Chapter 7

Public Health Communication in South Africa: Concepts, Contemporary Issues and Challenges

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Communication, in general, is core to the existence of human beings, representing our way of accomplishing mutual meaning through exchanging information that signifies our symbolic capability (Rimal & Lapinski, 2009). The importance of public health communication is increasingly being driven by numerous environmental, social and psychological factors that affect human behaviours and how these behaviours affect human health. The COVID-19 pandemic that swept through the world from the end of 2019 is testament to how environmental factors not only affect human health, but also have a bearing on socio-economic aspects – and others – concerning individuals, organisations and societies as a whole.

Public health communication contributes to the wellbeing and health of human beings through crucial communicative acts ensuring disease prevention and upholding a good quality of life, using health promotion and education for behaviour change among societal publics (Rimal & Lapinski, 2009). The World Health Organisation (WHO) (n.d.) recognises wellbeing as a positive state not only experienced by individuals but societies as a whole, a resource of necessity for daily life, determined by social, economic and environmental conditions. Wellbeing encompasses numerous aspects including physical and mental health as well as emotional wellbeing (NHS, 2017). Public health communication thus becomes a pivotal ingredient in ensuring

individual, community and, ultimately, societal wellbeing. An unhealthy populace places a great burden on the financial resources of a country, among other services.

In resource-constrained countries such as South Africa, where various public government services compete for resources, it is important to manage the financial burden wrought by public health systems. For the 2022/23 financial year, for instance, the government budget for health increased to R64.5 billion (Landu, 2022), up from the R62.5 billion (Mkhize, 2021) allocated for the previous financial year. This R2 billion budget increase emphasises the increasing health needs of South Africans. The health budget reduced to R60.1 billion in the 2023/2024 budget (Parliamentary Monitoring Group, 2024). Additionally, since most common societal health problems, both communicable and non-communicable, can be prevented, the increase in the health budget underscores how critical it is to use public health communication as a tool to educate and develop a health-literate populace. Using public health communication campaigns to emphasise prevention can be the most cost-effective strategy to ensure good health through positive behaviour and to control expensive and debilitating chronic health problems such as cancer (WHO, 2022).

This chapter provides a working conceptualisation and examines how public health communication is aligned in South African contexts. It examines some theoretical perspectives that underpin public health communication and outlines some public health communication successes in South Africa. Furthermore, this chapter critiques selected challenges to public health communication, including health literacy, and looks at how communication around public health problems has been prioritised and, in turn, how this prioritisation has affected the quality of past and recent health campaigns in South Africa.

Access to comprehensible health information is critically assessed, premised on the fact that South Africa is a largely rural country with media access disparities. Also discussed are

tactics currently being used for public health communication, which, while they have apparently been effective, exclude certain segments of the population, inadvertently creating health disparities. Examples are given of how public health communication has been applied to health crises such as HIV/AIDS, COVID-19 and teenage pregnancy in South Africa.

Conceptualising Public Health Communication

The scientific study of health communication is recent, having emerged during the 1970s (Thompson, 2014), by distinguishing itself as a distinct scholarly field that achieves more than mere dissemination of information through combining scientific research with communication. Public health communication has been defined as the scientific development, strategic dissemination, and critical evaluation of relevant, accurate, accessible and understandable health information communicated to, and from, intended audiences to advance the health of the public (Bernhardt, 2004).

Public health communication is an interdisciplinary field of study which, in addition to public health, straddles journalism, health promotion, health education, informatics and big data, as well as psychology, among other disciplines. Public health communication does not only apply to individual members of the public responsible for fostering the advancement of societal health; other participants such as communities, organisations, health systems and policymakers are all affected.

Theoretical perspectives to public health communication

Various theories guide the construction of messages and health campaigns that intend to change the health behaviour of individuals and societies in general. These include change-oriented theories, culture-centred theories (Dutta, 2007; 2011; Dutta & Bergman, 2004a & 2004b) and, as WHO (2008) proposed, the Communication for Behavioural Impact (COMBI) approach to health communication, developed in response to existing theories that do not seem to create impact

upon implementation. However, this chapter will focus on ecological models.

Ecological models to public health acknowledge that the health of people in societies is affected by several factors, including social, political, environmental and behavioural, among others (Bernhardt, 2004). Sallis and Owen (2015) emphasise that environmental and policy contexts of health are simultaneously aligned to social and psychological contexts as key influencers of behaviour that enable the construction of comprehensive health communication interventions targeting multiple levels of influence.

The core argument for following ecological models is that designing effective health communication interventions requires the comprehension of multiple and interacting health behaviour determinants. These determinants operate at intrapersonal, interpersonal, community, organisational and public policy levels (Rural Health Information Hub, 2024).

The determinants may be applied at various levels, including the intrapersonal or individual level. When COVID-19 vaccines were introduced in South Africa, the country faced the problem of low vaccination uptake due to vaccine hesitancy, with only 60% of the population vaccinated by November 2022. The 60% of vaccinated people equates to 63 doses per 100 people, compared to the 203 doses per 100 people in Seychelles, which had the highest vaccination rates in Africa (Saleh, 2022).

South Africa's vaccination rate placed the country 18th in Africa, even though it was most affected by COVID-19 infections and deaths. By the end of March 2022, South Africa had 25 million COVID-19 vaccine doses in stock; however, the low uptake led to over 100 000 Pfizer doses reaching expiry and having to be destroyed (Rédaction Africanews, 2022). If applied to the ecological model, it would be relevant to understand individual knowledge about the benefits and risks of vaccination, for instance, in order to design messages intended to improve uptake and minimise hesitancy.

In South Africa, framed from an ecological perspective, health communication campaigns were designed to encourage young people to help older people to access COVID-19 vaccination. Numerous global studies have indicated that elderly people and those with comorbidities such as cardiovascular disease, diabetes and obesity, had the highest risk of dying from COVID-19 (Mueller, McNamara & Sinclair, 2020; Ge et al., 2021). Older people were therefore encouraged to go for COVID-19 vaccines because of the high disease risk and weaker immune systems. These public health campaigns were framed for the social good, with the intention to convince younger people to protect older members of society.

Regarding public policy factors, South Africa, according to President Cyril Ramaphosa, had set a target of vaccinating 70% of all adults by December 2021. By 26 December 2021, on 39% of adults were fully vaccinated and 6% partially vaccinated (Alexander & Xezwi, 2021). These authors argue that data from Round 5 of the COVID-19 Democracy Survey of the University of Johannesburg/Human Sciences Research Council, showed that in November 2021, only a quarter of adults could be regarded as hesitant. In other words, they were definitely not going to be vaccinated, would probably not be vaccinated or did not know whether they would get vaccinated. Alexander and Xezwi (2021) posited that government did not do enough to persuade the population through social-media-driven public education campaigns and that the campaigns used were ineffective.

Figure 7 shows the types of messages often used for public health communication at the different levels.

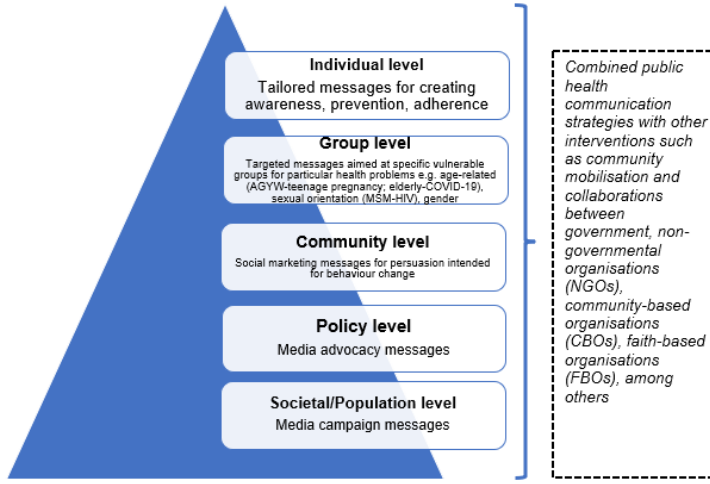

Figure 7: An illustration of an ecological perspective with multi-level health messaging (Source: Bernhardt, 2004)

Combined Public Health Communication Using an Ecological Multisectoral Lens

Public health communicators in South Africa

In South Africa, public health communication typically occurs at three tiers of government: national, provincial and local. Health policies are formulated at national government level and are mostly communicated to the public through national health campaigns and cascaded to the provincial and local levels. The National Department of Health (NDoH) coordinates national and provincial levels of public health communication efforts. The local public health communication level has a multisectoral approach and is mostly dominated by community-based organisations (CBOs) and non-governmental organisations (NGOs). These organisations are familiar with the challenges of the communities in which they are based and play a crucial role in terms of communicating tailored health messages to their specific communities.

Using community-based workers for grassroots public health communication

The South African government notably, has successfully utilised community-based workers to enable grassroots communication of public health matters, as well as public compliance. Community health workers, typically members of the community, deliver healthcare services in communities and are trained for specific health interventions, even though they may have no formal professional or academic health-related education. Since the 1970s, these workers have been tasked with improving public access to primary healthcare through spreading health information and raising awareness about disease through health promotion (Magingxa, 2011). In many rural areas of South Africa, community workers have boosted communication health interventions by bridging the gap in health communication through door-to-door campaigns.

An example is the HIV project, Bending the Curves, run by Doctors without Borders – *Médecins Sans Frontières* (MSF) – in Eshowe, KwaZulu-Natal, which was a multisectoral plan responding to HIV, tuberculosis and sexually transmittable infections in the province between 2017 and 2022. The plan exceeded an important milestone set by UNAIDS in 2013 when MSF announced in 2019 that it had exceeded the 90-90-90 target one year ahead of the target of 2020 by achieving 90-94-95. The aim was to ensure that by 2020, 90% of people living with AIDS knew their status, 90% were using antiretrovirals and 90% achieved a suppressed viral load. The Eshowe HIV project proved that community-level interventions can successfully reach and support communities that have limited access to health communication.

Conversely, the effectiveness of public health communication using community health workers is negated if they are not trained on the information they are expected to disseminate. Such was the case at the outset of the COVID-19 pandemic where training was not provided to community leaders and outreach community workers who were expected

to educate communities (Goldstein, Coulson & Pillay, 2021). Apart from the lack of training, a risky situation arose during the pandemic where community health workers had to interact with the public to communicate prevention methods, yet the government did not have sufficient personal protective equipment (PPE) for medical personnel in healthcare facilities or for door-to-door campaigns involving community workers.

Traditional healers: A potential mouthpiece for public health communication

The COVID-19 pandemic, as well as previous and ongoing epidemics such as HIV/AIDS, among others, underscored prevailing gaps and opportunities for public health communication using alternative communicators such as traditional leaders and healers. Traditional healers hold historical influence in the communities where they are based, built on decades of ongoing interpersonal consultations. The effectiveness of word-of-mouth communication is widely acknowledged in traditional healing. Thus, the effectiveness of traditional healing is sustained through clients who share their experiences with others, creating a positive reputation in communities.

Research shows that in sub-Saharan African countries, 80% of the population are reported to initiate their health-seeking behaviour in traditional medicine (Renckens & Dorlo, 2013). Furthermore, the interactions between traditional healers and their clients are perceived to be more holistic as they take a socio-cultural approach towards health and wellness, making them more desirable as a first point of contact among community members. However, during the COVID-19 pandemic, stakeholders such as traditional healers, who are basic health providers, were largely excluded from participating in government activities designed to combat the spread of the virus (Beyers, 2020).

Public Health Communication Message Content and Quality

Message strategies

In interpersonal public health settings, such as during doctor-patient interactions, the language used is not always mutually understandable and, in some instances, medical doctors use medical jargon when interacting with patients. Given that medical doctors mostly achieve a higher level of education than, for example, members of the public in rural areas, jargon renders health communication ineffective. In many rural hospitals in South Africa, for example, Cuban doctors who could not speak English or local languages were employed. Even interpretation through nurses to patients became difficult (Lubinga & Sitto, 2021). In addition, in some cases where health messages have been translated into local languages with the goal of reaching wider audiences, the essence of the messages has sometimes been lost in translation because African languages are ambiguous in comparison to English.

Past public communication campaigns have used innovative message strategies to communicate about health problems. NGOs in particular have used a variety of message strategies to stimulate behaviour-changing conversations. In Limpopo Province during the late 1990s and early 2000s, the Ndlovu Medical Trust, founded in 1994 by Dr Hugo Tempelman and his wife Liesje, offered health services to the communities of Elandsdoorn, Bushbuckridge and the surrounding townships. The trust created memorable HIV/AIDS messages, such as "Don't be a fool, put a condom on your tool".

Furthermore, in the early 2002's, loveLife South Africa created cryptic public health HIV messages that provoked conversations with their audiences. However, as several studies revealed, some of these cryptic messages do not appear to have been understood by members of the public. In the case of sensitive HIV messages, some African languages

have employed metaphors to avoid offending audiences, with the result of disseminating indirect, less effective messages.

Channels used for public health communication

Public health communicators have commonly used mass media, including broadcast (television and public and community radio), print (newspapers, posters, brochures and pamphlets) and digital and social media platforms. COVID-19 was accompanied by a rise in the use of digital and social media platforms for public health communication. However, critics point out that the use of various digital and social media platforms mostly involved the repurposing of health messages across various media of communication (Sitto et al., 2022). Moreover, while national and provincial health departments were commended for widely employing digital and social media, given the number and geographic spread of South Africans with access to internet-enabled smartphones, these health messages likely reached a mostly peri-urban and urban audience, excluding citizens in rural communities (Aruleba & Tere, 2022; Kemp, 2022; Ostrowick, 2018). On the other hand, the use of text messages by the government during COVID-19 for public health communication ensured that many messages reached everyone who has a South African mobile phone, irrespective of internet connectivity. During the COVID-19 pandemic, national public health communication in South Africa often made use of mass media in combination with interpersonal message sources such as health professionals in clinics and community-based workers. This strategy ensured that messages reached most of the population through multiple channels of communication.

A shortcoming of using digital and social media during the COVID-19 pandemic was that the platforms were largely for informational purposes only, with limited engagement. These media hold great potential for interaction, and this was the expectation of the users of public health officials. A case in point was the Tweet sent by the late businessman Shonisani Lethole, who allegedly died in hospital after receiving no food at Tembisa Hospital for two days. His Tweet to the then

Minister of Health, Dr Zweli Mkhize, in June 2020, attracted a flurry of communication, yet received no response from the Twitter account to which it was sent (Ngqakamba, 2020; Tlou, 2020).

Successes for Public Health Communication in South Africa

Focused and effective HIV health campaign collaborations

Well-known collaborations between the government and NPOs have led to successful campaigns such as the Khomanani campaign on HIV, AIDS, STIs and TB (2001–2008) and loveLife on HIV prevention among young people (1999). Soul City (1994) and Soul Buddyz (2013) were instrumental in increasing knowledge about HIV/AIDS, challenging social norms about health and other social problems such as gender-based violence, and supporting behaviour change. The success of these campaigns appears to have been due partly to the fact that they were tailored to target specific audiences. *Soul Buddyz* focused on children aged 8 to 12 years and *loveLife* targeted teenagers and youth aged 10 to 24 years.

These four national HIV/AIDS communication programmes are credited with crucially increasing public knowledge about antiretroviral therapy (ART) and prevention of mother-to-child HIV transmission in South Africa, among other achievements. These programmes used a combination of mass media and interactive strategies that were community-

based, involving community theatre, door-to-door engagements and activities at youth groups, schools and universities. As part of HIV/AIDS prevention, these campaigns are recognised for having increased consistent condom use among young men from 11% in 1995 to 84% in 2012 (Goldstein, Coulson & Pillay, 2021).

For example, in the 2000s, loveLife South Africa initiated the *mpintshi* programme, a peer education initiative meant to influence youth sexual behaviour at the height of the HIV/AIDS epidemic. The programme attracted youth between the ages of 12 and 17 for in-school *mpintshis*, while out-of-school *mpintshis* were aged between 17 and 24 years old. Annually, about 1 800 youth were recruited into the programme to implement outreach programmes in schools, communities, loveLife Y-Centres, adolescent and youth-friendly clinics, as well as youth groups, to influence health lifestyles among their peers (loveLife, n.d).

The South African 2006 National HIV/AIDS Communication Survey indicated that 92.5% of the population was reached through national HIV/AIDS communication programmes (Kincaid et al., 2008). Research on the effects of exposure to communication indicates a direct contribution to AIDS-related knowledge, as well as indirect effects on increasing condom use, HIV testing and helping people who were sick with AIDS (Shisana et al., 2009: 5).

Functional health information systems in South Africa

The COVID-19 pandemic demonstrated that South Africa has functional health information systems (HIS) at local, provincial and national levels. HIS fall under the field of medical informatics and are created and necessary for managing healthcare data. They may include systems that collect, store, manage and transmit patient records, inform hospital management or support healthcare policy decisions. Good quality HIS are important to inform decision-making and policies and, as Haux (2006) argues, they are important for high-level quality of care because they enable access to data,

enabling diagnostic and therapeutic decisions. There is a link between good quality HIS and public health communication.

Previously, these systems publicly and visibly operated at hospital or clinic level where the personal files of an individual visiting the facility would be retrieved to commence with medical assistance. To undiscerning members of the public, it would appear that the HIS in South Africa demonstrated a level of efficiency when the pandemic broke out, judging from the speed with which COVID-19 patient information was collected daily, locally and provincially, and shared relatively swiftly at a national level. For the first time, members of the public were exposed to, and primed towards, looking out for and monitoring daily COVID-19 statistics at provincial and national levels, as published on traditional, digital and social media platforms.

Daily statistics from HIS shared by the various provincial and national departments of health, as well as other health organisations such as the National Institute for Communicable Diseases (NICD), played a critical role in persuading public health behaviour change during COVID-19. Public persuasion was facilitated through access to up-to-date information that individuals could use to monitor increases in COVID-19 cases and deaths at provincial and national levels in order to engage in protective measures. In addition, these daily statistics provoked unprecedented levels of public discussions about health, specifically about the state of COVID-19 and other related matters in the country, inadvertently improving communication about the disease among the public. Research indicates that interpersonal discussions about health issues increases knowledge and awareness, as well as feelings of self-efficacy, ultimately contributing to the adoption of healthy lifestyles (Lubinga, Maes & Jansen, 2016; Donné, Jansen & Hoeks, 2017).

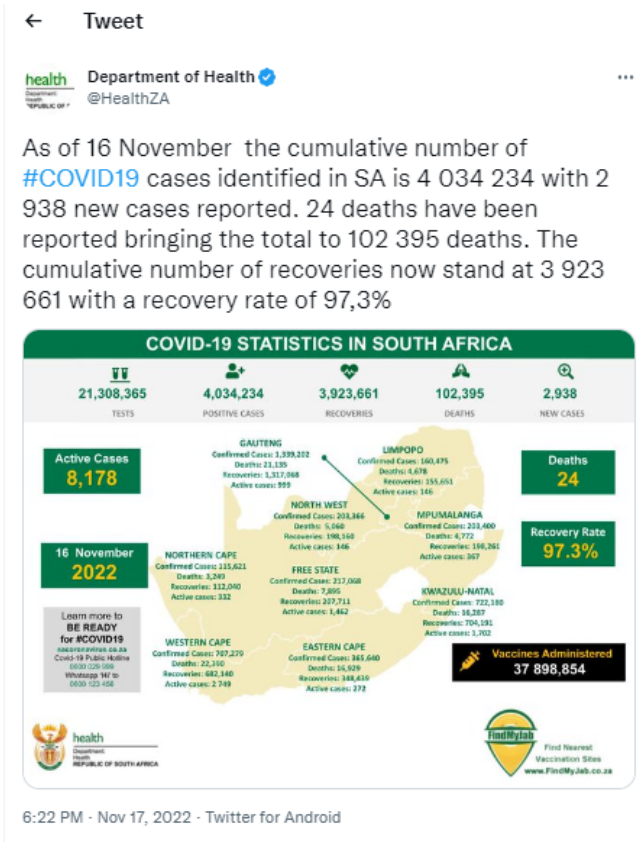

Figure 8: Example of daily tweets from the national Department of Health's Twitter account indicating daily COVID-19 statistics (Source: https://twitter.com/HealthZA/status/1593278355754942468)

Intensive use of digital and social media health communication: COVID-19

The COVID-19 pandemic drove the use of digital and social media platforms for public health communication in South Africa and globally. The nature of the pandemic, specifically the speed with which the virus spread, required agility in communicating preventative behaviour to contain contagion. The speed with which COVID-19 spread among populations

and the required communication to ensure relevant behaviour, necessitated the use of various media of communication, but digital and social media offered instant communication. In South Africa, government immediately harnessed daily text messages with fear-inducing slogans such as 'Coronavirus kills'. More than 100 million unsolicited daily text messages were sent via service providers to every person in the country who owned a functional device (Kemp, 2021). The South African government spent R43 million to run multimedia campaigns to communicate COVID-19 (Maqhina, 2020).

Farao (2020) notes that COVID-19 digital communication was partly credited with ensuring timely, essential health communication necessary for curbing the spread and shifting behaviours and perceptions. Digital platforms were central in communicating authoritative information, as required by WHO, and by 2021, the then Minister of Health Dr Zweli Mkhize had almost 600 000 followers on Twitter (Sitto et al 2022).

The provinces, the NDoH, President, Presidency, Premiers and Provincial MECs of Health, among others, communicated via dedicated websites, social media and video streaming platforms, thus, ensuring a concentration of coordinated health information. By 20 November 2022, the NDoH's Twitter account had almost 400 000 followers, the Gauteng DoH 97 000 and the Western Cape DoH 54 000, indicating that the public regarded these accounts as reliable sources of COVID-19 health information and messages.

Challenges for Public Health Communication in South Africa

Health (il)literacy

Health literacy is important for public health communication at several levels. The discussion about health literacy focuses on the individual level, although it can operate at organisational and societal levels. Health literacy at the individual level entails the ability of an individual to

obtain and translate knowledge and information in order to maintain and improve health in a way that is appropriate to the individual and system contexts (Liu et al., 2020). Healthy individuals in a state of positive wellbeing relieve the burden on health systems, and, as Pleasant (2014) argues, health literacy is dynamic and its current definitions do not take into consideration health systems and policymakers, for example.

Behavioural theories predict that individuals' health behaviour is greatly influenced by communication, accenting, for instance, that perceptions of self-efficacy by individuals enable them to engage in and sustain positive health behaviour change. In order for individuals to engage in certain behaviour, they need to understand and effectively use communication through knowledge and awareness about health problems, as well as how to prevent them or how to manage them if they are sick. Health literacy can be functional, interactive and critical (Nutbeam, 2000) and should be perceived as an outcome of health education, with functional health literacy developing from the communication of factual information leading to improved knowledge of health risks, health systems and adherence to positive behaviour.

Health literacy and individual empowerment using communication

The focus of functional health literacy is individual empowerment through improvement of knowledge leading to the capacity to act on knowledge and adherence to positive behaviour. Nutbeam (2000) summarises health literacy as a range of outcomes to health education and communication. When access to factual knowledge is negated in health communication, adverse effects may arise. For instance, the WHO reported that TB increased in countries such as South Africa in 2020 when resources, including communication resources, for addressing such diseases were deflected to focus on fighting COVID-19.

The WHO estimated that the diversion of resources during the COVID-19 pandemic could lead to 6 million new

TB infections and 1.4 million deaths between 2020 and 2025 globally, especially among 8 countries, including South Africa (AFP, 2020). By mid-2020, the South African government had committed R43 million to health promotion for COVID-19 related communication campaigns, according to the then Health Minister Zweli Mkhize (Maqhina, 2020).

Interactive health literacy and the development of skills occurs in a supportive environment and involves community involvement and the development of skills for public benefit, in addition to benefiting the individual (Nutbeam, 2000). Improving health literacy as part of public health is more than basic communication or a mere transmission of information. Health literacy is a complex but crucial construct that relates to public health communication, especially in developing contexts such as South Africa.

Digital health literacy (or eHealth literacy) is defined as "the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem" (Norman & Skinner, 2006: 2). It is such matters of access, as well as digital literacy, that raise questions about digital health exclusion when large volumes of health communication campaigns and messages are conducted using digital media. Lubinga, Sitto and Molebatsi (2021) concluded that for greater effectiveness, government communication strategies need to match healthcare interventions to the levels of ICT access of citizens, especially those most in need.

It can be argued that developing health literacy doubles as both a function and an outcome of effective public communication through health promotion and education. Communication as a driver of health education and promotion lies at the core of health literacy. Health literacy not only benefits individuals in society but influences public health and the sustainability of healthcare systems, because when people take more responsibility in managing their own health, they also use health services more effectively (Liu et al., 2020). The WHO recognises the importance of health literacy by

recommending it as an instrument for achieving various key targets listed in the Sustainable Development Goals.

Conversely, individuals with insufficient health literacy experience difficulties in comprehending health information, have a limited knowledge of diseases and lower medication adherence. These factors, in turn, worsen already poor health, pose a high risk of mortality and lead to insufficient and ineffective use of healthcare while increasing costs and health disparities (Sheridan, Halpern & Viera, 2011). Links exist between low levels of education, literacy in general, health literacy and poor health, poor healthcare utilisation, increased barriers and early death globally (Pleasant, 2014). Furthermore, low health literacy is associated with adverse health outcomes across many health domains and contexts (Gilder, Moo & Hashmi, 2019).

From 2020 to 2022, in terms of literacy levels, South Africa's adult literacy rates declined to 87% ranking lower than other developing countries such as Brazil and Mexico, with lower child literacy rates; about a third of South African children are illiterate (Naidoo, 2022). Health messaging is generally rendered inaccessible to people who have low to no literacy, depending on message formats.

For example, South African public health communication relies greatly on the use of printed verbo-visual communication materials, specifically posters and pamphlets with a combination of visuals and text. Visual communication has generally been found to be effective for health promotion among populations with low literacy. However, in India, posters were often misinterpreted because of specific local understandings of the images, meaning that images have the potential to hold multiple meanings (Meppelink, Smit & Buurman, 2015). Gilder et al. (2019) recommend that images used on public health posters should be piloted before implementation in mass communication campaigns. Piloted poster images can identity and negate the potential for unintentional negative perceptions that often emerge from using such posters and are common but difficult to overcome.

Negative perceptions may arise due to reasons ranging from cultural taboos and complex, enigmatic images to indistinct or elusive concepts leading to misunderstanding of visuals.

Besides, in a multiracial and multilingual country such as South Africa, with diverse demographic populations, poster images may be subject to racial (mis)interpretations, leading to message resistance. Research has indicated that during public health education campaigns, if educational materials such as brochures, posters, pamphlets and websites use photographs that match the demographics of the target population, the messages communicated are more effective. This is because demographically matched messages improve message attractiveness, the ability to capture audience attention and heighten comprehension, message relevance and persuasiveness (Buller, Bettinghaus & Liu, 2010).

Prioritising public health communication's limited resources

In resource-constrained countries, like South Africa, questions arise regarding the prioritisation of public health communication of health problems. Financial constraints lead to cost-cutting measures that affect crucial communicative aspects of public health communication, such as the quality of campaigns and their messaging, as well as the quantity of public health communication, resulting in fewer campaigns. In South Africa, a constrained budget for public health communication has compounded public health communication prioritisation challenges, leading to minimal mass media health promotion characterised by unfocused, multi-layered health campaigns. Limited resources also often mean that for public health communication, countries will focus communicative efforts on media campaigns for the most significant health crises that arise.

However, prioritisation does not only pertain to contemporary health problems or crises that have hit the country. In general, financial resources committed to health promotion by NPOs in South Africa have reduced over a decade

(Goldstein, Coulson & Pillay, 2021). Previously, during the late 1990s and early 2000s, collaborations between the South African government and NPOs led to successful public health communication campaigns, as discussed.

Within the past decade, the NDoH has run less prominent national public health campaigns (excluding the COVID-19 pandemic) that appear to have been characterised by vague campaign messages, a move down from the previous audience-specific, tailored campaigns. These public health campaigns appear to have been framed based on cost savings, with formulated preventative messages simultaneously covering multiple health problems and targeting multiple audiences. Such campaigns include Phila, launched in 2017 to encourage healthy living. The campaign was so broad that it addressed infant vaccination, breastfeeding, non-communicable diseases such as TB, HIV and AIDS, obesity, violence, trauma and contraception use (Mkize, 2017).

In 2018, another national wellness communication campaign, *Cheka Impilo*, was conceived, with the aim of "testing and treating people who have HIV, TB, sexually transmitted infections and non-communicable diseases such as diabetes and hypertension". The campaign targeted several populations with the aim of providing comprehensive health and wellness services targeted at men, adolescent girls and young women, as well as key and vulnerable population groups (Myeni, 2018). There is thus a stark difference between previous campaigns under the collaboration of the NDoH and NPOs, which were tailored and audience specific, and which were evaluated as effective.

Minimised face-to-face interpersonal health communication

The hard lockdown in the country in 2020 and various other lockdown levels made it difficult to deploy some of the alternative effective means of ensuring health communication, such as through community health workers. During the hard lockdown phases of COVID-19, when human

contact and movement was restricted, they could not operate. Had this not been the case, these workers could have played an invaluable role in communicating within communities and enhancing the credibility of communication, especially among rural populations.

In 2021, research by the South African Medical Research Council (SAMRC), the Human Sciences Research Council (HSRC) and the Sarraounia Public Health Trust revealed that possible vaccine hesitancy could have been negatively influenced by the absence of a credible voice of authority from the Ministry of Health about COVID-19 in communities (Goldstein, Coulson & Pillay, 2021).

Community health workers who would normally have provided the necessary communicative boost to educate communities about COVID-19 were not trained, and instead, relied on information from the media and from presidential 'family meetings' to respond to questions from the public (ibid.). A 2020 study conducted among disadvantaged communities in the Northern Cape and Gauteng provinces revealed that during the hard lockdown, 68% of 1 760 participants received their COVID-19 relief information from news in the mass media (Lubinga et al., 2021).

Conclusion

This chapter has attempted to provide insight into the South African public health communication landscape, based on the basic communication processes. The starting point was to provide a working definition of health communication, which is a relatively new field of study but one that combines a number of disciplines with the intention of providing support for health and wellness among the public. The successes of public health communication in South Africa were acknowledged, along with its limitations.

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