

Chapter 18

Massively Multiplayer Online Role Playing Games for Health Communication in Brazil

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ABSTRACT

Video games' potential for gathering interest from children and adults originated many serious games to communicate, inform, teach, and train. MMORPGs may have even more potential, since they create a shared communication space where players can interact with each other. In Brazil, public Health Communication is a major area of concern, since there is a large population who needs information about health. Much of the communication initiatives come from dated models and are too normative, unable to attend population adequately. This chapter presents first reflections about the main advantages of applying MMORPGs for public Health Communication, using Mediations Theory as a starting point to look into these games' characteristics. This perspective reveals that, in addition to engagement created by their interactive nature, MMORPGs' social characteristics are particularly useful for building Brazilian Health Communication current aspirations: creating instances for hearing population, granting them active voice and enhancing their participation in developing public health policies.

INTRODUCTION

The video game industry has grown intensively lately, topping film industry revenue since 2007 (Growth, 2008). Massively Multiplayer Online Role Playing Games (hereafter called just MMOR-

PGs), are a kind of game that gained popularity over the last years, creating many online communities and currently account for \$11 billion of the video game industry's worldwide revenue of \$44 billion (Analyst, 2009). In parallel, video games surpassed the entertainment sphere and games

DOI: 10.4018/978-1-4666-3673-6.ch018

known as serious games are used in employee training, as supplements to formal education, means of awareness and even political activism (Jones, 2008; Purdy, 2007).

A recent survey ranked Brazil as the fourth world market for video games, with approximately 35 million people (of the country's current population of 195 million inhabitants) playing routinely (Gap Closing, 2011). Video games are not restricted to privileged social classes, but are popular also in poor urban neighborhoods and in rural areas of the country. Another survey interviewed 2516 children focusing in their use of communication technologies and reported that ninety percent of children from 5 to 9 years had their first experiences on Internet playing games (Barbosa, Cappi, & Jereissati, 2011).

However, despite the increasingly widespread use of video games for serious applications, Brazilian public communications, particularly the Health Communication field, have not yet realized their potential. The aim of this chapter is to present the main benefits MMORPGs could bring to Brazilian public Health Communication strategies, considering Brazilian government current aspirations for population's participation and understanding of collective health issues. For this, there is an explanation of the Brazilian health situation, the current concept of Health Communication and then the advantages that could arise from use of MMORPGs designed for public Health Communication. We also present the main challenges for their application. Despite the peculiarities of Brazilian health system, some ideas described in this chapter can possibly be useful for other countries and cultures.

BACKGROUND

SUS: Brazil's Unified Health System

Brazil's huge territory and population of nearly 200 million inhabitants foster a great variety of cultures and worldviews, but also inequalities that

present unique challenges to Brazilian government administration and make very hard the planning of adequate health policies (Victora et al., 2011b). Health in Brazil have had great progress in the last years, but some difficulties still persist, with new health problems arising from increased urbanization and social and environmental change (Buss, 2011).

The Brazilian Health Sector Reform occurred at the same time as democratization, in the mid-1970s, and was a movement that brought together initiatives in multiple sections of society. Its political and ideological viewpoint was of health not as an exclusively biological issue to be resolved by medical services, but as a social and political issue to be addressed in public policies. This reform would originate Brazil's current health system and showed since its beginnings great concern with the reduction of social inequalities, equal access to health and the idea of health as a set of factors broader than just the physical well-being of the population (Paim, Travassos, Almeida, Bahia, & Macinko, 2011).

Brazil's public health system, SUS (Unified Health System), is one of the largest public health systems in the world, created in 1988 to serve Brazil's entire population under the belief that health is a right for every person and a duty of the state. SUS follows an expanded concept of health, encompassing not only physical and mental well-being but all social, economic, cultural, ethnic, psychological and behavioral factors that influence the occurrence of health problems and their risk factors in the population (Buss & Pellegrini Filho, 2007). It aims to provide comprehensive, universal preventive and curative care, provision of health services to the entire population and promotion of community participation at all administrative levels (Victora et al., 2011a). SUS principles for Health Promotion are closely related to those presented by World Health Organization in the "Ottawa Charter for Health Promotion" (World Health Organization, 1986) encompassing biomedical, environmental, lifestyle, social and community aspects. As such, they are not

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