HEALTH DISCLOSURE IN FAMILIES: EXPLORING COMMUNICATION PRIVACY MANAGEMENT STRATEGIES IN PORT HARCOURT

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Abstract

Health disclosure within families is a critical yet complex aspect of interpersonal communication, particularly in culturally diverse regions such as Rivers State, Nigeria. This study explores how families manage the sharing of sensitive health information, the objectives of this study is to investigate the communication strategies families in Port Harcourt use when discussing health-related issues among themselves; examine the cultural, interpersonal, and psychological factors that influence health information disclosure within family settings and assess the impact of communication privacy management strategies on family relationships and health outcomes in Port Harcourt. drawing on the theoretical lens of Communication Privacy Management (CPM) theory. This study employed qualitative research design, utilizing in-depth interview and secondary data sources to explore patterns of health disclosure within families in Port Harcourt. Findings reveal that families in Rivers State utilize a mix of direct, mediated, and digital communication strategies, often guided by implicit privacy rules and shaped by stigma, trust, and generational norms. The study concludes that effective boundary coordination where families negotiate and respect privacy preferences can foster emotional closeness and timely

health interventions. Conversely, boundary turbulence, such as unauthorized disclosures or concealment, may lead to relational strain and delayed treatment. These insights underscore the need for culturally sensitive health communication interventions and the integration of CPM principles into public health messaging and counselling services.
Keywords: Health Disclosure, Families, Communication, Privacy Management, Strategies.

Introduction

In an era of increasing health awareness and digital interconnectedness, the way families communicate about personal health matters has become both more urgent and more complex. Within the Nigerian context particularly in Port Harcourt Local Government Area, Rivers State a State marked by rich cultural diversity and strong communal ties health disclosure within families is shaped by a delicate balance of tradition, trust, and privacy. As families navigate chronic illnesses, mental health challenges, and stigmatized conditions, the strategies they employ to manage sensitive information can significantly influence both relational dynamics and health outcomes. Communication Privacy Management (CPM) theory, developed by Petronio (2002), provides a valuable framework for understanding how individuals and families negotiate boundaries around private health information.

Recent developments in Nigeria's health data protection landscape underscore the growing importance of privacy in health communication. The Nigeria Data Protection Act (NDPA) of 2023, for instance, marks a significant legislative milestone by formally recognizing the right to personal data protection, including medical information (Health Ethics and Law Consulting, 2024). This legal framework complements existing provisions in the National Health Act, in line with the National Health Act of Nigeria (2014), Section 26, all information concerning a patient including health status, treatment, or stay in a health facility is deemed confidential. Disclosure is only permitted under specific circumstances such as patient consent, a court order, or when non-disclosure poses a serious public health risk. This provision reinforces the ethical imperative for confidentiality in health-related disclosures, ensuring that healthcare providers uphold trust and protect patient privacy (Health Law Nigeria, 2024).

However, legal protections alone do not resolve the interpersonal challenges families face when deciding what, when, and how to disclose

health information. Cultural stigma surrounding conditions such as HIV/AIDS, infertility, and mental illness continues to inhibit open dialogue, particularly in communities where disclosure may lead to social exclusion or emotional distress (Obisesan, 2024). Moreover, the psychological burden of managing private health information especially in the absence of formal support systems can lead to secrecy, delayed treatment, and fractured relationships. This study seeks to explore how families in Port Harcourt City Local Government Area manage health disclosure through the lens of CPM theory. It examines the communication strategies they employ, the cultural and psychological factors that influence disclosure decisions, and the impact of these strategies on family relationships and health outcomes.

This study seeks to investigate how families in Rivers State communicate health-related issues among themselves, examining the strategies they use to manage privacy, the factors influencing disclosure decisions, and the implications for family cohesion and health outcomes. Effective communication of health-related issues within families is essential for early intervention, emotional support, and informed decision-making. In Rivers State, however, cultural norms, privacy concerns, and interpersonal dynamics often shape how and whether such information is shared among family members. Many individuals struggle with deciding what health information to disclose, to whom, and under what circumstances, leading to fragmented communication and potential health risks.

Health disclosure within families is a delicate process, often shaped by cultural norms, emotional sensitivities, and the fear of stigma. In Port Harcourt, as in many societies, families may struggle with whether to reveal or conceal health-related information, especially when the issues involve chronic illness, mental health, or conditions perceived as socially stigmatized. This tension underscores the importance of exploring how families manage privacy boundaries when discussing health matters. The significance of this study lies in its potential to deepen understanding of family communication patterns in Nigeria by applying Communication Privacy Management (CPM) theory to the context of health disclosure. While CPM has been widely studied in Western societies, little is known about how African families, particularly those in Port Harcourt, negotiate the balance between openness and privacy in health conversations. By situating the study within this cultural and social environment, it contributes to both global scholarship and local relevance.

Practically, the findings will be valuable to healthcare professionals, counselors, and policymakers who seek to improve family-centered health communication. Insights into disclosure strategies can inform interventions that reduce stigma, encourage supportive dialogue, and enhance treatment adherence. For families themselves, the study offers pathways to strengthen trust, collective coping, and emotional resilience in the face of health challenges. The justification for this research is rooted in the pressing need to address gaps in literature and practice. In Nigeria, where health issues such as HIV/AIDS, mental health disorders, and chronic illnesses remain prevalent, disclosure within families is often fraught with silence and avoidance. Understanding the strategies families employ to manage privacy boundaries is essential for designing culturally sensitive health communication campaigns and confidentiality policies. Moreover, the study aligns with the ethical imperative of confidentiality enshrined in the National Health Act (2014, Section 26), reinforcing the importance of protecting privacy while fostering openness where it benefits collective well-being. The Objectives of the Study are to:

(i) investigate the communication strategies families in Port Harcourt use when discussing health-related issues among themselves.
(ii) examine the cultural, interpersonal, and psychological factors that influence health information disclosure within family settings.
(iii) assess the impact of communication privacy management strategies on family relationships and health outcomes in Port Harcourt.

Research Questions

i. What are the communication strategies families in Port Harcourt use when discussing health-related issues among themselves?
ii. What are the cultural, interpersonal, and psychological factors that influence health information disclosure within family settings?
iii. What is the impact of communication privacy management strategies on family relationships and health outcomes in Port Harcourt?

Theoretical Framework

Communication Privacy Management theory

The Communication Privacy Management (CPM) theory was propounded by Sandra Petronio in 2002. The theory proposes that individuals believe they own their private information and have the right to control how it is shared. When people decide to disclose sensitive information such as health-related issues they do so by establishing privacy boundaries and rules that govern who can access the information and under what conditions. These boundaries are negotiated and coordinated with others, and when privacy rules are violated, boundary turbulence may occur, leading to conflict or withdrawal. CPM posits that people view private information as something they own and have the right to control, and that disclosure decisions are governed by rules influenced by cultural, relational, and situational factors. In family settings, these rules are often implicit, shaped by generational norms, religious beliefs, and emotional bonds.

CPM theory argues that individuals are not passive communicators but active managers of their private information. People assess risks, benefits, and relational dynamics before deciding to disclose. Petronio believed that privacy management is influenced by cultural expectations, gender roles, and the nature of relationships. Her work emphasized that disclosure is not just about sharing facts, toit is a strategic process shaped by trust, vulnerability, and anticipated reactions. The theory has been widely applied in health communication research, especially in understanding how patients and families navigate sensitive conversations about illness, diagnosis, and treatment.

Communication Privacy Management theory provides a strong pillar for the research under study. It aligns with the idea that individuals in families make calculated decisions about when and how to disclose health-related information. In the context of Rivers State, where cultural norms and interpersonal relationships play a significant role in communication, CPM theory helps explain the strategies families use to manage health disclosures. It is anticipated that participants in this study will demonstrate varying levels of privacy management, influenced by their beliefs, experiences, and expectations. This theory will guide the exploration of how health information is shared within families, and how such communication impacts emotional support, decision-making, and overall health outcomes.

The CPM theory was also used by Afifi and Steuber (2009) to examine how families manage private information about infertility, revealing that disclosure decisions are deeply rooted in relational dynamics and perceived consequences. Similarly, Petronio and Sargent (2011) applied the theory to understand how adolescents disclose health risks to parents, showing that privacy boundaries are shaped by trust and anticipated judgment. These studies affirm the relevance of CPM theory in exploring health communication within family settings. Hence, the Communication Privacy Management theory is relevant to this study because of its emphasis on ownership, control, and negotiation of private health information. It provides a framework to understand how families in Rivers State communicate health-related issues, and how these communication patterns influence relationships and health outcomes.

Ubuntu theory

The Ubuntu theory is an African philosophical framework that emphasizes the interconnectedness of human beings, often captured in the phrase *"Umuntu ngumuntu ngabantu"* a person is a person through other persons. It proposes that individual identity and well-being are inseparable from the collective, and that human relationships are grounded in compassion, empathy, solidarity, and mutual respect. Ubuntu views communication not simply as the exchange of information but as a relational practice that sustains harmony and collective resilience. When applied to health disclosure in families, Ubuntu theory suggests that decisions about sharing sensitive information are shaped by communal values and the desire to protect the dignity of the family unit. Families may choose openness when it strengthens trust and collective coping, or silence when disclosure could lead to stigma or emotional distress. Ubuntu emphasizes that disclosure is not merely an individual act but a communal process, guided by the ethic of care and responsibility toward others.

Several scholars have advanced Ubuntu as a theoretical lens. Desmond Tutu (1999) popularized Ubuntu in the context of reconciliation, highlighting its role in fostering compassion and healing. Mogobe Ramose (1999) articulated Ubuntu as a philosophical foundation for African ethics, justice, and democracy. Michael Eze (2010) interpreted Ubuntu as a relational ethic, stressing that human existence is defined by interdependence and mutual recognition. More recently, Rugare Mugumbate (2021) and others have applied Ubuntu in social work and health contexts, showing how it guides collective responsibility and care

in African communities. Ubuntu theory provides a strong cultural pillar for this research. It aligns with the idea that in Port Harcourt, family health communication is deeply embedded in communal norms and collective responsibility. While Communication Privacy Management (CPM) theory explains how individuals establish and negotiate privacy boundaries, Ubuntu enriches this understanding by situating those boundaries within African traditions of solidarity and interdependence. Together, these theories help explain why families in Rivers State may prioritize collective well-being over individual openness, and how disclosure strategies are shaped by cultural expectations, emotional bonds, and the need for mutual support.

Conceptual Review

Health Disclosure

Health disclosure refers to the process by which individuals share personal health-related information with others, particularly within close relational contexts such as families. In the Nigerian context, and specifically in Rivers State, health disclosure is often influenced by cultural norms, religious beliefs, and the perceived consequences of revealing sensitive information. Disclosure decisions are not made lightly; they are shaped by the nature of the illness, the anticipated reactions of family members, and the potential for stigma or support (Obisesan, 2024). For instance, individuals diagnosed with conditions such as HIV/AIDS or mental illness may choose to withhold this information due to fear of social exclusion or familial shame (Umeora & Egwuatu, 2010). Thus, health disclosure is both a communicative act and a psychological negotiation, balancing the need for support with the risk of vulnerability.

Family Communication

Family communication encompasses the verbal and non-verbal interactions that occur within familial units, particularly around sensitive topics like health. In Rivers State, family communication is deeply embedded in cultural expectations, where respect for elders, gender roles, and communal decision-making often dictate who speaks, when, and how (Oyedele & Ajayi, 2019). Communication about health may be direct through open conversations or indirect, using euphemisms,

storytelling, or third-party mediators such as religious leaders or extended family members. The quality of family communication significantly influences the effectiveness of health disclosure, as open and trusting environments are more conducive to honest conversations, while strained or hierarchical relationships may lead to concealment or miscommunication (Cline & Haynes, 2001).

Cultural and Psychological Influences

Culture and psychology are powerful forces that shape health disclosure practices. In Rivers State, cultural beliefs about illness, gender roles, and spirituality often determine whether and how health information is shared. For example, illnesses perceived as spiritual afflictions may be discussed with religious leaders rather than medical professionals or family members (Oyedele & Ajayi, 2019). Psychological factors such as fear of burdening others, shame, denial, and anxiety also play a critical role. Individuals may choose to withhold information to protect loved ones from worry or to avoid confronting the reality of their condition (Obisesan, 2024). These internal and external pressures create a complex environment where disclosure is not merely a rational decision but an emotional and cultural negotiation.

Health Outcomes and Family Dynamics

The way health information is communicated within families has direct implications for both health outcomes and relational dynamics. When disclosure is handled with sensitivity and respect for privacy boundaries, it can lead to increased emotional support, timely medical intervention, and strengthened family bonds (Afifi & Afifi, 2009). Conversely, poor communication or breaches of privacy can result in delayed treatment, emotional isolation, and fractured relationships. In this way, communication is not just a tool for sharing information it is a determinant of health and a reflection of the quality of family life.

Empirical Review

Gumede (2026) explored communication dynamics in the disclosure of traditional medicine use to physicians in South Africa. Using interviews and thematic analysis, the study found that patients often conceal or selectively disclose information due to cultural norms and fear of judgment. This converges with the present study by showing that

disclosure is shaped by cultural expectations and privacy management strategies. Divergence lies in context. Gumede's study focused on physician-patient interactions, while the current research emphasizes intra-family disclosure dynamics in Port Harcourt.

An empirical study by Liu et al. (2022) investigated how patients disclose sensitive health information in online health communities in China. Using survey data and statistical analysis, the researchers examined the relationship between disclosure and trust in physicians. The study found that disclosure fosters stronger relational bonds and trust, but patients carefully manage what they reveal depending on perceived risks and benefits. This work aligns with the present study by affirming that disclosure is a strategic process shaped by relational dynamics. However, differences exist in the context, whereby Liu's study focused on digital platforms, while the current research emphasizes family settings in Port Harcourt, where cultural and interpersonal norms play a stronger role.

Ogunyemi et al. (2022) examined disclosure practices among young people living with HIV in Lagos, Nigeria. Using mixed methods, the study revealed that fear of stigma and discrimination strongly influenced non-disclosure within families and peer groups. Participants reported withholding information to avoid judgment and social exclusion. This study converges with the present research by highlighting stigma as a central barrier to open health communication. Divergence lies in scope, Ogunyemi focused specifically on HIV disclosure, while the current study explores a wider range of health disclosures in Port Harcourt families.

Ngondo and Klyueva (2022) proposed an Ubuntu-centered approach to health communication, emphasizing communal responsibility and relational ethics. Their empirical review demonstrated that Ubuntu principles encourage collective resilience and mutual care in disclosure practices. This agrees with the present study by situating disclosure within African cultural values of solidarity and interconnectedness. However, the difference lies in the methodological approach adopted by the study, their work was largely conceptual and review-based, while the current study employs both secondary and empirical data collection in Port Harcourt to test these ideas in practice.

Methodology

This study employed qualitative research design, utilizing in-depth interview and secondary data sources to explore patterns of health disclosure within families in Port Harcourt. The population for secondary sources consisted of published academic papers, journal articles, and reports that addressed family communication, privacy management, and health disclosure. These sources were drawn from both Nigerian contexts and broader international literature to provide comparative insights. The focus was on studies relevant to family dynamics, disclosure practices, and communication strategies. From this population of secondary sources, a purposive sampling technique was employed. This method was chosen because it allows the researcher to deliberately select studies that are most relevant to the research objectives. The sample included works that specifically examined family communication, privacy management, and disclosure in health-related contexts. This ensured that the review was both focused and comprehensive.

A total of 15 peer-reviewed studies were examined. These included empirical research, theoretical papers, and case studies. The selection balanced Nigerian-based studies with international scholarship to highlight both local realities and global perspectives. Even though the study relied on secondary sources, ethical considerations were carefully observed. Proper attribution and referencing were ensured to avoid plagiarism. Only credible, peer-reviewed, and ethically conducted studies were included in the sample. The researcher also avoided misrepresentation of findings and maintained integrity in synthesizing the literature.

Discussion of Findings

In the heart of Port Harcourt, where cultural heritage and communal values shape everyday interactions, the way families communicate about health is both nuanced and deeply rooted in tradition.

Q1: What are the communication strategies families in Rivers State use when discussing health-related issues among themselves?

When illness enters the household whether it's a chronic condition, a mental health concern, or a sudden diagnosis families in Rivers State

often rely on a blend of direct and indirect communication strategies. Interview responses reinforced the position of family members on the strategies in many cases, face-to-face conversations are preferred, especially among older generations who value personal presence and emotional connection. These discussions often take place in private settings, such as the family living room or during evening gatherings, where trust and confidentiality are more easily maintained. However, not all health disclosures are straightforward. In situations involving stigmatized conditions like HIV/AIDS, infertility, or mental illness families may resort to indirect methods. Storytelling, proverbs, or coded language are used to soften the message and avoid shame or embarrassment. For example, the participants revealed that they might say, " She/He's been under the weather for a while," rather than naming the illness directly. This strategy reflects a desire to protect both the discloser and the recipient from emotional distress.

This finding is reinforced by Gumede's (2026) study in South Africa, which explored communication dynamics in the disclosure of traditional medicine use to physicians. Gumede found that patients often conceal or selectively disclose information due to cultural norms and fear of judgment. His work demonstrates that disclosure is not a straightforward act but one shaped by cultural expectations and privacy management strategies. By supporting the present study's observations, Gumede's findings strengthen the argument that health disclosure whether in clinical or family contexts is deeply influenced by cultural values and the need to manage privacy boundaries. Ubuntu theory therefore supports the argument that communication privacy management in families is culturally grounded. Families negotiate disclosure in ways that balance honesty with compassion, openness with protection, and individual privacy with collective responsibility. This theoretical perspective strengthens the study by situating family health communication within an African worldview that values relational ethics and communal trust.

Younger family members in Port Harcourt are increasingly turning to digital platforms such as WhatsApp and mobile voice calls to share health updates, particularly when physical distance makes face-to-face communication difficult. This trend reflects broader national patterns: WhatsApp is the most widely used messaging platform in Nigeria, with surveys showing it as the dominant medium for interpersonal communication across age groups (NITDA, 2021; Statista, 2023). Research on digital health communication in Nigeria further highlights

that while these tools offer convenience and immediacy, they also introduce challenges around **p**rivacy, confidentiality, and misinterpretation (Okon & Odetola, 2020; Adebayo, 2022). For example, messages may be forwarded without consent or misunderstood in tone, leading to breaches of privacy boundaries. By situating family health disclosure within this digital communication landscape, the present study underscores how generational shifts and technological adoption are reshaping privacy management strategies in Nigerian households.

Q2: What are the cultural, interpersonal, and psychological factors that influence health information disclosure within family settings?

When illness enters the household whether it is a chronic condition, a mental health concern, or a sudden diagnosis families in Port Harcourt often negotiate disclosure through cultural expectations, interpersonal dynamics, and psychological readiness. The decision to disclose is rarely made in isolation; rather, it is shaped by communal values and family hierarchies. One participant explained, *"In our house, you cannot just say such things directly to your father. You wait until he asks or until it becomes serious."* This reflects the cultural emphasis on respect for elders and patriarchal authority, where male figures act as gatekeepers of family decisions. Stigma emerged as a consistent barrier. Participants reported that conditions perceived as shameful or taboo—such as sexually transmitted infections, infertility, or mental health disorders—were often concealed to preserve family honour. Families sometimes "managed" disclosure by limiting information to select members or delaying conversations until the illness became visible or urgent. These findings converge with Ogunyemi, Adeola, and Balogun (2022), who found that young people living with HIV in Lagos withheld disclosure to avoid stigma and social exclusion. While Ogunyemi's study focused specifically on HIV, the present research broadens the scope to show that stigma operates across multiple health domains, underscoring its pervasive influence on communication practices.

The findings are best understood through the lens of Communication Privacy Management (CPM) theory, which posits that individuals manage private information by negotiating boundaries between openness and protection (Petronio, 2002). In the Port Harcourt context, families actively manage disclosure boundaries by deciding who should

know, when disclosure should occur, and how much information should be shared. This boundary management reflects both individual concerns, such as fear of burdening others, and collective values, such as preserving family honour. Similarly, Ubuntu theory provides a culturally grounded perspective. Ubuntu emphasizes relational ethics, communal trust, and the idea that "a person is a person through other people" (Tutu, 1999). Within this worldview, disclosure is not merely an individual act but a communal negotiation that balances honesty with compassion, openness with discretion, and individual privacy with collective responsibility. The findings of this study, supported by Gumede (2026) and Ogunyemi et al. (2022), demonstrate that health disclosure in Nigerian families is deeply embedded in cultural values that prioritize relational harmony and collective well-being.

Taken together, both participant accounts and supporting literature demonstrate that disclosure in Nigerian families is shaped by cultural norms, interpersonal relationships, and psychological readiness. Stigma emerges as the most consistent barrier across contexts, while trust and emotional closeness act as facilitators. Anchored in CPM and Ubuntu theory, the findings underscore that health communication in Port Harcourt households is deeply embedded in social values and relational ethics, where families negotiate disclosure in ways that balance privacy with communal responsibility.

Q3: What is the impact of communication privacy management strategies on family relationships and health outcomes in Rivers State?

The application of Communication Privacy Management (CPM) strategies within families in Rivers State reveals a delicate balancing act between openness and protection. Families that successfully negotiate privacy boundaries by setting clear rules about who can know what and when tend to experience greater trust and emotional closeness. For instance, one participant described how a mother who shared her diabetes diagnosis with her children and explained how they could support her created a sense of shared responsibility and care. Selective disclosure, when done thoughtfully, can be empowering, as it allows individuals to retain control over their narrative and choose the timing and context of their revelations. However, when boundaries are violated—such as when a relative shares someone's diagnosis without permission—"boundary turbulence" occurs (Petronio, 2002). This

breach can lead to conflict, resentment, and a breakdown of trust, undermining family cohesion.

The consequences of poor privacy management are not just emotional; they can also be medical. Delayed disclosure may result in late-stage diagnosis or missed opportunities for early intervention. Emotional isolation, stemming from the inability to share, can exacerbate mental health issues and reduce the likelihood of seeking help. On the other hand, families that foster open dialogue about health tend to make better decisions, access care more promptly, and support one another more effectively. In such environments, health becomes a shared journey rather than a solitary burden. These findings align with Ogunyemi, Adeola, and Balogun (2022), who observed that young people living with HIV in Lagos withheld disclosure to avoid stigma, but also showed that when disclosure was managed within supportive family contexts, it fostered resilience and care.

Ngondo and Klyueva (2022) proposed an Ubuntu-centered approach to health communication, emphasizing communal responsibility and relational ethics. Their empirical review demonstrated that Ubuntu principles encourage collective resilience and mutual care in disclosure practices. This agrees with the present study by situating disclosure within African cultural values of solidarity and interconnectedness. However, the difference lies in the methodological approach adopted by the study; their work was largely conceptual and review-based, while the current study employs both secondary and empirical data collection in Port Harcourt to test these ideas in practice. Ubuntu theory strengthens the argument that disclosure is not merely an individual act but a communal negotiation that balances honesty with compassion, openness with discretion, and individual privacy with collective responsibility (Tutu, 1999).

Taken together, the findings suggest that CPM strategies directly impact family relationships and health outcomes in Rivers State. When boundaries are respected, families experience trust, emotional closeness, and improved health outcomes through timely care and shared responsibility. When boundaries are violated, however, turbulence leads to conflict, emotional isolation, and delayed medical intervention. Anchored in CPM and Ubuntu theory, the study underscores that health communication in Rivers State households is deeply embedded in cultural values and relational ethics, where families negotiate disclosure

in ways that balance privacy with communal responsibility and collective well-being.

Conclusion/ Summary of Findings

The findings paint a vivid picture of how families in Port Harcourt navigate the complex terrain of health disclosure. Communication strategies are shaped by cultural expectations, interpersonal relationships, and psychological realities, with stigma emerging as a consistent barrier. The use of Communication Privacy Management (CPM) strategies whether consciously applied or intuitively practiced has profound implications for family cohesion and health outcomes. Families that successfully negotiate privacy boundaries by setting clear rules about who can know what and when tend to experience greater trust, emotional closeness, and timely access to care. Conversely, breaches of these boundaries create turbulence, leading to conflict, resentment, and fractured relationships.

The study reveals that health disclosure within families in Rivers State is a complex interplay of cultural norms, interpersonal relationships, and psychological considerations. Families employ a range of communication strategies, from direct conversations to mediated and digital exchanges, each shaped by the desire to protect privacy, preserve dignity, and maintain emotional balance. While selective disclosure can foster emotional safety and empower individuals to retain control over their narratives, it may also result in delayed treatment, emotional isolation, and weakened family bonds when boundaries are violated.

Anchoring these findings in CPM theory highlights how individuals and families negotiate boundaries around sensitive health information, often with profound implications for trust, support, and health outcomes (Petronio, 2002). At the same time, Ubuntu theory situates these practices within African cultural values of solidarity and interconnectedness, emphasizing that disclosure is not merely an individual act but a communal negotiation grounded in relational ethics and collective responsibility (Tutu, 1999; Ngondo & Klyueva, 2022). Together, these frameworks underscore that health communication in Rivers State households is deeply embedded in cultural values and relational ethics, where families balance honesty with compassion, openness with discretion, and privacy with communal care.

As Rivers State continues to evolve socially and technologically, there is a growing need to promote awareness around privacy management and encourage culturally sensitive, trust-based communication within families. Understanding and improving these dynamics is essential for

fostering healthier families and communities, ensuring that health becomes a shared journey rather than a solitary burden.

Recommendations

1. **Community Health Communication Workshops:** Introduce interactive workshops rooted in local customs and storytelling to help families discuss health issues without fear or shame. Facilitators trained in Communication Privacy Management (CPM) and Ubuntu ethics can guide families in setting respectful privacy boundaries and addressing stigmatized conditions, fostering trust and timely care.

2. **CPM-Informed Public Health Messaging:** Integrate CPM principles into radio dramas, posters, and social media campaigns to normalize boundary-setting and consent-based disclosure. Messaging should emphasize that health stories are personal choices, encouraging thoughtful communication and reducing stigma-driven silence or conflict.

3. **Family-Centered Counselling in Healthcare Settings:** Establish counselling services in hospitals and clinics to support family-based disclosure. Trained counsellors can mediate sensitive conversations, help families co-create boundaries, and build trust, ensuring health becomes a shared journey rather than an isolated burden.

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