



Introduction

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In Africa, health communication persists as an instrumental factor in the quest for effective healthcare service delivery for vulnerable African populations. The vulnerability of African populations is best understood through multiple lenses. For instance, from a socio-economic perspective, this vulnerability can be examined within the context of a continent made up of several resource-constrained countries, and the important role that communication plays. Many sub-Saharan countries are highly prone to numerous interdependent socio-economic ills such as the terrible twin problems of poverty and unemployment; interminable social inequalities; a never-ending heavy burden of disease and the inequitable quality of healthcare service provision (de Villiers, 2021). The use of communication for health becomes particularly relevant in these contexts, where such disparities in access to healthcare are rife, and communication becomes a crucial tool that continuously contributes to bridging health inequality gaps amongst other uses. Firstly, health communication fills an important information gap in contexts that are rife with social ills. Interdependence and intersectionality of social ills as well as their detrimental effects on sub-Saharan African populations is underscored by, for instance, the heavy burden of disease that is compounded by poverty and unemployment.

Secondly, the pivotal role of health communication should additionally be approached through the lens of several enduring and intermittent epidemics of communicable diseases, as well as non-communicable and other diseases that plague sub-Saharan Africa. Containment requires constant communication during the various stages of disease life cycle. As Gray (2024) reminisces, the COVID-19 outbreak in 2019 offset a global information crisis, birthing a complex tri-information disorder consisting of disinformation, misinformation and mal-information. The outbreak unearthed multitudinous roles for health communication which from a health agent perspective became



vital to allayment of public fears, public assurance about the actions that health agents were taking, mitigation of rumours and disinformation, education about preventative solutions as well as recovery procedures (Gray, 2024).

Health communication becomes the tool for strategic dissemination of critical health information with the goal of changing behaviour (Schiavo, 2013). Epidemics typically occur in excess of disease that is expected in particular communities at a specific time. The World Health Organization refers to outbreaks of epidemic-prone diseases that emerge and re-emerge as the greatest threats to public health (WHO, 2024). Take for example, the Ebola virus disease (EVD or Ebola) epidemic that broke out in West Africa from 2014 to 2016, causing over 28,000 reported cases and over 11,300 deaths in Guinea, Liberia and Sierra Leone (CDC, 2019). It was the largest recorded Ebola outbreak in sub-Saharan Africa (WHO, 2023), even though for decades the disease has been endemic to the continent with the first recorded cases reported in 1976 in Sudan and the Democratic Republic of Congo (then Zaire). With human immunodeficiency virus (HIV) / acquired immunodeficiency syndrome (AIDS), it is believed that HIV prevalence amongst human populations may date back to the 1930s (Knox, 2006). Sub-Saharan Africa, the subject of study for this book, has been considered to be the epicentre of HIV/AIDS even though it contains only 11 per cent of the global population. For instance, whereas the global adult HIV prevalence in 2002 was 1.2 per cent, in sub-Saharan Africa it was 9.0 per cent. And out of 40 million people living with AIDS, 28.5 percent of them were based in the African “AIDS Belt”, made up of eastern and southern African countries, specifically Djibouti, Ethiopia, Uganda, Kenya, Tanzania, Rwanda, Burundi, Mozambique, Malawi, Zambia, Zimbabwe, Namibia, Botswana, Swaziland, Lesotho, and South Africa (Goliber, 2002).

Value of health communication for sub-Saharan Africa

Thirdly, from a viewpoint of communicative value to health, these enduring sub-Saharan epidemics that emerge and re-emerge,

exhibiting intermittent episodes, require communication at various stages. Gray (2024) posits that honest and meaningful communication is at the apex of managing pandemics. It can be argued that this statement is applicable to epidemics and other disease scenarios. From a health professional angle, communication is critical for creating public awareness and buy-in as well as adaptation of preventive behavioural measures with the advent of an epidemic. Additional communication will include providing advice about such preventive measures. During the progression of the epidemic, communication through provision of timely and regular information is crucial and adapting different approaches as new knowledge about the health problem emerges (Gray, 2024).

Health communication is versatile, because it is often tailored to suit multiple but specific needs during various stages of health problems. In terms of its functions, health communication serves to inform, educate, and may simultaneously entertain and educate (edutainment) as well as persuade targeted audiences for behaviour change. When a new disease emerges or re-emerges, in-depth communication is indispensable towards creating awareness about the nature of the disease; where to source treatment; preventative behaviour measures and resources; change pre-existent socio-cultural attitudes, beliefs and perceptions by individuals, communities or society that may negate preventative measures or treatment uptake. During subsequent stages, communication entails ensuring treatment compliance; servicing and maintaining supporting structures for infected as well as affected individuals within homes, communities and societies such as family, community, healthcare professionals, amongst others. Towards the declining stages, public apathy to compliance becomes ubiquitous and may negate previous communicative strides made to contain health problems.

Communication of new treatments remains constant throughout the life cycle of diseases. Consider the fact that HIV/AIDS became highly visible in sub-Saharan Africa during the 1980s, yet approval of effective treatments such as Truvada® only happened in 2012 and HIV pre-exposure prophylaxis (PrEP) took place in 2022, approximately three decades later. There is

a need to constantly conceptualise and disseminate tailored and audience-specific communication, monitor (UNAIDS, 2023) and evaluate the effects of communication on attitudes, perceptions and behaviour before, during and after health problems escalate and for general communicable and non-communicable diseases.

Other factors that necessitate health communication in sub-Saharan Africa

Apart from the already-mentioned socio-economic challenges, there are cultural and systemic imperatives that necessitate health communication in sub-Saharan Africa. The continent is multilingual, which demands a focus on health communication as an essential facilitator of access to health services. The recent Coronavirus disease 2019 (COVID-19) pandemic further illuminated the infrastructural and systemic complexities of access to healthcare in Africa and demonstrated the value of focusing on strengthening health communication systems as components of a preventative and mitigating care process. Equally important is the effective use of digital technologies to ensure that innovative health communication systems are developed, while indigenous and contemporary knowledge systems should also be incorporated to provide contextualised and culturally sensitive information.

Scholarship of health communication

Health communication is pivotal to various health processes. Key to this book is the acknowledgement that the scientific study of health communication is recent. Having emerged during the 1970s (Thompson, 2014), it has distinguished itself as a distinct scholarly field that achieves more than mere dissemination of information through combining scientific research with communication. The scholarship of health communication is interdisciplinary, encompassing informatics and big data, psychology, journalism, health promotion as well as health education amongst other disciplines, with the latter two involving individual, group, community or societal communication using interventions. Despite this widely acknowledged significance

of health communication as an essential component of a comprehensive healthcare delivery process, a paucity of books that specifically engage and amalgamate scholarship on context-specific perspectives of health-related communication in Africa exists. Whereas the scientific study of health communication is fairly recent, it holds great potential to develop exponentially.

Health communication distinctively represents individual, group, community and societal well-being globally. By nature, health communication, as with all other communication processes begins with an individual communicator or organisation that formulates a message, through a medium of communication to an audience. Of importance to note, is that health communication occurs in various contexts; intrapersonal, interpersonal, small group, organisational, mass, digital, social media, and public contexts (Burger, 2024). Furthermore, health communication targets varying recipients through its various contexts. As Schiavo (2013) notes, health communication plays an important role of influencing, supporting, and empowering individuals (intrapersonal), communities (small group / mass / digital / social media or public), healthcare professionals (interpersonal / small group), policymakers (small group / mass), or special groups, to adopt and sustain a behaviour or a social, organisational, and policy change.

Convergence between digital and “whole of society” health communication

The use of digital technologies for health is not new to the sub-Saharan African context. The multitude of digital technologies used for health in sub-Saharan Africa ranges from digitised health, mHealth, telemedicine, e-Health, online health services, virtual hospitals or infomedicine (Lupton, 2018). Furthermore, at a personal level, even though globally, digital technologies and artificial intelligence (AI) are revolutionising the way individuals receive personalised health information, some of these are not accessible to many sub-Saharan populations. An ever-growing plethora of wellness gadgets is increasingly facilitating micro-engagements through for instance, AI-smart wearables such

as wrist wearables using smart watches and ring wearables. Gadgets such as pebble-shaped Withings U-scanners provide the benefits of at-home urine laboratories providing daily health readings, portable ECG (electrocardiogram) monitors, smart inhalers, UV (ultraviolet) trackers, smart water bottles that track water intake and providing reminders (Ng'aali, 2023) are not accessible to most people in sub-Saharan South Africa. The first chapter of this book debates the paradoxes of using digital health. Inasmuch as information increases with advancements in digital technology, sub-Saharan Africa's Internet penetration rate remains pervasively slower than the global average, with those in need of healthcare excluded due to the digital divide. The digital divide was theoretically proposed by van Dijk (2005) about how social stratification and Internet access excludes the "have-nots" and has morphed into current debates that there are several dynamic digital divides in existence (van Dijk, 2020). The digital health divide negatively affects mostly poor people who do not have or cannot afford access to the Internet, lack digital literacy and are excluded from healthcare that is accessible to rich people, amplifying health inequities (Timmermans and Kaufman, 2020).

In **Chapter One** Karabo Sitto-Kaunda outlines as well as critiques the inevitability and importance of digitisation in health communication amongst various sub-Saharan African contexts. It highlights the many opportunities for digital health and communication, the influence of digital communication technologies on health practices, how these technologies have been used to democratise access to health information, as well as the key benefits and challenges of digital health communication.

Through a reflection on COVID-19 health communication in Ethiopia, in **Chapter Two** Tesfaye Alemayehu discusses how Ethiopia, in East Africa, employed "Whole-of-Society" health communication approaches that amalgamated indigenous, mass, social and interpersonal media amongst others for health crisis communication. The chapter examines media and communication strategies employed in Ethiopia during the COVID-19 outbreak to minimise the disease's spread and ensure public response. Using the theory of innovation diffusion, the chapter briefly discusses the relationship between health

policy and the interventions that were implemented, while exploring the roles of opinion leaders and change agents in communicating health.

Interpersonal and mass communication for health

Traditional healers play an important role as health communicators in sub-Saharan Africa. Using in-person and increasingly online interactions, they have not been widely acknowledged for their indigenous health skills as practitioners. Elizabeth Lubinga and Aniekie Motloutsi posit in **Chapter Three**, that during times of epidemics and pandemics, many Africans revert to traditional healers even though health-seeking often involves parallel use of Western and traditional medicine with the latter sought first. Utilising decoloniality, Africanisation and a culture-centred approach. The chapter contends that normative health-seeking behaviour of many Africans should provide policymakers with insight into inclusion of traditional healers as important stakeholders to partner with when crafting effective health communication strategies during epidemics and pandemics. Equivalently, Nkosinotando Mpofo in **Chapter Four** explores the systemic and capacity challenges of science and health reporters in Namibia and South Africa by specifically delving into the experiences of these journalists who reported on COVID-19, their challenges and their capacity needs for effective reporting on science issues. Using the hierarchical model of influence, it argues that understanding the capacity and capability needs of these journalists will contribute towards skills enhancement and more effective science and health journalism.

The multifarious nature of health communication: multivocality and multilingualism

Due to the multifarious nature of health communication, through **Chapter Five** Aisha Nakiwala Sembatya focuses on health communication in an organisational context by examining health promotion amongst various universities in Uganda, East Africa. It discusses six complexities to communicating health in these

universities, which include the influence of the biomedical and behavioural paradigms; competing communication contexts; diverse health and epidemiological issues; lack of clarity of vision for health; inadequate funding and misinformation and fake health news. In **Chapter Six** Konosoang Sobane proposes multivocality and multilingualism as tools for effective teenage pregnancy campaigns, by reflecting on the characteristics that define these programmes. It specifically assesses how the lenses of inclusivity, multivocality and co-creation can be harnessed to enhance the reach and impact of messaging in these strategies, drawing examples from COVID-19 communication experiences in Lesotho and South Africa. Using examples from two indigenous practices, the chapter highlights the need to draw from indigenous and cultural practices in conceptualising teenage pregnancy interventions. Mmakwena Molala acknowledges the importance of language as a medium of health communication, specifically in a multilingual and multicultural context of South Africa in **Chapter Seven**, by exploring how indigenous languages were used to disseminate knowledge during the COVID-19 pandemic, and if knowledge dissemination in various languages was adequate. Employing the diffusion theory as its theoretical base, and a document analysis method, the chapter concludes that language plays an important role in terms of knowledge dissemination and the understanding of the knowledge disseminated. The implementation of language policy, specifically the indigenous language to the level of English is still a work in progress.

The importance of tailored and targeted health interventions as well as communication systems

The recipients of health communication interventions are important. In **Chapter Eight** Denish Otieno interrogates how communication on PrEP influenced action amongst young urban women from two East African cities; Kisumu, Kenya and Kampala, Uganda regarding HIV/AIDS prevention. The two-step flow theory was used to investigate how PrEP information infiltrates the complex interrelations, its gatekeepers and how messages influence various actions. Results show that communication on PrEP influence a positive action towards young urban women's'

acceptability of PrEP, while health facilities act as a key source of information on PrEP, with radio, television and newspapers as re-enforcers of PrEP information.

Meanwhile, the COVID-19 pandemic disinterred the importance of having an efficient health communication system as Rethabile Khantse Malibo critically analyses the health communication system in Lesotho in **Chapter Nine**. The chapter seeks to address critical questions regarding the significance of an efficient health communication system during crises. Multiple deficiencies and obstacles in the health communication system were identified, and the chapter illustrates that building an effective communication system encompasses more than just the tenets of communication as factors such as political will and commitment, public trust, managing public emotions, building competent media systems and stakeholder engagement, must be taken into consideration.

Finally, research about health communication is subservient as it serves to bridge the gap between scientists and practitioners as well as informing health promotion, prognosticate behavioural and other outcomes. The final chapter of this book by Ijeoma Dorathy Ajaero is a scopus of health communication research published in two health communication journals and two public health journals from major reputable international publishing outfits, over a period of five years (2018 to 2022), to identify health communication research conducted in sub-Saharan Africa; the nature of collaboration between scholars, theories and method(s) prevalent in the study area. The chapter attempts to critique research in sub-Saharan Africa with a special focus on the West African context.

In sum, from a sub-Saharan African point of view, multilingualism, indigenous platforms and decoloniality contribute to effective health communication in these particular contexts as applied and discussed in the book. The scholarship of health communication covers communicators who may be individuals or organisations that communicate messages that nurture the advancement of well-being and health amongst individuals, group, community or societal target audiences.

Disseminated health messages and channels of communication amongst various audiences are core to communication through the use of a variety of indigenous, interpersonal, mass, social and digital media platforms, and that research is crucial to understanding audiences' receipt of health messages and responses to them as well as predicting behaviour.

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