PEOPLE IN DIFFICULT CIRCUMSTANCES IN NIGERIA

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Promoting Effective Health Communication Among Vulnerable Groups: A Strategic Approach

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Abstract

Health communication encompasses the study and use of communication strategies to inform and influence individuals and community decisions that enhance health. It links the domains of communication and health and is increasingly recognised as a necessary element of efforts to improve personal and public health. Vulnerable groups like people with one form of disability or the other, prisoners, internally displaced persons often have health needs demanding special attention than people that are not seemingly vulnerable. The paper explored how health communication can contribute to health promotion effort of health professionals, individuals' health seeking behaviour, individuals' adherence to health messages and campaigns, the dissemination of health information to individuals and population. The paper examined the factors that could affect developing healthy behaviours and strategies to improve its. The paper concluded on the guidelines in developing messages to promote healthy behaviours.

Introduction

Communication is an activity that involves oral speech, voice, tone, nonverbal body language, listening and more. It is a process for a mutual understanding to come at hand during interpersonal connections (Centers for Disease Control and Prevention, 2013). Communication is a human need, it is an important role of the community health practitioner to help the clients to meet his or her need when they are unable to meet it unaided. At community level, health communicator must ensure message is sent efficiently and received correctly as if this is not

so, there may be serious consequences (Akinsola, 2006). Health communication is the study and practice of communicating promotional health information, such as in public health campaigns, health education, and between doctor and patient. The purpose of disseminating health information is to influence personal health choices by improving health literacy (Beato, and Telfer, 2010). Because effective health communication must be tailored for the audience and the situation, research into health communication seeks to refine communication strategies to inform people about ways to enhance health or to avoid specific health risks. Academically, health communication is a discipline within communication studies (Centers for Disease Control and Prevention, 2013). Health communication seeks to increase audience knowledge and awareness of a health issue, influence behaviours and attitudes towards a health issue, demonstrate healthy practices, demonstrate the benefits of behaviour changes to public health outcomes, advocate a position on a health issue or policy, increase demand or support for health services and argue against misconceptions about health (Gwyn, 2002, Freimuth, and Quinn, 2004).

Hence, for individuals, effective health communication can help raise awareness of health risks and solutions, provide the motivation and skills needed to reduce these risks, help them find support from other people in similar situations, and affect or reinforce attitudes. Health communication also can increase demand for appropriate health services and decrease demand for inappropriate health services. It can make available information to assist in making complex choices, such as selecting health plans, care providers, and treatments. For the community, health communication can be used to influence the public agenda, advocate for policies and programmes, promote positive changes in the socioeconomic and physical environments, improve the delivery of public health and health care services, and encourage social norms that benefit health and quality of life.

According to Seth, Benac, and Harris (2007) effective communication is essential to successful health communication in which there must be careful deliberation concerning the appropriate channel for messages to best reach the target audience, ranging from face-to-face interactions to television, internet, and other forms of mass media. The recent explosion of new internet communication technologies, particularly through the development of health websites (such as MedlinePlus, Healthfinder, and WebMD), online support groups (such as the Association for Cancer Online Resources), web portals, tailored information systems, telehealth programs, electronic health records, social networking, and mobile devices (cell phones, PDAs, etc.) means that the potential media are ever changing. Hence, directing a health message is one strategy for persuasive health communication. For messages of health communication to reach selected audiences accurately and quickly, health communication experts need to develop appropriate information that target the audience (Leslie, Egbert and Ho, 2008). Once this information has been developed, a communication experts can choose from a variety of methods and strategies of communication that they believe would best convey their message. These methods include campaigns, entertainment advocacy, media advocacy, new technologies, and interpersonal communication (*Edgar and Hyde, 2004)*.

Health communicator must always keep abreast of current happenings in the world on health communication, but also must always be conscious to be culturally sensitive in his or her work for health messages to be well accepted and have meaningful impact.

Communication Channel and Activities: Pros and Cons

Types of Channel	Activities	Pros	Cons
Interpersonal channels	• Hotline counseling • Patient counseling • Instruction • Informal discussion	• Can be credible • Permit two-way discussion • Can be motivational, influential, supportive • Most effective for teaching and helping/caring	• Can be expensive • Can be time-consuming • Can have limited intended audience reach • Can be difficult to link into interpersonal channels sources need to be convinced and taught about the message themselves
Organisational and community channels	• Town hall meetings and other events • Organizational meetings and conferences • Workplace campaigns	• May be familiar, trusted, and influential • May provide more motivation/support than media alone. • Can sometimes be inexpensive • Can offer shared experiences • Can reach larger intended audience in one place.	• Can be costly, time-consuming to establish • May not provide personalized attention • Organisational constraints may require message approval • May lose control of message if adapted to fit organizational needs
Mass media channels *Newspaper*	• Ads • Inserted sections on a health topic (paid) • News • Feature stories • Letters to the editor • Op/ed pieces	• Can reach broad intended audience rapidly • Can convey health news/breakthroughs more thoroughly than TV or radio and faster than magazines • Intended audience has chance to clip, reread, contemplate, and pass along material • Small circulation papers may take PSAs	• Coverage demands a newsworthy item • Larger circulation papers may take only paid ads and inserts • Exposure usually limited to one day. • Article placement requires contacts and may be time-consuming.
Radio	• Ads (paid or public service placement) • News • Public affairs/talk shows • Dramatic programming (entertainment education)	• Range of formats available to intended audiences with known listening preferences. • Opportunity for direct intended audience involvement (through call-in shows) • Can distribute ad scripts (termed "live ads"), which are flexible and inexpensive • Paid adds or specific programming can reach intended audience when they are most receptive. • Paid ads can be relatively inexpensive. • Ad production costs are low relative to TV. • Ads allow message and its execution to be controlled	• Reaches smaller intended audiences than TV. • Public service ads run infrequently and at low listening times. • Many stations have limited formats that may not be conducive to health messages. • Difficult for intended audiences to retain or pass on material

Communication Channel and Activities: Pros and Cons continued....

Types of Channel	Activities	Pros	Cons
Television	• Ads (paid or public service placement) • News • Public affairs/talk shows • Dramatic programming entertainment education)	• Reaches potentially the largest and widest range of intended audiences. • Visual combined with audio good for emotional appeals and demonstrating behaviours. • Can reach low income intended audiences • Paid ads or specific programming can reach intended audience when most receptive. • Ads allow message and its execution to be controlled. • Opportunity for direct intended audience involvement (through call-in shows).	• Ads are expensive to produce • Paid advertising is expensive. • PSAs run infrequently and at low viewing times • Message may be obscured by commercial clutter • Some stations reach very small intended audiences • Promotion can result in huge demand. • Can be difficult for intended audiences to retain or pass on material
Internet	• Web sites • E-mail mailing lists • Chat rooms • Newsgroups • Ads (paid or public service placement)	• Can reach large numbers of people rapidly. • Can instantaneously update and disseminate information. • Can control information provided. • Can tailor information specifically for intended audiences. • Can be interactive. • Can provide health information in a graphically appealing way. • Can combine the audio/visual benefits of TV or radio with the self-paced benefits of print media. • Can use banner ads to direct intended audience to your programme's website.	•

Source: United States Department of Health and Human Services 2004. Making Health Communication Program Works Bethsaida: Author

United States Department of Health and Human Services (2004) noted that for a communication programme to be successful, it needs to be based on an understanding of the needs and intended audience. Therefore the nature and needs of vulnerable groups must be taken into consideration while planning health communication programme with and for them.

Characteristics of Effective Health Communication

Effective health communication is essential because it equips the public with the tools and knowledge to respond appropriately to health crises such as flu outbreaks, HIV/AIDS, malaria etc. In order for a health communication programme to have an impact, it should disseminate appropriate health content that satisfies the following criteria:

i. *Accuracy*: The content is valid and without errors of fact, interpretation, or judgment.

ii. *Availability*: The content (whether targeted message or other information) is delivered or placed where the audience can access it. Placement varies according to the audience, message complexity, and purpose, ranging from interpersonal and social networks to billboards and mass transit signs to prime-time TV or radio, to public kiosks (print or electronic), to the Internet.

iii. *Balance:* Where appropriate, the content presents the benefits and risks of potential actions or recognizes different and valid perspectives on the issue.

iv. *Consistency*: The content remains internally consistent over time and also is consistent with information from other sources (the latter is a problem when other widely available content is not accurate or reliable).

v. *Cultural Competence*: The design, implementation, and evaluation process that accounts for special issues for select population groups (for example, ethnic, racial, and linguistic) and also educational levels and disability.

vi. *Evidence-based*: Relevant scientific evidence that has undergone comprehensive review and rigorous analysis to formulate practice guidelines, performance measures, review criteria, and technology assessments for tele-health applications.

vii. *Reach:* The content gets to or is available to the largest possible number of people in the target population.

viii. *Reliability*: The source of the content is credible, and the content itself is kept up to date.

ix. *Repetition:* The delivery of/access to the content is continued or repeated over time, both to reinforce the impact with a given audience and to reach new generations (11 Health Communication, 2009)

However, any effective health communication strategy must take into consideration the socio-cultural milieu of the target audiences with respect to their cultural characteristics, language preferences and media habits. In the case of vulnerable groups, their nature, precursors of their situation and current health and other social needs must be put into consideration.

Barriers to Effective Health Communication

There are various challenges to effective health communication especially in developing countries which include:

i. *Low health literacy*: The illiterate/semi-illiterate may not be able to access health information due to their level of education as often seen among many IDPs in northeast part of Nigeria. Thus, health literature and messages should take into cognisance low literate the audience is, for easy comprehension of messages which should be more in local languages.

ii. *Limited internet access*: The internet has become the channel of choice for information delivery worldwide. However, in certain communities, even in the developed world, internet access is still too costly, or maybe even outright unavailable. Moreover, though there is abundant health information on the internet, it is still out of reach of those in resource-poor settings more so where the vulnrable groups stay or live.

iii. *Limited research activity in developing countries*: Research and evaluation are required in order to design, develop and implement effective health communication interventions. However, most research is done with an eye to solving health problems in the developed world, while pressing health problems in the developing world are often neglected (Edejer, 2009). This is more applicable among vulnerable groups as they are often least considered as part of population to be well catered for

iv. *Proliferation of low quality healthcare information on the Internet*: As the volume of internet content increases on a daily basis, consumers need help evaluating the reliability of the information that they are bombarded with. In order to protect consumers, internet health resources and health-related Web sites should be required to adhere to a strict code of conduct. They should inform their users how personal information is used, and whether the content is periodically updated to prevent misinformation (11 Health Communication, 2009).

v. *Inability of health workers to communicate with patients*: Due to various communication hurdles such as language barriers, socio-cultural differences etc., health workers sometimes have difficulty transmitting vital health information to their patients. Moreover, given the shortage of human resources, which is a common problem in developing countries, health workers often deal with multiple patients at a time, making communication even more difficult (Boyd and William, 2009)

Factors Influencing the Adopting of Healthful Behaviours by the People

Generally and specifically among vulnerable groups or people there are many factors influencing the adoption of healthful behaviour which is the goal of the health communicator and other health workers and they include:

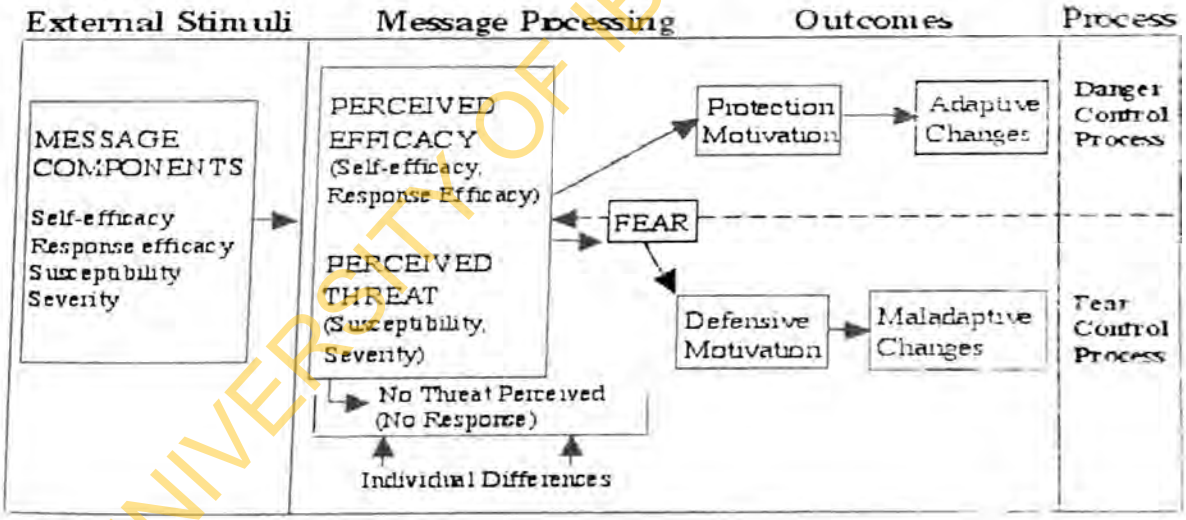
i. *Perceptions of Risks*

Perceptions of risks are a well-established factor associated with preventive health behaviours. Several health communication models explicitly consider perceptions of risk to be a determinate of preventive health behaviours. Hence, excessive risk perceptions may lead to fatalistic or avoidance behaviours. Hundreds of studies have examined perceptions of risk, and many of those studies support the Extended Parallel Process Model that gained prominence in the early 1990s. The Extended Parallel Process Model provides a strong rationale to explain why intensity of risk perceptions is not a good predictor

of adoption of recommendations and teaches us that risk perceptions must be considered in relation to self-efficacy and response efficacy.

The Extended Parallel Process Model (Figure 1) predicts that high levels of perceived risk, especially in combination with low perceptions of self (self-efficacy) and/or low evaluations of the recommended response (response efficacy), often lead to rejection of recommendations and may result in negative, maladaptive responses (Witte, 1992). Therefore, messages should be designed to stimulate appropriate levels of concerns while also considering the receivers' beliefs about themselves and the recommended action. In sum, risk perceptions or feelings of concern are needed to motivate change, but excessive depictions of risk in health messages can lead to avoidance, denial, and other maladaptive responses.

Figure 1. The Extended Parallel Process Model Adapted from: Boyd and William, 2009)



ii. *Perceptions of Self*

A variety of personal characteristics have been identified as factors influencing health behaviour. According to Bandura (1977), an efficacy expectation is the conviction that one can successfully execute the behaviour required to produce outcomes. Outcome and efficacy expectations are differentiated,

because individuals can believe that a particular course of action will produce certain outcomes, but if they entertain serious doubts about whether they can perform the necessary activities such information does not influence their behaviour. (p. 193). Like Witte, in the Extended Parallel Process Model, Bandura clearly draws distinctions between perceptions of self and perceptions regarding the recommendation. For instance, If a smoker doubts his ability to "kick out" the habit successfully, he or she will likely not attempt to quit smoking, even if the person believes that quitting smoking would increases personal health status.

Findings from studies support Bandura's claim that when self-efficacy is low, people rarely attempt behaviour change. Therefore, health commuication messages should bolster people's belief that they can successfully adopt the recommended behaviour.

iii. *Environmental Conditions*

A third factor affecting the likelihood of preventive health behaviour adoption is the environment (both physical and social) in which an individual operates. The physical environment affects the likelihood of adopting health behaviours. Availability of health services, costs, and transportation needs, for example, have long been recognised as barriers to adoption of healthful behaviours. Such considerations are particularly pivotal in rural locations or low-income areas. Like physical environmental conditions, one's social environment also affects behavioural decisions. Backer, Rogers, and Sopory (1992) argued that after health messages are distributed via media, interpersonal channels of communication become a crucial link in achieving compliance. The extent and quality of social contacts may not only affect health behaviours by the transmission of health values but also affect how individuals form opinions about the social desirability of recommended behaviours.

iv. *Perceptions of Costs and Benefits*

Another final factor affecting the likelihood of adopting healthful behaviours is that of perceived costs and benefits. This

factor refers to how an individual assesses the advantages versus the disadvantages of a particular recommended course of action. Such emphasis is the basis of a variety of value expectancy models applied to many different human behaviours (Maiman & Becker, 1974). In short, if one expects the benefits to exceed costs, then one is more likely to adopt recommended behaviours.

Hence, messages should present the recommended behaviour as a clear, reasonable, and effective route to health while also anticipating and counteracting the audience's costs of adoption.

Strategies to Improve Health Communication

The following strategies can be employed to improve health communication among people generally and vulnerable groups in particular:

i. The government should collaborate with private agencies to bring internet access into camps, more households and people with marginal literacy skills.

ii. Pertinent health information should be written at the audience level of understanding, the need to set up training centers that equip health communication professionals and health professionals with good communication skills are imperative.

iii. In a community setting, it is useful to organize short dramas or skits that portray the attitudes of the local people towards their health. By understanding local attitudes, health workers can plan interventions targeting specific behavioural changes. Theatre is also a strategic way to draw children's attention to health problems.

iv. Health communication strategies must be geared towards a clearly defined target audience in order to achieve optimal effect. There are two kinds of target audiences, namely the primary target whose behaviour is to be influenced directly, and the secondary target who can influence the primary target such as a family member who makes decisions about the household or health worker with whom the primary audience comes into contact. As

much information as possible should be collected about the target audiences, especially with regards to their views and understanding of disease.

v. The local and international media can also play a vital role as the link between health workers and the larger public.

vi. Health authorities should educate and entrust the media with essential health information, which is then relayed to the public in readily accessible formats through a variety of media channels.

The mass media can help health workers expand their audience reach, which is crucial considering the fact that face-to-face channels of communication often require too many human resources and can only reach a small number of people in large, underserved rural areas. The mass media provides an important link between the rural residents and vital health information. For example in order to increase the number of children less than a year old receiving vaccinations in Manila, Philippines, radio and television broadcasts were created because almost everybody utilised one or both media channels. According to a study done later to determine the efficacy of the campaign, using the radio and television "resulted in more children being vaccinated on schedule. These results show that in places where people use mass media regularly and vaccinations are available, effective radio and television spots can increase vaccination rates and extend the reach of health workers." (Boyd and William, 1995)

Also expansion of access to the internet continues, this has increasingly serve as a rich health resource in environments that lack health expertise. The internet allows people to gain access to a wide array of health-related information from worldwide at a click or tap. The local cyber café may even begin to serve as a health information hub. Since the internet transcends geographical barriers, there is plenty of potential for websites to provide a valuable source of health information, thus enhancing health and wellbeing for people in developing countries (Maxfield, 2004).

Conclusion

There are several guidelines for developing messages that communicate knowledge, but also there is need to address perceptions of risks, perceptions of self, one's physical and social environments, and the costs and benefits of recommendations among people generally and specifically vulnerable individuals. The identification of the factors is likely to influence preventive health outcomes and allows for the development of five specific guidelines regarding message design, which are:

i. Messages should contain features that relate appropriate levels of risk.

ii. Messages should contain features that bolster consumers' beliefs that they are capable of adopting the recommended behaviours.

iii. Messages should contain features that promote efficacy of recommendations.

iv. Messages should contain features that encourage consumers to overcome environmental and social impediments.

v. Messages should contain features that promote the benefits and minimise costs.

The degree to which messages should attend to specific factors will depend on the situation at hand and the audience being targeted. The best way to optimise message design is to research the target audience's specific obstacles to adoption of recommended behaviours and then to design messages and programmes which attempt to overcome the obstacles.

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