

## TRADITIONAL COMMUNICATION AS A TOOL FOR PROMOTING HEALTH INSURANCE IN RURAL AREAS

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### **Abstract**

*This paper examines various traditional communications in use in the rural communities, their applicability and effectiveness in health insurance communication, likely challenges that could arise in using them and probable solutions to the challenges.*

**Keywords:** Health Insurance Communication, Traditional Media, Effectiveness, Challenges, Solutions

### **Introduction**

Health insurance is gaining widespread acceptance as a means of solving perennial problems associated with mass healthcare provision. Targeted at providing sustainable funding for the ever-growing mass healthcare needs, Health Insurance Schemes (HIS) have become attractive policy option in national healthcare delivery system. Health Insurance started in Germany following a legislation enacted by Emperor Otto Von Bismarch in 1883 (Obalum and Fibresima, 2011). The legislation mandated workers to make regular contributions referred to as 'sickness funds' to cover cost of healthcare for all workers. This initiative reportedly solved the overbearing burden of financing workers' healthcare by the State and has since then served as prototype being adopted elsewhere.

Nigeria's health delivery system is one of the most under-funded and underperforming in the world. It was ranked 187th position among 191-member States by the World Health Organization in 2000 (WHO, 2000). This poor health performance is reflected in Nigeria's high maternal mortality rate (MMR) and low life expectancy estimated at 814 per 100,000 live births and 52.62 years respectively in the year

2015 (CIA, 2015). These unfortunate statistics are not spontaneous but have been reoccurring for decades becoming a source of concern to successive governments. In a bid to address the obvious inefficiency in the nation's healthcare delivery systems, governments, in the past, had come up with various health plans, schemes and programmes. Some of these health programmes were entirely State-funded while others relied on out of pocket (OOP) funding approach by the citizenry.

The inability of governments to continue to fund healthcare services for a growing population and the pervasive poverty limiting income generating potentials of the masses obviously undermined the two approaches to mass healthcare delivery. To turnaround the healthcare delivery systems and make it more responsive to the needs of the masses as well as economic realities in the 21<sup>st</sup> century, government adopted a semblance of contributory health insurance scheme that had recorded relatively high success rate in other climes which was Christened National Health Insurance Scheme (NHIS).

In Nigeria, the establishment of the National Health Insurance Scheme (NHIS)

represents an ambitious move aimed at solving the near comatose state of healthcare delivery in the country. Nigeria healthcare system has a three-tier structure i.e. primary, secondary and tertiary healthcare system. The primary healthcare is designed to handle basic healthcare needs of the citizenry. Some of the basic healthcare services accessible under the primary healthcare are enumerated below:

#### **Primary (Basic) Healthcare Services**

- i. Access to curative services for common ailments including consumables as outpatient care.
- ii. Essential drugs from NHIS accredited pharmacy providers and provision of pharmaceutical care by the Pharmacist. Beneficiary is expected to pay 10% of the total cost of drugs (Co-payment)
- iii. Routine Laboratory investigations
- iv. Health education to prevent and control health problems such as counseling and testing for HIV/AIDS etc. including Health Education.
- v. Maternal and Child care
  - i. Primary Eye care, Dental and Mental services
  - ii. Accident and Emergency services (Okorounmu, n.d.)

#### **Secondary and Tertiary Healthcare Services**

The secondary healthcare services are, however, available in the area of specialist care for medical, surgical, paediatric, internal medicine, obstetric and gynaecology, psychiatry, ent, ophthalmology, management of hiv/aids among other specialist services. Other services available under the secondary healthcare services include:

- Hospitalisation in a general ward for a maximum of 15days per annum

- Physiotherapy for restorative and rehabilitative services
- Radiology/Medical imaging and diagnostic laboratory services
- All prescribed pharmaceuticals from FMOH essential drug lists + Co-payment

The tertiary healthcare is designed to handle critical health cases that are beyond the capability of the secondary healthcare services. Referrals from primary and secondary healthcare constitute the patients of the tertiary healthcare institutions.

#### **Communication in Healthcare Insurance Delivery**

According to Cochoran (2007) “communication in health can be defined in much the same way as communication has generally been defined: a transactional process”. Unlike the general definition of communication, health communication definitions incorporate specificity of communication messages on health. Messages passed by health communication focus on preventing ill health, minimizing health risk behaviours, creating awareness and educating on health-related issues. Kreps (2003) summarizes the addition of ‘health’ to the definition of communication as a ‘resource’ that allows health messages (for example prevention, risk or awareness) to be used in the education and avoidance of ill health. Health communication can therefore be succinctly described as a ‘transactional process’ aimed at promoting health-related messages.

Health messages have a variety of characteristics that differentiate them from other types of mediated messages. Among these are the sensitivity of health issues, the fear that some health messages evoke, the attendant feelings of resistance to some health messages, and the complex nature of many health problems (Crawford & Okigbo,

2014). Communication of health messages therefore requires careful planning to avoid counter-productive results. Thorough understanding of the various media channels available, as well as the issues and appropriate strategies for delivering the messages to achieve the best results possible is required (Crawford & Okigbo, 2014).

That communication is essential in promoting health related programmes is no longer debatable. There is general consensus that communicating relevant, accurate, and timely health information, especially to at-risk populations is indispensable towards promoting good public health. This explains the special attention usually paid to communication by public health scholars and underscores the importance of cross-discipline collaboration between health and communication scholars /professionals. Researchers (Abroms & Maibach, 2008; Bernhardt, 2004 & Kreps, 2001) have identified tremendous opportunities for collaboration between communication and public health scholars in public health promotion, environmental health awareness creation, health policy formulation and global health management. A popular convergent area of study that ensued from the recognition of importance of collaboration among scholars in the two disciplines is termed; 'public health communication' (Bernhardt, 2004; Maibach, Abroms, & Marosits, 2007; Remington, & Parvanta, 2002).

In public health communication, special attention is paid to adaptability of communication to audience. The rationale behind this special attention is to ensure that public health programme becomes easily acceptable by the largely indigenous grassroots people in terms of understanding and willingness to identify with the programme. People naturally resist change and are more open to 'thread familiar terrain'.

Many communication campaigns fail on account of audience members resisting the messages because they contradict adopted habits and ingrained behaviors (Crawford & Okigbo, 2014). Communication in health takes place in different forms, levels and through various media. What is however important is effectiveness of forms of communication used taking into account reach, cost, adaptability and impact on targeted behavioural change. Traditional communication media have been adjudged as effective in 'transacting' with people of the grassroots.

### Traditional Communication

Controversy surrounds what constitutes the term 'traditional communication'. This controversy arose mainly from using traditional as a qualifier for communication. Some scholars viewed traditional communication as distinct from the modern one while others argued that what constitutes modern communication is best referred to as 'modified' form of traditional communication. This school of thoughts generally acknowledge modern technology as modifier. Wilson (1987, 89) however, posited that "it is useful to see the system as traditional from the standpoint of an on-going, long-standing and 'modernized'(modified) practice and to see traditional media systems as those which have defied all efforts by western media to cannibalize them and perhaps supplant them". This write-up will view *traditional communication* from the viewpoints of media and channels that had stood the test of time and onslaught of globalization/civilization as well as from the perspective of 'modified' traditional communication.

Traditional communication and its media possess unique feature of being accustom to people from whose progenitors it evolved. Communication at grassroots

level in present day Nigeria could be described as mixture communications of the pre-literate and post-literate Nigerian society. Pre-literate communications rely solely on traditional, objects, agencies and institutions as ‘information dissemination facilities’ (Aziken & Ameni, 2010, 23). Although the use of these communication facilities were prominent in the pre-colonial Nigeria, some of them (albeit a modified version) still enjoy prevalent use at the grassroots level in present day Nigeria. Aziken and Ameni (2010) identified and broadly categorized various traditional forms of communication in Nigeria into eleven i.e. (i) Idiophones, (ii) Membranophones, (iii) Aerophone, (iv) symbology, (v) signals, (vi) signs, (vii) objectifications, (viii) Colour schemes, (ix) Music, (x) Extra-mundane and (xi) Symbolic display.

Aziken and Ameni (2010) produced rich exposition on the pre-literate traditional communication media in Nigeria. Their work is extensively summarized below:

**Idiophones** are described as ‘self-sounding instruments’ or ‘technical wave’ including gong, woodlock, wooden drum, bell and rattle. The instruments have characteristics of being shaken, scratched, struck, pricked or pressed to produce sound from the original material rather than from an intermediary. The instruments bear different names from tribe to tribe. Typical of such drum according to Aziken and Emeni (2010) is ‘ekwe’- a popular instrument for law promulgation (among other functions) among the Igbo of South Eastern Nigeria.

**Mebranophones**, as the name indicates, describes media on which sound is produced through vibration of membranes. Skin and leather drums like the popular ‘talking drum’ that is popular among the Yorubas of Southwestern Nigeria are good example of mebranophone.

**Aerophones**, on the other hand, are media of the flute family. They include whistle, reed pipes, horns and trumpet. These media are usually used as musical instruments. An example is the ivory horn known as ‘ekpere’ among the Ika people of Delta State. They produce sound as a result of the vibration of a column of air.

**Symbology** simply means communicating with symbols that carry connotative meanings that could only be understood ‘within the context of a known social event’ and/or by people who are knowledgeable on the descriptive meaning of a symbol in a particular context. The symbol could be in writing or representation. For instance, among the indigenous Ijebu people of Southwestern Nigeria, an unscheduled sound of *Oro* particularly during the day signifies danger imploring women and vulnerable individuals like children to take a refuge in their homes or at a safe place.

**Signals** describe physical embodiments of a message that generally attract attention. Signals include fire, gunshots. Good examples of signal are gunshots, cannon shot, fire, smoke and drum (wooden or skin). A widespread use of gunshots in traditional Nigeria society is to signal the death of influential personalities. Among the indigenous people of Ayetoro (Yewa) formerly known as Egbado people, traditional sporadic gunshots into the air at a particular period of the year could be signaling the beginning of traditional *Egungun* festival.

**Signs** are marks or objectives that convey meaning or symbols used to represent something. For instance, a white flag raised by opposing ‘force’ in war situation denotes peace or willingness to negotiate or compromise. A red flag in a spotting activity (e.g. long jump) could mean error or disqualification of action or outcome of an action.

**Objectifics** are media presented in concrete form that denote specific traditional or universal meaning. Good examples of objectifics are Kola nuts and flower. In contemporary Nigerian society, presentation of Kola nuts to a guest shows that the guest is loved and welcome while presentation of flower to someone universally appears to signify love gesture. Other forms of objectifics include white pigeon, sculpture, flags etc.

**Music** is a universally acceptable means of communication. Music has potential to communicate intent, prompt behavioural change of its listener and could pass information in a most subtle or daring manner. For instance, itinerant musical groups sing satirical songs, praise songs and can also use music to criticize wrong doings of individuals in society.

**Colour Schemes** define several colours signifying conveying different meaning. Colour has been extensively used in communication from time immemorial. In Nigeria, for instance, red, white and black colour signifies danger, peace/love and evil respectively.

**Extra-mundane communication** defines communication between the living and the dead or between supernatural and natural beings. In traditional Nigerian society and in many other places; particularly in Africa, people communicate or believed to be communicating with supernatural. This form of communication is observable in religious gatherings and traditional ceremonies or festivals. Such communications are usually done through incantation, spiritual chants, rituals, prayers, sacrifice, invocation, séance, trance, hysterics or libation.

The aforementioned communications largely represent 'object perceptive' of traditional communications. 'Channel' is another perspective to understanding traditional communication. From the channel perspective, Obanua (2008) noted five major traditional

communication channels including opinion / leaders, town crier, dance/festivals, folklores, age grade meetings and ritual sacrifices. Benedict (2010) on the other hand, stated that channels of traditional communication in most African societies include: the market place, town crier, Age-grade organizations, traditional leaders, village square, drama, music, local churches and village conferences among others.

In many communities at the grassroots level, a "town crier" moves round the community beating a metal gong with a wood to disseminate important information or draw the attention of members of a community to an impending meeting. This communication mode is very effective at the grassroots level. Both rich and poor members of the communities are reached without the need for investment in communication gadgets. In other words, this form of communication does not require that member of the community possesses any gadgets or facilities or spend a dime to receive important information. According to Onyilo (2007, 113) the strength of traditional communication lays in the fact that they are modes in which a member of a given society are familiar with and do not have the threatened expensive nature of high-tech media. Thus, both poor and well-to-do members of a community have equal chances of being reached by a 'town Crier'.

"Age-grade", in traditional African society, is not only a channel of communication but also an institution on its own. Age grades have semblance of today's social clubs but their functions and relevance far outwit that of a social or economic group. Among other important functions, age grades perform maintenance of law and order, settlement of disputes, information dissemination and mobilization of members towards development activities. They are therefore key links to people of the grassroots. For a health insurance campaign to effectively permeate through the people of the grassroots, different age-groups within a community deserve active involvement. To effectively reach the age-groups, their leaders are 'worthy' contact point. According to



Benedict (2010) “in rural communities there are those saddled with the responsibility of ‘leadership’ and are expected to provide information to members as the case arises. In fact, information from these leaders are often respected and accepted by villages”.

Another avenue or channel of communication at grassroots community level is the “village square”. Village square serves as a meeting point for community members to discuss vital community issues. It sometimes also serves as relaxation spot after the day’s work. As they interact, topical issues are discussed and information vital to their wellbeing are shared and passed on to the entire community (Benedict, 2010). This channel provides a robust platform for various discussions. Health insurance promoters may have to avail themselves the opportunity provided by the village square to address people of various age grades and interest. People that patronize village square are most likely to be the active members of the community with potential to spread quickly development information like the health insurance scheme. Ani (2011) attested to efficiency of traditional communication channel in reaching the remotest part of a community in a split of seconds due to the high rate of social interaction which they generate.

Market place, although is fundamentally setup to transact business, is a formidable channel of communication in contemporary African community. Benedict (2010) succinctly captures the role of market in communication at the grassroots level with his following exposition:

*“in virtually all rural areas, there are ‘markets’ and certain days are observed for their operation. As people engage in buying and selling, they interact and, in the process, information are disseminated and feed backs*

*are received immediately in some cases”.*

The quote above shows that market could serve as a great channel through which information on health insurance could be disseminated with opportunity of getting real time feedback. Market people are generally very eloquent- a trait that could improve feedback on programmes targeted at indigenous African communities.

### **Applicability and effectiveness of traditional communication in health insurance communication**

To ensure effectiveness of health insurance communication, Amissare (2009) admonished need to know the people’s norms and values, their traditional communication channels, etc. This therefore implies that using the modern communications that are largely alien to grassroots people may require further in-depth assessment of people’s norms and values which may require time and other resources that may be expensive. Traditional media, on the other hand, that is already ingrained in people’s way of life may not require such (Onyilo, 2007). This is because traditional communication is the product of interplay between traditional communities, customs, conflicts, harmonies, strife, cultural convergences, divergences, interpersonal relations, symbols, codes and moral traditions (Ebeze, 2002, 28).

Highlighting the effectiveness of traditional media at grassroots level, Crawford and Okigbo (2014) posited that “people from the community where a particular medium is used in reaching-out to them, do not need a decoder, to interpret the message that it is carrying, except those of them, who are possibly born in the city and have neglected the traditional communication culture of their people. Wilson (1987) stated that traditional communication, among other functions,

helps in providing education in the areas of the norms and mores of the society, stimulating the emotions and generally providing the light to innovations and helping their diffusion.

An effective mass communication strategy maximizes reach while minimizing costs to yield optimal results. This addresses the efficiency and effectiveness questions in media selection. An effective media plan addresses the traditional media concerns of reach and frequency with the gains and downsides associated with them (Crawford & Okigbo, 2014). The relative efficiency of traditional communication channels, according to Essien (2014) can be determined by how frequently the media are used for the types of audience and the place at which the media are used. Going by this position, traditional media and channels which have been used by grassroots communities for decades or centuries could comparatively fare better in terms of adaptability and reach most especially among the uneducated folks.

### **Challenges facing traditional media as a means of promoting health insurance**

Although traditional communication is adjudged by many scholars as effective in reaching particularly people at the grassroots, it is not without some drawbacks. Benedict (2010) warned that inability of traditional communication to reach a large audience at the same time in contrast with the modern mass media is a source of concern for development communicators. Besides, technological growth in the communication world is a source of threat to traditional communication agencies because many rural dwellers, according to Benedict (2010) no longer visit the village square regularly. Although there are still many rural dwellers who cannot afford these technologies and relied more on the traditional media and channels of communication, it does not look

like the situation will remain the same in the future as 'whirlwind' of globalization ravages traditional African communities. This submission however, does not imply that traditional communications are not very essential at present or will be totally worthless in the future.

The disposition of government and modern constituted authorities to traditional media has also been blamed for the downward trend in the use of traditional media and channels of communication. Ansu-kyeremeh (1998) traced the attitude to what he called 'Eurocentric claims' that traditional values and lifestyles are wrong and outmoded by the colonialists. Buttressing this position, Amissare (2009) reported that it is fashionable for government information chiefs to make pronouncements in rural communities about the need to utilise the —towncrier, who usually makes suggestions that he knows rural communities, on their own, cannot carry out but when the actual funding is called for, it is western mass media hardware that funds are usually provided for in the budgets.

### **Probable Solutions to the Challenges**

Crawford and Okigbo (2014) rightly maintained that the first step in health communication campaign planning is to analyze the prevailing situation or health problem by dissecting the whole into pieces to separate causes from symptoms and try to locate the true sources of the malignancy. This therefore suggests that a thorough assessment of health insurance communications at the grassroots level needs to be conducted first to have a firsthand information on the situation. This is because interventions to change health-related practices take a variety of each of which needs close assessment.

Besides, scholars have recommended a mixed approach to health communication at

the grassroots (e.g. (Hawthorne, Cooper, William, Falster, *et al*, 2004; Marcus *et al*, 1998 and Faulkner, *et al.*, 2011). A study conducted by Abrams, Schiavo and Lefebvre (2007) revealed that by combining various communication media, a larger number of people were reached at relatively lower cost/thousand. The result, however, failed to show the effectiveness of the communication in terms of desired behavioural change. The recommended mix approach rests on the logic of applying matching communications to people with different communication needs. For instance, rural communities or people at the grassroots level are amalgam of the literate, semi-literate and the illiterate. While the literate might favour modern communications, the illiterates might be more favourably disposed to traditional communication. It therefore becomes logical to have a mixed communication to optimize reach and impact.

A study conducted by Marcus *et al*, (2008) buttress this submission. Marcus *et al* (1998) conducted a study to analyse media-based physical activity interventions. Their findings showed that publics who were socially disadvantaged were harder to reach with a media-based intervention campaign than those who were not socially disadvantaged (e.g. illiterates). Furthermore, in an assessment of an adolescent physical activity campaign, Faulkner *et al* (2011) found that children from low-income families recalled less information about the campaign than children from high-income families (2011). The implication of these findings is that people have different communication needs requiring different communication methods. On this basis the author recommends a mixed communication approach to improving performance of the health insurance communications at the grassroots level with strong focus on traditional communication.

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