

HEALTH COMMUNICATION STRATEGIES ADOPTED FOR HEALTH PROMOTION AMONG HEALTH CARE WORKS IN AGBANI HEALTH DISTRICT OF ENUGU STATE, NIGERIA

C. M. Ugwuegede (Ph.D) and I. Onuoha Ogwe (Ph.D)

¹Department of Human Kinetics and Health Education, Enugu State University of Science and Technology (ESUT), Enugu State, Nigeria.

²UNICEF Nigeria, Enugu Field Office, Enugu

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Abstract: The prevalence and mortality of disease conditions have been the burden of man in all societies but with regular, adequate and accurate communication, the impact could be minimized or completely eradicated. The study examined health communication strategies adopted for health promotion among HCWs in Agbani health district, Enugu. Three research questions and three hypotheses guided the study. The hypotheses were tested at alpha level of .05. Descriptive survey research design was used for the study and the population consisted of 207 HCWs in Agbani health district. A total of 21 HCWs in Agbani health district served as research respondents. The collection of data was carried out with researchers' made, structured and validated questionnaire. The instrument was administered to the respondents and collected at a later date which enabled the respondents to adequately attend to it after office hours while the analysis of data was done with mean, standard deviation and t-test statistic. Findings showed that HCWs in Agbani health district adopt primary secondary and tertiary health communication strategies at a low extent ($x= 2.26$, $x=2.38$, $x=2.26$). There was no significant difference between medical and paramedical health care workers regarding the adoption of primary, secondary and tertiary health communication strategies in Agbani health district ($P>.05$). It was concluded that HCWs in Agbani health district do not adopt any of the investigated health communication strategies for health promotion. The recommendation among others is that a committee on health promotion should be instituted by the hospital management in Agbani health district for the purposes of implementing health promotion in the area while necessary logistics should be provided by the hospital management in the area in order to motivate the HCWs to carry out the business of health communication.

Keywords: Health, Health Communication, Health Communication Strategies. Health Promotion.

Introduction

Communication is one of the several recognized strategies for promoting all human activities including health activities for the purposes of optimum health. Health is an amorphous word that lacks a single definition. Health

is a term derived from an old English word “hale” which means “wholeness, being whole or sound”. The Constitution of World Health Organization (WHO), identifies that “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 2006a). Consequently, Smith (2017), argues that this prerequisite for completeness could mean that many would be unhealthy most of the time. It could be on that premise that Ngwu and Ekpiken-Ekanem (2017), emphasize that health is very essential to the individual, community and the nation at large. Furthermore, World Health Organization (2013), states that health is more than the status of not having a disease or disability but a status of being well in terms of mental, physical and social aspects. Mahatma Gandhi validated the 1948 definition of health by World Health Organization (WHO) asserts "it is health that is real wealth and not pieces of gold and silver, He was alluding to the idea that health is more important than monetary wealth, and that a society cannot prosper unless its people are healthy. According to Ratzan (2014), health is a state of being free from illness or injury. The definitions and descriptions of health point to the fact that every effort should be geared towards communicating health related issues to individuals, groups and community at large at all times. Awareness and knowledge of a phenomenon such as health could be achieved through health communication.

Health communication to individuals in any locality may be a veritable tool to sensitize, inform and educate people about health related matters in any society which may bring about a change in health behaviours of the people. Health communication is the art and technique of informing, influencing and motivating individuals, institutional and public audiences about important health issues. According to Kelly (2013); Nishiuchi, Taguri and Ishikawa. (2016), health communication is an interdisciplinary progressive and dynamic subject area of research, which is getting immense popularity because of its applicability and widely acceptance among health professionals and media communicators. It aims to pump up public health campaigns to initiate health favorable rhetoric (Davies, Abramsky, Michau & Collumbien, 2018).

The Article Base (2010), explains health communication’ as the art and technique of informing, influencing and motivating individual, institutional and public audiences about important health issues. According to the report, health communication draws from numerous disciplines, including mass communication, speech communication, health education, marketing, journalism, public relations, psychology, informatics and epidemiology. In the opinion of Kreps and Neuhauser (2012), health communication is the art and technique of informing, influencing and motivating individuals, institutional and public audiences about important health issues. According to the report, the communication adopts a participatory approach whose main aim is empowerment through dialogue and mutual learning adding that the process is as important as the outcome. They stated that the participatory communication could facilitate collaborative learning for both provider and receiver of health communication. In addition, health communication providers can learn about receiver’s needs and preference for health, communication through collaboration process; an insight that could enable them to construct health communication resources that is relevant and accessible to intended receivers. Likewise, receivers may gain more knowledge on health and health management as well as relationship between health and lifestyle through the same dialogue process. Due to this wide acceptance of health communication benefits among health, social, communication and data scientists, Ghanhdi (2011), has drawn the attention of the researchers of different fields to collaborate for an in-depth study of it because of its numerous benefits.

The benefits of health communication has been highlighted in research reports to includes initiating a positive dialogue between health professionals, health communicators and media professionals with the sole aim of

making echo for health rights,, health belief, Health Education and Health awareness at ground level (Glanz & Bishop, 2010). Kreps and Neubauser (2012), state that health communication could facilitate collaborative learning for both provider and receiver of health communication adding that health communication providers can learn about receiver's needs and preference for health communication through collaboration process. This insight could enable them to construct health communication resources that are relevant and accessible to intended receivers. Besides, receivers may gain more knowledge on health and lifestyle through the same dialogue process (Kreps & Neubauser, 2012).

Additionally, Health communication contributes to all aspects of disease prevention and health promotion (Adeyemi, 2012). Health communication therefore, prevents and sustains healthy behaviour and makes clients/patients feel at ease. The CDC (2013), further states that health communication increases audience knowledge and awareness of any health related issues. It advocates a position on a health issues or policy and increases demand and support for health services as well as removal of misconceptions on health related issues (CDC, 2013). In Agbani area of Enugu State, which is sub-metropolitan, the inhabitants hold various misconceptions about health matters which could be resolved through health communication. Insel and Roth (2014), point out that high assessment to health care system is achieved through effective health communication. To this end, Adeyemi (2012), suggests that information given to clients, patients and others should be planned to suit the needs of the people but however, warned that without effective communication strategies the goals of health communication may not be fully realized.

Different communication tools are often used as part of an effective communication plans and must serve its purpose. However, whichever communication strategies or plans adopted should be skillful to bring about positive change in behavior. Skillful strategies adopted in communication opens way for proper understanding of health issues that affect the people and calls for behavioural change. The importance of effective health communication strategies in the promotion good health cannot be underestimated.

Communication strategies in health care system is a process of disseminating health information to individual in the community. (Akpabio, 2016). David (2014), emphasizes that through effective health communication strategies, most people are properly informed on health issues especially when viewed within the perspective of accessibility and efficiency. On a similar note, Daniel (2016), highlights that with effective communication strategy, social relations among individuals are enhanced which could involve passing of essential health information to individuals in a community irrespective of the type or category.

Health communication strategies come under verbal and non-verbal communication. The verbal communication strategy requires individual to be involved in physical contact or discussion, while non-verbal communication system does not actually involve physical contact or process of passing information on health issues (Daniel, 2016). The use of communication strategies is crucial to ensure optimum utilization of health information provided by the health care workers (HCWs) and health educators so that individuals and communities may observe healthy living practices and seek appropriate medical help in due time. This implies that without effective communication strategies the inhabitants of Agbani Health district may not be able to effectively utilize health information provided by the health care workers in their health care facilities which also may affect their seeking for medical help on time. Hence, the study sought to investigate the health communication strategies adopted by the HCWs in the area. It is in that perspective that CDC (2013), suggests

that in transmitting information, it is important to maintain consistency in the aesthetic appearance, linguistics style, tone and messages when adopting any of the health communication strategies.

Various health communication strategies have been outlined by authors. According to Richrdo and Jana (2013) and Noar, Benac and Harris (2017), health communication strategies include ; campaigns, entertainment advocacy, media advocacy, new technologies and inter personal communication, seminars, workshops. The Centre for Rural Health, (2015), classified health communication strategies into primary, secondary and tertiary levels and noted that primary communication strategies are commonly used among the rural dwellers.

The primary communication strategies are usually common where the use of modern technology is absent such as the rural areas. Communication could sometimes be challenging in some areas of Agbani health districts which also could hinder the entire process of health communication hence the need to ascertain whether the HCWs in their health care facilities (HCFs) are adopting the primary health communication strategies or not. The primary health communication strategies as the name implies is designed to address the peculiar of the rural developers. It involves the use of town criers. In this case the town crier becomes a significant village broad caster who summons villager or decision makers on issues concerning the community (Hub, 2017). Even in modern times, town criers still play a crucial role in health advocacy and sensitization. It also involves the use of age grade/gender meetings. Under this approach, various groups have specific days/months for meetings and can therefore, create an avenue for the health care personnel to give out information on health related issues. It has not been successfully established if the HCWs in Agbani health district adopt the primary communication strategies alongside with secondary health communication strategies or not.

The secondary health communication strategies focus on educating audiences on health topics such as HIV transmission or suicide prevention. It combines different learning experiences that inform people about health issues so that they can take action. In this type also HCWs may incorporate a suicide awareness campaign that includes a curriculum involving speakers telling personal stories as well as lessons about depression warning signs and resources for help. It also involves doctors' offices giving out pamphlets about colon cancer or dentists' offices playing videos about proper dental hygiene. In all these, cases, the information help to create awareness in the audience, and also help in preparing people to make healthier choices relating to tertiary health communication strategies (Ewles & Simnett, 2013). It could be possible for the HCWs in the study area to be adopting secondary communication strategies without the tertiary communication strategies which may further hinder the inhabitants of Agbani area to be taking appropriate actions in maintaining their health.

Tertiary health communication strategies involves the use of broadcast media to capture wide audience within a defined time frame. Broadcasting is transmission of audio and video messages via electro-magnetic waves to reach millions of homes almost the same time. It is the most efficient means to transmit information immediately to the widest audience (Ahmed, 2019). According to (Achal, 2011), tertiary health communication involves the use of channels such as television radio broadcast public service announcement (news programmes), newsletters/journals, billboards/posters, social media/internet (e-mails, SMS, instant messaging as yahoo, MSN messages and video conferencing, facebook, whatsapp and twitter) (Rural Health Information Hub, 2017). According to Centre for Rural Health (2015), it involves use of radio, Television, Newspaper, Flyers Brochure, Internet and social media. The report however, suggests that in applying any of the strategies for health communication, there is the need to utilize research based strategies and that the people culture, setting and languages are given priorities. It has not been verified if the HCWs at Agbani health districts

adopt the secondary and tertiary health communication strategies in their health promotion activities in the area or not which forms the major concern of this study. HCWs have health promotion as one of their primary functional responsibilities.

Health promotion activities could be a veritable tool to increase people's control over their health choices for possible improvement of their health status. Health promotion is the process of enabling people to increase control over, and to improve their health (World Health Organization, 2016). Health promotion aims includes; to enable people to address health problems and lead healthier lives, to enable people to increase control over their own health, to engage and empower individuals and communities, to choose healthy behaviors and make changes that reduce the risk of developing chronic diseases and other morbidities. It also enhances the quality of life for all people, reduces premature deaths. By focusing on prevention, it reduces the costs (Both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation at large would spend on medical treatment (World Health Organization, 2016). Ewles and Simnett (2013), identify five approaches to health promotion, each necessitating the use of different kinds of activities namely: medical; behavioural change; educational; client-centred and societal change.

The medical approach aims to enable people to be free from medically defined disease and disability, such as infectious diseases, cancer and heart disease. The approach involves medical interventions to prevent or ameliorate ill health. This approach values preventive medical procedures and the medical profession's responsibility to ensure that patients comply with recommended procedures (Ewles & Simnett, 2013). The success of this approach however, may be dependent on the behaviour of the individual hence could be addressed using behavioural approach.

The behavioral change approach is based upon changing people's individual attitudes and behaviors so that they adopt a "healthy lifestyle". Examples include teaching people how to stop smoking, look after their teeth and eat the "right food" (Ewles & Simnett, 2013). Perhaps, the educative approach could also be effective in achieving the set objectives of health promotion.

The aim of the educational approach is to provide individuals with information, ensure knowledge and understanding of health issues, and to enable well-informed decisions to be made. Information about health is presented, and people are helped to explore their values and attitudes and to make their own decisions. Help in carrying out those decisions and adopting new health practices may also be offered. The educational approach encourages individuals to make their own decisions and at the same time health professionals will see it as their responsibility to raise with clients the health issues which they think will be in the client's best interests (Ewles & Simnett, 2013).

Within the client centered approach, the health professional works with clients to help them identify what they want to know about and take action on so that they make their own decisions and choices according to own interests and values. Here, the health professionals try to help people to identify their concerns and gain the knowledge and skills they require in making the changes happen (Ewles & Simnett, 2013).

Rather than changing the behavior of individuals, the societal change approach modifies the physical and social environment in order to make it more conducive to good health. Those using this approach will value their democratic right to change society, and will be committed to putting health on the political agenda at all levels and to the importance of shaping the health environment instead of shaping the individual lives of people who live in it (Ewles & Simnett, 2013). It has not been determined the health communication strategies adopted by

the medical and paramedical HCWs in any of the identified health promotion approaches in Agbani HCFs that are likely going to help the inhabitants of the area gain full control of their health choices.

HCWs in this study refers to medical and paramedical practitioners who come into contact with the patients in the three general hospitals in Agbani health districts. The medical practitioners consists of doctors and nurses while the paramedical practitioners refer to health technologists who come into contact with the patients in their line of duties and must have spent at least six months or more as at the time of carrying out this investigation. The medical and the paramedical HCWs may be showing differences in the adoption of health communication strategies for health promotion in Agbani HCFs which this study investigated.

Statement of the Problem

Health information is supposed to be a constant exercise in every community including Agbani health district. The researcher as Health Educators have observed with keen interest the absence of town criers, billboards, leaflets, pamphlets and other periodicals in and around Agbani health districts and its environs to sensitize and encourage the inhabitants on current health issues. Health information is merely given out in worship centres during church activities. However, majority the inhabitants are heathen and may not benefit from the information given in the churches. Besides, seminars and workshops and symposiums on health issues are not a common occurrence in the area which could result in low awareness and knowledge of current health issues for possible behavioural changes of the people. The questions begging for answers are what are the health communication strategies adopted for health promotion among HCWs in Agbani health districts of Enugu State.

Purpose of the Study: The main purpose of this study was to ascertain the extent to which HCWs adopt health communication strategies for health promotion in Agbani health district of Enugu State. The specific objectives are to identify the extent to which;

1. HCWs adopt primary health communication for health promotion in Agbani health district.
2. HCWs adopt secondary health communication for health promotion in the locality.
3. HCWs adopt tertiary health communication for health promotion.

Research Questions

The study was guided by three research questions.

1. To what extent do HCWs adopt primary health communication for health promotion in Agbani health district?
2. To what extent do HCWs adopt secondary health communication for health promotion in the locality?
3. To what extent do HCWs adopt tertiary health communication for health promotion?

Method: The research design adopted for this study is descriptive survey research design. The area of the study is Agbani health district of Enugu State The choice of the area is because it is a semi-urban locality with several rural settings which may be negatively influencing health communication. Besides, the inhabitants of the area are cultural people which may be negatively influencing the HCWs health communication strategies. Furthermore, HCWs in Agbani health districts are centering for a predominantly illiterate community which also could make health communication a bit challenging.

The population for the study consisted of 207 HCWs from the there general hospitals in the area namely the general hospitals at Amechi, Amagunze and Agbani all in Agbani health district of Enugu State. The sample size for the study is 21 HCWs; (12 doctors and nurses and 9 paramedical practitioners) from the three HCFs in Agbani health districts were purposively sampled to served as research respondents. The sample size was

determined using the principles of the rule of the thumb. The instrument for data collection was researcher’s made and validated questionnaire.

The instrument was administered to the respondents with the help of three briefed research assistants and collected at a later date to allow the respondents attend to it adequately after office hours. The research questions were answered with mean and standard deviation while the hypotheses were testes with t-test statistic at alpha level of .05. The decision rule for the research questions was that mean responses of 2.5 and above signifies great extent adoption of health communication strategies while mean responses below 2.5 signifies low extent adoption. For the hypotheses, it was rejected if the P-value is greater or equal to the value of the significance otherwise it was not rejected.

Result: Research Question One: To what extent do HCWs adopt primary health communication for health promotion in ESUT Medical Centre?

Table 1: Mean Scores of the Respondents on Extent of Adoption of Primary Health Communication for Health Promotion in Agbani health districts

n=21

S/ N	ITEM STATEMENT	VGE	GE	LE	VLE	X	SD	Dec
	Indicate the extent to which you adopt the following for health promotion : :							
1	The use of town criers for children immunization	02	04	07	08	2.00	.87	LE
2	Communities are reached through age grade meetings.	01	02	09	09	1.76	.83	LE
3	Information are usually passed to the community through gender meetings	0	02	08	11	2.52	.91	GE
4	Information on health are passed to the rural dwellers during political meetings	06	07	05	03	2.76	.94	GE
	Grand mean					2.26	.89	LE

Key: GE-Great Extent. LE-Low Extent.

Table data shows that out of 21 HCWs that responded to items 1-4 that deal with primary health communication for health promotion, item 1 received a total mean score of 2.00, item 2(1.76), item 3(2.52) and item 4(2.76). This signifies low extent. However, items 3 and 4 show great extent adoption of primary health communication for health promotion. The grand mean of 2.26 shows low extent adoption. This therefore, means that HCWs in Agbani health district adopt primary health communication for health promotion at low extent. Also the SD value for the aggregate rating (0.890) is small indicating that there were little or no extreme values. Hence, the mean values so obtained represent the actual opinion of the HCWs regarding primary health communication strategies being adopted for health promotion.

Research Question Two: to what extent do HCWs adopt secondary health communication for health promotion in Agbani health districts?

Table 2: Mean Scores of the Respondents on Extent of Adoption of Secondary Health Communication for Health Promotion in Agbani health districts
n=21

S/N	Item	VG	GE	LE	VLE	X	SD
	Indicate the extent to which you adopt the following for health promotion	E			Dec		
5	I tell personal stories about depression warning signs and resources to my patients..	07	07	04	03	2.86	1.10
6	Usually I give lessons on stress warning signs and resources to my patients.	04	05	06	06	2.33	1.15
7	As a doctor/nurse, my office gives out pamphlets about cancers and other diseases.	02	03	10	06	2.05	.91
8	As a dentist, my office play videos about proper dental hygiene	03	05	07	06	2.24	.90
9	I educate patients on health topics such as HIV transmission	09	07	03	02	3.10	.85
10	I give lessons on topics relating to suicide prevention..	04	04	08	05	2.14	.88
11	I do not use any of those strategies because the support is not provided by either the government or school authority.	02	01	12	06	1.95	.93
	Grand Mean					2.38	.96
					LE		

Key: GE-Great Extent. LE-Low Extent.

Table 2 data shows that out of 21 HCWs that responded to items 5-11 that deal with secondary health communication for health promotion, item 5 received a total mean score of 2.86, item 6(2.33), item 7(2.05), item 8(2.24), item 9(3.10), item 10(2.14) and item 11(1.95). This signifies low extent. However, items 1 and 5 show great extent. adoption of secondary health communication for health promotion. The grand mean of 2.38 shows low extent adoption. This therefore, means that HCWs in Agbani health district adopt secondary health communication for health promotion at low extent. Also the SD value for the aggregate rating (0.960) is small indicating that there were little or no extreme values. Hence, the mean values so obtained represent the actual opinion of the HCWs regarding secondary health communication strategies being adopted for health promotion. Research Question: Three: to what extent do HCWs adopt tertiary health communication for health promotion in Agbani health districts?

Table 3: Mean Scores of the Respondents on Extent of Adoption of Tertiary Health Communication for Health Promotion in Agbani Health District n=21

S/N	Item statement	VGE	GE	LE	VLE	X	SD	Dec
12	I usually go for Television discussions on health issues	03	05	07	06	2.24	.87	LE
13	I undertake radio broadcast on health issues.	04	05	07	05	2.38	.83	LE
14	I do public service announcements in the form of news programmes.	03	04	06	08	2.48	.90	LE
15	I issue newsletters/journals	06	07	03	08	2.05	.11	LE
16	I utilize billboards/posters.	02	03	08	07	2.24	.17	LE
17	. I use social media/Internet.	06	07	03	05	2.67	.95	GE
18	I use fliers	01	03	09	08	1.86	.83	LE
	Grand Mean					2.26	.67	LE

Key: GE-Great Extent. LE-Low Extent.

Table 3 data shows that out of 21 HCWs that responded to items 12-18 that deal with tertiary health communication for health promotion, item 12 has a total mean score of 2.24 item 13(2.38), item 14(2.48), item 15(2.05), item 16(2.24), item 17(2.67) and item 18(1.86). This signifies low extent. However, item 17 shows great extent adoption of tertiary health communication for health promotion. The grand mean of 2.26 shows low extent adoption. This therefore, means that HCWs in Agbani health district adopt tertiary health communication for health promotion at low extent. Also the SD value for the aggregate rating (0.670) is small indicating that there were little or no extreme values. Hence, the mean values so obtained represent the actual opinion of the HCWs regarding tertiary health communication strategies being adopted for health promotion.

Ho1: There is no significant difference between the mean ratings of medical and paramedical HCWs on their adoption of primary communication strategies in Agbani health district.

Table 4: Summary of t-test analysis on the mean ratings of medical and paramedical HCWs on their adoption of primary communication strategies in Agbani health district.

Group	N	\bar{x}	SD	df	Level of Sig	P-value	Decision
Medical	12	2.50	.90	19	.05	.162	Ho ₁ not rejected
Paramedical	9	2.50	.92				

The data in Table 4 for medical and paramedical HCWs on their adoption of primary communication strategies in Agbani health districts show that at 19 degree of freedom, the p-value was .162 which is more than .05 level of significance set for this study. This implies that there was no significant difference in the mean ratings of medical and paramedical HCWs on adoption of primary communication strategies for health promotion in Agbani health district. Therefore, the null hypothesis was not rejected.

Ho2: There is no significant difference between the mean ratings of medical and paramedical HCWs on their adoption of secondary communication strategies in Agbani health district.

Table 5: Summary of t-test analysis on the mean ratings of medical and paramedical HCWs on their adoption of secondary communication strategies in Agbani health district.

Group	N	\bar{x}	SD	df	Level of Sig	P-value	Decision
Medical	12	2.50	.90	19	.05	.162	Ho ₂ not rejected
Paramedical	9	2.50	.92				

The data in Table 4 for medical and paramedical HCWs on their adoption of secondary communication strategies in Agbani health districts show that at 19 degree of freedom, the p-value was .162 which is more than .05 level of significance set for this study. This implies that there was no significant difference in the mean ratings of medical and paramedical HCWs on their adoption of secondary communication strategies in Agbani health district. Therefore, the null hypothesis was not rejected.

Ho3: There is no significant difference between the mean ratings of medical and paramedical HCWs on their adoption of tertiary communication strategies in Agbani health district.

Table 6: Summary of t-test analysis on the mean ratings of medical and paramedical HCWs on their adoption of tertiary communication strategies in Agbani health district.

Group	N	\bar{x}	SD	df	Level of Sig	P-value	Decision
Medical	12	2.50	.90	19	.05	.162	Ho ₃ not rejected
Paramedical	9	2.50	.92				

The data in Table 6 for medical and paramedical HCWs on their adoption of tertiary communication strategies in Agbani health district show that at 19 degree of freedom, the p-value was .162 which is more than .05 level of significance set for this study. This implies that there was no significant difference in the mean ratings of medical and paramedical HCWs on their adoption of tertiary communication strategies in Agbani health district. Therefore, the null hypothesis was not rejected.

Discussion

The discussion of the findings of the study is as follows. The findings of the study as presented in table one on primary communication strategies shows that HCWs in Agbani health district adopt primary health communication for health promotion at low extent.

The finding of the study as presented in table 2 on secondary health communication for health promotion shows that as presented in table 2 shows that HCWs in Agbani health district adopt secondary health communication for health promotion at low extent. This finding disagrees with Ewles and Simnett (2013), that the information provided through health communication help to create awareness in the audience, and also help in preparing people to make healthier choices. The finding is also not in agreement with Adeyemi (2012) that skillful strategies adopted in communication opens up way for proper understanding of health issues that affect the people and calls for behavioural changes. The disagreement with previous findings could be because as an institutional health care facility, The HCWs may not be getting the necessary support from the university management to carry out health promotion programmes in the university community. Perhaps, it could also be that the staff and students do not show interest in health promotion activities due to lectures and tight duty schedule.

The finding of the study on tertiary health communication for health promotion as presented in table 2 above shoes that HCWs in ESUT Medical Centre adopt tertiary health communication for health promotion at low extent. This finding disagrees with the recommendations of Centre for Rural Health (2015), that health care providers should as a matter of concern use of radio, Television, Newspaper, Flyers Brochure, Internet and social media to pass information on health issues. Stressing the need to utilize research based strategies and that the people culture, setting and languages should be given priorities. The finding also fall short of the recommendations of Rural Health Information Hub (2017), that channels such as television radio broadcast public service announcements (news programmes), newsletters/journals, billboards/posters, social media/internet (e-mails,SMS, instant messaging as yahoo, MSN messages and video conferencing, facebook whatsapp, twitter and others should be adopted by health personnel during health promotion activities. The non-adoption of tertiary health communication for health promotion by the HCWs in ESUT Medical Centre could be that the logistics to carry out those platforms are lacking in the centre. It could also be attitudinal on the part of the HCWs. Perhaps, the HCWs in the centre are not well motivated by the university management which may influence their carrying out health promotion in ESUT community.

Conclusion: based on the findings of the study, it is concluded that both the secondary and tertiary health communication for health promotion are not operational among the HCWs at ESUT Medical Centre.

Recommendations: The following recommendations are made based on the findings of the study

1. The ESUT management should as a matter of urgency provide all the necessary logistics in order to motivate the HCWs in the Medical centre to regularly carry out health communication.
2. The management of the health care facility should liaise with the Health Education Department to come up with programmes and policies for health promotion in ESUT while sensitization through health advocacy is necessary.
3. A committee on health promotion should be instituted by the ESUT management for the purposes of implementing health promotion in the institution. Future researchers may investigate further barriers to adoption of health communication platforms.

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