



Reflecting on Health Promotion Campaigns: Key lessons from persuasive communication theories for responding to COVID-19

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ABSTRACT: Persuading people to engage in specific health behaviours is acknowledged as critical to managing the spread of COVID-19 pandemic. Behavioural scientists have for long attempted to develop change models to promote appropriate attitude and behaviour change in audience members. Such models assume that because people's characteristics differ considerably, so do their decision to adopt or reject advocated attitudes and behaviours. Research findings demonstrate that the goal of a campaign message is to reinforce the desired change in those individuals and groups who are amenable to supporting the advocated positions. However, most of the public education undertakings tend to neglect the significance of audience characteristics in defining the campaign. In general, public health education can have better impact when well tested and established principles of behavioural sciences can inform it. For example, persuasive communication theory by Hovland, Janis and Kelley (1953) [1] [3] is one model with popular following and wide application to promote change in health behavior of patients. It asserts that for a message to be effective, the key characteristics of the target audience must inform content and methods of the campaign [2] [3] [4]. Notwithstanding, elements of persuasive communication have rarely been integrated into government health promotion campaigns [3]. This article is a contribution to the existing knowledge on the subject of persuasive communication theories and an attempt to draw lessons from them to aid public health information dissemination during this COVID-19 emergency.

KEYWORDS: Health Promotion Campaign, Key Lessons. Persuasive Communication. Responding to COVID-19

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I. INTRODUCTION

Since March 2020, when WHO declared COVID-19 a pandemic and as a worldwide threat to peoples' well-being, livelihoods and established healthcare systems, measures to manage its spread have focused on influencing behaviour of individuals and their willingness to adhere to public health guidelines [5]. In general, the application of tenants of behavioural sciences to promote public health measures has been critical in determining the general direction and outcomes of the pandemic.

Thus, persuading people to engage in specific health behaviours is recognized as critical in understanding the spread of the pandemic and how to mitigate its harm. Most of the research work and practice in public education have tended to focus on developing message content leaving out the equally critical goal of mainstreaming audience characteristics in the message [6]. For example, although people seem to prefer to focus COVID-19 prevention advocacy at audience members holding slightly negative attitudes, evidence supports the view that such messages can often have life-changing impacts when targeted at those holding attitudes that are slightly more amenable to supporting the advocated argument [6]. All-in-all, public health education can have far more impact when well tested and established principles of behavioural sciences can inform it.

There have been various theories put up to explain change in people's attitudes and behaviour. Persuasive communication theory by Hovland, Janis and Kelley (1953 in [4] [7]) is an old age attitude and behavioural change theory that has found fertile ground in promotion programmes applied across various sectors of life, principally marketing science and psychology.

II. COVID-19 SITUATION IN ZAMBIA

Of late, Zambia has seen a thaw in COVID-19 cases and deaths. However, caution might need to be advised if one considered the devastating fourth wave and new strands taking rounds in the rest of the world. One recent development worth noting is the emergence of COVID-19 strands that are increasingly affecting young population groups, notably in Brazil. Doctors treating COVID-19 patients have reported that more and more young people are being admitted to hospitals in the recent wave of infections. These reports have been corroborated by a series of new studies looking at new infection and mortality rates in Brazil. Oswaldo Cruz Foundation (Fiocruz), a research institute attached to Brazil's Ministry of Health, have noted a significant shift of infections to younger age groups below 30 [8]. Fiocruz attributes the rise in cases in the youth populations to poor observance and practice of social distancing. Younger populations in Brazil have been observed to crowd more often than older population (Fiocruz) [8].

Of major concern is that Zambia comprises an estimated 66% persons aged between 0 and 24 years of age [9]. The site *Indexamundi.com/Zambia* [9] explains that Zambia already faces the effects of excess mortality due to AIDS resulting in lower expectancy, higher infant mortality, higher death rates, lower population growth rates *etc.* Thus, Zambia can ill-afford a COVID-19 outbreak among its youth population. Contrary to previous 2020 lockdown measures to forestall COVID-19 person-to-person transmission, in the current regime, the Government has permitted Schools, colleges and universities to remain open and operating. Despite the prescribed control protocols to control COVID-19 infections, ultimately this means crowding among the youth is inevitable. Principally, it means the COVID-19 emergency remains a key public health concern especially if the threat to young populations takes route.

One of the measures the Government of Zambia has had to take against the crisis created by COVID-19 is information dissemination to various publics principally the youth. The aim has been to provide factual information about COVID-19 and all the dangers surrounding it. Such public information is intended to save lives by enabling and motivating people to change their attitudes and behavior.

III. THE EFFICACY OF COMMUNICATION BASED PUBLIC HEALTH INTERVENTIONS

Literature is awash with skepticism regarding the efficacy of communication based public health interventions in achieving change in health related attitudes and behaviors. One concern has been that previous behavior change interventions have not been informed by scientifically proven psychological theories [7]. Many skeptics believe that such interventions are ineffectual in attaining intended goals.

The second observation has been that many of these interventions have not been based on any theoretical frameworks, nor have they been drawing on research findings regarding what correlates have been identified to link with what particular behaviour outcomes [7]. What seems to have been observed in many such interventions is that there is little theoretical foundation informing the content and design of the tools employed in the interventions. Thus, although research is aimed at informing practice, the charge is that, in many cases of health promotion, there are no such attempts at applying evidence based scientific principles [7].

For the interest of this presentation, there are two major myths that underlie ineffectual interventions in the area of health behavior change. Perhaps the commonest myth is that there is a direct relationship between knowledge about a health emergency and adopting related attitudes and behaviours to counter it [10] [11] [12]. This myth is blamed, for example, for the ineffectiveness of most early HIV/AIDS risk reduction interventions [11] [12]. This may explain why many studies continue to find that awareness of a public health concern is necessarily sufficient to inform change in people's attitudes and health behaviours, such as in relation to people's attitudes toward condom use [10].

The second myth is that embodying an attitude necessarily entails acting in accordance with the attitude [4]. Fishbein and Ajzen [13] have identified many factors that mediate between holding a belief and that belief affecting one's behaviour. According to Berkowitz [14], an attitude informs behavior when the existing situation arouses the emotions associated with the attitude. For example, in a crowded space, one might undertake protective measures not only because of the crowd size but also reminders such of words 'Beware COVID-19, Mask-up and sanitise' *etc.* Without such reminders, we tend to not link our attitude to the situation at hand and how to behave in the situation. Berkowitz also argues that the extent to which we are confident that our attitude is based on solid, accurate argument will affect the likelihood that we shall behave in line with the attitude. However, if in doubt, one might not act in line with their attitude. Thirdly, it is posited that prior intent to carry out an attitude will affect the nature of our future behaviours. In that context, if a situation arouses an attitude and we are also convinced that it is based on solid argument, we should additionally have planned to carry out the behaviors associated with the attitude. If one prepared and took with him/her a face mask or some sanitiser, then s/he planned to carry out the protective measures. The fourth factor Berkowitz identified relates to one's ability to execute the related action. It is at this point that information about COVID-19 protection measures might be helpful to the individuals: information about how to wash one's hands, wear a mask *etc.*

IV. PERSUASIVE COMMUNICATION THEORY AND ATTITUDE CHANGE

A number of psychological models have been developed to explain how people adopt and change their attitudes and behaviours in the face of societal challenges including public health problems, COVID-19 being one such catastrophic challenge. Persuasive communication theory by Hovland, Janis and Kelley (1953) [1] is one model with popular following and application to promote change in the health behaviors of patients.

Hovland, Janis and Kelley (1953 in [3] [4]) espoused the foundation theory as an avenue for inducing attitude change. Persuasive communication involves one person communicating with another with the goal of encouraging ‘the listener’ to change an attitude about an issue such as COVID-19 protective measures. This theory is a reaction to various research findings demonstrating that availability of information on an issue such as COVID-19 does not necessarily dispose people to act in accordance with that information. The theory of persuasive communication itself has been applied successfully to achieve change in attitude and behaviours during health promotion interventions [3]. Notwithstanding, generally speaking, elements of persuasive communication have rarely been integrated into government health promotion measures [3].

According to persuasive communication theory, for a message to be effective in eliciting attitude change, the key characteristics of the target audience must inform content and methods of the campaign. Notable among these factors include identifying from the perspective of the cultural group *who* should be the *communicator*, what the focus of *message* content be, knowledge that the *recipient* is motivated to resist he advocacy to change and finally that *incentives* to be included in the communication [2] [3] [4].

For Hovland and his colleagues, an effective communicator must have two key characteristics to be persuasive: *credibility and trustworthiness*. A credible communicator is one, who in the opinion of the message recipient, possesses expert ability. In this case, the higher the perceived expertise, the more persuasive they are expected to be. For example, to many audiences, a medical doctor will be deemed more credible than other communicators to present an advocacy about how to prevent COVID-19 virus. Subsequently, a number of studies have supported the importance of credibility of the communicator in enhancing the prospect of new attitudes being adopted [4] [3]. Trustworthiness represents the recipient’s assessment and trust that the communicator means well and that any attitudinal change on their part will benefit them rather than the communicator. In an experiment, Walster and Festinger (1962 in [7]) demonstrated that a trustworthy communicator yielded more attitude change in listeners than did one perceived as untrustworthy.

Regarding the message being communicated and advocated, there appears an optimal level of discrepancy to be struck between the new message and the existing belief to achieve most attitude change [4] [3] [7]. Most evidence suggests that the advocated attitude shouldn’t be too similar to the existing one if a change in attitude is to be achieved. Similarly, a shocking message – one so discrepant from the existing repertoire of attitudes held by the audience - will most unlikely elicit appropriate change in attitudes. In that regard, the planner of health promotion campaigns should not only understand the messaging structure of what will be advocated but also the extent of the polarity between the attitude advocated and the related counter attitudes of the targeted audience. Evidence exists to the effect that messages can often have achieve change when targeted at those audience members on-the-fence, undecided [6].

Another important factor concerns the degree to which the message content invokes *fear* in the audience. For example, a message awash with pictures and statistics of human suffering and death elicits strong aversive emotions. Notwithstanding lack of convergence in research findings, it is generally agreed that fear is effective in driving people’s attitudes towards that which is being advocated [7] [4] [1] [16]. In a study, Insako found that high fear will result in attitude change if the recipient continues to attend to the message or fear drives him/her to terminate or avoid the message itself. Thus, high much fear might drive people to avoid the change message altogether [17].

The potential influence of building incentives into the promotion messages have also been extensively studied. Incentives could include, for example, stimulating and ego-enhancing messages as used in comedy which nonetheless convey the intended advocacy. In that regard, it has been found that people expect some psychological rewards for adopting a certain attitudinal position. Principally social acceptance rather than rejection by relevant others following the adoption of the new will motivate people to change. Thus social acceptance has been found to be sufficient reward for people to change and retain their attitudes [4]. The practical implication of incentivizing promotion messages includes support for the use of opinion leaders to champion an advocacy campaign during health emergencies.

Programmed via the socialization process, a person owes his/her social acceptance and membership of a social group to maintaining a combination of habits, traits and attitudes that represent acceptable societal norms [18]. To maintain a stable value system, it has been noted that the message recipient does not passively consume advocacy; s/he analyses it before either rejecting or accepting and adopting the advocated change. An important research finding is that, through societal modelling, it seems message recipients are motivated to maintain their long held attitudes and develop strategies of defence to buffer against change [4]. The strategies of resistance include generating counter arguments, derogating the communicator as either not credible or

trustworthy, distorting the contents of the message thereby make it unacceptable to them in one way or the other, or apply rationalization and other Freudian defence mechanisms to reject the advocacy. When every other strategy fails, people simply reject the message without assigning any reason for doing so, thus maintain their attitudes and self-esteem. The point being made is that one's attitudes contribute to stable self-concept and their continued social membership of social groups; so attitudes do not change so readily at the whims of every campaign.

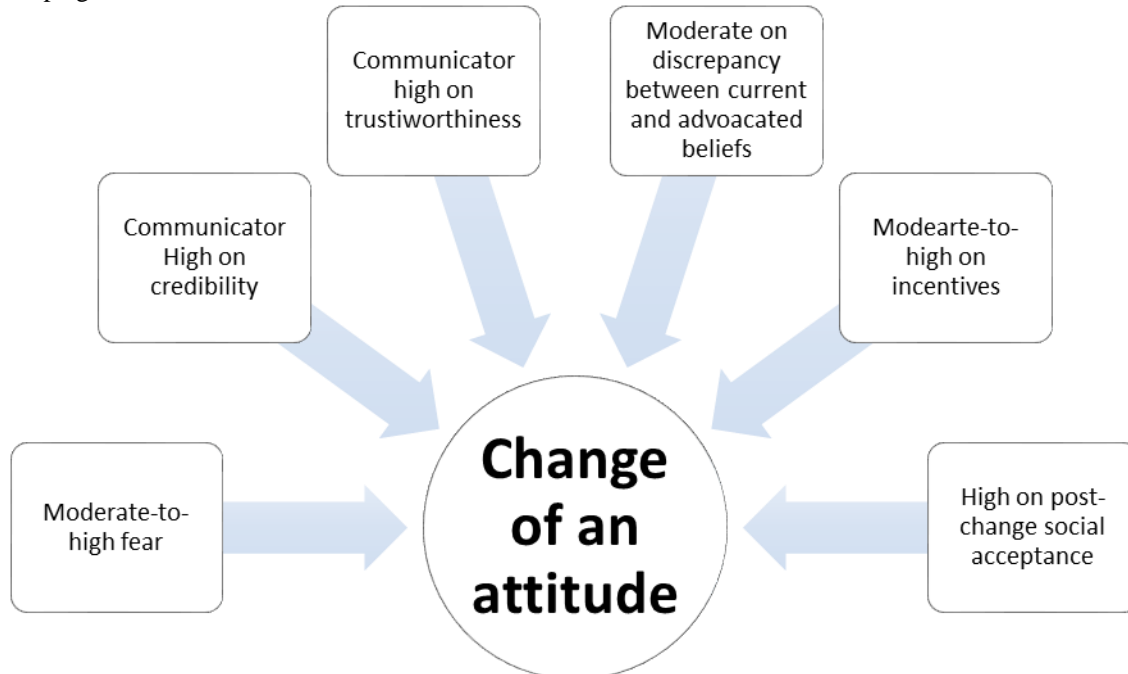


Figure 1: Factors found to enhance effectiveness of advocacy to change attitude

Ogden [7] concludes that effectively to change both attitudes and behaviours, persuasive messages must incorporate modelling, fear appeals aimed at shocking the recipients with visual imagery to reduce denial, targeting a specific more amenable audience and motivating people to focus on negative aspects to create cognitive dissonance (a discussed below).

V. ELABORATION LIKELIHOOD MODEL (ELM)

Petty and Cacioppo (1986) [7] espoused elaboration likelihood model (ELM) - a model of persuasion that takes into account the types of audience the campaign is targeting. In the theory, elaboration stands for the extent of involvement of *conscious thought* in deciding whether or not to adopt an attitude [19]. The model asserts that adopting an attitude is principally decided by the audience member rather than anything else external. Message recipients will vary in their motivation and ability to consciously engage in the processes of deciding whether to adopt or reject an advocated attitude. Depending on the key nature of an argument, the recipient can take either of the two routes to arrive at a decision: the **central (route) processing** wherein there is high elaboration, with the recipient being able to examine and weigh up the information carefully before making their decision. Or the recipient might take the **peripheral (route) processing** wherein there is low level of elaboration and undertakes no scrutiny of the message for its effectiveness.

Central route processing is engaged in by message recipients who are high on motivation, ability and opportunity. You are high on motivation if you desire to put in the necessary effort to process the message you are receiving [19]. For Ogden [7], the recipient can be motivated to receive and process an argument if the message is personally relevant to them. Relevance arises when the recipient feels affected by a problem at hand. For example, persons aware of someone close to them who previously had fallen seriously ill from COVID-19 disease is more likely to be motivated to pay attention to messages about COVID-19 prevention measures. Ogden [7] also adds that the argument should be congruent with the recipient's existing beliefs, i.e., not too discrepant from the prevailing attitudes held.

The recipient is high on ability if s/he has, for example, enough knowledge about the argument at hand to be able to think deeply about it. In that sense, the recipient is able to understand the argument. In addition, an audience member can only centrally process the argument if they have the time available to receive the message, process it, and then make the decision. In this sense, the recipient is high on opportunity.

Petty and Cacioppo assumed that strong and lasting change can only result from arguments that are personally relevant to the needs of the recipient, are in agreement with existing cognitions (*not too discrepant*) and the individual is able to understand the argument being presented. According to various research studies, attitude and behaviour change achieved via central processing tend to be strong and Long-lasting [7] [19]. One is less likely to drop an attitudes that was formed through the central route processing.

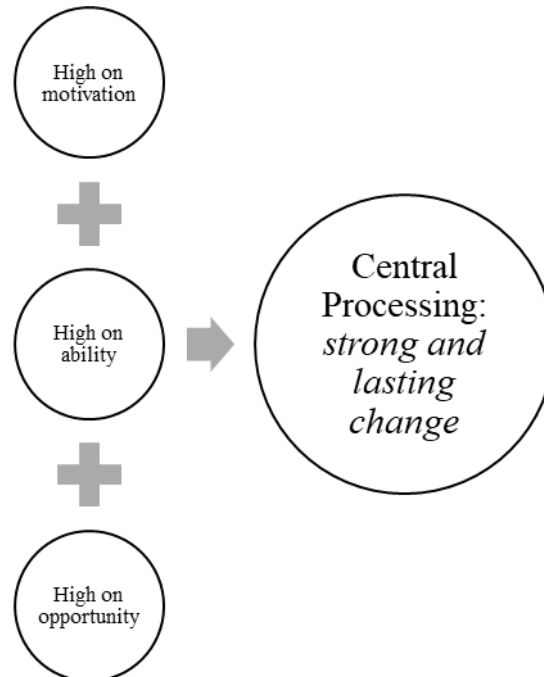


Figure 2: Features of central route processing

As already explained, ELM posits that peripheral route processing involves a low level of elaboration. The audience does not engage in scrutiny of an advocated argument for its effectiveness. Consequently, other factors become important to the final decision to be arrived at by the recipient, including distractions. This is usually true for such users as those who know what they want, but do not know much about the details regarding the advocated attitude [19]. For example, an audience member who knows the rewards of taking COVID-19 vaccine but does not have the technical know-how about the chemistry and workings of vaccines will not invest much effort in identifying what effective and ineffective vaccines are. His decision might be arrived at based on other pieces of information unrelated to vaccines. For example, s/he might take the vaccine because an influential neighbor took the vaccine or because a revered religious leader has sanctioned its application. This is the case when advocacy messages are accompanied by pictures of attractive models, or approved by revered leaders.

Thus, peripheral route processing applies when one or more of motivation, ability, and opportunity is missing or low. One changes or refuses to change their attitudes and behaviour based on external cues such as conspiracy theories purporting to warn people about the dangers of taking the COVID-19 vaccines. In that regard, persons who lack or are low on motivation, ability and/or opportunity are particularly vulnerable to disinformation.

ELM provides that there will be lack of a drive to change attitudes and behaviours in the absence of emotional distress or cognitive dissonance [7]. Klein [5] explains cognitive dissonance as a disturbing internal emotional state which arises when a person meets information that is inconsistent with his/her beliefs. Cognitive dissonance is unpleasant, distressful or aversive emotion. Because the new information does not sit well with one's existing attitude, for example in regard to one's decision not to ever take COVID-19 vaccine, s/he will feel emotionally threatened by the advocated message in support of COVID-19 vaccine. The advocacy might involve adverts of attractive people merrily taking a vaccine thereby depicting the act of taking the vaccine as safe and cool for successful people. For not doing so, one perceives self as inadequate and not *cool!* ELM refers to these environmental elements as peripheral cues.

What we note is that each of the routes have their own place in various change decisions that people make. It might be tempting to perceive central route processing as superior given the strong, long-lasting attitudes that result from the process. However, one needs to remember that audience members do not always

have the motivation, ability and/or time to rigorously explore every problem before arriving at a decision. Instead, in many occasions, people turn to peripheral processing.

Notwithstanding, it is worth noting too that decisions arrived at through peripheral route processing tend to be weak and easy to discard in the face of advocacy attacks [19]. All-in-all, Ogden [7] asserts that peripheral route processing does achieve attitude and behavioural change, albeit such changes being weak and not long-lasting.

VI. CONCLUSIONS AND KEY LESSONS

Persuasive communication theory and its off-shoots emphasise that attitude change campaigns need to go beyond the mistaken assumption that creating awareness entails that the audience will change their attitudes and routine ways of doing things. The key lessons from this discussion can be summed as follows:

- That the target audience members undertake rather than driven to reject or change their attitude toward an issue including COVID-19 protective measures. No campaign can undermine the long, tested culturally entrenched belief systems of a people without their collaboration; the goal of a campaign message is to reinforce the desired change in those individuals and groups already amenable to supporting the advocated argument in the message [7].
- To that extent, the goal of the science of persuasive communication is to make messages more believable by the audience. The effectiveness of an advocacy could be improved if it adheres to scientifically tested recommendations of the likes of persuasive communication theory and its off-shoot - elaboration likelihood model (ELM). In this regard, this discussion has supported the use of credible and trustworthy personality models to enhance the trust of the audience. Presentation of COVID-19 messages by doctors, nurses, community and religious leaders could thus reinforce adoption of advocated attitudes and behaviours therein.
- This presentation has also demonstrated that a campaign must drive home the most frightful aspects of the disease; we have learned that fear does reinforce feelings that a situation requires an urgent resolution.
- We have further learned that recipient will be motivated to receive and process an advocated message if they personally feel affected by the problem at hand. In the case of COVID-19, relevance and fear will be heightened by messages which demonstrate that the disease has the potential to afflict persons resembling them rather than only those who are far culturally removed. Ordinary people testifying to have lost loved ones to the pandemic will be more believable and a more effective influence on the audience's wish to adopt protective measures than if same testimony was given by persons culturally foreign to them.
- Furthermore, arguments tend to be processed differently depending on how complex the audience perceives them. For those audience members who might be motivated, able and have the opportunity to process and understand a complex argument, resultant changes in attitude and behaviours tend to be strong and persistent in nature. However, not every audience member is able to invest in the effort and time to critically process such complex arguments. Such individuals will depend on external cues such as recommendation from relevant other personalities to arrive at the change decision. While we note that change arrived at through this periphery route is often weak and transient, and therefore vulnerable to frequent changes, it remains a viable approach to influencing change. Incorporating incentives in the promotion process could reinforce longevity of adopted attitudes and behaviours.

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