

Exploring the role of communication in community health in Sierra Leone

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Executive summary

BBC Media Action, the BBC's international development charity, uses the power of media and communication to support people to shape their own lives. Working with broadcasters, governments, other organisations and donors, we provide information and stimulate positive change in the areas of governance, health, resilience and humanitarian response.

Giving communities access to reliable and actionable health information is particularly valuable in countries where there are exceptionally few health professionals, for example Sierra Leone. As a consequence of the Ebola epidemic, Sierra Leone lost a considerable number of its healthcare professionals. About 900 qualified health workers remain.¹ A World Bank report estimated that the loss of healthcare workers during the Ebola crisis could increase maternal mortality by 74%.²

As part of the efforts to rebuild and strengthen health systems in Sierra Leone, BBC Media Action conducted two studies in late 2015 to explore the role that media and communication can play in improving health outcomes across communities.

This report presents the insights gained about people's access to health information, decision-making processes and communication networks. Previous BBC Media Action research has revealed that the most effective health communication is two-way, involving audience feedback, discussion and use of information.³ BBC Media Action therefore extended the research focus to explore the health-seeking and information-seeking behaviour of participants.

This report draws on two studies: first, a nationally representative quantitative survey, and, second, a qualitative study across three locations in Sierra Leone. Data for the nationally representative

quantitative survey was collected between October and mid-November 2015 across the country's 14 districts. In total, 2,500 Sierra Leoneans were interviewed for the quantitative survey. The qualitative study had a strong focus on rural communities as these tend to have worse access to health centres and to be less wealthy and less educated than urban populations – factors that are associated with more negative health outcomes. Focus group discussions (FGDs) and in-depth interviews (IDIs) were conducted in rural Port Loko, rural Kenema, Western Area Rural and Western Area Urban.

The main research findings are:

Radio and mobile phones are the media platforms that can reach the most people. BBC Media Action's research found that radio still dominates the media sector in Sierra Leone. Sixty-nine per cent of households own a radio, 81% can access it somewhere and, of those, 84% listen to it at least once a week. However, access to mobile phones has risen rapidly over the last decade to outpace access to radio. Eighty-three per cent of Sierra Leoneans personally own a mobile phone or can access one through a household member. To enable better understanding of mobile phones as a new medium, this research study particularly looked at the role that mobile phones could play in delivering health information.

People are accessing health information. Ninety-five per cent of research participants reported accessing health information in the previous three months – 93% receiving information about Ebola and 43% receiving information about pneumonia. Media access – in particular for radio (81%) and mobile (83%) – is high.

1. ACAPS (2015) *Ebola Outbreak in West Africa: Impact on Health Service Utilisation in Sierra Leone*. Geneva: Assessment Capacities Project. [online] This report can be accessed at: www.mamaye.org/en/evidence/ebola-outbreak-west-africa-impact-health-service-utilisation-sierra-leone [Accessed 31 March 2016].
2. Evans, D.K., Goldstein, M.P. and Popova, A. (2015) Health-care worker mortality and the legacy of the Ebola epidemic. *Correspondence*, 9 July. World Bank.
3. BBC Media Action (2015) *Humanitarian broadcasting in emergencies: a synthesis of evaluation findings*. BBC Media Action Research Report Issue 07. [online] Available from: <http://downloads.bbc.co.uk/mediaaction/pdf/research/humanitarian-broadcasting-in-emergencies-2015-report.pdf> [Accessed 15 February 2016].

There is a strong interest in health information in Sierra Leone. Eighty-six per cent of Sierra Leoneans want to receive more information on health for themselves and their families.

People are interested in receiving information on a range of health issues. People are particularly interested in receiving information on health issues that they already have some knowledge of – 29% mentioned that they wanted information on malaria and typhoid. This compares with the 11% of people who want to receive information on health topics that they currently do not know much about.

People act upon information that enables them to address symptoms quickly at home, is cheap to access and both cheap and easy to implement. Nine per cent of Sierra Leoneans have never used formal healthcare services.

There are a number of reasons why people do not seek formal health providers or access health information. The qualitative research revealed a number of factors that explain why people do not seek formal health providers or health information. These are:

- **Seriousness of health issue.** If there is a perception that a health issue is not acutely life-threatening, people are less likely to seek information about it. For example, while 73% of people seek help for malaria and typhoid, only around 15% seek help for symptoms such as headaches, coughs or persistent pains. People only tend to actively seek health information in emergencies or when faced with a health challenge for the first time: for example, during the Ebola crisis and when they perceive an illness to be life-threatening, such as in the case of a persistently high fever.
- **Previous experience.** If the individual or their family has personal experiences of informal healthcare that are better than their experiences of formal healthcare, they prefer to rely on informal services before consulting formal healthcare providers.
- **Prioritise the health of their children.** Parents are more inclined to seek healthcare information when their children are ill. However, Sierra Leoneans are less likely to seek information for illnesses perceived as non-urgent.
- **Preference for traditional healers for some illnesses.** When illnesses are believed to have a spiritual source, people initially seek help from traditional healers. The issues that people associate with spiritual matters and traditional care vary widely. This is influenced by people's own experiences, and those of their social networks, with formal and traditional healthcare.
- **Costs of healthcare.** People, particularly women who have to rely on men granting permission to be able to access family funds, see the costs of healthcare as a barrier. People trust nurses and doctors the most because they perceive them to be qualified. But often cost stops people from actively seeking their advice.

- **Distance to the trusted healthcare provider.** With only 900 qualified health professional in the country since the Ebola crisis,⁴ formal healthcare services are not available in every community. Accessing services therefore often entails travel and cost.

Nonetheless, there are opportunities to encourage Sierra Leoneans to seek and engage more with health information:

- **Face-to-face communication is most trusted.** People prefer face-to-face communication, which gives them time to ask questions and allows communicators to reassure themselves that information has not been misunderstood.
- **Community health workers (CHWs) have the potential to reach people with face-to-face information.** CHWs are volunteers trained to communicate health information. In terms of trust, CHWs come third, behind nurses and doctors: 20% of Sierra Leoneans trust the health information provided by CHWs the most. In Sierra Leone, there are only 1–2 fully qualified health workers – nurses, doctors and other formally trained and accredited personnel – available per 10,000 people. They are often located at distant health facilities and not easily available for quick advice. CHWs are much more accessible. A recent mapping exercise conducted by the Ministry of Health and Sanitation (MoHS) estimated that there are between 800 and 1,100 CHWs per district. CHWs have the potential to play a key role in successful health communication.
- **Mobile phones are used by the majority of the population.** Mobile technology can help to reach people rapidly and frequently. Widespread access to mobile phones across socio-economic strata – 83% of the population has access – and frequent usage suggests that mobile phones could be a new medium to improve access to health information. Already 10% of the population uses a mobile phone to get information on a variety of issues. However, only 25% of Sierra Leoneans indicated that they would pay for health information delivered via mobile phones. Limited willingness to pay could represent an obstacle. However, experience makes a difference for individuals in this regard. Of those people who had previously used the 117 toll-free Ebola hotline, 46% would pay for receiving health information on mobile phones.

Communicators of health information such as international or national non-governmental organisations (INGOs or NGOs), health practitioners and the Sierra Leonean government can draw on these insights to guide their future interventions in the following ways:

- **CHWs** are well placed to provide face-to-face communication. This study and other research⁵ show that Sierra Leoneans prefer face-to-face and interpersonal communication, but CHWs often rely on simple one-way models of communication. They could profit from **support**

4. ACAPS (2015) *Ebola Outbreak in West Africa: Impact on Health Service Utilisation in Sierra Leone*.

5. Focus 1000 (2015) KAP 4: *Preliminary Findings. Follow-up Study on Public Knowledge, Attitudes, and Practices Relating to EVD Prevention and Medical Care*. [online] Available from: www.focus1000.org/index.php/downloads-resources/summary/4-ebola-kap-study/32-kap-4-preliminary-findings [Accessed 15 February 2016].

through training and tools. Such efforts should first help CHWs to fashion their communication in a way that encourages greater dialogue and exchange. Second, the training could address the demand for **more in-depth information.** Training and tools for CHWs should build confidence in providing information with greater depth and breadth.

- **High levels of trust for nurses and doctors** could be built on to maximise the credibility of health communication. For example, a BBC Media Action intervention in India has successfully used mobile phones carried by CHWs to provide doctors' advice to remote communities. Yet it is important to acknowledge that Sierra Leoneans draw on both formal and informal healthcare providers, including traditional healers, traditional birth attendants and unlicensed drug peddlers. **Communication efforts should bring informal providers on board** to provide information that encourages healthy behaviours and responses to health challenges.
- **Radio and mobile phones**, the two media with the highest access and ownership figures across Sierra Leone, appear **best positioned to provide health information.** Other research suggests that if mobility is compromised, as it was during the Ebola crisis, people prefer to receive information by radio.⁶ While the scheduled revision of Sierra Leone's CHW policy by the MoHS includes plans for a potential increase in CHWs per catchment area, it is likely that, for the near future, face-to-face communication of health

information will remain limited because of the small numbers of available healthcare workers. **A combination of face-to-face and mass media** to provide health information could address both these preferences and the limitations that health workers in Sierra Leone face.

- **When using mobile phones, information that can be delivered via basic phones and is voice-based**, not requiring reading skills, is more likely to reach across different strata of Sierra Leonean society.
- Although two-way communication might be easier to achieve when face-to-face, mass media in Sierra Leone should build on experiences of communication during the Ebola crisis, which illustrated⁷ that **bottom-up communication facilitates positive behaviour change.**
- **Communication efforts should equip communities with actionable information.** The findings from this study suggest that communities are more likely to implement health information if it is easy, cheap and quick to implement. This is especially important in the context of preventative care, within which community members show less proactive behaviours. Providing actionable information could help communities to overcome barriers to engage and act upon health knowledge.

The following chapters will explore the main findings, barriers and opportunities in more detail.

6. Focus 1000 (2015) *KAP 4: Preliminary Findings*.

7. ACAPS (2015) *Ebola Outbreak in West Africa: Impact on Health Service Utilisation in Sierra Leone*.