

AWARENESS AND PUBLIC RESPONSE TO RESEARCH TRIANGLE INSTITUTE (RTI) INTERNATIONAL CAMPAIGN ON NTDS AMONG RESIDENTS OF CROSS RIVER STATE, NIGERIA

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Abstract

This article discusses the awareness and public response to Research Triangle Institute (RTI) International campaign on Neglected Tropical Diseases (NTDs) among residents of Cross River State, Nigeria. The major objective of this study is to upscale awareness and promote public response to RTI International Campaigns on NTDs among residents of Cross River State. The study adopted the qualitative research approach, with cross-sectional face-to-face semi-structured in-depth interview as its data collection instrument. The Health Belief Model (HBM) formed the theoretical framework for the article. Findings indicate that the adoption of mixed media ensured effective awareness and maximum response by residents of CRS during the campaign. Findings also reveals that effective participatory communication increased the campaign's efficacy to address public disinformation, misinformation, myths, and misconceptions held against NTD medicines, thus optimizing its intake. In addressing the communication gaps identified during the campaign, the article recommends health workers to equip themselves with the necessary resources in order to disseminate evidence-based information to prevent and address communication gaps in the awareness and public engagement with its campaign.

Keywords: *Awareness, Response, NTDs, Receptiveness, Onchocerciasis, Schistosomiasis, Lymphatic Filariasis, Soil-transmitted Helminth.*

1. INTRODUCTION

Communication is often adopted when intervening and involving communities affected by NTDs by various health organisation. The disciplinary framework of health communication research may be largely absent from NTD intervention strategies as the introduction of technologies that aim for wider public adoption and participation requires effective and significant communication strategies. The

foundation of who we are as people is communication. This represents the ability of humans to use symbols in communication. When designing interventions that include communities, communication also serves a fundamental goal that is frequently referred to. It is regarded as an interchange of shared symbolic meaning. Beyond this, however, communication serves ceremonial and transmission functions, which respectively reflect humans as members of a social community and aid in their knowledge acquisition.

Therefore, efforts to influence behaviour through health interventions are viewed as communicative acts. Most communication interventionists in the fields of health, society, and behaviour change erroneously focus solely on the transmission function of information sharing while ignoring the ritualistic processes that are instigated by communication. The realization that communication campaigns are frequently conducted not in a vacuum but within a social system, the existence of differences between the messages disseminated and how they are received, and the dynamism in the communication process where roles between the senders and receivers of communication messages are interchangeable are three key campaign concerns that can be deduced from this dual eyeshot of communication.

Individuals often take in and interpret intervention messages along social spectrums. Therefore, such processes depend on both individual (prior experience, efficacy beliefs, knowledge, etc.) and macro-social (interpersonal relationships, cultural patterns, social norms,

etc.) levels to determine not only what they are exposed to but also what meaning they derive from it. As a result, it makes sense that there are no commensurate results between the messages sent and received. Such discrepancies result from both individual disparities in exposure to the campaign as well as individual differences in how well the message substance is understood and interpreted. Since communication is a dynamic process, it is crucial to carefully examine how signals are received and sent in order to prevent unwanted (or worse, counterproductive) impacts (Knyazev, et al., 2012).

Identifying a target audience, or multiple target audiences, is frequently the first step in determining a campaign's objectives, according to Zhao (2020). The fundamental pillars of interventions in health communication include the requirement for comprehensive formative evaluation, audience requirements assessment, and message pretesting. These view communication as this understanding's natural outgrowth. The importance of health communication is recognized by public health experts in relation to public health programs that target illness prevention, health promotion, and life equity. The wellbeing of people, communities, and society can all be promoted and improved with its assistance.

Additionally, health communication can explain the techniques for preventing and treating Neglected Tropical Diseases (NTDs) and explain the advantages of embracing new, better habits. Therefore, communication therapies should focus on enhancing abilities related to the form, function, and substance of the communicative act, the skills for group involvement and attention, as well as nonverbal behaviours and signals (Prelock, 2021).

2. BACKGROUND TO THE STUDY

NTDs are a class of contagious illnesses that are common in tropical and subtropical areas of the world, including Algeria, Egypt, Kenya, Nigeria, Australia, the Bahamas, Chile, and Ethiopia, to name a few. Their designation as "neglected" stems from the fact that these diseases have received little to no attention in terms of

prevention and control, and this has been the case for many years. People who live in rural locations with crowded homes and a lack of basic necessities like drinkable water, modern bathroom facilities, electricity, etc. are sadly usually found in destitute communities, with women and children being the primary victims. NTDs, which nearly encompass 20 diseases brought on by bacteria, parasites, viruses, fungi, and arthropods, are diseases that disproportionately impact the impoverished people living in rural and semi-urban areas, according to WHO (2018). These illnesses cause suffering as well as terrible social and economic effects. NTDs are diseases affecting the "bottom billion" that have historically received little attention from international public health organizations.

Onchocerciasis, schistosomiasis, lymphatic filariasis, trachoma, soil-transmitted helminth infections, leptospirosis, trypanosomiasis, Buruli ulcer, leprosy, and snake-bite envenoming are a few of the NTDs wreaking havoc on the planet. Strongyloidiasis, Podoconiosis, Yaws (Endemic Treponematoses), Foodborne Trematodiasis, Chronic Suppurative Otitis Media (CSOM), Dracunculiasis (Guinea Worm Disease), and Cysticercosis/Taeniasis are some of the others. In addition, these disorders are caused by four causal pathogens, including bacteria, helminths, protozoa, and other untreated ailments.

According to statistics, there are more than 1 billion NTD sufferers worldwide. NTDs account for around 40% of the world's burden, with Nigeria bearing 25% of it. NTDs cause more than 170,000 deaths annually, less than malaria, which causes 627,000 deaths in 2020. Nigeria is heavily burdened by these diseases as a quarter of those affected by NTDs reside there, putting an estimated 100 million people at risk of contracting at least one of the diseases as the nation still struggles with 14 of the 20 NTDs listed by the WHO. In addition to the potential for actual death, the diseases have the potential to result in a variety of social, economic, and psychological difficulties for individuals affected, including deformity, stigmatization, starvation, and cognitive issues.

Sadly, a number of neglected tropical diseases threaten Cross River State, which is located in southern Nigeria. Onchocerciasis (river

blindness), lymphatic filariasis, schistosomiasis, and soil-transmitted helminthiasis are a few of the prevalent neglected tropical illnesses that are endemic in the state. A number of communities in Abi, Akamkpa, Bekwarra, Biase, Boki, Calabar South, Ikom, Obubra, Ogoja and Yala have been ravaged by lymphatic filariasis; communities in Akamkpa, Akpabuyo, Bakassi, Bekwarra, Biase, Boki, Etung, Ikom, Obanliku, Obubra, Obudu, Odukpani, Ogoja, Yakurr and Yala have suffered onchocerciasis; communities in Bekwarra, Biase, Obanliku, Obudu, Ogoja and Yala have been reportedly come under attacks from schistosomiasis; while communities in Akamkpa, Akpabuyo, Bakassi, Biase, Calabar South, Etung, Odukpani and Yakurr have reported the prevalence of soil transmitted helminthiasis.

It is significant to highlight that the government has been putting in a lot of effort to fight these diseases in Cross River State and throughout Nigeria, alongside organisations like RTI International. The prevalence of NTDs in Cross River State has become an issue of concern. Therefore, to prevent and curb the spread of NTDs, programmes like mass drug administration, good sanitation and water supply, health education, and community awareness campaigns are being developed to combat the further spread of these diseases. The RTI International campaign against NTDs in Cross River State is evaluated in this report. Therefore, the issue that needs to be investigated is: What communication channels did RTI International use in their campaign against CRS, and how did it influence the knowledge and reaction of the people of Cross River State to the campaign? This study's foundation is the questions of the sort (Atkin & Rice, 2013).

Objectives of the Study

- i. To determine the communication channels of RTI anti-NTDs campaign in CRS;
- ii. To ascertain the level of awareness of RTI anti-NTDs campaign among residents of CRS;
- iii. To find out the level of public compliance with RTI anti-NTDs campaign messages in CRS;
- iv. To identify the communication gaps affecting public awareness and response to RTI anti-NTDs campaign in CRS; and

v. To find out if the communication gaps evident in RTI anti-NTDs have any influence on the public receptiveness of and or responsiveness to the campaign messages.

Research Questions

- i. What are the communication channels of RTI anti-NTDs campaign in CRS?
- ii. What is the level of awareness of the RTI anti-NTDs campaign among the residents of CRS?
- iii. What is the level of public response to RTI anti-NTDs campaign messages in CRS?
- iv. What are the communication gaps affecting public awareness and response to RTI anti-NTDs campaign in CRS?
- v. Do the communication gaps in RTI anti-NTDs have any influence on the public receptiveness of and or responsiveness to the campaign messages?

3. LITERATURE REVIEW

3.1. Communication and Public Health Campaigns

Many public health experts once believed that public health information could "speak for itself" and that communication was more of a skill than a science. They connected communication exclusively with the dissemination of findings. Prior to recently, the field of communication worked on the edge of public health. Fortunately, many of today's public health officials are conscious of the fact that safeguarding the public's health necessitates both solid science and efficient public health communication (Bernhardt, 2004).

A crucial first step in addressing any health issue is giving the public the right guidance and information. Therefore, to accomplish this goal, the majority of public health programs rely on communication and its various tools. Due to its ability to swiftly and effectively reach a broad, diverse audience, communication is therefore thought to be the finest tool for promoting advocacy and community mobilization (Steckler et al., 1995). However, mass media communication is somewhat constrained by its capacity to bring about weight-related behavioural changes.

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Interventions typically aim to have a significant impact on big audiences and bring a lot of resources to the endeavour, either financially, voluntarily, or occasionally through collaboration with other organizations. Interventions aim to change actual and perceived social norms, actual skills, and self-efficacy in order to influence the adoption of desired behaviours. All of these factors are thought to have an impact on behaviour. Any health communication campaign's objective is to produce particular results or impacts in a sizable population of people, typically within a predetermined timeframe, and through a systematized set of communication activities. Public health campaigns aim to persuade a population to maintain or enhance its state of health. To do this, ad designers must comprehend the relationship between the target population's behaviour and health state).

Media literacy, media advocacy, advertising, entertainment education (edutainment), as well as one-on-one and group training, are all tactics and approaches that effective health communication campaigns utilize to reach their target audiences. These techniques primarily assist information dissemination and increase involvement in health communication campaigns in order to alter the social and political context in which decisions about one's health and access to resources for it are made.

The target audience for health communication is frequently encouraged to adopt healthy habits using the upstream and downstream strategies. The target audiences for the upstream public health communication strategy include community leaders, elected officials, and other prominent people. It is impossible to overstate how important these individuals are to the effectiveness of public health interventions given

their direct interpersonal impact that can aid in bringing about the desired change among the target audience. Their close proximity to the target group can also be successfully used to sway public health communication initiatives. Likewise, these leaders have the power to advance environmental changes that can mould behaviour, impacting national and local policies and organizations.

In contrast, the downstream method focuses mostly on two kinds of communication strategies: social marketing and campaigns promoting social norms. Ironically, a lot of public health communication programs begin by addressing the upstream audience before turning their attention to the downstream audience. The two methods, however, can be combined or used alone. After all, a great communication plan is a two-way process that combines clear messages supplied via suitable platforms, customized for various audiences, and shared by reliable individuals. In the end, establishing and upholding public trust is essential for long-term success (Hyland-Wood et al., 2021). Additionally, societal factors must be considered when creating a public health communication strategy. For this strategy to be truly effective in enlisting the support and participation of the greatest number of people, it must be sensitive to the concerns and values of various publics and work with various information-sharing platforms (Hyland-Wood et al., 2021).

3.2. Effective Public Health Communication Strategy: The Antidote for Public Awareness and Participation in Health Campaigns

For the past 50 years, health communication has been a component of development communication or communication for development. In addition to population information, education, and communication (IEC), Cole cited in Malikho (2020) states that since 1969, health communication has been one of the strands of development communication. Then, it was focused on family planning, maternal and infant mortality and disability prevention, sexually transmitted diseases (STDs) and HIV/AIDS prevention, harmful cultural practices like female genital mutilation (FGM), violence against women, human trafficking, and female health.

Malikhao (2016) explains how the history of health communication has evolved from being merely a component of health education and training in medical and public health to the integration of health-related aspects of people, communities, organizations, or their environment, with appropriate communication and mass communication theories. These communication theories incorporate models and frameworks from a variety of fields of study, including (1) social science subjects such as psychology, social psychology, anthropology, and sociology; (2) humanity subjects such as culture and linguistics; (3) ecology and environmental science; and (4) medical science subjects.

Some authors define health communication as a multifaceted and interdisciplinary field of study, theory, and practice concerned with reaching various populations and groups to exchange health-related information, ideas, and methods in order to influence, engage, empower, and support people, communities, health-care professionals, patients, policymakers, organizations, special groups, and the general public so they will support, introduce, a particular cause. A number of media can be used in effective public health communication initiatives to address various objectives. However, a strong strategy is essential to the success or failure of any public health communication effort since it links the “how” and “why” aspects of the campaign. An effective communication plan offers a justification for the many actions and activities that are to be ingrained during the campaign in addition to offering a roadmap and feeling of direction for creating the crucial messages.

A commitment to providing accurate, timely, and pertinent information to the public is necessary for effective public health communication, which is a continuous process that calls for careful planning, continual monitoring and assessment. Comprehensive criteria must be meticulously adhered to maximum impact, regardless of whether the campaign aims to address particular health conditions, promote healthy behaviours, or solve a public health catastrophe. These rules will assist the campaign increase public awareness, promote participation, and lead to better health outcomes. A sustainable health communication

intervention takes cognizance of the following guidelines: knowing your audience; setting clear goals; crafting persuasive messages; utilizing multimedia channels; engaging stakeholders; utilizing social media; applying the storytelling approach; developing a crisis communication plan; establishing effective feedback loops; ensuring cultural sensitivity; repeating messages to reinforce awareness and behaviour change; and adopting a participatory approach. Others include: conducting M& E; addressing mis/disinformation, etc.

3.3. RTI International and NTDs Campaigns in CRS: The Milestone Covered

RTI International, a leading nonprofit research institute, has played a significant role in helping to combat neglected tropical diseases (NTDs) in Cross River State, Nigeria. They have collaborated with various partners, including government agencies, non-governmental organizations, and local communities, to implement interventions and make a positive impact.

Here are some key contributions of RTI International in the fight against NTDs in Cross River State:

- i. **NTD Programme Support:** RTI International has provided technical assistance and programme support to the Cross River State Ministry of Health and other stakeholders involved in NTD control. They have helped strengthen the capacity of local health workers, managers, and surveillance systems, enabling more effective disease management.
- ii. **Mass Drug Administration (MDA):** RTI International has been instrumental in implementing Mass Drug Administration campaigns in Cross River State. These campaigns involve distributing medications (mebendazole, albendazole, mectizan, praziquantel, etc.) that can treat multiple NTDs, such as onchocerciasis, lymphatic filariasis, and soil-transmitted helminthiasis, to at-risk populations. By ensuring the availability and accessibility of these medications, they have helped reduce the prevalence of NTDs in the state.
- iii. **Capacity Building:** RTI International has conducted training programs and workshops for healthcare workers and community health volunteers on NTD prevention, diagnosis, and

treatment. This capacity building effort has enhanced the knowledge and skills of health professionals, enabling them to effectively respond to NTD challenges.

iv. **Research and Surveillance:** RTI International has conducted research studies and supported surveillance systems to better understand the prevalence and impact of NTDs in Cross River State. By gathering data on disease prevalence and evaluating the effectiveness of interventions, they have contributed valuable insights that guide decision-making and policy formulation.

v. **Community Engagement:** RTI International recognizes the importance of community involvement in NTD control efforts. They have worked closely with local communities, raising awareness about NTDs, promoting safe practices, and addressing barriers to treatment. By fostering community engagement, they have encouraged community ownership and sustainable NTD control strategies.

RTI International's collaborative efforts in Cross River State have been crucial in reducing the burden of NTDs. Their work exemplifies their commitment to improving health outcomes and addressing the challenges posed by neglected tropical diseases.

3.4. Theoretical Framework

This study was driven by the Health Belief Model (HBM), a model first developed in the 1950s by some social psychologists who worked as staff members for the U.S Public Health Service. Thereafter, the HBM has been modified to examine several long- and short-term health behaviours, including sexual risk behaviours and the spread of HIV/AIDS.

According to the principles of HBM, a person's conduct is influenced by a variety of beliefs about dangers to their wellbeing as well as the efficacy and results of certain acts or behaviours. The notion of perceived threat is central to the HBM. A person's readiness to act is related to how seriously they view a danger. The health belief model postulates that people's attitudes about health issues, their perceptions of the advantages and disadvantages of taking action, and their level of self-efficacy account for their engagement - or lack thereof - in health-promoting activity. The health-promoting behaviour must also be

prompted by a stimulus, often known as a signal to action. The HBM lends support to this study as it helps to identify and address the key factors influencing individuals' health-related behaviours. Consequently, tailoring NTDs campaigns towards addressing perceived susceptibility, severity, benefits, barriers, as well as self-efficacy, public health efforts can increase the likelihood of individuals taking preventive actions and seeking treatment for NTDs, ultimately contributing to the control and elimination of these diseases.

4. METHODS

This paper embraced the survey, a research technique mainly concerned with gathering people's perceptions and opinions on critical issues in order to gain knowledge. Employing the qualitative methodology, the study gathered responses from a cross-sectional face-to-face semi-structured in-depth interview with the staff of *RTI International*, Calabar in line with the study objectives.

Results of Semi-Structured In-depth Interview

According to the interview data, the RTI International campaign on NTDs in Cross River State adopted various means through which the campaign messages were delivered to the beneficiaries. The campaign messages were delivered through the mass media, organizing of local rallies, IPC/Face-to-face interactions/meetings, folk dramas and dances, town-hall meetings, sponsorship of local events and ceremonies, printing of posters/banners/fliers, T-shirts and faze-caps, etc. Significantly, all reliable sources of information were patronized by the campaign organizers, suggesting that the multi-media tactic made the campaign messages more accessible and easily understood by the residents, thereby ensuring diffusion and inundation.

Various communication channels were utilized in line with the peculiarities of the people involved and their geographical location. Some communities were reached through the use of mass media, IPC/Face-to-face

interactions and meetings, town-hall meetings (e.g. Calabar South). Others required the adoption of folk dramas and dances, organizing of local rallies, sponsorship of local events, etc. (Yala, Akamkpa, Yakurr, Obanliku, etc.) Ultimately, there was need for media combination to enable us to get the messages on NTDs prevention across to residents of the state in the form and pattern they could easily understand and respond to accordingly.

The interview data also revealed that the campaign messages were highly disseminated and significantly articulated by the residents of the CRS. This was evident in the way state residents expressed their knowledge of the various NTDs endemic in CRS and their prevention measures. Beyond this, most state residents were exposed to receiving the campaign messages, defying the myths held within their local communities that the medicines are poisonous and can cause skin rashes and other diseases. This was made possible through the employment of local interpreters and translators of the campaign messages to the various local dialects for easy understanding by the campaign beneficiaries.

RTI International staff, with the support of CRS NTDs Department worked tirelessly towards ensuring the effective delivery of the campaign messages. Messages were delivered promptly and effectively. This made it possible for the campaign beneficiaries to be fully aware of what we were doing for them.

As with majority of his comments, the interviewee was elated that residents of CRS exhibited full compliance with the campaign messages. This was evident in their complete acceptance of the various drugs and medications dispensed to them for the prevention or cure NTDs common within their local communities. Data from the interview also revealed how community members were strengthened to dispel the popularly held misconceptions and myths that attributed NTDs to witchcraft or punishment from God. The dispulsion led to the optimal uptake of the freely provided medicines in the affected communities visited. The participant's comments conveyed an

understanding that responses to the campaign messages have improved.

The RTI International campaigns on NTDs prevention in CRS faced some identifiable communication gaps such as the shortage of human resources (facilitators and change agents), funding, and the reluctance to engage with the messages on NTDs by residents among others that posed a challenge to the effective message delivery as proposed. Addressing these challenges required the interventionists and their partners to prepare a robust masterplan that aims to address the issue of human deficit in addressing this issue. Additional facilitators and finances are required to support the establishment of direct communication interchange between patients and health professional within their communities.

The adoption of poor behaviour change communication strategy, human resource shortfall, poor financing, absence of political will to fight the diseases, as well as other imminent issues served to widen the gap for effective communication delivery regarding the campaign. The issue of misconceptions required to be urgently addressed to allow for more uptake of the free medicines and treatments made available to community members. Misunderstanding between healthcare workers and the supporting partners also required urgent attention so as to create an enabling environment for effective service delivery. Healthcare workers also needed to optimize their knowledge on the subject matter in order to equip themselves with the outstanding and knowledge of NTDs to enable them function effectively on their assigned roles.

From the data, it is apparent that the above identified communication gaps affected, to some extent, public compliance with the intervention on NTDs in CRS. The semi-structured in-depth interview data revealed that the imminent communication gaps created some level of misunderstandings, conflicts and inefficiencies in the campaign. Community members rejected the medicines and also discouraged others from taking it. This led to employees' demotivation, frustration and low morale amongst them.

These communication gaps almost truncated our efforts of reaching our objectives. But we quickly addressed the issues and fostered a culture of collaboration and built trust among the staff and all the stakeholders and community members and engaged everyone meaningfully until the campaign was concluded.

5. DISCUSSION

This study employed a face-face paper survey and semi-structured interviews to explore the awareness and public response to RTI International campaign on NTDS among residents of Cross River State, Nigeria. The study provides an important perspective regarding the communication strategy and component of the campaign. Findings revealed that the communication strategy adopted during the campaign impacted positively on the residents' awareness and response, vis-à-vis their intention to participate in the campaign against NTDs. Similarly, the observed effects suggested that effective communication increased the campaign's efficacy to address the myths and misconceptions held against NTD medicines. This served as the strongest predictor of the residents' intention to participate in the campaign. Furthermore, this demonstrated that participating in the campaign and accepting the medicines was efficacious in impacting the health and general wellbeing of the residents of CRS, Nigeria.

The relevance of health communication cannot be underestimated as well as the possibility of unprecedented discrepancies in virtually every aspect of health and well-being, between messages disseminated and received. Health communication can be used to address disease prevention, health promotion, and not only due to differential exposure to the intervention and quality of life, but also the process of awareness creation.

Health communication is seen to have relevance. Moreover, it is reasonable to expect discrepancies for virtually every aspect of health and well-being, between the messages disseminated and the ones received. They arise

including disease prevention, health promotion and not only due to differential exposure to the intervention quality of life.

These assists campaign organizers in meeting their goals by raising adequate awareness about the issue, presenting it as a social health danger, ensuring accurate disseminate of information, dispelling misconceptions and myths about NTDs medicines and changing public opinion.

Furthermore, the findings corroborate the submission of Aligwe et al., (2018) that health communication is seen to have relevance for virtually every aspect of health and wellbeing, including disease prevention, health promotion and life quality. This places communication at the heart of who we are as human beings through which information is exchanged, thereby signifying our capabilities. However, efforts to change behaviours are communicative acts that must carry along both the transmission of information exchange and the ritualistic processes that are automatically engaged through communication.

The findings from this study extend the understanding of some communication gaps that affect the efficacy roles in patients' intentions of participating in health campaigns in their communities which include dearth of facilitators and change agents, funding and reluctance to engage with the messages on NTDs. These findings also support the argument that health communication faces unprecedented challenges and the efficacy of previously utilized tools and methods has been decreasing in the current era (Anwar, et al., 2020). Disinformation, misinformation, myths, misconceptions cultural/religious beliefs and the strategies by which these ideas propagate to the public threaten effective information delivery and its acceptance by the public (Chou et al., 2020). Consequently, communication strategies have been developed during the recent COVID-19 epidemics to overcome this phenomenon (vaccine campaigns, awareness and poster campaigns, and content labels), but an evaluation of these strategies is equally important in order to determine the most effective approaches in health communication (Finset et al., 2020).

6. CONCLUSIONS

The main obstacle to effective health communication is not the lack of formative research or honest communication, but rather the inability of practitioners, scientists, and health organisations to effectively communicate the facts and correct information using audio-centric resources, tools and adaptable communication measures. Good communication frameworks should involve input and involvement from all relevant parties, including frontline providers in all key fields and trustworthy community members. During epidemics and pandemics, the public health and healthcare delivery sectors should have the necessary resources to present and disseminate evidence-based strategies in order to prevent and address misinformation, mistrust, myths, and misconceptions, as well as the important concerns raised by the public.

Abusing those who have false views is divisive, counterproductive, and will probably spread more false information. Accurate campaign messaging may be more well-received if they take into account baseline knowledge gaps and a sincere desire to protect. The acceptability of health communication in the social sphere is greatly increased by its variety, timeliness, consistency, and adaptation to the needs of the audience.

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