

From Dominant
Perspective to
Critical Perspective
in Health
Communication:
Analysis of Turkish
Television Health
Programs in Terms
of Critical Health
Communication



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In my presentation

Today I'll talk about health communication from a critical perspective.

In particular, I'll analyze the health communication broadcasted by television health programs.

My purpose:

It will be discussed that the ongoing health communication practices, which I will call “dominant health communication”, do not provide a solution to the existing health inequality in the society,

on the contrary,

They provide the reproduction and dissemination of the ideologies of the dominant powers and a consent for the consumption of health products and services in the society.

There are many researches/studies done in Turkey. However, it's seen that academic researches are made in the field of

- public relations,
 - economics and
 - communication technologies,
- other than
- communication sciences or sociology of health.

And the research methods gathering in socio-cognitive attitudes of individual and ignoring of health is a social phenomenon.

Because of that my hypotheses are:

Health communication and practices performed in television health programs

- Are completely individual oriented.
- Ignore social determinants of health such as economic, cultural, educational, so on
- Have no effect in eliminating health inequality in the society
- Play an active role in “producing consent” in the consumption of health services / products through the discourse of “healthy living”.

Methodology:

The main research method is “Critical Discourse Analysis”

and

Norman Fairclough’s “Dialectical Rational Approach” method as for linguistic analysis

Source: Wodak&Meyer, 2016; Van Dijk, 2016, Methods of Critical Discourse Studies
Çoban, 2015, Söylem ve İdeoloji

in my research three different universes and three different approaches will be used:

Persistent television health programs in the mainstream Turkish media such as “HT Sağlık” (*HT Health*) and “Sağlık Kontrolü” (*Health Check*) will be analyzed using critical discourse analysis method for a period limited to 6 months.

in the context of the production of media messages;

semi-structured interviews will be held with media professionals such as television health programs' presenters and producers including health professionals attending these programs

in the context of the consuming of media messages;

Complementary analyze will consist of reception studies with 6 small groups watching aforesaid programs.

Today Here in my presentation I'm going to talk about one episode which is the analysis of television health programs.

Turkey's mainstream television channel's programs such as **HT Health** and

Health Check television programs.

- limited to six months of 2018 which are April, May, June, October, November and December

and

- contains 49 episodes
- Health Check program includes 24 episodes. Each episode takes about 44-47 minutes.
- HT Health Program includes 25 episodes. Each episode takes an average of 22-25 minutes.

Why did I choose these specific 6 months period?

The first reason is the broadcasting period of the programs

The second reason is, which is most important to me, seasonal reasons

What do I mean?

In short, my aim is to observe that real-time health problems, especially «Public Health» problems, and the topics covered in these programs do (not) overlap.

Another topic is why I chose television as an area of analysis?

The reason I prefer television is related with Turkish sociological infrastructure.

Turkish people still mostly trust television as a source of information (%69,2) and television viewing rate is %86,7*

*Source: Television Watching Trends Research, Turkey Television and Radio Supreme Council-RTÜK-, 2018

Turkish people mostly use television as a means of communication*

Turkey Health literacy researches show that only one in three people have an “adequate health literacy”**

*Source: World Digit 2019 Report, January 2019

**Source: Turkey Health Literacy Survey, 2014; Turkey Health Literacy Levels and Related Factors Research, 2018

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JAN
2019

DEVICE USAGE

PERCENTAGE OF THE ADULT POPULATION* THAT USES EACH KIND OF DEVICE [SURVEY-BASED]



MOBILE PHONE
(ANY TYPE)



98%

we
are
social

SMART
PHONE



77%



LAPTOP OR DESKTOP
COMPUTER



48%

we
are
social

TABLET
DEVICE



25%

TELEVISION
(ANY KIND)



99%



DEVICE FOR STREAMING
INTERNET CONTENT TO TV



15%

we
are
social

E-READER
DEVICE



2%



WEARABLE
TECH DEVICE

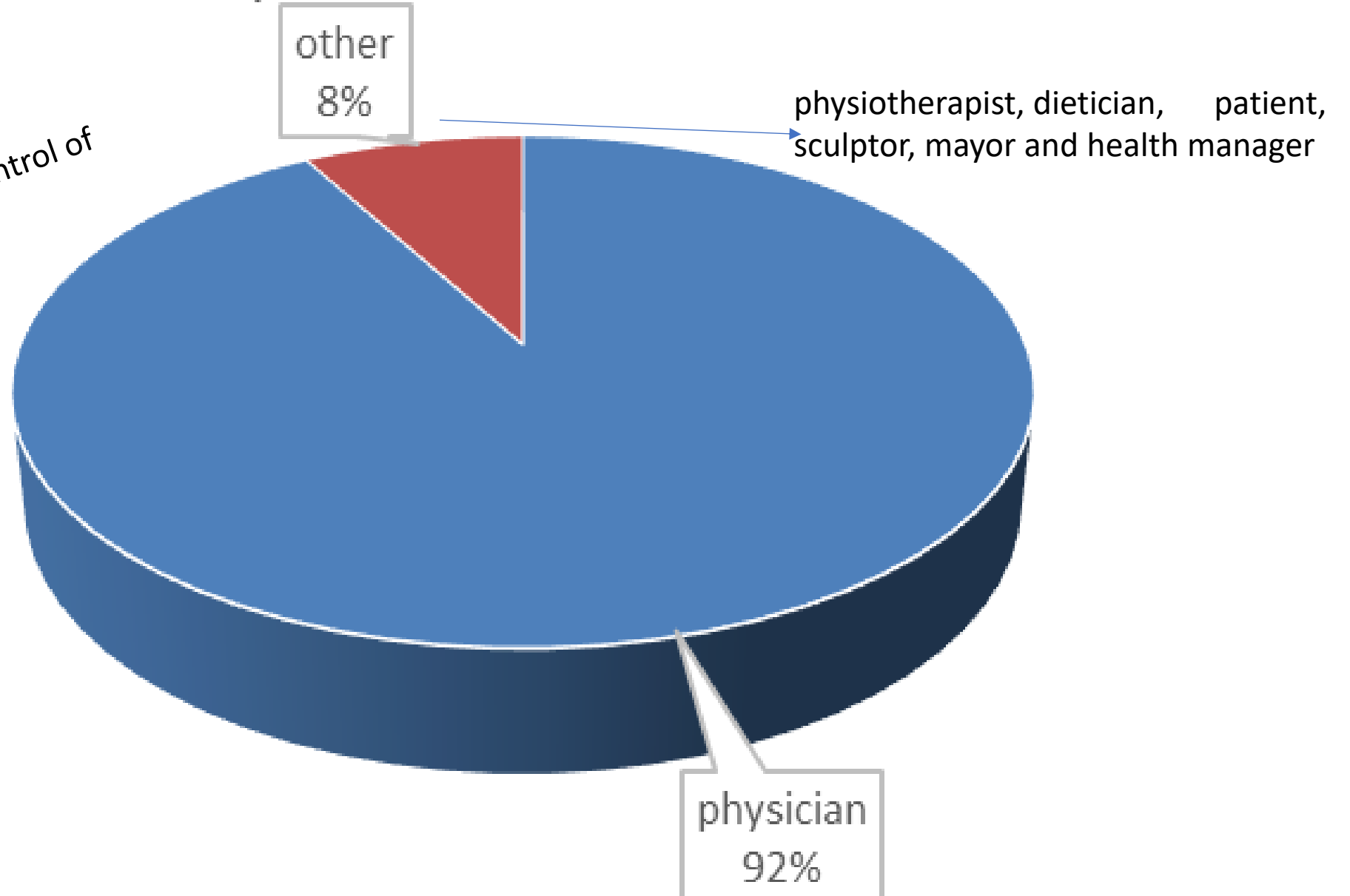


9%

Study Key Findings:

Power discourse

Proportion of attendance



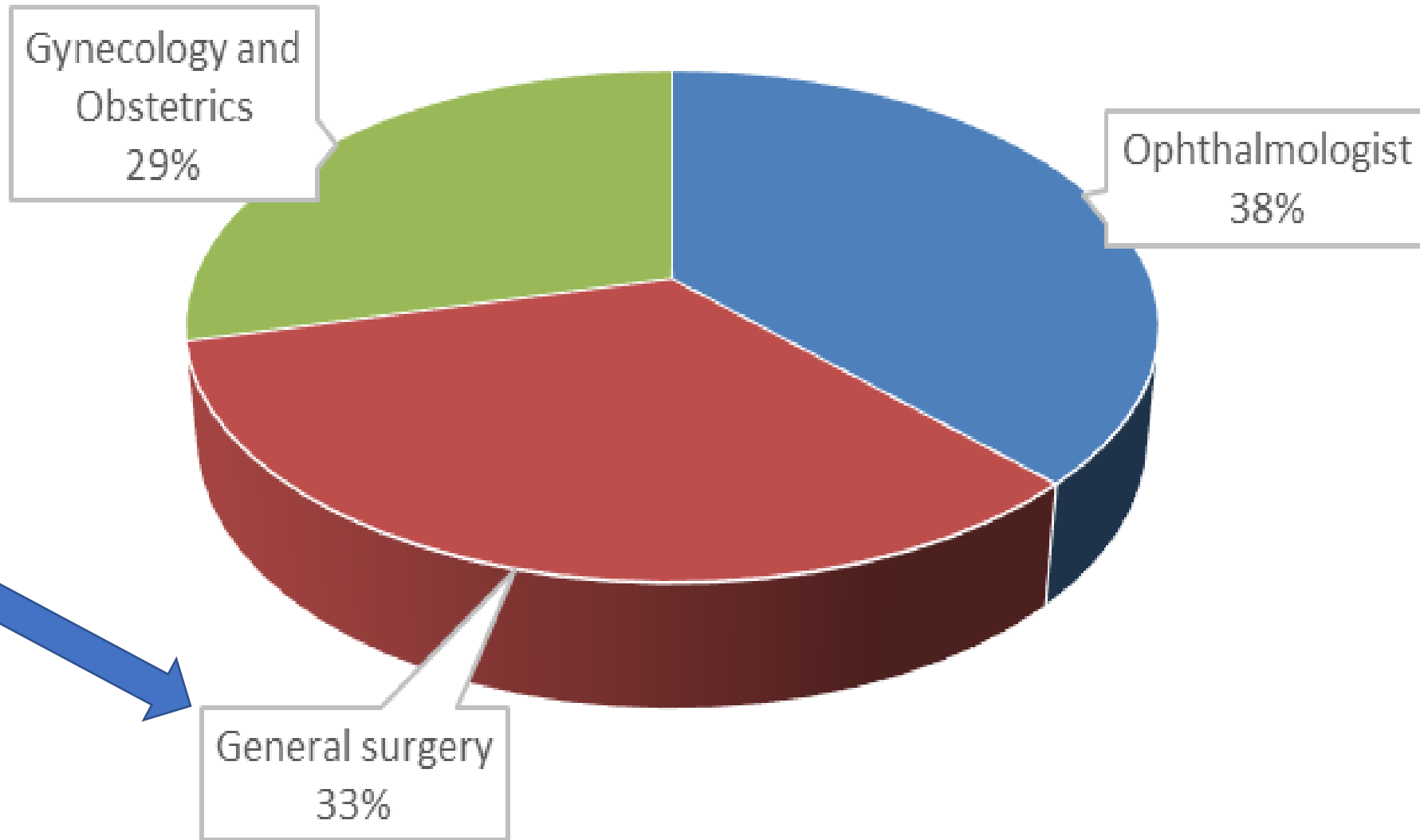
health discourse is under the control of “biomedical discourse”.

Generally, information is given about “new advanced treatment methods” and “medical technology”. Surgical method is presented as the “single solution” for health problems.

Such as

“zygomatic implants”, stomach reduction surgery” “robotic surgery”, surgery solution to obesity”, new generation eye surgeries”, new generation lenses” and “new developments in IVF treatment”

most attending branches



- Ophthalmologist
- General surgery
- Gynecology and Obstetrics

As a result of this sovereignty of physicians, it is ignored that health is a social phenomenon in terms of “body, spiritual and social” aspects

Re/production of power in the context of language use:

Defines facial expression, body language which are visual elements of Fairclough's speech language, in discourse analysis.



Re/production of power in the context of language use

All guests participating in the program are extremely stylish and they wear suits. They are not wearing white coats and have no stethoscope



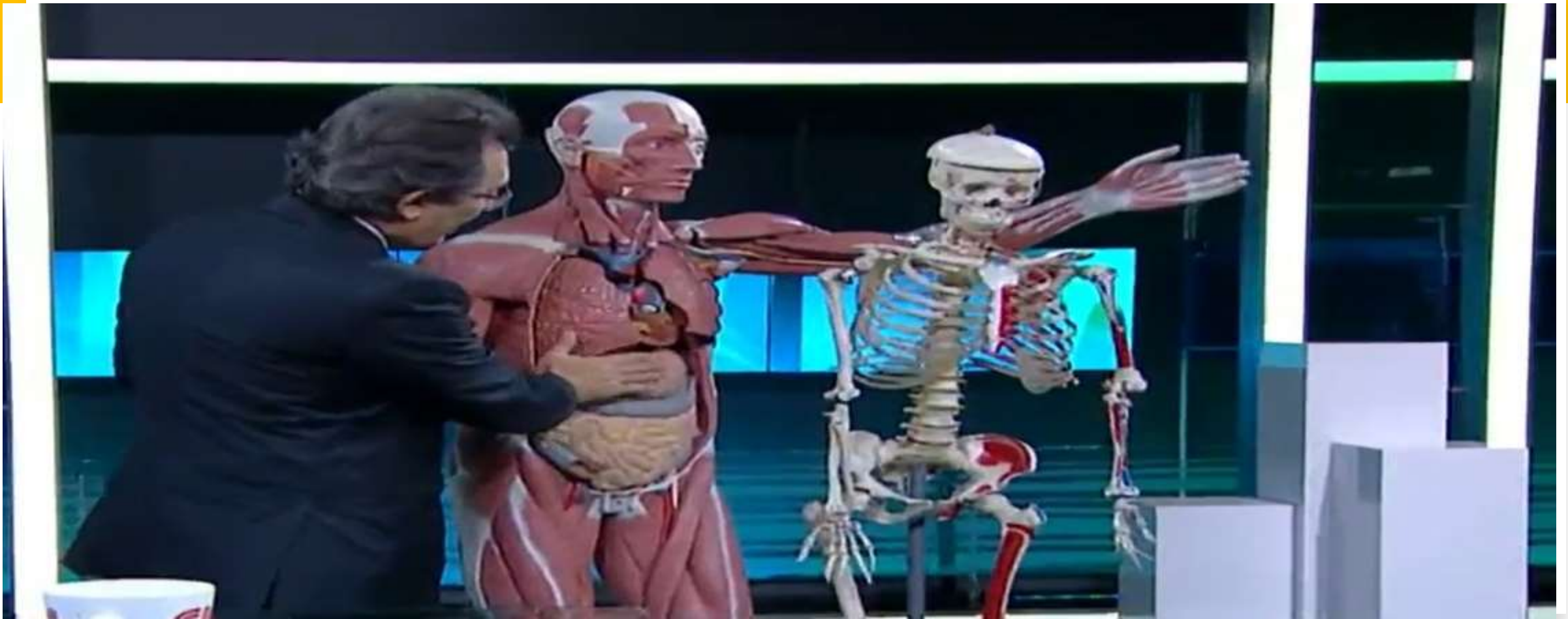
Re/production of power in the context of language use

The guest sitting on the sofa leaning back gives a confident, dominant impression. As if saying “yes I am here but it is not that much easy to reach to me”.



Re/production of power in the context of language use

Sometimes guests sit opposite each other with the presenter or stand up against each other. But there is always a certain distance between them



Re/production of power in the context of language use

In the programs, while explaining the method of treatment the guest uses a model and goes into a lot of details and terminology, as if she/he lecturing medical students in amphitheater .

The announcer is constantly referring to the expert guests as «Professor» (*Hocam*) not by her or his name.

This is an important use of language in Turkey recognizing of authority.

Ignore the social determinations of health and put all the responsibility on the individual:

It has also been repeated that the only cause of COPD disease is "smoking". The perception is that if an individual gives up smoking, there will be no COPD

Environmental pollution caused by the over production of the industry or coal power plants are not mentioned.

Such as

“We know the reason is smoking”

“...smoking in most people, air pollution in some” (*HT Health*, 16th November 2018/Prof. Dr. Yalçın Karakoca)

Smokers are always the responsible, not insufficient health services, for patients who could not be hospitalized and lost their lives. Because there was no vacant bed, because of COPD's patients'

“...in the first place in hospital occupation” (*HT Health, 16th November, 2018/Prof. Dr. Yalçın Karakoca*)

“COPD comes from preventable diseases if smoking is stopped” (*HT Health, 16th November, 2018/Prof. Dr. Yalçın Karakoca*)

About obesity disease treatment only surgical methods are discussed in all of 49 episodes analyzed.

All guests participating in the program about obesity disease are in the surgical branch.

There were no mention of ready-made foods, fast-food, food additives and barriers to access to healthy food.

A perception is created as if obesity disease can heal **only by surgical methods.**

There is no real cause of obesity disease.

Such as

“Obesity surgeries became popular” (*representor*)

“These surgeries prevent cancer and prolong life by ten years.”

"... You will do this surgery to get rid of death." (*Health Check, 21st April 2018/ Prof. Dr. Ahmet Türkçapar*)

All experts participating in the program are the best in their field. If a problem occurs in the treatment, the physician is not responsible for this.

“The patient... must believe” (because he/she didn't believe enough to the treatment)

“... a little bit of unluck”

“...this is fortune” (*Health Check, 16th October 2018/Prof. Dr. Hakan Gürbüz*)

“People who put a burden on the insurance system as a cost should be more logical and more positive” (*Health Check, 16th October 2018/Prof. Dr. Hakan Gürbüz*)

Production of consent in the context of language use:

All the expert guests participating in the programs are given the impression that they are the best in their own field.

The program representors introduce the guest in such announcements;

“An important, expert, experienced physician in his /her own field...”

“I came to your hospital, I saw, there is a very strong team”

“We chose the best and most specialized physician...”

Participating guests also use the "I language"

"I'm the first doctor to realize this, in the World",

"I did the intra-bronchial cleaning"

"I was the first to apply obesity surgery"

While talking about the treatment methods, the participating specialist widely uses the “**language of fear**”.

“...cause to deadly disease, if...”

“...not a cosmetic problem”

The specialist giving information about varicose vein diseases, producing consent by warning audience; is more serious than cosmetic. (*HT Health, 1st November 2018 /Prof. Dr. Semih Barlas*)

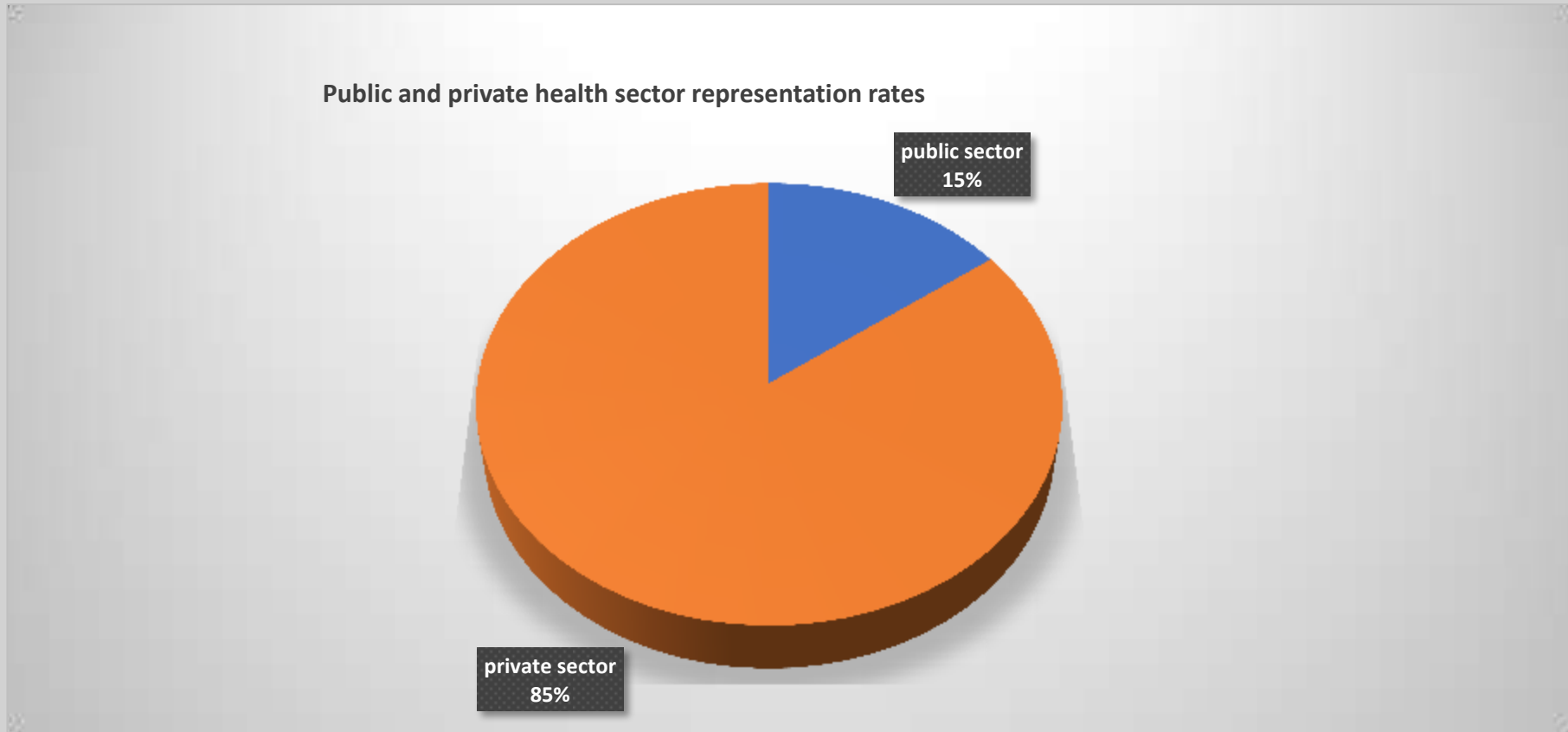
To sum up:

while 5 of the 108 specialist, who attend these programs were internal medicine specialist, there are no public health specialist.

In addition, the clear names of the hospitals represented by the guests participating in the private health sector are presented in the program.

Any issues related to infectious diseases, food safety and health, access to clean water and preventive health related to public health have not been addressed.

From participating guests, only 16 experts are in the public health sector and 92 represents the private health sector.



Almost all the topics that are addressed throughout the programs are subjects that we can call «individual health problems».

For example; knee prostheses, high-tech eye lenses, IVF applications, food health, skin health, heart health, etc.

To finish presentation:

Let me just add the last few things before I finish my presentation.

Ongoing covid-19 pandemic showed that, unlike the discourse of neo-liberal policies, health is a purely social phenomenon, not an individual one

Public health has led to questioning not only individuals but also governments as the reason for their existence.

I hope that these facts provide an opportunity to re-think about how we can establish health communication in the future.

and actions taken in the context of health communication will be restructured in the context of accessing real health information, not creating a market in the **context** of public relations.

Inspired by the concept of Ulrich Beck, health problems are a phenomenon with boomerang effects, especially in the public health.

I believe that covid-19 pandemic made this point very clear for all of us.

Thank you very much for
listening and
stay safe...

