for public health.

Arts-based health promotion has its roots in traditional cultures where storytelling, drama, and music are primary means for enforcing the belief systems of a given culture (Sonke & Lee, 2015). In many global south regions of the world, the arts are indigenous forms of communication and deeply woven into the fabric of everyday life. In these areas, the arts have been demonstrated to be a highly efficient, economical, and effective means for health communication (Kuhlmann et al., 2008; Muirhead, Kumaranayake, & Watts, 2001; UTSCHC & UOGCSCM, 2012).

In 1948, the colonial Ugandan government established a major adult literacy campaign using music, dance, drama, and film. When radio was introduced in 1954, one of its main aims was education, including health literacy. By the 1980s, radio drama had become a significant means for health communication. In the mid-1980s, UNICEF, the National Expanded Programme for Immunization, and Makerere University set a national agenda for using radio and television drama as the centerpiece of multichannel health literacy campaigns (Kiwanuka-Tondo, 1990). Today, we see extraordinary participation and impact resulting from high-level radio serial dramas in Uganda. Programs like *Rock Point 256* and *Nurse Mildred* reach a majority of young people and significantly impact health behaviors (HCP, 2011; I-TEC, 2013; USAID, 2012).

Uganda is not alone in its use of radio serial drama. Many regions capitalize on the power of drama combined with mass media. These programs utilize principles of Entertainment Education (E-E), which promotes use of media messages designed to entertain while increasing knowledge, changing behavior, and shifting norms (Singhal, Cody, Rogers, & Sabido, 2003; Yoder, Hornik, & Chirwa, 1996).

Along with E-E, the Modeling and Reinforcement to Combat HIV (MARCH) Approach provides a framework for the use of drama for health behavior change (Galavotti, Pappas-DeLuca, & Lansky, 2001). There are, however, no existing frameworks for evidence-based use of the arts, beyond drama, specifically for health communication. While the literature documenting use of the arts in such programs is vast, many programs lack clear theoretical foundations as well as solid assessment and outcome measures.

Research methods

The study was conducted in 2014–2015 in Kampala, Uganda. Uganda was selected because of its unique leadership in health promotion campaigns that engage the arts, and prevalence of such programs. The research team consisted of two American and two Ugandan co-investigators, supported by four American and four Ugandan research assistants. The study included in-depth structured interviews with 10 public health leaders and 17 professional artists who work in public health. Participants were recruited through snowball sampling methods, with recommendations from study participants and Ugandan public health and arts leaders. From 37 recommended individuals, a convenience sample of 27 participants consented to the study and completed a demographic/background information survey and interview. Two team members, including both English and local language speakers, conducted interviews in English in Makerere

University and other offices in Kampala. Interviews lasting 30–110 minutes each were audio recorded and transcribed by two different transcribers to ensure accuracy. The structured interviews included 12 open-ended questions, with follow-up questions as deemed necessary to clarify concepts (see Table 1).

The study yielded two datasets—interview data and demographic/background information. The latter included personal and professional background information including education, professional experience, and areas of professional focus. Four artist interviews were excluded from the analysis, as their responses were determined to refer mostly to experience with therapeutic applications of the arts in healthcare settings, which fell outside of the study's focus.

Data analysis: Both datasets were analyzed manually and with NVivo software. The interviews were first analyzed using a directed content analysis methodology (Hsieh & Shannon, 2005). Investigators conducted a literature review of arts and health messaging in low Human Development Index (HDI) regions and developed a codebook based on themes garnered from the review (DeCuir-Gunby, Marshall, & McCulloch, 2011). The analysis yielded confirmation of the identified themes as well as new themes. This method was chosen to expedite an initial analysis so that findings could be used in a parallel study related to use of the arts for health messaging in the Ebola response (Sonke & Pesata, 2015).

Another team then analyzed the data using a conventional content analysis approach to ensure that the final results

Table 1. Interview scripts.

Public Health Professional Script
1. Are the arts useful in your work? And if so, how are they useful?
2. How do the arts enhance health literacy or other public health programs?
3. What foundational theories or concepts guide or inform your work?
4. How do you measure or assess the impact that the arts have in your work or programs?
5. Can you give an example of a program in which you have used the arts or partnered with an artist?
6. Can you tell me about the greatest success you have experienced in your work as an artist in a public health program or partnership?
6a. What made it successful?
6b. What specific skills contributed to the success?
6c. Did anything else contribute, such as your motivation, passion, or personal history?
7. What steps did you take to design and implement the program?
8. What is most important for public health professionals to understand about using the arts?
9. What do you think is most important for artists to understand about working in public health?
10. Finally, is there anything else you would like us to know about your or your work?
Artist Script
1. How did you get engaged with public health work?
2. How do the arts enhance health literacy or public health work?
3. What knowledge or skills have you had to develop in order to work in public health?
4. What foundational theories or concepts guide or inform your work?
5. How do you measure or assess the impact that your art has on public health programs?
6. Can you tell me about the greatest success you have experienced in your work as an artist in a public health program or partnership?
7. What do you think is most important for public health professionals to understand about the art?
8. What do you think is most important for artists to understand about working in public health?
9. Finally, is there anything else you would like us to know about you or your work?

emerged fully from the raw data. Eight individuals coded each interview independently, then met in groups to achieve consensus in the line-by-line coding and establish a set of codes. The codes were grouped into categories, which led to the development of primary themes and subthemes.

Inter-rater reliability was assessed using a percentage agreement approach (Krippendorff, 2004). While this approach has limitations, it was deemed most appropriate due to the high number of possible codes in this study (Campbell, Quincy, Osserman, & Pedersen, 2013; Elo & Kyngäs, 2008). A thorough examination of two randomly selected interviews (46% of themes and subthemes and 7.4% of the data) yielded an inter-rater reliability of 83%.

Upon completion of the analysis, the principal investigator traveled to Uganda to conduct respondent validation of the emerging findings with a convenience sample of six participants (all public health professionals) and the Ugandan co-investigators. This step was undertaken to ensure that differences in culture and language of the American research team did not adversely affect the accuracy of findings.

Results

Participants and demographic data

Twenty-seven people, including 10 public health professionals and 17 artists who work professionally in public health programs, were interviewed. We will refer to these individuals as “respondents” in order to alleviate potential confusion with the term “participants,” which is frequently used in interview responses. The public health professionals range in age from 31 to 70 years, while artists ranged in age from 20 to 60 years. All respondents are Ugandan born, except for one who is American born but has lived in Uganda for over 20 years. All hold university degrees.

Each public health professional has significant leadership in arts-based health communication campaigns in Uganda, with four having led programs internationally. Their experience in public health ranges from 8 to 30 years (mean 17.2), and they represent governmental organizations, local and international non-profit organizations, and public health agencies. Artists interviewed have between 5 and 30 years of experience working in public health with frequencies from a few jobs per year to steady work. All work in urban, suburban, and rural communities. The majority of artists interviewed are visual artists and musicians, including two highly visible celebrity musicians.

Interview data

Analysis of the interview data yielded the development of four primary themes related to use of the arts for health communication in Uganda: (1) the arts *empower* health communication; (2) the arts *engage* people emotionally; (3) effective programs are *highly structured*; and (4) *professionalism* is critical to program effectiveness. Each theme includes a set of subthemes, or concepts, that address critical components of the theme. Collectively, the themes and subthemes represent *why* and *how* the arts are an effective means for health

Table 2. Primary themes and subthemes.

Themes and Subthemes	
The Arts Empower Health Communication	The Arts Engage People Emotionally
Engage emotion	Narratives
Attract attention and generate excitement to simplify, focus, and clarify the message to model concepts and behaviors	Realism
Facilitate participation and dialogue	Entertainment
Cultivate solidarity	Dramatic hooks
Artists are members of target populations	Cultural and personal relevance
Arts are a social equalizer	Characters
Present concepts in a cultural context	Empathy/personal identification
Facilitate awareness, self-advocacy, and behavior change	Positive, negative, and transitional role modeling
Communication with low-literacy populations	Meaning
Accomplish direct and indirect reach through mass media, live performance, participatory arts, and social learning	Among participants
	Among public health professionals and artists
Effective Programs Are Highly Structured	Professionalism Is Critical to Effectiveness
Multichannel strategies	Training, including academic/technical and cross-disciplinary skills, concepts, and processes sharing
Multidisciplinary partnership and collaboration	Expertise, including artistic skill, ability to create clear, focused messages, and cultural competence
Stakeholder involvement, including target audiences, partners, and professionals, at all stages or planning, programming, and assessment	Artistry
Oversight by public health professionals and stakeholders	Art that resonates and communicates
Assessment of reach, process, and impact	High esthetic and technical standards
	Theoretical foundations (see Table 3)

Note. This shows the four primary themes and subthemes that emerged from the study data.

Table 3. Theoretical foundations.

Theoretical Foundation	Description
Diffusions of Innovation Theory	Models the spread of ideas through a culture (Rogers, 2010)
Community Health Action Model	Model of community-driven public health initiatives in which development improves outcomes (Racher & Annis, 2008)
Health Belief Model	Models how an individual's perceptions influence health decision making (Janz & Becker, 1984)
Entertainment Education	An education strategy that employs mass media or other entertainment outlets to deliver crafted messages for behavior and/or attitude change (Singhaal et al., 2003)
Social Marketing	A method of advancing social causes using marketing concepts. Utilizes extensive research and planning to maximize effects (Kotler & Zelman, 1971)
MARCH Approach	A highly structured behavior change strategy that uses entertainment education and interpersonal reinforcement to affect change (Galavotti, 2001)
Trans-theoretical Model	Model of behavior change in which change occurs in a series of discrete steps (Prochaska & Velicer, 1997)
Social Learning Theory	States that learning can occur in a purely social context via modeling, instruction, observation, etc (Bandura, 1977)
Socio-ecological Perspective	A paradigm connecting environmental conditions, human behavior, and wellbeing (Stokols, 1992)

Note. This table defines and references relevant theoretical frameworks.

communication and can guide best practices. Table 2 shows the primary themes and sub-themes that emerged from the study.

Theme 1: The arts empower health communication

The interview data yielded identification of nine ways in which the arts empower health communication. Each of these subthemes articulates an important aspect of how public health professionals use the arts and engage artists to enhance, or empower, health communication.

The arts engage emotion. Ninety-two percent of respondents expressed understanding of the value of the arts in engaging target audiences at an emotional level. One Ministry of Health leader asserted:

“You can’t do public health without art. You can’t just tell people health messages, you have to engage people emotionally, and how can you do that without art?”

Emotional engagement will be presented in greater detail below.

The arts attract attention and generate excitement. The arts were cited by 52% of respondents as an effective means for attracting attention and generating excitement and are used as a tool for gathering crowds and accessing target populations. Live formats, such as street or stage theatre, music concerts, and art contests, as well as media-based formats, such as radio and television broadcasts that utilize dramatic elements, are frequently used. Celebrity artists are also used to generate excitement and attract attention.

When the Ministry of Health... wants to send out some information, they ask me to sing about it. (Popular recording/concert artist)

The arts simplify, focus, and clarify the message. There was consensus among respondents that the arts make complex concepts more understandable.

(First Respondent) We use the arts to break [health messages] down into simple language that my grandmother can understand.

(Second Respondent) Art simplifies things, difficult things and difficult concepts, brings them to reality for people to comprehend and make informed decisions.

Fifty-seven percent of respondents emphasized the effectiveness of the arts for simplifying, focusing, and clarifying health messages. Each of these concepts was identified separately, and the arts were recognized for serving these purposes. It was acknowledged that communication around complex health concepts is challenging and that the arts can break complex concepts down into simple ideas that people can relate to. Artists are able to present concepts with particular clarity through carefully designed images, enjoyable and repetitive songs, and dramatic narratives that present concepts from multiple perspectives.

The arts model and demonstrate concepts and behaviors.

The notion of “seeing is believing” was a common theme in the data. Fifty-six percent of respondents emphasized the necessity of visual representation in health communication, noting visual arts and drama as particularly effective in simplifying and communicating health concepts.

(First Respondent) There is a saying in Uganda, “the eyes of the Ugandan person are in their hands.”

(Second Respondent) They must see it and touch it to believe it. Unless they can see it, you can talk as much as you want, but there’s no meaning to it.

The arts facilitate participation, ownership, and dialogue.

Seventy-eight percent of public health respondents use the arts for garnering participation in public health campaigns, and 60% emphasized the ability of the arts to facilitate audience ownership of initiatives. Respondents described ownership as a critical component in facilitating participation and behavior change and articulated that when target audiences are actively engaged in developing health messages through arts-based methods, a higher level of impact is achieved. The arts provide various opportunities for beneficiaries of the message to have a role, which is critical to facilitating behavior change.

It comes from the people and then we take them back to them. That’s it... it’s their message, they own it.

Dialogue was cited as a key element. Respondents noted particular efficacy in forum theatre, radio and television drama, art contests, and music because of their ability to facilitate dialogue around taboo and difficult topics. Many of these programs include moderated radio call-in programs, community forums, and social media dialogue formats as a part of multichannel programming.

The arts cultivate solidarity. Involvement of local and celebrity artists in cultivating a sense of solidarity was recognized as a particular asset to health campaigns. Artists are perceived as members of target communities and can facilitate a sense of solidarity and trust with community members. Respondents noted that arts activities can be a social equalizer, “leveling the ground” among those participating in health campaigns and thus facilitating dialogue.

The arts present concepts in a cultural context. The arts infuse general concepts with local cultural symbols and norms, making them personally relevant, meaningful, and actionable. Respondents in this study recognized that health behaviors are embedded in local cultures, and that people identify with the arts as a mode of communication, particularly where taboo or difficult concepts are concerned.

Once you use the arts... you are communicating in their [community members] own language, using their own culture.

The arts facilitate awareness, self-advocacy, and behavior change.

The arts, particularly when they use celebrities and mass media, can reach large audiences and facilitate broad awareness of issues. Respondents noted that when audiences empathize with characters dealing with health issues in live or media-based dramas, they advocate more effectively for themselves, change their own behaviors, and, in turn, impact population health.

So to change norms, I think art is a great way to do it... there is emotion in art. And so... it gets people emotionally involved and then I think it stimulates decisions, choices.

The arts allow communication with low-literacy populations. Fifty-seven percent of respondents reported using the arts to communicate with low-literacy populations, recognizing that visual arts can relay health information effectively without language, and that drama and music can communicate concepts effectively across literacy levels. It was frequently noted that the arts are particularly useful in rural areas, where literacy may be lower.

The arts accomplish direct and indirect reach. Fifty-seven percent of respondents discussed the relationship between the arts and population reach, with 77% of those specifically addressing the capability for broad reach noting the effectiveness of celebrity musicians to attract large crowds, as well as national and international visibility facilitated by visual art exhibitions and competitions. Twenty-three percent addressed the impact of indirect reach, articulating how, when people learn about a health concept directly through a song or drama and talk to others about it, those they talk to are even more likely to change health behaviors. This concept reflects social learning theory (Bandura, 1977) and also highlights the passion for an idea that can be engendered through the arts and proliferated through social dialogue.

We know from research that we have done in [numerous] countries that if a person is reached indirectly by our message then they are even more likely to act than if they are directly reached. . . I think it is because of the power of interpersonal communication, because you get your peer or a member of your family talking about it. It has a stronger impact on behavior than if it is an anonymous person in a drama.

Theme 2: The arts engage people emotionally

As noted above, Ugandan public health professionals and artists understand emotional engagement to be a key component of why the arts are effective as a means for health communication. Three primary constructs were identified in relation to emotional engagement: narratives, characters, and meaning.

Narratives. Those who use or facilitate drama, music, and visual arts noted that narratives (stories) illuminate and create awareness of issues, illustrate consequences, make complex concepts understandable, and present varied scenarios or behavior options in relation to the issues. Three constructs were identified as important in the development of effective narratives: entertainment, dramatic hooks, and personal and cultural relevance.

(First Respondent) If you tell them a story, you don't have to bang them on the head with all the negative stuff that is [can] happen. They can figure out what they would like to do themselves; but you have to bring it up, and make them think about it and get them talking about it and figuring out their own ideas on how they want to deal with it.

(Second Respondent) [Drama] shows consequences in a very short time length.

Characters. Realistic and relatable characters engender empathy and facilitate identification with issues. Characters also provide positive, negative, and transitional role modeling.

Eighty percent of public health professionals noted character development in drama as a particularly effective means for health communication. Audiences empathize with characters, become involved in their decision-making, and then relate their feelings for the characters and issues to their own lives.

Meaning. Meaning was a significant theme in the data and was referenced in two separate contexts. Public health professionals frequently cited the importance of the arts in cultivating a sense of meaning among participants, noting that meaningful experiences are more memorable and contribute to deeper consideration of issues. Nearly half of all respondents also talked about personal meaning. Public health respondents felt that using the arts makes their work more meaningful, while the majority of artists talked about finding a sense of purpose and meaning in serving their communities by enhancing health through their art.

The best way to serve society is through public health, through behavior change to make your society better (artist).

Theme 3: Effective programs are highly structured

A majority of public health professionals interviewed commented on the need for arts-based health communication programs to be highly structured. Five specific components of structured programs were identified as important: (1) multichannel programming; (2) multidisciplinary partnership and collaboration; (3) stakeholder involvement; (4) oversight; and (5) assessment.

Multichannel strategies. Half of all respondents emphasized the need for multichannel (or multimodal) programming that delivers the same message across multiple formats, such as a radio serial drama supported by call-in radio talk shows, telephone hotlines, youth clubs, comic books, posters, brochures, and associated health delivery services.

Multidisciplinary partnership and collaboration. Respondents articulated the importance of partnership and collaboration that cultivates full ownership of the program by each member of planning, production, implementation, and assessment teams. In describing their programs, respondents revealed a tendency for partnership with five or more organizations. [Figure 1](#) illustrates the organizational structure of the Rock Point 256 radio drama program.

Stakeholder involvement. Involvement of stakeholders, including target audiences and partners, was recognized to be a key element in successful programs. In most cases, program partners included local or regional governmental and non-governmental health and health communication organizations, individual artists or arts organizations, and technical specialists or firms (such as radio/television production companies). In some cases, funders and oversight bodies, such as community advisory councils, functioned as partners. Successful programs engage target audiences in problem analysis, program planning, message development, communication (i.e. performances and development of artworks), and feedback and program revision.

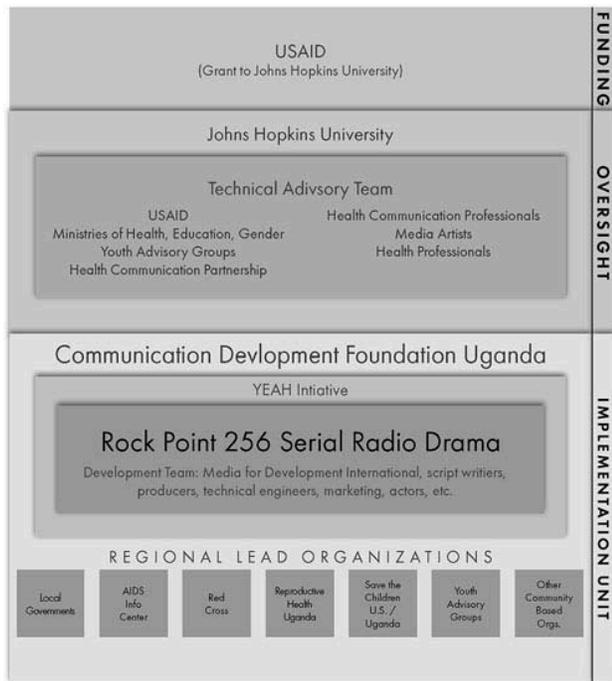


Figure 1. Rock Point 256 organizational structure. This figure shows the organizational structure of the Rock Point 256 radio drama program.

You bring people together, plan with them, give them the knowledge, and then support them to do the work their way.

Partner and professional stakeholders are engaged in needs assessment, problem/situation analysis, strategy and program design, message and character pre-testing, and the implementation, evaluation, revision cycle. Needs assessment, specifically arts-based needs assessment approaches, were emphasized as part of a successful campaign design. Respondents emphasized that artists and technical experts need to be involved in every stage and not be expected to work in isolation.

Oversight. Both public health professionals and artists emphasized the importance of public health oversight of programs. They recognized that there are many grassroots artist-led health communication programs, and that such programs may raise awareness of health issues, but lack efficacy due to lack of public health oversight. Public health oversight was recognized as critical to keeping programs focused on evidence-based objectives, concepts, and practices. Stakeholder oversight of programs was also recognized as an important component of successful programs.

Assessment. Sixty-eight percent of respondents noted assessment as critical to successful programs. Assessments cited measure program reach and exposure and include process and outcome evaluations. Forty-eight percent of respondents use formal assessment techniques involving external evaluators and internal assessment practices.

Theme 4: Professionalism is critical to program effectiveness

Four primary components of professionalism were cited as contributing to successful arts-based health communication campaigns: (1) training; (2) expertise; (3) artistry; and (4) theoretical foundations. Overall, a very high level of professionalism was described in association with successful programs, clearly delineating them from grassroots initiatives. The programs are also highly theoretically informed, with 80% of public health professionals and 23% of artists clearly articulating the theoretical constructs that inform their program design and implementation.

Training. Fifty-two percent of respondents noted the importance of academic and technical training for program team members, and the importance of sharing cross-disciplinary skills, concepts, and processes. This sharing was demonstrated in the interviews as all of the artists were able to describe public health concepts and the public health professionals were able to describe arts concepts and methods. It was highly evident that this sharing not only occurred, but is key to successful collaboration and program impact.

Expertise. Of the 57% of respondents who commented on artistic expertise, half highlighted the importance of cultural competency. All noted the ability of artists to create clear focused messages as an essential and highly marketable skill.

[An artist cannot] include anything that does not support the message because it will distract attention [from the message]. Every little thing that you put in a picture must have meaning.

Artists described how they developed this skill “on the job,” as they saw how easily participants could be distracted from the intended message by elements of an art work.

Artistry. In relation to engagement and impact, 52% of respondents noted the importance of artistic or technical quality as a contributor to successful programs. They recognized that art works and programs that achieved high esthetic and technical standards have a greater ability or likelihood to engage people and communicate a clear message.

Theoretical foundations. The programs described by participants in this study are highly theoretically informed. Participants most commonly noted nine theories or models that inform their work (see Table 3).

Half of all respondents cited principles of E-E, and 70% of public health professionals cited social learning theory as a guiding framework.

Discussion

While designing the study, the investigators struggled to identify one definition of art and to articulate a quality standard that would fit that definition. It was hoped that the study would help develop a suitable definition of art within a public health context and articulate the relevance of artistic quality.

Within the study, one concept—resonance—emerged as important in this regard. Drawing from study data, investigators and respondent validators defined resonance as an experience of deep understanding and sympathetic response, or a quality of experience that feels personally meaningful. The data suggested that, while one standard of artistic quality is not definable, art works or activities that facilitate an experience of resonance among participants have a higher potential for engaging people and positively affecting health behaviors. There was agreement among respondents that visual and performance art used in health communication campaigns should be of the highest caliber, but also a recognition that art created by laypeople, such as target audiences, could resonate strongly with people and therefore have the ability to communicate effectively.

Behavior change was a goal for many respondents. Each articulated a belief that the arts can be uniquely instrumental in facilitating behavior change. The theories and models cited by respondents each relate to the overarching goal of behavior change in health communication; and each of the programs described by respondents demonstrates that the arts are uniquely suited as a tool for achieving or approaching this goal, as articulated in each of the themes that summarize the study data.

Two programs were cited by 70% of public health professionals as key examples, the Ugandan radio serial dramas, *Rock Point 256* and *Nurse Mildred*. Both programs have tremendous reach and have been shown to facilitate behavior change among target populations. A 2012 survey of 7,542 individuals in 27 districts across Uganda found that *Rock Point 256* reached 53% of respondents aged 15–24 (67% listen once/week or more) and that *Nurse Mildred* reached 35% of respondents aged 15–54 (United States Agency for International Development [USAID], 2012). In an evaluation of *Rock Point 256*, 75% of respondents reported being influenced by the show to take an action, particularly related to family planning and HIV prevention (Health Communication Partnership [HCP], 2011; USAID, 2012). And, 12 months after first hearing *Nurse Mildred*, 68.1% of exposed respondents could correctly recall at least one message. Additionally, 64.1% of listeners perceived that their partners/spouses approved of modern family planning, compared to 35.8% among non-listeners (I-Train and Evaluate Center [I-TEC], 2013). These programs not only demonstrate significant impact in relation to health behaviors, but also serve as excellent best practice models.

All of the respondents referred in some way to the unique synergy between the arts and public health, and to how naturally the two disciplines can be paired to facilitate effective health communication.

(First respondent) *In public health, you cannot communicate without art.*

(Second Respondent) *People in the public health sector have their own language. We [artists] have our own language. The synergy of both languages appeals to our fans.*

While this view was prevalent, the question of recognition for the concept of arts in public health also arose from the study. Participants represented an array of perspectives in

regard to the recognition of the arts as an effective, or valid, tool for health communication. Those perspectives ranged from “everyone knows” to “no one knows.” One study participant, an artist whose career has been based in public health for more than 20 years, described arts in public health as “*a light under the table*.” This image beautifully represents the general consensus among respondents on how the arts are viewed in relation to public health in Uganda—as a brilliant, natural mechanism that is not fully utilized. The study investigators feel that this applies to other areas of the world as well and represents a need for the arts to be more fully investigated and defined as a tool for health communication.

Conclusions

Most generally speaking, the arts humanize, clarify, and empower health communication. They can reduce hierarchical divisions and tensions that challenge two-way communication between health professionals and community members; they make concepts clearer and more personally and culturally relevant; and they communicate at an emotional level wherein concepts can be embodied and made actionable.

Our findings show that, in Uganda, the arts are widely used as a means for health communication. Public health professionals operationalize an understanding of the utility of the arts for reaching large target audiences, engaging people emotionally, culturally, and personally, and facilitating meaningful dialogue. Those involved in developing arts-based health communications campaigns recognize the need for professionalism, strong theoretical and evidence-based foundations, high levels of artistry and professionalism, and highly structured approaches.

This study contributes a deeper understanding of the dynamics of health communication, specifically in Uganda where it is so widely utilized, accepted, and effective. This study identifies best practices that may guide effective use of arts in public health programs.

Limitations

The generalizability of this study is limited by the size of the geographic region investigated and the sample size. While Uganda has unique leadership in using the arts for health communication and provides outstanding examples and best practices for others to follow, it is only one country and therefore the applicability of its methods to other countries remains in question. The specific practices cited might best be generalized to low HDI regions. The study was limited as well by limited availability of published outcome studies that assessed the impact of the participants’ programs.

Recommendations

Further study is needed to evaluate use of the arts for health communication in other regions of the world. Additionally, much work is needed to evaluate the impacts and outcomes of these programs. Systematic reviews and meta-analyses of existing data from both global north and global south regions would be instrumental in establishing consistent theoretical and practical constructs to guide arts-based health promotion programming.

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