

APPEALS AND RESPONSE PROCESSES IN HEALTH PROMOTION CAMPAIGNS IN THE CONTEXT OF NIGERIA

Chinedu Christian Odoemelum*, Queen Ohiolei Odoemelum*

*Department Of Mass Communication, Igbinedion University, Okada

Abstract

The focus of health promotion is persuasion and behaviour change through the application of principles of marketing communication, strategic communication and mass communication. Health communication literature suggests that these methods are necessary for effective appeal and response to health messages. However, the strategies health promotion campaigns in Nigeria deploy in the message construction processes have been understudied. To understand the construction and deployment of health promotion in health messaging in Nigeria, this paper examines the appeals and response processes in select health promotion messages through purposive and criteria-based selection techniques. A qualitative content analysis approach was adopted in analysing the data from the mass media and other non-mass-mediated contents such as mobile phone text messages. Findings showed that motivation-oriented and commercially styled constructions in the delivery of promotional health messages were predominant in the campaigns. In conclusion, health promotion practitioners engage in producing content that targets preventive behaviour and as well, market health products and services through persuasive models.

Keywords: Appeals, Response processes, Health promotion, Health communication

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INTRODUCTION

The focus of promotional health communication is persuasion and behaviour change through the application of principles of marketing communication, strategic communication and mass communication. The need to use the mass media to communicate health outcomes and prevention messages, necessary for public health safety, is a cardinal social responsibility of health communication. The complexity of social marketing health has also made the use of advertising and public relations strategies in healthcare messaging very germane (Odoemelum, 2020)

Studies have identified the inability to communicate desired health objectives and operations as part of the developing nation's weaknesses in health

care delivery. This is expressed in the gap in bringing relevant health messages to the teeming population necessary for addressing major categories of health care, including prevention, treatment and rehabilitation.

One of the challenges that policy-makers battle with is the concern about what messages are reaching the people and how it was influencing them in terms of risk behaviour and prevention. In the words of MacKenzie (2020), health promotion is the design and development of health campaigns aimed at reaching certain audiences and communicating important health information.

The agenda-setting function of the mass media presupposes that discussing and interrogating health issues would cause a policy to respond to the

aspirations of caregivers that would reduce risk factors associated with many health problems. Given this understanding, it is safe to say that mass media health campaigns would stimulate the search for clearer and additional information on health matters that confront all categories of humanity.

Communicating health makes a significant difference between diseased conditions, risky health behaviours and desirable health outcomes (Kreps, Bonaguro, & Query, 1998). The essence of health communication is to intervene in health matters. Intervention rests on three variables: prevention, treatment and rehabilitation. The last variable is not merely recovery or coalescence. In many behavioural health risk factors like smoking and drug addiction, rehabilitation could also mean reorientation – value reorientation that is critical to change in behaviour from risks to safety. This suggests that health communication rests on three pillars, which are communication, health intervention and behaviour. There are many risks behaviour that would be resolved if adequate attention is given to sustaining the discussions around communication as a health care delivery strategy.

STATEMENT OF THE PROBLEM

The focus of health promotion is persuasion and behaviour change through the application of principles of marketing communication, strategic communication and mass communication. The literature suggests that these procedures are necessary for effective appeal and response. Health promotion practitioners engage in producing content that targets preventive behaviour and as well, markets health products and services. However, it is not clear what strategies health promoters in Nigeria deploy in the message construction process. To understand the construction and deployment of health promotion in health messaging in Nigeria, this paper examines the appeals and response processes in select health promotions in the mass media and non-mass mediated channels (text messages) through a purposive and criteria-based selection technique.

Health Promotion

Health promotion combines knowledge of message appeals and response processes that are necessary for targeting health behaviour change. The knowledge of media uses and gratification perspectives helps in making decisions on the type of campaigns, types of media and types of audience for specific health promotion campaigns. The focus of health promotion is persuasion through the creation of effective messages that influence and provide justification for an aspired change in the health

behaviour of at-risk groups and the public. This type of Health communication promotes health causes and products through the adoption of campaign strategies. For instance, health promotion campaigns targeting the prevention and treatment of diabetes among middle-aged adults will design messages that are within the frame of experience of the target group. Appeals such as fear, reward, vitality and healthiness appeals, influence attitudes towards diabetes. It is also important to note that unlike health reporting, which may use a particular medium for the propagation of health messages, health promotion, involves the combination of diverse media (television, radio, newspaper, mobile telephony, flyers, banners and billboards, mobile text messages) in the prosecution of a single campaign.

In health promotion, the practitioner works in conjunction with a team, comprising editors, writers, artists, talents and content producers. It also engages media buying agencies to produce and disseminate the message of specific campaigns across various media channels and spaces. Examples of health promotion are the various messages that promote the World Health Organisation's COVID-19 prevention protocols and the UNESCO-sponsored radio drama series that were focused on educating listeners on the grey areas surrounding the Covid-19 pandemic. Another campaign was the Nigeria Center for Disease Control's (NCDC) *STAY AT HOME* mobile phone text messages and other messages that promoted the need for social distancing. The messages may be produced and disseminated through diverse mass media and non-mass mediated channels, through the application of various campaign appeals.

Some health promotion messages seek to persuade the public to behave in certain ways. For instance, the malaria campaigns in Nigeria, which motivate the audience to use mosquito-treated nets during bedtime. Health promotion also involves the marketing of health products such as drugs and equipment. This involves the use of commercially styled messages on television, radio and newspapers that persuade the audience to buy certain health products. The Coartem and the Camosunate commercials which were taken from Channels TV, Nigeria (see figures 1 and 2 below), target the prevention of malaria.



Fig. 1: This is an example of a commercially styled malaria treatment message on TV (Source: Channels TV, cited in Odoemelum, 2020).



Fig. 2: When health products are promoted, they use commercial strategies as this advert shows (Source: Channels TV, cited in Odoemelum, 2020).

Audience of promotional health messages

Odoemelum (2020) is of the view that, by adopting the principle of audience identification and segmentation, promotional health messages target the following:

1. General category: This audience is in a general category. They are the target of health news and health broadcast programmes, for information and education.
2. Patient category - this group have specific health conditions requiring medical attention and specific health behaviour. One factor that defines this category is that they require information on access to health facilities. For instance, Vesico vagina fistula patients require information on where to access medical remedies.
3. Caregivers - this refers to all those in the healthcare sector such as nurses, doctors, and

whose activities the health communication reporters report. They are usually the subjects of interviews and broadcast health programmes. As the audience of media health messages, caregivers respond to news reports on health messages in various ways.

4. At Risk Group category, this group may be susceptible to a specific health condition and require preventive messages for preventive behaviour. During the COVID-19 pandemic, elderly persons and those with underlying health conditions were constant targets of COVID-19 preventive messages.
5. Policy makers —this category has the responsibility to make health policies and other related policies that may have health implications. They are usually the target of Newspaper editorials, broadcast commentaries and Magazine feature stories.
6. Risky group - the behaviour of this group might put others at health risk. Behaviour modification is often the focus of messages targeted at this group.
7. Opinion leaders - the influence of this category of the audience may stimulate or motivate positive health choices and behaviour. Because of their community influence, they are the target of immunization messages.

Response Processes

With regard to audience response, health communications are usually based on specific objectives. Some health communications may have the objective of highlighting a specific health problem. Others may have the objective of providing preventive information, while another, may be to advocate for a health policy change. In addition, some health messages may have the objective of motivating the audience to buy a specific drug, health remedy or health service, for preventive purposes. E.g., pain-relieving drugs, STDs protective equipment like condoms and contraceptives, for family planning.

Health communication practitioners must identify and segment the target audience by preparing specific messages that best fit the needs of the audience category. Identifying the audience will influence the encoding of the message as well as the choice of the medium.

While the health communication practitioner may be a journalist or a correspondent in any of the media (print, broadcast, online) or may be working in the information unit of any health institution or as a health communication consultant, the first task is the identification of the audience of an intended message.

Audience identification is a problem half-solved in communication.

Depending on the size of the audience, the practitioner decides on which medium or a combination of media to use. This decision process hinges on the knowledge of the features of each channel of communication. See chapter eleven for the features of each medium of communication.

Irrespective of the target audience category, and the nature of communication, the sender expects a response. In the words of Belch and Belch (2012), the most important aspect of developing effective communication programmes involves understanding the response process the receiver may go through in moving toward a specific response behaviour in respect of the message.

Theoretical Framework

The study of appeals and responses in health communication research often applies nuanced concepts and constructs in examining the issues. As a result, we adopted an integrative approach and drew on several theoretical perspectives and relevant empirical research. Given this circumstance, three frameworks were applied in the study. The first is the Effective Public Health Practice Project framework by Yousef et al (2021); the Drive Model and the Protection motivation model espoused by Belch and Belch (2012). The Effective Public Health Practice Project framework was applied to assess the quality of the studies and identified that there remains an opportunity for improvement in the research design of advertising studies.

The drive model is the original conception of authors, Hyland, Janis and Kelley (1953), which they applied in the study of fear appeal. According to Meczowski and Dillard (2017), the Drive model was the first social scientific effort to explain the operation of threat appeals. Drawing from the precepts of learning theory, the model claimed that negative emotions are analogous to “drives” such as sleep and hunger. Like other drive states, fear motivates instrumental responses. Hence, the theory predicted a curvilinear relationship between fear and persuasion. For a threat appeal to be effective, it must first arouse fear and then alleviate it. However, as recent studies (Meczowski & Dillard, 2017; Dillard, Li, & Huang, 2017; Dillard, Shen & Vail, 2007; Hale & Dillard, 1995) seem to suggest, the Drive model has continued to lose ground among media effects scholars, especially those related to the study of threat or fear as appeals in health messages.

Focus seems to be shifted to the more nuanced

perspective that intervening variables mediate the effect of fear appeal, which subsequent scholars call the parallel response model. Meczowski & Dillard suggest that driven by the presence of conflicting empirical results with regard to the relationship between the strength of fear appeals and persuasion, Leventhal's (1970) parallel response model marked a dramatic shift in the history of fear-appeal research. Whereas the drive model was largely concerned with the affective internal process of emotional arousal, the parallel response model advanced cognitive information processing as the primary cause of persuasion in response to a fear appeal.

On the other hand, The Protection-motivation model focused on message appeals. This perspective is relevant to the discussions on how health messages are constructed within the context of their appeals and response processes. Specifically, the model is used to explain the audience's response to the threat in fear appeal. The Model outlines four cognitive appraisal processes that influence audience response to messages with fear as their appeal. The cognitive appraisal processes include:

- a. The information available regarding the severity of the perceived threat
- b. The perceived probability that the threat will occur
- c. The perceived ability of a coping behaviour to remove the threat
- d. The individual audience member's perceived ability to carry out the coping behaviour.

According to Odoemelum (2021), this model is akin to the health belief model, which explains how target groups may respond to persuasive health messages from the mass media. He suggests that the protection-motivation model presents a scenario where the onus is on the source of the message to fill the gap in the four cognitive processes since a positive response will be dependent on the information on the cognitive processes.

METHOD

Data was collected from a qualitative content analysis of health promotional messages on an aggregate of personal and non-personal communication platforms in Nigeria. To understand the construction and deployment of health promotion in health messaging in Nigeria, this paper examines the appeals and response processes in select health promotions from the mass media and non-mass mediated channels through a purposive selection technique. The only criterion for selection was that the message must target a health behaviour or product. A

qualitative content analysis approach was adopted in the analysis of the data. Health promotion messages were collected from print (Newspapers and magazines); Broadcast media (radio and television) and online platforms (websites of NCDC and the Ministry of Health and Text messaging from NCDC). Data were collected in June 2020 in Nigeria. All the messages were purposively selected on the basis that they were promotional or persuasive health messages and that the target was those residing in Nigeria. A proportional technique was used to select ten messages from each of the channels. In all, the study analysed sixty messages.

Data were gathered with the aid of the code sheet. Wimmer and Domminic (2011) believe that the code sheet is for content analysis, while the questionnaire is to survey studies. The code sheet was constructed based on the categories and coding instructions provided in the code book. Both documents were adaptations from previous literature on health communication appeals, advertising appeals, and content analysis (Yousef, Rundle-Thiele & Dietrich, 2021; Odoemelam, 2021; Hussein, Pervaiz & Rehman, 2020; Belch and Belch, 2012; Wimmer & Dominick, 2011).

Appeals were conceptualized as the construction of persuasive messages in such a way that they influence the receiver's intentions and behaviour in response to the message. Some of the appeals found in extant literature include Fear/threat, (at the extreme of the emotional valence), health and vitality, and endorsement appeals. Previous literature suggests that fear/threat appeal is negative motivation, while health and vitality and endorsement appeals are at the extreme of the emotional valence and are associated with positive motivations ((Yousef et al 2021; Odoemelam, 2021; Hussein et al 2020). Meanwhile, we also conceptualized commercial motivations as marketing-styled communications in the construction of health messages. Based on this understanding from the literature, the authors coded the variables of fear, health and vitality, endorsement and commercial motivations.

The study involved a qualitative content analysis of health messages selected on the basis that they are promotional health messages. The content analysis research design analyses the manifest content of communication to discover patterns (Reinard, 2001). The body of research includes purposively selected promotional messages found on mass media and on non-mass mediated channels such as mobile phone text messages within the month of June 2020

during the COVID-19 public health crisis, which the World Health Organisation (WHO, 2020) christened a pandemic. Therefore, the window period was June 2020. The justification for the choice of this period is because of the assumed heightened persuasive health messages in the context of the emergency health situation. However, our study was not restricted to only promotional health messages about the pandemic. Our study surprisingly found on the various media, including personal communication channels, significant promotional health messages targeting other health risk behaviour other than the pandemic.

To test inter-coder reliability, two coders (the authors) coded approximately 20% of the collected data (12 promotional health messages) to measure agreement levels. These messages were selected on the criterion that they were promotional health messages. Inter-coder reliability was computed using Holsti's (1969) reliability formula, where M is the number of times the coders agree, and $N1$, $N2$ represent the total number of coding decisions per coder $CR = 2M / (N1 + N2)$.

The inter-coder reliability in this study is 89.3%. One reason for the disagreement is that some promotional messages had more than one appeal and selecting a central appeal was difficult. According to Wimmer and Dominick (2006), inter-coder reliability over 75% is desired, therefore 89.3% is acceptable in this study.

Sixty health promotional messages were selected and analysed. They included various genres of communication platforms including print, broadcast and online media, as well as mobile phone text messaging.

FINDINGS AND DISCUSSIONS

The use of fear appeal that details the outcome of risky health behaviour was found in many messages that sought to deter the audience from indulgence. This was most predominant among health messages from health institutions and other government health and safety agencies like the Ministry of Health, NCDC and NAPTIP (Okokor, 2019). This agrees with Odoemelam (2021) who wrote that fear appeal is mostly used in campaigns that promote behaviour change such as health messages. He suggests that fear is an emotional response to a real or perceived threat. The fear appeal aims at playing up the consequences of not taking a particular desired action. For instance:

When you or your loved ones contract coronavirus, you will not be at their bedside nor their funeral, STAY AT HOME! (NCDC, 2020)

In the health message above that was examined in this study, the intended behaviour adaptation was for the audience to stay at home during the COVID-19 pandemic which was a key clinical preventive protocol. To elicit the desired response, the message used fear appeal by reminding the audience that death was a very big possibility when coronavirus was contracted and therefore, it was important for the audience to stay at home. However, Belch and Belch (2012) warn that the use of fear appeal may produce various responses, including the unintended. The curvilinear model is key in explaining how a fear appeal may result in negative responses. The model suggests that the more fear is injected into a message, the more the positive acceptance of the message increases to a certain point where the message begins to have the opposite effect leading to a decrease in the acceptance of the message (Odoemelam, 2020; Belch & Belch, 2012). This is especially so since studies show that fear appeal uses criticism, negative outcomes and guilt feelings to elicit fear (Odoemelam, 2021; Belch & Belch, 2012).

Extant literature (Carey and Sarma, 2016) suggest the use of moderation in presenting messages with a fear appeal. Where it is excessive, it might produce the undesired reaction, since the audience becomes uncomfortable with criticism and outcomes that produce guilt feelings leading them to defensive behaviour instead of change or abstinence as may be desired by health messages. In many cases, the response has been the denial of the existing risky behaviour and even associating the message with the negative outcomes. Yousef, Rundle-Thiele & Dietrich (2021) corroborate this in their study which associated effectiveness in response to positive appeals with negative appeals. This underlines the context for the analysis of the Effective Public Health Practice Project framework that examines appeals in promotional messages and suggests strategies for improvement to benefit the purposes of behaviour change advocacy, especially within the premises of health communication.

Some of the radio messages, which used drama series, targeted HIV/AIDs and Human Trafficking by adopting motivations related to self-discipline and courage related to making the right decision. This is exemplified in the BBC-sponsored radio drama series on 90.5 FM.

Health messages that target obstetric health risks like Female Genital Mutilation (FGM) practices that are culturally rooted and mainstreamed by male patriarchy, mostly adopted the emotional appeal strategy through the instrumentality of the theatre.

The study also found endorsement-styled

appeals in the propagation of health messages in the media. The advertising literature suggests that endorsement appeals serve the purpose of consumer goods mostly (Yousef, Rundle-Thiele, & Dietrich, 2021; Hussein, Pervaiz, & Rehman, 2020). In endorsement appeals, the efficacy of the health product, service or behaviour is given a statement of confirmation or attestation by a notable personality, in either government, entertainment or medical sciences. The logic of this appeal is that the attestation by the endorser is credible and believable, hence, if the endorser attests to the quality of the product or service and the correct of a certain behaviour, given the endorser's social standing, other members of the community will adopt the desired behaviour due to the endorser's testimony (Odoemelam, 2021). In the samples examined in this study, evidence indicates that the predominant personalities used were top government officials and clinical personnel. This was evident in televised messages that sought to address the problem of COVID-19 vaccine hesitancy, where the messages indicated that the top government officials had taken their vaccine.

Though the endorsement appeals are associated with commercially styled advertisements, this study found their use in messages that sought behaviour change in the context of hesitations to present for vaccination among the vast population of Nigerians.

However, ethical concerns exist in the use of this appeal in the promotion of health products, services and behaviour. The key challenge in the use of this type of appeal is that most endorsers, may not have really tested, used the product/service, or even indulged in the advocated behaviour. Research suggests that these are usually advertising stunts and the endorsers may merely be fulfilling an advertising contract. Hence, in many cases, the actual use of the product, or service, or participating in the advocated behaviour should be subjected to verification. Where this is the case, trust becomes an abused variable.

The present study also found the use of health and vitality appeal in the construction of messages related to health products and services. Some of the strategies employed in this type of appeal is the allusion to *Smartness, Strength and Well-being*. Evidence suggests that the health and vitality appeal is successful because it offers what every human being desires, which includes well-being, vitality, agility and smartness (Odoemelam, 2021).

CONCLUSIONS

The focus of health promotion is persuasion

and behaviour change through the application of principles of marketing communication, strategic communication and mass communication. The literature suggests that these procedures are necessary for effective appeal and response. However, it is not clear what strategies health promoters in Nigeria deploy in the construction process. To understand the construction and deployment of health promotion in health messaging in Nigeria, this paper examines the appeals and response processes in select health promotions from the mass media through a non-criteria-based selection technique. Findings suggest motivation-oriented and commercially styled constructions in the delivery of promotional health messages in the context of various appeals, which elicit diverse responses from the target audience. The results of this study are helpful in decision-making health communicators to develop and effectively use the ideas of health communication appeals that work for the promotion of messages that target various public health behaviours and addictions. Findings suggest motivation-oriented and commercially styled constructions in the delivery of promotional health messages. In conclusion, health promotion practitioners engage in producing content that targets preventive behaviour and as well, markets health products and services.

RECOMMENDATIONS

While the use of the health and vitality appeal promises a desirable outcome, it is important to note that when used in the dissemination of health-related messages, caution must be applied. This is more so since there are ethical and legal consequences of making outright health claims. Therefore, health communicators must be at the frontier of discouraging the use of such appeals, especially when it borders on unverifiable or even insincere claims. This underlines the need for regulatory bodies such as NAFDAC, NDLEA and media regulators, to intensify their supervision of health messages in the media.

The need for caution in the use of fear appeal is imperative. The principle of maximal utility returns occurs in messages where the threat of fear is excessive. Audience members may become negative in their attitude towards the message. This is a highly undesirable outcome in health communication.

Health communicators should develop and effectively use the ideas of health communication appeals that work for the promotion of messages that target various public health behaviours and addiction.

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