

Critical Approaches to Development and Health Communication: A Perspective from Latin America

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Introduction

Historically, Latin America has been a fertile ground for participatory and critical approaches in the field of communication (Gumucio-Dragón and Tufte 2006). The conceptual and applied foundations of communication for development and social change in Latin America and globally have been deeply influenced by the thinking and practices of researchers and practitioners in the region, many of whom have challenged dominant paradigms (Beltrán 2014; Gumucio-Dagron 2010). Over time, the communication for development and social change field has evolved toward integrated approaches (Morris 2006; Servaes 2019). This has been driven by several factors that include, on the one side, the persistent need for rapid results through vertical communication methods, an emphasis on behavior change as the primary unit of analysis, and a focus on individual rather than community or structural change, and on the other side, a greater emphasis on a systemic approach to change that encompasses broader societal transformation and the centrality of participation and community engagement (Waisbord 2019).

These trends, in turn, have shaped the evolution of health communication theory and practice in the region (Bruno and Demonte 2015; Obregon 2010), especially through its interaction with established and innovative perspectives on communication for development and social change (Alfaro 2006), and emerging conceptual approaches such as decolonization and southern epistemologies (Herrera et al. 2016; Mignolo 2009). While the history of communication for development and social change in Latin America and its linkages to health communication includes various critiques of dominant paradigms

and documents new approaches that challenge traditional methods, a few studies have attempted to capture these trends in the region in a systematic way (Arroyave and González 2021), and, instead, most accounts rely on unstructured and anecdotal evidence.

This chapter surveys the peer-reviewed literature on health communication in Latin America, with a focus on key concepts including the overarching themes of this handbook: epistemologies and methodologies in health communication and the Global South, decolonizing and redefining health communication, participatory communication, indigenous perspectives on healthcare and health communication, and social justice, activism, and advocacy. We conduct a systematic review of the literature using the PRISMA method (Preferred Reporting Items for Systematic Reviews and Meta-Analysis), known for its rigor in health-related systematic reviews. Our analysis explores how the concepts mentioned above are reflected in the literature over the last 10 years. We examine existing literature in both traditional and non-hegemonic journals using keywords and Boolean search terms. Where possible, we include gray literature and reports related to regional interventions. This analysis is complemented by two brief case studies from the Latin American region in which the authors have been directly involved.

Our chapter not only seeks to identify regional trends but also provides brief critical reflections on policy, research, and practice to advance the field. Additionally, we hope the chapter offers the editors a conceptual framework that enhances a conceptual dialogue between our findings and findings from contributions from other regions, thereby increasing the relevance of the handbook's content.

A Brief Overview of the Evolution of Health Communication in Latin America

The origins of health communication in Latin America and the Caribbean can be traced back to the 1960s, one of the reasons why any historical perspective on the role of communication for health development should start in the region. As the international development enterprise was launched in the region, mass media communication became a central tenet of such an effort. This has been widely documented by several scholars and practitioners.

The most prominent health communication-related efforts in the late 1960s, 1970s, and through the early 1980s focused on the promotion of family planning, followed by substantive undertakings on the promotion of immunization, the prevention of childhood diseases such as diarrhea and malnutrition, and, more broadly, maternal and child health. It was during this period, for instance, that the Mexican television producer Miguel Sabido developed his entertainment-education methodology, which he used to produce soap operas for health and development. There is a rich literature (Gumucio Dagron 2001; Valente et al. 1998) that captures how numerous projects and initiatives—both participatory and behaviorally driven—gradually supported communication-driven strategies focused on health, nutrition, water and sanitation, and other health-related topics in the region (Singhal et al. 2004). The emergence of the HIV/AIDS

epidemic in the 1990s also marked a turning point for health communication in the region, given the critical role that both prevention and the need to combat stigma and discrimination played in combatting this disease. Organizations such as ABIA in Brazil, Puntos de Encuentro in Nicaragua, CISALVA in Colombia, and Calandria in Peru, to name a few of the leading development communication organizations in the region, as well as organizations of people living with HIV, started to heavily engage in health communication-related initiatives (Waisbord and Obregón 2012).

Up until the mid-1990s, health communication in the LAC region had been driven primarily through projects and interventions supported and driven by organizations based in the Global North as well as by international health and development organizations such as the World Health Organization/Pan American Health Organization (WHO/PAHO), United Nations Children's Fund (UNICEF), and other prominent international organizations, such as the Johns Hopkins University's Center for Health Communication Programs and Population Services International (PSI), among others. By the early 2000s, efforts emerged to establish academic training and initiatives that could potentially lead to greater sustainability in the long run. The Pan American Health Organization (PAHO) launched in 1999 the project Comsalud (HealthComm), which brought together academics and researchers from 12 universities across the region to undertake a collaborative research project and to work on the development of health communication curricula (Coe and Obregon 2003).

The Comsalud Project and the subsequent efforts to develop health communication curricula, with the support of the USAID and the Rockefeller Foundation, which also involved leading health and development communication CSOs in the region, constituted the first serious attempt to properly advance health communication as a field of study in the Latin American academe. This initiative led to important regional technical meetings and products. One such product was the health communication competency-based curricula, which built on the Rockefeller Foundation–led debate and framework on communication for social change. These products also served as the basis for the establishment of health communication diplomas and master's programs and/or concentrations not only in Latin America but also in other regions such as Africa.

Amid that process, the historical tensions of development and health communication research and practice in the region have been ever-present: on the one hand, the push to make health communication research and practice more evidence- and theory-driven, per the agenda of international development organizations and donors, with a strong focus on behavior change—especially at the individual level—and on measurable health outcomes, and on the other hand, the historical focus on participatory, community-driven processes of change even in areas such as health with a strong interest in addressing the underlying inequalities and disparities that lead to adverse health outcomes.

Despite those tensions, health communication in the region—both as a field of study and practice—has continued to grow over the years. Arguably, such growth and development have not taken place at the pace that many would have envisioned, but we do believe that its growth, both applied and theoretical, has provided the foundation for further development, especially in a region wherein this area of work has faced significant challenges in finding its niche in a highly biomedical approach to public health.

Conceptual Framework and Methods

While we do not develop a specific conceptual framework for our analysis, we draw on the key questions and concepts that the editors of this volume have put forward (see *Introduction* to the book) with a specific focus on how they have been captured in the peer-reviewed academic literature.

We conducted a descriptive, longitudinal, systematic review based on the PRISMA Statement (Page et al. 2021) over a 10-year period (2010–2024). PRISMA has been widely utilized to conduct meta-analyses, especially in the health-related research. We then constructed the research question using the PICO methodology (P—Problem, I—Intervention, C—Comparison, and O—Outcomes) but considered only the acronyms P I O because there was no comparison. For our analysis, we asked the following: *What are the prevailing epistemologies and methodologies in health communication research and practice in Latin America, and how do they intersect with key themes (from the focus of the book) such as decolonization, participatory communication, indigenous healthcare perspectives, and social justice advocacy?*

For our search, we chose The Web of Science (WoS) and Scopus databases due to their significant impact on scientific research, spanning the study period from 2010 to 2024. The following keywords and combinations were used: “Health communication” AND “Latin America,” “Participatory Communication” OR “Social Change” AND “Health AND Latin America,” “Decolonization” AND “Health Communication” AND “Latin America,” “Indigenous Perspectives” AND “Health” AND “Latin America,” “Social Justice” AND “Health Communication” AND “Latin America,” “Activism” AND “Health Communication” AND “Latin America,” “Epistemologies” AND “Global South” AND “Health” AND Latin America, “Health Communication” AND “Latin America” AND “Reports” AND “Latin America,” and finally “Health Communication” AND “Latin America” AND “Reports” AND “Latin America.” These terms were combined in the search queries, looking for articles in English, Spanish, and Portuguese. Table 1.1 summarizes the output of the Boolean search.

The inclusion criteria were original peer-reviewed articles regarding the main categories of the study of health communication in Latin America listed above, including decolonization, participatory communication, indigenous healthcare perspectives, social justice, and advocacy, while exclusion criteria were review articles, editor’s notes, and other health communication topics. The filters were applied manually, eliminating duplicate articles, followed by a filter by title, to remove those that were not related to the key themes, and then by abstract, to remove those that were not available in full text. Finally, the exclusion criteria were applied to the list of articles, resulting in a total of 12 final texts. Figure 1.1 illustrates the search process according to the PRISMA model.

From a methodological angle, it is also worth noting that while the 3 findings that we introduced below draw primarily on the 12 texts that met the inclusion criteria of the systematic review, we also considered select elements of other articles that even though focused primarily on topics such as health communication campaigns or on interventions such as interpersonal counseling, to name a few, also alluded tangentially to the key questions and concepts that guide this handbook.

Table 1.1 Results from Boolean search.

N.	Boolean search strings	WoS	SCOPUS
1	“Health communication” AND “Latin America”	192	28
2	“Participatory Communication” OR “Social Change” AND “Health” AND “Latin America”	5	28
3	“Decolonization” AND “Health Communication” AND “Latin America”	0	1
4	“Indigenous Perspectives” AND “Health” AND “Latin America”	1	3
5	“Social Justice” AND “Health Communication” AND “Latin America”	2	2
6	“Activism” AND “Health Communication” AND “Latin America”	1	1
7	“Epistemologies” AND “Global South” AND “Health” AND “Latin America”	1	1
8	“Health Communication” AND “Latin America” AND “Reports” AND “Latin America”	3	7
9	“Public Health Interventions” AND “Latin America” AND “Case Studies” AND “Latin America”	0	0
TOTAL		205	71

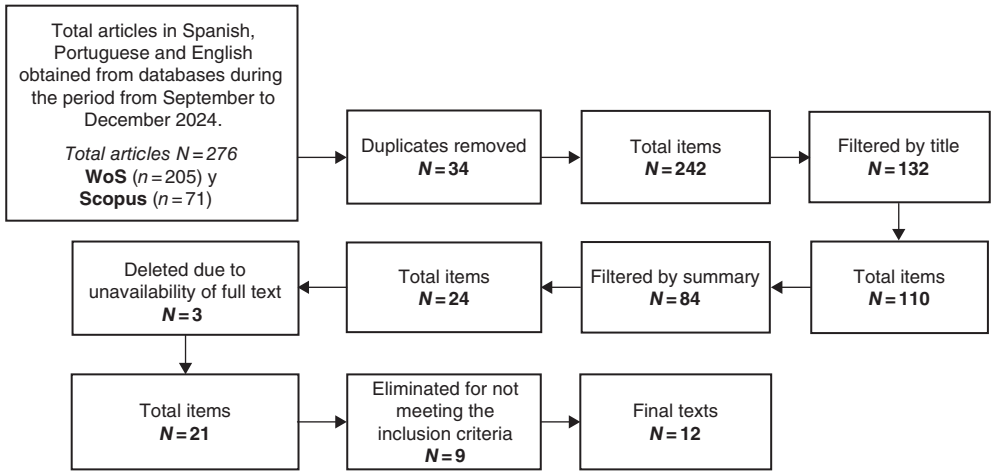


Figure 1.1 PRISMA flow diagram of the literature search and screening process. Records in Spanish, Portuguese, and English were identified through Web of Science (n = 205) and Scopus (n = 71) between September and December 2024 (n = 276). After removing duplicates (n = 34), 242 records remained and were screened by title and summary/abstract, with additional exclusions due to full-text unavailability (n = 3) and failure to meet inclusion criteria (n = 9). The screening process resulted in 12 final texts included in the review.

Findings

In our study, we asked the question: *What are the prevailing epistemologies and methodologies in health communication research and practice in Latin America, and how do they intersect with key themes (from the focus of the book) such as decolonization, participatory communication, indigenous healthcare perspectives, and social justice advocacy?*

Below we put forward three broad findings—communicating structural inequalities; decolonizing and redefining health communication; and community voices and participatory communication for health—that emerged from our analysis and speak directly to the conceptual framework and focus of the book. In addition to providing a rationale for each of these findings, we also summarize relevant studies that illustrate each of these findings.

Communicating Structural Inequalities

The first finding of this systematic review in the region refers to the focus on structural inequalities that are deeply rooted and intersect axes of oppression, including race, ethnicity, gender and inequality, poverty, and discrimination. While structural inequality is not one of the concepts that specifically guide the conceptual framework of the handbook, several authors directly allude to health initiatives that often emerge as responses to these systemic disparities in access to healthcare, revealing a landscape shaped by historical injustices and sociopolitical hierarchies that need to be communicated and made visible. Central to these efforts is the engagement of marginalized communities in advocacy, aiming to transform health systems into mechanisms for equity and empowerment. Different examples illustrate this situation.

In Venezuela, the *Barrio Adentro* program stands out as a state-led health activism initiative aimed at addressing structural health inequalities. As Cooper (2015) explains, this program, launched in 2003 under Hugo Chávez's government, provided free healthcare through Cuban medical professionals and local community health workers (*promotores*), prioritizing historically underserved neighborhoods. Unlike typical community-based programs that often shift health responsibilities to local actors, *Barrio Adentro* reinforced the state's central role in guaranteeing public health. Through collaboration with local health committees, community health workers advocated for equitable access and actively engaged in addressing community needs, despite challenges such as political polarization and limited resources.

Similarly, Hernández and De los Santos (2019) highlight the role of feminist health communication frameworks in addressing systemic violence and reproductive injustices experienced by migrant women at the US–Mexico border. Integrating Chicana feminisms, intersectionality, and reproductive justice, their work exposes issues such as forced sterilizations, family separations, and inadequate healthcare in detention centers. They advocate for activist-driven, intersectional communication strategies that critique systemic injustices while promoting the rights and well-being of marginalized populations. Together, these examples demonstrate how health communication can be mobilized to challenge power structures and advance social justice in the face of entrenched inequities.

The literature highlights the pervasive impact of structural inequalities across health systems in Latin America, deeply rooted in historical injustices and intersecting axes of oppression such as race, ethnicity, gender, and socioeconomic disparities. Initiatives like *Barrio Adentro* in Venezuela and the Equity-LA II project exemplify state-led and community-driven efforts to combat these inequities. Cooper (2015) underscores the

transformative potential of prioritizing community-based models that reframe health as a public good, challenging neoliberal paradigms. Similarly, Hernández and De los Santos (2019) demonstrate the role of feminist and intersectional communication strategies in addressing systemic violence and advocating for the rights of marginalized populations. These cases emphasize the value of participatory communication as a tool for systemic change and empowerment.

As we see, Latin America's critical approaches to development and health communication offer a rich tapestry of strategies for addressing structural health disparities. Moreover, health communication plays a pivotal role in reshaping narratives around structural inequalities. Cooper's work in Venezuela highlights how community health workers challenge neoliberal policies by reclaiming health as a public good. Similarly, Hernández and De los Santos advocate for communication strategies that center the experiences of marginalized groups, amplifying their voices in global health debates. These frameworks demonstrate that addressing health inequalities requires both systemic change and the empowerment of communities to advocate for their rights. The works of Cooper (2015), Hernández and De Los Santos (2019), and Tetelboin et al. (2022) highlight the importance of localized, culturally relevant, and activist-driven approaches in reshaping health communication and addressing global health challenges.

Latin America's contributions to health communication and development extend beyond regional significance, offering globally relevant insights into addressing structural inequalities. By centering marginalized voices, fostering intercultural dialogue, and embracing participatory methods, these frameworks not only challenge dominant paradigms but also pave the way for inclusive, sustainable, and equitable health systems worldwide. These lessons call for an enduring commitment to collaboration, critical introspection, and the integration of diverse epistemologies in reshaping global health communication. The works reviewed offer a comprehensive roadmap for addressing health inequities through decolonial, participatory, and culturally sensitive strategies, ultimately bridging the gap between theory and practice.

Decolonizing and Redefining Health Communication

A second finding relates to decolonization perspectives in health communication in the region, often linked to the need to redefine health communication based on Latin American conceptual frameworks.

Several authors analyzed how health communication in Latin America has historically been shaped by imported frameworks rooted in Eurocentric paradigms (Albardonedo et al. 2020; Day et al. 2020; Feo Istúriz et al. 2023; Sharma and Sam-Agudu 2023). These models, the authors argue, prioritize biomedical, treatment-focused, and often commercialized systems and have reinforced the coloniality of power, sidelining local knowledge and cultural practices and often failing to address the structural determinants of health rooted in colonial legacies (Feo Istúriz et al. 2023). Epistemologies from the Global South challenge dominant biomedical narratives by emphasizing the complex interplay of social, cultural, and environmental determinants of health. In this regard, several positions help enrich the field from a Global South perspective.

Scholars such as Feo Istúriz et al. (2023) argue for the urgent need to decolonize these theories and practices. They propose a transition from hegemonic approaches toward epistemologies rooted in the Global South that prioritize holistic well-being, social justice, and health sovereignty. Decolonizing health communication involves rejecting the notion of health as a commodified service and instead framing it as a socially determined process embedded within broader sociocultural and ecological systems. They advocate for reimagining health systems through a territorial lens, emphasizing the integration of intercultural and plurinational approaches. These systems must prioritize the voices of marginalized communities and recognize the intersectionality of race, gender, class, and environment. By reframing health communication as a tool for liberation, decolonial approaches offer pathways to dismantle inequities and foster a shared vision of collective well-being.

Similarly, Sharma and Sam-Agudu (2023) argue that the Global South must lead global health decolonization efforts and include critical self-reflection on how these regions may perpetuate coloniality within their systems. They emphasize that decolonizing health communication requires dismantling power imbalances that position the Global North as the sole producer of knowledge. At the same time, the Global South must assert its epistemological sovereignty to develop equitable, culturally relevant health systems. Furthermore, they propose frameworks that encourage introspection and foster local agency, ensuring that decolonial efforts address internal inequities alongside external neocolonial influences.

Building on earlier discussions of decolonization in health communication, Azevedo Silva and Soares de Araujo (2020) introduce a compelling framework through the lens of *epistemologias ciganas* (Gypsy epistemologies). This approach challenges the universalist frameworks that dominate health communication by foregrounding cultural specificity and the situated knowledge of marginalized groups. The Brazilian researchers argue that traditional health communication strategies often exclude the cultural narratives and lived realities of communities like the Roma, perpetuating systemic inequalities. They emphasize that by integrating these perspectives into the communication process, it becomes possible to “perceive and hear absent or silenced voices and their repressed demands,” thereby positioning research in communication and health as “an instrument in the struggle against oppression and capitalist, colonialist and heteropatriarchal domination” (p. 344). This inclusive approach fosters better spaces for dialogue and more equitable health contexts, especially when conducted collaboratively and embraced by the Romany people.

The inclusion of decolonial frameworks further strengthens these approaches by reimagining health systems through the lens of local epistemologies and cultural specificity. Scholars such as Feo Istúriz et al. (2023) and Sharma and Sam-Agudu (2023) argue for dismantling power imbalances inherent in the Global North-dominated health paradigms while fostering epistemological sovereignty in the Global South. Lidola and Borges (2017) highlight the challenges of achieving true horizontality in South-South collaborations, calling for ongoing critical engagement with local contexts to address structural inequities. Additionally, Azevedo Silva and Soares de Araujo (2020) enrich this perspective by proposing transformative educational and intercultural approaches that prioritize inclusivity and co-creation with marginalized communities.

Community Voices and Participatory Communication for Health

Participatory communication for health in Latin America represents a critical approach to addressing health challenges, emphasizing the active involvement of communities in decision-making processes. This paradigm shift moves away from unidirectional, top-down models of communication toward inclusive frameworks that prioritize dialogue, collaboration, and empowerment. As Gumucio (2001) highlights, traditional health communication strategies in the region have often relied on mass communication methods that treat communities as passive recipients of information. In contrast, participatory approaches seek to involve communities as co-creators in designing, implementing, and evaluating health interventions.

In Cuba, participatory communication has been at the heart of the nation's primary healthcare system. Hernández et al. (2019) describe how community participation has been integrated as a cornerstone of health initiatives, from the identification of local health challenges to the development and monitoring of solutions. This process is rooted in the belief that health strategies are more effective and sustainable when they reflect the priorities and cultural contexts of the communities they serve. The Cuban model underscores the importance of engaging community leaders, fostering local capacities, and utilizing participatory action research (PAR) methods to ensure that interventions are tailored to specific community needs.

Lidola and Tonaco-Borges (2017) examine the Cuban medical mission in Rio de Janeiro's urban peripheries as a model of South-South cooperation, highlighting its potential to decolonize health systems and reimagine horizontal healthcare practices. The authors explore how Cuban medical professionals implement a participatory and community-oriented approach, fostering trust and dialogue with historically marginalized populations. Unlike hierarchical biomedical models, the Cuban mission emphasizes preventive care and culturally sensitive health practices, addressing the specific needs of underserved communities.

However, Lidola and Tonaco-Borges (2017) also note the challenges of achieving true horizontality in South-South collaborations. Despite the Cuban mission's successes, they observed persistent social and racial inequalities within Brazil that complicated the full integration of Cuban doctors into local healthcare systems. These dynamics underscore the enduring impact of colonial structures, even within initiatives aimed at equity. As the authors stated, "...the question of who—in terms of national, social or racial categories—offers and who receives medical care and humanitarian aid is strongly connected to the respective actors' nationally and globally framed postcolonial positionality" (p. 366). The authors argue that to realize the transformative potential of such collaborations, it is necessary to critically engage with local contexts and work toward dismantling structural inequities that hinder inclusivity.

Participatory communication is not merely a methodological tool, but a process aimed at fostering social transformation and equity in health. Vargas et al. (2020b) provide a compelling example through the Equity-LA II project, which implemented PAR to improve care coordination across healthcare levels in multiple Latin American countries. By engaging healthcare professionals, managers, and community members in joint problem-solving

and decision-making, the project demonstrated how participatory processes could strengthen communication between primary and secondary care providers. This approach improved clinical management, administrative coordination, and the overall trust between stakeholders, offering a replicable model for other regions. As the authors conclude, “The PAR approach, therefore, when applied within a suitable time frame and with sufficient resources, can serve as a valuable component in strategies to improve coordination between care levels, both in the region studied and in other contexts” (p. 14).

In a similar vein, Day et al. (2020) document how the Nahua community in Jalisco, Mexico, navigates the health challenges posed by industrial agriculture. For the Nahua people, health is deeply intertwined with their relationship to the land, emphasizing the cultural and ecological dimensions of well-being. The expansion of industrial agriculture, while providing economic opportunities, has simultaneously disrupted traditional practices, exposed communities to environmental hazards, and threatened long-term sustainability. Day et al. (2020) underscore the importance of integrating Indigenous knowledge systems into health frameworks, advocating for participatory health communication that empowers communities to shape their healthcare systems. This approach contrasts with top-down health policies that often marginalize local voices. By foregrounding Indigenous perspectives, health communication can become a vehicle for addressing historical injustices and fostering resilience in communities disproportionately affected by systemic inequities. Moreover, this study illustrates how limited choices—specifically, the tension between short-term economic gains and the long-term impacts of industrial agriculture—are deeply intertwined with issues of health and well-being. To comprehensively understand the health ramifications of extractive industries, a collaborative research approach grounded in a decolonial perspective is essential. This methodology should be attuned to local health perceptions, recognize land and land-based practices as critical health determinants, and accommodate the inherent contradictions, complexities, and cumulative effects across various levels.

While participatory communication offers significant benefits, its implementation is not without challenges. As Hernández et al. (2019) note, achieving meaningful community participation requires the dismantling of hierarchical structures that often dominate health systems. This involves fostering horizontal relationships, decentralizing decision-making, and ensuring that communities have access to the resources and information needed to take ownership of health initiatives. Moreover, Vargas et al. (2020a,b) highlight the importance of contextual adaptability in participatory approaches. Interventions must be designed with a deep understanding of local realities, including cultural, social, and economic factors. This adaptability ensures that participatory processes remain inclusive and responsive to the diverse needs of communities across Latin America.

Discussion and Recommendations

Based on our findings, we put forward several considerations to further advance health communication in the region with a focus on research, theory, and practice, as well as contributions to the larger body of knowledge on health communication at a global level, especially in line with the conceptual focus of the handbook.

The first consideration is that while academic literature includes an important number of articles that deal with broad health communication topics, few of them do focus on the key concepts discussed in this handbook. It may also be argued that a great deal of discussion driven by the themes prioritized in this handbook may be found in many of the articles that did not meet our inclusion criteria. The limited number of articles, however, does not diminish the value and importance of the three themes we identified in our analysis. On the contrary, put together, these themes arguably provide the foundation for a conceptual framework for health communication research driven by Latin American perspectives.

The second consideration is that health communication theory-building driven by the key themes of the book is not only strongly linked to the history of communication research and practice in Latin America but also remains very much focused on the structural inequalities and disparities that eventually dictate negative health outcomes for the most vulnerable and marginalized. This, in turn, may require that future theory-driven health communication research that draws on decolonial perspectives should have a stronger focus on health outcomes. This will make a more compelling case for the integration of decolonial perspectives, for instance, in health communication practice, especially in a region where, as noted earlier, biomedical approaches remain dominant and where the push of organizations based in the Global North continues to make a strong push for the prevalence of evidence and individual behavior-driven approaches.

Linked to the previous point, our third consideration is that the findings of this systematic review should provide critical inputs for health communication practice, especially to bridge the gap that commonly exists between health communication approaches driven by participatory perspectives and the expectations of the biomedical community. Greater dialogue between academic institutions that have integrated health communication into their programs of study, especially those that draw on critical and decolonial approaches, for instance, and the institutions responsible for public health policy and practice may lead not only to greater opportunities for knowledge sharing but also to the introduction of other approaches that health policymakers and practitioners may benefit from to address current and forthcoming health challenges.

Beyond the results of our analysis and the answer to the question we posed for this systematic review, we also believe that this exercise provides an opportunity for further studies both in the region and beyond. Further studies in the region could consider including the “outcomes” dimension to assess the extent to which nondominant health communication approaches may be linked to health outcomes. Also, using a similar systematic review approach, researchers may conduct similar studies in other regions of the world, which could provide a more comprehensive view of how critical approaches and frameworks are being considered in other parts of the world and foster cross-regional dialogue within the context of health communication globally.

References

- Albardonedo, V., Petracci, M., and García, C. (2020). Desaprender el modelo: aportes desde el campo comunicacional para des-colonizar la academia médica. In: *Comunicación y salud en América Latina: Contribuciones al campo* (ed. M. Petracci and C. García), 332–347. Bellaterra: Barcelona InCom-UAB Edicions.

- Alfaro, R. (2006). *Otra brújula: Innovaciones en comunicación y desarrollo*. Lima, Perú: Asociación de Comunicadores Sociales, Calandria.
- Arroyave, J. and González, R. (2021). Investigación bibliométrica de comunicación en revistas científicas en América Latina (2009-2018). [Communication bibliometric research in Latin American scientific journals (2009-2018)]. *Comunicar: Revista Científica de Comunicación y Educación* 70 (1): 85–96.
- Azevedo Silva, A. and Soares de Araujo, I. (2020). Epistemologias ciganas, interculturalidade e produção social dos sentidos: uma articulação decolonial no campo da comunicação & saúde. In: *Comunicación y salud en América Latina: Contribuciones al campo* (ed. M. Petracci and C. García), 332–347. Bellaterra: Barcelona InCom-UAB Edicions.
- Beltrán, L.R. (2014). *Comunicología de la liberación, desarrollismo y políticas públicas*. Málaga: Luces de Galibo.
- Bruno, D. and Demonte, F. (2015). Comunicación y salud en América Latina. Un panorama de las perspectivas, los itinerarios teórico-prácticos y los desafíos actuales. II Congreso Comunicación/Ciencias Sociales desde América Latina (COMCIS) – I Congreso Comunicación Popular desde América Latina y el Caribe (CCP), Facultad de Periodismo y Comunicación Social – UNLP, septiembre 1-4.
- Coe, G. and Obregon, R. (2003). *Medios y salud: La voz de los adolescentes. Informe Regional*. Washington, DC: Organización panamericana de la Salud.
- Cooper, A. (2015). What does health activism mean in Venezuela's Barrio Adentro program? Understanding community health work in political and cultural context. *Annals of Anthropological Practice* 39: 58–72. <https://doi.org/10.1111/napa.12063>.
- Day, A., Magaña-González, C.R., and Wilson, K. (2020). Examining indigenous perspectives on the health implications of large-scale agriculture in Jalisco, Mexico. *The Canadian Geographer/Le Géographe Canadien* 65: 36–49. <https://doi.org/10.1111/cag.12642>.
- Feo Istúriz, O., Basile, G., and Maizlish, N. (2023). Rethinking and decolonizing theories, policies, and practice of health from the global South. *International Journal of Social Determinants of Health and Health Services* 53 (4): 392–402. <https://doi.org/10.1177/27551938231199325>.
- Gumucio, A. (2001). Comunicación para la salud: El reto de la participación. *Comunicación y Salud* 4 (2): 123–140.
- Gumucio, A. (2010). Cuando el doctor no sabe: Comentarios críticos sobre promoción de la salud, comunicación y participación. *Revista Culturas Contemporáneas* XVI (31): 67–93.
- Gumucio Dagron, A. (2001). *Making Waves: Stories of Participatory Communication for Social Change*. New York: Rockefeller Foundation.
- Gumucio-Dagron, A. and Tufte, T. (2006). *Communication for Social Change Anthology: Historical and Contemporary Readings*. New Jersey: Communication for Social Change Consortium.
- Hernández, L.H. and De Los Santos Upton, S. (2019). Critical health communication methods at the U.S.-mexico border: violence against migrant women and the role of health activism. *Frontiers in Communication* 4: 34. <https://doi.org/10.3389/fcomm.2019.00034>.
- Hernández, L.R., Cruz, B.A., and Orozco, C. (2019). La participación comunitaria como eje de la atención primaria de la salud. *Edumecentro* 11 (1): 218–233.
- Herrera, E., Sierra, F., and del Valle, C. (2016). Hacia una Epistemología del Sur. Decolonialidad del saber-poder informativo y nueva Comunicología Latinoamericana. Una lectura crítica de la mediación desde las culturas indígenas. *Chasqui. Revista Latinoamericana de Comunicación* 131 (Sección Monográfico), pp. 77–105.
- Lidola, M. and Tonaco-Borges, F.T. (2017). Negotiating horizontality in medical South–South cooperation: the Cuban mission in Rio de Janeiro's urban peripheries. *Global Public Health* 13 (3): 355–368. <https://doi.org/10.1080/17441692.2017.1395470>.

- Mignolo, W.D. (2009). Epistemic disobedience, independent thought and decolonial freedom. *Theory, Culture and Society* 26 (7-8): 159–181.
- Morris, N. (2006). Bridging the gap: an examination of diffusion and participatory approaches in development communication. *Communication Theory* 15 (3): 223–238. <https://doi.org/10.1111/j.1468-2885.2005.tb00345.x>.
- Obregon, R. (2010). Un panorama de la investigación, teoría y práctica de la comunicación en salud. *Revista Folios* 23: 13–29. <http://aprendeenlinea.udea.edu.co/revistas/index.php/folios/article/view/11782/10710>.
- Page, M.J., McKenzie, J.E., Bossuyt, P.M. et al. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ (Clinical Research Ed.)* 372: n71. <https://doi.org/10.1136/bmj.n71>.
- Servaes, J. (2019). Chapter 2: communication for development and social change: in search of a new paradigm. In: *Handbook of Communication for Development and Social Change* (ed. J. Servaes), 15–27. Singapore: Springer.
- Sharma, D. and Sam-Agudu, N.A. (2023). Decolonising global health in the global south by the global south: turning the lens inward. *BMJ Global Health* 8 (9): e013696. <https://doi.org/10.1136/bmjgh-2023-013696>.
- Singhal, A., Cody, M.J., Rogers, E.M., and Sabido, M. (2004). *Entertainment-Education and Social Change: History, Research, and Practice*. Mahwah, NJ: Lawrence Erlbaum.
- Tetelboin, C., Iturrieta, D., and Noronha, J. (2022). *Pandemias, desigualdades y prácticas sociales en salud miradas para la transformación de América Latina*. Buenos Aires: CLACSO.
- Valente, T., Paredes, P., and Poppe, P. (1998). Matching the message to the process the relative ordering of knowledge, attitudes, and practices in behavior change research. *Human Communication Research* 24 (3): 366–385.
- Vargas, L., Ramírez, E., and Torres, C. (2020a). Can care coordination across levels be improved through the implementation of participatory action research? *Health Policy and Planning* 35 (8): 1021–1030. <https://doi.org/10.1093/heapol/czaa003>.
- Vargas, I., Eguiguren, P., Mogollón-Pérez, A. et al. (2020b). Can care coordination across levels be improved through the implementation of participatory action research interventions? Outcomes and conditions for sustaining changes in five Latin American countries. *BMC Health Services Research* 20: 941. <https://doi.org/10.1186/s12913-020-05781-7>.
- Waisbord, S. (2019). Chapter 5: family tree of theories, methodologies, and strategies in development communication. In: *Handbook of Communication for Development and Social Change* (ed. J. Servaes), 93–131. Singapore: Springer.
- Waisbord, S. and Obregón, R. (2012). Theoretical divides and convergence in global health communication. In: *The Handbook of Global Health Communication* (ed. R. Obregón and S. Waisbord), 3–20. Malden, MA: Wiley-Blackwell.