Letter

Community Participation and Social Listening

Reza Nemati (iD) [1], Nasim Mirzaei [2], Fatemeh Darabi [3], Arash Ziapour [4,5], Nazila Nejaddadgar [6,*]

[1] Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran
[2] Department of Public Health, Firoozabad Branch, Islamic Azad University, Firoozabad, Iran
[3] Department of Public Health, Asadabad School of Medical Sciences, Asadabad, Iran
[4] Cardiovascular Research Center, Health Policy and Promotion Institute, Kermanshah University of Medical Sciences, Kermanshah, Iran
[5] Department of Psychology, School of Humanities, Education and Social Sciences, Khazar University, Baku, Azerbaijan
[6] Social Determinants of Health Research Center, Ardabil University of Medical Sciences, Ardabil, Iran

*Corresponding Author: Social Determinants of Health Research Center, Ardabil University of Medical Sciences, Ardabil, Iran. Email: naziladadgar60@gmail.com

Dear Editor,

Community participation is essential for the success of health-oriented interventions. In practical terms, participation involves working with the people, by the people, and for the people. Engaging communities in identifying health needs and related factors, as well as choosing intervention types and methods, fosters trust in the health system. This trust, in turn, enhances interaction, encourages information sharing, and promotes health literacy (1).

The World Health Organization (WHO) defines community participation as "the process of developing relationships that enable stakeholders to work together to address health-related issues and promote well-being to achieve positive health effects and outcomes." Community participation facilitates changes in behaviors, environments, policies, programs, and practices within communities, offering an unparalleled approach compared to other methods (2).

The Alma-Ata International Conference (1978) identified people's participation as a cornerstone of societal health policies, recommending health education as the starting point for collaborative activities involving local community members in designing and decision-making processes for health programs (3). Similarly, the Ottawa Charter (1986) introduced a new health education approach centered on people's participation and social listening—amplifying the voices of the community. The level of community involvement in government health programs was highlighted as a critical indicator for evaluating societal development and progress (4).

Health needs assessment serves as a key platform for fostering community participation. Assessing and identifying needs plays a crucial role in shaping social and health services. Understanding the needs of the target audience is a fundamental principle that determines the type of services required by the community. This process relies on social listening and community involvement. Without recognizing the real needs of the people and effectively communicating with them, there is often a gap between actual needs and planners' perceptions. This disconnect erodes trust, undermines health interventions, and can lead to failures in healthcare delivery, especially during critical situations (5).

During a crisis or pandemic, public opinion is inundated with a constant flow of information—ranging from news, instructions, notifications, and infographics to research, opinions, rumors, superstitions, and outright falsehoods. This deluge of changing information often leads to confusion. Without clear, scientific, and two-way communication with society, many individuals struggle to determine what to believe, which sources to trust, how to adapt to updated scientific findings, and what behaviors to adopt. In such situations, social listening and effective communication with the audience, combined with the active participation of the target group, can play a vital role. These approaches not only help identify the needs of the audience but also expose false beliefs—whether in the form of rumors or misinformation—that hinder the formation or continuation of health-promoting behaviors (6).

The emergence and persistence of incorrect health beliefs is a global challenge and not a new phenomenon. For instance, in the late 1990s, a non-scientific study falsely claimed that measles, rubella, and mumps vaccines caused autism. Even after this claim was thoroughly debunked, vaccination rates in some countries continued to decline for two decades. This ultimately led to outbreaks of measles in subsequent years, marking the failure of public health plans and a waste of valuable resources (6). Such critical issues cannot be effectively addressed without engaging communities through social listening. By hearing the opinions and ideas of the public and identifying obstacles and misconceptions, native and user-friendly solutions can be discovered. These insights are invaluable for policymakers and planners aiming to design effective health interventions (5).

People-centered or participatory approaches create an advisory space for influential individuals, experts, health volunteers, and other stakeholders. This is highly valuable for policymakers and planners who aim to implement effective and cost-efficient actions (6). In some instances, societal priorities may differ from those of experts, especially those who are not familiar with the community's realities. Interventions designed and implemented through a top-down approach, with limited understanding of cultural and social contexts or health needs, can exacerbate existing inequalities or even cause harm. For example, during the early stages of the COVID-19 pandemic, measures such as quarantine and isolation led to an increase in gender-based violence and violence against children. If public education at that time had been aligned with social listening and community needs, it could have been more effective (7).

A critical factor in persuading people to adopt a health behavior is presenting that behavior as valuable and important while clearly communicating its essential aspects. When a behavior is perceived as valuable, people develop a positive attitude and are more willing to adopt it. However, turning this desire into action requires identifying and addressing barriers —information that can be gathered through social listening and public participation. This process aligns with the principles of social marketing (8).

Marketing is not only a tool for training and implementation but also a strategic approach to behavior change (9). The key question for business marketers is: "What can we do to encourage people to buy our products?" To answer this, they use business marketing principles such as exchange theory, consumer orientation, competition analysis, audience segmentation, and the marketing mix. These principles

ensure that their products are attractive, affordable, and accessible. Similarly, health and health behaviors can be viewed as commodities in the market. People often incur tangible and intangible costs to "purchase" health products, services, or behaviors. Therefore, health professionals must understand marketing concepts and design programs that promote health products and encourage behavior change, a process that inherently requires collaboration with the public.

In other words, an essential aspect of health services that enhances health literacy is community participation, which is facilitated through social listening. Thus, participatory approaches should be prioritized in the interventions and health initiatives of policymakers and healthcare providers (10).

Footnotes

References

1. Nejhaddadgar N, Darabi F. [Media literacy and health information epidemic]. *Payesh (Health Monitor) J*. 2023;**22**(3):355-8. FA. https://doi.org/10.61186/payesh.22.3.355.

2. Head BW. Community Engagement: Participation on Whose Terms? *Australian J Political Sci*. 2007;**42**(3):441-54. https://doi.org/10.1080/10361140701513570.

3. Kulembekova LA, Kosherbaeva LK, Toleugali SY, Tolganbaeva KA, Tolepbek DM. Experience of foreign countries in involving the population or patients in the process of assessing health technologies. *Sci Healthcare*. 2021;**23**(4):98-106.

4. Saadati F, Nadrian H, Golkar MH, Taghdisi MH, Gilani N, Ghassab-Abdollahi N, et al. Indices and Indicators Developed to Evaluate the "Strengthening Community Actions" Mechanism of the Ottawa Charter for Health Promotion: A Scoping Review. *Am J Health Promot*. 2022;**36**(5):881-93. [PubMed ID: 35081768]. https://doi.org/10.1177/08901171211069130.

5. Yingling LR, Brooks AT, Wallen GR, Peters-Lawrence M, McClurkin M, Cooper-McCann R, et al. Community Engagement to Optimize the Use of Web-Based and Wearable Technology in a Cardiovascular Health and Needs Assessment Study: A Mixed Methods Approach. *JMIR Mhealth Uhealth*. 2016;**4**(2). e38. [PubMed ID: 27113680]. [PubMed Central ID: PMC4861844]. https://doi.org/10.2196/mhealth.4489.

6. Ziapour A, Malekzadeh R, Darabi F, Yildirim M, Montazeri N, Kianipour N, et al. The role of social media literacy in infodemic management: a systematic review. *Front Digit Health*. 2024;**6**:1277499. [PubMed ID: 38419808]. [PubMed Central ID: PMC10899688]. https://doi.org/10.3389/fdgth.2024.1277499.

7. NeJhaddadgar N, Toghroli R, Yoosefi Lebni J, A. Melca I, Ziapour A. Exploring the Barriers in Maintaining the Health Guidelines Amid the COVID-19 Pandemic: A Qualitative Study Approach. *Inquiry*. 2022;**59**:469580221100348. [PubMed ID: 35611718]. [PubMed Central ID: PMC9133901]. https://doi.org/10.1177/00469580221100348.

8. Maibach EW, Rothschild ML, Novelli WD. Social Marketing. In: Glanz K, Rimer BK, Lewis FM, editors. *Health Behavior and Helth Education: Theory, Research and Practice*. San Francisco: Health Behavior and Helth Education, Jossey-Boss; 2002.

9. Hastings G, Domegan C. *Social Marketing: Rebels with a Cause*. Milton Park, Abingdon: Taylor & Francis; 2017.

10. Truong VD. Social marketing: A systematic review of research 1998-2012. *Soc Marketing Quarterly*. 2014;**20**(1):15-34. https://doi.org/10.1177/1524500413517666.