

*Full Length Research Paper*

# Language and health communication strategies towards effective public health communication programmes in Nigeria

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**Nigeria, as the most populous country in Africa, always receives the collaborative supports from international donors, government agencies and organizations for its public health communication programmes. Many positive results have followed such programmes in almost all fields of public health practices such as family planning, HIV/AIDS and others. This paper discusses some problems of Nigerian health practices and discovers that a greater number of the population lives in the rural areas of Nigeria and still upholds the old health beliefs. After a critical analysis, it is suggested that public health practices must engage audiences at all times, offer clear and captivating information and must receive feedback. The best approach is considered to be through multimedia methods. The paper concludes that with determination, professional skills, effective approaches and willingness to learn, family planning and health communication programmes should introduce cost sharing approach with the donor nations and agencies in order to achieve a desirable goal. Besides, the issue of the multilingual setting must be addressed so that both linguistic minorities and majorities and the official language, the English language, should be considered in the health communicative programmes in the 21<sup>st</sup> century in Nigeria.**

**Key words:** Language, communication, strategies, health, multimedia, effective, behaviour and rural community.

## INTRODUCTION

Language is a unique human endowment, which defines human's humanity, that is, it makes man species specific. It is used as an instrument of communication as well as development in all spheres of life. Despite the globalization characteristic of English, and the educationally favoured language policies in many countries towards it, Nigeria has effectively understood the necessity of using both national and all the minority indigenous languages on its radio and television announcements, and special programmes especially on health and political issues. By so doing, messages are communicated to all and sundry in the multilingual setting of about 450 languages (Amuseghan, 2008). The recognition and functions of

these languages, however, enable all the linguistic groups to participate in the national development. In other words, language and communication have been identified as indispensable instruments of achieving national aims, goals, objectives and development (Amuseghan, 2007). Crystal (1987) conceptualises language as having, perhaps, 'magical and mystical' and 'unique role in capturing the breath of human thought and endeavours.' There is no doubt, language and thought have relationship. Such relationship clearly shows that language is the vehicle for thought.

From the immemorial, communication has been identified as one of the inalienable endeavours which are integral to human existence (Rogers et al., 1985; Kincaid et al., 1998). Today, 'communication', apart from the natural language, has become a commonplace expression with the introduction of Information and Communication Technology (ICT) (Amuseghan, 2003).

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Although there has been various definitions given to the word, the semantic implication that could be inferred is that it has to do with the process of sending or disseminating and receiving information.

There is no gainsaying the fact that communication is the soul not only of human existence but also of expressions of feelings, worthwhile inter-personal relationship, and conformity to societal norms, convenience, security, innovation and change. This invariably implies that communication is pivotal to human existence (Aristotle, 1987). It is the avenue through which members of a society are 'informed' (Chaffe, 1982). It is pertinent to note that the word 'informed' here has two semantic interpretations. People are informed when they get to know about happenings around them. On the other hand, people are informed when they receive information that influences or modifies their attitude, opinion or behaviour (Fee, 1987). Fortunately enough, mutual intelligibility has for ages been a factor which has made it possible for social and geographical languages as well as lingua franca to be used to pass information, instruction, directives or order to members of the society. Even in ancient time when modern methods and media of communication had not been developed, verbal, musical, sign and drum language techniques were in vogue as a means of inter-personal and communal existence (Schramm, 1971). Individually and collectively, members of the society rely on communication to carry out their day to day activities. Over the last 50 years, according to Piotrow et al. (1997), communication has, more than before, seen tremendous innovative leaps and its study has increasingly been applied to become a powerful force for public education, enlightenment and behavioural change. Today, there has been an astonishing development in mass media and scientific methods which make it possible for communication to play a crucial role in social change and innovation, especially in Latin America, Asia, and Africa (United Nations Population Fund, 1995). Communication, as a scientific discipline, has been identified to develop from sociology, social psychology and political science, and especially applied in schools of journalism and speech (Piotrow et al., 1997). More importantly, communication has now become advanced and applied in various fields of human endeavour such as environmental maintenance, public administration, civic responsibilities, social change and innovation and public health and hygiene, to mention a few. Interestingly enough, there has been an encouraging growth in audiences for radio and television broadcast. Statistics has shown that the number of television sets in developing countries has increased from 13 million in 1955 to 707 million in 1995, and a broadcast on these has continually provided a powerful leveller for behavioural change with a reasonable and affordable cost-benefit (Kiragu et al., 1996; Piotrow et al., 1997). From the foregoing, it is interesting to note that communication affords the society some of the following essential things:

- Information: One is made to know what is going on around him.
- Cross - fertilization of ideas: One is made to have access to other people's views and borrow such, where they undoubtedly hold more water than his.
- Avoidance of security and health risk: One is kept abreast of certain things which may pose health risks and insecurity to him and society.
- Innovation and change: One is kept abreast of good changes and he sees the inadequacy or danger, which he has been hitherto oblivious of in an opinion which he holds.

Communication promises to play a larger role in the future. It is in the light of this that we shall look at the potentials of communication towards the improvement of health behaviour. Health communication had once concentrated on meeting targets for members or audiences but it has developed to turn its focus on enabling informed individual choice. In the overall and final analysis, health communication has now become, more functionally prominent, more empirical and a more strategic ingredient of public health programmes (Williams, 1992; Rogers et al., 1985). Indeed, in Nigeria as in other parts of the world, health communication has now attained the status of not only the steering wheel but also the pivot on which the wheel of public health programmes rotate.

## **HEALTH COMMUNICATION AND BEHAVIOUR IN NIGERIAN SETTING**

Human reproduction, the key to human survival and the continued good health living of billions of people in the world, has always been among the most challenging and sensitive areas of public health (Piotrow et al., 1997). It is however a dolorous fact that many Nigerians would rather argue that reproduction is not a public health issue but what should be left to individual reasoning, personal choice, family privacy, religious injunction, or traditional convention.

What they fail to realise, unfortunately, is that in matters of reproduction and sexual behaviour, private behaviour has public consequences. Long before now, according to Piotrow et al. (1997), society has continued to seek to regulate the sexual and reproductive behaviour of individuals for the good of the society. The focus of public health agenda seeks to address the impact of high fertility, to reduce teenage pregnancies, to increase child survival, to enhance safe motherhood, and to halt the spread of HIV/AIDS and other sexually transmitted diseases (STDS).

One of the major challenges to the designing, implementing, and evaluating public health programmes that address private behaviour is the traditional belief of Nigerians in health behaviour towards family planning and sexual behaviour. Perhaps through ignorance or

wilful obstinacy, many Nigerians have continually indulged in unwholesome marital and sexual behaviours which have continued to put individual and public health in serious jeopardy. Notable among these unprofitable practices are: the tenacious hold onto polygamy as a way of life, test of manhood and yardstick for social status; multiple child-bearing, un-spaced child-bearing, consolatory pregnancies and, of course, apathy to family planning. To these Nigerians who still live in the obnoxious past, polygamy is part of their cultural identity which cannot be jettisoned or allow to be supplanted by what they believe to be western monogamous nonsense. To them, the size of a man's harem is a testimony to his maturity, manhood and virility. The ability of the man to satisfy his harem and other concubines, potential candidates for the harem, is seen as a virtue and a thing of pride. In fact, in some parts of Nigeria, a man may not be deemed to have attained a particular status until he enlarges his harem to a predetermined number of wives. Hence, some kings having ascended the throne almost daily add more women, whether married or unmarried, to their harem to enhance their popularity. Male children are adjudged to have attained maturity, among some rural communities, based on the number of ladies that flock around them, albeit with the encouragement of their parents. Consequently, there is no check and balance to child-bearing. In fact, the number of children a man has determines his social status and wealth as children are considered to be part of a man's wealth. As a result of this, women are turned to child-producing machines. The women themselves try to outdo one another as the number of children a woman bears determines not only her position in the family but also her endearment to the husband. Multiple or serial child-bearing is the result of this animal lust in the guise of tradition. Also, couples feel that having a son to support them in their old age is essential; and having a son as a heir to some inheritance and properties is a must, and so they continue having children until they have a son. The execrable practice of consolatory pregnancy is also in vogue in many parts of Nigeria. What does this mean? If a woman loses her child at infancy or if the child is stillborn, the panacea for bringing out the women from her dolour is to make her pregnant again, as soon as the baby dies; and that includes immediately after the still birth such is the mad rush that sometimes, nine months after a still birth, another baby will be born.

Child-spacing has no audience in many Nigerian homes, especially in the rural areas where most people still hold tenaciously to their age-long beliefs. So, while a child is still a toddler, another one is already struggling to crawl and perhaps yet another foetus is already developing in the womb. The result of this, invariably, is multiple child production. Undoubtedly, such children and their mother stand great risk of health problems and in most cases premature death. Perhaps the greatest impediment to effective public health campaign in

Nigerian is people's incorrigible aversion to family planning. To them the number of children a family desires to have should be their private decision. That is on the liberal side of the argument. On the conservative side, however, it is only God or gods, as the case may be that has or have the sole mandate of deciding the number of children a family should have. In fact, family planning is a taboo in some areas. To discuss it in some communities is a punishable abomination. The implication of all these is that, it is the belief of many Nigerians that a man could go ahead to have as many wives as he wants and produce as many children as he desires. To achieve this is none of any body's business. A boy has the liberty to go into as many ladies as he wishes (to prove his maturity) before he finally settles for one or some of them. It is not a surprise therefore that a lot of illegitimate and fatherless children abound in many parts of Nigeria. There is this Yoruba philosophy that literary means "one who has three children has no children. One who has two children is barren. One who has one is like one who has none at all. What they fail to realise is that many occurrences of infant mortality in those days were due to the ignorance of proper child-care, unhealthy sexual and marital behaviours coupled with an unhygienic environment. Another important aspect of unhealthy practice which is worthy of mention is the unorthodox, unethical, unsafe and primitive activities of local midwives in child-delivery of expectant mothers. More often than not these inexperienced midwives through their trial and error method of delivery must have caused health hazards to many mothers and children, even uncountable death tolls in the process. After the birth, for instance, they cut the umbilical cords with blunt knives or unsterilised razors. Sometimes, they give the babies some concoctions having a lot of germs and impurities to drink and to bathe with.

These practices, coupled with other unhygienic methods of child-care often infect the babies with permanent health problems if they are so lucky not to gone to their earlier graves. Even the mother stands the risk of post-natal complications. Sometimes, the midwives turn the womb upside down and cause permanent damage. These practices could find some justification during the stone-age or primitive era, but modernity will not spare their continued practices today. Also, it is a common practice in Nigeria for girls and even unfaithful women to terminate unwanted pregnancies using crude and local methods. These desperadoes often swallow pepper and other dangerous ingredients or insert some forms of bolus of doubtful compositions into their private parts. Many lives have been lost through this process and many victims 'compensated' with permanent health problems.

Circumcision of male children is not bad in itself but when it is carried out by local and inexperienced midwives who use the same instrument for hundreds of babies, it possesses a serious health threat. Sometime ago, it was reported in one of the national dailies that a

baby boy would need plastic surgery to replace his substantial part of his penis that was chopped off with knife of a local midwife. Worse still is the archaic and criminal practice of female genital mutilation. In spite of the universal outcry against this obnoxious and inhuman practice, some people in part of Nigeria still persist in its practice. Unfortunately, environmental hygiene has been taken by many Nigerians as not having much impact on their health status. Even few of them who have some knowledge of hygiene do not see environmental hygiene having substantial health implications. To them, dirty and weedy environment has nothing to do with their health. Toilet etiquette seems to be of trivial (if any) implication on health to many Nigerians. Hence, they continue to deposit faeces in the bushes all round them including sources of drinking health.

### **THE NEED FOR STRATEGIC HEALTH COMMUNICATION**

In view of many impediments to healthy life, what Nigerians needs is systematic health communication strategy with a view to re-orientating and conscientising them so that they could move with the tide of time and jettison their counter-productive age-long beliefs Nigerians need to be guided to make decisions that would ensure their healthy living as individuals and members of a society. Communication, at all levels (personal, family, community and mass media), therefore plays a major role in that decision-making. Essentially, communication is a tested and trusted process of enhancing changing in knowledge; of safe contraceptives; fertility control, new ideas and new health behaviour, to mention a few. Communication can be spontaneous or deliberate. Here, we are making a case for deliberately planned and systematic communication strategies. This planned communication can initiate accelerate or reinforce change (Winslow, 1923). Communication can convey the advantages and disadvantages of smaller families, for example. It can inform women of their greater role in reproductive and sexual decision. Communication can help to legitimise discussion on family planning and present it as a positive behaviour with rewarding consequences. From the foregoing therefore, the role of communication, especially through the mass media cannot be overemphasised. The major reason that broadcast mass media were not consider important in the earlier 1970s was that they were not yet accessible in most developing countries. There has been a dramatic change in the last 25 years, in the area of global telecommunications revolution (Kincaid, 1988; Piotrow et al., 1997). Interestingly, the number of radio and television receivers in developing countries has grown at a jet rate. Today health broadcast stand the advantage of increased capacity to reach people means of mass media, especially television. In functional terms, according to Piotrow et al., (1997), systematic communication strategy must make provision for the following to

be effective:

1. An assessment of the communication needs of the society.
2. Relevant training communication skills and management.
3. Special seminar, workshop, symposia and conferences.
4. Specific products like posters, videos, brochures etc.
5. Technical assistance to communication and community mobilization projects.
6. Development of national communication strategies and campaigns.
7. Evaluation of communication interventions.

Having come thus far, it is important at this junction to consider the essential elements which a strategic communication programme must be seen to have.

### **Basic elements of strategic communication programme in the 21<sup>st</sup> century**

A strategic communication programme, as the term denotes is expected to be one which is a result of serious planning and having specific elements spelt out for the achievement of its goals. Hence, the essential elements of a strategic communication include the following (Chaffee, 1982; Piotrow et al., 1997):

- (i) A scientific or empirical approach that builds on conceptual models in behavioural sciences, persuasion theory, social learning and social marketing to achieve realistic objectives.
  - (ii) Recognition that behavioural change is as much a societal process as it is an individual decision - making process and to identify and evaluate changes at the levels of the individual, couple, family, village and nation.
  - (iii) Use of mass media and multi media channels as well as new horizons in mass media and electronic communication like E-mail, and the internet to increase awareness, influence community norms and to provide specific information, legitimisation and cues to action for individual behaviour.
  - (iv) Emphasis on audience involvement and participation throughout the project planning, implementation and evaluation process
  - (v) Appreciation of the crucial role of entertainment, through mass media, and at community level to capture the attention, interest and emotion of the audience.
- Increasing focus on sustainability for communication activities through sharing costs with other donors and through institution building and skills development.

In this 21<sup>st</sup> century, it is expected that, with adequate funding and priority attention, progress in health communication will continue. It is expected that the next decades will witness continuing demographic, political

and technological change. However, it is expected that health communication programmes will face certain challenges in this century. The expected challenge for health communication, in the face of these rapid developments is that it will have to adapt to changes in the following areas (Kincaid, 1988; Kiragu et al, 1996; Piotrow et al, 1997):

- (i) Changing audiences,
- (ii) Changing channels of communication,
- (iii) Changing behavioural science theory and research,
- (iv) Changing values and mandates,
- (v) Changing organisation structure and
- (vi) Changing political environments and resources.

Now let's look at these fundamental changes and the challenges they stand to pose to health communication in the 21<sup>st</sup> century.

### **Changing audiences**

There are expected changes in population especially in three areas of size, age structure and location.

#### **Size**

It is expected that world population will witness massive increase, from about 5.84 billion in 1997 to over 8.036 billion in 2025. Obviously, about 98% of this expected increase will take place in third world countries of Asia, Latin America and Africa.

It is expected that Nigeria will not experience much changing in her leadership position with regards to population increase. To reach and serve an audience as large as this, will require massive new communication programmes. Millions; a whole array of additional and new mass media programming community activities and training programmes to meet the need of the large audience will be required.

#### **Age structure**

The challenge in this area is how to segment the potential audience. In fact, programmes will need to create message that adults find acceptable and young people will find relevant. Apart, from that, in Nigeria, more young people are postponing marriage and engaging in unprotected and multiple sexes before marriage. Serious orientation is needed to this area.

#### **Location**

By 2025, it is expected that 61% of the world population will live in urban and peri-urban areas. This change in population distribution, which will be more pronounced in Nigeria, will pose challenge for health communication programmes as mobile populations are hard to reach and hard to provide with continuing services.

### **Changing channels of communication**

Certainly, amongst the most obvious challenges to health communication, in the 21<sup>st</sup> century, will be in channels of communication themselves. Evidently, the world is undergoing a communication revolution that has made it to have assumed the name "global village". Databases, accessible via the internet or on CD-ROM, expectedly, may replace libraries or reach out to places where libraries moved considerably from print space to air space and to cyberspace within a few decades. This new access to information revolutionises the way many people communicates, forging direct links among groups and individuals on a scale never before imagined. As new technologies and approaches to communication create new expectations, mass media and health communication will essentially need to become more participatory. The Nigerian audience of the future will want and expect health communication to be a dialogue rather than a lecture.

### **Changing behavioural science theory and research**

Entertaining has been acclaimed as a good approach for health education and a good way to communicate social messages.

This popular opinion is based on various scholarly views points; from historical and prehistorical reliance of all cultures on story-telling and performance arts to transmit social values, to experiment evidence that, release of adrenalin and noradrenalin, triggered by emotional events in a story, enhance memory of those events. It's expected that, better synthesis of these varying view points would improve the ability to communicate messages that will help most Nigerians to adopt healthier behaviour. It is expected that most Nigerians would learn healthy - living life styles from the various entertainment programmes they are so addicted to.

### **Changing values and mandates**

In the 1980s the emphasis of health communication was mainly on family planning (Hornik, 1989).

However, by the 1990s, a new concern over HIV/AIDS created new demand for health communication to encourage sex responsibility, limiting numbers of sex partners and using condoms. More changes in values continue to influence emphasis as other health issue such as quality health care, safe motherhood, and protection from sexually transmitted diseases, environmental health began to crop up. The outbreak of new, hitherto - unheard of diseases such as SARS, Ebola , Bird Flu, to mention a few, is an eye opener that we live in a world of health risks. It would therefore help to maintain a healthy environment if Nigerian could imbibe the new health maxim; "all health is personal health".

### Changing organisation structures

A global wave of decentralisation and privatisation is in progress. In the face of this trend, the first requirement of the Nigerian government would rationally be to build an effective local advocacy for health communication. In line with, and as a follow up to this, a second requirement for decentralisation of health communication programmes will be more training for grass root and private sector workers. Furthermore, decentralisation may also mean more privatisation of communication functions and paradoxically, it may culminate in more involvement of volunteer and non-governmental organisational activities (NGOs). However, there is need for effective control and monitor of decentralisation, private and volunteer health programmes by the Federal Ministry of Health.

### Changing political environments and resources

As the 21<sup>st</sup> century is moving on, it is almost certain that health programme is approaching financial crisis. The major threat is that donor agencies or nations may become more engrossed in their own domestic deficits and social insecurity like the embattled financial crisis in the United States of America which has affected the whole world. America is one of the largest donors of support for family planning and reproductive health programmes in the world but the Congress voted out the proposal for injecting \$700,000,000,000 into the financial institutions in order to save the economy basically on the ground of political interest in 2008 elections. The consequences of the action are felt in the economies of all countries in the world. Many setbacks on financing public health communication programmes occur as a result of instability and lack of political will of government, especially in the third world countries. If a public fund for health promotion is inadequate, new strategies to share cost and to generate revenue from other sources will be necessary.

Perhaps the best way to enlist new sources of support is the enter - educate approach. For example, soap operas have conveyed important messages about health advocacy, environmental hygiene, AIDS, immunisation and so on. Whether it is designed especially to tell a health hazard or AIDS story or to incorporate these themes into on-going series, some of these soap operas have usually found commercial sponsors. Hence, it is hoped that there is religious adherence to the enter-educate approach, the sustainability of health communication programme can be guaranteed and this, in the long run will translate to the maintenance of a healthy Nigerian society.

### CONCLUSION

Numerous public health communication programmes

have been organised, sponsored and provided by individual governments or through collaborated international donor agencies or governments. A good number of countries have witnessed such programmes in recent years. Many positive results have followed such programmes in all fields of public health practices such as family planning, HIV/AIDS and a host of others. All these programmes require a network of responsive, well-informed, technically trained service providers with adequate supplies to meet the target goals. To be practically effective in changing the old practices, public health communication programmes must engage audiences at all times, offer clear and captivating information and must receive feedback with a listening ear. In this 21<sup>st</sup> century, public health programmes have been facing plethora challenges. However, each challenge always gives room for opportunity. With determination, professional skills, effective approaches and willingness to learn, family planning and health communication programmes will achieve desirable goals of improved health living in Nigeria likewise every other country in the world. The cost of providing public health communication programmes is becoming more cumbersome in this 21<sup>st</sup> century; therefore, collaborative efforts of individuals, organisations, governments and donor-agencies are highly needed. Beside, both language minorities and majorities must be judiciously used as well as official language, English, in Nigeria to take care of every linguistic interest and group.

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