Science, Education and Innovations in the Context of Modern Problems

Issue 1, Vol. 9, 2026

RESEARCH ARTICLE

Health Social Communication between Theoretical Models and Realistic Approaches.

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Issue web link	https://imcra-az.org/archive/389-science-education-and-innovations-in-the-context-of-modern-problems-issue-1-vol-9-2026.html	
Keywords	Social communication, health communication, theoretical models, realistic approaches, media campaigns	

Abstract

This study deals with the significant discrepancies between the theoretical writings or manifestations of the philosophy of practicing health social communication and the social issues it encompasses, with health problems being the most critical. It examines the realistic approaches that provide a clear picture of these practices. The research presents the main theoretical models or paradigms of health social communication that outline how to formulate or construct awareness campaigns within the framework of health social communication. In addition, it clarifies the reality of these awareness campaigns in Algeria, highlighting the major shortcomings they have faced since their inception and continue to encounter despite the passage of years. The study of health social communication is one of the most important areas of research in media and communication studies. It seeks to understand the mechanisms by which individuals and groups interact with health information and how this interaction influences their behaviour and the health of their communities. At the heart of this research area is the intersection of two main cognitive patterns: theoretical models and realist approaches.

Theoretical models focus on the development of abstract theories and concepts that attempt to explain phenomena related to health communication. These theories aim to construct comprehensive conceptual models to clarify the factors that influence the adoption of health behaviours and how to design effective health messages.

Introduction

Health social communication constitutes one of the most significant areas of inquiry within media and communication studies, as it seeks to understand the mechanisms through which individuals and social groups engage with health-related information and how such engagement shapes behavioural patterns and collective health outcomes. This field is situated at the intersection of communication theory, social sciences, and public health, focusing on the ways in which information, meanings, and values related to health are produced, transmitted, and interpreted within society (Rimal & Lapinski, 2009). Central to the study of health social communication is the tension between **theoretical models** and **realistic (empirical) approaches**. Theoretical models emphasize the construction of abstract frameworks designed to explain health

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communication phenomena and predict behavioural change. These models aim to identify the determinants of health-related decision-making and to guide the design of effective health messages and interventions (Glanz, Rimer, & Viswanath, 2015). In contrast, realist approaches prioritize the analysis of health communication practices as they unfold in real-life social contexts, emphasizing how individuals interact with health messages in their everyday environments and how social, cultural, and economic conditions shape these interactions (Kreuter & McClure, 2004).

Problem Definition

Health social communication represents the core concept of this research. It refers to the dynamic process through which health-related information, ideas, and opinions are exchanged among individuals and groups within a given society. This process is influenced by multiple interrelated factors, including the content and framing of health messages, the communication channels employed, audience characteristics, and the broader social and cultural context (Nutbeam, 2000).

The significance of health social communication lies in its direct impact on individual health behaviours and, consequently, on public health outcomes. It extends beyond the mere transmission of biomedical knowledge related to disease prevention and treatment, encompassing the sharing of lived experiences, the construction of social support networks, and the negotiation of values and beliefs that influence health-related decisions (Airhihenbuwa, 1995). Through these processes, health social communication plays a decisive role in shaping perceptions of health and illness and in guiding behavioural choices that affect both individual and collective well-being.

Theoretical Models and Realistic Approaches in Health Social Communication

Theoretical models serve as essential tools for interpreting health communication phenomena by offering structured explanations of the factors that influence health behaviour adoption. These models simplify complex social processes and provide conceptual frameworks that support scientific inquiry and the development of health interventions. Among the most influential models in this domain are **social cognitive theory**, **communication theory**, and **social exchange theory**, all of which highlight different dimensions of behaviour change, message processing, and interpersonal influence (Bandura, 2004; McQuail, 2010).

Conversely, realist approaches focus on examining health communication within its natural social context. These approaches emphasize qualitative and interpretive methods—such as participant observation, in-depth interviews, and discourse analysis—to capture the lived experiences of individuals and the contextual factors that shape communication practices. By doing so, realist studies reveal the cultural meanings, power relations, and structural constraints that influence how health messages are received and acted upon (Denzin & Lincoln, 2018).

The Cognitive Challenge: Bridging Theory and Reality

A central challenge addressed in this study is the integration of theoretical models and realistic approaches. While theoretical frameworks seek to establish general principles and explanatory laws, realist approaches emphasize contextual specificity and social complexity. Bridging these perspectives is essential for developing theories that are both analytically robust and empirically grounded (Green & Tones, 2010).

On the one hand, health communication theories must be anchored in social reality to remain relevant and capable of explaining contemporary phenomena. On the other hand, empirical studies grounded in real-world contexts require theoretical lenses to interpret findings and enhance their explanatory power. This reciprocal relationship is not mechanical but requires continuous refinement of theoretical assumptions in light of empirical evidence. Achieving this balance between abstraction and contextualization is crucial for advancing health social communication as a scientific field.

Research Problem and Questions

Beyond highlighting the relationship between theory and practice, this study explores the cognitive foundations that guide research in health social communication. Several key questions emerge:

- Should health communication research adopt a **functional perspective**, emphasizing message efficiency and transmission, or an **interactive perspective**, focusing on meaning-making within social and cultural contexts?
- Should research concentrate primarily on **cognitive dimensions** such as knowledge and beliefs, or should **emotional and behavioural dimensions** be equally integrated?

These questions underscore the complexity of health social communication and point toward new research trajectories that integrate cognitive, emotional, and behavioural components within broader social frameworks.

Main Research Question

Based on the preceding discussion, the main research question guiding this study is:

Where does the health social communication system stand between theoretical models and realistic approaches?

Sub-questions

1. How do theoretical paradigms of health social communication contribute to defining its cognitive identity?

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2. What strategies characterize the practical implementation of health social communication?
3. To what extent is health social communication effectively applied within media-based awareness campaigns?
4. What future perspectives can be identified for the cognitive foundations of health social communication?

Structure of the Research

To address these questions, the study is organized into six main sections:

1. Theoretical and conceptual introduction
2. Research methodology
3. Theoretical paradigms of health social communication
4. Realistic strategies of health social communication in Algeria
5. Health social communication in practice within media awareness campaigns
6. Future perspectives on cognitive paradigms in health social communication

Conceptual Foundations

The Concept of Social Communication

Social communication has been described as a fundamental mechanism for influencing opinions, modifying behaviours, and shaping collective attitudes through everyday communicative practices related to human life (Le Net, as cited in McQuail, 2010). It functions as a central process through which meanings are constructed and social change is facilitated.

The Concept of Health Communication

Health communication is defined as a specialized form of communication concerned with health and medical issues, targeting both professionals and the general public through various media channels. Its primary objective is to disseminate accurate and accessible health information in order to enhance health literacy, promote preventive practices, and encourage positive behavioural change (Touhami, as cited in Schiavo, 2014).

The Concept of Theoretical Models

A theoretical model refers to a coherent system of interrelated concepts and assumptions designed to explain specific phenomena. In the context of health social communication, models provide structured interpretations of how individuals adopt health-related behaviours and how communication influences such adoption. These models serve as essential analytical tools for understanding, predicting, and improving health communication practices (Glanz et al., 2015).

2.1 Study Perspective

Contemporary interpretive theory provides a robust analytical framework for understanding health social communication by focusing on the meanings that individuals and social groups construct around health, illness, and preventive practices. Rather than treating communication as a neutral transmission of information, this perspective emphasizes meaning-making processes and the ways in which social, cultural, and symbolic contexts shape health-related behaviour (Denzin, 2001; Schiavo, 2014).

Applying contemporary interpretive theory to the relationship between theoretical models and realist approaches in health communication allows for a deeper understanding of how abstract frameworks interact with lived social realities. This perspective highlights that health communication practices cannot be fully understood without considering how individuals interpret messages based on their experiences, beliefs, and cultural backgrounds.

Contemporary Interpretive Theory and Health Social Communication

Contemporary interpretive theory offers several key concepts that are particularly relevant to the analysis of health social communication:

- **Social construction of knowledge:** Knowledge is not a neutral reflection of reality but is socially constructed through interaction. Meanings related to health and illness therefore differ across cultures, social groups, and historical contexts (Berger & Luckmann, 1966).
- **Interpretation:** Interpretation is an active cognitive and social process through which individuals assign meaning to symbols, messages, and signs. In health communication, individuals interpret messages in light of prior experiences, values, and belief systems (Blumer, 1969).
- **Contextuality:** Interpretive approaches emphasize the centrality of social, cultural, and institutional contexts in shaping how health information is perceived and acted upon. Health meanings are embedded in everyday life and social relations rather than existing independently of them (Airhihenbuwa, 1995).

Applying Interpretive Theory to the Relationship Between Theory and Practice

When interpretive theory is applied to the relationship between theoretical models and realist approaches in health communication, several insights emerge:

1. **Theoretical models as interpretations**

   Interpretive theory views theoretical models as interpretative constructions rather than objective representations of reality. Each model highlights certain dimensions of health communication while

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marginalizing others. Consequently, these models should be treated as heuristic tools that aid understanding, not as definitive explanations.

2. **Realist approaches and interpretive mediation**
   Realist approaches enrich theoretical models by revealing how individuals construct meaning in everyday contexts. However, the data generated through realist methods are themselves subject to interpretation by researchers, meaning that findings are never entirely neutral or free from theoretical assumptions.

3. **Linking theory and reality**
   Bridging theoretical models and realist approaches is not a mechanical process but an ongoing interpretive effort. Researchers must account for cultural and social contexts while remaining reflexive about their own analytical frameworks. This interpretive linkage enhances both the empirical relevance of theory and the explanatory power of practice-based research (Green & Tones, 2010).

Cognitive Foundations and Dimensions

Interpretive theory provides a coherent framework for understanding the cognitive dimensions that guide health social communication research. It emphasizes:

- **Meaning-centered analysis**, prioritizing how individuals understand health and illness rather than relying solely on quantitative indicators;
- **Context-sensitive inquiry**, recognizing that health communication occurs within specific cultural and social environments;
- **Participant-oriented research**, encouraging collaboration with research participants and attentiveness to their lived experiences.

Through this lens, contemporary interpretive theory contributes significantly to explaining how health meanings are constructed and how these meanings shape behaviour. Its application to health social communication opens new directions for research that integrate theory, context, and lived experience.

3. Theoretical Paradigms of Health Social Communication
3.1 The Health Belief Model (HBM)

The Health Belief Model (HBM) was developed to explain and predict health-related behaviour by focusing on individual perceptions of health threats and preventive actions. According to the model, an individual's likelihood of engaging in preventive behaviour depends on two primary components: perceived threat and the evaluation of benefits versus barriers (Rosenstock, 1974; Becker, 1978).

Perceived threat consists of two elements: perceived susceptibility (the individual's belief about the likelihood of experiencing a health problem) and perceived severity (beliefs about the seriousness of its consequences). These perceptions are shaped by demographic variables, personal experiences, media exposure, family history, and awareness of symptoms.

The second component involves weighing perceived benefits (e.g., reduced risk, improved well-being) against perceived barriers, which may include financial costs, time constraints, fear, or psychological discomfort. Preventive behaviour is most likely when individuals perceive themselves as vulnerable to a serious health threat and believe that the benefits of action outweigh the barriers.

The HBM has been widely applied in health communication and social marketing campaigns to explain variations in health behaviour and to design persuasive interventions. It is particularly relevant for preventive campaigns addressing behaviours such as smoking cessation, vaccination, screening, and lifestyle modification. The model is commonly applied in three contexts:

1. Encouraging adherence to treatment regimens,
2. Promoting the use of health services,
3. Supporting voluntary adoption of preventive behaviours.

3.2 The Hierarchy of Communication Effects Model

The Hierarchy of Communication Effects model conceptualizes social communication as a gradual, stepwise process in which persuasive influence unfolds through successive stages. Developed by Rice and Atkin (1989), the model emphasizes that communication effects are cumulative rather than immediate.

According to this framework, communication campaigns progress through three main stages:

- **Cognitive stage (awareness and knowledge):** Individuals become aware of an issue and acquire basic information that shapes their understanding.
- **Affective stage (attitudes and emotions):** Cognitive processing gives rise to emotional responses and evaluative attitudes toward the issue.
- **Behavioural stage (action):** Attitudes and emotions ultimately translate into behavioural intentions and actions.

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This model underscores the importance of designing phased communication strategies that move audiences from awareness to action. It is particularly useful for evaluating media campaigns that rely on surveys and feedback mechanisms to assess impact at each stage of influence.

3.3 The Behaviour Change (Stages of Change) Model

The Stages of Change Model—also known as the Transtheoretical Model—was developed by Prochaska and DiClemente (1982) to explain how individuals modify addictive behaviours, particularly smoking. The model conceptualizes behaviour change as a dynamic and cyclical process rather than a single event.

Individuals progress through a series of stages, including precontemplation, contemplation, preparation, action, and maintenance. Movement through these stages depends on motivation, readiness, and external support. Interventions are most effective when they are tailored to an individual's current stage of change.

This model has been widely applied in health social communication campaigns addressing substance abuse, physical activity, dietary change, and risk reduction. It enables campaign designers to select appropriate strategies that correspond to audience readiness, thereby increasing the likelihood of sustained behavioural change.

3.4 Theory of Rational Behaviour (Theory of Planned Behavior)

The **Theory of Rational Behaviour**, later developed into the **Theory of Planned Behavior (TPB)**, shifts analytical focus from observable behaviour itself to the **intentions that precede behaviour**. According to this theoretical framework, behavioural intention is determined by three interrelated components: **attitudes toward the behaviour**, **subjective norms**, and **perceived behavioural control** (Ajzen, 1991).

Attitudes toward behaviour are shaped by **personal beliefs** concerning the expected outcomes of a given action and the evaluation of those outcomes as positive or negative. Subjective norms, in contrast, are based on **normative beliefs** related to perceived social expectations from significant others or reference groups, such as family members, peers, or professional communities. These norms influence individuals' willingness to conform to socially approved behaviours.

Ajzen later incorporated **perceived behavioural control**, which refers to an individual's belief in their capacity to perform a specific behaviour. This concept is closely related to **Bandura's notion of self-efficacy**, which emphasizes that behaviour change requires not only awareness of benefits but also confidence in one's ability to act (Bandura, 1997). For example, an individual may recognize the health risks associated with smoking, yet fail to quit unless they believe they possess the psychological and practical resources necessary to overcome addiction.

The theory assumes that individuals make health-related decisions through a **rational evaluation of available information**, linking beliefs and attitudes to actual behaviour through the mediating role of intention. From a health communication perspective, this highlights the importance of understanding audience intentions in order to predict behavioural outcomes and design effective public health and social communication campaigns.

Consequently, campaign planners must identify the **motivational structures** of target audiences, tailoring messages that address attitudes, social norms, and perceived control. By doing so, health communication interventions can maximize behavioural response and improve the effectiveness of awareness initiatives (Ajzen, 2002).

4. Realism of Health Social Communication Strategies in Algeria

Health social communication in Algeria emerged as a structured practice during the period of cooperation between the Algerian government and UNICEF, particularly through the national programme implemented between **1986 and 1990**, which aimed to reduce infant mortality to 50 per 1,000 live births. This programme marked the institutionalization of social communication as a public health tool, targeting healthcare professionals, physicians, and the general population with the objective of promoting child health services and improving public awareness.

During this period, the Ministries of Health and Information produced a range of communication materials, including documentaries, television spots, printed brochures, posters, and public service announcements. These campaigns aimed to reach approximately three million Algerian mothers, emphasizing child health as a strategic investment in future generations. In 1990, the Health Education Department within the National Institute of Public Health was officially renamed the **Department of Social Communication**, reflecting a conceptual shift toward structured health communication strategies.

Early campaigns were largely educational and preventive in nature, including initiatives related to traffic safety conducted without coercive enforcement. Between 1989 and 1990, the Ministry of Transport allocated significant financial resources to awareness campaigns addressing pedestrian safety, speed regulation, seat belt usage, child protection, and road safety education. These campaigns relied on mass media such as television, radio, and outdoor posters and followed a time-bound structure.

Despite early dynamism, the momentum of health-focused social communication declined during the 1990s, as attention shifted toward other sectors such as transport, environment, agriculture, energy, and public services. Scholars argue that this shift weakened the continuity and institutional depth of health communication strategies (Qirat, 2001).

Researchers have identified structural deficiencies that limit the effectiveness of social communication in Algeria. These include the lack of trained specialists, insufficient empirical research, weak audience segmentation, and reliance on

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uniform messaging across heterogeneous social groups. As a result, campaigns often fail to resonate with diverse audiences, reducing their impact and sustainability (Boukhnoufa, 2008).

Michel Le Net's distinction between **persuasion and coercion** further contextualizes this challenge. He argues that excessive reliance on coercive measures reflects the failure of persuasive communication. In Algeria, the dominance of top-down administrative decisions and punitive approaches has undermined the role of social communication as a participatory and persuasive process, limiting its contribution to social development and public health outcomes (Le Net, 1988).

5. Health Social Communication in Awareness Campaigns: Reality of Practice

According to Boukhnoufa, social communication began to gain increased visibility in Algeria after 1990; however, this growth did not necessarily translate into effectiveness. The success of social communication campaigns depends fundamentally on **theoretical grounding, strategic planning, and audience analysis**, rather than spontaneous or assumption-based initiatives.

Empirical studies consistently show that many health communication campaigns in Algeria are launched without clear objectives, scientific planning, or systematic evaluation. Campaign goals are often vague, driven by administrative directives rather than evidence-based assessments of public needs. This reflects broader bureaucratic tendencies in public institutional management and limits the potential impact of awareness initiatives.

Another critical issue is the absence of reliable data about target audiences. Messages are frequently designed in a generic manner, addressing society as a homogeneous entity and ignoring differences in age, education, literacy, gender, and cultural background. Effective communication, however, requires messages that:

- Capture attention through appropriate timing and framing;
- Use culturally resonant symbols and language shared by both sender and receiver;
- Address personal needs such as safety, belonging, dignity, and autonomy;
- Motivate action by linking fear reduction or need satisfaction to behavioural change.

Furthermore, the lack of structured evaluation mechanisms undermines learning and improvement. Most campaigns lack follow-up, continuity, and impact assessment, limiting their ability to achieve long-term behavioural change or inform future interventions.

6. Perspectives on Cognitive Paradigms in Health Social Communication

Cognitive paradigms function as analytical lenses that shape how researchers conceptualize health social communication. They determine research questions, methodological choices, and interpretive frameworks. As knowledge systems evolve, paradigms adapt to technological, social, and cultural transformations.

Dr. Jreis Sadaqa highlights the fragmentation of media and communication research in Arab academic institutions, attributing it to individualistic research practices, limited infrastructure, and weak institutional support. He advocates for the establishment of regional research networks, interdisciplinary collaboration, and methodological standardization to strengthen cumulative knowledge production in communication studies.

Contemporary paradigms increasingly emphasize digital health communication, participatory approaches, and health equity. These paradigms recognize the role of digital platforms, community engagement, and social determinants in shaping health outcomes. They also seek to address disparities in access to health information and services among different social groups.

Conclusion

This study has demonstrated that health social communication is a complex and evolving field situated at the intersection of theory and practice. By examining theoretical models alongside realist approaches, the research highlights the importance of social and cultural context in shaping health perceptions and behaviours.

Contemporary interpretive theory contributes significantly to this understanding by emphasizing meaning-making processes and contextual interpretation. Health communication, therefore, cannot be reduced to information transfer but must be understood as an interactive process influenced by social, psychological, and cultural factors.

The future of health social communication faces both challenges and opportunities. Digital technologies and social media are transforming communication practices, necessitating new theoretical models and methodological tools. Addressing these changes requires interdisciplinary collaboration, empirical rigor, and a sustained commitment to theory-informed practice.

Ultimately, strengthening the link between theoretical frameworks and practical implementation is essential for developing effective health communication strategies and improving public health outcomes at both national and global levels.

Ethical Considerations

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This study is based on theoretical analysis, document review, and critical examination of publicly available materials related to health social communication and media awareness campaigns. It does not involve human participants, personal data, surveys, interviews, or experimental interventions. Therefore, ethical approval from an institutional review board was not required. The authors confirm that the research was conducted in accordance with recognized ethical principles, including academic integrity, transparency, and responsible scholarly practice.

Author Contributions

Aissaoui Taib contributed to the conceptualization of the study, development of the theoretical framework, and analysis of health social communication models.

Hamdi Kenza contributed to the examination of realistic approaches, analysis of health communication practices in Algeria, and the drafting and revision of the manuscript.

Both authors reviewed and approved the final version of the manuscript and are jointly responsible for its academic content.

Acknowledgements

Funding

Conflict of Interest

The authors declare that there are no known financial or personal conflicts of interest that could have influenced the research process or the findings presented in this study.

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