

Study on the Problems and Countermeasures of Health Communication in Rural Areas of Yi Nationality

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Abstract: In recent years, the research on health communication has become the focus of scholars, but few scholars have paid attention to the situation of health communication in rural areas, and few scholars have paid attention to Yi nationality, the sixth largest ethnic group in China, from the perspective of health communication. The rural population, which accounts for the majority of the population, lags far behind the cities in acquiring health communication knowledge, but these groups are more eager to acquire health resources including health information. By outlining the current situation of health information dissemination in rural areas and investigating the health information dissemination in Sihe Village, Liangshan Yi Autonomous Prefecture, this paper explores how to give full play to the advantages of existing communication channels, combine the actual situation in rural areas, carry out health information dissemination activities according to local conditions, and propose solutions to existing problems, with a view to providing thinking and reference for communication practice.

Organization of the Text

1. The Definition of Concept

Health communication is a branch of communication science. In 1990s, the centers for disease control and prevention in the United States began to take health communication as a new work focus, aiming at transmitting health information to the public and changing the bad life behaviors of the public.

In 1994, Everett M Rogers, an American scholar, put forward a definition: "Any type of human communication that involves health is healthy communication." [1] This is also the most widely quoted definition of health communication in academic circles at present. He believes that health communication is a kind of behavior that transforms medical research results into public readable health knowledge, and through the change of attitude and behavior, it aims to reduce the morbidity and mortality of diseases and effectively improve the quality of life and health of a community or country. Health communication research covers a wide range of topics, including disease prevention with AIDS prevention as the leading factor, drug abuse prevention, doctor-patient relationship research, family planning, early detection of cancer, smoking cessation and so on. With the continuous improvement of people's quality of life, people's health has become an important symbol to measure the prosperity of the country and the prosperity of the nation [2]. People's attention to physical and mental health has also increased, which has continuously promoted the deepening and progress of health communication research. The section headings are in boldface capital and lowercase letters. Second level headings are typed as part of the succeeding paragraph (like the subsection heading of this paragraph).

2. Health Status of Residents in Rural Areas of Yi Nationality

Yi people are ethnic minorities distributed in Yunnan, Sichuan, Guizhou and Guangxi provinces, mainly concentrated in Chuxiong, Honghe, Liangshan, Bijie, Liupanshui and Anshun, etc. Liangshan Yi Autonomous Prefecture is the largest gathering area of Yi people in China. According to the sixth national census, the population of Yi people is 8.71 million.

Liangshan prefecture has a high altitude and a dry climate. Because of its backward economic conditions and low educational level, villagers have low requirements on living conditions and lack of attention to environmental sanitation. The villagers are mainly engaged in agricultural manual labor, such as carrying on their backs and shoulders, crops, etc. The problems of lumbar vertebrae, shoulder and neck, rheumatism and other diseases are more prominent. According to the author's understanding, most Yi residents don't eat breakfast or eat less, and their eating habits are extremely irregular. Most people think that one or two meals a day is normal. Yi people often have a higher proportion of bouillon and cold food, and their preference for animal viscera and thick bouillon is quite higher than that in other areas, while the storage and cleaning of food and tableware are more casual [3-5]. Therefore, digestive tract diseases are very common in this area, and related chronic diseases include cardiovascular diseases, diabetes, cancer, and so on.

In addition, due to the influence of traditional cultural customs and concepts, smoking and drinking are more common for Yi people, and the related problems caused by smoking and drinking are also more prominent. Due to religious differences, there are still residents who choose superstitious help instead of seeking medical advice in the face of difficult diseases, in order to overcome the diseases through superstitious activities hosted by Bimo and witches.

In addition, with the improvement of regional economy and the gradual increase of residents' income level, residents' consumption tendency began to tilt towards some consumer goods which are easy to have adverse effects but not necessary, such as cigarettes, beer, liquor, etc. According to the monitoring results of death causes in Liangshan Prefecture in 2015, circulatory system diseases ranked first in the order of death causes, followed by respiratory diseases and digestive system diseases, etc. It can be seen that it is necessary to study how to take effective measures to improve and enhance the status quo of health communication in ethnic minority areas, broaden the channels for residents in ethnic minority areas to obtain health information, and how to optimize and innovate the existing health communication methods, so as to help ethnic minority residents enhance their ability of self-protection, prevention and treatment of diseases.

3. Problems of Health Communication in Rural Areas of Yi Nationality

(1). The professional level of communication subjects is low, and the mode of communication is outdated.

According to hovland's source credibility hypothesis, in general, the higher the credibility of a source, the better its persuasion effect, while the lower the credibility, the weaker its persuasion effect. Therefore, the communicator, as the main body of communication, is an important factor affecting the communication effect. For communicators, good image and professional authority are important prerequisites for enhancing communication effect and gaining villagers' trust. Gary Kreps, a professor at George Me Sen University, also pointed out in the international workshop on "Health Communication and Cancer Information Survey in China" that "there is a contradiction in health communication: those who have the best communication way may not have the best health information, but those who have the best health information may not have the best communication way, so we need to provide high-quality health information for those who have the best way.

Through interviews, the author learned that, in view of some existing conditions of local villagers, government workers indicated that they had taken measures to publicize health information, such as making posters, painting slogans, and holding health knowledge popularization meetings, etc., which helped villagers to further acquire relevant contents of health information and enhance their confidence in healthy life. However, their mobilization ability was often insufficient and the dissemination effect was not significant. In addition, because the current health communication in the

village is some slogan-style and slogan-style communication, it is difficult to really provide the villagers with guidance on health issues and healthy living habits, and it cannot penetrate into residents' lives, which inevitably leads to poor results. Many villagers think that the health information disseminated is not targeted.

However, such opinion leaders only exist in the villagers' network constructed by blood relationship, kinship relationship or neighborhood relationship. As a communication activity in the professional field, it is necessary for specialized institutions or personnel to take on the responsibility of communication [6-8]. Even opinion leaders, because they don't know enough about the professional knowledge in the health field, mislead villagers not to seek professional doctors when they encounter diseases, but to solve problems by superstitious means such as praying for gods. In Sihe Township, the low level of communication subjects is still one of the important factors causing poor communication effect.

(2). The authenticity, pertinence and interest of the communication content are insufficient, which makes it difficult to meet the information needs of the audience.

In Sihe Township, a rural area of Yi nationality, the authenticity of the content is mainly concentrated in the middle-aged and elderly people with low educational level. Because of their age and educational level, they are gradually out of touch with the outside world, and most of the usual information sources are neighbors of the same age. During the interview, the author concluded that the information flow between the middle-aged and elderly people in rural areas is very fast, but the authenticity of the information flow is questionable. One interviewee bought fake health care products for the elderly at home when purchasing materials outside the village, and then found that they were ordinary vitamin C candies. In the process of spreading rural health information, middle-aged and elderly people play the role of main disseminators and information receivers.

In addition to the authenticity of the information, many villagers also think that the health information disseminated cannot attract their attention and attract attention, mainly because it is not targeted and interesting. The lack of interest and closeness of information is also a major reason for the poor communication effect. The transmitted information is not interesting enough to arouse readers' interest in reading. Some propaganda contents are too professional, which makes it difficult for villagers with poor education and water quality to understand. For some ethnic villagers, it is still difficult to accept Chinese, and the complicated professional contents are even more daunting.

(3). Traditional culture influences the formation of audience's correct health concept.

Education level and national traditional culture play an important role in the formation of health concept. When villagers receive and share information, they will be influenced by their own educational background and local cultural customs [9].

With the popularization of compulsory education, the educational situation in rural areas of Yi nationality is improving year by year. There are four primary schools in the countryside, with 1586 students and 69 teachers, with an enrollment rate of 98% and a consolidation rate of 100%. However, on the whole, the education level of Yi residents in rural areas is generally low, especially among middle-aged and elderly people. Folk customs handed down from generation to generation play an important role in these middle-aged and elderly people, and have a great influence on their lifestyle and health cognition. For example, Yi residents have a natural fear of ghosts and gods, and they regularly hold sacrificial ceremonies or other superstitious activities to pray for their clansmen and families. They often choose to hold superstitious activities when they encounter big or small events in their daily life. Among the Yi people, Bimo is a sacrificial teacher who praises, sacrifices and prays for others. Bimo is usually passed down from generation to generation by family, and can grasp culture, master ghosts and gods and guide personnel. Therefore, when Yi people encounter a large number of unexplained natural phenomena, physiological and pathological phenomena, they will choose Bimo to help them solve their problems. In Yi people's culture, diseases and disasters are mostly spirits and ghosts expressing anger and dissatisfaction. Therefore, by offering sacrifices to gods or relying on Bimo to ask more powerful gods to drive away ghosts, diseases can be cured. Bimo culture is flourishing among the Yi people, and there is no family in the township that has never

invited Bimo to preside over the sacrificial activities.

(4). The outdated communication channels and lack of feedback mechanism lead to ineffective communication.

In ethnic minority areas such as Sihe Township, mass communication is one of the main channels for healthy communication. Due to the increasingly frequent communication with the Han nationality and the accumulation of contact with the media such as television and radio, although the Yi people have their own language and writing, their ability to receive the contents of Chinese communication has also improved significantly in recent decades. Except for some elderly people, most young people and children have expressed that they can understand and receive the healthy contents transmitted by TV media. However, according to the investigation, most villagers use TV for entertainment activities, and their daily watching contents are mainly hit TV dramas, variety shows, and news programs, etc. The health knowledge obtained from TV programs is very limited, and even if they are obtained, it is difficult to achieve due to actual conditions. Most of the health knowledge is obtained from news reports, including anti-drug and anti-cancer propaganda, AIDS prevention and control knowledge, etc. Few villagers pay attention to health programs. In addition to television, radio, newspapers and other media are difficult to play a significant role in areas inhabited by ethnic minorities such as Sihe Township, and most villagers have no habit of listening to radio. Newspapers that need the ability to read and write are even more coldly treated in rural areas where the education level is generally not high. It can be seen that in Sihe Township, the old communication channels can no longer satisfy the villagers [10].

It is found that there is a township hospital and three doctors in Sihe Township, and the content of health communication is mainly one-way communication from top to bottom. Relevant institutions failed to include the feedback link in the process of health communication, but only adopted slogans propaganda and posters propaganda according to the common practices in common rural areas, only seeking to transmit information to the countryside, while ignoring the interaction and feedback mechanism with villagers. Under this condition, villagers can only passively become recipients of information. During the author's interview, some villagers pointed out that there were some doubts about the communication contents and health knowledge received, but there was no channel to express them. Under the condition that the villagers could not communicate and express for a long time, most of them chose to turn a blind eye to the health knowledge propaganda activities. At present, China's medical marketization reform and the "dual-track system" of urban and rural medical insurance also make villagers reluctant to seek help from professional doctors when they are ill. However, these existing problems are not understood by communicators because of the lack of feedback mechanism.

4. Strategies for Optimizing Health Communication in Rural Areas of Yi Nationality.

(1). Establish a high-quality communication team and give full play to the positive role of opinion leaders.

To solve the problem of low professional level of health communication team in minority rural areas, on the one hand, it is necessary to establish a team of high-quality health communication talents. And train medical personnel with high professional level and certain communication ability and relevant workers in the health department. Especially, the village doctors and related personnel who come into contact with the villagers most frequently should actively consider ways and means to improve health communication while enriching and expanding their professional knowledge, and carry out information dissemination for different audience groups.

On the other hand, in ethnic minority rural areas, due to underdeveloped economy, low education level, kinship and other reasons, interpersonal communication occupies a very important position in rural areas, and most villagers' daily access to life information is interpersonal communication. Therefore, the role of opinion leaders should not be underestimated. In order to achieve good communication results in rural areas of Yi nationality, it is necessary to combine mass

communication with interpersonal communication. For example, the content of mass communication is first transmitted to opinion leaders, and then transmitted to residents by opinion leaders in the form of interpersonal communication. In the process of information dissemination, through the role of opinion leaders, they resonate and arouse villagers' attention to the content of health communication. Secondly, through joint health departments, schools and other institutions to carry out professional training, including health knowledge and knowledge dissemination, the opinion leaders not only have health literacy, but also have certain media literacy, which can collect, identify, sort out and analyze all kinds of health information, and help to dispel villagers' anxiety and doubts about health problems. In the whole process, opinion leaders become the hub of healthy content transmission, so as to achieve better communication effect.

(2). Pay attention to ethnic closeness and optimize communication content.

For the content of health communication in ethnic minority areas, it can't just be a single slogan and slogan propaganda. First of all, in form, to get rid of the stereotyped traditional propaganda situation, propaganda producers can skillfully use different types of divergent thinking methods to find creativity and produce unique propaganda, instead of being limited to persuading in some old-fashioned ways, so that villagers are more willing to pay attention to it and learn its contents. For example, wall propaganda slogans can be replaced by comic strips to make the characters read.

Secondly, the propaganda content should be organically combined with local knowledge, and the information about the accumulation and experience of health knowledge summarized by the villagers in their long-term production and life should be respected, which is more beneficial for the villagers to receive more health knowledge. Many excellent communication contents and forms in urban areas may not be effective in rural areas. On the premise of fully understanding rural cultural background and residents' habits, we should try to find the most suitable and characteristic health communication contents and methods in rural areas. People-oriented, pay attention to people's observation, pay attention to the closeness of content and national culture, and make villagers happy to accept it.

(3). Attach importance to health education and cultivate correct health concepts.

On the one hand, attach importance to education. Increase investment in local education, spread health knowledge and cultivate healthy behaviors throughout the whole process of primary and secondary education, and gradually narrow the knowledge gap between villagers, between urban and rural areas, and between Tujia and Han areas. In addition, pay attention to the influence of family on individual behavior. As the basic unit of society, family is particularly critical to improve the overall health literacy of society. Everyone is influenced by family environment from birth. Starting from the family, the most basic thing is to pay attention to daily healthy diet, cultivate good living habits, and improve residents' awareness and ability to prevent diseases.

Strengthening the dissemination of health knowledge will help the residents in rural areas of Yi people get rid of their wrong health concept. When they encounter diseases that can be treated by medical means, they will learn to seek the help of modern medical science and technology. On the premise of respecting national culture, they will disseminate it. On the one hand, they will affirm their traditional culture and safeguard the villagers' national self-esteem. On the other hand, they will disseminate health knowledge in the above-mentioned ways to improve the villagers' health awareness.

(4). Broaden the communication path, and short videos help healthy communication.

At present, TV has become popular in rural areas of Yi nationality, and the Internet has also achieved a large area of signal coverage. Local media, such as Liangshan TV Station and Xichang TV Station, including newspapers and other related institutions, should combine the national psychology, cultural characteristics and health status of Yi nationality to produce health science popularization programs and publish popular science articles. Pay attention to the adaptability of health communication, and enhance the practicality, service and interest of the communication content by means of localized and characteristic health communication. It is found that the villagers' degree of receiving and understanding TV image information is much higher than that of written information. According to this characteristic, arranging the forms and channels of communication is of great

benefit to improving the communication effect of health information in rural areas of Yi nationality. For example, photo exhibitions, Yi language TV programs, documentaries and other forms.

In addition to TV, in this survey, the author found that with the increasingly low price of mobile media, lower purchase threshold and lower data flow cost, mobile phones have replaced TV as the longest contact and use medium for rural residents. In 2018, the number of Internet users in China reached more than 800 million, of which the proportion of surfing the Internet by mobile phones was as high as 90%. Even in rural areas, mobile phones have become a very frequently used medium.

Pictures and videos greatly reduce the audience's effort in obtaining information, while the communication content with national characteristics fits the psychology of ethnic compatriots, making them feel closer and more willing to share and spread [5].

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