**RETHINKING HEALTH COMMUNICATION TO ADDRESS SOCIAL-CONTEXTUAL BARRIERS TO MALARIA CONTROL IN UGANDA**

**Abstract**

The soaring levels of malaria in some Sub-Saharan African countries have raised concern about the need for effective interventions to promote prevention and treatment of this epidemic. Health communication, the practice of disseminating information to avert health problems, has for long been touted as an important tool in malaria control. However, the ever-increasing malaria death toll, in spite of extensive public knowledge about this disease, its prevention and treatment, indicates that there could be an over-emphasis on information dissemination, at the expense of addressing contextual barriers to malaria control. Researchers now propose a re-orientation of health communication research towards focusing on the social contexts of malaria control.

A key issue that is prevalent in the literature is the emphasis on isolated social-contextual issues, specifically socio-economic and cultural challenges, rather than the broader range of underlying barriers that constrain the use of available malaria prevention and treatment techniques. This study was, therefore, motivated by the need to improve capacity for malaria control through exploring the policy and practice of health communication and their relation to addressing social contextual barriers to malaria control in Uganda. Drawing on the models of social ecology, participatory communication and empowerment, this study sought to obtain a better understanding of the capacity of health communication to address the social-contextual barriers to malaria control. It drew on empirical evidence based on a qualitative case study involving two selected Ugandan districts. The material was collected using participant observation, focus group discussions and respondent interviews with selected actors involved in malaria control. The study also comprised a policy analysis of selected malaria control policy documents.

The findings show that the ability of individuals and communities to undertake prevention and treatment of malaria was contingent on communication strategies that could facilitate community participation, social support, empowerment, inter-sectoral collaboration and partnerships. When this was not possible, there was limited or no opportunity at all for individuals and communities to disentangle from underlying barriers to malaria control, including gender inequalities, socio-economic constraints and inadequate and poor quality healthcare. The conclusion from this study is that there is clearly a need for wider use of communication strategies that disseminate information, promote community participation and facilitate empowerment, as well as focus on multiple levels and issues affecting malaria control.