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## Bad Cholesterol Build-Up: Traditional Channel as Viable Alternative for Health Communication in Rural Areas

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### **Abstract:**

*The increasing occurrence of cardiovascular illness usually associated with bad cholesterol build up in Nigeria. Against this backdrop, the study x-rayed the issue of bad cholesterol build up viz a viz traditional channel of communication as the most effective option for carrying out sensitization campaigns about possible ways to curb its health implications. The study was a conceptual study which is based on literature review and built into it; Understanding Bad Cholesterol Build Up, The Place of Rural Dwellers in Health Communication and Behaviour Change Campaigns, Exploring the African Traditional Media: Effective platform for Rural Health Communication and Behaviour Change and Advantages of Folk Media as useful channel for Disseminating Messages on the Dangers of Bad Cholesterol. Based on the literature review, the study concludes that sadly, irrespective of the effectiveness of folk media in changing negative social health behaviours in rural Africa, it has not been recognized in most Western literature as a very efficient means of reaching the rural communities with messages that will help them get informed, aware and knowledgeable about hazardous health challenges like bad cholesterol build-up.*

**Keywords:** Bad, Cholesterol, Traditional Media, Health Communication, Rural Areas. Introduction

### **1. Introduction**

The increasing occurrence of cardiovascular illness usually associated with bad cholesterol build up in Nigeria (Dawodu, 2018, p.2) notes, 'points to a possible number of factors' Such factors like: low awareness, compliance with safe practices and little or no exposure to messages that harp on health implications of accumulating bad cholesterol (Emiko, 2011, p.122). The implication of the above statement is that members of the public are yet to be adequately exposed to health risk communication as it relates to bad cholesterol build-up. This situation, Emiko (2011) laments 'have continued to pose a huge challenge to people, especially in developing countries' Emiko (2011) continues, 'In Nigeria today, there are probably more misconceptions' about bad cholesterol build up than any other health problem'

Similarly, WHO (2020) estimates 'that the global prevalence of hypercholesterolemia (bad cholesterol) for men and women has remained at 37% and 40% respectively, with little change in the last twenty-five years.' What the statistics here clearly reveals is that high cholesterol has remained a global concern – a worrisomely challenging health issue. However, as global as this health challenge remains, there appears to be a gap in the way that the media has handled it, especially their effort to raise awareness, inform and as it were, educate the public on the health implication of accumulating bad cholesterol.

Prominent among the challenges that have left huge gap in addressing the issue of bad cholesterol build-up, especially in Nigeria, is the poor awareness and knowledge given to it in rural areas. Sabir, Isezuo, Ohwoyorirole, Fasanmade Abubarkar, Iwuala& Umar (2013) clearly demonstrate through their study that 'it is not only in urban, but rural dwellers that are likely to suffer from the health challenge of increased level of cholesterol. The authors further argue that 'although accumulation of high cholesterol build up is more common in the urban participants, the difference between them and the rural participants is not really statistically significant'

Put differently, as subject of health campaign, bad cholesterol build-up has not really received the level of attention as some other health concerns in Nigeria, particularly in rural areas, this is irrespective of the fact that research has shown increased incidence of bad cholesterol build up among rural dwellers (Sabir, Isezuo, Ohwoyorirole, Fasanmade Abubarkar, Iwuala& Umar, 2013, p.134). Sadly, when these rural dwellers are exposed to messages on bad cholesterol, the approach, method and/or process of reaching out to them is rather faulty (Ocheni&Nwankwo, 2017 p.123). Nwankwo (2017) puts it more lucidly this way: 'the media approach employed to reach out to the local populace is a huge flaw' It is against the above backdrop that this paper critically explores, through a conceptual analysis, the problem of the place of the rural dwellers in the management, creation of awareness and/or the promotion of health messages that will help increase the knowledge of rural dwellers towards effective management control bad of cholesterol build-up.

Against the above backdrop, the study critically explores the place of traditional media channel of communication as an effective medium of reaching and proactively managing bad cholesterol build up among local communities.

## 2. Understanding Bad Cholesterol Build Up: A Quick Review

Cholesterol is one of the major substances that the human body needs to grow (Tobas, 2002, p.123). This substance plays a major role in the health of human heart. It is a fatty substance that comes from two sources in the human body – the liver and the food derived from animals. For instance, meat and full dairy products contain cholesterol (Tobas, 2002). The type of cholesterol derived from food is called dietary cholesterol. The human liver is also known to produce some amount of cholesterol for human heart (American Heart Foundation, 2017).

Contrary to the popular view of cholesterol as an enemy of health and longevity, the substance to an extent remains vital to the proper function of human body (Hume & Boyd, 1999, p.12). This is so because it is needed for the synthesis of bile acids, which are essential for the absorption of fats and many other hormones, such as testosterone, estrogen, progesterone and cortisol, which are all necessary for a number of important functions in the body (Girao&Mota, 2000, p.123).

However, cholesterol can either be good or bad, that is 'good or bad cholesterol' (Coplo, 2005, p.179). High density lipoprotein cholesterol (HDL) is referred to as the good cholesterol; this type of cholesterol is empirically proven to be good for human health, while the other type of cholesterol, low density lipoprotein (LDL) is referred to as 'the bad cholesterol' (Tabas, 2002, p.33). The low-density lipoprotein type of cholesterol hazardous to human health, as it forms fatty deposits in the arterial walls and eventually becomes plaques that grow, rupture and stimulate the formation of artery - blood clots (Nishi, Itabe& Uno, 2000, p.17). In other words, the build-up of bad cholesterol causes arteries to become thicker, harder and less flexible, slowing down, and sometimes, blocking the blood flow from the heart – this condition most times, results to what is medically referred to as 'angina' (chest pain) and can lead to heart attack (CROI Heart and Stroke Center, 2014; Murrel, 2017, p.12).

Murrel (2017) outlines the following factors as the causes of increased cholesterol build up in human system: 'excess weight or obesity can lead to higher blood LDL levels, genetic factors and lack of exercise' This position is also supported by American Heart Association (2020) this way, 'an unhealthy lifestyle produces bad cholesterol than it needs, such behaviours like unhealthy diet, lack of physical activity, smoking or exposure to tobacco smoke and overweight can also lead to increased bad cholesterol level' Sadly, most people in rural areas fall victims of the risk factors mentioned above.

Today in Nigeria, bad cholesterol has become an important public health concern as it has affected millions of the population. It is also identified as one of the major killer diseases in the country. In the recent time, many people have been found to suffer from coronary heart disease as a result of unchecked or poorly managed bad cholesterol build up. This might explain the reason Oladipo, Ugboaja and Rotimi (2008) argue that 'the rate of cardiovascular disease among Nigerians is found to have significant correlation with high accumulation of bad cholesterol' Sad enough, the problem is not only an urban issue; people who live in the rural areas of Africa also grapple with it (Sabir, Isezuo, Ohwoyoriola, FasanmadeAbubarkar, Iwuala& Umar, 2013, p.134). In an era where the social and traditional media channels have remained predominant platforms where issues of health concerns are disseminated to the masses, the rural population seemingly becomes disadvantaged as they have a number of factors that affect their reception of health messages and interventions (Schyve, 2007, p.122).

## 3. The Place of Rural Dwellers in Health Communication and Behaviour Change Campaigns

Over the years, media campaigns have been used in attempt to affect various health behaviours in mass population (Wakefield, Loken&Hornik, 2014, p.123). Such campaigns most remarkably have been aimed at increasing awareness and knowledge towards health challenges like: prevention of tobacco use, heart disease, alcohol and illicit drugs, cancer screening and prevention, sex related behaviours, child survival and many other health issues (Wakefield, Loken&Hornik, 2014, p.40). These campaigns most times have predominantly captured the urban audience (Olarenwanju, Ojo and Adedeji 2019, p.12) via such traditional media channels like television or radio, at other times, it has also done this through outdoor media, such as: billboards, posters and print media such as: magazine and newspapers. However, in the present internet era, such campaigns have incorporated new technologies like: the internet, mobile phones, social media and personal digital assistants. Sadly, like we have pointed out earlier, these campaigns are heavily concentrated around the urban areas, on occasions that rural areas are exposed to such campaigns, a number of intervening variables have been identified to affect these local communities; such factors like: poverty, poor supply or lack power, education, poor internet facility, the community's cultural practices (Van Biljon&Kotze, 2008), The implication of the above picture is that people at the local level do not really get exposed, or at most have little media exposure to health messages that are geared towards enlightening them on the need to avoid health practices that increase health challenges, in most instances, when these local communities get these messages through traditional or social media channels, a lot of factors impinge on their ability to understand them. This explains the reason some behavior changes campaign messages fall short of their objectives, and sometimes backfire; exposure of the rural audience to such messages fail to meet expectations on many occasions (Wakefield, Loken&Hornik, 2014).

#### 4. Exploring the African Traditional Media: Effective platform for Rural Health Communication and Behaviour Change

Africans are known for their different forms of traditional media and communication systems. These systems are identified by several labels; folk media, popular arts, folklore, oral poetry, indigenous communication practices, informal communication or oral media (Fayoyin, 2018, p.19). Although these terminologies manifest different nuances, they come under the ambit of what Ugboajah (1985) calls oramedia. In specific terms, however, Ugboaja conceptualizes oramedia 'as popular arts which cover Africa's opera, dance, music, idioms, poetry and folktales' He strongly argues that 'this form of communication is useful for both interpersonal and cultural orientation' Similarly, Salawu (2004) looks at oramedia from the literary arts domain. He identifies three types of oramedia as: 'folklore (myths, legends, observances, ballads, practices, beliefs, customs and superstition), folktales (fictions, stories and tales told by griots to transmit values and cultural heritage) oral poetry (dirge, satire, praise, epic stories and erotic songs; sometimes by local professionals)' For Panford (2001) 'oramedia is equated to folklore, comprising storytelling, puppetry, proverbs, drama, role playing, concert, gong beating, songs, drumming and dancing, fables, mythologies and legends'

According to Ansu-Kyereme (1998) as cited in Panford, Nyaney, Amoah&Aidoo (2001) folk media, as a traditional form of communication has evolved as grassroots expression of values and lifestyle of people, and because it uses local languages with which people are familiar, have become embedded in the cultural, social and psychological thinking. The terms 'oramedia,' 'traditional media,' and/or 'informal media' have often been used interchangeably in referring to folk media (Panford, Nyaney, Amoah&Aidoo, 2001, p.23) today. This form of media has been effectively employed to communicate entertainment, news, announcements, persuasion, educate rural people on issues of health. Research has over time shown the importance of informal interpersonal contacts in persuading people to adopt or reject innovations. These contacts are often made through folk media (Panford, Nyaney, Amoah&Aidoo 2001) and as such underpins the power of traditional media channels. In fact, the power of African communication system in changing behaviours, especially in rural areas has been largely documented (Fayoyin 2018; UNESCO, 2008; Okon, Ansa&Ekpe, 2010; Osho, 2011). This basically results from the media's originality and the audience's belief and trust in the sources of the messages, which come from people to their audiences.

Contemporary theories of cognition and communication appropriately explain the role of folk media as a complex, non-formal method of educating people and consequently causing behavior change. The functions of the folk media are consistent with Bandura's social learning theory, which states that most behaviors are learned through modeling. Bandura believed that individuals learn particularly by observing role models in everyday life. Accordingly, folk media performers are role models from whom people learn; opinion leaders who they believe in and accept messages from. Various types of folk media are used as primers that provide the basis for rural communities to discuss and diagnose their socio-cultural and health situations, in other words, messages from this type of channel enables the rural people take steps that help them find solutions to problems that beset them – problems that arise from their poor awareness of preventive and proactive management of health issues.

Panford, Nyaney, Amoah and Aidoo (2001) provide an in-depth insight into the very important nature of employing the traditional media channels in disseminating information to rural communities, especially messages that transfer health knowledge on best practices to avoid or proactively manage health:

Theater for Communication Implementation and Development (Theater CID), a local theatrical group affiliated with non-governmental organization called Center for the Development of People in Kumasi – Ghana, uses simulated live shows to educate curious crowds about pertinent health issues, such as family planning, breast feeding and HIV/AIDS. Scenes are created publicly without onlookers knowing that they are being acted out, and they frequently provoke discussions on issues, as well as audience responses to negative behaviours portrayed.

The above paints a clear picture of the power of folk media and how it can be effectively harnessed to create awareness, impart knowledge and most importantly, attract positive responses that engender positive behavior change from the rural communities. Our position in this paper therefore is that similar traditional media platform can serve as a way of educating the rural populace on the importance of avoiding harmful health practices that may lead to accumulation of bad cholesterol among rural dwellers – such practices like unhealthy eating habits, little or no attention to physical exercise, smoking and excessive alcohol intake etc. The idea being that this form of communication not only encourages community discussions, but engender appropriate actions to address health issues (Panford, Nyaney, Amoah and Aidoo, 2001). The author furthermore argues that 'African musical heritage is rich with songs that serve the dual purpose of entertaining and educating the audiences about a wide range of health and other social issues'

Although a number of scholars (Srinivassan, 2006; Fayoyin, 2018) have argued on the importance of fusing folk media with the traditional and social media, there still seems to be a huge gap between the urban and rural dwellers, especially in Africa. Such advocacy for eventual synthesis of the traditional media channel with the contemporary media channels may not be out rightly wrong in itself, but considering the level of barriers faced by some rural dwellers in the present era, it becomes increasingly pertinent to think of alternative media channels to reach them – African traditional media apparently provides this alternative link. Clifford, Blaya, Hall-Clifford and Fraser (2014) have this to say about the challenges that face rural dwellers from accessing health information from everyday traditional and social media, 'today access to modern communication technologies is problem for the majority of people living in rural communities, it is frequently poor network, poverty, poor technology skill, illiteracy, poor educational background, epileptic supply of electricity etc.' National Research Council (2011) has this to say in support of the ongoing argument 'the traditional media channels can be incorporated as a fundamental platform to reach the rural dwellers with important and life transforming health messages' They also evidently argue that:

Even in the present era of digital technology, the effectiveness of disseminating and assessing health information is influenced by the interplay of individual factors, including age, gender, level of education, individual innovativeness, cultural beliefs and practices about health information.

### 5. Advantages of Folk Media as Useful Channel for Disseminating Messages on the Dangers of Bad Cholesterol

Fayoyin (2018) provides insight on the comparative advantages of the folk media as a very effective platform to reach out to the rural communities who to a very large extent have not been reached with health improving media messages like their urban counterparts. He argues that 'although folk media have not been recognized in most Western literature as a prominent means of education in all aspects of African social, economic, health and political life, the effectiveness of this media in changing negative health behaviors in rural Africa is clear' Fayoyin (2018) citing Benedict (2010) argues that:

African traditional channel of communication comprises various forms of communication – intra personal, interpersonal and group communication, which is appropriate for personal edification, interpersonal exchanges and community engagement.

The above somewhat paints a clear picture of folk media as a veritable channel to reach rural communities. As a platform that facilitates community engagement, it provides opportunity to reach local communities with health messages. To this end, it becomes imperative that health camping managers employ folk media to reach rural communities on the implication of engaging in negative health behaviours that increase cholesterol build up – messages that are compatible with the cultural character of the receivers.

Interestingly, oramedia involves the use of traditional agencies and forums such as: age grades, village assembly, town hall meetings, market square assembly, community meetings; faith congregation and opinion leaders in reaching the rural populace' (Nwabueze&Nwabueze 2007; Benedict 2010; Osho, 2011). These agencies, Osho (2011) explains are 'close to the grassroots, and as such, has the ability to reach them more closely with messages that is in congruence with their cultural background' This approach particularly embodies many activities, beliefs and customs of the local population's own way of life, it therefore would be more compatible for dissemination of messages, especially, health messages to the rural dwellers (Panford, Nyaney, Amoah and Aidoo, 2001).

### 6. Conclusion

Sadly, irrespective of the effectiveness of folk media in changing negative social health behaviours in rural Africa, it has not been recognized in most Western literature as a very efficient means of reaching the rural communities with messages that will help them get informed, aware and knowledgeable about hazardous health challenges like bad cholesterol build-up. Rural Africa, including Nigeria is no doubt endowed with rich, popular means of communication; including songs, drama, poetry, arts and crafts. To this end, it is the view of this paper that the gap created in reaching these rural, unreached populaces be closed by positive use of the traditional media channels.

Furthermore, we strongly argue that folk media can be accommodated by contemporary theories of communication, education and health behavior change. In fact, just like Panford, Nyaney, Amoah&Aidoo (2001) strongly advocate 'it may be that the folk media are better suited for theory-driven communication interventions than the modern techniques like use of mass media and more recently, the social media to which many Africans, especially those in rural communities do not relate well with.

This explains the reason Panford, Nyaney, Amoah&Aidoo (2001) argue that:

Irrespective of the fact that new methods are undoubtedly useful in several contexts, they require rural villagers to 'participate' in ways that are often incomprehensible to them. Conversely, because folk media are an immediately recognizable vehicle for education, information and creation of awareness, they are easily accepted by Africans. The importance of the effectiveness of the communication approach to the behavior change objectives cannot be overemphasized.

It is therefore the position of this paper that health programmes whose aim it is to reach rural areas with awareness campaign programs, recognize and make use of folk media in reaching rural communities.

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