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International Non-Governmental Organisations' Adoption of Communication Strategies for Rural Health Care in North-Central Nigeria: An Appraisal

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Abstract
This study was conducted to identify the issues faced in the adoption and application of communication strategies for health services in rural parts of Nigeria. The researchers relied on a descriptive survey design and questionnaires as data collection tools to gather data from communication experts in select INGOs operating in selected communities in the North Central Nigerian states of Benue, Nasarawa, and Plateau. The findings of the study showed that INGOs adopted specific communication strategies, paying special attention to the message, channel, and audience. Some of the strategies adopted include interpersonal, group, and mass media, with the dominant style being dialogue. The findings also indicated that INGOs faced challenges in implementing healthcare programmes in the selected communities. Among other challenges, the researchers identified issues such as the poor perception of community members towards the activities of INGOs and language barriers. Part of the researchers' conclusion is that these challenges are real and may have hindered programme communication outcomes and even the overall objectives set out in the programme. Among other recommendations, the researchers suggested that there must be collaboration among critical stakeholders, which includes the target community members and the organisations designing the programmes, to work out the best approaches to communication strategies and programmes that are people-centric.

Keywords: Behaviour Change, Communication, Health Care, Rural Health, Strategies

Introduction

The importance of communication in our world cannot be overemphasised, especially when it comes to health-related and behaviour change objectives. According to Abbas (2023), communication, particularly that which is geared towards behaviour change, enables individuals by equipping them with the necessary confidence, skills, and knowledge to take control of their health and lead a better life. This indicates that communication is a crucial element required in the quest for behaviour change in humans. It is also interesting to note that without this ingredient added to efforts at behaviour change, little or no success may be achieved for the entire programme or project. This underscores the inevitability of communication in healthcare as well.

International non-governmental organisations (INGOs) have since realised the importance of communication in their activities (Paužuolienė et al., 2024). This emphasises the importance of information exchange in the entire healthcare delivery system. According to Ikhioya (2019),

health information systems have a greater role to play in the quest for effective and efficient healthcare delivery in the developing world, especially in Nigeria. This implies that a system that enables information exchange is of high importance when it comes to healthcare delivery. The author further asserted that over time, the health communication aspect of healthcare delivery has seen significant development based on the evolving systems of health communication.

Organisations interested in success are focused on the application of effective communication for healthcare delivery. Even in communication systems that concern patients, communication is known to be bidirectional, and according to Ratna (2019), the kind of communication involved allows beneficiaries, such as patients, to convey information about their complaints to healthcare workers, who must themselves have the capacity to understand and interpret the information provided, while also offering adequate information to patients regarding preventive measures. Effective communication is deemed to include aspects such as cultural competency, health literacy, and addressing language barriers, with interventions designed to address each level. This is also a central focus of organisations in health interventions.

In Nigeria, many INGOs are focused on providing health services to the public. According to Abanyam and Nnorom (2020), non-governmental organisations (as part of their critical roles) offer health and education services. This is also the case in countries in the West African sub-region, such as Mali, where non-governmental organisations play a visible role in providing health services, including education (Besançon et al., 2022). Accordingly, they have been impactful in providing health education across different areas, including reproductive health (Nguyen, 2024). This is also the case in Nigeria, where the provision of reproductive health education (family planning) has been carried out by appropriate stakeholders using various means, including new media (Obiechina et al., 2024). In addition to providing education and improving health literacy, they are actively involved in healthcare delivery through interventions that include the provision of free medical services.

Across the country, people are heavily reliant on services provided by INGOs for access to free medical care. In their use of communication, INGOs, in conjunction with local partners in the health sectors, are actively engaged in adopting community engagement strategies to ensure good outcomes in behaviour change programmes (World Health Organisation, 2020). These interventions are also intended to ensure that the health workers catering for community members in the region are protected from attacks. It is believed that the locals must be consulted to prevent any form of attack on the volunteers offering humanitarian services in the conflict-prone geopolitical location of Nigeria.

Additionally, it is important to note that several INGOs operate in Nigeria and provide health services, including health services (Udeh, 2021). International Medical Corps, USAID, Médecins Sans Frontières (MSF), MSI Nigeria Reproductive Choices (MSIN), Family Health International 360 (FHI 360), Management Sciences for Health (MSH), and many more are a few of the INGOs operating in the country and offering health services to the people. According to Udeh (2021), INGOs like MSH, FHI 360, and MSIN (formerly MSI – Marie Stopes International) are actively engaged in health services in Nigeria, with specific programmes focused on healthcare delivery in the North Central states of Benue, Nasarawa, and Plateau.

These organisations are actively deploying communication to address various health challenges in the region, as they are required to educate both urban and rural dwellers. According to Udeh (2021), these interventions using communication strategies are not without challenges. Sometimes, they are even multidimensional, as they also address socio-cultural and economic

dimensions. This study, therefore, focused on some INGOs operating in the region to identify the communication strategies utilised in their programmes and to uncover some of the challenges faced in applying these strategies. It was conducted to contribute to the body of knowledge on the workings of INGOs in the region, with the aim of advancing recommendations for further action.

Statement of the Problem

The use of communication strategies in programmes and projects of INGOs has remained sacrosanct due to the importance of information exchange in activities related to healthcare provision and delivery. In Nigeria, INGOs are pursuing health programmes and projects (Muhibbu-Din, 2019) and rely on communication to achieve set goals and objectives. A significant aspect of such communication may include community relations, as the beneficiaries must be convinced before engaging in any form of intervention. According to Mumtaz et al. (2020), at the community relations level, organisations face several challenges, including maintaining effective communication.

This remains a significant approach to the work of INGOs in rural communities in Africa and elsewhere in the world if success is to be realised. However, the problem of community relations is a pressing challenge, as an uncoordinated approach to communication at the community relations level can lead to a number of undesirable outcomes for health programmes. Therefore, this study focuses on the challenges encountered in deploying communication strategies by INGOs in rural healthcare delivery in the North Central region of Nigeria. The aim is to understand these challenges and propose appropriate recommendations for charting a new course.

Research Questions

The following questions were addressed in this study:

1. What communication strategies are adopted by Marie Stopes Choices (MSC), Family Health International (FHI-360), and Management Sciences for Health (MSH) in healthcare delivery in North Central Nigeria?
2. Through what channels are the communication strategies executed for the purpose of healthcare delivery by the selected INGOs?
3. What challenges are encountered in the adoption and application of communication strategies in the provision of healthcare in the region of Nigeria?

Review of Concepts

Communication Strategy

Communication strategy is conceptualised here as the plan for delivering messages to the identified target audience (Koptelova, 2024). Accordingly, the strategy designed to achieve success must consider three key factors: the audience (who the message is intended for), the message itself, and the channels through which the messages are delivered to the audience. Understanding the audience is, in fact, the most important step in designing a communication strategy. According to Koptelova (2024), other significant steps in designing a strategy include making communication relevant to everyone, ensuring information is easily accessible, avoiding information overload, seeking frequent feedback from the audience, focusing on data, and using technology.

Rural Healthcare

Rural healthcare refers to healthcare for people in rural areas. According to the U.S. Food and Drug Administration (2021), rural health refers to the health of individuals living in rural settlements, often located far from healthcare facilities and deprived of various other services.

Compared to those living in urban centres, these people, referred to as "rural dwellers," face several challenges, including deprivation and lack of access to essential services, including healthcare. Consequently, INGOs are often motivated to bring health services to their doorsteps through intervention programmes. In doing so, they are required to communicate effectively with the people. This is the essence of this study, as it seeks to explore the challenges encountered in developing communication strategies for INGOs' programmes in rural healthcare provision.

Review of Related Literature

Scholars and researchers have explored various aspects of health communication. Some of the relevant literature is reviewed here to contextualise this study within existing scholarly content. According to Ifrim et al. (2022), the healthcare industry is constantly evolving across different areas, making communication a critical tool for providing high-quality services and meeting the needs of beneficiaries. The importance of communication in healthcare cannot be overstated, as it is essential for building effective relationships with stakeholders, including patients (Skarbalienè et al., 2019). In line with this, Ratna (2019) noted that effective communication in healthcare provision is vital. This is also relevant in the activities of non-governmental organisations (NGOs) operating in various regions of Nigeria and other parts of the world.

As a critical element in health promotion, communication serves as the platform to engage with the people for whom health campaigns are designed (Okpodu et al., 2024). Communication is viewed as the process of disseminating health information to members of a community (Ikhioya, 2019). The focus of communication in health-related information dissemination is on the beneficiaries of the initiative, ensuring they are provided with access to appropriate and effective health services (Akpabio, as cited in Ikhioya, 2019). This, to a large extent, can determine the success of any health promotion communication campaign (Santas & Asemah, 2013). Communication efforts tailored for health promotion may include written and verbal strategies specifically designed to influence and empower populations, communities, and individuals to make healthier choices regarding their health (Rural Health Information Hub, 2023).

According to the Rural Health Information Hub (2023), communication aimed at healthcare delivery can only be effective when the strategies are designed with components such as a research-based approach, understanding of conventional concepts, wisdom, priorities, and language specific to different settings and cultures. Other strategies include considering internet access, literature, media exposure, and evaluating the cultural competency of the programme's target audience. Finally, materials must be developed to ensure successful execution, which could include brochures, social media posts, television broadcasts, billboards, public service announcements, radio commercials, digital tools, videos, newsletters, group discussions, case studies, and more.

However, communication is not without its challenges. The challenges affecting healthcare communication include poor coordination, a lack of healthcare professionals capable of providing health information to community members, and the deprivation of basic social services such as healthcare and education (Kelly, as cited in Ikhioya, 2019). Additionally, there are challenges associated with breaking through the information-saturated modern environment to create memorable and impactful content. This is compounded by the challenge of maintaining consistency in messaging across different platforms (Exe, 2023). This is an adaptability challenge, as it is difficult to keep up with a rapidly evolving landscape.

Furthermore, several empirical and scholarly studies have examined the use of communication strategies for various health interventions (Ikhioya, 2019; Malikhao, 2020; Okpodu et al., 2023a; Udeh, 2021). Some of these studies have focused on the use of communication strategies in different areas of health communication. Findings from a study by Okpodu et al. (2023) showed that some INGOs and their partners face challenges in using communication strategies for community interventions, especially concerning behaviour change efforts aimed at ending Female Genital Mutilation/Cutting (FGMC). The implication of these findings is that communication is recognised as a central consideration in public health efforts for the population. These studies, along with the current study, share a focus on communication strategies. However, this study differentiates itself by providing an in-depth focus on specific segments of the population, specifically rural communities in North Central Nigeria.

Matos (2020) also conducted a study on advocacy communication by non-governmental organisations, with a focus on reproductive health, and found that framing engaging messages is a key challenge. This suggests that, despite the effectiveness of a communication strategy, challenges persist at the ideation, message design, and implementation stages. These challenges may also involve the choice of communication channels. This study, therefore, focuses on INGOs operating in North Central Nigeria, examining their communication strategies, the channels used to disseminate messages, and the challenges they encounter in the adoption and application of these strategies.

Theoretical Framework

The foundation of this study is the interactional view theory. The interactional view theory examines the importance of communication in society. The theory was proposed by Watzlawick, Beavin, and Jackson in their 1967 research. Its main premise is that the family is an interconnected system, and that there are bound to be misunderstandings among members of the same system. It also asserts that for such problems to be resolved, external members must intervene. Watzlawick argued that due to the repetitive actions of family members, a self-regulating feedback network emerges, guided by rules made by members, and individuals tend to maintain the status quo, or "homeostasis."

Ikpe (2012), cited in Asemah et al. (2022), discussed the role of therapists (professionals) in developing communication for the family, using specific axioms. These include the idea that communication is unavoidable ("one cannot not communicate"), that communication involves both content and relationship, that the nature of a relationship depends largely on the ability to punctuate the sequence of communication, and that all communication can be transformed to be either symmetrical or complementary. The interactional view theory is relevant to this study because the interpersonal communication approach is suitable for INGOs working in rural healthcare delivery. The theory highlights the importance of communication in society, asserting that without communication, society would be chaotic and devoid of knowledge and idea-sharing (Rahim, 2018). It also applies to this study due to its emphasis on the use of communication strategies in rural healthcare.

Methodology

The research design for this study is a descriptive survey method. Siedlecki (2020) explains that survey research involves systematically gathering information to characterize a particular situation, phenomenon, or population. The study's population consists of communication experts from select INGOs, namely Marie Stopes Choices (MSC), Family Health International (FHI-360), and Management Sciences for Health (MSH). The population also includes volunteers, health workers, and community leaders involved in communication within health services in three selected communities in the region. The researchers purposively selected

Aidogodo in Benue, Luku Madaki in Nasarawa, and Foron in Plateau due to their prior knowledge of the INGOs' activities in these areas.

The total population for the study is 243, which includes community-level workers and staff from the INGOs, making it a manageable sample size. Given the manageable size, the entire population was included in the survey. Therefore, a total population sampling technique was employed, where all elements of the population were considered. The survey instrument was designed using Google Forms, a free online tool, and the link was distributed to the respondents via online platforms such as WhatsApp and email.

Before conducting the main survey, a pilot survey was carried out with 40 participants from the study area to test the instrument's reliability. The Pearson correlation coefficient was used to assess the reliability of the instrument, resulting in an acceptable score of 0.78. The survey was conducted over several weeks, and 240 responses were collected and analyzed. Descriptive statistics, such as simple percentages, were used to analyze the data. The findings of the analyses are presented in the "findings" section of this study.

Data Presentation

Table 1: Demographic Distribution of Respondents

Factors	Options	Frequency	Percentage %
Gender	Male	170	71
	Female	70	29
	Total	240	100
Education	ND/NCE	44	18
	HND/BSc	149	62
	MSc and Above	47	20
	Total	240	100
INGO	Marie Stopes Choices	10	4
	MSH	12	5
	FHI	13	5
Communities	Aidogodo-Benue	70	29
	Foron-Plateau	69	29
	Luvu Madaki-Nasarawa	66	28
	Total	240	100

Source: Field Survey, 2024

The demographic data presented in Table 1 indicates that a larger proportion of male participants completed the survey. Additionally, the respondents possessed the necessary educational qualifications to participate in the survey. The table also illustrates the distribution of respondents across their respective INGOs and selected communities. As shown, participants from Marie Stopes Choices, MSH, and FHI were included in the survey. Furthermore, individuals such as volunteers and community workers from Aidogodo, Foron, and Luku Madaki, located in Benue, Plateau, and Nasarawa states, respectively, also took part in the survey.

Table 2: Communication strategies adopted

Parameter	Responses and Frequency				Total
Communication strategies adopted by INGOs for Rural Health care delivery	Interpersonal	Group Communication	Mass Media	All of the above	
	22 (9%)	18 (8%)	35 (15%)	165 (68%)	240 (100%)

Source: Field Survey, 2024

The data presented in Table 2 suggest that INGOs employ various strategies for rural health communication campaigns. This is significant, as the different communication strategies adopted by the INGOs are tailored to reach members of the diverse communities in which health projects are implemented. The result indicates that INGOs in the North Central region actively adopt communication strategies for healthcare delivery. These organizations utilize a range of communication methods due to the need for effective communication within rural healthcare systems, where longstanding belief systems must be addressed by communicators.

Table 3: Form of communication strategy

Parameter	Responses and Frequency				Total
What form was assumed by the communication strategy in terms of flow	Lateral approach	Top-down approach	Bottom-up approach	Dialogue approach	
	19 (8%)	14 (6%)	29 (12%)	178 (74%)	240 (100%)

Source: Field Survey, 2024

The data in Table 3 suggest that the dialogue approach is the most commonly used form of communication by INGOs in rural healthcare. The implication of this result is that the INGOs are not reliant on a one-way communication flow; instead, they encourage two-way communication, prioritising dialogue over lateral, top-down, and bottom-up approaches while engaging members of communities in Benue, Plateau, and Nasarawa states in North Central Nigeria. Additionally, the dialogue approach appears to be popular due to the need for robust communication with all stakeholders in the rural healthcare delivery system to achieve the best outcomes.

Table 4: Communication channels

Parameter	Responses and Frequency					Total
What are the communication channels utilised by INGO	Mass media	Indigenous media	Social Media	Interpersonal Communication	All of the above	
	22 (9%)	13 (5%)	17 (7%)	11 (5%)	177 (74%)	240 (100%)

Source: Field Survey, 2024

The data in Table 4 show that INGOs use mass media, indigenous media, social media, and interpersonal communication channels for health-related campaigns and programmes. The data suggest that INGOs explore various communication channels to ensure that rural dwellers receive the information being disseminated. The multi-dimensional approach to adopting and utilising communication channels aims to cater to all segments of the population. This is also crucial to ensure that audiences have multiple channels through which they can access health information.

Table 5: Mass media contents and tools adopted

Parameter	Responses and Frequency				Total
What mass media contents were designed in the strategy	Information radio/TV programmes	Newspapers/magazine stories	Jingles on radio/television	Radio/TV edutainment programmes	
	42 (18%)	22 (9%)	39 (16%)	137 (57%)	240 (100%)

Source: Field Survey, 2024

The data in Table 5 show that different media contents are packaged for the implementation of communication strategies related to rural healthcare delivery in North Central Nigeria. Information programmes on radio and television, stories published in newspapers and magazines, jingles on radio and television, as well as edutainment programmes, are utilised. The implication of the data in Table 5 is that various types of content are packaged for programmes across different media channels. However, radio and television edutainment programmes appear to be the most prominent mass media content used for health campaigns in the region.

Table 6: Challenges encountered while using communication strategies

Parameter	Responses and Frequency						Total
What are the challenges in the adoption and application of communication strategies for INGOs programmes	Poor perception of community members towards activities of INGOs	Language barriers	Problems of insecurity in some parts of coverage area	Funding	Level of education of community members	All of the above	
	20 (8%)	13 (5%)	35 (15%)	14 (6%)	10 (4%)	148 (62%)	240 (100)

Source: Field Survey, 2024

The data in Table 6 show the specific challenges INGOs faced in their adoption and utilisation of communication strategies. The implication of the data is that INGOs encounter certain challenges in using communication strategies to disseminate health information to rural communities in their coverage areas of Benue, Plateau, and Nasarawa states.

Table 7: Ways to tackle challenges

Parameter	Responses and Frequency					Total
What are the ways to tackle these challenges	Getting interpreters	Hiring security	Through incentives	All of the above	None of the above	
	16 (7%)	29 (12%)	19 (8%)	169 (70%)	7 (3%)	240 (100%)

Source: Field Survey, 2024

The data in Table 7 suggest ways in which INGOs can overcome the challenges identified as hindering the use of communication strategies in health campaigns. The implication of the data is that INGOs can take steps such as hiring interpreters to address language barriers, employing

security personnel to tackle security concerns, and offering incentives to motivate participation in their programmes.

Discussion of Findings

The findings demonstrated that mass media, group, and interpersonal communication are the most frequently employed communication tactics by the selected INGOs. This aligns with Dlima's (2021) assertion that mass media and interpersonal health communication are examples of conventional channels for health communication. Additionally, research has shown that health-related services are communicated through a variety of media and tactics (Chichirez & Purcărea, 2018; Nde, 2019; Yasin, 2021). These studies primarily focused on how these strategies can be used to improve health outcomes.

The study's findings indicate that the dialogue approach was the most commonly used communication strategy during the programme/campaign implementation phase, with 80% of survey respondents supporting this approach. When implementing communication strategies for health-related programmes in the North Central geopolitical zone of Nigeria, the appropriate teams also used lateral and bottom-up communication strategies. Awobamise et al. (2021) found similar results, indicating that dialogue was used as a health communication approach during the COVID-19 outbreak in Uganda. Previous research has also identified the application of additional communication tactics, including top-down and lateral approaches (Okpodu et al., 2023b). The results of this study reinforce these conclusions.

The findings also highlight how communication strategies for rural healthcare services are executed through social media, mass media, indigenous media, and interpersonal channels. Data indicated that all four types of channels were used by the INGOs to communicate rural healthcare messages in the research area. Earlier research has also demonstrated the significance of various communication channels for different communication goals. For example, using indigenous languages and media to communicate health messages is regarded as an effective strategy (Owolabi & Nurudeen, 2020). A similar study found that social media provides professionals with a means to disseminate health-related information in rural areas (Wheatley et al., 2020).

The findings of this study also revealed how various media genres utilised nuanced media content during programme implementation by INGOs. According to 40% of the respondents, jingles from radio and television stations were the most commonly used content type for communicating healthcare provision in rural areas. This was supported by 34% of respondents and was closely tied to the use of educational radio and television programmes. Twenty-six percent of respondents stated that they also used TV and radio for educational purposes. Ben-Enukora et al. (2021) demonstrated how jingles in the Yoruba language were produced to promote knowledge and shape attitudes and practices regarding Lassa fever. This approach closely mirrors Ben-Enukora's (2023) stance on the use of radio jingles for the same purpose. These types of content seem to be effective.

During the implementation of rural healthcare delivery programmes, INGOs faced several challenges, including low community perceptions of the organisation's activities, language barriers, insecurity in some areas of their coverage, funding issues, and the educational levels of community members. As shown in the table, 60% of participants identified these as potential obstacles to the INGOs' communication strategies. Language barriers, in particular, can significantly affect healthcare delivery costs and quality (Al Shamsi et al., 2020), confirming that such barriers may hinder communication efforts. Furthermore, insecurity in the northern regions of Nigeria remains a consistent challenge.

Effective healthcare delivery may be impacted by an unstable environment, as noted by Sarki and Lalu (2017). Nigeria has been grappling with significant insecurity, which in turn affects healthcare services (Egbue & Nwankwo, 2014). Issues like Boko Haram in the North East, banditry in the North West, and herders' conflicts across the nation further exacerbate the problem (Kimenyi et al., 2014). Insecurity poses major health risks to rural residents and makes it difficult for organisations to access these areas.

The survey also found that these challenges are solvable. Respondents suggested solutions such as hiring security personnel, employing interpreters, and providing incentives to encourage community participation. Sixty-six percent (66%) of the respondents supported these solutions. This confirms findings from earlier research (Ogbesoh, 2023; Okpodu, 2024) that the obstacles impeding INGOs' operations are surmountable. The results align with Jaeger et al. (2019), who found that using professional interpreters in primary healthcare can help overcome language barriers. This approach not only addresses the short-term issue but also tackles the broader challenges related to language and rural population participation.

The findings from the study regarding the use of security measures to address insecurity in INGOs' operations in the North are consistent with the findings of other research. For example, it has been noted that humanitarian organisations are expected to assume responsibility for their own security and explore the use of private security services (Jourde, 2021). However, this approach contrasts with other studies that highlight the risks and weaknesses associated with using private security (Stoddard et al., 2008). In a similar vein, Zubairu (2020) argued that the government must take responsibility for addressing insecurity, as this would help alleviate issues such as kidnapping, banditry, and terrorism.

Conclusion and Recommendations

This study concludes that communication plays a crucial role in the operations of INGOs, guiding health communication efforts and fostering desired behaviour change. The study found that INGOs effectively use a variety of communication channels, including interpersonal, group, mass media, and indigenous media, to engage rural populations. However, challenges such as language barriers, insecurity, and resource constraints were identified as obstacles to the success of health communication campaigns. These challenges can undermine the effectiveness of communication strategies and hinder the achievement of programme objectives. To enhance the impact of communication efforts, INGOs must address these challenges through targeted interventions, such as training local interpreters and strengthening security measures in conflict-affected areas of North Central Nigeria and other parts of the country.

The following recommendations are made:

1. Stakeholders must recognise the importance of communication in the work of INGOs and strive to ensure that programmes are drafted with effective communication strategies. This may involve soliciting input from community-level volunteers who have a better understanding of the local context.
2. Communication units and departments in INGOs must prioritise research to identify communication gaps and work towards overcoming challenges and constraints that may arise during programme implementation in rural Nigeria and other parts of Africa and the world.

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