

POLICY BRIEF

EFFECTIVE HEALTH MESSAGING DURING PANDEMICS



Consultation, multi-sectoral cooperation, and communicating in familiar languages are critical for effective health communication in rural settings during a pandemic.

Health promotion formed a significant component of the South African government's response to the Covid-19 pandemic. Despite this, misinformation still spread widely and contributed to resistance to uptake of Covid-19 services including vaccines in uMkhanyakude, rural northern KwaZulu-Natal. Africa Health Research Institute conducted a study to understand factors which interplay in the delivery of health messages, and the implementation of interventions, in under-resourced communities living in this area. The study further explored community perceptions of the Covid-19 response, and examined how residents accessed health information.

The study team conducted 22 individual, in-depth interviews between February and April 2021 with local stakeholders, including members of the local traditional authority, health and social service providers, community-based organisations, and municipal officers. This was followed-up with a research finding dissemination workshop with participants, as well as with AHRI's community advisory board and community members.

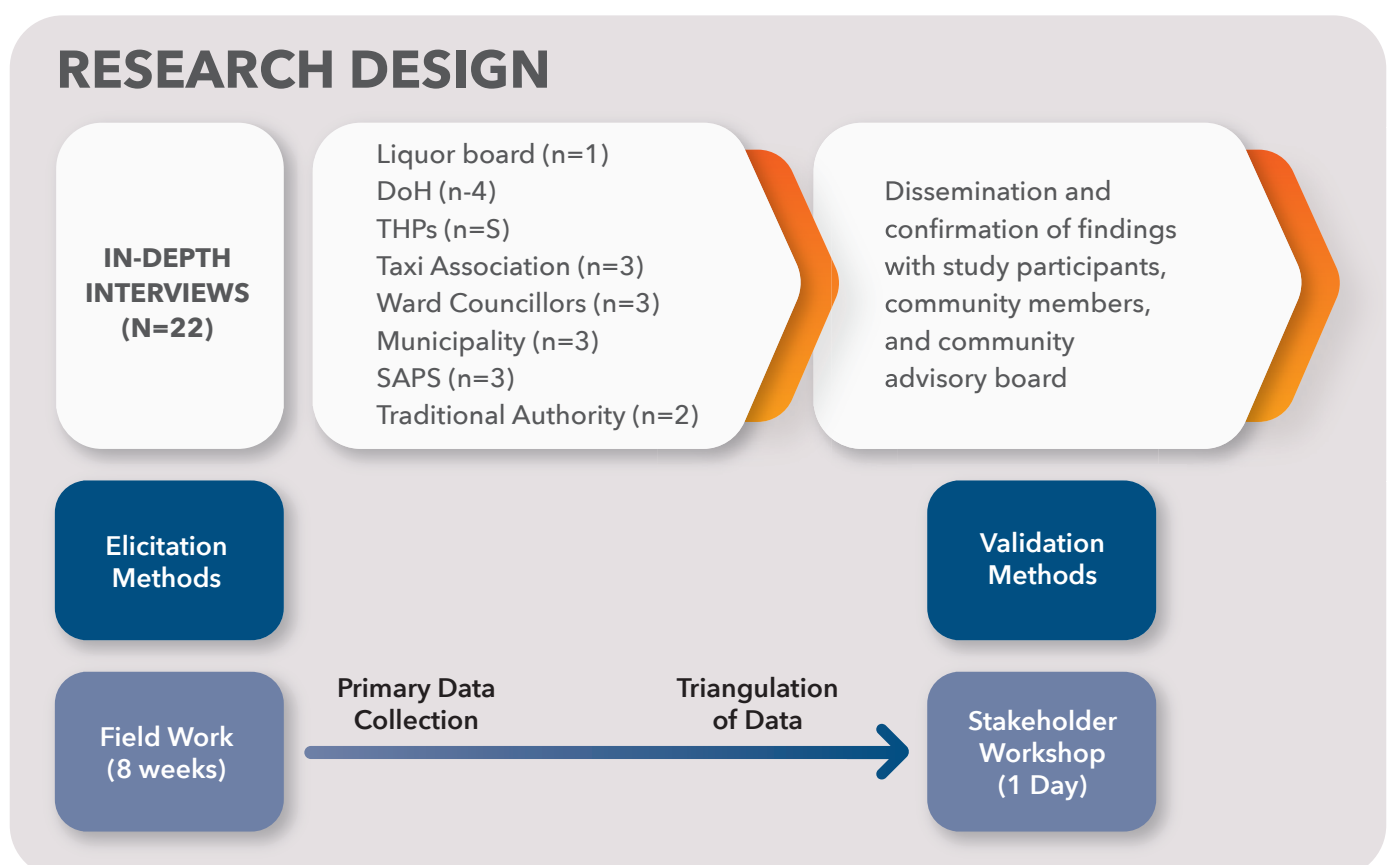


Figure 1: Study Methods



KEY FINDINGS:

01. Adequate and updated information is required to communicate temporary and long-term health promotion measures and to counter misinformation.

02. Stakeholders found it difficult to reach rural communities with credible and timely health information. The use of English as the primary language to communicate about Covid-19, and the delay in translation to other languages, meant there was a lag in credible information access for rural communities - undermining behaviour change. This was coupled with multiple information sources, which made it difficult for communities to discern what was or wasn't reliable information.

03. Health promotion programmes and recommendations, implemented by government nationally and locally, as well as interventions led by local stakeholders - including traditional health practitioners and a taxi association - were sometimes undermined by unclear and conflicting information, a lack of trust by community members, as well as limited resources for quarantine and self-isolation.

04. Community members respect traditional authority structures. Working with iziNduna and traditional health practitioners when responding to pandemics may help with identification and uptake of contextually relevant solutions.

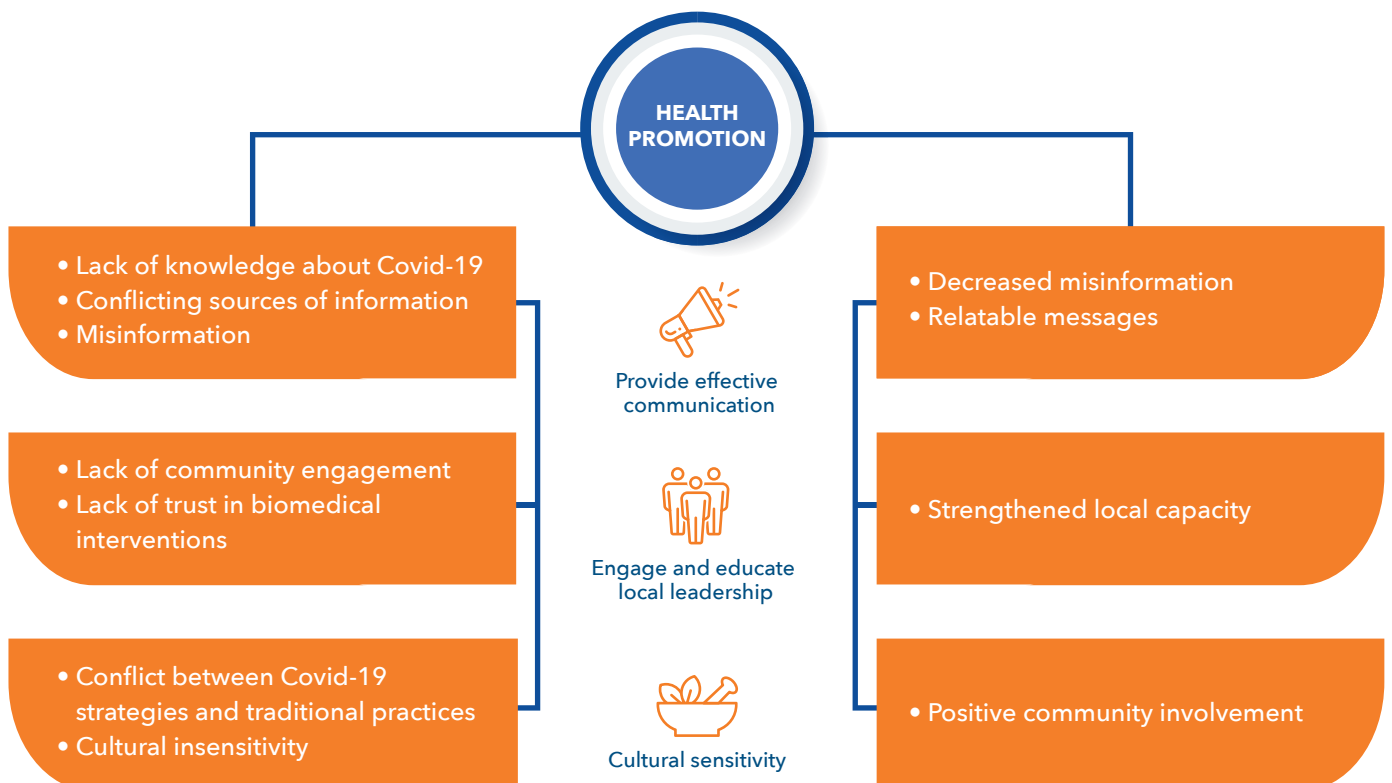


Figure 2: Key findings and recommendations

RECOMMENDATIONS:

1

For information to be effective it cannot only be available. It also needs to be reliable, understood, and accepted. To communicate effectively with rural communities with lower literacy levels, appropriate communication formats and dissemination channels should be identified, and indigenous languages should be used in order to achieve high-impact behaviour changes.

2

To enhance multi-sectoral cooperation in future health pandemic crises, we recommend the involvement of traditional leaders, traditional healers, and other local stakeholders in the communication of social and behavioural changes.

3

Community-wide consultations and engagement in decision-making should be adopted in the future; this has proved to strengthen local capacity to deal with pandemics.

This policy brief was compiled by the Africa Health Research Institute (AHRI). AHRI's vision is optimal health and well-being of under-resourced populations. AHRI is an independent, transdisciplinary scientific research institute based in the province of KwaZulu-Natal in South Africa.

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