EVALUATING THE USE OF HEALTH COMMUNICATION IN IMPROVING THE KNOWLEDGE OF FOOD REMEDIES FOR SELECTED ILLNESS IN RURAL COMMUNITIES IN IMO STATE

By

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Abstract

This study examined the use of health communication in improving the knowledge of food remedies for selected illnesses in rural communities in Imo State. The study was anchored on Education and Literacy Theory. The study employed focus group discussions (N = 108) across 3 communities in Orlu LGA, using a structured guide to collect qualitative data. The major findings from the study revealed that: (a) the rural dwellers are exposed to health communication and food remedies through discussions with friends and peer influence. (b) majority of the rural dwellers are aware that high blood pressure, diabetes and ulcer are predominantly exposed issues through health communication (c) the primary source of information on food remedies is the health center (d) unripe plantains, fresh vegetables, and garlic are understood as food remedies for illness (e) the rural dwellers understand the limitation of carbohydrates, avoiding fast food and sugary substances as a health dietary practices. Based on these findings, it was recommended that public health authorities should collaborate with community leaders and organisations to develop and implement peer education programs; healthcare practitioners, in partnership with public health authorities and community leaders, should develop targeted health communication strategies addressing high blood pressure, diabetes, and ulcers; public health authorities and policymakers should prioritise strengthening formal healthcare services, particularly health centers, by ensuring access to comprehensive information on food remedies; healthcare practitioners, in collaboration with community leaders and organisations, should develop educational initiatives focusing on promoting balanced dietary habits; Public health authorities and healthcare practitioners should collaborate to address knowledge gaps regarding dietary recommendations.

Keywords: health communication, food remedies, rural communities, illness, Imo state.

Introduction

Health communication involves the strategic use of communication methods to deliver health-related messages that support public health initiatives, patient education, and health literacy improvement. As noted by Brummette (2020) and Niederdeppe (2018), the central purpose of disseminating health information is to enhance individuals' understanding and influence their health-related decisions. In the context of primary healthcare, effective communication plays a vital role in promoting disease prevention, health maintenance, and patient counselling, especially in underserved rural areas where access to healthcare is limited (Dada, 2018; Remilekun, 2022). Scholars emphasise that tailored health messages and well-structured communication campaigns are essential for raising awareness, correcting misconceptions, and improving responses to public health threats, particularly in communities with low literacy levels and limited resources (Avery, 2020; WHO, 2022).

Rural populations in many developing countries face disproportionate health risks due to inadequate healthcare facilities, poor transportation systems, and lower socio-economic and literacy levels. These structural challenges make it difficult for rural residents to access accurate health information or utilise available services, thereby increasing their vulnerability to preventable diseases (Niederdeppe, 2018; Avery, 2020). Health communication professionals and media practitioners therefore have a crucial responsibility to design persuasive, audience-appropriate messages that educate, inform, and motivate behavioural change. According to Oyama and Okpara (2017), health campaigns, especially those targeting issues such as HIV/AIDS, reproductive health, and non-communicable diseases, are most effective when messages are tailored to the needs of specific population groups. However, despite the recognised importance of media-driven health communication, the Nigerian media often under-prioritises health messages in favour of more sensational stories, limiting the public's access to essential health information (Smith & Sekuade, 2016).

Given the rise of nutrition-related diseases, unhealthy lifestyles, and misinformation in the media landscape, designing effective health and nutrition communication has become more essential than ever. Research shows that audiences respond differently to health messages

depending on their socioeconomic background, culture, and prior beliefs, underscoring the need for carefully targeted communication (Fakih El-Khoury et al., 2019; Giraud, 2018). Despite global progress in health communication, Nigerian rural communities still lag behind due to systemic challenges and weak media engagement in health education. As Remilekun (2022) argues, involving communities in the planning and evaluation of health campaigns can improve their relevance and impact. Against this backdrop, the present study investigates how rural communities in Imo State utilise available primary healthcare services, with the broader aim of understanding how communication strategies can better support health awareness and behavioural change in similar underserved settings.

Statement of the Problem

In many traditional societies, food has historically served as a natural remedy for various illnesses, with such knowledge passed down through generations; however, this practice is declining among rural populations in Imo State, Nigeria, largely due to the growing influence of modern medicine, shifting dietary habits, and weakened transmission of indigenous knowledge. Although traditional food remedies remain abundant, a disconnect persists between awareness and actual use, compounded by health communication efforts that often fail to deliver messages in ways that resonate with rural audiences or compete effectively with other information sources. Consequently, food-based remedies are underutilised, and many rural dwellers rely on alternative, sometimes less effective, treatments. Despite a wealth of indigenous food-based knowledge in rural Nigeria, health communication strategies often fail to resonate with these audiences, leading to underutilization of accessible food remedies. This study seeks to fill this communication gap.

Research Questions

The research questions that this study will attempt to solve are as follows:

1. To what extent are rural dwellers exposed to health communication on food remedies?
2. What are the dominant channels through which rural dwellers receive information on food remedies?

3. How well do rural dwellers understand and apply communicated information on food remedies?

4. For which specific illnesses are food remedies commonly used by rural dwellers?

Significance of the Study

This study is significant because it highlights the health communication challenges faced by rural communities, particularly their limited access to vital health information and mass media services, while emphasizing the need for journalists and media practitioners to present health messages in simple and accessible formats. It also draws the attention of government and policymakers to deficiencies in rural health broadcasting, encourages improvements in health communication systems, and demonstrates how social media platforms such as Facebook, Twitter, Instagram, and TikTok influence health behaviours, including self-medication, thereby promoting more informed health decisions among young adults. Furthermore, the study provides valuable insights for medical practitioners, pharmacists, and policymakers by underscoring the need for stronger regulation of medication access and more effective health communication strategies. It also benefits parents, older adults, and the academic community by encouraging informed health practices and contributing to existing literature as a useful reference for students, scholars, and future researchers.

Literature Review

Health communication plays a vital role in promoting public health by informing and educating individuals about healthy habits, preventive care, and health services. Scholars such as Nwanne (2018) and Aghamelu (2019) describe health communication campaigns as coordinated efforts to achieve specific health objectives. Effective communication, whether through speech, tone, nonverbal cues, or digital channels, significantly influences patient outcomes, as strong interpersonal interactions between patients and healthcare providers improve trust and treatment adherence.

Health communication draws on various disciplines, including marketing, psychology, and the behavioural sciences, enabling communicators to employ behavioural diverse strategies such as media advocacy, interpersonal communication, and digital technologies. Research by Agba (2017) and Aghamelu (2020) highlights the

effectiveness of health communication campaigns in promoting disease prevention and general wellness.

The literature also emphasises that health communication must be tailored to target populations and communication channels to achieve positive behavioural change. It integrates social marketing principles to influence health decisions and improve health literacy. Scholars like Sixsmith et al. (2020) and Kreps (2018) note that health communication spans several levels: individual, interpersonal, and mass communication, addressing issues such as health promotion, disease prevention, and policy awareness. Its primary aim is to encourage individuals and communities to adopt healthier behaviours and engage effectively with healthcare systems.

Lastly, improving health knowledge through communication is central to promoting healthier lifestyles, particularly with respect to diet and nutrition. Mass media and community-based campaigns have been shown to raise awareness, motivate small but meaningful behavioural changes, and guide individuals toward healthier choices. Initiatives such as multiplatform healthy-eating campaigns target broad populations, especially younger adults at higher dietary risk. Outreach services further enhance health communication by increasing access to specialists in remote areas, improving the quality of care, reducing travel costs, strengthening health worker capacity, and facilitating efficient health information dissemination. These benefits contribute to more equitable health outcomes and a stronger healthcare system overall.

Empirical Review

Shifera, Sudhakar, and Muluemebet (2019) and Robert (2018) both emphasize the importance of effective health communication in improving health outcomes among rural populations. Using focus group discussions and in-depth interviews, Shifera et al. (2019) found that home-to-home health outreach programmes helped build trust between health extension workers and community members, recommending continuous training for health workers to strengthen community-based health communication. Similarly, Robert (2018), through surveys, interviews, and observations of healthcare organizations, highlighted that rural populations should be prioritized in health communication because they face challenges such as poverty, chronic illnesses, inadequate transportation, and limited access to healthcare services. The study further found that positively framed health messages delivered through local newspapers, local radio, social media, and direct mail are

the most effective channels for reaching rural audiences. Together, the studies demonstrate that trusted community engagement and the strategic use of appropriate communication channels are essential for effective health communication in rural communities.

Peterson (2020) and Deepak, Jai-Prakash, and Yadav (2021) both underscore the critical role of strategic communication in promoting positive health behaviours and addressing public health challenges. Using qualitative approaches, Peterson (2020) found that health communication is central to preventing and controlling priority health issues in the English-speaking Caribbean, including noncommunicable diseases, HIV/AIDS, substance abuse, and vector-borne diseases, with traditional strategies relying heavily on mass media to disseminate health messages to broad audiences. Similarly, Deepak et al. (2021) emphasized that strategic communication is essential for informing, educating, and influencing health behaviours, particularly during health crises. Their findings revealed that creating awareness alone is insufficient to achieve lasting behavioural change, recommending sustained and targeted communication interventions to support social and behavioural transformation. Together, the studies demonstrate that effective health communication requires not only widespread message dissemination but also continuous, audience-focused strategies that encourage long-term behaviour change.

Choudhary (2021) and Ogunyale (2020) both highlight the importance of community-based health communication in improving public health outcomes. Using a qualitative approach, Choudhary (2021) found that community health focuses on addressing the shared health risks and socio-economic conditions of people within a geographical area, emphasizing that increased awareness of community health promotes improved health outcomes and quality of life. Similarly, Ogunyale (2020), using questionnaires and in-depth interviews in three rural communities in Niger State, found that effective communication of Primary Health Care services requires the integration of modern and traditional communication channels while considering local socio-cultural realities. The study further recommended active community participation in health planning and decision-making, as well as greater government investment in environmental health and health education. Together, the studies demonstrate that community involvement, culturally appropriate communication, and integrated communication strategies are essential for effective rural health promotion.

Theoretical Framework

The study is anchored on education and literacy theory. The Education and Literacy Theory posits that individuals' level of education and literacy significantly influences their ability to access, understand, and utilise health information effectively (Nutbeam, 2020).

In line with this theory, culturally appropriate health communication methods, such as visual aids, community health workers, and interactive workshops, can be employed by the government, NGOs or private individuals to enhance health literacy among rural residents in Imo State. Moreover, the Education and Literacy Theory posits that improving individuals' literacy skills can lead to empowerment and better health outcomes (Nutbeam, 2020). In the study, enhancing health literacy on food remedies for selected illnesses is expected to empower rural communities in Imo State to make informed health decisions. By providing individuals with the necessary knowledge and skills, the study indirectly aligns with the objectives of the Education and Literacy Theory by promoting positive health behaviours and potentially improving health outcomes.

Methodology

The study adopted a Focus Group Discussion (FGD) research design to explore how health communication influences knowledge of food remedies among rural dwellers. The design was considered appropriate because it enabled participants to provide detailed insights through interactive discussions while allowing flexibility in questioning. The study was conducted in Orlu Local Government Area, covering the districts of Owerre-Umudioka, Umuowa, and Eziachi, with an estimated population of 198,500. A total of 108 participants, comprising both males and females from nine rural communities, participated in three FGD sessions conducted across three selected communities. Data collected were transcribed and analyzed thematically.

A multistage sampling technique was used to select participants. Purposive sampling identified the three districts, simple random sampling (ballot method) selected one community from each district, and convenience sampling recruited participants for the discussions. Data were collected using an FGD guide containing 16 open-ended questions, with each discussion lasting 45–60 minutes. Responses were recorded using a notepad and a mobile phone audio recorder, while printed question guides and the researcher's field notes complemented

the recordings to ensure comprehensive, accurate, and reliable data collection.

Table 1: Sample Size Determination for Districts and communities for Data Collection

Local Government Area	Rural communities per selected districts	Numbers of rural communities
Orlu	Owerre-Umudioka	3
	Umuowa	3
	Eziachi	3
	Total	9

Research Question One: To what extent are rural dwellers exposed to health communication on food remedies?

Table 2: Exposure to Health and Food Remedies

S/N	Exposure	Frequency	Percentage
1	Health Professionals (Nurse, Community Health Worker, etc.)	6	6%
2	Engaged in Health Campaigns	8	7%
3	Attend Community Health Events	11	10%
4	Use Traditional Food Remedies	19	18%
5	Receive Health Newsletters	10	9%
6	Engage in Health Forums	7	6%
7	Watch Health-related Programs	10	9%
8	Discuss Health Topics with Friends	20	19%
9	Receive Suggestions from Healthcare Professionals	14	13%
10	Follow Health Influencers Online	3	3%
Total		108	100%

Table 2 indicates that rural dwellers are moderately exposed to health communication on food remedies, with the highest exposure

occurring through discussions with friends (19%) and the use of traditional food remedies (18%). Exposure through formal sources such as healthcare professionals (6%), health campaigns (7%), and community health events (10%) is present but comparatively lower. The minimal engagement with online health influencers (3%) further suggests that interpersonal and traditional practices remain the primary avenues of exposure in rural communities in Imo State.

Table 3: Exposure to Health Communication on Food Remedies

S/N	Exposure to Health Communication	Frequency	Percentage (%)
1	Diabetes: focuses on dietary recommendations, lifestyle modifications, and the importance of managing blood sugar levels through proper nutrition and medication.	19	17%
2	High Blood Pressure: emphasises the significance of a low-sodium diet, regular exercise, weight management, and medication adherence to control blood pressure levels	21	19%
3	Ulcer: addresses dietary habits, stress management techniques, and medication adherence.	15	14%
4	Infection: includes various aspects such as proper hygiene practices, vaccination, antibiotic usage, and seeking medical attention promptly to prevent and treat infections effectively.	13	12%
5	Covid 19: includes information about preventive measures such as wearing masks, practising social distancing, hand hygiene, vaccination, and recognising symptoms	10	9%
6	Menstrual Pains: discusses strategies for managing discomfort during menstruation	7	6%
7	Jaundice: covers causes, symptoms,	5	5%

	and treatment options, emphasising the importance of medical evaluation and intervention for liver-related conditions leading to jaundice.		
8	Muscle Pains: discussed muscle pains, may focus on potential causes, such as overexertion or injury.	1	1%
9	Depression: address the importance of seeking professional help, therapy, medication, self-care strategies, and social support networks for managing symptoms	2	2%
10	Anxiety: includes information about coping mechanisms, relaxation techniques, therapy options, and medication for reducing anxiety symptoms and improving overall quality of life.	2	2%
11	Cholesterol: discusses dietary modifications, physical activity, medication adherence, and regular health monitoring to maintain healthy cholesterol levels and reduce the risk of cardiovascular disease.	2	2%
12	Cold: cover preventive measures, symptom management strategies, and when to seek medical attention for complications or severe symptoms.	5	5%
13	Malaria: focus on prevention methods such as insecticide-treated bed nets, indoor residual spraying, and antimalarial medication.	1	1%
14	De-worming: emphasises the importance of sanitation, hygiene practices, and regular deworming medication to prevent parasitic infections and related health issues.	5	5%
Total		108	100%

Table 3 shows that exposure to health communication on food remedies in rural communities in Imo State is highest for high blood pressure (19%), diabetes (17%), and ulcers (14%), indicating strong emphasis on diet-related non-communicable diseases. Moderate exposure is recorded for infections (12%) and COVID-19 (9%), while conditions such as malaria, muscle pains, depression, anxiety, and cholesterol receive minimal attention. This suggests that health communication efforts are more concentrated on prevalent chronic illnesses, highlighting the need to broaden messaging to other health conditions affecting rural populations.

Research Question Two: What are the dominant channels through which rural dwellers receive information on food remedies?

Table 4: Channels through which rural dwellers receive information on food remedies

S/N	Medium	Frequency	Percentage (%)
1	Health center	20	19%
2	Family and Friends	16	15%
3	Town Criers	13	12%
4	Community Leaders	10	9%
5	Market Square	10	9%
6	Radio	9	8%
7	Village Square	6	6%
8	Local Nurse	12	11%
9	Social Media	2	2%
10	Church	7	6%
11	Local Government Health Personnel	3	3%
Total		108	100%

Table 4 reveals that health centers (19%) are the dominant channel through which rural dwellers receive information on food remedies, followed by family and friends (15%) and local nurses (11%), indicating a strong reliance on both formal and interpersonal sources. Traditional community-based platforms such as town criers (12%), community leaders (9%), market squares (9%), and village squares (6%) also play significant roles in information dissemination. In contrast, modern channels like social media (2%) and local government health personnel (3%) have minimal reach, suggesting that grassroots and

face-to-face communication remain more effective in rural communities in Imo State.

Research Question Three: How well do rural dwellers understand and apply communicated information on food remedies?

Table 5: Understanding Health Communication on Food Remedies

S/N	Health Communication on Food Remedies	Frequency	Percentage (%)
1	Less carbohydrates, more protein	10	9%
2	Limit fast food, junks	7	6%
3	Eat more vegetables	8	7%
4	Have a good meal plan	4	4%
5	Avoid fast food	3	3%
6	Avoid sugary substances	6	6%
7	Eat enough fresh vegetables	12	11%
8	Eat more proteins	8	7%
9	Use natural ingredients	20	19%
10	Avoid excess ingredients in food	14	13%
11	Avoid consuming excess salt in food	6	6%
12	Drink enough water, eat more fresh vegetables	10	9%
Total		108	100%

Table 5 shows that rural dwellers demonstrate a considerable level of understanding and application of health communication on food remedies, particularly in the use of natural ingredients (19%) and avoidance of excess ingredients (13%). Many respondents also recognize the importance of fresh vegetables (11%), balanced nutrition such as increased protein intake (7%), reduced carbohydrates (9%), and adequate hydration (9%). However, lower responses in structured practices like meal planning (4%) and limiting fast food (6%) suggest that while awareness exists, consistent and structured application of dietary guidelines may still require reinforcement.

Research Question Four: For which specific illnesses are food remedies commonly used by rural dwellers?

Table 6: Application of Health communication guidelines on Food Remedies

S/N	Application	Frequency	Percentage (%)
1	Less carbohydrates, more protein	8	7%
2	Limit fast food, junks	5	5%
3	Eat more vegetables	12	11%
4	Have a good meal plan	4	4%
5	Avoid fast food	12	11%
6	Avoid sugary substances	6	6%
7	Eat enough fresh vegetables	10	9%
8	Eat more proteins	8	7%
9	Use natural ingredients	14	13%
10	Avoid excess ingredients in food	20	18%
11	Avoid consuming excess salt in food	6	6%
12	Drink enough water, eat more fresh vegetables	3	3%
Total		108	100%

Table 6 indicates that rural dwellers actively apply health communication guidelines on food remedies, particularly by avoiding excess ingredients in food (18%) and using natural ingredients (13%), suggesting practical efforts toward healthier dietary habits. Application is also evident in increased vegetable consumption (11%), avoidance of fast food (11%), and balanced protein intake (7%). However, lower adherence to structured practices such as meal planning (4%) and hydration-focused guidance (3%) implies that while general principles are being adopted, more comprehensive and consistent application of dietary recommendations is still needed.

Discussion of Findings

The study found that peer influence and social interactions significantly shape individuals' knowledge and use of health and food remedies, with friends, family, and community members serving as important channels for sharing traditional health practices. Discussions commonly focused on prevalent health conditions such as high blood

pressure, diabetes, and ulcers, reflecting community awareness of major public health concerns. Participants relied on both formal sources, particularly health centers, and informal sources, including family and peers, for health information, suggesting that effective health communication should combine professional guidance with community-based knowledge sharing.

The findings also revealed that participants preferred natural ingredients and fresh foods and recognized the importance of healthy eating, although many experienced challenges in consistently adopting healthier dietary habits. Moderation and balanced diets were identified as essential practices for maintaining good health. These findings support the Education and Literacy Theory by demonstrating that health knowledge is acquired through both formal education and informal community learning, while highlighting that true health literacy involves not only understanding health information but also applying it in everyday dietary and lifestyle decisions.

Conclusions

The study concludes that peer influence, discussions with friends, and the use of traditional food remedies play a significant role in shaping individuals' knowledge and practices regarding health and nutrition. Communication about food remedies mainly focuses on chronic conditions such as high blood pressure, diabetes, and ulcers, highlighting the need for targeted health communication. While health centers remain the most trusted source of information, family and friends also significantly influence health decisions, emphasizing the value of integrating formal and informal communication channels. The findings further show that unripe plantains, fresh vegetables, and garlic are the most recognized food remedies, whereas carrots, cloves, and aloe vera receive comparatively less attention in health-related discussions.

Recommendations

Based on the findings of the study, the following recommendations are made:

1. Public health authorities should collaborate with community leaders and organisations to develop and implement peer education programs.

2. Healthcare practitioners, in partnership with public health authorities and community leaders, should develop targeted health communication strategies addressing high blood pressure, diabetes, and ulcers. These efforts should involve clear and culturally sensitive messaging delivered through various channels, including health centers and community events.

3. Public health authorities and policymakers should prioritise strengthening formal healthcare services, particularly health centers, by ensuring access to comprehensive information on food remedies.

4. Healthcare practitioners, in collaboration with community leaders and organisations, should develop educational initiatives focusing on promoting balanced dietary habits.

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