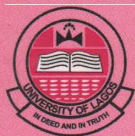


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From transmission to transaction: toward network models for
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**FROM TRANSMISSION TO TRANSACTION:
TOWARD NETWORK MODELS FOR EFFECTIVE HEALTH
COMMUNICATION IN NIGERIA**

Koblwe Obono

Abstract

The paper examines health communication as an evolving process from linear transmission to transactional discourse, a paradigm shift for the attainment of meaningful, understandable and effective health knowledge acquisition in Nigeria. This holistic approach of information dissemination among people with diverse socioeconomic, demographic and cultural background addresses the complexity of human communication. The interest in network models, including Agency Health Transaction (AHT) and Convergence Models is in their nonlinear nature, which permits mutual negotiation and understanding of health messages among

discussants. Accordingly, agents of communication can choose, negotiate and redefine norms based on active reasoning and strategizing. The position of this paper is therefore that the utilization of network models could lead to a relational perspective of effective health communication. This approach has implications for sustainable health maintenance and development in Nigeria and across sub-Saharan African regions.

Key Words: Health Communication, Network Models, Agency, Transaction, Convergence

Introduction

Contemporary communication has been undergoing transformation from linear to transactional processes that combine traditional and modern communication technologies to achieve effective health communication. Even within media channels that were highly known for their transmission operations, some of their health messages are now packaged to elicit interpersonal interaction, feedback and correspondence among senders and receivers to attain clarity and sharing of understandable information. In other words, there is a paradigm shift from traditional transmission to modern transactional processes that produce maximum performance and effectiveness of health information dissemination in Nigeria. Health communication is thus processual, spiral and dynamic but not static. The communication is gradually shifting away from linear to network models for their participatory, interactional, transactional and convergence of media structures and communication agents.

The interface of the linear, agency health transaction and

convergence models of communication result to meaningful transition of health issues for human health development in Nigeria. Communication models as found in this paper offer a convenient way to think about communication by their provision of a graphical checklist which can be used to create anything from speech to a major health campaign. As a result of the proliferation of mass communications via radio, movies, television, print, online, outdoor, and empirical scientific methods, modern communication models reflect the holistic processes involved in health communication across media, communicators and the sociocultural contexts within which they occur.

As information-related behaviour, communication is a necessary life process through which human systems acquires information that is functional for making decisions concerning their health, environment, life aspirations and actions. The three common settings of communication that could be integrated for effective health communication in Nigeria are interpersonal (face-to-face), machine-assisted (phone, computer), and mass communication (broadcast, print, outdoor). All of these can be converged for transactional effective health discourse of messages among communicators.

Theorists have proposed various models of communication. The Linear models which traditionally dominated communication research are limited in certain respects, hence, the emergence of more holistic models that could capture the different sides of social reality. Contemporary network models thus address the complexity of the communication processes involved in health information

dissemination in Nigeria. In linear models, the individual is the unit of analysis and information flow is unidirectional relative but in network models, information exchange relationships are the unit of analysis and the information flows as a spiral. The present paper thus discusses a paradigm of communication as a cyclical process of convergence for effective health communication. This would have implications for appropriate dissemination of information for human health development in Nigeria.

Transitions of communication processes in linear models

Communication research was dominated by the linear models which are referred to as transmission models of communication. One of the most often cited was advanced by Harold Lasswell in 1948, a political scientist, who proposed a linear model that explains the communication process as "Who says what to whom in what channel with what effect." Lasswell's model was an outgrowth of his work on propaganda, which focused primarily on verbal communication just as Aristotle's. The model (Figure 1) is a simple description of one-way communication process, comprising a speaker who communicates a message to a receiver by making use of any of the media like print, radio, television, among others, to finally convey the information. The model emphasized the elements of speaker, message, and audience and viewed communication as a one-way process in which one individual influences others through messages. The addition of the channel as a specific element was a response to the growth in new communication media, such as print, the telegraph, the radio, etc, while "effect" was an important break

with past models which served mainly descriptive purposes.

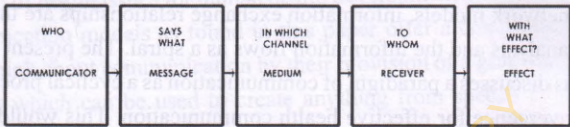


Figure 1: Harold Lasswell's model

Lasswell's (1948) approach also provided a more generalized view of the goal or effect of communication than did the Aristotelian perspective. His work suggested that there could be a variety of outcomes or effects of communication such as to inform, to entertain, to aggravate, and to persuade. Although this model is easy, simple and suitable for almost all types of communication, it is limited in feedback and noise. Hence, about a year after he published his view, Claude Shannon, the father of Information Theory, published some work he had done for Bell Telephone and this formed the basis for the Shannon and Weaver model (1949).

Shannon and Weaver model measures the accuracy of message transmission in a given communication system by not equating information with meaning. Communication is used in a very broad sense to include all the procedures by which one mind affects another. This is not limited to written and oral speech, but music, pictorial arts, theatre, ballet, and all human behaviour. Shannon and Weaver introduced the term "noise", to label any distortion that interfered with the transmission of a signal from the source to the destination. They also advanced the notion of a "correction channel,"

which was regarded as a means of overcoming problems created by noise. The correction channel was operated by an observer who compared the initial signal sent with the one received. When the two did not agree, additional signals are transmitted to correct the error.

The academic field of communication began when Claude Shannon and Warren Weaver published *The Mathematical Theory of Communication*. Their model is essentially a linear, left-to-right, one-way model of communication. The limitation is in its dealing with only mechanistic representation of communication and not with meaning, content, substance and feedback. Despite the gaps, it led to technical improvements in message transmission. Shannon and Weaver's most important contribution was their concept of information, which provided a central focus to the new field of communication research and became the main conceptual variable around which the new intellectual approach began to grow.

Wilbur Schramm provided several additional models in 1954 with the first being an elaboration of Shannon's. Schramm (1954) saw communication as a purposeful effort to establish commonness between a source and receiver, noting that the word communication is from the Latin *communis*, which means common. His second model is far more aware of the subtleties involved in communication. Without a common background and culture, there is little chance for a message to be interpreted correctly. He thus introduced the concept of a field of experience, which was essential in determining whether or not a message would be received at its destination in the manner intended by the source. Schramm contended that without common fields of experience - a common language, common backgrounds, a

common culture, and so forth - there was little chance for a message to be interpreted correctly.

Schramm's third model is a departure from the conventional linear approaches but based on the network approach. Due to various kinds of noise, there are chances that the message gets distorted and to overcome this problem, he introduced the concept of feedback. The communication process now takes a circular form as both parties take on the roles of sender and recipient. To overcome the problem of noise, he suggested *feedback* as "an experienced communicator is attentive to feedback and constantly modifying his messages in light of what he observes in or hears from his audience". Hence, in Figure 2, the roles of sender and recipient are taken on by both parties, and communication becomes circular. It creates a relational model of communication and a beginning of a network approach.

Schramm's view of communication was more elaborate than many others developed during this period as it added new elements in describing the process. In addition to re-emphasizing the elements of source, message, and destination, it suggested the importance of the coding and decoding process and the role of field experience.

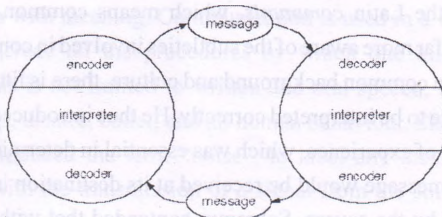


Figure 2: Wilbur Schramm communication model (1954)

The linear, one-way approaches of communication had peculiar shortcomings as the receiver was passive and did not have any input in the communication process but only consumed message sent by the source. The sender became the principal and active element that determined what was said, how it was said, where it was said and with whom it was said. The sender, in the linear model, is so powerful but could not ascertain the effectiveness of the communication encounter. His sole interest is to transfer, transmit or convey messages to his “subordinate” in a straight jacketed approach, making noise a consistent and inevitable feature of communication.

In the social world however, things do not always happen in this simplistic linear manner because actors engage in relationships with other actors in facing practical problems. This is because “the actors seek to reach an understanding about their action situation and their plans of action in order to coordinate their actions by way of agreement” (Harbermas, 1984:86). Actors thus reach mutual understanding by using speech effectively to bridge perceived communication gaps in media and agents. This would have implications for a more robust and practical health discussions.

Network Models: Agency Health Transaction and Convergence

Modern communication approaches have adopted more comprehensive and holistic perspective for easy dissemination of information across people with diverse socioeconomic, demographic, religious, political and cultural backgrounds. The interest in network models is their nonlinear nature where

communicators strive to reach mutual understanding, intelligibility and action. These models are particularly popular among proponents of development communication. Health communication is thus evolving from transmissions to simultaneous transactions among media and participants to attain meaningful and understandable conclusions.

A consideration of the context of communication is essential for intelligible discourse. In this regard, communication is not approached as the transfer of information from the active mass media to a passive audience but rather, a paradigm shift to a cyclical process of convergence and transactions. The convergence model permits integration of broadcast, print, outdoor, online, and indigenous media for easy availability, affordability, accessibility, and comprehension of health messages by ruralites or urbanites, literate or non-literate, rich or poor as well as amongst peoples from all walks of life. This approach accommodates the complexities involved in the dynamic nature of communication. Hence, health messages are not just transmitted but transacted in forms that communicators are trans-receivers and active in creating meaning and sharing understandable messages using the SWOT analysis. Accordingly, effective health communication is a dynamic and continuous process of acting, reacting and transacting issues of needs, adoption and challenges for health improvement.

Agency Health Transaction (AHT) Model is a network communication where participants create meaning through their interaction with the social environments and media structures (Figure 3). It includes the meanings that subjects give to their

behaviour and reasons or motives for acting. AHT extends to the way in which meanings are communicated and how stable intersubjective social worlds are established. Here, society is viewed as a human construction which constantly changes with people's perception and motivational inputs. Agents have the ability to choose, negotiate and redefine norms and actions about health communication based on their reasoning and motives as individuals in the social universe. They possess the ability to actively explore channels and transactional activities to maximize their goals.

The communication is conceptualized as a dynamic process that involves the simultaneous sending and receiving of messages among elements to attain sharing of meaning. This approach is important because it combines traditional and modern systems of communication for transactional encounters since the use of a single approach may limit intended communication outcomes.

This communication is conceptualized as a complex activity without an easily defined beginning or ending but a process involving the giving and receiving of information that results into action that would be beneficial to human participants. It is actualized through active strategizing and information flow among participants with contextual linkages to past and modern media connections. The interaction of traditional and modern media structures and agents therefore produce and share meaningful information for the attainment of mutual understanding and human action

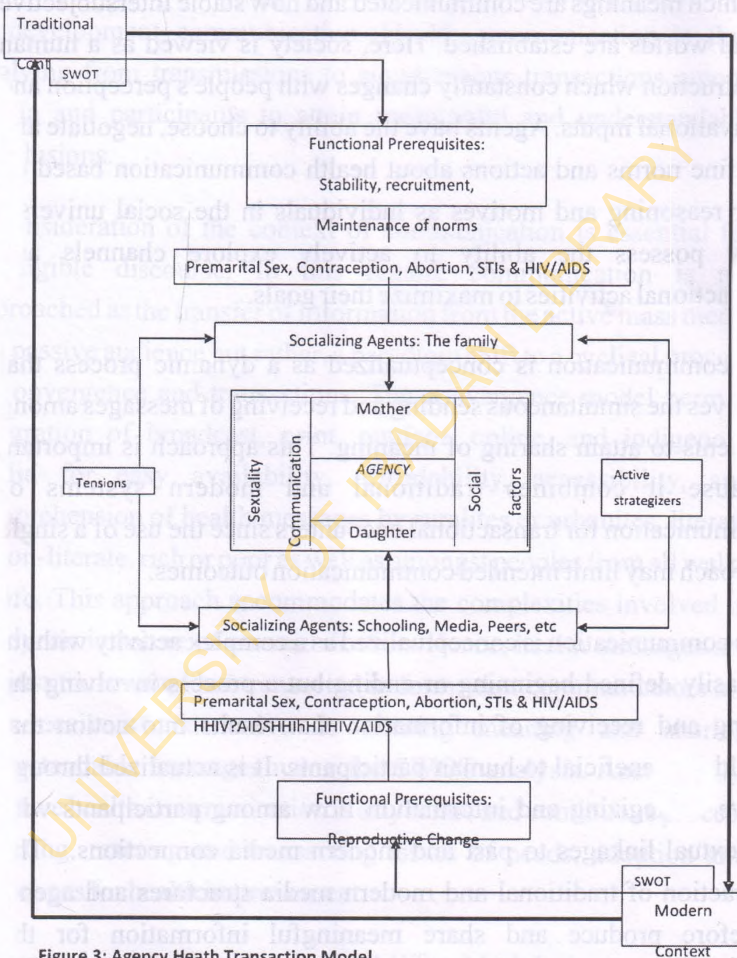


Figure 3: Agency Health Transaction Model

Adapted from Obono (2008)

The communication is collaborative as agents and agencies do not impose health ideas on others but they engage in constant negotiation based on social contexts and networks. This facilitates freedom of speech, clarity of discourse and understanding of health matters from diverse viewpoints. This does not suggest that effective health communication is achieved through smooth and tension-free procedures but rather, conflicting ideas are resolved through reasoning and negotiations among agents. The model reflects the complex activity that produces actions that are beneficial to human participants and promotes systematic and dynamic swapping of roles among senders and receivers of messages at different points of discourse.

From Obono's Agency Transaction Model, the dynamic interaction and co-existence of the macro and micro social worlds show that traditional and modern contexts co-exist at the macro level, producing dialectical transactions and connections. Information sharing that originates from indigenous and exogenous media platforms and sources would positively affect human knowledge, attitudes, beliefs and practices for effective health development. The model also clarifies the activities taking place at the micro level where human agents and social agencies transact to actualize healthy outcomes.

Kincaid's Convergence Model (Figure 4) also views communication as a process rather than a single event. It is based upon the principle of convergence as derived from basic information theory and cybernetics, emphasizing information exchange and networks that exist among individuals. Information and mutual

understanding are the dominant components of the convergence model and the communication enables cultural processes to be subsumed within the laws of thermodynamics. It predicts that members of a social system who share information with one another about a given topic will over time develop more similar conceptions of that topic (Kincaid *et al*, 1983). In other words, several cycles of information-sharing about a health topic may increase mutual understanding.

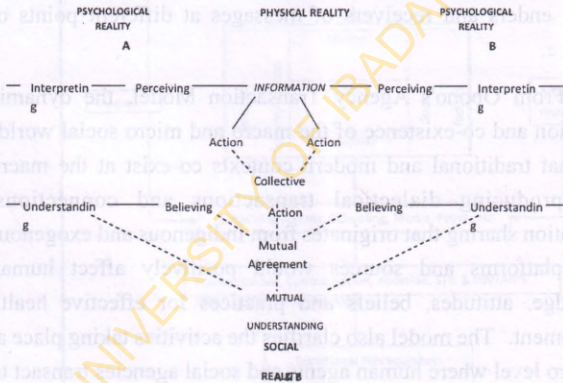


Figure 4: Basic Components of the Convergence Model of Communication

Adapted from Kincaid (1979)

All information is a consequence of action and through the

various stages of human information-processing, action may become the consequence of information. The unity of information and action is indicated by three lines above: information-action-believing; information-collection action; and information-action-believing. A similar unity underlies the relationship among all of the basic components of the convergence model. Only the mutually defining relationship among the parts gives meaning to the whole. Information processing at the human level involves perceiving, interpreting, understanding, believing, and action, which creates new information for further processing. When this information is shared by the participants, information-processing may lead to mutual understanding, mutual agreement and collective action.

The advantage of a cybernetic explanation is the uses of the concepts of information, feedback, networks, and purpose. It shows information as fundamental and critical in human communication and portrays how collective action of communicators would lead to mutual agreement and understanding of health in social reality. The model uses a contextual approach to meaning rather than a referential one (Wittgenstein, 1958). A word is therefore given meaning based on its specific context, and variety of meaning is a necessary aspect of human communication.

Once the interpretation and understanding of information is raised to the level of shared interpretation and mutual understanding, what was once considered as individual information-processing becomes human communication among persons who hold the common purpose of understanding one another. Hence, information shared by the participants may lead to collective action, mutual

agreement and mutual understanding of health issues.

A Synthesis

Agency Health Transaction and Convergence models agree at the micro levels of communication with their emphasis for production of meaningful information. Human beings derive meaning from their interaction with others and such meanings are the basis for human action. Continual communication is necessary to maintain a requisite level of convergence of meaning for sustainable collective action. The models are unique in their departure from the linear, one-way approaches that have failed to accommodate the complexity of the communication processes. They show the interrelationships between agents, information, action, agreement and mutual understanding. According to Rogers and Kincaid (1981), truth value of a word is determined by its projection from a medium of interpersonal exchange onto an external domain, the world of action and events. It cannot be adequately determined until they reach some appropriate level of mutual understanding of meaning which influences people's actions.

Convergence and Agency Health Transaction models represent human communication as a dynamic, cyclical process, characterized by mutual causation, rather than one-way mechanistic causation. They emphasize the interdependent relationship of the participants, rather than a bias toward either the "source" or the "receiver" of a message. Mutual understanding and agreement are the primary goals of the communication process and they points toward involvement of participants converge or diverge over time.

The models lead to a relational perspective of human communication because of the shift to the content that is created and shared by participants.

Acknowledging the role of interpretive processes that occur within individuals, Lawrence Kincaid (and later Everett Rogers and Kincaid) emphasized the information exchanges and networks between them. Systematically packaged and conveyed messages through proper channels could lead to timely deliverance of the information to relevant recipients.

Conclusion

Communication was traditionally seen as the sending of messages from source to receiver through a channel. The linear, one-way approaches had their shortcomings as the receiver of the message was passive and did not have any input in the communication process but only acted upon the messages sent. Communication was a mere transmission but, network approaches present communication as a transactional process as shown in Agency Health Transaction and Convergence models. The difference lies in the fact that while some of the elements in the former are passive; all elements in the latter are active due to the unlimited interaction that occur among them, resulting to meaningful and understandable information that leads to action.

Traditionally, message termination was the easiest to

determine in mass communication but its integration with interpersonal communication has changed this operational outlook, providing immediate feedback through different techniques. The convergence of media and agents in a transactional communication environment produces health information that is meaningful to senders and receivers who swap roles during such encounter.

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