INDIGENOUS COMMUNICATION, HEALTH MOBILIZATION AND SUSTAINABLE DEVELOPMENT GOALS IN CURBING CHOLERA OUTBREAK IN CROSS RIVER STATE, NIGERIA

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Abstract

This study was designed to investigate the efficacy of indigenous communication in the attainment of the Sustainable Development Goals (SDGs), particularly Goal 6, in curbing cholera outbreaks in Obubra Local Government Area of Cross River State, Nigeria. Survey research was adopted, while questionnaire and in-depth interview were used as instrument of data collection. Data were generated from a sample of 170 respondents randomly selected from three health facilities in the study area. Findings from the study revealed a very high acceptance (76.5%) of Mbebe language and Nigerian pidgin in health mobilization in Obubra LGA. Furthermore, interviewed health workers affirmed high participation of respondents to health mobilization programmes when the two communication approaches are adopted admitting that the use of radio and television is often met with disappointment as a result of poor signals and technical glitches. Thus, it was recommended that the sustained use of indigenous communication approach should be strengthened by health agents especially in areas where strong attachments are given to it.

Keywords: Indigenous communication, Mbebe language, Sustainable Development Goals, Health Mobilization

Introduction

In communicating change, especially in disease prevention as Iyorza (2025) notes, most Nigerian media spaces have remained untapped. He further posits that, in communicating disease prevention in the ever-rising killer infections including cholera, the modern or conventional media spaces of communication appear to have been ineffective in the disease interventions.

It is in the light of the above ugly realities that scholars in development communication hold the view that in communicating change, there is need for media integration in a participatory manner expressed in social and behavioural change Communication (SBCC) as communication for development (C4D) (Iyorza, 2025). The prevention of the spread of cholera disease calls for citizens to embrace a new behaviour by adopting certain practices yet, the attainment of this feat can only be achieved through participatory communication. This aligns with Iyorza's (2025) claims that, the acceptance of new ideas can be transformed through creation of an atmosphere of participatory communication involving dialogue, cooperation, mutual respect and sharing of initiatives.

Also, Adomi and Ukaegbu(2021) assert that communication is essential to human life, and language is the strongest vehicle of human communication in any society. It is a vital tool that humans cannot do without. Communication is the life wire of human life and activities. That is why human put in all efforts to communicate. Humans do not want to be alone, so they use communication to build, develop and maintain relationships, create societal bonds and enhance development. In communicating change to a given set of people notwithstanding, it is pertinent to underscore the existing communication approaches or systems in such a culture - one that resonates with the cultural heritage of the people. This is the course that scholars from around the early 1970 and 1980s, have been interested in studying and investigating especially as it has to do with the attainment of sustainable development. The uniqueness of Africans spans across her communication systems as well. This interest birthed what is now considered the African communication system which indigenous African societies strongly hold onto.

Ugboaja (1980) states that indigenous media or oramedia are means of communication in the villages and rural communities from time immemorial which are still relevant in modern times despite the advent of mass media. It is rather worrisome to note that, in spite of the relevance of

the African indigenous communication system even in the face of improvement in modern technology, the use of top-down development communication approaches which often makes use of the modern mass media are preferred by development agents or benefactors. They do this without any recourse to the literacy level of the people, poverty, lack of basic social amenities amongst others.

Agba (2023) posits that, you can not develop a people without making them part of such a development. But the big question is that, with what channel and language can the people be made to participate in a development process.? Hence, in making them part is to mobilise them with a communication approach that resonates with their culture. Most of the development people need is hinged on behaviour change. And for a people to change their behaviour- their aged long held behaviour from negative to positive calls for a very deliberate development communication efforts with well articulated communication approach. The concern of this paper is therefore to examine the extent to which indigenous communication system is being utilized in the mobilization of the people of Obubra in curbing cholera pandemic.

Research Questions

1. What medium of communication is used for health mobilization in Obubra?
2. To what extent has health mobilization used indigenous communication systems to curbed Cholera in Obubra?
3. Which language (s) is used for health mobilization in Obubra?

Justification and Significance of the Study

Sequel to the percieved failure of the mainstream media in addressing the outbreak of cholera in disease prund areas like Obubra, the use of indigenous communication approach appears to be sacrosanct. Hence, the study is significant because it will help to establish the efficacy of indigenous communication approach in curbing cholera pandemic in the study area and beyond.

Literature Review

The Obubra People

Obubra Local Government Area is one of the eighteen LGAs in Cross River State, Nigeria, located in the Central Senatorial District and sharing a boundary with Ebonyi State. The indigenous inhabitants are the Mbembe people, a term that refers to both the ethnic group and their language (Egbe, 2006). The Mbembe live in compact settlements and are mainly engaged in farming, fishing, hunting, and palm wine tapping. Although Obubra has no mass media station, residents receive radio and

television signals from Ebonyi State and Ikom, and rely on newspaper vendors for national information.

While Mbembe people predominate, Obubra also hosts non-indigenous populations, including Igbos, Hausas, and other Cross River communities such as Boki and Abi. The people are largely Christian, though indigenous religious practices persist. Obubra was selected for this study due to its persistent socio-economic and health challenges, including poverty, environmental degradation, illiteracy, poor access to potable water, and widespread diseases such as malaria, tuberculosis, HIV/AIDS, and high maternal and infant mortality rates.

Several health crises have been reported in the area over the years, including increased HIV/AIDS and teenage pregnancies following the 2011 Presidential Amnesty Programme camp, outbreaks of diarrhea, Lassa fever, pediatric HIV, and recent cholera cases reported in late 2023 and early 2024. These recurring health challenges raise concerns about inadequate health information, low awareness among mothers, insufficient health publicity, and poor communication between health workers and the Mbembe community.

The SDGs and Health Communication

Cholera outbreaks are strongly associated with environmental and structural factors such as poor sanitation, unsafe drinking water, and inadequate waste management. These conditions significantly increase morbidity and mortality rates among both children and adults, particularly in low-resource and rural settings (World Health Organization [WHO], 2023). Nigeria continues to experience recurrent cholera outbreaks, with several states, including Cross River State, recording suspected cases in recent years. Public health investigations have repeatedly linked these outbreaks to open defecation, contaminated water sources, and weak hygiene practices, especially in riverine and rural communities (Nigeria Centre for Disease Control [NCDC], 2023).

The Sustainable Development Goals (SDGs), particularly Goal 6, emphasizes the importance of ensuring availability and sustainable management of clean water and sanitation for all. Achieving this goal is critical to preventing waterborne diseases such as cholera, as access to safe water, improved sanitation, and proper waste disposal directly reduces disease transmission (United Nations, 2023). Inadequate progress toward SDG 6 in many Nigerian rural communities continues to undermine public health outcomes and exposes populations to preventable epidemics like cholera and others.

Health communication plays a central role in achieving the SDGs by promoting awareness, knowledge sharing, and behaviour change.

Contemporary development communication scholars argue that inclusive communication—especially in indigenous and local languages is essential for effective community engagement and sustainable development outcomes (UNESCO, 2023). Language accessibility enhances understanding, trust, and participation, particularly in multicultural and multilingual societies such as Nigeria.

The World Health Organization emphasizes risk communication and community engagement (RCCE) as a core component of cholera prevention and response. RCCE strategies include the dissemination of health information through culturally appropriate channels, community dialogue, and local languages to promote hygiene practices, safe water use, and early health-seeking behaviour (WHO, 2023).

Health mobilization refers to deliberate efforts to encourage individuals and communities to actively participate in health programs and adopt positive health behaviors. It involves the strategic use of communication to inform, persuade, and empower people to take ownership of their health (UNICEF, 2022). In rural Nigerian communities, indigenous communication channels—such as town criers, community meetings, traditional leaders, and local languages—remain vital tools for mobilizing participation in health initiatives. When health messages are communicated in familiar cultural contexts, communities are more likely to respond positively, thereby strengthening disease prevention efforts and supporting sustainable public health outcomes.

When Cholera broke out in Nigeria in 2023, Cross River was one of the most affected states with 718 cases, however the state Commissioner for Health refuted the claims, saying the last confirmed case was in January 2023. However, between January and July 2023, there has been outbreak of Cholera in Abi and Obubra Local Government areas which has resulted to over 50 deaths. In Obubra, communities like Apiapun, Iyamohon, Ovonom and other communities in the riverine areas experienced Cholera, while in Abi LGA, it was reported in Ekureku, this drew the attention of the Federal Government, and it was discovered that the cause of this outbreak was open defecation still practiced in these communities. Towards the end of 2023, more cases were recorded, even though fact prevention was done and the mortality rate was not like before. For instance, Goal 6 of the SDG is on clean water and sanitation which stand to posit that people should be provided with clean water in order to live a healthy life, and people should have proper sanitation, clean environment and their waste properly disposed, these would lead to a reduction in the cases of cholera recorded.

Indigenous communication

Africa indigenous communication is a mixture of social conventions and practices that have become sharpened and blended into veritable communication modes and systems which have almost become standards practices for society (Olulade, 1998 cited in Ogwezzy, 2008). The acceptance of indigenous communication system is even more pronounced because it resonates with indigenous mode of behaviour of the people.

Ebeze (2002) cited in Agbo, Usua and Onyeka, (n.d) classified indigenous communication into two broad categories. They are the verbal and non-verbal communication systems. The verbal communication system has to do with the use of language, because verbal communication involves the use of words (language) in sharing meaning. Verbal communication gives room for feedback which is a very important element in the communication process. The verbal indigenous channels of communication as identified include; market place, town crier, visits, church and village square. The non-verbal indigenous communication channel are not word based, Ebeze (2000) also identifies idiophones, membranophones, aerophones, signals, objectives, colour schemes, music, extramundane communication and simpolic display as part of non-verbal communication.

Similarly, Wilson (2015) classifies modes of indigenous Nigerian communication media thus;

S/N	MODE OF COMMUNICATION	MEDIA/CHANNELS USED
1.	Instrumental	--
		Membranophones-skin drum
		Aerophones-whistle, ivory horn, reed pipes etc.
		Symbolography – Bamboo rind, Nsibidi, tattoo, chalk marks
2.	Demonstrative	Music – songs, choral/Entertainment Music, Dirge, Elegy, Ballad
		Signal – Canon shots, gunshots, whistle call, camp fire
3.	Iconographic	Objectives – Charcoal, Kolanut, White clay, egg, beads, flag.
		Floral – Fresh palm frond, plantain stems
4.	Extramundane	Incantatory – Ritual, Libation, Vision, prayer graphic – obituary, in

		memoriam
5.	Visual	Colour – White cloth, red cloth, yellow etc Appearance – Dressing, hair style, body language
6.	Institutional	Social – Marriage, Chieftaincy, Festival Spiritual – Shrine, masquerade

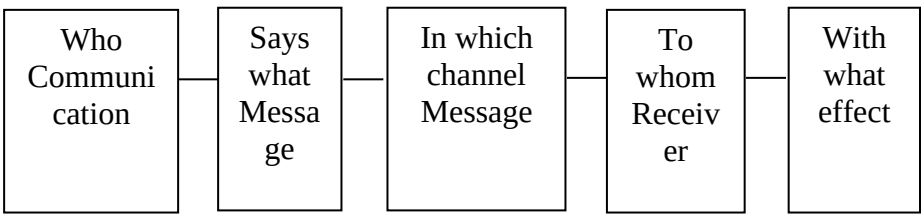
Source: Wilson (2015).

This classification is not quite different from the ideas put forward by Ogwezzy (2008) and Akpabio (2003), they only differ based on their cultures, observations and experiences. Adesoji and Ogunjimi (2015), observes that indigenous media are the vehicles common people or rural dwellers employ for delivery of their messages and they are passed from one generation to the next. Indigenous media here are not seen as archaic, barbaric or rudimentary, rather, there are inginenous and ancient communication systems that are part of the culture of the people like the Obubra people in Cross River State. This media are used in places where the presence of modern media is low. This underscores the fact that the use of indigenous media should be encouraged especially in rural areas in the mobilization of the rural dwellers for a given development efforts.

Nwosu (2013), notes that indigenous communication system and the media/channels used are owned and controlled by the society; hence the village head only acts as a trustee and head of the gatekeeping process. Indigenous institutions, clubs or societies are identified by Nwosu as means of disseminating information, passing on gossips and rumours in Mbano – Imo State, Nigeria. Emphasis is placed on the importance of town crier in Africa. Nwosu further submits that indigenous media, if utilized properly, can be used in sensitizing and mobilizing the rural people for participation in development programme.Nsude and Isika (2016) support Nwosu's claims by positing that; “indigenous communication system revolves around the use of town criers, age grades, elders, council kings, and the use of royal chiefs, community heads, women and social groupings, deities that link historical ancestor, folklores and dances, sports, moonlight plays, use of days, farming and cropping seasons, annual dates, rituals and sacrifices, crafts and sculptures, visioning and star gauzing among others. All these further strengthens the relevance of indigenous media even in the contemporary society.

Theoretical framework

This study is anchored on Lasswell model of communication. Lasswell's model was proposed to ask basic communication questions like; who says what, in which channel, to whom, with what effect (Hasan, 2013). It can be presented in a diagrammatic form below.



According to Asemah et al. (2016), Lasswell identified three major functions of the media in the society, namely;

This model is relevant to this study because indigenous communication performs all the functions mentioned above, it also show how the elements of the communication process are applied in indigenous communication system. In this study, who = the indigenous communicator, says what=Message, (in) which channel= Indigenous media, to whom= rural residents, and to what effects (to mobilize people for healthprogrammes)

However, Lasswell's model was criticized for leaving out the feedback role which is very important in the communication process. Hence, communication researcher used value change theory to complement Lasswell model. Folarin (2005) notes that value change model employ the technique of "Comparative feedback" (which is an important element in the interpersonal and indigenous communication), to induce attitudinal and behavioural change. The basic assumption of this theory is that, rather than simply inform people about the harmful or beneficial effects of certain kinds of behaviour, value change challenges people to test their own value against those of others, which are presumed to be more acceptable. It is assumed that values which are dissatisfactory will lead to behaviour modification.

Methodology

This study employed the descriptive survey method to determine the effectiveness of indigenous communication for health mobilization in Obubra. Obubra has 11 political wards; each of these wards has one Primary Health Care (PHC) centre, though one is not functional due to communal clashes. Three wards and their PHC(s) were randomly

selected from the 10 functional PHCs. They include; Maternal & Child Health centre (MCH) Obubra, PHC Apiapum and PHC Ofatura. The population of this study comprises all women in Obubra. The purposive sampling technique was however used because respondents needed to be selected based on certain criteria (the respondents who have children below the ages of five years, since the ages were the target population for IPDs exercise). A total of 180 respondents were targeted (60 from each ward selected) but eventually 170 respondents successfully took part in the research. Data were gathered through the use of questionnaire. The questionnaire was composed of closed-ended and open-ended questions and was administered personally to the respondents by the researcher with the help of some research assistants. Interviews were conducted on six (two for each) select PHC's staff and views used to strengthen the discussion of findings.

Data presentation and analysis

A total of One hundred and eighty (180) copies of the questionnaire were administered to the respondents out of which one hundred and seventy 170 copies were correctly filled and returned to the researchers. A mortality rate of ten (10) copies was recorded. 4 copies were never returned and 6 copies were wrongly filled. Hence, the analyses was based on the 170 copies that were correctly filled. The analyses was done using frequency tables and simple percentages.

Table 1: Distribution of Respondents by Selected Wards/PHCs

Ward/PHC Centre	Targeted Respondents	Actual Respondents	Percentage (%)
MCH Obubra	60	57	33.5
PHC Apiapum	60	56	32.9
PHC Ofatura	60	57	33.5
Total	180	170	100

Source: Field survey 2026

The analysis in table 1 showed the target respondents and the actual respondents. The results showed a total 170 actual respondents leaving a mortality rate of 10, which sumed up about 94.4% of the total respondents indicating very positive response.

Table 2: Respondents awareness to health mobilization programmes

Awareness Source	Frequency	Percentage(%)
Town criers / Community announcements	80	47.1
Church announcements	50	29.4
Market leaders / Market announcements	10	17.6
Health worker visits / PHC outreach	10	5.9
Mass Media	10.	5.9
Total	170	100

Source: Field survey 2026

The majority of respondents (47.1%) learned about immunization schedules which is one of the health mobilization programmes through community-based indigenous communication methods.

Table 3: Respondents' Participation in health mobilization programmes

Participation Level	Frequency	Percentage (%)
Always participates	95	55.9
Sometimes participates	60	35.3
Rarely / Never participates	15	8.8
Total	170	100

Source: Field survey 2026

Table 3 reveals that over half of the respondents 55.9% regularly participated in immunization activities, showing effectiveness of indigenous mobilization strategies.

Table 4: Respondents' Preference for Communication Channels

Communication Channel	Frequency	Percentage (%)
Indigenous / Community-based	130	76.5
Modern media (radio, print)	40	23.5
Total		
170	100	

Source: Field survey 2026

Table 4 anchored on respondents preference for communication channels and the analysis reveals that majority of the respondents 76.5% preferred indigenous communication methods over modern media, highlighting it's cultural relevance and trustworthiness.

Discussion of Findings

Research Question One: Medium of Communication Used for Health Mobilization in Obubra

Findings from this study reveal that indigenous and interpersonal communication channels remain the dominant and most effective media for health mobilization in Obubra Local Government Area which accounts for 47.1% of the total respondents. The data show that respondents primarily receive health information through town criers, church announcements, market leaders, and interpersonal networks, while modern mass media such as radio and television play a limited role. This pattern reflects the rural context of Obubra, where access to consistent radio and television signals is limited and where literacy levels may constrain the effectiveness of print media.

These findings align with contemporary studies on rural health communication in sub-Saharan Africa, which emphasize that community-based and culturally embedded communication systems are more trusted and accessible than mass media (Manyozo, 2020; Nwabueze & Ebeze, 2019). Indigenous media are deeply rooted in community life and benefit from social trust, shared norms, and identifiable sources, making health messages more credible and actionable.

The testimonies of health officers further reinforce this position. Their experiences suggest that reliance on radio and television resulted in poor audience reach and low participation, largely due to signal

challenges and cost implications. In contrast, indigenous channels such as town criers and church announcements are cost-effective, flexible, and authoritative, supporting earlier assertions by Wilson (1990, as cited in Ikpe, 2002) that indigenous media are low-cost yet highly credible. Recent scholarship corroborates this, noting that local opinion leaders and traditional institutions serve as critical intermediaries in health communication (Servaes & Malikhao, 2017).

Furthermore, the limited availability and clarity of Cross River State radio signals in Obubra strengthen the preference for indigenous channels. This infrastructural constraint echoes findings by Asemah et al. (2021), who argue that media ecology in rural communities significantly shapes communication choices and outcomes. Thus, health workers' preference for indigenous media reflects both pragmatic considerations and contextual realities.

Research Question Two: Extent to Which Health Mobilization using Indigenous Media Has Curbed Cholera and Improved Health Conditions in Obubra

The study found overwhelming consensus among respondents that health mobilization has significantly improved health outcomes in Obubra accounting for 55.9% of the total respondents. Respondents and health workers reported reductions in cholera outbreaks, maternal and child mortality, and other preventable diseases such as measles, diarrhea, and meningitis. These findings underscore the critical role of sustained health communication in promoting preventive health behaviors.

This result is consistent with contemporary public health literature, which emphasizes that effective health mobilization contributes to disease prevention by increasing awareness, shaping attitudes, and encouraging behavioural change (World Health Organization [WHO], 2022). Studies conducted in similar rural African contexts demonstrate that community-driven health education significantly reduces the incidence of waterborne and communicable diseases, including cholera (Adongo et al., 2018; UNICEF, 2021).

Health mobilization activities in Obubra appear to have successfully framed health behaviours —such as immunization, hygiene, and sanitation—as socially desirable and beneficial. This aligns with recent behavioral change communication research, which highlights the effectiveness of participatory and culturally resonant messaging in influencing health decisions (Kreuter & McClure, 2020).

Research Question Three: Language Used for Health Mobilization in Obubra

Findings indicate that Mbembe language and Nigerian Pidgin are predominantly used for health mobilization in Obubra accounting for 76.5% of the total respondents. Respondents reported high acceptance of both languages, reflecting the linguistic realities of the area. Mbembe serves as the indigenous language that reinforces cultural identity and trust, while Pidgin functions as a lingua franca that accommodates non-indigenes and enhances comprehension.

This bilingual approach is consistent with current health communication research, which emphasizes that message comprehension and acceptance increase when local languages are used (Obasola & Agunbiade, 2016; WHO, 2022). The use of Mbembe during town hall meetings underscores the importance of cultural ownership, while the inclusion of Pidgin ensures inclusivity and broader reach.

Health workers' accounts further demonstrate strategic language adaptation depending on the communication setting Mbembe for indigenous forums, Pidgin for mixed audiences, and flexible language use in churches. This practice aligns with findings by Schiavo (2019), who argues that linguistic appropriateness is central to effective health communication, particularly in multilingual societies.

Overall, the language choices observed in Obubra enhance message clarity, foster trust, and encourage participation, thereby reinforcing the effectiveness of indigenous communication strategies in rural health mobilization.

Conclusion

Based on the findings of the study, it is safe to conclude that, indigenous communication systems like the use of Mbebe language, are highly effective for health mobilization in Obubra. Community-based channels such as town criers, churches, and market leaders, delivered mainly in indigenous language and Nigerian Pidgin, significantly enhance awareness, participation, and positive health outcomes. Due to limited access to modern media in rural areas, indigenous communication remains the most reliable and culturally appropriate means of promoting health programmes and improving community health conditions**.**

Recommendations

The study recommends the following

1. Health authorities should prioritize indigenous and interpersonal communication channels such as town criers, churches, and market leaders for health mobilization in rural communities like Obubra, as these

channels are more trusted, accessible, and effective than modern mass media.

2. Sustained use of indigenous communication should be strengthened to improve participation in immunization and sanitation programmes, as this approach has proven effective in reducing preventable diseases and improving overall health conditions.

3. Health mobilization messages should be delivered primarily in indigenous languages (such as Mbembe) and Nigerian Pidgin to enhance comprehension, acceptance, and community participation.

Cover Letter

The study provides an empirical evidence on the efficacy of indigenous communication approach to social and behavioural change communication. It also leans credence to the existing body of knowledge in the field of social and behavioural change communication (SBCC).

Ethical Clearance: Ethical consent was sought and obtained from the participants used in this study. They were made to understand that the exercise was purely for academic purposes, and their participation was voluntary.

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