

## Communication and Public Health Promotion in Nigeria

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**Abstract:** This work discussed the strategic role of communication in public health promotion in Nigerian. Qualitative research approach was adopted. Health Belief Model was the theoretical framework. Findings indicate that despite several communication interventions on public health, majority of members of a typical Nigerian society pay more attention to curative than preventive health measures. The study notes that this has a ripple effects on the individuals and society at large. *Recommendations* are that adequate emphasis should be given to particularly, interpersonal communication and its two aspects of speech and listening. Health workers should be able to express clarity in speech and awareness about the needs of the audience and should have the ability to adapt the messages to the level of the receiver or beneficiary. Mix media is also recommended as a very powerful tool in communicating and interpreting messages. Health communicators/promoters should be trained in the effective use of group media in their health promotion activities.

**Key words:** Communication • Public Health • Media Advocacy • Nigeria

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### INTRODUCTION

Health is wealth; a healthy nation is a wealthy nation. Without good health, hardly can other human ambitions be achieved. Central to this, is communication. Communication has been identified as one of the inalienable endeavours which are integral to human existence [1]. Today, 'communication' apart from the natural language, has become a commonplace expression, particularly with the introduction of newer communication technologies. Communication is the soul not only of human existence, but also of human expressions of feelings, worthwhile interpersonal relationship and conformity to societal norms, convenience, security and change. This invariably implies that communication is pivotal to human existence [2]. Communication is what represents us as people. It has been recognised that communication is instrumental (Helps in acquiring knowledge) and ritualistic (Reflects people as members of a social community) [3]. The efforts of interventions to change behaviours are also actions of communication.

Whilst focusing more on the functions of transmitting information, the symbolic, ritualistic function of communication is usually neglected [4].

Communication in health contributes to all aspects of disease prevention and health promotion, with special relevance in many contexts, such as the professional relation between physicians and patients, the search for health information, patients' compliance to the clinical recommendations, dissemination of information about health risks (In other words, risk communication), educating consumers on how to access health services system, development of IT applications in healthcare, etc [5].

The strategic, timely and effective communication plays the essential part to protect human health, to prevent and control the occurrence of diseases, to improve the quality of life and to promote health.

To promote health is to promote an adequate communication between users, health professionals, citizens and services and raise awareness throughout the community on issues pertaining the relationships between

health and environment, food safety, drug addiction and all forms of health promotion, as well as ensuring fairness and quality, strengthen health lifestyles, implementing control systems on user satisfaction and providing information to avoid the dangers and risks. This idea has informed this study [6].

**What Is Health?:** The World Health Organization (WHO) defines 'Health' as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Some sociologists look at this definition of health as so ambitious. They argued that no man could be complete" in the true senses. To those of this school of thought, health is rather the ability of an individual to adjust to his condition. The condition may be physical, mental, spiritual or social. To justify this claim, they argue there persons who are blind studying law and other disciplines in the tertiary institutions excelling academically. In a similar view, health can also be explained as the ability of a community to adjust to the prevalent physical, spiritual and psycho-social problems. To be precise, the issues of communal conflict, poverty, malnutrition, cultism, HIV/AIDS, environmental pollution, unemployment, female-child and drug trafficking which have adverse health implications, are relevant examples. Though, these are current problems confronting the communities, ability to deal with the situations may make a difference in terms of the state of wellness or sickness. This means that a community could be well or sick. So, adjustment is very important for an individual or community to live longer and communication is at the epicenter [7].

**What Then Is Public Health Communication?:** The *Healthy People* (2010) explains health communication' as the art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues. The IOM defines public health as "What we, as a society, do collectively to assure the conditions in which people can be healthy." If we integrate the two perspectives, a new definition emerges: Public health communication is the scientific development, strategic dissemination and critical evaluation of relevant, accurate, accessible and understandable health information communicated to and from intended audiences to advance the health of the public [8].

Public health communication draws from numerous disciplines, including mass communication, speech communication, health education, marketing, journalism,

public relations, psychology, informatics and epidemiology. Although it is transdisciplinary in nature, the core principles of public health communication are firmly anchored in the central tenets of public health.

**Defining Health Promotion:** Health promotion is about raising awareness of the health status of individuals and communities. Promotion in the health context means improving, advancing, supporting, encouraging and placing health higher on personal and public agenda. Given that major socioeconomic determinants of health are often outside individual or even collective control, a fundamental aspect of health promotion is that it aims to empower people to have more control over aspects of their lives that affect their health. The World Health Organization (WHO) definition of health promotion as it appears in the Ottawa Charter has been widely adopted and neatly encompasses this, "Health promotion is the process of enabling people to increase control over and to improve, their health" [9]. There is no clear, widely adopted consensus of what is meant by health promotion. Some definitions focus on activities, others on values and principles [10].

Health promotion, however, encompasses the process in which people are enabled to take control of certain factors that have an effect on their health in order to improve it. Through a set of concepts and various strategies, this is an essential guide to addressing major challenges faced by developing nations. These issues include both communicable and non-communicable diseases and various issues related to human and health development. The process in health promotion is targeted towards people taking action and that is why health promotion is not done on people, but it is something done by people for individuals or groups. Health promotion is a very powerful and relevant strategy for social development. Mainly it is a vital set of strategies that are meant to address issues influencing unequal differences in health. It also covers certain principles that fall beneath a set of strategies meant to promote conditions and allow people to stay healthy and be able to make healthy decisions. This means this to say that health promotion improves the health status of individuals, families, communities, states and the nation. it enhances the quality of life for all people, reduces premature deaths and by focusing on prevention, health promotion reduces the costs (Both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.

**The Place of Communication in Public Health:** In a world where communication itself is a form of health care, how can we know which communication strategies actually work? Health communication is seen to have relevance for virtually every aspect of health and well-being, including disease prevention, health promotion and quality of life. This increase in the prominence of the field, externally, is happening contemporaneously with important developments taking place, internally, one of which is the focus on the study of environmental, social and psychological influences on behaviour and health. Given the global challenges posed by major threats, health communication scholars and practitioners recognize the importance of prevention and, with it, the need to understand human behaviour through the prism of theory. This has given rise to theorizing about the role of risk perceptions, social norms, emotions and uncertainty in health behaviours.

Communication is at the heart of who we are as human beings. It is our way of exchanging information; it also signifies our symbolic capability. These two functions reflect what James Carey characterized as the transmission and ritual views of communication, respectively. Carey recognized that communication serves an instrumental role (e.g. it helps one acquire knowledge) but it also fulfils a ritualistic function, one that reflects humans as members of a social community. Thus, communication can be defined as the symbolic exchange of shared meaning and all communicative acts have both a transmission and a ritualistic component.

Intervention efforts to change behaviours are communicative acts. By focusing mostly on the transmission function of information exchange, such efforts often neglect ritualistic processes that are automatically engaged through communication. In adopting the transmission view of communication, it is reasonable to think carefully about the channels through which intervention messages are disseminated, to whom the message is attributed, how audience members respond and the features of messages that have the greatest impact.

Three important intervention considerations emerge from this dual view of communication. First is the realization that communication interventions do not fall into a social vacuum. Rather, information is received and processed through individual and social prisms that not only determine what people encounter (Through processes of selective exposure), but also the meaning that they derive from the communication (Known as selective perception), depending upon factors

at both the individual (Prior experience, efficacy beliefs, knowledge, etc.) and the macro-social (Interpersonal relationships, cultural patterns, social norms) levels [12].

Second, it is reasonable to expect discrepancies between messages disseminated and received. They arise not only due to differential exposure to the intervention but also because of the differences in interpretation in decoding information. A careful study of the correspondence between messages as they are sent and received is thus of great importance to avoid unintended (And worse, counterproductive) effects.

Third, communication is a dynamic process in which sources and receivers of information continuously interchange their roles. One of the central tenets of health communication interventions – the need to conduct extensive formative evaluation, audience needs assessment and message pretesting – is the direct offshoot of this understanding.

Use of these health communication principles in public health presents challenges. First, the evaluation of communication interventions, especially those using national mass media (e.g. radio), does not usually lend itself to randomized trials. Hence, innovative methodological and statistical techniques are required for attributing observed outcomes to intervention efforts. The responsive and transactional nature of health communication interventions also means that modification in intervention content may occur, adding an additional challenge to the evaluation process. Second, the recognition among behavioural scientists – that causes of human behaviour reside at multiple levels that reinforce each other – poses difficulties in designing and testing multilevel interventions. This complexity of health behaviour determinants also requires a multidisciplinary approach for effectively promoting change, which further means that interventions need to incorporate expertise from a variety of professional backgrounds. Finally, because of the rapidly changing communication channels, health communication interventions need to make extra efforts to meet their audiences at their level of technology use.

**Communication as a Vehicle for Health Promotion:**

The rigid traditional western concept of health based entirely on diseases or the absence of has done little to reduce the burden of diseases particularly in third world countries. In its most recent report, the World Health Organization identifies Nigeria as having the world's second-highest number of maternal deaths with approximately 59,000 of such deaths taking place

annually. Majority of these cases occur because less than 10% of deliveries are attended to by skilled personnel. In the communities, people distrust the hospitals; they prefer to deliver at home partly because they feel more comfortable being attended to by relatives who though are unskilled understand them better. This gap between modern medicine and societal needs have not served the people well. Maternal mortality is on one hand but same reaction can be attributed to other health issues in the country.

Health promotion as a public health concept first came into existence in the 20 century following a long period of time when public health was viewed mostly as a field of "Sanitary legislations and reforms" Following the first International conference on health promotion by the World Health Organisation in Ottawa in 1986 and a series of others, the final one held in Thailand in 2005 and ended with the resolve to reduce health care inequality by globalising health care. In the case of Nigeria, even though a good number of the areas in the country are catching up with modernization and urbanization, health promotion should still involve the individual and the community in decision making about their own health. It should also take into consideration the decision making process by policy makers because the more people value health, the more willing they will be to make the appropriate allocation and resources to promote and safeguard their own health. While social and cultural factors contribute to the high maternal mortality rates in Nigeria, same social and cultural approach can be utilized in promoting that health issue or anyother health issue. Simply put, the communication angle in promoting health in Nigeria should be one that reaches out to people in their locale, belief and background.

The new shift in healthcare approach has interesting implications for health care providers and the relationship between health care providers and their patients. Involving the community in healthcare decision-making may be difficult at first for a society that has been led to believe in some certain things about their health and healthcare. It would take a lot of awareness creation on the benefits of health promotion. For a country that still gallops through healthcare and health system, promoting health becomes taskier. But taking into consideration the people's belief system, background, literacy level, access to information, etc, an institutional communication approach will be revisited. Instead of packaging a general health message for all Nigerians, that particular message will be communicated bearing in mind the different ethnic groups and their diverse attributes. Direct messages

communicated to them either in their language, song, attire alongside known celebrities from their tribes as endorsers will likely be more effective. Health promoters should implement also a mix media approach in communicating the messages, such that will work along the various people and the source of information they trust most.

..... (2011) identifies health communication objectives to include:

- Increasing audience knowledge and awareness of a health issue;
- Influencing behaviors and attitudes towards a health issue;
- Demonstrating healthy practices;
- Showing benefits of behavior changes to public health outcomes;
- Advocating a position on a health issue or policy;
- Increasing demand or support of health services; and,
- Arguing myths and misconceptions related to health.

**Mass Media and Public Health Promotion:** The vehicles of mass communication is used to promote beneficial changes in behavior among members of populations [10]. A major criticism of the use of mass media as a method of health communication is the unfortunate ability for false and misinformed messages to spread quickly through the mass media, before they have the chance to be disputed by professionals. This issue may generate unwarranted panic amongst those who receive the messages and be an issue as technology continues to advance. An example of this may be observed in the ongoing distrust of vaccinations due to the publication of numerous messages that wrongly link the childhood measles-mumps-rubella (MMR) vaccination with the development and onset of Autism [11]. The speed with which this message spread due to new social networking technologies caused many parents to distrust vaccinations and therefore forgo having their children receive the vaccine. Although this panic has been ferociously labeled as fictitious, many still harbor a lingering suspicion towards vaccinations and refuse them, which has caused an immediate public health concern.

**Theoretical Framework:** This study is anchored on the Health Belief Model. The Health Belief Model (HBM) [13-16] is a cognitive model that posits that behaviour is determined by a number of beliefs about threats to an individual's well-being and the effectiveness and

outcomes of particular actions or behaviours. The HBM theorizes that people's belief about whether or not they are at risk of a disease or health problem and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action [17].

According to Seale [18] HBM is based on the understanding that a person will take a health-related action if that person:

- Feels that a negative health condition can be avoided,
- Has a positive expectation that by taking a recommendation action, he/she will avoid a negative health condition and
- Believes that he/she can successfully take a recommended health action [19] see the model as:

In order for behaviour to change, people must feel personally vulnerable to a health threat, view the possible consequences as severe and see that taking action is likely to either prevent or reduce the risk at an acceptance cost with few barriers. In addition, a person must feel competent (Have self-efficacy) to execute and maintain the new behaviour. Some trigger, either internal... or external..., is required to ensure actual behaviour ensues'

The advantage of the model are three; it illustrates the impact of mass media on health behaviour, focuses on the perceptions and beliefs of clients that can be altered to enhance certain health behaviours [20]. There is also an opposite of this model which is true. When an individual perceives a threat as not serious or themselves as unsusceptible to it, they are unlikely to adopt mitigating behaviours, low benefits and high costs can have the same impact.

The theory is relevant to the study because people will do everything to prevent any health threat and a persuasive enlightenment message will help change peoples opinion and behaviours in either preventing or to reduce the risk of being infected with diseases.

## CONCLUSION

Communication is a very important component in community health promotion activities and interpersonal communication is the most important means of effective dissemination of development messages in rural areas. Adequate emphasis should be given to two aspects of interpersonal communication: speech and listening. Health workers should be able to express clarity in speech and awareness about the needs of the audience and

should have the ability to adapt the messages to the level of the receiver or beneficiary. Furthermore, mix media is considered to be a very powerful tool in communicating and interpreting messages. Mix media could be simply understood as the traditional folk media and the modern electronic media scaled down to the size of a group. Small or group media are within the financial, technical and intellectual reach of the people. It is culturally contextual and unifying which at the same time educates and develops. Thus, every health communicator/promoter should be trained in the effective use of group media in their health promotion activities.

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