

GHANA INSTITUTE OF JOURNALISM

THE ROLE OF HEALTH COMMUNICATION STRATEGIES IN PROMOTING
SUSTAINABLE DEVELOPMENT. A STUDY OF THE NATIONAL MALARIA
CONTROL PROGRAMME (NMCP).

PATIENCE CIBIL OSEI

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SUSTAINABLE DEVELOPMENT. A STUDY OF THE NATIONAL MALARIA
CONTROL PROGRAMME (NMCP).

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A DISSERTATION SUBMITTED TO THE GHANA INSTITUTE OF JOURNALISM IN
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DEVELOPMENT COMMUNICATION.

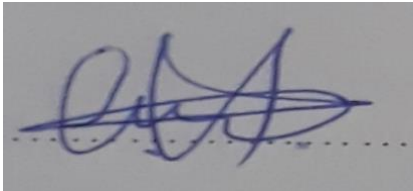
SEPTEMBER 2020

STUDENT'S DECLARATION

I hereby declare that this dissertation is a result of the fieldwork carried out by me and has never been submitted in whole or in part for another degree in the Institute or elsewhere. References cited in the work have been duly acknowledged. The researcher is solely responsible for all data collection and analysis made as a result of the study.

Patience Cibil Osei

(Student)



Signature

Date ...01/10/2020..

SUPERVISOR’S CERTIFICATION

I hereby certify that the preparation and presentation of this dissertation were supervised in accordance with guidelines on supervision laid down by the Ghana Institute of Journalism.

Dr. Richard Boateng

(Supervisor)

A rectangular box containing a handwritten signature in blue ink. The signature is highly stylized and appears to be 'R. Boateng'.

Signature

Date ...01/10/2020...

DEDICATION

This dissertation is dedicated to my mum, Madam Esther M. Awuley, for standing by me all through my achievements and struggles. To my fiancé, Mr. Lawrence Nana Yaw Okyere Mante and Barrister Charles Kwaku James (Esq) for their immense love, inspiration, support, and mentorship.

Also to my sister, Ms. Mavis Ayisi and niece, Nana Akua Takyi. To Mrs. Akua Durowaa Owusu Agyekum, Lawyer Benjamin Tachie Antiedu, and Mr. Daniel Boateng for their immense support and guidance.

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LIST OF ABBREVIATIONS

| | |
|--------|--|
| BCC | Behavioural Change Communication |
| CDC | Centers for Disease Control and Prevention |
| DFID | Department For International Development |
| IE&C | Information, Education and Communication |
| ITN | Insecticide Treated Net |
| NMCP | National Malaria Control Programme |
| SCT | Social Cognitive Theory |
| SDG | Sustainable Development Goals |
| TPB | Theory of Planned Behaviour |
| TRA | Theory of Reasoned Action |
| UNICEF | United Nations International Children's Emergency Fund |
| UNDP | United Nations Development Programme |
| WHO | World Health Organisation |

ABSTRACT

Development is a phenomenon that dates back to history. A country that is not developed is usually tagged as backward or primitive. Most often than not, health-related issues are not placed under the umbrella of development. Some limit development to the erecting of tall buildings, having a very good economy with a low inflation rate.

This study brings to light the need to treat health-related issues as part of development. Findings from this research indicated that the National Malaria Control Programme (NMCP) uses three (3) main health communication strategies to reach out to their audiences. These are: Behaviour Change Communication (BCC) which targets attitudinal change, Advocacy which targets the powers that be in a community, and finally, Social Mobilization which engages institutions, community networks, as well as social and religious groups/bodies. It is worth noting that when a country prioritises its health system and thrives to stabilize it, then development will not elude them.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This study presents an assessment of health communication strategies in promoting sustainable development. It contains the background of the study, statement of problem, objectives of the study, research questions, significance of the study, scope of the study, and organisation of the study.

1.2 Background of the Study

1.2.1 Health Communication Strategies

Health communication undoubtedly is a young but rapidly growing interdisciplinary area of study concerned with studying the powerful roles performed by human and mediated communication in health care delivery and health promotion. Kreps (2014) states that the field of health communication began to formalize in the early 1970s, but has roots that go back to early Greece and the medical philosopher Hippocrates who established the Hippocratic Oath concerning the ethics of medical practice. Health communication has developed as an exciting, applied social scientific area of inquiry that uses both qualitative and quantitative research to examine the many ways that communication influences health, health care delivery, and health promotion.

According to Thomas (2006), during the last years of the 20th century, health professionals developed a growing appreciation of the critical role that communication plays in health care. Health Communication according to Grant (2015) officially became a sub-discipline of communication in 1975 at the annual convention of the International Communication

Association. Today, health communication is one of the most vibrant, complex, and significant areas of research and practice in contemporary society. As many scholars have noted, health communication affects all persons throughout their lives, whether through interpersonal conversations about health, exposure to health images and information through the media, or involvement in the healthcare system. As health issues become more pressing in society, the interest in health communication and the roles for health communication scholars and practitioners are certain to increase.

Schiavo (2007) explains that health communication is about improving health outcomes by encouraging behaviour modification and social change. It is increasingly considered an integral part of most public health interventions. He further articulates that it is a comprehensive approach that relies on the full understanding and involvement of its target audience.

The Centers for Disease Control and Prevention (CDC) define health communication as the study and use of communication strategies to inform and influence individual and community decisions that enhance health.

The United Nations Children's Fund (UNICEF) in 2008 published a document titled *Writing a Communication Strategy for Development Programmes*. Within this document is a number of communication strategies that are to serve as a guideline in developing health programmes or activities geared towards social change. Several definitions are used in the communication for development field to describe the three basic components or strategies of communication: Advocacy, Social Mobilization, and Behaviour Change Communication (BCC). Although listed separately, "effective communication relies on the synergetic use of the three strategic components" UNICEF (1999). The subsequent paragraphs will explain what each component or strategy entails as stated in the UNICEF document.

1.2.2 Development

Development is inevitably treated as a normative concept, as almost a synonym for improvement. This particular concept has got most scholars to share their views on what really constitutes development. Development is a necessary element in both poor and rich countries.

Harris (2000) articulates that prior to the second half of the 20th century, the idea of development as we know it today barely existed. The structures of imperial and colonial power which dominated the world in the nineteenth and early twentieth centuries made little provision for economic and social advance in what we now call the developing world. By the end of the Second World War, perceptions and policy had changed drastically. Economic and social improvement for the majority had become a major preoccupation of governments, and with the crumbling of colonial power relations this goal was extended to the poorer nations of the world. Development is not purely an economic phenomenon but rather a multi-dimensional process involving reorganization and reorientation of entire economic and social system.

Development implies change, and this is one sense in which the term development is used; that is, to describe the process of economic and social transformation within countries. This process often follows a well-ordered sequence and exhibits common characteristics across countries.

Modernization theorists held, first, that developed societies were distinguished by their economic, social, cultural and political modernity, which contrasted sharply with the traditional values of underdeveloped, developing, backward, third world or latecomer nations.

Development in its simplest definition and perhaps in its common usage can be considered as the objective of moving to a state relatively better than what previously existed: “good change” as defined by Chambers (1997). As change is a process, this definition of development tends

to denote a process towards a desirable state in society. Whether this state is achieved in the short or long term, change has several implications for society. As a result, the term development in both academic and non-academic fields has enjoyed an ambiguous position of being alluded to a diversity of meanings defining or evaluating what 'good change' is, and who this good change belongs to. To this effect, development tends to be a space of discourse and activity that embraces several distinct and interrelated conceptualizations and understandings of good change.

The World Bank stated in its 1991 World Development Report that, "The challenge of development is to improve the quality of life. Especially in the world's poor countries, a better quality of life generally calls for higher incomes – but it involves much more. It encompasses as ends in themselves better education, higher standards of health and nutrition, less poverty, a cleaner environment, more equality of opportunity, greater individual freedom, and a richer cultural life" (World Bank, 1991: 4).

Sustainable development is a new paradigm of development that emphasises on intergenerational equity. This concept of conserving resources for future generations is one of the major features that distinguish sustainable development policy from traditional environmental policy, Emas (2015). The overall goal of sustainable development is the long-term stability of the economy and environment which is only achievable through the integration and acknowledgement of economic, environmental and social concerns throughout the decision-making process.

1.3 Statement of Problem

The development focus has shifted from economic growth to include other social dimensions needed to ensure meaningful results in the long run, as indicated by the consensus built in the definition of the Millennium Development Goals, now Sustainable Development Goals. Sustainability and people's participation became key elements of this new vision, as acknowledged also by the World Bank (1994: 3): "Internationally, emphasis is being placed on the challenge of sustainable development, and participation is increasingly recognized as a necessary part of sustainable development strategies."

Change occurs at different times in different places and different conditions, there is no independent theory that has come up to explain how precisely that change occurs. It is commonly acknowledged that for change to occur there is an exchange of information. This can be from change agents, mass media, observations, discussions, and internal catalyst. Thus, ensuring effective information exchange or communication can help ensure the changes in health behaviours towards sustainable development.

Information plays a key role in accelerating change in any society. If people are made to realize the need for change and they are given adequate information about the change, they will be willing to try out the change. On the other hand, if people don't appreciate the need for change and they get scanty information about the change, they are likely to be resistant to change.

Although information is a pre-requisite for change to take place, it is important to note that the availability of information alone will not automatically lead to the desired change. Thus, information is not the only important factor in the change process. Other factors that affect people's way of life, like the socio-economic and political conditions, are also important considerations which all influence change.

Strategic communication is supposed to be a pre-requisite and an instrument of effective policy making and public participation: from formulating a vision, negotiating and decision making, developing and implementing plans to monitoring impacts. Communication serves information exchange, establishing consensus among divergent opinions and interests, and facilitates the building of know-how, decision making and action capacities at the heart of the delicate cooperation between government, civil society groups, and the private sector.

Being strategic is about setting goals and identifying means of achieving them; it implies adopting an approach that is based on good evidence, has an underlying vision, sets priorities, goals and direction, and sets out the main tactics for achieving these. For sustainable development, being strategic requires a comprehensive understanding of the concept and its implications, but not necessarily a comprehensive set of actions; at least at any one time. Strategic communication goes beyond dissemination of information but involves the active solicitation of stakeholders' perspectives. It ensures a two-way flow of communication, addresses human factors such as sociology, psychology, culture, behavior, and politics, and helps in building consensus and partnerships regarding the development agenda.

Since communication plays a major role in development, there is the need that effective health communication strategies are put in place to bring about desired social change. The absence or strategic management of diseases in a country contributes positively to its human and economic development which ought to be sustained. To this effect, there is the need to assess the role of health communication strategies in bringing about sustainable development; with regard to the National Malaria Control Programme (NMCP) and its role or core mandate in achieving this objective.

1.4 Objectives of the Study

This study seeks to assess the role of health communication strategies in promoting sustainable development. The goal is to establish a relationship between health communication strategies and development, i.e social change. The specific objectives are as follows:

- Examine the core mandate of the National Malaria Control Programme (NMCP) in relation to social change.
- Ascertain the health communication strategies used by the National Malaria Control Programme (NMCP).
- Examine the effect of health communication strategies on sustainable development.

1.5 Research Questions

The following are some questions that the study seeks to find answers to:

- What is the core mandate of the National Malaria Control Programme (NMCP)?
- What health communication strategies are used by the NMCP?
- What are the effects of health communication strategies on sustainable development?
- What relationship exists between health communication and sustainable development?

1.6 Significance of the Study

This study will be beneficial in many ways as it is believed that results derived from it will:

- Contribute to existing knowledge;
- Serve as a reference document for policy formulation and implementation;
- Identify gaps in the current strategies used by the NMCP and provide suitable solutions;
- Serve as a reference material that can be shelved for generations to always consult when there is a need to establish a relationship between health communication and sustainable development.

1.7 Scope of the Study

The study is limited to the health communication strategies used by the National Malaria Control programme (NMCP) and not just any other strategy. The underlying terms or concepts here are health, communication, and sustainable development. Also, comparisons with the NMCP in other countries may not be made or even if made, will not be a standard by which this project will be judged. Prospective respondents will be officers of the NMCP and other respondents who can contribute to achieving the stated objectives of the study.

1.8 Organisation of the Study

The study is categorized into five different chapters with various sub sections. The first chapter is the introductory chapter which includes: an introduction to the entire study, background to the study, problem statement, research objectives, research questions, significance of the study, scope of the study, and the organisation of the study. The second chapter is the Literature Review section where existing literature related to this study is reviewed and critiqued. It also involves theoretical frameworks to review the study and deduce meaning out of it. The third chapter is the Methodology chapter which captures the research design, population and sample, data collection instruments, procedure for the collection of data, and data presentation and analysis. Chapter four includes Findings and Analysis where data collected is interpreted, justification of research objectives, and provision of appropriate evidence in terms of quotations to illustrate and emphasize results. The final chapter comprises of discussions, conclusions, and suggestions for further studies. In order to prove credibility and accuracy, all materials that have been used in the execution of the research will be acknowledged, that is, referenced. There will be an attachment of all data collection tools, i.e copies of questionnaires, interview guides, and transcribed interviews as well as other essential documents in a section called appendix.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

This chapter discusses the theoretical framework used for the study as well as a review of other related works. The literature review makes references to authors who have already written on a related topic to whose work the researcher has access or has relied on.

In conducting a study, it is important to review the existing works related to the study for the purposes of ascertaining knowledge and other sources of information that are relevant to the problem or issue in question. Literature review is important as it helps to acquire understanding of the issue at stake, the relationship with other works that have been carried out, and the contribution the work under study can add to existing knowledge.

The critique of various positions by scholars, academics, and writers can help in situating theories and concepts within context. The review is equally relevant in assisting to raise critical issues necessary to address the problems of the study.

The interest of the researcher is to assess the health communication strategies used by the National Malaria Control Programme (NMCP) and how they contribute to development. The chapter presents an overview of health communication strategies or strategic communication and its role in bringing about social change/development; alongside some theories.

2.2 THEORETICAL FRAMEWORK

A theory is relevant to any research work. Silverman (2006) defines theory as a set of concepts used to explain some phenomenon.

Theory allows the researcher to make links between the abstract and the concrete; the theoretical and the empirical; thought statements and observational statements. Neuman (1997) articulates that theory explains and predicts the relationship between variables. Gilbert (2007) also argues that a theory highlights and explains something that one would otherwise not see, or would find puzzling. Often, it is an answer to a ‘why’ question.

Neuman (1997) is of the view that theory increases a researcher’s awareness of interconnections and of the broader significance of data; and also suggests ways for the researcher to make sense of research data. The theories for this study are the Theory of Planned Behaviour (TPB) which also captures the Health Belief Model and the Participatory Theory.

2.2.1 THEORY OF PLANNED BEHAVIOUR

The Theory of Planned Behaviour (TPB) is an extension of the theory of Reasoned Action (TRA) which was propounded by Martin Fishbein and Icek Ajzen in 1980. The theory of Reasoned Action (TRA) is based on the assumptions that human beings are usually quite rational and make systematic use of the information available to them. People consider the implications of their actions in a given context at a given time before they decide to engage or not engage in a given behaviour, and that most actions of social relevance are under volitional control.

However, additions made to the TRA brought about the Theory of Planned Behaviour which proposes that although health beliefs go some way towards helping us to understand when

people will change their health behaviours, it is also now recognized that a complete model of health behaviour needs to pay more attention to the role of behavioural intentions and actions. The theory of planned behaviour attempts to link health beliefs directly to behaviour, Ajzen (1985, 1988 cited in Berry, 2007).

Ajzen (1991) further espouses that as in the original theory of reasoned action, a central factor in the theory of planned behaviour is the individual's intention to perform a given behaviour. Intentions are assumed to capture the motivational factors that influence a behaviour; they are indications of how hard people are willing to try, of how much of an effort they are willing to exert, in order to perform the behaviour. As a general rule, the stronger the intention to engage in a behaviour, the more likely should be its performance.

TPB proposes that intentions should be conceptualized as plans of action in pursuit of behavioural goals. Intentions result from three (3) factors or beliefs: 1. The attitude towards behaviour, 2. Subjective norms including social norms and pressures, and 3. Perceived behavioural control or self-efficacy. The theory contends that people estimate consequences of actions before deciding to engage or not engage (intent factor).

According to the theory, these three factors predict behavioural intentions which are then linked to behaviour. However, it also acknowledges that perceived behavioural control can have a direct effect on behaviour itself. Berry (2007) is of the view that in order influence health behaviours, health communications need to address these three factors.

Under the TPB, attitudes toward a specific behaviour are a function of the person's beliefs about the consequences of such behavior (for example, for a person to start sleeping in treated

mosquito nets is an indication that they believe they will not contract malaria easily when they do so). According to Schiavo (2007), these are called behavioural beliefs.

Bilic (2005) articulates that the Theory of Planned Behaviour has its central objective being to predict behaviour and understand its causes. He adds that, the TPB proposes that a person's intention is the most important as well as the most proximate predictor (immediate antecedent) of a specific behaviour. However, Bilic (2005) is of the view that the TPB is unable to account for a large proportion of variance in both intentions and behaviour.

Armitage et al (2004 cited in Bilic, 2005) posit that the Theory of Planned Behaviour cannot sufficiently explain the crucial step of translation of intentions into actions, and this is one of the major limitations of the TPB.

2.2.2 Health Belief Model

The health belief model (HBM) is one of the first models developed to explain the process of change in relation to health behaviour, Schiavo (2007). The health belief model was developed in the 1950s by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal of the U.S. Public Health Service who wanted to explain why few people were participating in programs to prevent and detect disease.

This model according to Berry (2007), perceives that threat motivates people to take action, but beliefs about potential behaviours determine the specific plan of attack. Threat is operationalized in terms of both perceptions of the severity of a particular health problem and perceptions of the person's susceptibility to that health problem.

This means that effective health communications need to emphasize both of these factors in order to influence health beliefs. Relevant beliefs concern the perceived benefits of taking

appropriate action as well as any perceived barriers to taking that action. An element of the model specifies that behaviour is driven by internal or external cues to action.

Schiavo (2007) explains that the health belief model has the following components:

1. Perceived susceptibility: The individual's perception on whether he or she is at risk for contracting a specific illness or health problem
2. Perceived severity: The subjective feeling on whether the specific illness or health problem can be severe (for example, permanently impair physical or mental functions) or life threatening and therefore worthy of one's attention
3. Perceived benefits: The individual's perceptions of the advantages of adopting recommended actions that would eventually reduce the risk for disease severity, morbidity, and mortality
4. Perceived barriers: The individual's perceptions of the costs of and obstacles to adopting recommended actions (includes economic costs as well as other kinds of lifestyle sacrifices)
5. Cues to action: Public or social events that can signal the importance of taking action (for example, a neighbor who is diagnosed with the same disease or a mass media campaign)
6. Self-efficacy: The individual's confidence in his or her ability to perform and sustain the recommended behavior with little or no help from others.

In describing the health belief model Pechmann (2001 cited in Schiavo, 2007) refers to it as a risk learning model because the goal is to teach new information about health risks and the behaviours that minimize those risks. Again, Andreasen (1995 cited in Schiavo, 2007) argues that the overall premise of the health belief model is that knowledge will bring change.

Knowledge is brought to target audiences through an educational approach that primarily focuses on messages, channels, and spokespersons.

Armitage and Conner (2000) criticise the Health Belief Model on the grounds that the components have been formulated without definition and without any rules of combination. For example, although threat may be a function of severity and susceptibility, they are presented as separate predictors of behaviour.

Sheeran and Abraham (1996 cited in Armitage and Conner, 2000) argue that all Health Belief Model variables correlate only weakly with behaviour. They further suggest that weak predictive validity of the Health Belief Model is a function of poor definition of constructs, lack of combinatorial rules, and no evidence of discriminant validity between Health Belief Model components and variables from other models.

2.2.3 PARTICIPATORY THEORY

The participatory theory also known as the multiplicity approach emerged from the critiques of the top-down approach of the dominant paradigm of development in the 1980's. The argument is that these theories were disempowering and tried to impose the same development methods that the West used to achieve modernity and through this process locals were not included in the development scheme and treated as objects, Parrott (2011).

The participatory theory proposes that development should be people-oriented, this is to say that the people or beneficiaries must be involved in the development process, Schumacher (1973). It again argues that people should be the incubators of development, development must spring up from the people. This theory according to Mefalopulos (2003) attempts to transform

people from passive recipients into active agents of development efforts. At the heart of the participatory paradigm is dialogue, participation, and empowerment, Guba (1990) as cited in Mefalopulos (2003).

The theory again posits that development is an integral, multidimensional, and dialectic process that can differ from society to society. The paradigm emphasizes on cultural identity. Servaes (1999) labels this theory of development as “the best of both world views”.

The theory stresses on people as the nucleus of development. Unlike the modernization theory, it encourages the subject to be the active participator- people centered approach. Therefore, it can be called the bottom-up approach or horizontal communication to development. The multiplicity paradigm pays more attention to the content of development, which implies a more normative approach. It favors a multiplicity of approaches on the context, the basic, felt needs, and the empowerment of the most oppressed sectors of various societies at different levels; that is cultural identity, local knowledge and capability, gender equality, empowerment, good governance, participation, human right, eradication of poverty, basic needs, and democracy.

2.3 REVIEW OF RELATED STUDIES

Health Communication according to Grant (2015) officially became a sub discipline of communication in 1975 at the annual convention of the International Communication Association. Today, health communication is one of the most vibrant, complex, and significant areas of research and practice in contemporary society. As many scholars have noted, health communication affects all persons throughout their lives, whether through interpersonal conversations about health, exposure to health images and information through the media, or involvement in the healthcare system. As health issues become more pressing in society, the

interest in health communication and the roles for health communication scholars and practitioners are certain to increase.

Schiavo (2007) explains that health communication is about improving health outcomes by encouraging behaviour modification and social change. It is increasingly considered an integral part of most public health interventions. He further articulates that it is a comprehensive approach that relies on the full understanding and involvement of its target audience.

The term health communication contains two variables, 'health' and 'communication'. Communication seems to play a very important role in the area of health. Corcoran (2007) states that communication has an essential role in any action that aims to improve health. He further explains that it is difficult to imagine how a message could be delivered to promote healthy choices if we could not communicate. What then can we say health communication is? The Centers for Disease Control and Prevention (CDC) define health communication as the study and use of communication strategies to inform and influence individual and community decisions that enhance health.

Schiavo (2007:7) presents a detailed explanation of what health communication is as he defines it as:

“A multifaceted and multidisciplinary approach to reach different audiences and share health-related information with the goal of influencing, engaging, and supporting individuals, communities, health professionals, special groups, policymakers and the public to champion, introduce, adopt, or sustain a behaviour, practice, or policy that will ultimately improve health outcomes”.

Grant (2015) presents a simple but self-explanatory definition of the concept; health communication is the study of messages that create meaning in relation to physical, mental,

and social wellbeing. This implies that the physical, social, and mental wellbeing of the individual is what is targeted.

Corcoran (2007) states that communication in health takes place on many levels, including individual, group, organisation, community or mass media. He further states that the main difference in communicating health is that the focus is not a general one but one specific to health information. Kreps (2003 cited in Corcoran, 2007) summarizes the addition of 'health' to the definition of communication as a 'resource' that allows health messages to be used in the education and avoidance of ill health. This explanation incorporates the fact that health communication can take place at many levels and embodies a holistic approach to health promotion.

Rogers (1996 cited in Grant, 2015) simply captures health communication as any type of human communication whose content is concerned with health. This definition means that any form of human communication that addresses health issues or has health as its main goal can be captured as health communication. However, I am of the view that health communication goes beyond that; it involves strategic communication and not just communication in its plain state. To get people who have never slept under treated mosquito nets to do so will not just require communication, but a package of strategies and tactics which will address these behaviours or beliefs.

Smith and Hornik (1999 cited in Schiavo, 2007) define health communication as a process for the development and diffusion of messages to specific audiences in order to influence their knowledge, attitudes and beliefs in favour of healthy behavioural choices.

Again, Muturi (2005) articulates that the goal of health communication is to increase knowledge and understanding of health related issues and to improve the health status of the intended audience.

The New South Wales Department of Health (2006) is of the view that health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda.

With all the definitions and explanations captured above, I believe health communication is basically a process of using communication strategies to change or improve the behaviour or attitude of people towards healthy lifestyles.

Schiavo (2007) outlines ten (10) elements of health communication:

- Audience Centered: Health communication is a long term process that begins and ends with the audience's desires and needs. He further explains that the audience in this context is not merely a target but an active participant in the process of analyzing the health issue and finding culturally appropriate and cost-effective solutions. To achieve effective health communication programs, audiences must be engaged in defining and implementing key strategies and activities. This simply implies that there cannot be effective health communication if the targeted audience is not involved in the process. Audiences must be involved in the decision-making process and be allowed to suggest solutions to address the health problem.

For example, if a health communication program aims at eradicating malaria from a particular community, all strategies and key program elements should be designed, discussed, tested, and implemented together with membership organisations, groups,

leaders, and audience samples representing this target audience. He articulates that the most important thing is for the audiences to feel invested and well represented. They should be the key protagonists of the action-oriented process that will lead to behavioural or social change.

- **Research Based:** Health communication is grounded in research. Successful health communication programs are based on a true understanding not only of the intended audience but also of the situational environment. This includes policies, social norms, key issues, and obstacles in addressing the specific health problem.

Health communication programs require a comprehensive research approach that relies primarily on traditional research techniques for the formal development of a situation analysis, also known as formative research or audience research.

Situation analysis according to Schiavo (2007) is a planning term that describes the analysis of individual, social, political, and behaviour-related factors that can affect attitudes, behaviours, social norms, and policies about a health issue. Audience research or profile is a comprehensive, research-based, and strategic description of all key audience's characteristics, demographics, needs, values, attitudes, and behaviour. With the explanation given above, there cannot be an effective health communication program without research. Research presents the foundation on which the entire program is built.

- **Multidisciplinary:** Health communication is transdisciplinary in nature and draws on multiple disciplines. Schiavo (2007) articulates that health communication recognizes the complexity of attaining behavioral and social change and uses a multifaceted

approach that is grounded in the application of several theoretical frameworks and disciplines, including health education, social marketing, and behavioral and social change theories.

He further elaborates that it is not anchored to a single specific theory or model. With the audience always at the core of each intervention, it uses a case-by-case approach in selecting those models, theories, and strategies that are best suited to reach people's hearts; secure their involvement in the health issue, and most important its solutions; and support and facilitate their journey on a path to better health.

- **Strategic:** Health communication programs need to display a sound strategy and plan of action. All activities need to be well planned and respond to a specific audience-related need. "Communication strategies need to be research-based, and all activities should serve such strategies" (Schiavo 2007:16). He further explains that program planners should not rely on any workshop, press release, brochure, video, or anything else to provide effective communication without making sure that their content and format reflect the selected approach (the strategy) and is a priority in reaching the audience's heart. For this purpose, health communication strategies need to respond to an actual need that has been identified by preliminary research and confirmed by the intended audience.
- **Process Oriented:** Schiavo (2007) articulates that communication is a long term process. Influencing people and their behaviours requires an ongoing commitment to the health issue and its solutions. In health communication, educating target audiences about health issues and ways to address them is only the first step of a long-term audience-centered process.

This process according to Schiavo (2007) often requires theoretical flexibility to accommodate the needs of interested groups and audiences. Health communication programs to a large extent are systematic or procedural. This means that they go through stages or systematic steps to achieve results.

- **Cost Effective:** Cost effectiveness is a concept that health communication borrows from commercial and social marketing. Schiavo (2007) articulates that it is particularly important in the competitive working environment of nonprofit organizations, where the lack of sufficient funds or adequate economic planning can often undermine important initiatives. It implies the need to seek solutions that allow communicators to advance their goals with minimal use of human and economic resources.

Nevertheless, concerns related to cost-effectiveness should never prompt a significant reduction of the program's objectives unless resources are not adequate to support all of them. Communicators should use their funds as long as they are well spent and advance their research-based strategy. They should also seek creative solutions that minimize the use of internal funds and human resources by seeking partnerships, using existing materials or programs as a starting point, and maximizing synergies with the work of other departments in their organization or external groups and stakeholders in the same field.

- **Creative in support of Strategy:** Creativity according to Schiavo (2007) enables communicators to devise solutions that preserve the sustainability and cost-effectiveness of specific health communication interventions. It also presents an avenue for health communicators to consider multiple options, formats, and channels to reach target audiences.

He further elaborates that even the greatest ideas or the best-designed and best-executed communication tools may fail to achieve behavioural or social change goals if they do not respond to a strategic need identified by marketing and audience-specific research and endorsed by key stakeholders from target groups.

- **Audience and Media Specific:** Health communication messages need to be audience specific and tailored to channels allowing the most effective reach to target audiences. In developing audience-specific messages and activities, the contribution of local advocates and community representatives is fundamental to increase the likelihood that messages will be heard, understood, and trusted by target audiences. A further explanation of this is that audience need to be segmented in order to achieve goals. Each set of audience might require a different channel or medium based on certain social characteristics.
- **Relationship Building:** Communication according to Schiavo (2007) is a relationship business. Establishing and preserving good relationships is critical to the success of health communication interventions, and, among other things, can help build long-term and successful partnerships and coalitions, secure credible stakeholder endorsement of the health issue, and expand the pool of ambassadors on behalf of the health cause. He articulates that most importantly, good relationships help create the environment of “shared meanings and understanding” as stated by Pearson and Nelson (1991), that is central to seeking social or behavioural change at the individual and community levels. Good relationships should be established with key stakeholders and representatives of target audiences, health organisations, governments, and many other

critical members of the extended health communication team. In summary, the key to effective and sustainable health communication programs is relationship building.

- **Aimed at Behavioural and Social Change:** Schiavo (2007) articulates that we are in the era of strategic behaviour communications. Although the ultimate goal of health communication has always been influencing behaviours and social norms, there is a renewed emphasis on the importance of establishing behavioural and social objectives early in the design of health communication interventions. Social change typically takes place as the result of a series of behavioural changes at the individual, group, or community level. The above assertion indicates that the main objective of health communication is targeted at behavioural or attitudinal change.

Individuals are trained to exhibit certain behaviours to address certain health issues as the Theory of Planned Behaviour (TPB) proposes. At the center of it all is the intention behind that behaviour. This means that if a health communication program seeks to make individuals or a community adopt the use of Insecticide Treated Nets (ITNs) as part of their daily lives, the intention behind this is to reduce the incidence and prevalence of malaria cases in that community.

According to the US Department of Health and Human Services, health communicators can use a wide range of methods to design programs to fit specific circumstances. These methods include:

- **Media literacy:** Teaches intended audiences (often youth) to deconstruct media messages so they can identify the sponsor's motives; also teaches communicators how to compose messages attuned to the intended audience's point of view.

- **Media advocacy:** Seeks to change the social and political environment in which decisions that affect health and health resources are made by influencing the mass media's selection of topics and by shaping the debate about those topics.
- **Public relations:** Promotes the inclusion of messages about a health issue or behavior in the mass media.
- **Advertising:** Places paid or public service messages in the media or in public spaces to increase awareness of and support for a product, service, or behavior.
- **Education entertainment:** Seeks to embed health-promoting messages and storylines into entertainment and news programs or to eliminate messages that counter health messages; can also include seeking entertainment industry support for a health issue.
- **Individual and group instruction:** Influences, counsels, and provides skills to support desirable behaviors.
- **Partnership development:** Increases support for a program or issue by harnessing the influence, credibility, and resources of profit, nonprofit, or governmental organizations.

To draw the curtains on the discussions of health communication, Schiavo (2007) presents an interesting outline of what health communication can and cannot do. Please refer to the table below:

| CANS' OF HEALTH COMMUNICATION | CANNOTS' OF HEALTH COMMUNICATION |
|--|---|
| <ul style="list-style-type: none"> • Raise the awareness of health issues to drive policy or practice changes | <ul style="list-style-type: none"> • Cannot work in a vacuum, independent from other larger public health or marketing interventions. |
| <ul style="list-style-type: none"> • Secure stakeholder endorsement of health issues | <ul style="list-style-type: none"> • Cannot replace the lack of local infrastructure or capability. |
| <ul style="list-style-type: none"> • Influence perceptions, beliefs and attitudes that may change social norms. | <ul style="list-style-type: none"> • Cannot compensate for the absence of adequate treatment or diagnostic or preventative options. |
| <ul style="list-style-type: none"> • Promote data and emerging issues to establish new standards of care. | <ul style="list-style-type: none"> • Cannot be equally effective in addressing all issues or relaying all messages, at least in the same time frame. |

2.4 STRATEGIES

The concept of strategy according to Nickols (2016) has been adopted from the military and adapted for use in businesses and organisations. In the military, strategy bridges the gap between policy and tactics. Together, strategy and tactics bridge the gap between ends and means. Strategy is a term that comes from the Greek word *Strategia*, which means 'generalship'. In military, strategy often refers to maneuvering troops into position before the enemy is fully engaged.

Mintzberg (2001) presents five definitions of strategy- as a plan, ploy, pattern, position, and perspective. As a plan, strategy is "some sort of consciously intended course of action, a guideline to deal with a situation" (p11). He further explains that by this definition, strategies

have two essential characteristics: first, they are made in advance of the actions to which they apply; and secondly, they are designed consciously and purposefully. As plans, strategies may be general or specific.

As a ploy, Mintzberg (2001) defines strategy as a specific maneuver intended to outwit an opponent or competitor. He states that here, the real strategy is a threat, and not the action itself, and as such is a ploy. In the case of malaria eradication, the NMCP may use a ploy to get rid of competitors who are not providing the right measures and education to people in order to combat malaria.

As a pattern, strategy is a pattern in a stream of actions. This definition according to Mintzberg (2010) implies consistency in behaviour, whether or not intended.

As a position, strategy is the mediating force between organisation and environment, that is, between the internal and external context. This means that between the National Malaria Control Programme and its environment, strategy acts as a mediating force.

Strategy as a perspective; means that its content does not only consist of a chosen position but of an ingrained way of perceiving the world.

Jonas (2000) defines strategy as a plan, method, or series of actions for obtaining a specific goal or intended results. He further explains that strategies not only to be formulated, but implemented, managed, and monitored the same as any other business process. Jonas (2000) argues that strategy in itself has nothing to do with goals, objectives, or purpose. Instead, strategy defines how those things are going to be achieved; in other words, strategy is not the mission, it is the plan that allows the mission to be accomplished.

Nickols (2016) espouses that strategy is a term that refers to a complex web of thoughts, ideas, insights, experiences, goals, expertise, memories, perceptions, and expectation that provides general guidance for specific actions in pursuit of particular ends. He further explains that Strategy, then, has no existence apart from the ends sought. It is a general framework that provides guidance for actions to be taken and, at the same time, is shaped by the actions taken. This means that the necessary precondition for formulating strategy is a clear understanding of the ends to be obtained. Without these ends in view, action is purely tactical and can quickly degenerate into nothing more than a flailing about.

Kaplan (1991) articulates that strategy is the framework that obliges you to make choices about what to say and how to say it, in ways that are faithful to your goals and the needs of your audience. He again states that strategy manages the fit. Like a master tailor, it drives you to take up a little here and lit out a little there- all the time shaping ideas to the mindset of the audience.

“Strategy, after all, is the management process that determines the direction your communication will take, what it will achieve, and how you get from the here-and-now to the there-and-then” Kaplan (1991:25).

Jonas (2000) identifies four (4) categories of strategies:

1. Designed strategy: He explains that this is probably the most ‘traditional’ kind of strategy, because it is deliberate, defined and knows exactly where it is going. It is also written, with a clear, predetermined aim that is known and communicated to all the individuals within the organisation. A designed strategy leaves no question as to what path the organisation is on.

2. **Adaptive Strategy:** Unlike the designed strategy, an adaptive strategy evolves over time in response to pressures inside and outside the organisation. Strategies are developed through an ongoing process of trial and error.
3. **Framed Strategy:** In contrast to both designed and adaptive strategies, a framed strategy consists of a set of actions with little or no detail. Rather than a defined path, a framed strategy generally starts out with a set of initiatives – loosely defined actions which require individuals to determine their own course in order to achieve the expected result. There is not much leadership in a framed strategy, and for this reason it will most likely never achieve results unless it is transformed into either a designed or adaptive strategy.
4. **Executed Strategy:** This is simply a designed or adaptive strategy that has formed a consistent pattern of action or behaviour overtime. In other words, an executed strategy is done, it is finished, and it is been integrated into the organization's way of doing things. Provided it is achieving the intended result, there is nothing further to add or subtract from an executed strategy.

Jonas (2000:2) concludes by saying that “just as important as the strategy and the aim it is trying to achieve, is the way in which it is managed and implemented. An otherwise set of successful strategies will fail if they are managed incorrectly”.

2.5 HEALTH COMMUNICATION STRATEGIES

Sharf and Poirer (1988) state that, the term 'health communication' was carefully selected over 'medical communication' in order to emphasize a more encompassing concept that includes positive as well as pathological, lay as well as professional, aspects. The health communication strategies are as follows:

1. ADVOCACY

Advocacy is communication targeted at leadership and the powers that be to take actions to support programme objectives. “Leadership” includes political, business and social leaders at national and local levels.

“Advocacy is NOT creating mass awareness or awareness among leaders. Advocacy should always go beyond awareness and lead to specified action” UNICEF (2008:47). It adds that the advocacy component of the strategy should therefore inform and motivate appropriate leaders to create a supportive environment for the programme by taking actions such as: changing policies, allocating resources, speaking out on critical issues, and initiating public discussion. This means that advocacy aims at influential people who can aid achieve social change and sustain it.

Advocacy is “an umbrella term that describes a method, approach and series of tools used to change policies and practices, reform institutions, alter power relations, change attitudes and behaviours and give project work a broader impact” (Coulby, 2010:5).

Coulby (Ibid) espouses that what defines advocacy communications is that it focuses tightly on influencing specific audiences and using specific messages in order to deliver changes in policy or practice. In general, successful advocacy communications require clear objectives, knowledge of the intended audience, language appropriate for that audience and content that is short, specific and to the point. Ideally, these communications should be supported by an advocacy communications strategy which should include a section on how different pieces of communications work will be monitored and evaluated.

UNICEF (2008) explains that advocacy component can build the capacity of leaders to become advocates themselves and speak out on issues pertinent to the programme to: 1. Strengthen political will and remove blockages, 2. Change funding priorities, 3. Support policy change;

and 4. Address social barriers. This means that the leaders or powers that be after they have been empowered can also advocate for the amendment of policies that affect the programme.

Another interesting point to note is that in planning an advocacy strategy, it is useful to distinguish between local level and national level advocacy issues. Policy and legal reforms mostly take place at the national level, whereas advocacy at the local level is geared more towards creating a supportive environment in the community where programme activities occur.

For example, if the NMCP wants to advocate on the change of policies or laws concerning the eradication of malaria in Ghana, that will be done at a higher level. However, involving the chiefs and elders, or assembly men of a particular community to buy into the idea of creating awareness on ITN's in the community will be at the local level. UNICEF (2008) adds that to plan advocacy, there are three main steps to follow:

- Communication objectives advocacy can address

For example, to achieve 100% use of ITNs (Insecticide Treated Nets) at the local level, advocacy with district government and health officials can supplement house-to-house visits, and training local administrators on the use of ITNs.

- Advocacy objectives

It must be stated here how advocacy will help achieve the communication objectives. The advocacy objective is an outcome (result) of advocacy activities; it should be SMART and be action oriented. Where SMART means: Specific-Measurable-Attainable-Realistic-Time-bound. Objectives that do not meet this criteria might be difficult to achieve.

- Advocate/spokesperson or leadership action

From the participant analysis, review secondary and tertiary participants to choose those leaders whose desired actions can be motivated by advocacy; ministry officials to review and change laws to reduce the incidence and prevalence of malaria cases, use of ITNs, local

government officials for resource allocation, and many more Secondary and tertiary participants may also be chosen to become spokespersons and deliver advocacy messages themselves.

I am of the view that certain methods or means can be used to do advocacy. They include: dialogue, negotiation, petition, lobbying, and networking. These methods when applied appropriately and also with the target audience in mind, will achieve results.

2. SOCIAL MOBILISATION

Social mobilization according to UNICEF (2008) is a process of harnessing selected partners to raise demand for or sustain progress toward a development objective. Social mobilization enlists the participation of institutions, community networks, and social and religious groups to use their membership and other resources to strengthen participation in activities at the grass-roots level. The backbone of developing the social mobilization component of a communication strategy comes from a combination of data, participant and behavioural analyses and community input.

Consultation will be needed with the community to ascertain which institutions, social, political and religious groups will have the most influence on the primary participants. This means that for social mobilization to be successful, community participation is one thing that should not be neglected.

Examples of groups that may get involved in social mobilization include school teachers and students, religious groups, farmers' cooperatives, micro-credit groups, civil society organizations, professional associations, women's groups, and youth associations. With social

mobilization, local media systems like community and regional radio stations may be used as channels to disseminate information.

UNICEF (2008) indicates that Social mobilization is usually used in a campaign mode with a specific timeframe as the group members involved (e.g. church members, school teachers, boyscouts) are volunteering their time and cannot participate for an indefinite period. Communication material to support the work of social mobilizers includes something to identify their role in the campaign (caps, T-shirts, bags) as well as some simple informational materials such as brochures or flash cards to help with message delivery.

A review of the situation and programme analysis would suggest groups for social mobilization, and participant and behaviour analysis will suggest what communication task can be accomplished through this approach.

3. BEHAVIOUR CHANGE COMMUNICATION (BCC)

The United Nations Development Programme UNDP (2011) explains that this is probably the best-known approach, as it has been used widely in development programmes since the 1950s. BCC envisages social change and individual change as two sides of the same coin. It has evolved from Information, Education and Communication (IEC) programmes to promote more tailored messages, greater dialogue and increased ownership together with a focus on aiming for, and achieving health-enhancing results. BCC is regarded as an essential element of many health-related programmes.

Behaviour Change Communication (BCC) is an “interactive process for developing messages and approaches using a mix of communication channels in order to encourage and sustain positive and appropriate behaviours” (UNDP 2011:7). This strategy primarily aims at change in behaviour. To a large extent, the target audience already have information concerning the

use of ITNs, ACTs and many more. However, the information provided has not been solely able to change the behaviours or attitudes of audience. Thus, BCC is introduced as a strategy to communicate more effectively. With this approach, the audience will compare the relative advantage of what they are used to (not sleeping under treated bed nets) and the proposed one (sleeping under treated bed nets); and then make a decision or choice.

This approach according to UNICEF (2008) involves face-to-face dialogue with individuals or groups to inform, motivate, problem-solve, or plan with the objective to change behaviour.

Communication strategies work best when they are integrated with various stages for behaviour change or behaviour development, social mobilization and advocacy aimed at achieving clearly identified objectives; and when they are linked to other programme elements and service provision.

As stated earlier, a combination of these strategies will produce effective results. However, one cannot just select these strategies without conducting formative research or a situational analysis. Data gathered from formative research alongside the objectives of the study will direct the choice of strategy. If the right strategy is not selected, it will be difficult to achieve the stated objective.

2.6 SUSTAINABLE DEVELOPMENT

According to Pearson (1992) as cited in Abuiyada (2018), development theories do not provide a comprehensive explanation of development as ‘development’. For example, development does not refer to one particular perspective on social, political and economic betterment. Instead, it is a hybrid term for a myriad of strategies adopted for socio-economic and environmental transformation from current states to desired ones. Abuiyada (2018) however states that the term “development” has various meanings to different people and can be

explained in different contexts. For example, the development needs of a starving population must be different from those where there is sufficient nutrition, Matowanyka, 1991.

Mahmoud (1991) as cited in Abuiyada (2018) espouses that development has often been confused with “economic growth as measured solely in terms of annual increases in pre-capita income or gross national product, regardless of its distribution and the degree of people’s participation in effective growth”. Again, Seers (1972) as cited in Abuiyada (2018) asserts that development means the conditions for realisation of the human personality. Its evaluation must therefore take into account three linked criteria: where there has been a reduction in (1) poverty, (2) unemployment, (3) inequality”.

According to Pearson (1992), development involves “An improvement qualitative, quantitative or both - in the use of available resources”. He also states that development does not refer to one particular perspective on social, political and economic betterment. Instead, it is a hybrid term for a myriad of strategies adopted for socio-economic and environment transformation from current states to desired ones.

Klarin (2018) eloquently espouses that classical theories of development consider development within the framework of economic growth and development. According to these theories, development is a synonym for the economic growth that every state in a particular stage has to undergo, driven by the transformation of traditional agriculture into modern industrialized production of various products and services, i.e. shifting from the traditional society to the stage of maturity and high consumption.

He further adds that the concept of sustainable development is based on the concept of development (socio-economic development in line with ecological constraints), the concept of

needs (redistribution of resources to ensure the quality of life for all) and the concept of future generations (the possibility of long-term usage of resources to ensure the necessary quality of life for future generations). The essence of the concept of sustainable development derives from the *Triple bottom line concept*, which implies the balance between three pillars of sustainability – *environmental sustainability* focused on maintaining the quality of the environment which is necessary for conducting the economic activities and quality of life of people, *social sustainability* which strives to ensure human rights and equality, preservation of cultural identity, respect for cultural diversity, race and religion, and *economic sustainability* necessary to maintain the natural, social and human capital required for income and living standards.

Complete sustainable development is achieved through a balance between all these pillars, however, the required condition is not easy to achieve, because in the process of achieving its goals each pillar of sustainability must respect the interests of other pillars not to bring them into imbalance. So, while a certain pillar of sustainable development becomes sustainable, others can become unsustainable, especially when it comes to ecological sustainability, on which the overall capacity of development depends.

This chapter has provided an avenue to discuss various theoretical frameworks and models, as well as the views of various authorities concerning the topic under study. It is worth noting that development cannot and should not be limited only to economic growth. A healthy population will work hard enough to boost the economy of a country; therefore health communication should not be underestimated. There is the need to educate the population more about good health behaviours so as to prolong the average life span of the population using effective health communication strategies. As stated in the participatory theory, there is the need for horizontal

instead of vertical communication to be employed so as to yield social change which will further lead to sustainable development.

Having presented a discussion on the literature and the theories that drive it, the next chapter explains the methods deployed for data collection and analysis. It also encapsulates the scholarly arguments within the context of articulating an effective methodology

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CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter contains the research design, research method, data collection tools, sources of data, population, sample, and sampling technique. This is to give the readers a fair idea of the structure of the study.

3.2 Research Design

Research Design basically is the structure or format the research will adopt. Kerlinger (1986) defines it as the plan and structure of investigation so conceived as to obtain answers to research questions. Rosenthal and Rosnow (1991) also define research design as a blueprint that provides the scientist with a detailed outline or plan for the collection and analysis of data. The above definitions emphasize the relevance of research design in any study.

The study adopted the qualitative research design. Creswell (1994) as cited in Williams (2007) defines qualitative research design as an unfolding model that occurs in a natural setting that enables the researcher to develop a level of detail from high involvement in the actual experiences.

Qualitative research design involves several methods of data collection, such as focus groups, field observation, in-depth interviews, and case studies. “Qualitative research is multi method in its focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them” (Gall, Borg, and Gall, 1996:28). This design is rooted in the interpretivism paradigm which articulates that reality is multiple and subjective.

This implies that the “qualitative design allows a researcher to view behaviour in a natural setting without the artificiality that sometimes surrounds experimental or survey research” (Wimmer and Dominick 2003:47). Qualitative design provides a number of advantages but most importantly according to Wimmer and Dominick (2003), it is flexible and allows the researcher to pursue new ideas of interest. They further suggest that a questionnaire is unlikely to provide data about the questions that were not asked, but a person conducting a field observation or focus group might discover facets of a subject that were not considered before the study begun.

In addition, qualitative techniques can increase a researchers’ depth of understanding of the phenomenon under investigation. This is especially true when the phenomenon has not been investigated previously. Also, Tench and Yeomans (2006) explain that qualitative research provides insight into causes and motivations and explores information that is completely unknown or unpredicted.

These are the reasons for the choice of a qualitative research design for the study: to enable the researcher have access to in-depth knowledge or information about the phenomenon under study.

3.3 Research Method

The study adopted the case study method. Case studies involve empirical, intensive, and in-depth study of a specific phenomenon. It is the intensive development of detailed knowledge about a single ‘case’ or a small number of related or multiple cases. “A case study is an empirical inquiry that investigates a contemporary phenomenon indepth and within its real-life context especially when the boundaries between phenomenon and context are not evident” (Yin, 2009: 18).

The case study method was able to generate answers for why, what, and how questions. It used as many sources of data as possible to systematically investigate individuals and organisations. It was used because there was a need for the researcher to explore, describe, understand, explain, and evaluate phenomena within their real-life contexts.

The case study method was appropriate for this study because of its particularistic nature, thus, allowing the researcher to focus on one particular phenomenon and exploring it in detail. The researcher was able to focus on exploring into details the health communication strategies used by the National Malaria Control Programme (NMCP). A case study due to its descriptive nature provided a detailed description of the issue under study. Its heuristic nature also allowed the researcher to know and understand what is under investigation leading to the provision of new meanings, new interpretations, and fresh insights.

3.4 Respondents, Sample, and Sampling

Respondents are the broad category from which specific units are selected. The respondents for this study included development experts and health communication professionals in order to achieve the stated objectives.

Wimmer and Dominick (2003) explain that in many situations, an entire population cannot be examined due to time and resource constraints. The usual procedure in these instances is to take a sample from the population. A sample is “a subset of the population that is representative of the entire population” (Wimmer and Dominick 2003:82). Therefore, the sample for this study included two (2) health communication professionals and two (2) development experts. This sample helped the researcher have access to all relevant information needed to achieve stated research objectives.

A sample size of two (2) each was most appropriate because in qualitative research design, generalizations cannot be made, thus, there was the need to choose small and manageable sample sizes. The non-probability sampling technique was used; specifically, purposive sampling. Purposive sampling also known as judgmental sampling allows the researcher to use his or her own judgment to select a member or members who are in the best position to provide the required data. They are deemed to be in the position to serve the purpose and to enable the researcher find answers to the research questions and achieve the objectives. This particular technique was most appropriate because it aimed at respondents who were informative. This implies that using another technique such as the simple random sampling or accidental sampling would have been a disadvantage.

3.5 Sources of Data

Sources of data refer to the people or textual messages from which data are selected. Two main sources of data will be used for this study. They are the primary and secondary sources. Primary data is the type that the researcher will collect for the first time for the purpose of this particular research. Therefore, the primary data of this research was that which was collected for the first time from the respondents, that is, from the health communication and development experts. Primary data was relevant to this research as it increased the reliability and validity of the study.

Secondary data, also known as second-hand data are facts already collected by someone, usually found in the public domain. Secondary data can be found in documents such as journals, books, magazines, and newspapers. The study made use of books, journals, the internet, and newspapers as secondary sources of data to back the primary data that was collected from the respondents. The secondary sources enabled the researcher identify and confirm relationships provided by the primary source and also served as a backup data for the study.

3.6 Data Collection and Instruments

The data collection procedure basically captures how data was collected from respondents. Qualitative interviews were conducted at the various work places or offices of the interviewees. With the help of an interview guide, the researcher asked questions chronologically as presented in the guide. After a period of consistent questioning and answering, the researcher allowed the interviewees to relax and refresh their thoughts which led to the smooth flow of the interview.

A tape recorder was used to record the interview with the permission of the interviewees. Also, the researcher made notes in the process of the interview to prevent any technological barrier, that is, if the recorder had gone off during the interviewing process. All these led to the smooth flow of the interview and allowed the researcher gather the needed information.

The data collection process required that the researcher employed the use of some tools or instruments. For the purpose of this study, qualitative interview was used as the main data collection tool. Qualitative interview also known as interactive interview is the questioning and answering process in which one party encourages the other to freely articulate facts, personal interests, attitudes, feelings, thoughts, behaviors and experiences. Since aspects of these things cannot be observed directly, it is necessary to ask people about them so as to obtain valid data on them. Interactive interview was suitable for the study because it addressed the what, how, and why questions and also, allowed the researcher ask questions on things that could not be observed directly.

Specifically, a semi-structured interview was used in collecting data from the interviewees. Semi-structured interview falls between structured and unstructured interviews. In this case, non-standardized ways were used to ask questions. The researcher used a list of themes, issues,

or topics known as Interview Guide. The researcher was free to add and/or omit certain themes, issues or topics as the data collection proceeds. The guide directed the interview and the flow of questions and also ensured that the researcher covered all necessary themes and issues.

3.7 Data Presentation and Analysis

Data is not meaningful until it is analyzed. This is because analysis of data involves detailed examination of the nature and structure of something by separating them into parts in order to understand and explain them. Data collected through interviews were transcribed. The researcher read the transcribed documents several times and made notes or memos out of them. After transcribing, the data was coded using the letters of the alphabet. In this context, only important variables were coded. After coding, the researcher categorized responses into themes. Based on this, the researcher drew relationships/inferences and also interpreted the responses provided.

CHAPTER FOUR

DATA INTERPRETATION AND ANALYSIS

4.1 Introduction

This chapter comprises of the findings and analysis of the data collected for the study. This is the stage where information gathered will be interpreted and meaning derived from it in relation to the topic under study.

4.2 THE NATIONAL MALARIA CONTROL PROGRAMME (NMCP) AND ITS CORE MANDATE

Respondents revealed that the attempt to control malaria in the country started in the 1950's. The objective was to reduce the burden until it is no longer a public health significance. From that time, the Malaria Control Programme has been in existence within the Ghana Health Service, Public Health Department.

The National Malaria Control Programme is a division of the Ghana Health Service under the Ministry of Health. The study sought to identify the core mandate of the National Malaria Control Programme. Data collected from respondents indicated that the core mandate of the NMCP is to reduce the malaria morbidity or mortality burden by 75% by the end of 2020. This implies that the main thrust of the NMCP is to reduce death cases caused by malaria as well as the burden it brings. It was further revealed that the 2012 report of the NMCP is used as baseline to achieve this core mandate. The core mandate of the communication team is to develop strategies that will enable the entire programme achieve its goals. It is also their duty to draw out a plan that can help communicate with citizens effectively so they can imbibe messages regarding malaria, its contraction, prevention, and treatment.

4.2 HEALTH COMMUNICATION STRATEGIES USED BY THE NMCP

Before addressing the communication strategies of the NMCP, the respondent went ahead to define strategy. It was defined as “an outline, a plan of how communication will be disseminated or reach its target in order to change behaviours.” This definition though not the same in words as the definition provided by Jonas (2000), I believe there is a linkage. Jonas (2000) defines strategy as a plan, method, or series of actions for obtaining a specific goal or intended results. To this end, the researcher deduced that a strategy is plan that aids in achieving results or goals.

Data collected indicated that the National Malaria Control Programme (NMCP) adopts or makes use of three distinct communication strategies though interrelated. They are: Behaviour Change Communication (BCC), Advocacy, and Social Mobilisation. It must be noted that these strategies of the NMCP are in line with the strategies outlined by the UNICEF (2008) as stated in the literature review section. The respondent indicated that Behaviour Change Communication (BCC) targets the entire society or community-“We provide education on several platforms reaching several targets in order to achieve the goal we want to achieve”.

It was also revealed that there is another strategy that is combined with Behaviour Change Communication (BCC) in order to achieve effective change. This strategy is known as Information, Education & Communication, often referred to as IE&C. This strategy according to the respondent “has to do with giving out information; giving out leaflets, manuals and others”. It basically captures awareness creation. However, it was stated that these two strategies are combined because behaviour change goes beyond awareness creation.

Advocacy on the other hand as captured by the respondent “targets implementers like the government, donor agencies, and other people who can help in facilitating what the NMCP implements”. This is captured by UNICEF (2008) as “Advocacy is communication targeted at

leadership and the powers that be to take actions to support programme objectives. “Leadership” includes political, business, and social leaders at national and local levels”. The respondent added that at the health facility level, they advocate clinicians which include doctors, nurses, and midwives.

Social mobilization as captured by the respondent targets or engages community leaders. In this strategy, “community leaders are made to own interventions”. It was stated that currently, the programme has assembly men, chiefs, queen mothers, and religious leaders coming on board to help implement malaria control activities. The respondent stated emphatically that “with this, we know we are going forward”. The essence of social mobilization is the participatory principle which allows the target audience to be directly involved.

With regard to the effectiveness of these strategies, it was revealed that the strategies are really effective. The respondent indicated that:

“We still have global fund giving out funds for malaria control activities. That is at the advocacy level. If they are not seeing any results, I do not think they will put in funds. We also have UNICEF, DFID, all of them putting in money. Apart from the donors, we have other governmental agencies on board. In the last three or four years, there was a programme being implemented by the Ministry of Agriculture. They targeted their people, the farmers. They had a malaria control strategy that they implemented within the districts and we see that as a result of our advocacy. We have other agencies also seeing the need to capture malaria in their health budget or strategies”.

It was also added that looking at social mobilization, for example, now there are queen mothers ‘fighting’ against malaria. There are opinion leaders, chiefs, and assembly members; and

effectively social mobilization is implemented through NGO's, civil society groups, who are putting in much effort.

To prove this, UNICEF in its 2008 report captured the need to integrate communication strategies as “communication strategies work best when they are integrated with various stages for behaviour change or behaviour development, social mobilization and advocacy aimed at achieving clearly identified objectives; and when they are linked to other programme elements and service provision”.

4.3 RELATIONSHIP BETWEEN HEALTH COMMUNICATION AND DEVELOPMENT

The respondents stated that there is indeed a relationship between health communication and development. Development generally has to do with advancement of one state of affairs into another. It has to do with improvement in the lives of people and the general wellbeing of a group of people. Respondent 1 stated that “it also depends on how you see it from different perspectives because modernization theorists claim that when you talk about development then you are referring to skyscrapers and all kinds of modern structures and facilities.”

Respondent 2 added that “we may also have different views because somebody may also be interested in just the improvements in the lives or the lifespan of a group of people and term that as development. Such a person will expect that definitely people should live good life, longer life, mortality rate should be low. It is a very wide scope of systems where some level of comfort should be seen.”

He further added that development which could be social, health, economic, or educational or in terms of all spheres of life should be improved for a group of people. “So even in terms of

health, we expect that diseases and health control should be well enhanced. Basically, that is development.”

This implies that if a larger percentage of a population is healthy, there is the tendency for their economy to grow because mortality rate will be low just as the incidence and prevalence of certain diseases like malaria. People will have the wellbeing and vitality to be productive, thus leading to economic growth.

CAN THE ABSENCE OF EFFECTIVE HEALTH COMMUNICATION STRATEGIES AFFECT THE OVERALL HEALTH SYSTEM OF A COUNTRY?

All respondents responded in the affirmative. Deducing from their submissions, if the health communication strategies used by a community or country are not strong enough, then they are preparing to fail. This is because their ability to communicate effectively with the population will help create awareness and also target behavioural change. This to a large extent will help reduce mortality rates among the population because of the knowledge passed on to them.

DO YOU HAVE A PROPOSED HEALTH COMMUNICATION STRATEGY WHICH YOU WOULD WANT TO INCORPORATE INTO GHANA’S HEALTH SYSTEM?

Responses from respondents indicated there is not a proposed strategy, however, there is a likelihood that the strategies of the NMCP can help achieve the global goal on malaria eradication. The sustainable development goal 3 seeks to ensure healthy lives and promote well-being for all at all ages. To ensure that people live healthy lives means that HIV/AIDS and Malaria which are the leading causes of death in the world will be reduced if not totally eradicated.

One of the respondents indicated that communication can help achieve this goal. It was added that communication is a supporting intervention to all the interventions of malaria control. “Before malaria can be eradicated from a country, it means people are being equipped with information, tools, and the necessary interventions”. This is to say that communication can play an effective role in achieving Sustainable Development Goal 3.

This confirms an assertion made by Hargie and Dickson (2004) that “communication is central to our everyday functioning and can be the very essence of the human condition”. This means that communication does not just end with the sending and receiving of messages but also aids in shaping our lives or behaviours even with regard to health.

HOW DO YOU ROLL OUT YOUR STRATEGIES FOR MAXIMUM IMPACT?

Respondents indicated that in rolling out strategies, they sensitize the population through awareness creation. They inform and educate them on issues pertaining to malaria prevention, treatment and eradication. Information intended for the audiences are disseminated in their local dialects for maximum understanding and assimilation. Also, they use stage drama and plays to educate them so as to get the maximum impact. Opinion and community leaders are involved to establish believability among the audience.

In the next chapter, which is the discussion and conclusion, the key findings have been discussed. The objectives of the study and how the questions thrown-up by the literature have either been proven or disproven. Conclusion drawn is informed by the various elements which run through the various chapters.

CHAPTER FIVE

DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter comprises of the discussions, conclusions, limitations, suggestions for further studies on the role of health communication strategies in promoting sustainable development, a study of the National Malaria Control Programme (NMCP).

5.2 Discussions

The main aim of the study was to assess the role of health communication strategies in promoting sustainable development. The goal was to establish a relationship between health communication strategies and development, that is, social change. The following objectives were the focus of the study: examine the core mandate of the National Malaria Control Programme (NMCP) in relation to social change, ascertain the health communication strategies used by the National Malaria Control Programme (NMCP), and finally, examine the effect of health communication strategies on sustainable development.

The following research questions were posed to find answers to achieve the research objectives: What is the core mandate of the National Malaria Control Programme (NMCP)? Data collected from respondents indicated that the core mandate of the NMCP is to reduce the malaria morbidity or mortality burden by 75% by the end of 2020. This implies that the main thrust of the NMCP is to reduce death cases caused by malaria as well as the burden it brings. It was further revealed that the 2012 report of the NMCP is used as baseline to achieve this core mandate. What actually struck a chord was that we have barely three (3) months to the end of the year 2020, one would ask if the NMCP has been able to achieve this goal. From findings

made, I realized that the NMCP is still struggling to achieve the 75% mark. However, I believe that this is achievable, maybe not by the end of 2020 but in subsequent years.

What health communication strategies are used by the NMCP? Data collected indicated that the National Malaria Control Programme (NMCP) adopts or makes use of three distinct communication strategies though interrelated. They are: Behaviour Change Communication (BCC), Advocacy, and Social Mobilisation. It must be noted that these strategies of the NMCP are in line with the strategies outlined by the UNICEF (2008) as stated in the literature review section. Whereas Behaviour change communication targets the entire society or community, advocacy is geared towards implementers such as government, and donor agencies. Social mobilization is targeted at community leaders, that is, chiefs and opinion leaders who are made to own the various interventions. Data gathered indicated that there is another strategy that is combined with bcc to achieve maximum impact; IE&C that is, Information, Education and Communication. This strategy is used to disseminate information and also create awareness through the use of leaflets, fliers, and manuals.

What relationship exists between health communication and sustainable development? From the research, I realized that there is a relationship between health and development. Development goes beyond erecting monumental buildings that will attract people from all over the world. Development encapsulates improvement in one's life; from education to having access to good health facilities, to having good and stable jobs as well as a healthy population. A country that has majority of its population struggling with health conditions might be lacking in a certain area of development. I believe that good health is great wealth, the stronger people are, the more likely they will work hard to feed the growing economy and would not have to depend on government for monthly stipends because they are too sick to work. From the data

gathered, one of the respondents opined that development is a very wide scope of systems where some level of comfort should be seen, and I believe health inclusive.

5.3 Conclusion

The primary objective of the study was to find answers to questions in relation to how health communication strategies can bring about sustainable development or social change. Through the use of a semi-structured interview guide, data collected were analysed to address the research objectives. The study established the fact that the communication strategies used by the NMCP are effective and aid in the realization of their goals and objectives.

This is because the strategies are always revised within a period of five years to reflect the actual situation on the ground. Thus, the strategies used are not abstract in nature but meet the realistic needs of the people. The strategies: Behaviour Change Communication (BCC)/Information, Education & Communication (IE&C), Advocacy, and Social Mobilisation are used simultaneously depending on what the situation is and the objective it aims to achieve.

Again, respondents made some recommendations to the NMCP in order to make their work more effective in the country. They included: to do more public education with regard to the modes of transmission and prevention of malaria, intensification of communication strategies and or media campaigns, community mobilization and involvement, and last but not least, strengthen collaboration with key stakeholders.

5.4 Limitations of the study

The present study was limited to officers within the National Malaria Control Programme (NMCP) and development experts. This is because the topic under study was about how health communication strategies could yield development. It was ideal to use these resource persons

because they were knowledgeable enough to provide efficient data to help achieve the research objectives. Another limitation had to do with time constraint. The researcher was hard pressed with time as some respondents could not avail themselves on the set date for the interviews. A lot of rescheduling was done in order to get the needed information from respondents. Regardless of these challenges, the researcher was able to collect the needed data for the project.

5.5 Suggestions for Further Studies

There is the need for the NMCP to create more awareness on its health communication strategies and even about itself. This is because once the public gets to know more about the NMCP, it will be easy to accept and incorporate the strategies they bring on board to address health-related issues. In view of this, the researcher suggests that other studies should be conducted to examine the following:

1. Stakeholder participation in mapping out strategies to address health related issues.
2. The step-by-step procedure (s) in selecting particular health communication strategies.
3. The reaction of community inhabitants to particular strategies used within their jurisdiction.

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Appendix: 1

INTERVIEW GUIDE

Name:

Gender:

Age:

Organization:

Position/Role:

1. What is the core mandate of the National Malaria Control Programme Communication team?
2. What health communication strategies are used by the NMCP?
3. What are the effects of health communication strategies on sustainable development?
4. What relationship exists between health communication and sustainable development?
5. Can the absence of effective health communication strategies affect the overall health system of a country?
6. Do you have a proposed health communication strategy which you would want to be incorporated into Ghana's health system?
7. How do you roll out your strategies for maximum impact?
8. Can development be sustained through an efficient health system?