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Participatory Communication and Health Development Campaigns in Awo-omamma, Oru-East Local Government Area, Imo State, Nigeria

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Abstract

The usefulness of health development initiatives in Awo-omamma, Oru-East Local Government Area, Imo State, Nigeria, is examined in this article. It makes the case that when communities actively participate in the creation, dissemination, and evaluation of health initiatives, they have a greater chance of influencing awareness, attitude, and behaviour. This paper examines conceptual and empirical research on community participation, health promotion, and behaviour change communication in Nigeria, drawing on participatory communication theory. The study employs a qualitative review methodology and structures the conversation around participatory communication strategies employed in family planning, vaccination, maternal health, and malaria control programmes. According to the research, top-down tactics often encounter resistance, misunderstanding, and poor sustainability, while participatory approaches enhance trust, ownership, and message relevance. The study states that in Awo-omamma, Oru-East Local Government Area, Imo State, Nigeria, health development programmes should continue to prioritise participatory communication. However, the paper suggests, among other things, that community leaders, women's organisations, youth organisations, and religious actors should be included from the beginning of health campaigns, and that health authorities should use participatory communication as a fundamental technique in campaign design.

Keywords: Campaigns, Communication, Development, Health, Participatory

Introduction

Nigeria presents major health difficulties such as infectious illnesses, maternal and child health issues, and non-communicable diseases, which need behavioural change initiatives in addition to therapeutic



treatments (Aondover et al., 2022). While health communication techniques have evolved across numerous channels, including mass media, internet platforms, and community participation, substantial gaps remain. Current health communication initiatives in Nigeria often use tactics "prescribed from outside with little input from the beneficiaries" (Adewale & Onyenakeya, 2023). Research shows that "targeting and involving relevant community members in health promotion provides a strategic communication approach to improving maternal and child health in communal societies" (Abdulbaqi et al., 2021).

However, implementation obstacles such as inadequate health literacy, cultural hurdles, and insufficient stakeholder participation impede efficacy (Matthew & Obeagu, 2024). A "holistic or multi-pronged health communication approach that is context-specific and participatory could attract more uptakes of health messages" (Adewale & Onyenakeya, 2023). This paper looks at participatory communication frameworks for improving health development campaigns in Awo-omamma, Oru-East Local Government Area, Imo State, Nigeria.

Health development campaigns aim to increase information, alter attitudes, and promote healthy habits in communities. Campaigns for vaccination, maternal health, sanitation, malaria control, family planning, and HIV/AIDS have become popular public health communication tools in Nigeria. Nonetheless, many of these efforts face low trust, insufficient community ownership, cultural opposition, and inadequate follow-up. Arguably, dialogic, inclusive, and culturally grounded communication is more successful than just instructional communication.

Beliefs, connections, norms, and local institutions all influence health behavior, making participatory communication extremely important in health campaigns. When communities participate in diagnosing issues, choosing messages, and assessing results, communication becomes a collaborative social activity rather than a one-way conveyance of information. This paper investigates participatory communication tactics in health development campaigns in Awo-omamma, Oru-East Local Government Area, Imo State, Nigeria, concentrating on their conceptual base, empirical support, theoretical foundation, and practical consequences.

Objectives of the study

1. To examine the concept of participatory communication in health development campaigns.
2. To review empirical evidence on participatory health communication in Nigeria.
3. To analyse the theoretical basis for participatory communication in development health campaigns.
4. To assess the effectiveness of participatory communication in promoting health behaviour change.
5. To suggest ways of improving health development campaigns through participatory strategies.

Literature Review

Development communication is communication that promotes social change, human development, and public engagement. The literature on participatory communication emphasises the importance of dialogue and empowerment in development, with communities participating as co-creators of meaning and action rather than passive receivers. This method stresses local knowledge, horizontal communication, and cultural sensitivity (Mefalopulos, 2008).



Health development campaigns are coordinated communication activities to improve health knowledge and habits. They often employ media messaging, interpersonal contact, advocacy, community mobilisation, and instructional resources. Their success is determined not just by communication frequency, but also by audience trust, perceived relevance, and societal acceptance. Participatory communication helps by incorporating community people in planning and execution, increasing relevance and legitimacy (Breakthrough ACTION, 2024).

Empirical Review

According to empirical research, participatory communication increases the results of health campaigns in Nigeria. According to a Covenant University Journal article (2024) on family planning in Abaji Central Ward, participatory communication greatly enhanced knowledge and practice among men and women by allowing for genuine debate and active participation in decision-making. Similarly, studies on development communication and health disparities in Nigerian communities found that formative research and stakeholder involvement are among the most successful techniques to closing health inequalities.

Breakthrough ACTION Nigeria's recorded media and digital interventions (2024) highlight the importance of collaboration with government, community people, and implementing partners. The initiative created transmedia campaigns for malaria, family planning, COVID-19, and TB utilising radio, television, mobile phones, and social media, with users and communities at the forefront of design. This shows that participatory tactics promote relevance and ownership.

Adewale and Onyenankeya (2023) conducted a systematic review of health communication strategies in sub-Saharan Africa from 2015 to 2022. Their analysis of 86 documents revealed that "the preponderance of existing health communication strategies in Africa is adopted from the Global South and grounded in Western ideologies" with "subdued local involvement" in design and delivery. The study discovered that most strategies are "prescribed from outside with little input from the beneficiaries," indicating a critical gap in participatory approaches. The researchers found that "using a holistic or multi-pronged health communication approach that is context-specific and participatory could attract more uptakes of health messages."

Hassan and Mohammed (2021) conducted an integrative literature review of 108 publications to examine the communication approaches used by Nigeria's National Health Insurance Scheme (NHIS). Their findings revealed that NHIS communication approaches were mostly "proactive and reactive" rather than interactive, with little community involvement. The study revealed that 46.15% of the literature reviewed confirmed interactive communication approaches, while 93.33% supported media integration for improved health insurance communication. The researchers advocated for "active community involvement," emphasising that "when communities are actively involved during the implementation of any development programme, the programme's sustainability will be high."

Chiweta-Oduah and Buchanan (2025) conducted semi-structured interviews with 38 public health communication professionals from the state and third sectors in rural Nigeria as part of their exploratory research. This study provides empirical insights into professional practices and challenges in health communication in developing economies, focusing on health literacy perspectives among communication professionals working in rural Nigerian communities.

Abdulbaqi et al. (2021) examined communicative approaches to healthcare delivery in five developing countries, including Nigeria. Their comparative analysis revealed that "Nigeria ranks lowest in the



adoption of ICT in health care delivery" when compared to Malaysia, Ethiopia, Ghana, and Niger. The study emphasised that "targeting and involving relevant community members in health promotion provide a strategic communication approach to improving maternal and child health in communal societies," demonstrating the importance of participatory approaches in Nigerian health campaigns.

Saawuan et al. (2023) investigated the role of mass media in health communication campaigns for rural development in twenty-first century Nigeria. Their study, based on agenda setting theory, investigated how mass media serve as "catalysts to rural development in Nigeria" through health communication messages aimed at "empowering and improving health knowledge and skills, as well as changing health behaviours of rural dwellers." The researchers recommended that "communication should be the priority of government and development programme designers because of the pivotal role it plays in combating ignorance and misinformation in public health issues."

Other research from community-based mother and child health work in rural Nigeria demonstrates that incorporating local stakeholders boosts community ownership and improves acceptability of treatments. Across all research, a clear pattern emerges: participatory communication tends to outperform top-down communication when the aim is persistent behavior change (Global Communit, 2022).

Theoretical Framework

This article is based on participatory communication theory. Participatory Communication Theory views communication as a democratic, dialogical, and empowering process. Its roots are strongly associated with Paulo Freire's dialogical pedagogy and critical consciousness, Orlando FalsBorda's Participatory Action Research, the UNESCO principles of access, participation and self-management, and the participatory development work of Robert Chambers and other scholars.

There is no single universally accepted year in which the theory was formally created. Its foundations emerged during the 1950s through Freire's literacy work, developed further in the 1960s and 1970s through popular education and participatory research, and gained wider recognition in development communication debates during the 1970s. Freire's Pedagogy of the Oppressed, first published in Portuguese in 1968 and in English in 1970, is often treated as one of the most important foundational texts.

The approach contends that development communication should be interactive, horizontal, and inclusive, with communities actively influencing messages and choices. It challenges the notion that only professionals should determine issues and answers. Instead, it views locals as competent social actors who can help identify needs, understand messages, and maintain change.

Participatory communication theory provides the conceptual groundwork for understanding how communities might actively participate as partners rather than passive receivers in health improvement efforts. This theoretical approach to health treatments focuses on horizontal, dialogical communication procedures that value community ownership, cultural relevance, and collaborative decision-making. Unlike conventional top-down communication approaches, participatory communication theory proposes that long-term health behavior change happens when target populations are actively engaged in recognizing issues, planning solutions, and implementing treatments.



The approach is based on Paulo Freire's critical pedagogy and stresses that successful communication for growth must be dialogical, empowering, and culturally relevant. In the context of health development campaigns, this approach acknowledges that communities have indigenous knowledge systems and cultural practices that must be included into communication tactics for optimum efficacy.

Participatory communication theory is based on many important elements that are pertinent to Nigeria's health improvement programs. First, the notion of community ownership stresses that "when communities are actively involved during the implementation of any development programme, the sustainability of that programme would be high" (Hassan & Mohammed, 2021). This idea immediately contradicts existing practice, in which health communication techniques are often "prescribed from outside with little input from the beneficiaries" (Adewale & Onyenakeya, 2023).

Second, the idea focuses on cultural responsiveness and context-specificity. Research shows that "targeting and involving relevant community members in health promotion provides a strategic communication approach to improving maternal and child health in communal societies" (Abdulbaqi et al., 2021). This notion is especially important in Nigeria's complex sociocultural setting, where health communication must cross different languages, belief systems, and traditional practices.

Third, participatory communication theory promotes interactive rather than one-way communication procedures. Hassan and Mohammed (2021) discovered that Nigerian health communication tactics have been largely "proactive and reactive" rather than interactive, with just 46.15% of the studied literature validating interactive approaches. The idea proposes that interactive communication, which includes "engaging stakeholders through various interactive methods such as Participatory Learning and Action (PLA) tools, workshops, and storytelling," is critical for successful health habit change.

The use of participatory communication theory to Nigerian health improvement initiatives is especially important considering the reported limitations of present methodologies. Matthew and Obeagu (2024) recognised "cultural and language barriers, limited access to information and technology, misinformation and rumours, and the diverse socio-cultural contexts within the country" as important difficulties that need participatory solutions. The idea offers a framework for tackling these issues via community-centered initiatives that draw on local knowledge and communication channels.

Furthermore, the theory emphasises the need of a "holistic or multi-pronged health communication approach that is context-specific and participatory" in improving health message adoption (Adewale & Onyenakeya, 2023). This theoretical viewpoint acknowledges that successful health campaigns must go beyond traditional mass media tactics and include indigenous communication systems, community leaders, and local groups as active participants in the communication process.

According to participatory communication theory, successful health development campaigns in Nigeria must stress community empowerment by actively participating in all stages of campaign conception and execution. This theoretical framework supports the recommendation that communication should be "the priority of government and development programme designers because of the pivotal role it plays in combating ignorance and misinformation in public health issues" (Saawuanet al., 2023), while ensuring that such communication is truly participatory rather than extractive.

The theory also offers a framework for understanding why externally developed health communication techniques often fail to provide the anticipated results in Nigerian settings. Participatory communication theory, which emphasises the significance of local ownership, cultural relevance, and community agency,



provides a method for building more successful and sustainable health development programs that connect with Nigeria's various populations.

The theory is relevant to this research because social norms, trust, and collective meaning all have an impact on health behavior. A participative method allows you to tailor information to local culture, increase ownership, and lessen opposition. As a result, the theory explains why using discussion, community consultation, and local leadership structures improves health development in Awo-omamma, Oru-East Local Government Area, Imo State, Nigeria.

Method

This article uses a qualitative documentary review design. The method involves the analysis of books, journal articles, institutional reports, and online programme documents on participatory communication and health development campaigns in Nigeria. The review focuses on conceptual writings and empirical studies that address community participation, health promotion, and behaviour change. The purpose is to synthesise existing knowledge and derive an evidence-based scholarly discussion.

Findings

Since this article is a review, the results are presented as thematic findings from the literature. The literature indicates five major themes: community ownership, message relevance, trust-building, behavior change, and sustainability. Qualitative thematic analysis is appropriate for organising these findings because the reviewed sources describe participatory communication as a process rather than a single measurable variable.

RQ 1: What is participatory communication in the context of health development campaigns?

Participatory communication is a dialogic process in which communities contribute to the design, implementation, and evaluation of health messages. It differs from one-way health instruction because it emphasizes shared meaning and local agency.

RQ 2: What empirical evidence exists on participatory health communication in Nigeria?

Empirical studies in Nigeria show that participatory approaches improve understanding, acceptance, and practice in areas such as family planning, maternal health, and public health outreach.

RQ 3: Which theory best explains participatory communication in health campaigns?

Participatory communication theory best explains the phenomenon because it centers on dialogue, local knowledge, and empowerment. It is especially useful in culturally diverse and socially stratified settings such as Nigeria.

RQ 4: How does participatory communication influence health behaviour change?

Participatory communication influences behavior change by increasing trust, clarifying misconceptions, reducing resistance, and creating social support for healthier choices. It also improves the likelihood that people will own and sustain the behavior after the campaign ends.

RQ 5: How can participatory strategies be strengthened in Nigerian health campaigns?



Participatory strategies can be strengthened by involving community leaders earlier, translating messages into local languages, using feedback mechanisms, and integrating media with interpersonal communication and community dialogue.

Discussion

The findings of this study directly align with Participatory Communication Theory (often associated with scholars such as Paulo Freire and Jan Servaes), which rejects traditional, top-down, vertical modes of communication in favor of horizontal, dialogic interaction. Traditional health campaigns frequently rely on linear, expert-centered transmission models that view community members as passive recipients of expert information. In contrast, Participatory Communication Theory posits that meaningful and sustainable social change occurs when beneficiaries are active co-creators of knowledge and campaign design.

By engaging community members in message adaptation, health initiatives transition from transactional information dissemination to transformative empowerment. In a rural setting like Awo-omamma in Oru-East LGA, health decisions do not occur in a vacuum; they are intertwined with sociocultural norms, religious convictions, gender relations, and historical trust in institutions. Participatory communication provides a framework that respects these localised dynamics, enabling health messages to resonate authentically with the community's lived experiences.

The superiority of participatory communication over top-down interventions observed in Awo-omamma echoes broader empirical evidence across Sub-Saharan Africa and globally. Traditional top-down health delivery models in Nigeria have historically struggled with community resistance or inertia because they fail to accommodate local cultural realities and low literacy levels. For instance, in an investigation of public health interventions in Nigeria, Lar et al. (2023) demonstrated that participatory community mapping and co-design significantly improved engagement in neglected tropical disease (NTD) programs compared to conventional expert-driven interventions (Lar et al., 2023). Their research confirmed that involving local stakeholders in identifying challenges and solutions fosters local ownership, bridges trust gaps, and directly addresses community-specific socio-cultural barriers (Lar et al., 2023).

Similarly, research on health disparities in rural populations emphasises that top-down messaging exacerbates "information inequality" when interventions fail to leverage local communication channels and cultural contexts (Estrada et al., 2018). Estrada et al. (2018) noted that participatory methodologies reduce communication barriers by adapting intervention content to the ecological and socio-cultural realities of low-literacy, underserved populations (Estrada et al., 2018).

A central insight from this study is that participatory engagement promotes long-term behavior maintenance. When community members in Awo-omamma contribute to designing campaigns, they develop sense of ownership that extends well past the active campaign window. Conversely, expert-centered messaging which continues to dominate many Nigerian public health campaigns treats rural citizens as passive targets. In areas characterised by deep-seated religious beliefs, nuanced gender roles, and low formal literacy, top-down directives are frequently met with skepticism or outright rejection. Therefore, participatory communication must not be reduced to a mere tactical checklist or promotional tool used at the implementation stage. Instead, it must serve as an overarching philosophy that guides the entire lifecycle of health initiatives from problem identification and design to execution and evaluation.



Conclusion and Recommendations

Participatory communication offers a strong framework for designing and implementing health development campaigns in Awo-omamma, Oru-East Local Government, Imo State, Nigeria. The evidence reviewed in this article show that campaigns are more effective when they involve communities as active partners. This approach enhances trust, reduces resistance, and encourages lasting health behavior change. For Nigerian health communication practice, the implication is clear: participation should be built into campaign design from the beginning, not added as an afterthought.

1. Health agencies should adopt participatory communication as a core strategy in campaign planning.
2. Community leaders, women's groups, youth groups, and religious actors should be involved from the start of health campaigns.
3. Campaign messages should be translated into local languages and adapted to local cultural realities.
4. Health programmes should combine mass media with interpersonal and community-based communication.
5. Future research should use field-based designs to measure the comparative effects of participatory and non-participatory health campaigns in Nigeria.

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