# The Crofter: Sustainable Communications

SECTION EDITOR

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## Editorial

Greeting from the croft! During my non-linear career path, there has been one recurring theme that always rang true: "Context matters". As a physical therapist working in a rehabilitation centre, understanding my clients' social roles, home environment, and family situation was critical for determining relevant therapy goals and activities. As a researcher studying work disability prevention, it was clear that contextual factors such as the socio-political system of the country where the injured worker lived, and workplace culture and dynamics influenced return-to-work. And now as a medical writer, making sure I understand the (strategic) context of a given document and the target audience is an essential step of my writing process.

This past spring, I had the opportunity to speak virtually with Gomotsegang Fred Molelekwa, PhD, who is a public and environmental health expert and chemical engineer living in South Africa. In early 2020, he was heavily involved in efforts to increase general awareness about public health intervention measures regarding COVID-19 in South Africa. It was eye-opening to learn about his context and the challenges he faced and continues to face with health communication, also for non-pandemic related issues. In this issue of The Crofter, Fred shares his story and strategies for improvement. I hope you find it as interesting to read as I did, when hearing it first-hand.

Best,
**Kimi**

# Challenges and strategies for effective health communication in middle- and low-income countries: COVID-19 lessons from South Africa

## An interview with Gomotsegang Fred Molelekwa (PhD),

Associate: Research and Innovation at Tshwane University of Technology, South Africa

**Crofter: As medical writers and communicators, one of the first things we need to understand before we start writing is our audience and their context. Can you describe the South African audience and their context?**

GFM: Yes, I will start by giving you the historical context of South Africa. South Africa is one of the most unequal societies in the world and this could be attributed to the Apartheid Regime. The segregation and inequalities in education, employment, and infrastructure that arose during Apartheid still act as barriers to our efforts to communicate effectively with all citizens across the country. They are barriers to equal access to information in general, and health information in particular.

Apartheid influenced settlement patterns, for example, rural vs. urban areas, and in urban settlements, suburbs vs. townships. There were divisions along lines of race (White, Black, Coloured, and Indian) and ethnicity among Africans. Along ethnic lines, different languages are spoken; this is reflected in the nine provinces and the 11 official languages that are recognised in South Africa (i.e. nine African languages, English, and Afrikaans).

After Apartheid was abolished in 1994, a democratic government was established. This government developed and implemented a National Reconstruction and Development Plan to address the inequalities of the past Apartheid regime. However, not all aspects thereof have been resolved. And the opportunities for equal access to education, employment, and the quality infrastructure (e.g. telecommunications, electricity, sanitary systems, roads) still differ along settlement patterns. For example, the suburbs (which are predominantly occupied by White South Africans) in metropolitan municipalities such as City of Johannesburg, City of Cape Town, eThekwini, and City of Ekurhuleni have better quality of and access to infrastructure than townships and rural areas, which are predominantly occupied by Africans. With regard to communication, the poor quality of telecommunication and electricity infrastructure in the rural settings means that citizens have unreliable TV, radio, or telephone connections. It is also important to note that the literacy level is lower in rural areas than urban areas, which means that people in rural areas prefer to communicate in their respective vernacular language to express themselves and better understand each other. This aspect of literacy level is critical when disseminating health information in South Africa.

**Crofter: The COVID-19 pandemic has demonstrated in more ways than one than one how, despite all our best intentions, communicating with the public effectively can be very challenging. In the Netherlands, for example, the public health messaging was undermined by inconsistent and contradictory statements, among other issues. South Africa is the hardest hit country on the African continent. Can you share some examples of communication efforts that worked as well as some of the problems that you observed?**

GFM: You are correct that South Africa is the hardest hit country on the African continent. In

terms of COVID-19 messaging, South Africa gave consistent messaging which focused on the measures to prevent and control the spread of the SARS-CoV-2, the virus that causes COVID-19, and to minimise the impact of this pandemic by saving lives and livelihoods.

The core messaging was on the following:

1. Testing and contact tracing
2. Isolating people who tested positive and quarantining close contacts
3. Wearing of masks in public places
4. Maintaining social distance (1.5 metres)
5. Washing hands with soap and water and/or sanitising hands with 70% alcohol-based sanitiser
6. Disinfecting hard and frequently touched surfaces

After the introduction and administration of the COVID-19 vaccines, the messaging included the importance and effectiveness of the vaccines, including booster shots. For instance, the messages that were carried out indicated that "Vaccines are safe, effective against severe illnesses, hospitalisation, and death". These messages were disseminated on radio, television, social media platforms, and websites, etc. However, the messages were mostly in English.

People were also cautioned against "mis-information and fake news" about COVID-19, SARS-CoV-2, and the vaccines, among others. They were also encouraged to seek information from reliable sources such as the WHO, Africa CDC, National Department of Health, and the National Institute for Communicable Diseases (NICD).

There were also regular updates given by the Minister of Health, premiers, and the provincial Members of the Executive Council for Health (i.e. Health MECs) in all the nine provinces, and government officials from various departments, especially the Department of Health, about the status of the pandemic with specific focus on the number of cases (new and cumulative cases), deaths, and recoveries.

Despite these positive aspects, the country also had some challenges in communicating COVID-19–related messages to all South Africans. The problem of electricity load shedding (i.e. scheduled moments when electrical grids get shut down) meant that people missed out on messages broadcast by the radio or television if the broadcast coincided with a grid shut down. Again, considering the low literacy level in rural areas, people who do not understand English did not understand the messages that were disseminated in English through posters, radio or TV advertisements, or on social media platforms. It should be noted that government made attempts to communicate those messages in vernacular, particularly on radio and television. However, poor, or the lack of, telecommunication infrastructure in most rural areas meant that some people did not get the valuable information, which might have contributed to non-compliant behaviour and vaccine hesitancy displayed by some people across the country.

Another challenge of reaching the public was the combination of high cost of data and high unemployment rate, particularly among young people. The majority of these people could not afford to buy data to view videos or listen to audio campaigns that were being streamed online. Many of them could only afford a limited amount of data, which they mostly used to stay in contact with family and friends rather than use it to listen to educational podcasts or videos, which were mainly in English.

In addition to the challenge of reaching many people due to inadequate telecommunication infrastructure, there was low participation by health professionals (from public and private sectors) in the dissemination of information in vernacular official languages, particularly on television and radio. Therefore, most of the time, the information that was disseminated by non-health professionals about the general intervention measures, and information about the epidemiology of the disease, particularly the structure and behaviour of the virus, and mode of transmission, was not well articulated. Furthermore, the non-health professionals could not give information about the relationship between the structure and behaviour of SARS-CoV-2 and the recommended intervention measures, for instance, the fact that SARS-CoV-2 is an enveloped virus (i.e. lipid bilayer envelope), the envelope makes this virus susceptible to destruction upon exposure to detergents and organic solvents, and hence, the need to use alcohol-based sanitiser or wash hands

with soap and water for at least 20 seconds. Another fact not communicated was that enveloped viruses such as SARS-CoV-2 may only survive outside host environments for a limited time and they need to be transferred directly from one host to another as soon as possible in order for them to continue to survive, and hence, it is important for those who tested positive for COVID-19 to isolate themselves for 7 days from the date of testing positive in order to allow the virus to wane off and to avoid infecting other people.

Upon realising this gap in March 2020, I contacted one of the radio stations called Motsweding FM and offered to give COVID-19–related talks on a weekly basis. Motsweding FM is owned by a public broadcaster, the South African Broadcasting Corporation (SABC). This radio station has just over 3 million listeners per year (2021 figures),[1] and I gave talks from April 2020 until March 2022 to over 1 million listeners on the programme called, "Di Rage". The talks covered various aspects of the disease:

- *Myths and Facts About COVID-19 and SARS-CoV-2*
- *Asymptomatic Spreaders: Young People with COVID-19*
- *Messaging Strategies to Encourage People to Get the COVID-19 Vaccine*
- *Concerns Over Increased COVID-19 Infection Rate After Local Government Elections*
- *The Role of Stakeholders in Increasing COVID-19 Vaccination in South Africa*
- *When People Choose Not to Vaccinate with COVID-19: Vaccine-Risks and Responsibilities*
- *Pointing the Finger at Unvaccinated People for the Spread of COVID-19 in South Africa*
- *Waste Management During COVID-19 Pandemic*
- *More Young People are Getting Hospitalised as COVID-19 Variants Spread*
- *Measures to Contain COVID-19 After the Lifting of the National State of Disaster in SA*

The aim of my talks was to educate the public about the different epidemiological aspects of SARS-CoV-2 so that they would understand why it was important to adopt certain hygiene habits. I wrote the scripts in English and translated them to Setswana, which is the official vernacular language that is spoken on Motsweding FM and it is also the language that I speak at home. I offered my English scripts to other health professionals, particularly the environmental health practitioners who speak different vernacular official languages and asked them to translate it to their respective languages and give those talks on the radio stations that are speaking their languages and share the messages with the listeners of those radio stations. However, they did not accept my offer and the listeners of other vernacular languages missed out on this information. It is important to mention that there was another lady, Ms Pontsho Pilane, Head of Communications at the Wits Reproductive Health and HIV Institute (Wits RHI), who also gave COVID-19–related talks on Motsweding FM, and she did that on weekdays from February 2020 until end of March 2022.

**Crofter: Taking stock of the challenges and the successes, can you describe the changes and strategies you hope to implement in South Africa in order to improve health communications?**

**GFM:** First and foremost, government should improve the telecommunications infrastructure across the country, especially in rural areas and townships. Digital communication infrastructure should be provided and improved to encourage uptake and use of digital health messages. Trustworthy sources of information must be easily accessible and should counter false or fake news, myths, or misinformation.

There is a need to develop a national health communication strategy. It is therefore imperative that all the relevant stakeholders are involved (e.g. government, traditional councils, industry, universities, colleges, community organisations, community members, etc.) during the development and implementation of that strategy. The strategy should cover health and hygiene promotion, disease outbreaks, non-communicable diseases, explanation of concepts, sustainability, etc. Additionally, the strategy should be mindful of the 11 official languages in the country. This means that the strategy should be written in all 11 official languages and messages should also be shared in all the official languages.

Health professionals, especially epidemiologists and medical scientists should actively participate in health education and awareness raising programmes and should speak in vernacular to ensure that their target audience hear and understand their message. Education and awareness raising campaigns must be standardised, however, the implementation thereof should be adapted to suit the local area.

There is a need for close collaboration between the health professionals in the public and private sectors in terms of developing and implementing the health communication strategy.

Institutions of higher learning, such as universities and colleges should also take part in community education and awareness raising by creating relevant messages and content for the targeted groups.

Medical writers and other health writers (journalists) and experts should, through individual efforts or their respective associations, establish or improve their footprint across the country and ensure easy access to reliable health information. Moreover, they should create relevant health content to address significant health challenges, including climate change effects on health, food security, waste management, etc. Most importantly, local medical writers and other health writers should collaborate with content experts and other medical/health communicators around the world. These approaches would go a long way in ensuring that citizens are enlightened about health-related matters, thus improving their quality of life and health.

## Disclaimers

The opinions expressed in this article are the author's own and not necessarily shared by Tshwane University of Technology or EMWA.

## Disclosures and conflicts of interest

Gomotsegang Fred Molelekwa, PhD, is an Associate: Research and Innovation at Tshwane University of Technology, South Africa.
The author declares no conflicts of interest.

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